California Sex Offender Management Board
1515 S Street, 212-North, Sacramento, CA 95811
Telephone: (916) 323-2660 Web: www.casomb.org

CASOMB's Guidelines for Transfer of Clients between Programs

The California Sex Offender Management Board provides standards and expectations for the treatment, supervision, and recommendations made for individuals who have committed sexual offenses. The Containment Model is an approach which is used to guide and assist the members of the containment team (CT) when making decisions with and for individuals who have committed a sexual offense(s). Effective management occurs when there is specialized treatment and supervision, a victim-centered approach is taken, and all members of this team work collaboratively towards the same goals. Each member has specific viewpoints and ideals that come with their specialty, training and background which contributes to the success of the model. Each member uses their specific background and knowledge to contribute to the decisions that are being made regarding the offender's supervision, treatment, and recommendations. When changes in treatment occur (i.e. changes in dosage, changes in treatment plan, etc.) the whole containment team weighs in and agrees upon the treatment decision. Similarly, supervision decisions should take the information provided by the polygrapher and the treatment provider (progress, risk assessments, etc.) to help inform in their decisions.

There are factors that may interfere with the consistency of an individual's containment team (i.e. contract changes, new treatment provider, parolee/probationer moves counties, etc.). When this occurs, we must follow ethical and appropriate steps to avoid disruption to the treatment plan, the individuals' goals, as well as the success the individual and the containment team have previously achieved. Research indicates that providing intensive services[1] for lower risk offenders will increase failure rates[2]. These increases to their treatment dosage can disrupt prosocial networks, have a negative effect on their job/employment, and can increase stressors which can lead to lower motivation, burnout, and treatment failure.

[1] Intensity of services is determined by hours of treatment per week and duration of treatment.
[2] Latessa, E. J., Johnson, S. L., & Koetzle, D. (2020). *What Works (and Doesn't) in Reducing Recidivism* (2nd ed., pp. 183-206). Taylor & Francis.
Copy Citation

The following guidelines should be followed when transferring clients between programs.

Discharging treatment programs:

- The owner of the records should have the client sign a release of information and release all relevant documents (including clinical and polygraph documents) to the provider individual is transferring to (e.g. include updated individualized treatment plan, discharge summary, initial intake of evaluation).
- For an effective transfer of treatment information, the departing and incoming therapist will ideally be able to talk directly to each other. If unable to communicate directly prepare and disseminate a treatment discharge/summary to include:
    - what stage of treatment are they in (active treatment, maintenance, aftercare); include start and end dates
    - did they receive "Statement of Successful Treatment Completion" (see p. 15 of Treatment Completion Guidelines, 2018), if so, include a copy
    - treatment goals (all created, ones completed, new goals); what treatment was provided (curriculum/how far along)
    - current dosage (agreed upon by CT and parole/probation)
    - group performance/needs
    - strengths
    - limitations
    - diagnostic concerns
    - risk factors (include SARATSO dynamic and violence risk assessments; include any significant risk related behaviors shown in the course of treatment)
    - protective factors
    - responsivity factors
- **<u>At the final containment team meeting (CTM) prior to change in treatment provider, discuss and update notes/documentation to include the aforementioned treatment information.</u>**

Receiving treatment programs/providers:

- An initial comprehensive assessment may be completed if the individual has not been assessed with in the past year (certification requirements p. 14). If the individual has been in active treatment a new psychological assessment may not be needed. However, if there is not an assessment within the last year and/or it appears that the last comprehensive assessment is not accurate, then a new assessment may be warranted. **The initial comprehensive assessment is not the same as the SARATSO mandated risk assessment, which must be updated annually.**
- If unable to communicate with the sending treatment provider:
    - review CTM notes, all treatment plans, treatment notes etc.

- Speak with Parole or Probation to determine previous level of care (dosage), recent treatment needs, strengths, and concerns.
- Decisions to change treatment plan/dosage decisions need to include client, parole/probation, and gathered information about previous treatment experience. Changes to treatment dosage/intensity must be justified based on current changes to risk relevant factors.
- All decisions will be collaborative and to include the information received from previous treatment provider/CT meetings.
- Prior treatment progress shall be considered. Offense free time in the community/adjustments must be considered[3].

Containment team meetings:

- Changes to treatment dosage/intensity should be made in collaboration with supervising agency. This means that changes should be discussed with both treatment and supervision providing their recommendations for change. The treatment provider and supervising agency see the client in different roles and often have different information. It is important that all information be considered. If team members are not in agreement about a change to treatment dosage/intensity, then the team should discuss what additional information or behavior changes would help the team to feel comfortable with the proposed change. The change may need to be reviewed during the next quarter. Increases in treatment should be accompanied by identifying the risk factors that have changed (increased) during the last 30-90 days and require additional services to treat. Changes based on acute risk factors should be short-term changes that are evaluated every 90 days.

Parolee/Probationer:

- Keep all documentation.
- Reach out to parole/probation for necessary treatment documents.
- Advocate for yourself appropriately.

[3] Hanson, R. K., Harris, A. J. R., Letourneau, E., Helmus, L. M., & Thornton, D. (2018). Reductions in risk based on time offense-free in the community: Once a sexual offender, not always a sexual offender. *Psychology, Public Policy, and Law, 24*(1), 48–63. https://doi.org/10.1037/law0000135