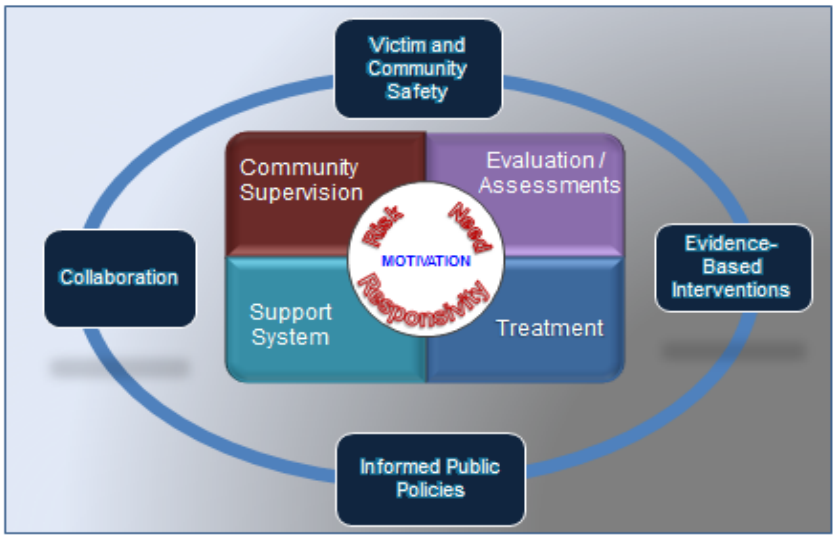
5.000
STANDARDS AND GUIDELINES FOR COMMUNITY SUPERVISION TEAMS WORKING WITH ADULT SEX OFFENDERS

5.000 ♦ The SOMB TEAMS Model and the Community Supervision Team (CST)

Treatment, Engagement, Assessment, Management and Supervision (TEAMS) Model



5.005 TEAMS is an acronym for Treatment, Engagement, Assessment, Management and Supervision.[1] This model guides the CST members to work collaboratively with each other and with the offender in order to enhance community safety. The foundations of the model are Victim and Community Safety, the use of Evidence Based and Research Informed Practices, Informed Public Policies and Collaboration.

Community safety is enhanced when treatment providers and community supervision professionals practice in their area of specialization and work together. This collaboration should include frequent and substantive communication about information that will assist in reducing an offender's risk to the community. When the CST members respect individual roles and mutually agree upon their goals and the treatment and supervision interventions that will be pursued, the offender can be treated and managed more effectively.

The components of the TEAMS Model are:

A. **Community Supervision** - Community supervision is made up of Probation, Parole, Community Corrections or a modified CST in the Department of Corrections.

B. **Evaluation and Assessments** – Evaluations include empirically validated instruments that determine risk. For the purpose of the TEAMS Model, assessments may include, but are not limited to, a polygraph report, viewing time instruments and/or a PPG. (See Section 2.000.)

[1] The TEAMS model was originally approved by consensus of the SOMB on February 19, 2016.

C. **Treatment** - SOMB approved sex offense-specific treatment. Treatment may also include adjunct treatment for underlying mental health or drug and alcohol treatment. (See Section 3.000.)

D. **Support System** – The support system can be an individual(s), a family member(s) or an organization(s) that provide pro-social support to enhance offender motivation for positive behavioral change.

The goal of the CST's collaborative efforts is to engage offenders in treatment and supervision in order to decrease risk, enhance protective factors, and increase their intrinsic motivation for positive behavioral change.

5.010 As soon as possible after the conviction and referral of a sex offender to probation, parole, or community corrections, the supervising officer should convene the initial meeting of the CST.[2] When offenders are placed in institutions, "community" refers to the institutional setting and there is a modified CST.

Institutional treatment programs utilize a modified Community Supervision Team (CST) approach similar to that described in Section 5.000. Specifically, the polygraph examiner and SOMB approved treatment provider should work closely together, and other institutional professionals should be included in the CST as indicated. The SOMB approved clinical supervisor shall function as the head of the CST for purposes of convening the team.

5.015 CST members should participate in regular staffings to share information and address pertinent issues. CSTs should communicate frequently enough to manage and treat sexual offenders effectively with community safety as the highest priority. When the CST members respect individual roles and mutually agree upon their goals and the treatment and supervision interventions that will be pursued, the offender can be treated and managed more effectively.

5.020 Some offenders may have multiple supervising officers (e.g. a probation officer and parole officer, or a probation officer and community corrections case manager). In such cases, the supervising officers should determine the role each will serve in supervising the offender. As issues arise, agency representatives are encouraged to staff the matters and develop a coordinated response.

The following Guidelines will help ensure a coordinated response in dual supervision cases:

A. The agency that has the longest jurisdiction over the offender should be the lead agency;

B. If the offender is required to participate in offense-specific treatment, the lead agency should refer the offender to an SOMB approved provider who is utilized and approved by both

[2] Petersilia, J., & Turner, S. (1993). Intensive Probation and Parole. In M.H. Tonry, ed., *Crime and Justice: A Review of Research.*Chicago: University of Chicago Press.; Gendreau, P., Goggin, C., & Fulton, B. (2000). Intensive probation in probation and parole settings. In C. R. Hollin (Ed.), *Handbook of Offender Assessment and Treatment.* 195-204. Chichester, UK: John Wiley & Sons Ltd.; Cumming, G., &Buell, M. (1997). *Supevision of the Sex Offender*. Brandon, VT: Safer Society Press.; Kercher, G., & Long, L. (1991). *Supervision and Treatment of Sex Offenders*. Huntsville, TX.: Sam Houston Press.; O'Connell, M., Leberg, E., & Donaldson, C. (1990). *Working with Sex Offenders: Guidelines for Therapist Selection*. Thousand Oaks, CA: Sage Publications, Inc.; English, K., Pullen S., and Jones, L. (eds.). (1996). *Managing Adult Sex Offenders: A Containment Approach.* American Probation and Parole Association.; Center for Sex Offender Management (CSOM). (January 2000). *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices*. Retrieved from: http://www.csom.org/pubs/supervision2.pdf; CSOM. (October 2000). *The Collaborative Approach to Sex Offender Management*. Retrieved from: http://www.csom.org/pubs/collaboration.pdf; Baker, D.K., Skolnick, J., Doucette, G., Levitt, G., & O'Connor, C. (2005). Intensive Parole Supervision of the Sex Offender—Putting the Containment Approach Into Practice. In B. Schwartz, ed. *The Sex Offender: Issues in Assessment, Treatment, & Supervision of Adult and Juvenile Populations, Volume V*. Kingston, NJ: Civic Research Institute.

agencies;

C. Housing assistance and other re-entry services should be provided and coordinated in a cooperative manner by both agencies to the extent they are able to assist;

D. Staffing and communication between the supervising officers of each agency is encouraged to take place according to a set schedule and may be conducted over the phone and by email;

E. If there is a significant disagreement or discrepancy in case management decisions, both officers should consider the offender's risk, protective factors, and treatment needs, and apply the most appropriate plan;

F. Safety plans should be approved by both officers. Where there is a significant disagreement on whether to approve a safety plan, both officers should consider the offender's protective factors, risk, and treatment needs, and approve the most appropriate plan;

G. As issues arise during dual supervision cases, agency representatives are encouraged to consistently communicate and obtain feedback to develop and ensure a coordinated team response as it pertains to issues which include, but are not limited to incentives, sanctions, technical violations, home visits and arrests;

H. Expectations should be clearly communicated to the defendant from both agencies and as they change overtime; and

I. Each supervising officer must clearly communicate to the client his/her expectations with respect to each officer's duties/domains so that the client understands who is managing various issues in supervision, especially if the identity or role of the supervising officer changes over time.

5.025 Each Community Supervision Team (CST) is established for a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to management and treatment. CST membership may therefore change over time.[3]

At a minimum, each CST shall consist of the following as deemed appropriate and applicable:

A. The supervising officer (except in the case of institutional settings, see Standards 5.110 and 5.120);

B. The offender's treatment provider;

C. Evaluators (as applicable);

[3] Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., & Harrison, L. (2003). *Evaluation of Colorado's prison therapeutic community for sex offenders: A report of findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.; Stalans, L. (2004). Adult Sex Offenders on community supervision: A review of recent assessment strategies and treatment. *Criminal Justice and Behavior 31 (5)*, 564-608.; Boone, D.L., O'Boyle, E., Stone, A., & Schnabel, D. (2006, March). *Preliminary evaluation of Virginian's sex offender containment programs.* Richmond, VA: Research, Evaluation and Forecasting Unit, Virginia Department of Corrections.; Hepburn, J., & Griffin, M. (2002). *An analysis of risk factors contributing to the recidivism of sex offenders on probation.* Report submitted to the Maricopa Adult Probation Department and the National Institute of Justice.; England, K. A., Olsen, S., Zakrajsek, T. Murray, P. & Ireson, R. (2001). Cognitive/behavioral treatment for sexual offenders: An examination of recidivism. *Sexual Abuse: A Journal of Treatment and Practice, Vol. 13, No. 4*, 223-231.; Walsh, M. (2005). *Overview of the IPSO program intensive parole for sex offenders in Framingham, Massachusetts. Presentation by the Parole Board Chair to the National Governor's Association policy meeting on sexual offenders.* November 15, 2005. San Francisco, CA.; English, K., Pullen, S., & Jones, L. (Eds.) (1996). *Managing adult sex offenders: A containment approach*. Lexington, KY: American Probation and Parole Association.

D. The polygraph examiner (as applicable); and

E. The Victim Representative.

The team may include extended family members, other clinical professionals, law enforcement, spiritual leaders, peers, victim representatives, victims, coaches, employers and other individuals as deemed appropriate by the CST.

Discussion: It is important to note that each CST member (e.g., polygraph examiner and victim representative) may not be present at each CST meeting/staffing. However, CST members should maintain communication on a regular basis as a crucial part of the process. Victim representatives should be consulted to provide input for all CSTs, and will be more active in the cases when the actual victim is involved in the supervision and treatment of the offender. Victim representatives should always be included for consultation on safety concerns and victim contact, clarification and reunification.

5.025 DD/ID

When the CST is formed around an offender with DD/ID issues it is important that the CST consult with and or add as an adjunct member individuals who may assist the offender transition and who understand the unique needs presented by the offender.

Therefore, in addition to the core members of the CST, any of the following, when involved, should be added to teams supervising sex offenders who have developmental or intellectual disabilities.

- Community Centered Board Case Manager
- Residential Providers
- Supported Living Coordinator
- Day Program Provider
- Vocational or Educational Provider
- Guardians
- Social Services
- Family Members
- Authorized Representatives
- Other Applicable Providers

5.030 DD/ID

Responsibilities of Additional CST Members for Sex Offenders Who Have Developmental Disabilities

When the CST is formed around an offender with DD/ID issues and additional team members are added to the CST it is important that they meet the criteria below:

A. Team members shall have specialized training or knowledge regarding sexual offending behavior, the management and supervision of sex offenders and the impact of sex offenses on victims;

B. Team members shall be familiar with the conditions of the offender's supervision and the treatment contract; and

C. Team members shall immediately report to the supervising officer and the treatment provider

any failure to comply with the conditions of supervision or the treatment contract or any perceived high-risk behavior.

5.050 Promoting and Monitoring Behavioral Change

The Teams Model promotes engagement of offenders by the CST in the treatment and supervision process to enhance protective factors, decrease risk and increase the offender's motivation for positive behavioral change. The SOMB enabling statute declares that "some sex offenders respond well to treatment and can function as safe, responsible and contributing members of society, provided that they receive treatment and supervision." [4] Supervision and treatment engagement is a critical component to measuring successful outcomes.[5] While it is the CST's duty to promote behavioral change, the responsibility of ultimate success or failure lies within the client.

5.055 Managing and Monitoring Behavioral Change is the Responsibility of each member of the CST (Roles). When working with offenders, positive reinforcement has been proven to be more effective in promotion behavioral change. Positive reinforcements should be applied more frequently than negative reinforcements when trying to change behavior. Responses to negative behaviors should be applied commensurate to the severity of the violation or negative behavior.[6]

Each member of the CST has a role in managing and monitoring behavioral change. Some of these roles may overlap between the community supervision officer and treatment provider. It is essential that the supervising officer and treatment provider work collaboratively to coordinate supervision and treatment to enhance behavior change progression. The team should work closely together to identify the progress of supervision and treatment goals while recognizing and respecting the expertise of each team member. It is critical for the supervising officer and treatment provider to work collaboratively when an offender's risk is at an increased level. Each member of the CST will defer to the expertise of the other in coordinating a response during times of increased risk. The response should take into consideration the offender's assessed risk, progress in treatment, and protective factors, and victim and community safety. Final decisions concerning matters of the court, court ordered terms and conditions or parole board directives will be made by the supervising officer in consultation with the treatment provider. Final decisions concerning matters of the treatment contract, components of treatment, or treatment issues in general will be made by the treatment provider or evaluator in consultation with the supervising officer. Rare exceptions to this Standard would be if the offender poses a documented public safety risk and the supervising officer must act quickly to address the risk to the community. Promoting and monitoring behavior change begins with assessing risk and identifying target behaviors that are directly related to specific criminogenic needs areas. Assessing need areas may focus on the following areas but are not limited to:[7]

- Cooperation with Supervision and Treatment
- Sexual Offense Responsibility
- Sexual Risk Management
- Sexual Behavior/Attitudes/Interest
- Antisocial Behavior/Attitudes/Thoughts/Beliefs/Personality Pattern
- Criminal Rule Breaking Attitudes or Behaviors

[4] research cite here on combination supervision/treatment reduces recidivism).

[5] Pending

[6] *Managing adult sex offenders: A containment approach*. Lexington, KY: American Probation and Parole Association.

[7] SOTIPS Manual reference here

- Social Influences
- Problem Solving
- Impulsivity
- Treatment and Supervision Cooperation
- Intimacy deficits as seen in Family and Marital

The CST should consider these factors while individualizing each case. The team should collaboratively consider whether the best response is to continue working with the offender in the community, modify the terms and conditions of supervision or treatment contract or to request the offender be regressed or revoked from community supervision.[8]

5.100 ♦ Responsibilities of the Supervising Officer Within the Team

5.105 The supervising officer shall refer sex offenders for evaluation and treatment only to providers who are approved by the SOMB[9]. When making referrals, the supervising officer should consider the provider who will best maximize the offender's ability to learn by matching interventions to an offender's learning style, and who will motivate the offender to change by enhancing their strengths and abilities.[10,11] The supervising officer should ensure that sex offenders sign applicable Authorizations for Release of Information to allow for information sharing (see Section 9.000).

Some factors to consider when referring for sex offense-specific treatment include, but are not limited to:[12]

A. Recommendations of the Sex Offense-Specific Evaluation (SOSE);

B. Recommendations of the Presentence Investigation Report (PSIR);

C. Community safety;

D. Assessed risk factors (static and dynamic);

E. Assessed criminogenic factors (e.g. employment, family circumstances, etc.);

F. Level of supervision;

G. Offender's specialized needs such as mental illness, physical or developmental disability, and cultural differences;

H. Availability and proximity of services;

I. Continuity of care;[13]

J. Offender stability factors (i.e. work, family situation); and

[8] Revised 2010 Center for Effective Public Policy – *Shaping Offender Behavior*, Mark Carey, The Carey Group
[9] Section 16-11.7-106, C.R.S.
[10] Insert bonta research p. 738
[11] Statutory Language regarding 2 provider choice
[12] If an offender has already begun treatment prior to supervision, the supervising officer may nonetheless require a change of provider if, in consideration of the factors, a change is warranted.
[13] The supervising officer should consider the therapeutic alliance and existing protective factors that potentially could be disrupted as a result of moving the offender.

K. Other factors based on the offender's individualized strengths and needs.

5.110 For offenders who begin community supervision on or after August 10, 2016, the supervising agency shall provide the offender with a choice of two appropriate treatment providers agencies staffed by SOMB approved providers unless the supervising agency documents in the file that, based upon the nature of the program offered, the needs of the offender, or the proximity of the appropriate treatment provider agency, fewer than two such agencies can meet the specific needs of the offender, ensure the safety of the public , and provide the supervising agency with reasonable access to the treatment provider agency and the offender during the course of treatment (Section 16-11.7-105(2), C.R.S).

Discussion: A treatment provider has the right not to accept a referral based on the provider's determination that he/she cannot meet the needs of the client. For more information, refer to Section 3.000.

5.115 The supervising officer should require sex offenders who are transferred from other states through an Interstate Compact Agreement to participate in offense-specific treatment and specialized conditions of supervision contained in these Standards. For additional information regarding Interstate Compact Agreement rules, refer to the following:
http://www.interstatecompact.org/Legal/RulesStepbyStep.aspx

5.120 For offenders who present denial or minimization per 3.500, the supervision officer should use an individualized approach that employs an array of behavioral change and compliance monitoring strategies supported by research. These efforts to monitor compliance should focus on targeting non-sexual criminogenic risk factors and enhancing treatment responsivity. Consideration of sexual risk factors and progression in offense-specific treatment should be appropriately be addressed in consultation with the treatment provider.

5.125 The supervising officer should report the following to the treatment Provider in a timely manner:

A. Violations of supervision conditions;

B. Change in supervision conditions;

C. Notable achievements, successes and incentives; and

D. Any other significant occurrence(s) in the offender's circumstances (e.g. arrest, health issues, employment status).

5.130 The supervising officer should employ principles designed to encourage and reinforce pro-social and positive behaviors and that minimize anti-social behavior. The supervising officer should respond to violations commensurate with the seriousness of the behavior, especially if the risk that the offender may commit another crime has increased. Where appropriate, the supervising officer should consult with the CST using risk to re-offend as a key factor in determining the appropriate level of response. Responses should be tailored to address the individual's unique risk, needs and responsivity factors in a coordinated manner whenever possible. The CST should also consider the following when responding to violation behaviors:

A. Victim and Community safety;

B. Using risk assessments that produce consistent results to inform decision making;

C. Responding to behaviors as quickly as possible;

D. Addressing every violation;

E. Informing offenders how responses to violations are determined; and

F. Avoiding overly restrictive sanctions that unnecessarily interfere with healthy behaviors and protective factors.

5.135 The supervising officer should review the treatment provider's monthly written updates on the sex offender's status and progress in treatment.

5.140 The supervising officer should be aware of the offender's treatment progress, and periodically discuss and review with the offender any treatment issues that may arise.

5.145 The supervising officer should assess and periodically review the level of supervision.

5.150 The decision to recommend early discharge from supervision should be unanimous recommendation by all members of the CST. Sex offenders serving an indeterminate probation or parole sentence must serve the minimum of their sentence in accordance with §18-1.3-1004 C.R.S, and meet the criteria for reduction in supervision, found in the *Lifetime Criteria for Reduction in Level of Supervision while on Probation and Discharge from Probation* in the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (*Standards and Guidelines*).

5.155 After consultation with the CST, the supervising officer may request an extension of supervision to allow an offender to successfully complete treatment if the treatment provider agrees it would be necessary and if it is statutorily permissible.

5.160 The CST should consider the offender's risk factors and protective factors as well as risk to the community before progressing or regressing an offender. The supervising officer in consultation with The CST should individualize incentives and sanctions to deliver consistent and tailored responses to each person's behavior with the goal of impacting short and long term behavior change. To maximize effectiveness, responses should be swift, certain, proportional, consistent and linked to specific risk, needs and significance of the behavior.

Discussion point: Responses to violations by Community Supervision Teams should be swift, certain, proportional, consistent and tailored to the offender's risk, needs, and the significance of the behavior.[14] *These responses should be individualized to encourage behavior change with a unified approach and focus on victim protection and community safety.*

5.165 The supervising officer, in consultation with the CST, should not allow a sex offender who has been unsuccessfully terminated from treatment to re-enter a treatment program unless the treatment plan addresses the specific risk, need, and responsivity factors that led to the unsuccessful discharge from treatment.

5.170 If an offender successfully completes treatment and subsequently begins to demonstrate a partial

[14] Pending

or poor understanding of sexual offense risk factors and risk management strategies or consistently uses ineffective risk management strategies with several lapses; the supervising officer may refer the offender for an updated assessment. The assessment may include a sex offense-specific evaluation, to determine whether there is a need to return the offender to treatment.

Discussion: Because risk is dynamic, the CST should collaborate as to the level and duration of any change in the phase or level of supervision and treatment. The CST should defer to the expertise of individuals within their professional roles. The CST may utilize an updated sex offense-specific evaluation and should rely on current risk assessment to inform decision making.

Discussion: Just as an offender can progress through the modules and phases of treatment and supervision, an offender may be regressed through proper legal procedures, to a previous phase of supervision, treatment module or treatment program as determined by negative behavior or high risk behavior. Such negative or high risk behavior may include, but is not limited to, drug or alcohol use, failure to comply with treatment requirements, a significant negative change in residence or living situation, not maintaining a steady job or lack of stable employment, initiating contact with the victim, evidence of arousal to inappropriate stimuli or violating any of the terms and conditions of supervision.

5.175 Supervising officers who are assigned to supervise sex offenders should successfully complete training programs prior to assuming their caseload when possible. Officers should attend annual continuing education specific to sex offender supervision and treatment issues. The amount of appropriate training should be determined to by each agency. The training topics should include specific components of the TEAMS model such as evaluation and assessment, treatment, community supervision, risk, need, responsivity issues, victim impact and safety, and the role of offender support systems. It is also desirable for agency supervisors of officers managing sex offenders to be specifically trained in these areas.

Discussion: Supervising Officers are encouraged to periodically attend group or individual treatment sessions as determined appropriate, in coordination with the treatment provider. The visiting supervising officer shall be bound by the same confidentiality rules as the treatment provider and should sign a statement to that effect. It is understood that the treatment team may set reasonable limits on the number and timing of visits in order to minimize any disruption to the group process. The successful completion of the above training is necessary prior to the supervising officer attending any individual or group treatment sessions of sex offenders under his/her supervision.

5.200 ♦ Responsibilities of the Treatment Provider within the Team

Section not yet approved by the SOMB.

5.300 ♦ Responsibilities of the Polygraph Examiner within the Team

A. The examiner shall make the final determination of questions used, and determine whether to administer a broader or more narrowly focused examination within the scope of the requested polygraph exam.

B. The polygraph examiner shall work collaboratively and participate as a member of the CST.

C. The polygraph examiner shall submit written reports to each member of the (CST) for each polygraph exam as required in section 6.190.

D. Participation in CST meetings shall be on an as needed basis.

E. Polygraph examiners should address any questions regarding the technical aspects of the polygraph to the CST if needed.

5.400 ♦ Responsibilities of the Victim Representative within the Team

As a member of the CST, the primary responsibility of the victim representative is to provide an avenue for victims and their families to be informed and heard. Involving a victim representative on the CST has many benefits, including improving supervision of the offender, increasing offender accountability, building empathy for the victim, decreasing offender secrecy, preventing an unbalanced alignment with the offender, and contribute to a safer community. The exchange of information between the victim or the victim representative and CST is crucial for the rehabilitation of the offender and is often beneficial for the healing of the victim.

The victim may choose not to provide or receive information. In that circumstance, the victim representative will contribute general input regarding the perspective of victim(s) to the CST. The victim representative should also provide general victim input in cases such as internet crimes when the intended victim is a law enforcement officer posing as a child or in cases where victims are unidentified in child sexual abuse images. Bringing the victim the perspective is important in protecting potential victims and the community.

Upon convening, the CST should identify the best person to be the victim representative for each individual case, such as the victim therapist, a victim advocate, or other (refer to Resources for Victim Representation). Due to the importance of victim contribution to the CST for the reasons stated above, the victim representative should make reasonable attempts to contact the victim(s) in order to determine the victim's desired level of involvement and provide the victim(s) with accurate information regarding offender treatment and management. The CST shall orient the victim representative to the function of the team and the representative's role as a CST member.

5.405 Victim Representative shall:

A. Assure that the CST is operating with a victim centered approach (see Section 8.000: Victim Impact and a Victim Centered Approach);

B. Assure that the CST is emphasizing victim safety, both physically and psychologically, throughout the treatment, supervision and management of the offender;

C. Share information received from the victim and concerns of the victim with the CST when available. Such information could include safety concerns, grooming behaviors, specifics of the offense, and offending behaviors;

D. Convey information to the victim as agreed upon by the CST such as, but not limited to, terms and conditions of probation, general treatment contract, treatment and supervision timelines, offender location, progress in treatment and on supervision, victim clarification and family reunification planning, and any other pertinent information as determined by the CST;

Discussion: Teams should discuss what information can and should be shared, taking into account what information is valuable for the victim, for the victim to feel safe, and for the victim to feel that the community as a whole is protected. Teams have legal and ethical considerations

when determining what information is appropriate for sharing with victims and should exercise good professional judgment. Victims are assisted by understanding why decisions are made in the interest of public safety. Even with support systems in place, the criminal justice system is still difficult for victims. Teams can honor and contribute to justice for victims by operating with a victim centered approach.

E. Provide input on how CST decisions may affect victims, secondary victims or potential victims;

F. Assist the CST in ensuring that victim needs and perspectives are considered and responded to by the CST to the best of their ability;

G. Offer support, referrals, and resource information to the victim and victim's family;

H. Participate in CST meetings;

I. Contribute to the treatment content by providing the following types of information to the CST:

   1. Impact of sexual offending on victims, secondary victims, and the community;

   2. Recognition of harm done to victims;

   3. Restitution and reparation to victims and others impacted by the offense including the community;

   4. Impact of offender denial on victims; and

   5. Input regarding victim contact, clarification and family reunification when appropriate.

J. Submit questions from the victim to the CST for review and share the responses to these questions with the victim or explain why a question may not be answered. The representative can also explain to the victim why certain types of information cannot be shared;

K. Function as a liaison between the victim, or victim therapist, and CST as needed;

L. Advocate on behalf of the victim for the non-offending parent and family members to support the victim, prioritize the victim's safety, physical and emotional well-being and address the needs of the victim. This parental and family support is critical for the healing of the victim;

M. Assist with planning for victim clarification sessions or family reunification, if appropriate to the case; and

N. Assist with issues related to newly identified victims, when necessary.

5.500 ♦ Role of Family Members and Natural Supports within the Team

The TEAMS Model recognizes that an individual's support system is an important factor in a person's motivation for change. Those who have offended are more likely to achieve success when they receive caring support from families[15] and other natural support systems (e.g. – friends, Circles of Support and

[15] The term "family" is used in a broad sense and should be defined by the person who has offended.

Accountability, spiritual advisors, etc.) and the community. Such support encourages an individual's engagement in treatment, efforts to live a healthy and productive life, and success in meeting supervision requirements.[16]

CSTs should recognize that family members may possess important history, and should welcome information that can be valuable in the treatment and supervision of a person who has offended. Engaging an individual's family and friends supports behavioral change and enhances the safety of those who have been victimized and the community. When support system members understand and are supportive of treatment and supervision requirements, there can be a positive impact on the person who has been victimized, the community, and the person who has offended.

In situations where family members are providing support both to family members who have been victimized and to those who have offended against them, considerable challenges may arise. Family members should ensure that the support they are providing to the person who has committed the offense does not compromise or negatively impact the safety, physical or emotional well-being, and needs of the person who has been victimized. (For additional information, see Section 8.000: Victim Impact and A Victim Centered Approach).

If members of the support system are not prepared to fulfill this important role, the CST should help educate and guide them about the treatment process. Individuals under the supervision of the CST should be encouraged to include members of their support system in the change process. In some instances, it may be necessary for the CST to help the person who has offended to recognize that until potential support members address their own needs, they may not be capable or appropriate, at that point in time, to provide positive support.

In the event the CST has exhausted their efforts in providing education or guidance to the support system, and certain members of the support system have demonstrated over time that they are unable to provide positive support, the CST can temporarily choose to discontinue or limit the support system's involvement. The CST should continue to assess/work with the support system so that it can provide positive prosocial support in the future.

The CST should involve families and friends who support behavioral change which will enhance the safety of those who have been victimized and the community, as well as help the person who has offended to live a safe and prosocial life. As CST's accept and engage natural support systems within the treatment and supervision process, it is important to recognize that support offered by family members and friends falls along a continuum of involvement. This involvement can range from provision of basic needs and expression of care and concern to direct engagement in treatment and supervision processes. All types of healthy support should be welcomed by CSTs. Examples of such support include but are not limited to:

A. Assisting with basic needs such as housing, transportation and finances;

B. Providing positive social support, healthy social interaction, encouragement, and role modeling;

[16] de Vries Robbé, M., Mann, R. E., Maruna, S., & Thornton, D. (2015). An exploration of protective factors supporting desistance from sexual offending. *Sexual abuse: a journal of research and treatment*, *27*(1), 16-33.doi: 10.1177/1079063214547582; Willis, G. M., & Grace, R. C. (2008). The quality of community reintegration planning for child molester's effects on sexual recidivism. *Sexual Abuse: A Journal of Research and Treatment*, *20*(2), 218-240. doi: 10.1177/1079063208318005; Willis, G. M., & Grace, R. C. (2009). Assessment of Community Reintegration Planning for Sex Offenders Poor Planning Predicts Recidivism. *Criminal Justice and Behavior*, *36*(5), 494-512. doi: 10.1177/0093854809332874.

C. Participating in individual or family therapy sessions as agreed upon by the offender and treatment provider;

D. Participating in supervision meetings as agreed upon by the offender and supervising officer

E. Providing peer support or mentoring to the offender;

F. Becoming an Approved Supervisor (see Section 5.770 – 5.776);

G. Becoming an Approved Community Support Person (see Definitions Section); and

H. Becoming a CDOC Approved Support Person (see CDOC Administrative Regulation 700-19).

5.600 ♦ The Use of Polygraph within the Team

5.605 The polygraph shall be used to gather information to assist the CST in individualizing their approach to the offender's risk and need, and to gauge how the offender will respond to supervision and treatment interventions. The polygraph should be used in collaboration with other tools to inform adjustments to supervision and treatment. The goal is to promote offender honesty and accountability. The polygraph results shall not be used in isolation without considering information gathered from other behavioral monitoring tools. The polygraph shall not be used in isolation to remove protective factors. The CST response to behaviors utilizing the polygraph shall be based on offender risk and needs.

5.610 In instances when the CST has concerns related to an offender's suitability for testing, they shall consult with the polygraph examiner. The determination regarding an offender's suitability for polygraph testing rests with the polygraph examiner.[17] (See Section 6.210 for additional information regarding suitability for polygraph testing.)

5.615 If pursuant to Standard 6.210, the polygraph examiner determines the offender is currently unsuitable for polygraph examination, the requirement for polygraph examination may be waived. This waiver is for the current polygraph only, and is not a permanent waiver. However, if the offender has a condition that is not likely to improve, the CST shall consider granting a waiver for future testing as well. If the CST determines that a waiver is appropriate, this decision, and the reason for the decision, shall be documented by the supervising officer and treatment provider.

5.620 If the CST determines that the polygraph shall be waived, they shall determine what information is being sought and if there are alternate methods which can be utilized to obtain this information. (See Section 6.210). Alternate methods may include the use of GPS or Electronic Monitoring, drug/alcohol testing, plethysmograph testing, viewing time (VT) assessment, and other case management practices such as collateral contacts, office and home visits, employment visits, computer and phone monitoring, and increased supervision and treatment requirements.

5.625 Either the supervising officer or the treatment provider may collaborate with the polygraph examiner to determine content areas for question formulation. However, they shall defer to the polygraph examiner to make the final determination of question formulation, and to determine whether to administer a broader or more narrowly focused examination. (See Section 6.030.)

5.630 The CST shall continually assess the ongoing use of maintenance/monitoring polygraphs, and may

[17] Polygraph examiners have experience and training specific to suitability of potential examinees. Therefore, the supervising officer and treatment provider should defer to the polygraph examiner's expertise regarding this subject matter.

adjust the use of maintenance/monitoring polygraphs based on all clinical indicators, including prior polygraph results, of an offender's risk and needs. The polygraph frequency may be increased when risk is elevated and decreased when the offender demonstrates engagement with supervision and treatment, and protective factors are enhanced. This change in risk should be measured by an objective dynamic risk assessment tool. (For additional information on maintenance and monitoring polygraph testing frequency, see Section 6.013.)

Discussion: The following guidelines may be considered by the CST when determining maintenance/monitoring exam frequency: What information is being sought by the polygraph and how will this information inform treatment and supervision? Are there alternate methods which can be utilized to obtain the information being sought? What risk factor(s) is the CST concerned with and how are these factors connected to the frequency of examinations? In addition, the CST should defer to the polygraph examiner to ensure appropriate testing parameters (e.g., timeframe, subject matter, etc.) suggested by the CST will result in an exam with a high degree of validity and accuracy. (For example, the CST may decrease the frequency of the maintenance exams to 9 months and monitoring exams to 1 year.)[18] *Question formulation is a key factor impacting test validity and therefore, should only be completed by the polygraph examiner (see Section 6.022).*

5.635 CST decisions and responses shall not be based solely on the results of a polygraph examination. The polygraph results alone (e.g., no deception indicated, deception indicated, and inconclusive/no opinion results), and considered in isolation without additional information or disclosures, are not necessarily supportive of increased risk to re-offend.[19] (See Sections 6.000 and 6.013.)

5.640 Adjustments to treatment/supervision shall be based on risk and need as determined by all forms of clinical indicators including information from pre- and post-test interviews, offender behavior and accountability, transparency and engagement in treatment, dynamic risk assessment, information gained during clinical sessions, information provided by offender family and support systems, information received from victim sources, and information gained through interaction with the supervising officer.

5.645 The CST shall not make conditional for the offender any increase or decrease in supervision level, or any other consequence, based upon the finding of non-deceptive, inconclusive, or deceptive polygraph results.

5.650 The CST shall discuss outcomes of the polygraph examination (including pre- and post-test interviews/admissions) and determine the best course of response. (See 5.630 above).

Discussion point: The CST should reinforce and support offender disclosure prior to a polygraph exam. Openness and honesty can be a new behavior for some offenders and should be identified as a strength in terms of treatment engagement and supervision compliance. The expectation for an offender is to disclose prior to the polygraph exam, and the CST should communicate this to the offender prior to the exam so the offender understands this expectation. Conversely, the CST must also respond to the disclosed supervision and treatment violation behavior with an emphasis on addressing criminogenic needs and target behaviors. The goal is to increase the probability of behavior change through responding to all behaviors. (See Section 5.050 – Promoting and Monitoring Behavioral Change.)

[18] Note the different timeframes for maintenance (9 months) and monitoring (1 year) exams. The CST can use these timeframes but must address these issues separately during the exam if timeframes are going to be between 9 months and 1 year.
[19] Reference pending

5.655 After consultation with the polygraph examiner, the CST may determine it not to be suitable that a follow-up polygraph examination be based solely on a deceptive or inconclusive polygraph exam. The CST shall determine if they can identify a specific area of concern related to follow-up testing. The CST shall consider if there are alternate methods to obtain the information being sought. When alternate methods exist to obtain the needed information, the CST shall use those methods when available. If it is determined that a follow-up test is required, the CST has discretion to refer the offender to a different polygraph examiner for follow-up testing. When a different polygraph examiner is used for follow-up testing, the new examiner shall be given a copy of the prior examination. In addition, the new examiner may speak with the original examiner, if necessary. (See Section 9.000 for requirements related to information sharing.)

Discussion: *Providing copies of the prior polygraph exam report and speaking with the prior polygraph examiner, if needed, will allow any necessary information to be supplied to the new examiner by the original examiner in order to complete an accurate and thorough re-examination.*

5.660 If the supervising officer receives information that an offender is not in compliance with supervision following completion of treatment or while the offender is in aftercare, the supervising officer should determine the appropriate methods of discovering the information. The supervising officer should also consider the individual risk and protective factors of the offender, and the nature of the information being sought. If it is determined that a polygraph exam is the most appropriate way to verify compliance, the supervising officer should consult with the polygraph examiner prior to the polygraph exam. The polygraph examiner will then determine which type of test should be conducted to assist in obtaining the information sought.

Discussion: When it is determined that a polygraph is required in these circumstances, the frequency of testing must follow the guidelines and timeframes specified in Section 6.013 (i.e., questions asked on maintenance exams should cover the previous nine (9) months and monitoring exams the previous year).

5.665 Once an offender has successfully completed treatment, the supervising officer will have the discretion to determine the frequency of polygraph examinations. If the offender remains compliant with supervision conditions, the supervising officer may remove any requirement for polygraph testing.

Discussion: Discretion to determine the frequency of testing does not imply that frequency of polygraph testing can be increased beyond the recommendations in Section 6.013. The ability to no longer require polygraph examination is for offenders who have successfully completed treatment and are compliant with supervision. If there is evidence of non-compliance or the offender has demonstrated an increased risk to re-offend, then the supervising officer may determine that a polygraph is needed. The supervising officer should consult with the polygraph examiner to determine the appropriate timeframes for testing with the intention of maintaining consistent fidelity for polygraph testing (See Section 6.000).