

# **Resource Guide**

for Families of Adults

Accused, Charged or Convicted  
of Sexual Offenses in Colorado

## **Part 2**

**Chapter 5 – The Role of Treatment**

## **Part 3**

**Agency Information**

**Section 3.3 Treatment and  
Supervision of a Loved One**

**(A Therapist’s Perspective)**

**DRAFT**

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**A NOTE TO FAMILIES:** The beginning point in the process is one where you may feel totally alone. No one you know has something like this going on. And it's the beginning of a process where you often feel the need to hide from friends and families. But in truth, these people may be an important life line for you. You need as much support as you can get.

One source for support is through advocacy groups available in the area. The people involved with advocacy have a long experience in this area and can help guide you, give you information, and be support for your family. The advocacy groups can't give legal advice but can help you understand what is happening to help you through the process. You don't have to walk this road alone.

### PARTIAL LIST OF COLORADO AND NATIONAL RESOURCES

<p><b>Advocates for Change (AFC)</b>  <a href="http://www.advocates4change.org/">http://www.advocates4change.org/</a>                  PO Box 103392                  Denver CO 80250                  AFC Response Line: (720) 329-9096</p> <p><b>Key areas:</b> reform sex offense laws, advocate for those in the system, provide family support</p>	<p><b>Coalition for Sexual Offense Restoration (CSOR)</b>  <a href="http://www.csor-home.org/">http://www.csor-home.org/</a>                  Susan Walker, M.A.                  720-690-7125  <a href="mailto:SusanCWalker1@gmail.com">SusanCWalker1@gmail.com</a></p> <p><b>Key areas:</b> education, mentoring, re-entry, support, care management</p>
<p><b>Colorado Citizens United for the Rehabilitation of Errants (Colorado CURE)</b>  <a href="http://coloradocure.org/">http://coloradocure.org/</a>                  3470 S Poplar St                  Denver, CO 80224-2929</p> <p><b>Key areas:</b> promote criminal justice reform, improve prison conditions</p>	<p><b>Colorado Criminal Justice Reform Coalition (CCJRC)</b>  <a href="http://www.ccjrc.org">http://www.ccjrc.org</a>                  1212 Mariposa St., #6                  Denver, CO 80204                  phone: (303) 825-0122                  E-mail: <a href="mailto:info@ccjrc.org">info@ccjrc.org</a></p> <p><b>Key areas:</b> fight mass incarceration, racial disparity and a failed drug war</p>
<p><b>National Association for Rational Sex Offender Laws, Inc. (NARSOL)</b>  <a href="http://nationalrsol.org/">http://nationalrsol.org/</a>                  PO Box 400838                  Cambridge, MA 02140.                  888-997-7765</p> <p><b>Key areas: promote effective, fact-based sexual offense laws and policies</b></p>	<p><b>Women Against Registry</b>  <a href="https://www.womenagainstry.org/">https://www.womenagainstry.org/</a>                  P.O. Box 463                  Arnold, MO 63010                  800-311-3764</p> <p><b>Key areas:</b> reform punitive registry laws, eliminate damage to families caused by the registry</p>
<p><b>Sex Offender Resource Website</b>  <a href="http://www.sexoffenderresource.com/colorado/">http://www.sexoffenderresource.com/colorado/</a>  <b>Key areas:</b> links to possible sources of information</p>	

#### WHO PREPARED THIS GUIDE

In response to concerns raised by family members to the Sex Offender Management Board, a committee was convened to focus on family education, engagement and support. The committee is facilitated by family members and includes: family members, registered citizens, advocates for people with sexual offenses, advocates for people who have been sexually victimized, community and prison-based therapists, probation and parole representatives, and Sex Offender Management Board members and staff.

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### **DISCLAIMERS**

**LEGAL:** This guide does not serve as legal advice. Because sexual offense cases involve complex and technical areas of Colorado criminal law that change frequently, you may wish to consider a lawyer who specializes not only in criminal defense but also has some expertise in handling sexual offense cases.

**MENTAL HEALTH:** Your family may be impacted significantly by this challenging experience. There will be difficult moments. You are encouraged to reach out to mental health providers who are trained and experienced in working with issues that impact a family in which sexual abuse allegations are present.

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# Introduction

When your loved one is accused, charged or convicted of a sex offense and lands in the Colorado legal system, you may feel at a loss as to what to do, how to be supportive, where to go to find answers to your many questions, how to understand the maze of systems your loved one will face, and how to get the emotional support you and your family need. Your family may experience a wide range of feelings. Family members may react differently from each other and their reactions may puzzle you. There are no absolute answers to the many issues that families will face. But this guide is meant to be a starting point.

## How to Use this Guide

This guide has been prepared to answer many of your questions, to provide resources, to validate the emotional upheaval that your family may experience, and to guide you as your loved one goes through the legal system. Individuals accused, charged or convicted of a sexual offense in Colorado will face several complex areas of Colorado criminal law. During your loved one's journey through the criminal justice system, you will be introduced to a great deal of information that may be overwhelming and confusing.

This guide consists of three main parts, plus some additional information:

- Part 1 – Supporting Your Loved One from Arrest to Sentencing
- Part 2 – Serving the Sentence
- Part 3 – Information from System Officials

**Each chapter in Parts 1 and 2** is written from a family member perspective. These chapters are divided into the following sections:

- Key Terms - short definitions of some of the important terms that may be new to you.
- Overview - Factual information on the subject of the chapter
- Family Impact - What your family may face and feel
- What You Can Do - Opportunities for family engagement
- Where to Find Answers and Help
- More Information (about the system or process)

**Each Chapter in Part 3** provides information from an agency point of view.

**Additional information** is included in Key Terms, the Glossary, Appendices, and Flowchart and Call-out Boxes.

Key Terms: At the beginning of each chapter, you will find key terms to help you understand some of the important concepts that will be discussed in that chapter.

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Glossary: The legal system is complex and some of the terms and concepts may be new to you, (such as. the difference between parole and probation). These will be designated by *red italic* type throughout the guide. You will find definitions and explanatory notes of these terms and concepts and in the glossary at the back of the guide.

Appendices: Every situation is different. The appendices provide more detailed information about certain topics that may be of concern to some families, but not others.

Flowchart: A simplified flowchart of many of the most common events in the legal system is also at the back of this guide. The actual series of events that people experience may be very different.

Call Out Boxes: Throughout this guide you will find **Quick Tips**, **Alerts**, and **Personal Stories** to help you and your family through this journey.



# Part 2

## Supporting Your Loved One - Serving the Sentence and Beyond

### **Chapter 5 – The Role of Treatment**

Chapter 6 – Probation

Chapter 7 – Community Corrections (COMCOR)

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Chapter 9 – Prison under Colorado Department of Corrections

Chapter 10 – Parole Hearings before the Colorado Parole Board

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Chapter 12 – Serving the Sentence under Interstate Compact

Chapter 13 – Sex Offender Registry

Chapter 14 – Post Sentence Considerations

## Chapter 5 – The Role of Treatment

In Colorado, there are specific laws that provide guidance to the courts for sentencing a person who has been convicted of a sex offense. Typically, your loved one must participate in court-ordered treatment (i.e., therapy) that is designed for someone who has committed a sex offense.

This chapter talks in general terms about required treatment no matter when and where your loved one gets treatment (e.g., probation, parole, prison). All treatment providers must follow the SOMB Standards and Guidelines. For more details on treatment in different settings, see the related chapters. (e.g., Chapter 6 – Probation).

This chapter talks about:

- What is Sex Offense Specific Treatment?
- Difference between Sex Offense Specific Therapy and other forms of therapy
- Treatment Providers/Therapists
- Getting started in treatment
- Assessment
- Signing a treatment contract
- What does Sex Offense Specific Treatment look like in Colorado?
- Use of the Risk-Need-Responsivity Model in Sex Offense Specific Therapy
- Tools used by treatment
- When does treatment end?
- Consequences of failure in treatment

### Key Terms

**Accountability** – Taking responsibility for causes, motives, actions, and outcomes of one’s own conduct.

**Community Supervision Team (CST)** - a team of professionals including therapists, supervising officers such as probation and parole officers, and others who collaborate to make decisions about your loved one. The CST may also include pro-social support persons such as family members.

**Risk-Need-Responsivity Model (RNR)** – Therapeutic Model with three basic principles:

- Risk principle: Match the level of treatment to a person’s risk to re-offend.
- Need principle: Assess thoughts, feelings, behaviors, and environment in a person’s life that can lead to criminal behavior and focus on those things in treatment.
- Responsivity principle: Provide information in a way that honors a person’s learning needs and culture and makes sense to the person trying to learn new information and new ways of behaving.

**SOMB Standards and Guidelines** - Treatment standards that therapists must follow are provided in *The Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, written by the Colorado Sex Offender Management Board. These standards and guidelines are also considered best practice for supervising officers.

**Treatment Contract** – a legally enforceable document that describes the rules of treatment, what the therapist is expected to do, and what the person in treatment is required to do.

## What Is Sex Offense Specific Treatment?

**Sex offense specific treatment** is **mental health therapy** that is designed for people with sexual offenses to prevent future offenses. This treatment is designed to provide individuals with strategies and tools to manage and control their own thoughts, feelings, and actions. Treatment standards that therapists must follow are detailed in the **SOMB Standards and Guidelines (SOMB Standards)**.

Treatment is a process that is conducted in stages. Your loved one will experience ups and downs while in therapy. Progress depends on individuals' level of accountability and the effort they put into the process. Progress in therapy can be helped with a strong network of family, friends or community support.

## Differences between Sex Offense Specific Therapy and Other Forms of Therapy

**Required Information Releases** - A significant difference between Sex Offense Specific Therapy (**SOST**) and other forms of therapy is that clients are required to sign releases of information. These releases allow treatment providers to share information with other individuals involved in the treatment and supervision of the client. This provision is required by SOMB Standards and Guidelines. As a result, there can be no expectation of therapist-client privacy or confidentiality when releases of information have been signed.

Examples of information that may be shared could include progress in treatment and supervision, or significant changes to the treatment plan based on risk and need.



### Alert

### Information Sharing

Family members should be aware that

- Information that family members share with therapists may be shared with other people who are involved in the treatment and supervision of your loved one.
- Treatment providers cannot share information with family members about their loved one's therapy unless a release of information has been signed by their loved one.

**Legislation Regarding Data Collection – Optional Participation** - The Colorado State Legislature is requiring the SOMB and approved providers to collect information about evaluation, treatment, and polygraph to evaluate the effectiveness of the implementation of the Standards. The SOMB has created a secure data collection system where approved providers can submit data. As a result, your loved one may be asked to sign a consent form to have their information shared with the SOMB.

The SOMB will use the data to help monitor and improve the quality of the treatment process to make sure it closely follows the evidence-based Risk-Need-Responsivity (RNR) model. The results of the data collection analysis will be presented as a whole, and no specific information about your loved one will be released. The SOMB may share research data with other investigators without asking for your loved one's consent again, but it will not contain information that could directly identify your loved one. This

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consent form is for research purposes and is optional for your loved one to sign. If you would like to learn more about what data is collected and with whom it is shared, you may contact the SOMB.

**Mandatory Reporters** - SOMB therapists are mandatory reporters and must notify law enforcement or other government authorities if they become aware of certain types of crimes that have not already been prosecuted. Your loved one will be asked detailed questions about his or her sexual history that will include questions about potentially criminal behavior, including other uncharged sex crimes. Your loved one may wish to consult a lawyer (including a public defender if financially eligible) about how to answer questions such as whether your loved one may properly assert constitutional rights to remain silent. The SOMB Standards (see 3.160) indicate a client cannot be terminated from treatment solely because that person has invoked a valid legal right to remain silent.



### TIP – Therapists must provide a mandatory disclosure statement to your loved one

All mental health therapists in Colorado are regulated by the Department of Regulatory Agencies (DORA). One of the DORA statutory requirements is for therapists to comply with the Mental Health Practice Act, and in particular, to provide each client with a Mandatory Disclosure Statement. The Mandatory Disclosure Statement must include the following:

- The therapist’s DORA registration or licensure information including the address for the Board which oversees that area of practice (for example, psychology, social work, etc.)
- A statement indicating the client is entitled to receive information about the methods of therapy, techniques used, and duration of therapy, if known
- A statement indicating a client may seek a second opinion or discontinue therapy at any point (*Note: There may be repercussions if a loved one with a sex offense discontinues therapy that is required by court order.*)
- A statement indicating information provided by a client during therapy is confidential other than certain exceptions provided by law

**Child Contact Considerations** - One of the most difficult things that many families face is when loved ones with a sex offense are not allowed to have contact with any children, including their own children and siblings under the age of 18. Most decisions relating to contact with an individual’s own minor child(ren) or siblings are made by the court. These restrictions usually occur through a court order. Although, the parole board, prison administrators, and treatment providers also may restrict child contact or ask your loved one to voluntarily stop having contact. For more information about child contact considerations, see Part 1 – Chapter 4 – Section 4.2 of this guide.

## About Treatment Providers/Therapists

Treatment providers (therapists) who specialize in working with people with sex offences must be licensed or registered by the Colorado Department of Regulatory Agencies (DORA). In addition, therapists must meet additional training, experience, and supervision requirements to be approved by the Colorado Sex Offender Management Board (SOMB). Therapists working at the Colorado Department of Corrections are also licensed or registered by DORA. See Section 4.0 of the Adult SOMB Standards and Guidelines for the requirements for information on competency based requirements.

Treatment providers may include individual therapists as well as agencies that have multiple therapists on staff. Although there are many treatment providers in the state of Colorado, some geographic areas have no treatment providers within them.

## Getting Started in Treatment

At some point, your loved one will be asked or required to begin treatment. This may be at the request of your loved one's attorney before sentencing or as a requirement under the law as part of your loved one's sentence. There are differences in the way a loved one enters treatment in the community under supervision (probation, parole, or community corrections) as opposed to when a loved one is incarcerated in the Colorado Department of Corrections (prison). For details of treatment that apply to a loved one's particular situation (e.g., being on probation vs. being in prison) see other related chapters in Part 2 of this guide.

## Intake Assessment

Regardless of whether your loved one begins treatment in prison or in the community on probation/parole, your loved one will be scheduled for an **Intake Assessment** and interview with a treatment provider.

**If Your Loved One Is Incarcerated** - Since your loved one has a sex offense conviction, your loved one will be referred to intake specialists who work in the Sex Offender Treatment and Monitoring Program (SOTMP). SOTMP will conduct an interview with your loved one which allows them to assess the level of treatment needs. They will also do a thorough review of court documentation, any community treatment history, and past assessments. If the information reviewed dictates that your loved one is recommended for treatment while incarcerated, your loved one will be referred for sex offense treatment. If your loved one decides against being placed on the treatment referral list at that time, your loved one will be re-screened at later date during incarceration.



### **TIP – There may be a waiting period to get into the SOTMP treatment program**

Even if your loved one is recommended for treatment while incarcerated, there can be an indefinite waiting period to get into SOTMP treatment.

Be aware that there is a waiting list. For specifics about your loved one, you can reach out to the SOTMP administrator. Your loved one's place on the waiting list can fluctuate based upon changing factors that may be beyond your loved one's control. For more information related to SOTMP treatment participation please see Colorado Department of Corrections Administrative Regulation (AR) 700-19.

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**If Your Loved One Is under Supervision in the Community** - The treatment provider will use the assessment and interview information, along with previous findings from the Presentence Investigation Report and Sex Offense-Specific Evaluation (SOSE) to determine if they will accept your loved one into treatment in prison or at an outside agency. Treatment provider agencies may have differences in how they conduct intake assessments.



### TIP – The Intake Assessment is different from the Presentence Investigation Report (PSIR) and Sex Offense Specific Evaluation (SOSE)

During an **intake assessment**, therapists decide if they will accept your loved one into treatment. Therapists may use the PSIR and SOSE to help them make that decision.

For more information about the PSIR and SOSE, please see Part 1 - Chapter 4 - Section 4.1 Evaluation of this guide. For the kinds of questions that your loved one might be asked see Part 3 – Agency Information – 3.3 Treatment and Supervision of a Loved One (A Therapist’s Perspective).

### Signing the Treatment Contract

Whether inside prison or on the outside in the community, your loved one will be asked to sign a contract. This contract is a legally enforceable document. By signing this contract, your loved one will be agreeing to follow the rules, abide by the agreement, and accept consequences for failures to live up to the contract.



**Alert**

### Treatment Contract and Information Releases

Your loved one will be required to sign a treatment contract and releases of information. If your loved one does not sign these documents, the treatment provider will not provide treatment.

### What Does Sex Offense Specific Treatment Look Like in Colorado?

Offense Specific Treatment is designed to help your loved one reduce their risk of engaging in illegal and harmful behavior. Cognitive (thinking) skills, emotional management, behavioral restrictions, are presented individually, in groups, or sometimes in family support meetings. The SOMB requires that therapists use a **victim-centered approach** as well as the **Risk Need Responsivity Model**. Your loved one will be asked to address the harm their actions may have caused to the primary victim(s). In addition, your loved one will be asked to recognize the impact of their behavior on secondary victims (e.g., family, friends, significant others of the victim) as well as society as a whole.



**A therapist explains the difference between Offense Specific Evaluations and Intake Assessments.**

Professionals in the community are given the task of deciding if treatment will be recommended for your loved one. Treatment is a word to describe steps your loved one will be asked to accomplish for the purpose of reducing the risk for your loved one repeating the offending behavior. Once treatment is recommended, your loved one must be matched up with a treatment provider. These two steps are accomplished through an Offense Specific Evaluation and an Intake Assessment.

**Offense Specific Evaluation** - When a loved one has been court ordered to complete a Mental Health Sex Offense Specific Evaluation, they will be asked to offer accurate information about many private matters. Evaluators are attempting to determine any and all influences your loved one may have experienced which may require attention in a therapeutic setting. The evaluation will make recommendations about the goals and objectives of treatment, the level of care your loved one may need, who can or cannot provide support to them, as well as difficulties that may have occurred during the evaluation.

**Intake Assessment** - Your loved one will be asked to schedule an Intake Assessment to determine if they are a good fit or if the agency they visit is a good fit for them. Your loved one is being assessed for telling the truth, taking responsibility, showing remorse, expressing empathy, and being motivated to change. They are also being assessed if the above items reveal problems

Once your loved one begins treatment, the real work begins. Your loved one will be asked to learn and practice many skills. Loved ones will be asked to take responsibility for their actions and will be held accountable for their choices.

To find out more about what treatment entails, how it may impact your loved one, and how it may impact family members go to Part 3- Agency Information Section 3 - Treatment and Supervision of a Loved One (A Therapist's Perspective)

Treatment providers work to engage their clients in therapeutic relationships that will enhance honesty, accountability, and compliance of the person in treatment. They also will address underlying issues that are related to a choice to sexually offend. Those in treatment may be asked to document their history of sexual behaviors including thoughts, feelings, and specific acts with specific people. Over the course of treatment, most individuals in treatment will be asked to take several polygraph tests. Your loved one will be educated about consent and learn to understand and describe why certain behavior was not consensual. Many treatment providers begin to discuss what a consensual sexual relationship is to help your loved one clearly tell the difference.

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For more details on what treatment looks like for loved ones in various circumstances (e.g., prison, probation, parole, etc.), please see the related chapters in this guide. Also see Part 3 Agency Information – Section 3.3 – Treatment and Supervision of a Loved One (A Therapist’s Perspective)

### Use of the Risk-Need-Responsivity Model in Sex Offense Specific Therapy

In Colorado treatment providers are required by SOMB Standards to use a model called Risk, Need, and Responsivity (RNR). The RNR model provides a framework for treatment being offered to individuals by matching their needs so they can learn from their therapy efforts. Therapy will look different based on your loved one’s needs. To better understand how the RNR Model is being used with your loved one, contact your loved one’s treatment provider.

RNR has three basic principles: Risk, Need, and Responsivity.

- **Risk** means assessing risk to reoffend.
- **Needs** means identifying parts of a person’s life that may either cause or prevent criminal behavior (for example, substance abuse, or healthy or unhealthy social support).
- **Responsivity** means taking into consideration how different people learn and understand information.

RNR research suggests the best outcomes happen when therapy

- is consistent with a person’s risk level (not over-treating low-risk people or under-treating high-risk people)
- focuses on parts of the person’s life that are related to preventing criminal reoffending
- provides information in a way that makes sense to the person in therapy.

For more information on the RNR model, see Part 3 Agency Information – Section 3.3 – Treatment and Supervision of a Loved One (A Therapist’s Perspective)



#### Tip – Risk can go up or down

Life changes may cause stress, resulting in an increased risk for someone to reoffend. For example, changes in therapists, supervision, family relationships, work, etc., can result in such stress.

People in therapy who are experiencing these changes will need to learn how to manage these changes in their lives. Communication, maintaining documentation, following rules, and using their skills in relationships are very important.



### A Letter from Someone with a Positive Experience in Treatment

Hello Everybody,

I am a person who must register as sex offender, but it has not always been that way for me. I have a story just like everyone else. I have often stated that I wish I could have changed the events that led to my offense, but I am grateful for the life altering counseling that I have received as a result.

I never would have sought the help I so desperately needed, on my own. I was sentenced in 2014. I hit rock bottom. Prior to that, I was escalating in my career, but everything else in my world was crumbling. My marriage, my relationships with my parents, brothers and my own children were disengaged. Looking back, I was selfish, self-centered, egotistical, and full of shame. I was raised strict Catholic, the father was the bread winner however I was struggling to support a new family financially. I never received any sex education (no “birds and the bees”) conversations with my parents. Whatever I learned about sexual relationships was what I found out from my friends or pornography. Not exactly a model that fosters healthy sexual relationships. As my marriage deteriorated, internally, I blamed my spouse for my emotional problems that I refused to address.

After sentencing, I was in denial; I still refused to believe I had the problem in all this. I was the victim, the system had failed me, again I was still selfish. After sentencing, I met with my probation officer (I realize there are different steps for everyone and no sentence is the same but I will describe my experience). My life as I knew it changed immediately and dramatically. No contact with children under the age of 18 years, even if your offense has nothing to do with children. No alcohol or drugs obviously. You’re subject to polygraphs every 3 months, UAs, your movements are strictly monitored. There are numerous other conditions that a person with a sex offense is subjected to, above and beyond, what someone with non-sexual offense has. I, like most people new to the system, struggled with the new rules.

The thing that saved me, even though at the time I resisted it the most, was the treatment! I so did not want to sit in a room full of other people who had offended and talk about my offense or my life. You see, something you didn’t know about me until now was, I was a police officer at the time of my offense. I thought I was above all this, I believed I was still in control, even though everything about my life was out of control. It took me a year of sitting through counseling to finally allow myself to admit I had a problem. I was lucky. I had the support of the mother of my children, my parents and my brothers. Only through treatment, and a lot of self-reflection, did I let what my treatment providers were teaching sink in. For me it was finally admitting I had a problem, much like what I have heard from alcoholics. Once I allowed the concepts into my everyday thinking, I advanced. I began to participate in class, I practiced what the treatment providers were preaching and my relationships, which had been strained, got extraordinarily better. I started to reach out to my family members. I apologized to my secondary victims in person. They may not have needed that, but I needed that. I needed to start the healing and it happened -- not overnight but one day at a time. I learned what my triggers were (you will learn them too) and how to identify and avoid problem scenarios. If you incorporate the treatment concepts into your everyday life, you will succeed! I have done it. I am proof that the treatment works, but only if you let it. It is not easy, but start living the ideas immediately, and I promise you, you will be an emotionally/mentally stronger person and your relationships will be more fulfilling than ever before!!

## **Tools used by Treatment**

Some tools are used whether your loved one is in the community under supervision (i.e., probation, parole) or inside an incarceration setting (prison, community corrections). These tools are discussed below. Other tools are used only when your loved one is in the community under supervision. More details about the tools of treatment are provided later in the document, under specific sections that talk about different sentencing environments (e.g., Chapter 6 – Probation).

**Polygraphs and Viewing Time Assessments** - Whether incarcerated or in the community under supervision, your loved one most will be asked to participate in the polygraph process on a regular basis. A polygraph (also called a *lie detector test*) measures and records several physiological indicators such as blood pressure, pulse, respiration, and skin conductivity while a person is asked and answers a series of questions. Polygraphs can be uncomfortable, intrusive and intimidating for your loved one. The polygraph process contributes information for CST team decision making related to treatment.

Your loved one may be required to participate in certain assessments such as Viewing Time (VT) tests (e.g, Abel/Affinity/LOOK). VTs measure the time required to respond to visual stimuli on a computer.



### **Tip – Fifth Amendment Considerations**

For guidance on whether someone has rights to not participate in the polygraph process, consult the SOMB Standards and Guidelines. Your loved one may also wish to consult with an attorney.

## **Limits on Contact with Children**

While in therapy, your loved one typically will not be permitted to have contact with any child under the age of 18

- until meeting certain criteria (see SOMB Standards and Guidelines Section 5.700) and
- until the treatment team approves the contact.

Therapists may assess whether your loved one will be allowed to have contact with children and to what extent the contact will be allowed. However, as an exception, the judge at the time of sentencing may permit your loved one to have contact with his or her own minor child as long as the child was not a victim and is not at risk.

## **When Does Treatment End?**

Completion of treatment means different things depending on whether your loved one is incarcerated or under supervision in the community. Your loved one will be required to meet different milestones depending whether they are incarcerated or their level of community supervision. When your loved one is discharged successfully, unsuccessfully or administratively, a discharge summary will be completed by the therapist. It is highly recommended that your loved one obtain a copy of discharge summary and

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save it for future use. For more information about levels of treatment and associated requirements refer to chapters in this guide that talk about your loved one's particular situation. (e.g., Chapter 6 – Probation).

### Consequences of Failure in Treatment:

If it is determined by members of the treatment team that your loved one is not making enough progress in treatment, the consequences can be severe. Depending on your loved one's circumstances, these consequences may include:

- Extension of probation sentence
- Revocation of probation and being sent to jail or prison
- Being removed from therapy while in prison, which would delay parole
- Revocation of parole and being sent back to prison

### Family Impact:

The impact of your loved one's participation in treatment on your family largely depends first on your loved one's willingness to include you and other family members in the process and secondly, your willingness to support your loved one in multiple ways. Your loved one will be asked during intake and evaluation if any family members are to be included in information sharing and support efforts.

If family members are on board with the treatment process, the impact largely will be from things they must do and rules they must follow, if they wish to provide support. (See *Family Impact* sections of specific chapters in this guide for more detail.)

### What You Can Do:

#### Take Care of Yourself First

This may be a time of great stress. It may take some time to sort out your feelings and figure out what to do next. Sometimes family members need help with their own issues before they can be in a position to offer support to a person with a sexual offense. This can be especially true if the person with the offense and the victim of abuse are both family members.



#### TIP – From a Therapist to Family Members

You can learn to be helpful and participate with your loved ones as they progress. Be aware that going to meetings and therapy sessions can result in hearing uncomfortable things.

It is okay to share your feelings about your loved one's behavior. It is okay to love someone who has hurt someone else and not accept their behavior. There are many helpful people who can explain some of the reasons why some people hurt other people.

Becoming healthy and facing the truth can be painful at times. You can help loved ones by supporting them in dealing with the truth.

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### Support Your Loved One

For those who feel they can offer support, a good place to start is to talk with your loved one and agree on what support you can give and what support they will accept. Take the time to learn about sex offender treatment and the criminal justice system's rules for those with a sex offense (see section below for sources of information) so that you know what is expected of your friend or loved one.

Your loved one's privacy concerns apply to family members, so be sure to talk with your loved one about the kind of support that would be valued by your loved one. Supporting your loved one in treatment can be done in many different ways.

You can choose the support that fits your family situation (loved one on probation or parole, in prison, etc.) For example, you can:

- Provide positive social support, healthy social interaction, encouragement and role modeling
- Show up personally, even if you don't talk about anything but the weather.
- Participate in individual or family therapy sessions
- Become an **Approved Supervisor** (see Section 5.770-5.776 in SOMB Standards and Guidelines)
- Become an **Approved Community Support Person** (see definition in glossary)
- Become **CDOC Approved Support Person** (see CDOC Administrative Regulation 700-19)
- If you feel it is appropriate, file a complaint, using the SOMB complaint process for addressing treatment standards violations. (See SOMB Standards and Guidelines)
- For more ideas see the *What You Can Do* sections of specific chapters in this guide.

### Where to Find Help and Answers:

- **When you have questions about how your loved one is being treated in therapy**, the first place to find answers to your questions is your loved one's therapist. To learn more about the philosophy of and standards for treatment you can find the SOMB's Standards and Guidelines online. If you have a complaint about a therapist or treatment, you may wish to go to the treatment provider's director.
- **The SOMB sets the rules that therapists must follow.** You can attend SOMB's monthly meetings, which are open to the public. Check their meeting schedule online.

# Part 3

## Agency Information

### **3.3 Treatment and Supervision of a Loved One (A Therapist’s Perspective)**

### **3.3. Treatment and Supervision of a Loved One (A Therapist's Perspective)**

When a loved one is accused of a sexual crime one question often is asked. What will happen now? Professionals in the community are given the task of deciding if **Treatment** will be recommended. Treatment is a word to describe steps the loved one will be asked to accomplish for the purpose of reducing the risk for the loved one to repeat the behavior. The following information addresses many different topics related to treatment.

#### **What is an Offense Specific Evaluation?**

A loved one has been court ordered to complete a Mental Health Sex Offense Specific Evaluation. They will be asked to offer accurate information about many private matters. These include where they were born, who are their parents, information about stepparents, caregivers, siblings, and other significant people in their life. A thorough evaluation will include their account of their family relationship history including divorce, domestic violence, substance abuse, mental health concerns, suicide history, criminal history, and sexual abuse history.

#### **Purpose of the Evaluation**

Evaluators are trained mental health providers who are attempting to determine any and all influences your loved one may have experienced that affect their personality, emotional functioning, and intellectual functioning, which may require attention in a therapeutic setting. They will be asked to complete several pencil and paper tests that may result in a diagnosis related to mental health. Evaluators may rely on previous testing results and the Diagnostic and Statistical Manual-5 to best explain symptoms and suggest interventions. These symptoms may include their thought process, emotion process, and behavior history.

#### **What Will Your Loved One Be Asked?**

**Your loved one will be asked about their school history** including location, moves, behavior, suspensions, activities, and both strengths and weaknesses in their ability to learn new information, retain information, and solve problems.

**Your loved one will be asked about their friends and acquaintances.** Their history of these relationships may be assessed as being helpful or hurtful to them as it relates to support in the past, present and future. Any marriages, children, level of support given to spouses and children will also be assessed. Therapists will be looking at whether loved ones will be allowed to maintain these relationships or whether loved ones must be prepared for the relationships to be put on hold during treatment. This is a critical issue in offense specific treatment, especially if the named victim is a family member.

**Your loved one may be asked to explain their style or patterns in relationships** that include communicating problems, managing anger, standing up for themselves, communicating effectively, and maintaining a relationship through success or failures.

**Your loved one will be asked about experiences with alcohol, illegal substances, prescriptions,** and any family history involving this topic. Some loved ones may be asked to obtain treatment or be monitored

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throughout treatment for substance use or abuse. This information may influence the level of risk your loved one is rated and may influence the type of supervision that is required.

***Your loved one may have committed other crimes.*** Related information is generally provided by law enforcement through a criminal background check. Items of concern are summarized in the evaluation and may also be used to determine if your loved one is being open about their past, is capable of taking responsibility for past choices, and is able to recognize the harm of their actions on others.

***Your loved one will be asked about sex, a lot.*** Where did they learn about it? What did they learn? From whom did they learn? How often do they think about sex? Do they masturbate? How often? What do they think about? Who do they think about? Do they view sexually stimulating material? What kind? How often? Do they use the Internet for sexually stimulating material? Have they viewed illegal material? Is that part of what brought them to this point? Have they attempted to talk online or on the phone about sex? If so, is it with a vulnerable person? Is it with the knowledge of their spouse or partner? How do these experiences influence their ability to form and maintain relationships? Can they talk about their sexual preferences as well as strong emotions related to sexual material?

***Your loved one may be assessed in the evaluation to determine if their sexual preferences are related to their charges, conviction, or offense.*** Many loved ones may be asked to complete assessments which expose them to pictures, sounds, and their own physical signs of sexual arousal. Their level of risk may be influenced by these results.

***Your loved one will be asked about the charges and or conviction which led them to this point.*** They will be asked to describe their thoughts, feelings, and behaviors. They will be asked if they understand the thoughts, feelings, and behaviors of the person they hurt. They will be asked if they are aware of any consequences for the people they hurt. They are being assessed to determine if they need treatment and will benefit from treatment. They are also being assessed to determine how likely it is they would hurt someone again.

### What Is It Like to Go through an Evaluation?

Your loved one has now spent six to eight hours being tested and talking about themselves, their sexuality, and their sexual crime. The evaluation will make recommendations about the goals and objectives of treatment, the level of care your loved one may need, who can or cannot provide support to them, as well as difficulties that may have occurred during the evaluation.

### How Does an Evaluation Help if Your Loved One Is a Parent?

Your loved one may be a parent. Contact with children or vulnerable individuals is a concern of the CST. The evaluator may be asked by your loved one or the Court, Parole Board, Probation, or Human Services to assess your loved one's contact with their own children. As a result, once the initial sex offense specific evaluation is initiated, it may include the elements of the Child Contact Screening (CCS) instrument. The CCS may be completed later in the process.

***In certain cases, the Child Contact Screening instrument may be used to help determine if child contact will be allowed.*** The Court or Parole Board may rule on your loved one having or not having contact

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with their own non-victim children. As the CST monitors the progress of your loved one in treatment, the team will make its own determination for or against contact. Your loved one may have completed clarification with the victim and may, upon CST approval, have contact with their own children. Based on the age of your loved one, a Young Adult Modification Protocol may be utilized to allow contact with a biological child. Based on the agency your loved one is completing treatment with, some providers may not allow contact with children until they have met the agency criteria. In some cases, your loved one may forego contact with their child.

### ***The Child Contact Screening process does identify criteria which would exclude contact with children.***

These criteria include your loved one having a diagnosis of Pedophilia (sexual interest in children), Psychopathy (a wide range of items identifying them as dangerous to others), or Sexual Sadism (a trait that involves being sexually interested/aroused to another person's pain). In some cases the Court or Parole may overrule these criteria as exclusionary. In some cases your loved one may have made progress in managing or resolving, or extinguishing these traits and they do not currently meet the criteria for those diagnostic labels. In some cases the CST may decide that your loved one is near the end of their treatment and supervision status and contact with children may be granted to allow your loved one to be monitored as they engage with their children. In some cases the child's needs are such that your loved one is allowed contact as the contact is in the best interest of the child.

Once the CCS has been initiated, contact with children may be allowed if your loved one does not possess criteria that would exclude the contact. This assessment, done by the evaluator, would pre-screen your loved one from disqualifying criteria. Your loved one cannot possess two or more of the criteria, must want contact with the child, and has not history of abusing children. The CCS may be completed at the same time as the offense specific evaluation and is commonly added as an addendum to the evaluation to inform the Court and the CST of the information, including when your loved one may enter into an Interstate Compact Agreement which entails them leaving one jurisdiction and moving to another jurisdiction in another state.

### ***The other disqualifying items that would prevent contact with your loved one's own children would include two or more of the following items.***

- Adult sex history of sexual behavior with a victim who is twelve years of age or younger
- Three or more convictions for unlawful sexual behavior
- Sexual interest/or arousal to pre-pubescent children
- Having polygraph results which reflect concern that your loved one's full sexual history has not been verified.

If your loved one has no exclusionary or disqualifying criteria, the CCS is designed to assess your loved one's attachment style. This item covers the ways in which your loved one is attached to others. Your loved one may have an attachment style which is disorganized, or unclassified or anxious. Your loved one will be assessed on their ability to place their child's needs above their own and express empathy towards children in abusive situations. Your loved one will be assessed for their ability to provide stability to the family. This would include prior absences from the home.

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***Your loved one will be assessed for a history of domestic violence.*** This may include many factors involving use of a weapon towards the victim, threatening the victim, and/or current access to weapons. It may involve any obsession about the victim including stalking, monitoring them, or being jealous of them. It will include whether the victim was strangled during the offense and other forms of physical violence. It will include whether the victim was pregnant at the time of the abuse, pregnant at the time of the domestic violence, or the victim is pregnant and they were a victim of previous abuse.

Violence towards other family members will be assessed including forms of child abuse. Your loved one's attitude towards domestic violence will be assessed and whether the victim had initiated a separation during the last six months which was related to domestic violence. Any previous domestic violence treatment is assessed including whether your loved one did or did not complete the treatment.

***Your loved one will also be assessed for their ability to recognize victim needs and victim safety concerns.*** They will be assessed for their parenting ability skills and whether they have provided child support for their children. Your loved one will be assessed for their access to children, prior parenting ability, their knowledge of their child's life, and their knowledge of parenting skills. They will be assessed for a history of involvement with human services, their knowledge of child development, their ability to model proper boundaries, and any history of child abuse or neglect. Your loved one will also be expected to be in compliance with treatment and supervision terms and conditions as they address their unlawful sexual behavior.

When the CCS is completed, the evaluator will recommend the level and type of contact allowed. This may range from supervised phone calls, therapeutic visits, home visits, meeting in the community, Approved Supervisor involvement, and actually living in the same home as their child. The CST will determine if contact is allowed. Over time, your loved one may engage in behaviors which increase risk or decrease risk for engaging in unlawful sexual behavior. The CST will continually monitor the level of risk and adjust the recommendations.

In some cases, your loved one has not been criminally charged with a sexual crime, yet, they have been asked by human services to complete an evaluation including a CCS or something very similar, to help them make decisions regarding supporting or denying contact with children. The CCS is not to be used as an evaluation to determine child custody agreements or questions.

### Getting into Community Based Treatment

Your loved one has been asked or told to begin, ***Treatment***. Many loved ones will be told who they can or cannot attend treatment with by Supervision. Each program may have slight differences in how they operate. Your loved one will be asked to schedule an Intake Assessment to determine if they are a good fit or if the agency they visit is a good fit for them. Their interview is often discussed by members of the treatment and supervision team and is based on many criteria. Agencies are asked to determine if your loved one is accepted into treatment or not. Your loved one is being assessed for telling the truth, taking responsibility, showing remorse, expressing empathy, and being motivated to change. They are also being assessed if the above items reveal problems.

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A team of professionals, the Community Supervision Team (CST), has been created to help your loved one navigate the rules of community supervision, and to assess if the rules can be learned or not. There are many rules both by the agency providing treatment and by Probation/Parole. Your loved one will be asked to sign legally enforceable documents agreeing to follow the rules, abide by the agreement, and accept consequences for failures. They will be assessed for where they live, with whom they live, where they work, a daily schedule, a treatment schedule, and eventually a social schedule.

### **How Your Loved One Can Work with His Team**

Sex Offense Specific Treatment is tasked with helping your loved one reduce their risk for sexually offending. Generally speaking, the treatment provider will work to engage their client in a therapeutic relationship that will enhance honesty, accountability, compliance, and to address underlying issues that are related to a choice to sexually offend. The Treatment Provider is aware of a wide variety of inappropriate sexual behavior activities that range from Internet based offenses such as possession of child sexual images to coercive sexual contact. The range of offense behaviors has increased in recent years. Your loved one will be educated about consent and learn to understand and describe why their particular behavior is not consensual. Many treatment providers begin to discuss what a consensual sexual relationship is to help your loved one clearly tell the difference.

### **How Your Loved One's Therapist Will Use the Polygraph Process**

As people in therapy learn important information about their sexual behavior, they may be asked to begin documenting their history of sexual behaviors including thoughts, feelings, and specific acts with specific people. While in therapy, your loved one most likely will be asked to take a polygraph. Members of the CST will use the results (showing or not showing reactions) of the polygraph as information to support whether your loved one has fully disclosed their history. Many treatment providers believe they cannot adequately help your loved one without a full disclosure of sexual behavior. However, as mandatory reporters, they are obligated by state statute to report any known or suspected acts of sexual, child, or domestic abuse.

### **What Is Trauma Informed Care?**

Providers may teach your loved one about the influence of childhood and adult stressors, trauma or adverse experiences to help their client answer difficult questions related to why they would sexually act out, why they chose the particular person, and how they can interrupt any future thoughts, feelings, or behaviors which may pose a risk in the future. Your loved one will be working to identify self-image issues, relationship to others, ways in which they get their needs met, their attitude about sexuality, how they were thinking at the time of the abuse behavior, how they may have engaged the victim in the abuse, how they convinced themselves their behavior was okay, how they may have attempted to avoid getting caught, and how they may have convinced themselves this behavior would not occur again.

### **Why Managing Sexual Interest Is Important**

Many of our loved ones may present with sexual arousal or interests that are problematic. This means that they will be addressing this in treatment, as acting on the arousal or interests may be illegal, harmful to others, or harmful to self. They may learn a variety of techniques to reduce and control these interests. Treatment providers are generally very mindful about this aspect of treatment and

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develop treatment plans, safety plans, and community access plans meant to minimize exposure to situations in the community which may trigger thoughts, feelings, and potentially behaviors that are harmful. Your loved one will be asked to learn and practice thinking skills, emotion management, and behavioral control as a means to reduce the risk to the community as well as to help them attempt to eliminate these thoughts and feelings.

### **How Does Treatment Work?**

Offense Specific Treatment, as its name implies, is designed to help your loved one reduce their risk of engaging in illegal and harmful behavior. Many loved ones may need the Community Supervision Team to help coordinate a response plan that could include the Supervising Officer, Treatment Provider, Polygraph Examiner, Psychologist, Psychiatrist, and others to support, monitor, intervene, and track their progress. Cognitive (thinking) skills, emotional management, behavioral restrictions, are presented individually, in groups, or sometimes in family meetings. Using a victim-centered approach your loved one will be primarily addressing the harm their actions may have caused. Understanding the specialized treatment involves both your loved one having a strong, open, and honest relationship with their Treatment Provider to prepare and guide them through a process to assist those who have been harmed.

### **What Is Victim Empathy?**

Sexual abuse has been present for thousands of years. Loved ones come from all walks of life. The vast majority of abuse occurs within relationships that have an established trust. Your loved one will be asked to understand, raise their awareness of, and respond honestly about, the violation of that trust. Your loved one will be asked to recognize the impact of their behavior on secondary victims as well as society as a whole. Their reaction to this raised awareness may be a difficult time in their treatment process and for family members as well. As your loved one identifies the impacts of their behavior on others, they may have their own reaction. Care is taken to help guide them through the process without causing further harm. Treatment providers and members of the CST are made aware of interventions that have been shown to be helpful and harmful. Your loved one's ability to communicate their experience is necessary. Many of our loved ones may resist aspects of treatment and supervision. These actions may have a negative impact on the victim as well as us. Progress in treatment may depend on them accepting the need to change their attitudes about a variety of things.

### **Skills Your Loved One Will Learn and Practice**

Many treatment providers understand your loved one will resist change. Individualized treatment and group treatment will seek to help lower the resistance. As thoughts about self, sexuality, the victim, family, society, etc. are identified, your loved one will be asked to learn, practice, and share their thought processes. They will also be asked to recognize when their thoughts are not true. These thoughts are generally called, *Thinking Errors* and/or cognitive distortions. Your loved one will learn to recognize that thinking errors such as denial, making excuses, blaming the victim, minimizing the harm, are common among peers in treatment. They will be asked to learn to correct these thoughts. Some of us have a difficult time developing a different opinion when we have held onto a belief for decades or even generations. Your loved one will be offered support, feedback, knowledge, and others'

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perspectives to help them. One benefit to this process is an expected outcome that your loved one will now know how to manage their thoughts, feelings, and behaviors by correcting their thoughts. This process may also reveal that beliefs about themselves and the world in general have influenced them in many aspects of their lives. As your loved one reveals their own experience they may identify the origin of their faulty beliefs. Failure to change faulty beliefs may lead to poor choices.

### **What Is Accountability?**

Your loved one will hear, “You need to be accountable for your choices.” CST members will generally consult about behaviors that violate the terms and conditions of Treatment and Community Supervision. Treatment is assigned the task of helping your loved one identify and correct their beliefs that may lead to breaking rules. As they progress through treatment your loved one may experience removal of privileges they have earned to assist them in confronting and changing their faulty beliefs.

Generally the treatment provider has an experienced clinician guiding them through the process of offering help to someone by supervising and helping them to provide useful, efficient, and beneficial treatment. Generally the treatment provider has an experienced clinician guiding them through the process of offering help to someone by supervising and helping them to provide useful, efficient, and beneficial treatment. Through this guidance processes, treatment providers and other members of the CST may also learn about their own biases.

### **How Treatment Helps Your Loved One Socially**

Loved ones, as they become more clear about their beliefs, learn to re-evaluate their relationships with family, friends, employers, the victim, and most importantly, themselves. They may discover their skills at voicing a difference of opinion, resolving conflicts, and managing their emotions, are not fully developed. They will learn and practice new skills to become capable of standing up for themselves, thinking of what others need, speaking of their own perceptions, and how to disagree without causing more harm. They will learn to compromise, negotiate, identify their needs and wants, and develop a strategy to be successful with others. Combined with above mentioned skills, they may need to work specifically on managing anger, depression, or anxiety feelings that have led to relationship difficulties. Your loved one may recall lessons they learned growing up that have resulted in coping responses that may or may not be effective. Working to communicate these lessons, change these thoughts, and practice new skills are of high importance in treatment. As they stabilize their lives using these skills they are often evaluating themselves with new insight and motivation to change old ways of thinking. Many loved ones may need to trace their coping strategies back to these early life lessons. As they seek to explore and resolve these issues, they may become aware of trauma experiences, or know they have trauma experiences, and now have an opportunity to attempt to heal themselves.

Your loved one, at this point of treatment, is generally well-equipped with skills to manage sexual behavior problems. They have learned to manage relationship problems. They may be presented with specific skills to address intimacy concerns. Many loved ones benefit from accurate information about sexual health and learn to apply this knowledge to prepare themselves to have healthy intimate relationships.

### **Daily Living Skills Your Loved One Will Learn and Practice**

Your loved one, in an attempt to learn skills to manage themselves in the community are asked to anticipate difficulties as they navigate day to day living. They are asked to complete safety plans and identify Approved Supervisor's, locations, times, the conditions of their probation rules, high risk situations, and the coping skills necessary to return them, or stabilize them while in the community. These safety plans need to be well thought out, submitted in a timely fashion, and approved of by the CST prior to engaging in activities. These activities can include tasks such as shopping, banking, working, having dinner, attending community events, and participating in family activities. Communication with loved ones is critical to avoid violation of rules, safety for vulnerable parties, and accountability for themselves. Details are important to assist your loved one in planning ahead for potential problems. This skill is vital as the underlying perception is that they did not think of short and long-term consequences when they engaged in the abusive behavior. As they recognize situations in which their thinking is not clear, they will depend on the CST to help guide them until they practice the skills without the need for oversight.

### **Continuity of Care**

Individuals will continue to work on informing the CST of their risk factors and how they will utilize treatment skills to manage themselves. At times a sudden change in therapists, probation, family relationships, work, etc., can result in stress. They will learn to manage change in their lives, although, they may perceive they need to earn the understanding of someone new. Communication, maintaining documentation, following rules, and using their skills in relationships again become a critical issue.

The initial evaluation will include a section on risk assessment. Your loved one may be designated as being Low, Moderate, or High Risk, or some combination of these levels. Their therapeutic care, level of supervision, treatment plan, and request to participate in community based activities is generally informed by this risk assessment. The above description of a general treatment plan may include specific reference to risk factors and treatment providers, along with other members of the CST keep a close eye on these risks.

### **What Is Risk Assessment?**

Risk Assessment is viewed as having more validity than the therapist's opinion. Sentencing options may include incarceration, half-way houses, shared living arrangements, living with family, or living alone. Treatment providers are in a role to help manage the risks with or without your loved one's input. Your loved one, based on their progress, may earn privileges, have them taken away, and earn them back with appropriate strategies. Progressing from one level of care to another will take time and the CST will make an effort to create a smooth transition.

### **What Is the Risk-Need-Responsivity Model?**

Offense specific treatment is based on Cognitive Behavioral Therapy. In Colorado, treatment providers are being asked to understand and use a model called Risk, Need, and Responsivity (RNR). The model has been developed based on research beginning in Canada in the 1980's and is now known worldwide. The RNR model helps to make sure that services offered to your loved one match their needs and attempts to ensure they can learn from treatment efforts. It is noted the RNR model is being

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implemented in programs, but not all programs are implementing it in the same way. It is also noted that change over time, both in the level of risk and in other factors, is an ongoing process.

**The Risk Principle** is meant to match the level of services to your loved one's risk to re-offend. In general, the risk assessment, done at the time of the evaluation, seeks to determine a score based on information that is historical. Your loved one will be assessed on the following factors: their age, any prior convictions for a sexual crime, the number of prior sentencing dates, any violations of their supervision, convictions for non-contact sexual offenses, gender of victim, relationship to victim, sexual behavior history, substance usage during last five years, address changes, employment status, and treatment history for a sexual offense. The evaluator also addresses the intrusiveness of the offense, level of force used during the offense, any physical trauma the victim may have experienced, and the vulnerability of the victim. These items are scored and a level of risk is determined.

**The Need Principle** - Your loved one's needs are based on what is called criminogenic factors. These needs are defined as dynamic (changeable) factors that are directly linked to criminal behavior. While a loved one has many needs, the criminogenic needs are based on the following factors:

- Antisocial personality patterns which relate to impulsivity, pleasure seeking, aggression, and irritability.
- Pro-criminal attitudes which reflect excuses for committing crimes and having a negative attitude toward law enforcement.
- Social supports for crime which reflects having friends who engage in criminal behavior as well as isolation from friends who are prosocial (stable at work, crime free, etc.).
- Substance abuse history.
- Family and marital relationship history including parenting they received and relationships they maintain in the family.
- School and work which relates to their job performance and being satisfied with their work.
- Prosocial activities which relate to how they spend their leisure and recreation time.
- Other needs are addressed including: self-esteem, feelings of personal distress, mental health issues, and physical health history.

**The Responsivity Principle** - Individuals will be assessed for how they respond to the interventions provided. This is called the Responsivity Principle. This principle addresses how the treatment provider and supervision provider develop a treatment plan to address the way individuals learn, what motivations they have, and their abilities and strengths. They will be assessed for changing their thoughts to influence their behavior. Treatment providers, supervision personnel, and others are asked to model prosocial behavior, support change, stop repeated poor choices, and help with problem solving. This approach will again assess your loved one's learning style, strengths, personality, motivation, and the role of gender and race in their effort to change.

### What Treatment Requires on a Daily Basis

Offense specific treatment providers will provide your loved one with a schedule. Generally, at the outset of treatment your loved one will be required to attend at least weekly meetings whether they be

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group, individual or family sessions. Depending on the circumstances of your loved one's status, they may be asked to attend more frequent sessions to address individual goals, problems in achieving these goals, and attempting to achieve these goals in a shorter amount of time. Many programs can help your loved one accomplish the primary goals of treatment over a two to three year period of time. Many CST policies may indicate that once these primary goals have been achieved, support groups will need to be attended up to the end of their community supervision. This type of group may involve a variety of efforts to review, strengthen treatment skills, utilize experience to assist others, and may help your loved one adjust to life absent treatment.

### **Successfully Completing Treatment**

Successful completion of treatment will generally accomplish: satisfactory awareness of consent, compliance with community supervision, an ability to create and follow safety plans, open communication related to sexual history, a plan to manage risk factors, victim awareness and empathy, possible clarification of offense behavior with victim's and secondary victims, the ability to manage sexual thoughts, feelings, and behaviors, social skill development, emotion management, improved thinking skills, adequate self-esteem, healthy relationship skills, and a plan to manage risk factors in the future. Additional goals may specifically address the ability of your loved one to present with improved mental health, the resolution of trauma, as well as having steady employment, stable housing, and stable relationships.

Many programs may require projects that exhibit with competency in treatment. These projects may reflect the changes your loved one has made over time. Many of our loved ones want to give back to the community as they near the end of treatment. Assisting victim's in mock clarification sessions, helping others in treatment become more stable, advocating for reform in the ways in which individuals who have committed sexual offenses are treated are a few examples.

### **How Does the State Describe the Treatment Process?**

The Colorado Sex Offender Management Board has existed since 1992. They have created Standards and Guidelines for the Evaluation, Assessment, Supervision, and Behavioral Monitoring of Adults who have committed Sexual Offenses. This document is frequently reviewed to incorporate evidence-based data to improve the delivery of services your loved one will receive. Treatment Providers, Polygraph Examiners, Supervision staff, assessment specialists, and Approved Supervisors have guidelines this document outlines. It is highly recommended that individuals involved in this system become aware of the guidelines and standards to better understand and respond to making sure your loved one is making progress, being treated effectively, and has a chance to be successful.