

OFFICE OF DOMESTIC VIOLENCE & SEX OFFENDER MANAGEMENT

*STANDARDS AND GUIDELINES FOR THE
ASSESSMENT, EVALUATION, TREATMENT
AND BEHAVIORAL MONITORING OF ADULT
SEX OFFENDERS*



Colorado Department of Public Safety
Division of Criminal Justice
Office of Domestic Violence &
Sex Offender Management

700 Kipling Street, Suite 3000
Denver, CO 80215
(303) 239-4442 or (800) 201-1325 (in Colorado)
website: <https://www.colorado.gov/dcj>

Revised January 2020



COLORADO
Department of Public Safety

LS 4.000: Criteria for Successful Progress in Treatment in Prison: Sex Offender Treatment and Monitoring Program, Colorado Department of Corrections (CDOC)

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4.100 Criteria for Successful Progress in Sex offense-specific Treatment

4.110 In order to demonstrate successful progress in treatment, the offender must meet the progress criteria in each of the following areas of focus; in order to meet the criteria for successful completion of treatment, the offender must meet all of the progress and completion criteria in each of the following areas of focus.

For the purposes of these criteria, successful progress in treatment indicates an active plan to continue treatment and supervision; successful completion of treatment indicates active, consistent participation in a treatment aftercare program, containment and monitoring to manage lifelong risk.

A. Relapse Prevention Criteria

1. Reduction in Denial

Progress:

- The offender discloses all victim(s) and sexual offending behavior in detail.
- The offender's account must reasonably match or surpass the victim(s) accounts.
- The offender recognizes and admits the purposes of their sexually assaultive/offending behavior including sexual gratification, illegal, abusive or harmful sexual arousal and power and control.
- The offender completes non-deceptive polygraph examination(s) regarding sexual history.

Completion:

- The offender has met all progress criteria and continues to complete non-deceptive polygraph examinations.

- The offender no longer uses denial of responsibility in any arena of his or her life as a primary coping mechanism.

2. Decreased illegal, abusive or harmful sexual urges, arousal, and fantasies:

Progress:

- The offender demonstrates knowledge of his or her historical offense and relapse cycles including awareness of thoughts, emotions and behaviors that could facilitate sexual re-offenses or other assaultive behaviors.
- The offender demonstrates knowledge of his or her cognitive distortions and is working to correct them.
- The offender has developed and implemented a plan to alter his or her lifestyle to limit their ability to plan or groom potential victims and has developed skills to interrupt fantasies and inappropriate masturbatory behaviors and utilizes them.
- The offender has developed a comprehensive relapse prevention plan.
- Is, and consistently has been, in compliance with all recommended prescribed psychiatric medications used to reduce arousal or manage behaviors related to risk.
- The offender can identify objectification and inappropriate sexual gratification in relationships and is developing skills to address them.

Completion:

- The offender demonstrates control over arousal or interest through Plethysmograph or Abel Screen Aimprovement@.
- The offender consistently completes non-deceptive polygraphs regarding planning behavior or masturbation to arousal and fantasies.
- The offender consistently demonstrates self-motivated use of the relapse prevention plan and has distributed written copies of the plan to any co-habitators or significant others.
- The offender consistently demonstrates self-motivated use of a plan for identifying and correcting cognitive distortions.
- The offender demonstrates the development and maintenance of appropriate adult relationships. Appropriate relationships value the quality of the relationship over sexual gratification.
- The offender demonstrates an ongoing commitment to and active engagement in treatment or an aftercare treatment program, containment and monitoring to manage lifelong risk.

Discussion: Demonstrating improvement on these measures does not necessarily indicate reduced risk or that the offender will utilize his or her ability to control arousal or interest appropriately.

B. Environment Management Criteria

Progress:

- The offender demonstrates willing, active and knowledgeable participation in the treatment process and/or a milieu or residential treatment setting.
- The offender demonstrates the ability to identify anti-social behaviors and is working toward pro-social skills to replace them.
- The offender has disengaged from relationships that support his or her denial, minimization, and resistance to treatment.
- The offender is engaged in relationships which are supportive of treatment, and the people engaged in relationships with the offender demonstrate awareness of the sex offender's criminal history including the current offense and of the sex offender's risk to children and potential victims. These people actively assist in limiting the offender's contact with children and potential victims. Additionally, those who are in either in intimate relationships with the offender or are co-habiting with the offender are willing to participate in treatment and sex offense-specific education as needed.
- The offender's support system has been given permission by the offender to question and confront the offender about his or her behavior and to report their concerns to the community supervision team and law enforcement authorities when appropriate.
- The offender has demonstrated consistent and full compliance with all conditions of supervision and the treatment contract.
- The offender has demonstrated consistent ability to avoid high risk environments.

Completion:

- The offender demonstrates willing and active participation in only pro-social behaviors.

C. Community & Victim Responsiveness Criteria

Progress:

- The offender acknowledges the full impact of his or her sexually assaultive and offending behavior.
- The offender understands that the protection of victims and potential victims from unsafe and or unwanted contact with the offender outweighs the needs or desires of the offender.
- The offender changes his or her behavior to prevent unsafe or unwanted contact with victims or potential victims.
- The offender has started to pay restitution and has a realistic plan to continue.
- The offender has demonstrated consistent compliance with all registration, notification, HIV testing and DNA testing requirements and has an active plan to continue.

Completion:

- The offender has successfully completed victim clarification with his or her victims and secondary victims or victim surrogates when victim needs or desires indicate non- participation.
- The offender demonstrates the capacity, knowledge, willingness and ability to empathize.

Discussion: It should be noted that it can be dangerous to attempt empathy work with those offenders who may not have the capacity to develop real empathy (such as psychopaths and sadists). These offenders may utilize information about others= pain as a means to learn how to harm victims more effectively.

D. Offender Criteria

Progress:

- The offender recognizes and acknowledges his or her lifelong risk.
- The offender does not project blame for his or her offending behavior.
- The offender does not present himself or herself as entitled or as a victim.
- The offender has identified cognitive distortions and has demonstrated a consistent ability to change them.
- The offender has been able to demonstrate a primarily positive attitude toward supervision and treatment.
- The offender has identified problems with stress management, social skills and anger management and is developing pro social skills to address them.
- The offender can identify his or her unhealthy attitudes and behavior regarding sex roles and sexuality and is working to change them.
- The offender can identify his or her misuse of power and control and is working to eliminate it.

Completion:

- The offender consistently maintains a positive attitude toward supervision and treatment.
- The offender is committed to permanently altering his or her lifestyle to reduce and control his or her lifelong risk.
- The offender does not project blame or minimize personal responsibility.
- The offender assumes full and appropriate responsibility for his or her actions.
- The offender demonstrates primarily non-distorted thinking.
- The offender has accepted and is actively and consistently working to address any diagnosed personality disorders.

- The offender has addressed in treatment and demonstrated the ability to practice ongoing self-care regarding: 1) previous trauma, 2) social skills, 3) stress management, 4) anger management, and 5) independent living skills.
- The offender has consistently demonstrated realistic and healthy attitudes and behavior about sexuality and sex roles.
- The offender has addressed power and control issues in treatment and has consistently demonstrated an ability to engage with others without abusing power and control.
- The offender has willingly engaged in risk assessment and physiological monitoring and has an active plan to continue.
- The offender has developed a positive life purpose which is internally oriented, value driven and not outcome dependent.

E. Co-morbidity and Adjunctive Issues

Progress:

- The offender is addressing any domestic violence history with appropriate domestic violence treatment and has not engaged in domestic violence.
- The offender is addressing drug and alcohol problems in treatment and is maintaining abstinence of recommended.
- The offender is addressing any psychiatric conditions in treatment and is in compliance with all recommended medications.

Completion:

- The offender has not committed any new incidents of domestic violence, has addressed domestic violence in treatment and demonstrates a commitment to continue domestic violence treatment as needed.
- The offender demonstrates an ongoing commitment to participate in recommended substance abuse treatment and maintenance programs.
- The offender has addressed any psychiatric conditions in treatment and demonstrates an ongoing commitment to participate in recommended treatment, maintenance and medication programs.

4.210 Sex offender treatment in the prison setting is preliminary to continued treatment and supervision in the community post release from prison. Since sex offenders who participate in treatment in the prison setting cannot complete treatment in prison, the Sex Offender Treatment and Monitoring Program has developed criteria for offenders to receive a recommendation for release to parole. In accordance with the Risk, Need, Responsivity Model the SOTMP has developed two risk based criteria formats. Sex offenders participating in the Sex Offender Treatment and Monitoring Program (SOTMP) must meet all of the following criteria to receive a recommendation for release to parole from the SOTMP staff.

A. Low to Low-Moderate Risk Category

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Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex
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1. Participates and actively engages in recommended level of sex offense-specific treatment.
2. Complete a disclosure of his or her offense related sexual history relevant to identified risk areas as verified through either the sexual history polygraph²⁴⁸ process, or other clinical indicators²⁴⁹.
3. Client will develop a plan to manage ongoing risk factors and treatment needs specific to recommended level of treatment.
4. Client will present an approved risk management plan through SOTMP disclosure session.
5. Demonstrate management of identified risk areas as verified by clinical indicators.²⁵⁰
6. Must be compliant with any CDOC psychiatric recommendations for medication which may enhance his or her ability to benefit from sex offense-specific treatment.
7. Client does not display attitudes, behaviors or risk factors that present an undue risk to the community. Examples may include, but are not limited to, high degrees of traits associated with psychopathy, sadism, and static and dynamic factors or responsivity needs elevated to an unmanageable level.

B. Moderate to Moderate High to High Risk Category

1. Participates and actively engages in recommended level of sex offense-specific treatment as evidenced by a measured reduction in dynamic risk.
2. Complete a disclosure of his or her offense related sexual history relevant to identified risk areas as verified through either the sexual history polygraph²⁵¹ process, or other clinical indicators.²⁵²
3. Complete a comprehensive, written plan to manage ongoing risk areas and treatment needs. The plan must be approved by the SOTMP team.

²⁴⁸ Polygraph examination results will not be used in isolation to exclude someone from meeting criteria without additional evidence that indicates high risk behaviors.

²⁴⁹ Clinical indicators can be anything that provides information about a client's overall clinical presentation, which may include but is not limited to interviews, quality of treatment participating, polygraph examination results, scores on dynamic risk assessments, psychological evaluation, behavioral observations, and collateral reports.

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*Colorado Sex Offender Management Board
Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex
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4. Have an approved support person or system who has participated in SOTMP Family Support Education. The support person/system will receive an approved copy of the client's written plan to manage on-going risk areas and treatment needs through their participation in an SOTMP therapist facilitated disclosure session.
 5. Demonstrate management of identified risk areas as verified by clinical indicators.²⁵³
 6. Must be compliant with any CDOC psychiatric recommendations for medication which may enhance his or her ability to benefit from sex offense-specific treatment.
8. Client does not display attitudes, behaviors or risk factors that present an undue risk to the community. Examples may include, but are not limited to, high degrees of traits associated with psychopathy, sadism and dynamic factors or responsivity needs elevated to an unmanageable level.

²⁵³ Clinical indicators can be anything that provides information about a client's overall clinical presentation, which may include but is not limited to interviews, quality of treatment participating, polygraph examination results, scores on dynamic risk assessments, psychological evaluation, behavioral observations, and collateral reports. Polygraph examination results will not be used in isolation to exclude someone from successful completion without additional evidence that indicates high risk behaviors.