Requirements for Certification of Programs

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Introduction:
For the safety and well-being of California’s citizens, especially those most vulnerable to sexual assault, it is essential to manage known sex offenders living in the state's communities in ways that most effectively reduce the likelihood that they will commit another offense, whether such reoffending occurs while they are under the formal supervision of the criminal justice system or takes place after that period of supervision comes to an end. Specialized sex offender treatment programs that consistently deliver state-of-the-art rehabilitative services play a major role in these community protection efforts.

There is a general agreement that correctional programming, properly designed and delivered, is effective in reducing criminal recidivism. And there is strong evidence that sex offender treatment, when provided correctly, significantly reduces the risk of future sexual victimizations. Current research strongly supports the view that treatment and management efforts driven by the basic principles of correctional programming, and particularly by the “Risk Principle, Need Principle and Responsivity Principle,” are the best practices in the general corrections field as well as in the field of specialized sex offender treatment.

Programs must be shaped, guided and kept up-to-date by being grounded in the best available knowledge. Successful therapeutic outcomes require the administrators and clinicians operating such specialized programs to be knowledgeable about many important areas. Among the most important of these topic areas are the following:
- Theoretical perspectives on sexual offending,
- Characteristics of different types of sexual offenders,
- Evidence-based models of treatment that have proven successful,
- Effective ways to address the wide range of criminogenic issues found among adult sex offenders
- Basics of how the criminal justice system responds to and manages convicted sex offenders.

Sex offender-specific treatment is an important component of the Containment Model of sex offender management. Since the California Penal Code as modified by “Chelsea’s Law” has now committed the State to using the Containment Model, it is essential that all treatment programs conform to the model’s expectations. Collaboration, communication and teamwork between treatment providers, parole agents, probations officers, polygraph examiners, and victim advocates and other stakeholders are key
elements necessary for the effective management of sex offenders under the Containment Model.

A "program" which provides specialized sex offender treatment to PC 290 registered sexual offenders under the jurisdiction of the criminal justice system pursuant to PC Sections 1203.067 (probationers) and 3008 (parolees) must, according to those sections of the law, be certified by the California Sex Offender Management Board (CASOMB). In order to be certified, a program must meet certain standards as identified by CASOMB and described in the following sections of this statement. Familiarity with the general standards of practice for mental health professionals must also be a major source of guidance.

When the program applies for CASOMB certification, the program representative must attest to the fact that the program will create and will place in its file documentation which guides and supports the program’s agreement to observe the following criteria in providing specialized sex offender treatment services. Although one or more persons may have developed the required material, it is expected that all providers who work in the program will be totally familiar with the materials and use them as the program’s guiding documents.

CASOMB reserves the right to revise these standards and requirements at any time.
**Definitions:**

**Containment Team:** The expression “Containment Team” refers to the collaborators who work together to provide various specialized functions and services to “contain” each identified sex offender living in the community under direct criminal justice system supervision. Although there is no specified theoretical upper limit to the number and roles of Containment Team members, the model views the minimum essential membership as consisting of three specialists: (1) the supervising probation officer or parole agent or similar representative of judicial authority; (2) provider of specialized sex offender treatment services; (3) polygraph examiner. Among the sources available for further information about the Containment Model is a statement available at [http://ccoso.org/containment.php](http://ccoso.org/containment.php).

**Relapse prevention:** The expression “relapse-prevention,” as it has been used over many years in the field of sex offender treatment, has taken on many meanings, some quite specific. In this document the expression is not intended to describe any specific techniques, strategies or interventions but is being used in its broadest sense and can be thought of as synonymous with recidivism prevention. Any recognized intervention that attempts to lessen the risk of re-offense may legitimately be termed relapse prevention in this broad sense. The use of this expression is not intended to lend support to any particular technique used in the past or currently to accomplish the goal of reducing re-offending.

**Risk, Needs, and Responsivity:** The expression “risk, needs and responsivity” is used in this document to refer to a general set of perspectives and established principles in the field of offender rehabilitation and recidivism prevention. The expression is sometimes shortened to RNR. It was developed primarily by researchers and authors Don Andrews and James Bonta. The principles represented by the shorthand expression “risk, needs and responsivity” or RNR cannot be deduced from the everyday meaning of the words themselves. Information about RNR is available from many sources, among them an excellent review available at [http://www.publicsafety.gc.ca/res/cor/rep/risk_need_200706-eng.aspx](http://www.publicsafety.gc.ca/res/cor/rep/risk_need_200706-eng.aspx).

**SARATSO:** The acronym “SARATSO” stands for State Authorized Risk Assessment Tool for Sex Offenders. The acronym may be used to refer to the statutorily established three-member committee tasked with supporting and guiding California’s risk assessment systems. It may also refer to the various risk assessment instruments authorized by the committee. More information can be found at [www.saratso.org](http://www.saratso.org).

**Sex Offender or Sexual Offender:** The expression “sex offender” or “sexual offender” as used in the present document, means an individual who has been adjudicated or convicted of a crime that requires registration under California Penal Code 290.
Sex Offender Management Program: The expression “sex offender management program” as used in this document is based upon the language used in the various parts of the California Penal Code. The expression means exactly the same as a similar phrase used in this document: “sex offender treatment program.” A “program” is an identifiable business entity with a taxpayer identification number or is a program operated directly by a governmental agency. Such a “program” may only be designated as a “certified sex offender management program” when it has demonstrated that it meets the criteria set forth in this document and has been certified by CASOMB. As long as the criteria have been met, a program, in the sense used here, may have multiple sites and many staff or may consist of one individual provider.

Requirements for Treatment Programs

Requirement 1: Implementation of the Containment Model
Based in part upon the considered recommendations of the California Sex Offender Management Board, California has adopted, by law, the well-established and widely-recognized containment model, a comprehensive strategy to manage offenders in a systematic and collaborative manner. The central goal of the containment model is community and victim safety, a goal which is supported by adopting a victim-centered perspective on all aspects of sex offender management. The model recognizes that the multiple entities play important roles in the community management of sex offenders and stresses the importance of open ongoing collaboration between these key players. Four elements describe the containment model:

- Authoritative criminal justice system supervision and monitoring is needed to exert external control over offenders. Probation and parole agencies apply pressure through clear expectations and through the use of threatened use of sanctions to ensure that the offender complies with supervision conditions, including participation in specialized treatment.
- Sex offender-specific treatment based on evidence-based principles is utilized to help offenders learn to develop internal control, and to understand and interrupt their individual offense cycles.
- Polygraph examinations and other surveillance tools are used to enhance the assessment process and to help monitor the sex offender’s deviant fantasies and external behaviors, including access to victims. Surveillance tools such as Global Positioning Systems may help monitor the location of offenders and provide information during the investigation of new sexual offenses.
- Victim advocacy brings a realistic community safety perspective to the entire effort and works to support victims who may have questions and concerns about a sex offender’s re-entry into the community. Containment team members will
work with law enforcement personnel to provide community education as well as to build meaningful connections with victims and their support networks during an offender’s period of community supervision.

On a regular basis or an on as-needed basis, the containment team may also include representatives of law enforcement, members of the offender’s family, employers, clergy, case workers, Circles of Support and Accountability (COSA) volunteers and others who might contribute to effective management and community safety. (Legal requirements around confidentiality must be resolved for each containment team participant.)

In particular cases, containment team members are encouraged to work with law enforcement personnel to provide community education as well as, when indicated, to build meaningful connections with victims and their support networks during an offender’s period of community supervision.

In implementing the Containment Model the program should consider how to encourage:

- Collaboration and communication with the supervising authority, including timely reports of non-compliance with the treatment program requirements, timely reports of any evidence that an offender has an increased risk to reoffend, reports, not less than quarterly, on the offender’s attendance and participation in the treatment program.
- Collaboration with polygraph examiners
- Collaboration with other members of the containment team
- Commitment to a victim-sensitive perspective on sex offender management

**Requirement 2: Treatment Program Manual**

The primary method each program shall use to verify that it is meeting the conditions for certification is the documentation of program philosophy, protocols, practices and other issues in a Program Manual.

Each program shall develop a comprehensive, clearly articulated, written statement – A “Program Manual” – that informs the operations of the program and guides the delivery of sex offender specific services.

The Manual shall address each of the program requirements specified in this document. The information that must be included in the Program Manual is described in the following pages under the program requirements.

The internal structure of the Program Manual shall be based upon the organization of the requirements provided below. The separate sections and subsections need to be clearly labeled.
Only the essential topics that must be addressed are noted in the present document. Programs may choose to include other materials that seem important and useful. These additional statements may be included in the Program Manual in the most appropriate sections.

When a particular program requirement needs to be supported by the use of corresponding forms, copies of such forms should be included as a part of the Program Manual. They may be included as parts of the related sections or as clearly labeled Appendices.

**IMPORTANT NOTE:** The Program Manual will be made available for CASOMB audit or review, upon request. The materials will be reviewed and returned and will not become a public document as a result of the CASOMB review. The Program Manual will also be made available by the program for Probation or Parole agencies to review upon request.

In the event of an audit the Program Manual will need to be provided to CASOMB for review in electronic form such as a PDF or a word processing document.

**Requirement 3: Assessment-Based Treatment and Supervision Planning**

Each treatment program will develop and keep on hand a protocol guiding its use of assessment tools and the application of their findings to offender management by the containment team and to sex offender-specific treatment planning. Sex offender specific assessments are of great value in developing supervision and treatment strategies to put in place necessary external controls and to effectively aid offenders in developing their ability to self-regulate.

Assessments completed in different settings and circumstances can generate different types of outcomes and degrees of cooperation with clients. For example, evaluations completed in pre-sentencing or custody situations may or may not have sufficiently sex offender treatment issues. Unless a previous sex offender specific assessment was completed within eighteen (18) months of the beginning date of treatment, the program provider shall undertake and complete a new sex offender –specific assessment.

The assessments shall include an evaluation of:

- Risk for sexual and violent re-offense levels using the SARATSO approved risk assessment instruments. Programs shall use the SARATSO combined risk decision matrix for the static and dynamic scores. (Neither SARATSO requirements nor these criteria are intended to restrict the use of other
appropriate evaluation instruments, as long as the SARATSO expectations are met.

- Neurodevelopmental impairments, traumatic brain injuries, or trauma histories.
- Cognitive functioning
- Presence of mental health issues
- Drug and alcohol use
- Level of denial
- Degree of coercion and violence in offense(s).
- Presence of sexual deviance, interests and paraphillias
- Antisocial orientation
- Other factors associated with the risk to sexually reoffend (Note that the Structured Risk Assessment [SRA] selected as the dynamic risk tool by SARATSO makes no claim to include assessment of all the recognized dynamic risk factors which might be of importance in a full assessment.)
- Motivation and amenability to treatment
- Review of criminal justice information and other collateral information including the details of the current offense, documentation of impact of the offense on the victim (when available), and the scope of the offender's antisocial and sexual behavior, other than the current offense, that may be of concern.
- Offender-specific psychological testing, when indicated. Providers are encouraged to utilize testing instruments that are accepted in the sex offender treatment field, such as those recognized by the Association for the Treatment of Sexual Abusers (ATSA).
- Details of any prior history of violence, e.g., domestic violence, assaults
- Pertinent medical history.

**Requirement 4: Treatment Modalities**

The program shall develop and follow a set of policies that describe the treatment modalities offered and indicate how different modalities are to be utilized to meet various types of treatment requirements and participant needs.

Approved programs shall utilize evidence based and emerging best practices to the greatest extent possible. Programs shall implement these strategies while also considering the individual needs of clients. Programs will document how they will make modifications to strategies when working with individuals who have unique or special needs such as cognitive limitations, mental health issues, language or other barriers that may impede treatment effectiveness.

While group therapy is generally preferred, individual counseling may be used in lieu of group therapy based on the assessment and treatment plan.
Group consultation and length of each session shall be based on the individuals’ risk levels, cognitive functioning, and criminogenic needs being addressed. Co-therapists are highly recommended for each group.

Groups shall have no more than nine (9) participants assigned per group. A group of four (4) or fewer clients may be a minimum of sixty (60) minutes in length while groups with five (5) to nine (9) clients shall not be less than ninety (90) minutes in length per group session.

Groups for individuals with low cognitive functioning or chronic mental health issues shall be limited to six (6) participants, who may be assigned to a group session as short as sixty (60) minutes in length, if clinically indicated.

Group therapy for moderate and high risk offenders should occur once per week at minimum for their first year of treatment. Subsequently the treatment provider and supervising officer will determine frequency and duration.

Justification for frequency and duration shall be clarified in the treatment plan based on individual characteristics including risk level.

**Requirement 5: Informed Consent and Waiver of Confidentiality**
Each approved treatment program shall have clearly articulated procedures and forms for obtaining informed consent to treatment for every client. In addition, the program must have a thoughtfully written and legally complete form to formalize and document the waiver of confidentiality.

A. **Informed Consent**
The informed consent procedure will use written statements informing clients of their rights and responsibilities, the limitations and boundaries of the therapeutic relationship, and the nature of the therapeutic relationship and other similar points of information.

Clients shall have the assessment and treatment process thoroughly explained to them prior to the onset of services. Clients participating in treatment are required to give informed consent to assessment and treatment. Clients are helped to clearly understand that treatment may not be rejected without potential legal consequences. The program must ensure that the client has the capacity to understand and give informed consent.

The program shall define, in written form or another manner that makes it understandable to the client, each of the following:
- A description of the assessment and treatment process
- A brief statement of the background and experience of the treatment provider
- A statement of the client fees involved for assessment, treatment, and polygraph examinations and other related costs
- A description of the frequency of meetings, length of sessions, estimated duration of treatment and completion requirements of the program
- An explanation of the limitations of and exceptions to confidentiality. (This topic is more fully addressed in Requirement 4.)
- A statement regarding mandatory child and elder abuse reporting laws and other legally mandated exceptions to confidentiality
- An explanation of the constitutional right to not incriminate oneself in the course of assessment, treatment, or polygraph processes
- A statement regarding the possible benefits and risks of treatment, possible adverse effects from treatment disclosures made in treatment, and the risks of refusing participation in treatment. Alternative forms of treatment, if any, should also be noted.
- A statement regarding the client’s right to review the contents of his or her file and the program’s policies for compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations
- A statement regarding the client’s responsibility to maintain the privacy and confidentiality of other persons who are in the treatment program.

NOTE: The above list is not intended to be a comprehensive, authoritative review of all the elements required for informed consent. Compliance with the expectations stated here does not relieve a program or professional of any of the other obligations regarding informed consent as determined by laws or by professional standards.

B. Waiver of Confidentiality
The program’s waiver of confidentiality form must meet professional standards of practice and must be written so that it can be understood by the individuals who are required to sign it.

The effectiveness of the containment model of sex offender management depends upon open and ongoing communication between all professionals responsible for supervising, assessing, evaluating, treating, supporting, and monitoring sex offenders. The absence of open and ongoing communication between these professionals and other involved persons compromises the purpose of the containment team approach and may jeopardize the safety of the community.

Prior to accepting an offender into treatment and as a condition of the individual receiving treatment services, the treatment program shall obtain signed waivers of the psychotherapist-patient privilege. The form must include a statement allowing for open communication between the professional staff members within the program to allow for supervision, consultation, case conferencing, back-up and emergency response situations. It should include a statement acknowledging that the treatment provider is required by law to send the scores on the dynamic and violence risk assessment instruments to the supervising officer, and that those scores must be reported to the California Department of Justice.

If the offender has additional therapists or treatment providers, the waiver of the
privilege shall be arranged for each of the professionals involved. External consultants or external clinical supervisors involved with the treatment program shall also be listed on the release including any involved persons in the supervising criminal justice agency, such as supervisory personnel. Ordinarily this is done by naming the agency itself on the waiver form.

A provider shall also notify all clients that there are limits of confidentiality imposed on therapists by other laws so that no waiver of confidentiality signature is required. One clear example would be the mandatory child and elder abuse reporting laws. Another would involve “duty to warn” situations.

To avoid a situation where an offender arrives for the initial intake and refuses to sign any waiver of confidentiality forms, it is advisable to try to arrange for a waiver of confidentiality to also have been obtained by the parole agent or probation officer at the time the referral to treatment was initially made.

Treatment providers shall not disclose confidential client information to those for whom waivers have not been obtained.

**Requirement 6: Treatment Contract**

Each program shall develop and consistently use a clear, understandable treatment contract that spells out what is expected of the individual sex offender who has been referred to the program and that requires the signature of the offender to signify willingness to participate in the way that is expected and stated in the contract.

Written agreements between treatment providers and their clientele are a standard in the sexual offender treatment field. These are particularly useful in establishing the sexual offender’s responsibility, accountability, and ownership in committing the offense, and document in writing that the offender is informed of the conditions and requirements of the treatment program, and the consequences of violating these conditions. Highly specific written contracts help diminish the manipulation, minimization and denial that are characteristic of many sexual offenders and other criminals.

The treatment contract shall describe the responsibilities of both the provider and the client and client violations of the contract may be the basis of a return to court for revocation of probation or parole, or other community supervision.

The treatment contract shall describe the role of the treatment provider in implementing the treatment plan as well as the responsibility of the provider to:

- Define and provide timely statements of the costs of the assessment, evaluation, and treatment, including all psychological tests, physiological tests, and consultations;
- Describe the waivers of confidentiality/release of information which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared
during the treatment; describe any time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver;

- Describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential risks and outcomes of that decision;
- Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined;
- Describe the limits of confidentiality imposed on the therapist by the mandatory reporting laws.
- Explain the terms of the contract to the client in language that the client understands.
- The treatment contract shall describe the responsibilities of the client, such as:
  - Pay for the cost of evaluation and treatment for him or herself, and to his or her family, if applicable;
  - Pay for the cost evaluation and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, and consultation;
- The treatment provider, the client’s family, and support system shall be advised of the details of all disclosed past sexual offenses to ensure help and protection for past victims and/or as relevant to the development of the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children;
- Actively involve members of the offender’s family and support system, as indicated in the relapse prevention plan;
- Notify the treatment provider of any changes or events in the lives of the client, the members of the client’s family, or support system;
- Participate in polygraph testing as required, and if indicated, sexual arousal and/or interest testing as adjuncts to assessment and treatment;
- Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and/or in the treatment contract between the provider and the client.

**Requirement 7: Treatment Goals**

Each program shall develop and make consistent use of a written treatment plan that articulates a clear understanding of the treatment goals agreed upon by both the program and the participant.

The treatment plan articulates a set of achievable goals and provides a way to measure and assess and record progress toward those goals or the lack of progress. The treatment plan is a living document which is amended at various points during the course of treatment. The treatment plan is a primary indicator of progress and of treatment completion. Failure to achieve treatment goals should be noted as well. The treatment plan should also allow a way for the program to assess the level of compliance and effort demonstrated by the participant.
The program shall utilize an evidence-based program model that is supported by the professional literature in the field of sex offender treatment. The model shall be designed to assist and guide offenders to:

- Accept responsibility for their behavior and offense(s)
- Develop accountability for their behavior and relationship with others
- Develop motivation for change and engagement in the treatment process
- Identify and address criminogenic needs
- Learn about the impact of sexual offending upon victims, their families, and the community
- Understand the relapse prevention model and how it applies to their lives
- Modify thinking errors, cognitive distortions, and pro-offending attitudes and schema
- Deal with emotions and impulses in positive, pro-social ways
- Develop healthy interpersonal and relationship skills, including communication, perspective-taking, and intimacy.
- Decrease and manage deviant sexual arousal or interests
- Establish, maintain, or expand positive support systems
- Develop and practice self-management methods to avoid or deter sexual reoffending
- Develop relapse prevention plans
- Identify and manage issues of anger, power and control
- Address an antisocial orientation to life
- Identify and address any personality treats and deficits that are related to the potential for sexual reoffending.

A written treatment plan shall be developed for each sex offender based on the level of risk to sexually reoffend and needs identified in a sex offender specific assessment or evaluation. Level of risk to sexually reoffend and criminogenic needs shall guide treatment planning and supervision strategies. Providers shall make a copy of the treatment plan available to the supervising officer.

The treatment plan shall:

- Identify the issues to be addressed, including, at a minimum, the goals of treatment, the length of time needed to achieve each goal, and planned therapeutic intervention strategies.
- Re-evaluate progress toward each goal periodically, based on the estimated time set for achieving each goal.
- Define expectations of the offender, his or her family (when appropriate) and/or support systems.
- Address progress toward completion of states in the program.

**Requirement 8: Other Documentation**

Each program shall develop and make use of forms and systems to maintain appropriate clinical records of each session, notes documenting case management activities outside of the session, periodic progress reports and a written discharge summary.
Clinical notes for each therapeutic contract shall document client participation; progress towards treatment goals, topics discussed and risk management concerns.

A written progress report for each program participant shall be completed at least every six months. The written progress report shall evaluate the offender’s participation in the program, progress in achieving goals identified in the treatment plan and revision of the treatment plan. The progress report shall be sent to the supervising officer or agent and made available to other members of the Containment Team on request.

Upon exit from the treatment program, a written discharge summary shall provide information on the offender’s participation in the treatment program, progress on goals identified in the treatment plan, factors associated with the risk to sexually reoffend and strategies to manage that risk. The discharge summary shall be sent to the supervising officer or agent and made available to other members of the Containment Team on request.

**Requirement 9: Use of Polygraphy**
Each program shall develop and observe a written protocol for the use of Post Conviction Sex Offender Treating (PCSOT) polygraph examinations since such examinations are specifically required by the relevant sections of the Penal Code.

Unless it is included with the initial informed consent form and procedure, an informed consent process and form specific to the polygraph testing should be developed and provided to each client. Clients are expected to sign these informed consent documents.

Certified programs shall use polygraph examiners who affirm that they meet the CASOMB requirements for polygraph examiners.

**Requirement 10: Certified Treatment Providers**
Each program shall maintain records documenting the CASOMB certification status of each person providing clinical services in the program.

All clinical staff providing sex offender specific treatment services in certified treatment programs must be CASOMB certified providers or working under the supervision of a CASOMB certified provider. CASOMB Provider Certification Requirements provide specifics with regard to this expectation.

The section will also address the program’s role in ensuring and supporting the ongoing training of staff in accord with CASOMB Provider Certification Requirements.