

### Section 3: Specialized Treatment and Treatment Providers (Adult Offenders)

The provisions of this section govern the procedures relating to (a) the certification by the SOMB of professionals who are approved to provide specialized treatment to adults convicted of sex offenses or sex offense-related crimes (as referenced in Section 18-8314, Idaho Code) and (b) evaluators' required practices with respect to providing such treatment.<sup>1</sup>

#### I. GENERAL CONSIDERATIONS.

- A. A person certified by the SOMB to provide specialized treatment in accordance with the minimum requirements and other expectations outlined in this section is expected to:
  - a. Maintain clinical or clinical associate membership in ATSA, as applicable to the individual's level of psychosexual evaluator certification pursuant to this section;
  - b. Adhere to the ethical principles and codes, and any and all practice standards and guidelines, for the person's respective discipline/area of professional licensure as promulgated by the licensing body;
  - c. Adhere to current professional code of ethics established by ATSA;
  - d. Follow current practice standards and guidelines for sexual abuser-specific treatment as established by ATSA;
  - e. Be committed to community protection and safety; and
  - f. Conduct treatment procedures in a manner that ensures the humane and ethical treatment of the client.
- B. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall:
  - a. Appreciate that specialized treatment for adults and juveniles who have engaged in sexually abusive behavior is an evolving science; and

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<sup>1</sup> Standards and guidelines pertaining to treating juveniles adjudicated for sex offenses will be addressed by the SOMB at a later date.

- b. Remain apprised of contemporary research and engage in professional development activities in order to provide contemporary research-supported and evidence-based treatment.
- c. Collaborate with other professionals who are involved in the management of clients to further the goals of specialized treatment and management and promote the guiding principles of this section.
- C. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall develop a comprehensive written document that details the treatment program being offered and guides delivery of services. This document shall be made available to the SOMB upon request.
- D. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall not make assertions regarding a client's absolute risk/potential to reoffend prior to the initiation of treatment, during the course of treatment, or subsequent to treatment completion.

**II. BROAD GOALS AND OBJECTIVES OF SPECIALIZED TREATMENT.** Specialized treatment provided to adult sex offenders in accordance with this section, and in support of the guiding principles of this section, is primarily designed to:

- A. Assist clients with effectively managing thoughts, fantasies, feelings, attitudes, and behaviors associated with their potential to sexually abuse or their risk for sexual re-offense;
- B. Promote the development of prosocial attitudes and practicing of pro-social skills;
- C. Support a lifestyle that is consistent with non-offending behavior; and
- D. Treat and document client's reduction of empirically based dynamic risk factors/variables that increase risk to reoffend and development of protective factors/variables that decrease risk.

**III. INFORMED CONSENT AND TREATMENT AGREEMENTS.**

- A. Informed consent. A person certified to provide specialized treatment to adult sex offenders in accordance with this section shall provide the individual receiving treatment (and/or their legal guardian) with informed consent/assent and document accordingly in writing. This shall minimally address the following:

- a. The nature and purpose of the treatment;
  - b. The methods and modalities of treatment to be used;
  - c. Benefits and risks associated with participating in such treatment;
  - d. Right to refuse or decline treatment, and the potential consequences of such a refusal or declination when treatment is mandated or ordered by the courts or other authorities;
  - e. Mandatory reporting requirements; and
  - f. Confidentiality limits.
- B. Treatment agreements. A person certified to provide specialized treatment to adult sex offenders in accordance with this section shall establish a written treatment agreement with the client and/or the client's legal guardian. At a minimum, this agreement shall address:
- a. The nature, goals, and objectives of treatment;
  - b. The expected frequency and duration of treatment;
  - c. Rules and expectations of treatment program participants;
  - d. Incentives for participation and progress;
  - e. Consequences of noncompliance with treatment program rules and expectations; and
  - f. Criteria used to gauge treatment progress and determine completion of treatment.

#### **IV. TREATMENT GUIDED BY ASSESSMENT.**

- A. Any person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall:
- a. Develop and implement an individualized, written treatment plan for each client that:
    - i. Outlines appropriate targets of treatment, and specific, clear, and measurable goals and objectives that are consistent with the results of a current psychosexual evaluation as conducted in accordance with this section;
    - ii. Is signed by the client and/or legal guardian and the provider;

- iii. Is reviewed and updated routinely to evaluate progress and documented in accordance with this section; and
    - iv. Addresses the client's level of compliance and demonstrated effort.
  - B. Deliver treatment that is commensurate with a given client's assessed recidivism risk and intervention needs.
    - a. Empirically based risk variables shall be considered when determining recidivism risk (See appendix);
    - b. Routine utilization of a sex offender risk assessment such as the STABLE-2007 to guide the client's treatment needs and address negative or no changes in dynamic factors; and
    - c. Timely collaboration and communication with the client's supervising authority to address treatment non-compliance, changes in assessed risk, treatment attendance and participation, and other client management information.
  - C. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall offer treatment only when they have the resources necessary to provide an adequate and appropriate level of intervention for a client's assessed level of risk and intervention needs.
  - D. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall refer a potential client to other treatment providers or agencies when they cannot provide an adequate and appropriate level of intervention.

**V. TREATMENT METHODS, MODALITIES, AND ENGAGEMENT**

- A. Methods. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall utilize research-supported methods of intervention, to the extent that such research is available. At present, these include, but are not limited to:
  - a. Cognitive-behavioral techniques to help clients develop, practice, and implement strategies to effectively manage situations that may increase their risk of sexually abusing or otherwise reoffending; and

- b. Behavioral methods such as education, modeling, supervised practice, and positive reinforcement to teach clients skills that will help them achieve prosocial goals.
- B. Modalities. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall deliver treatment using research supported modalities that are matched to a clients' individual intervention needs and responsivity factors. Such modalities may include:
- a. Individual therapy;
  - b. Family and/or couples therapy; and
  - c. Group therapy, within the following parameters:
    - i. Group therapy ideally may be co-facilitated and minimally must be facilitated by at least one treatment provider certified in accordance with this section;
    - ii. The therapist: client ratio for group therapy shall not exceed 1:10;
    - iii. Treatment groups shall not exceed 12 clients;
    - iv. Male and female clients shall not be included in the same treatment group;
    - v. Juvenile and adult modalities shall not be included in the same treatment group; and
    - vi. Best practice suggests not combining low- and high-risk offenders into the same groups.
- C. Treatment Engagement. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall strive to engage clients in treatment and promote internal motivation to change. This shall be facilitated by:
- a. Conducting treatment in a respectful, directive, and humane manner;
  - b. Creating a therapeutic climate that is conducive to trust and openness; and
  - c. Involving clients in the development of their treatment plans and identifying realistic goals, objectives and timeframes for achieving goals.

**VI. TARGETS OF TREATMENT.** A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall deliver treatment that focuses

primarily on research-supported dynamic risk factors that are linked to sexual and non-sexual recidivism. These include:

- A. General Self-Regulation. To assist clients with:
  - a. Managing emotional states that support or contribute to the client's potential to engage in problem behavior;
  - b. Learning and practicing problem-solving and impulse control skills; and
  - c. Managing mental health and substance abuse difficulties; and
  - d. Medication management as necessary.
- B. Sexual Self-Regulation. To assist clients with:
  - a. Developing healthy sexual interest and arousal, fantasies, and behaviors oriented toward age-appropriate and consensual partners;
  - b. Improving management and control of sexual impulses; and
  - c. Modifying thinking patterns that serve to support age-inappropriate and/or non-consensual sexual interest, arousal and behavior.
- C. Attitudes Supporting Criminality. To assist clients with:
  - a. Increasing attitudes, beliefs, and values that support prosocial sexual behaviors; and
  - b. Managing or decreasing attitudes, beliefs, and values that support sexually abusive and other antisocial behavior.
- D. Close Interpersonal Relationships. To assist clients with:
  - a. Developing skills for establishing and maintaining prosocial, healthy relationships with family members and intimate partners (as applicable and appropriate) to the population being served; and
  - b. Building on strengths in the client's existing relationships.
- E. Social and Community Supports. To assist clients with:
  - a. Identifying appropriate, prosocial individuals who can act as positive support persons;
  - b. Engaging family members and other support persons to actively participate in the treatment process; and

- c. Developing and maintaining stability in housing, employment, school, and leisure.
- F. Ancillary treatment targets may include factors not clearly established by research as linked to recidivism among adult sex offenders, but which may enhance the therapeutic relationship, engagement in treatment, and responsiveness to treatment. These may include targets such as:
  - a. Denial and minimization;
  - b. Victim empathy; and
  - c. Self-esteem.

**VII. RESPONSIVITY FACTORS AND SPECIAL POPULATIONS.** A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall recognize that not all treatments have been developed or evaluated with various subpopulations of sexual abusers (e.g., juveniles, individuals with intellectual and developmental disabilities, clients with serious mental illness, those with varied cultures and other demographics). Accordingly, a treatment provider shall:

- A. Adjust approaches to interventions and match clients to appropriate services based on identified responsivity factors (e.g., age, gender, cognitive functioning) in order to facilitate clients' abilities to benefit from services;
- B. Equip themselves with the knowledge and skills necessary to adequately address clients' responsivity factors and/or special needs by consulting with knowledgeable others, accessing specialized training, and participating in other professional development activities; and
- C. Recognize their own strengths and limitations with respect to their ability to provide adequately responsive services to clients, and refer clients to providers skilled in addressing specific responsivity factors when necessary.

**VIII. TREATMENT PROGRESS AND COMPLETION.**

- A. Continuum of Care. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall recognize that treatment occurs across a broad range of care within the criminal justice process. The Department of Correction shall be responsible for identifying procedures and

expected roles for transitioning clients who are under court or Commission for Pardons and Parole supervision through the continuum of care.

- B. Progress. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall routinely assess and document a client's progress toward attainment of the specific objectives outlined in the client's individual treatment plan. Assessments of progress shall be conducted using multiple methods such as:
  - a. Client self-report;
  - b. Collateral reports;
  - c. Research-grounded assessment scales and measures specific to adult sex offenders; and
  - d. Specialized physiological and behavioral assessments as appropriate for the population being served.
- C. Polygraph. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall collaborate with the client's supervising authority to address the results of a client's polygraph examinations. Results and admissions of the polygraph shall be used to identify additional treatment needs and potential sanctions.
- D. Completion. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall recognize and communicate that successful completion of a specialized treatment program:
  - a. Indicates that the client has met the specified series of goals and objectives of an individualized treatment plan designed to reduce the individual's risk to reoffend and increase stability and prosocial behaviors; but
  - b. Does not indicate that the client's risk to reoffend has been eliminated completely.
- E. A client's progress in and completion of treatment shall be gauged by the provider within the context of a clients' individual capacities, abilities, and limitations.
- F. The treatment provider shall take reasonable steps to prepare the client for treatment completion. These steps may include:

- a. A gradual reduction in frequency of contacts over time as treatment gains are made;
- b. Aftercare/maintenance sessions to reinforce and assess treatment gains; and
- c. Providing written information that includes follow up recommendations for maintaining treatment gains to the client, family/partner, support persons, and appropriate professionals involved in ongoing case management, within the confidentiality parameters established.

**IX. DOCUMENTATION.** A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall maintain appropriate written documentation pertaining to the delivery of treatment services for each client. This documentation shall be conducted in accordance with any professional regulations, standards and guidelines, be included in each individual case file and shall minimally include, but not be limited to:

- A. Informed consent;
- B. Treatment agreements;
- C. Treatment plans and treatment plan reviews
  - a. Treatment plan reviews should be conducted at least every 180 days; and
  - b. The client's participation in treatment plan reviews must be documented.
- D. Assessments of treatment progress;
  - a. Monthly progress report submitted to the client's supervising authority and the client.
- E. Treatment notes from each individual, group, and/or family session conducted; and
- F. Discharge summaries when a client has successfully completed or otherwise discontinued treatment.