

Idaho Sexual Offender Management Board

Standards and Guidelines for Practitioners, Evaluations and Treatment of Juvenile Sexual Offenders



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Section 1: Introduction and Overview

I. NATIONAL LANDSCAPE, PRECEDENCE FOR STANDARDS AND GUIDELINES

Throughout the country, policymakers in over half of the states have developed state-level sex offender management policy groups, including sex offender management boards, as a mechanism to advance sound sex offender management efforts. Such entities may be fairly broad and all-encompassing in their scope and mandates (e.g., generally addressing sex offender management issues and concerns), designed with more narrow mandates (e.g., developing formal standards or guidelines), or a combination of these functions, and that the objectives include¹:

- Modeling and supporting the establishment of multi-agency collaborative partnerships to ensure the integration of the various system components that play key roles in sex offender management;
- Advancing well-informed, research-supported state laws and agency policies to shape practices; and
- Providing practitioners system-wide with specialized knowledge, proper training, and skills to implement those laws and policies effectively, with ongoing quality assurance mechanisms.

National organizations have taken leadership roles by integrating research and promising strategies into standards and guidelines for assessing, treating, and managing sex offenders. In turn, many state-level policy teams, including sex offender management boards in multiple states, have built upon such parameters to create minimum requirements, standards, and guidelines in their respective states that guide and inform sex offender management policy initiatives and case management practices.

¹ See Center for Sex Offender Management (CSOM, 2010). *Advancing sex offender management efforts through state-level policy groups*. Silver Spring, MD.

II. BACKGROUND AND LEGISLATIVE MANDATE IN IDAHO

The Idaho Criminal Justice Commission (ICJC) and the various agencies represented on the ICJC have demonstrated a long-standing commitment to promoting public safety by advancing sex offender management efforts in the State of Idaho. Subsequent to a series of expert informational forums and training events convened for legislators, agency officials, and practitioners in the State of Idaho, the ICJC commissioned an independent review of the state's policies and practices specific to sex offender management, in order to gauge the extent to which current policies and practice are consistent with the contemporary research-informed and promising strategies and to obtain accompanying recommendations in these areas. Among the priorities identified in the 2010 report were the following:²

- Strengthen the Sexual Offender Classification Board standards and guidelines for psychosexual evaluations to promote consistency and alignment with contemporary research and practices;
- Establish statewide standards and guidelines for sex offender-specific treatment; and
- Establish a multidisciplinary, policy-level entity (e.g., a sex offender management board) charged specifically with the advancement and oversight of sound sex offender management policies and practices system-wide.

In 2011, the Idaho Legislature established the Sexual Offender Management Board (SOMB) – replacing the Sexual Offender Classification Board (SOCB) – to develop, advance, and oversee sound sexual offender management policies and practices statewide (Section 18-8312, Idaho Code). Included among the mandates for the Idaho SOMB are to establish standards for psychosexual evaluations; establish standards for sexual offender treatment programs based on current and evolving best practices; establish qualifications for and develop and administer an approval/certification process for professionals who conduct psychosexual evaluations, provide treatment to sexual offenders, or conduct post-conviction polygraphs of sexual offenders; and set forth and

² The full report can be accessed at http://www.idoc.idaho.gov/sites/default/files/webfm/documents/about_us/ICJC%20Final%20CSOM%20Report%20April%2010%202010_1.pdf

administer accompanying quality assurance procedures. The SOMB was granted the authority to promulgate rules to carry out these and other provisions.

III. INTENDED SCOPE AND APPLICABILITY

- A. The standards and guidelines as outlined in this working document apply to professionals conducting psychosexual evaluations ordered by the court pursuant to chapter 5, title 20, Idaho Code; professionals providing treatment to juvenile sexual offenders as ordered or required by the Court or Idaho Department of Juvenile Corrections; professionals conducting post-conviction sexual offender polygraphs as ordered or required by the Court or Idaho Department of Juvenile Corrections; and other individuals to whom conformity to SOMB standards is required. However, these standards and guidelines can ideally provide consistency and direction for any and all professionals conducting these services in the State of Idaho to promote risk-reduction and risk-management involving sex offenders and thereby enhancing public safety.
- B. These standards and guidelines are designed to complement existing statutes or provisions, administrative rules, relevant agency policies or operating procedures, or promulgated ethical codes or practice requirements/parameters established for regulated professions.

IV. GUIDING PRINCIPLES, UNDERLYING TENETS

This working SOMB document of standards and guidelines is intended to be grounded within a framework of the following guiding principles and tenets:

- A. Evaluation, assessment and treatment are ongoing processes for juveniles who engage in sexual offending behavior. Intervention needs and recidivism risk of juveniles who engage in sexual offending behavior change over time. Policies and operating procedures in the State of Idaho must require assessment-driven case management to ensure that interventions and strategies concerning restrictions and intensity of supervision, placement, treatment and levels of care are

developed and adjusted in accordance with the juvenile's current risk, needs, and circumstances.

- B. The rights, needs, and interests of victims and their families must remain a priority at all phases of the system in the State of Idaho. Policies, operating procedures, and practices cannot be exclusively offender-focused.
- C. The individual rights, needs and interests of children who have been sexually abused within the family must remain a priority in all aspects of community response and intervention systems over the interests of parental or family interests. All phases of response to child sexual abuse should be designed to promote the best interests of children rather than focusing primarily on the interests of the offender. Reunification of juveniles who engage in sexual offending behavior with the family should occur only after the parent/caregivers can demonstrate both the ability to provide protection and support of the victim(s) and address the needs of the juvenile.
- D. The prevention and management of sexual offending behavior is a complex issue that requires a multifaceted set of policies and strategies.
- E. Juveniles who engage in sexual offending behavior are a heterogeneous population who vary in multiple ways (e.g., demographics, criminal history, level of functioning, degree of psychosexual disturbance, etiological factors, motivation to change, nature of intervention needs, and short- and long-term recidivism risk). As such, intervention and management strategies in the State of Idaho must be designed to take into account these differences.
- F. A multidisciplinary, comprehensive, collaborative sex offender management system in the State of Idaho can contribute to risk-reduction and risk management among juveniles who have engaged in sexual offending behaviors. The range of entities and disciplines includes, but is not limited to, state- and agency-level policymakers, the courts, victim advocates, prevention specialists, clinical evaluators, treatment providers, institutional and community-based practitioners, release decision makers, supervision agencies, and other relevant stakeholders.

- G. Outcomes and resources in the State of Idaho will be maximized when sex offender management policies, operating procedures, and practices are grounded in current research and implemented with fidelity.
- H. Professionals responsible for implementing risk-reduction and risk-management strategies in the State of Idaho require specialized training, ongoing professional development, and supervision and support to maximize their knowledge, skills, competency and effectiveness.
- I. Sound data must be consistently collected and routinely analyzed to examine the quality, consistency, efficiency, impact, and effectiveness of current approaches in the State of Idaho and to guide future efforts.
- J. Policies, operating procedures, and practices should be reviewed and adjusted to align with contemporary research findings and other advances in the field.
- K. Sex offender management strategies are a necessary aspect of promoting public safety and reducing sexual victimization in the State of Idaho, but are not sufficient in and of themselves. Rather, resources and efforts must also be prioritized toward the primary prevention of sexual abuse, including, but not limited to, early intervention and public education.
- L. Evaluation, ongoing assessment, treatment and behavioral monitoring of juveniles who engage in sexual offending behavior should be non-discriminatory, humane and bound by the rules of ethics and law. Offending juveniles and their families shall be treated with dignity and respect, without discrimination based on race, religion, gender, sexual orientation, disability or socio-economic status, by all members of the multidisciplinary team regardless of the nature of the sexual offending behavior. Every effort should be made to avoid labeling juveniles as if their sexual offending behavior defines them. Identity formation is in progress during adolescence. Labeling juveniles based solely on sexual offending behavior may cause potential damage to long-term pro-social development.
- M. Many juveniles who engage in sexual offending behavior have multiple problems and areas of risk. In addition to increasing overall health and wellbeing, treatment plans for juveniles who engage in sexual offending behavior should be

individualized to address the specific needs and issues identified in evaluation and assessment processes. Measurable outcomes must be designated that will indicate successful completion of treatment. Treatment goals must be relevant to decreasing the risk of further abusive or criminal behavior, and decreasing all types of deviance and dysfunction. Treatment plans should also reinforce developmental and environmental assets.

- N. Family members are an integral part of evaluation, assessment, treatment and supervision of juveniles who engage in sexual offending behavior. Invaluable information may be garnered from family members regarding the etiology of problems experienced by the juvenile. Family members may provide the primary support system for the juvenile throughout treatment and supervision. The level of cooperative support provided by family members greatly impacts the juvenile's overall treatment/supervision success, risk reduction, health and wellbeing.
- O. Generally, it is in the best interest of the juveniles who engage in sexual offending behavior to grow up in the care of their families. However, protection of victims is the first priority. As juveniles move through the continuum of services emphasis should be given to maintaining positive and consistent relationships. Research indicates that exposure to deviant peers, absence of pro-social adult role models and the disruption of healthy appropriate caregiver relationships increase the risk of deviant development.
- P. Many juveniles who engage in sexual offending behavior can be managed in the community. Assignment to community supervision is a privilege and offending juveniles must be fully accountable for their behaviors. Juveniles need to move between more or less structured settings as their abilities to accept responsibility and demonstrate responsible behavior increase or decrease. The abilities of parents to provide informed supervision in the home must be assessed in relation to the juvenile's particular risks.
- Q. Placement planning is an integral component for management of juveniles who engage in sexual offending behavior. Consideration should be given to appropriate living arrangements, access to known or potential victims, clarification with known

victims, family reunification and safety planning prior to the juvenile's release to the community.

- R. Juveniles who remain at high risk should be referred for long-term relapse prevention that focuses on ongoing services and management.

V. RECOGNIZED LIMITATIONS AND ADDITIONAL CONSIDERATIONS

- A. These SOMB standards and guidelines address several important areas of practice – namely evaluation and treatment, and to a lesser degree, supervising sex offenders in the community – but are not designed to be all-encompassing or to represent the full range of procedures and practice components necessary for a comprehensive system of sex offender management in the State of Idaho.
- B. Many of the standards and guidelines herein are based largely on best practices as found in literature.
- C. At the time of its development, this working document was based on current research and generally accepted promising practices, to the extent possible, particularly with respect to providing specialized evaluation and treatment services.
 - a. Because the sex offender management field continues to evolve, these standards and guidelines must not be considered static.
 - b. These standards and guidelines must be reviewed and adjusted to align with contemporary research findings and other advances in the field over time.
 - c. The Idaho SOMB recognizes that post-implementation, independent external reviews of the established standards and guidelines are an important mechanism for facilitating the ongoing currency of these standards and guidelines and gauging the fidelity of their implementation.
- D. Polygraphy is to be used with caution with juveniles. Factors such as age, mental capacity and co-occurring mental health concerns shall be taken into consideration when utilizing polygraphy with this population.
- E. These minimum requirements, standards, and guidelines for specialized evaluation, treatment, and/or other management services represent an important

step toward facilitating a consistent, informed, and effective sex offender management system in the State of Idaho by providing clarity and direction to support sound evaluation, treatment, and other management practices statewide. Complementary quality assurance provisions are designed to provide yet another mechanism to advance the integrity and effectiveness of Idaho's sex offender management system in this regard.

- a. The Idaho SOMB recognizes, however, that the establishment of such minimum requirements and expectations, standards and guidelines, and quality assurance protocols is not a panacea.
- b. The quality and effectiveness of the sex offender management system in Idaho is further contingent upon agencies' and practitioners' individual and collective commitments to responsible, ethical, and well-grounded practices.
- c. It is, therefore, incumbent upon each professional to assume personal responsibility for adhering to these SOMB standards and guidelines and other ethical codes and standards for their respective professions, to encourage and support the adherence of their seasoned colleagues to the SOMB standards and guidelines; to participate in and support ongoing professional development activities that promote alignment with contemporary research-informed and promising practices; and to contribute to the refinement, enhancement, and expansion of the Idaho SOMB standards and guidelines and other guiding resources over time.

Section 2: Juvenile Psychosexual Evaluations and Evaluators

The provisions of this section govern the procedures relating to (a) the certification of professionals approved by the Idaho SOMB to conduct or assist with the conduct of psychosexual evaluations of juveniles adjudicated for sex offenses or sex offense-related crimes (as referenced in Sections 18-8304 and 18-8314, Idaho Code) and (b) evaluators' required practices with respect to conducting such evaluations, for use in criminal proceedings as ordered by the court pursuant to legislative mandate and other purposes defined in this section.

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I. GENERAL CONSIDERATIONS

- A. A person certified by the SOMB to conduct or assist with the conduct of juvenile psychosexual evaluations in accordance with the minimum requirements outlined in this section is expected to:
 - a. 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;
 - b. Conduct testing in accordance with the person's licensing body, qualifications and experience. Outside sources should be utilized to interpret required testing that is beyond the person's training and expertise (see appendix for psychological testing qualification standards);

- i. The SOMB may require verification of qualifications to conduct applicable testing.
 - c. Be knowledgeable of statutes and scientific data relevant to specialized sex offender evaluation;
 - d. Be committed to community protection and safety; and
 - e. Conduct evaluation procedures in a manner that ensures the integrity of testing data, and the humane and ethical treatment of the juvenile, and communicates information using professional and non-biased language.
- B. When decision making for a juvenile requires a current psychosexual evaluation, an evaluator shall not represent an evaluation that was conducted on the juvenile more than 1 year prior as being current, without taking reasonable and appropriate steps to ensure its currency with respect to the:
- a. Juvenile's legal status;
 - b. Required content of the written report as set forth in this section;
 - c. Required assessment methods and tools utilized for the evaluation as set forth in this section;
 - d. Accompanying results, findings, and recommendations contained in the evaluation, which may involve, but are not limited to, the juvenile's level of recidivism risk, specialized treatment needs, and other management interventions.
 - e. Such updated or current juvenile psychosexual evaluation shall follow the format and standards established in this section.

II. PROPER SCOPE, PURPOSES FOR CONDUCTING JUVENILE PSYCHOSEXUAL EVALUATIONS

- A. Pursuant to Sections 18-8314, Idaho Code, and chapter 5, title 20, Idaho Code, a juvenile psychosexual evaluation conducted in accordance with this section is to be completed after adjudication to inform sentencing and other disposition decisions.

- B. A juvenile psychosexual evaluation conducted in accordance with this section shall be written utilizing the frame/format as outlined by the SOMB. The evaluation should be written in a manner that allows all readers to understand its content regardless of the reader's background and experience. It is recommended that the title "Juvenile Psychosexual Evaluation" be utilized rather than "SORA" or "Sex Offender Risk Assessment." The SOMB values and respects professional discretion, judgment, and style regarding the conduct of juvenile psychosexual evaluations, provided that the evaluator addresses the minimum requirements and operates within the parameters set forth in this section. A report that does not comply with the prescribed format shall not be represented as meeting the juvenile psychosexual evaluation criteria for the purposes described in this section.
- C. A juvenile psychosexual evaluation conducted in accordance with this section – and generally, for all other circumstances in which a juvenile psychosexual evaluation is being requested or conducted – is designed for the primary purposes of identifying the level of recidivism risk, victim typology, treatment needs, responsivity, and amenability of the juvenile being evaluated.
- D. A juvenile psychosexual evaluation conducted in accordance with the standards and requirements set forth in this section may be further appropriate for informing other post-adjudication decisions, provided that the use of such an evaluation is not prohibited, overriding, or incompatible with any statutory or other legal provisions of the Idaho Code, administrative rules, or other statutory expectations, requirements, or regulations in Idaho. These additional appropriate uses may include:
 - a. Commitment to the Department of Juvenile Corrections;
 - b. Treatment planning;
 - c. Probation, post-release supervision, or other case management planning;
 - d. Significant custody status change, such as from incarceration to community;
 - e. Release decision making; and
 - f. Registration and community notification.

- E. The SOMB does not regulate juvenile psychosexual evaluations or sex offender risk assessments completed for purposes other than those defined herein. However, under no circumstances shall an evaluator conduct a juvenile psychosexual evaluation in accordance with this section – or generally in all other circumstances under which a juvenile psychosexual evaluation is requested or conducted – for the explicit purposes of:
- a. Attempting to substantiate or refute criminal allegations of sexual abuse made during the course of, or subsequent to, the following:
 - i. Law enforcement investigations;
 - ii. Social services/child protective services investigations;
 - iii. Domestic/family law proceedings;
 - iv. Pending, previously resolved, or unresolved civil or criminal or juvenile/family court matters;
 - b. Establishing the factual basis of any civil, criminal, or other court proceedings, or ascertaining an evaluator’s opinions or assertions regarding the guilt or innocence of the juvenile being evaluated during the course of any proceedings; or
 - c. Attempting to generate or offer the evaluator’s opinions or assertions regarding the juvenile’s absolute risk/potential for engaging in sexually abusive or offending behavior or refraining from engaging in such behavior.

III. ASSESSMENT METHODS AND PROCEDURES

- A. When conducting a juvenile psychosexual evaluation in accordance with this section, an evaluator shall employ assessment methods, procedures, and instruments appropriate for responding to these and other variables. Consider variables such as age, cultural/spiritual, language, development, level of functioning, physical and other limitations/disabilities. Address possible implications of these variables on the methods and processes used.
- B. Informed Consent. An evaluator conducting juvenile psychosexual evaluations in accordance with this section shall afford the juvenile being evaluated and/or their

parent or legal guardian to provide informed consent/assent and document accordingly in writing. The evaluator shall utilize the SOMB “Notice and Consent for Juvenile Psychosexual Evaluation” form (see appendix). The SOMB form may be supplemented with additional evaluation consent/assent form(s) as desired by the evaluator.

- C. Multiple Methods and Information Sources. An evaluator conducting juvenile psychosexual evaluations in accordance with this section shall utilize multiple assessment methods and information sources to support the comprehensiveness, reliability, and validity of the findings and recommendations of the evaluation. Minimally required data sources and assessment methods and processes shall include the following:
- a. Structured clinical interviews;
 - b. Official law enforcement documents must be reviewed if available;
 - c. Other official records (e.g., victim statements, prior evaluations, treatment, social services, juvenile criminal justice agencies, school behavioral/disciplinary records);
 - d. Psychometrically sound measures for assessing intellectual, personality, functional, substance abuse, and other psychological variables;
 - e. Research-based instruments specifically designed to assess normative and deviant sexual interests, attitudes, arousal, and/or preferences; and
 - f. Research-supported risk assessment tools and protocols with currency in the field and which are designed to promote systematic and objective assessment of risk factors and recidivism risk among sexually abusive juveniles.
 - g. The methods and assessments used by the evaluator should comport with the same requirements for the admissibility of expert testimony as outlined in Idaho Rules of Evidence, Rule 702.
- D. Polygraph. Polygraphy is to be used with caution with juveniles. Factors such as age, mental capacity and co-occurring mental health concerns shall be taken into consideration when utilizing polygraphy with this population. Any polygraph

conducted in accordance with these standards shall be performed by a Post-Conviction Sex Offender Polygraph Examiner who has been certified by the Sexual Offender Management Board.

- E. An evaluator shall disclose and document all sources of information and methods used to conduct the juvenile psychosexual evaluation.
- F. Offender Participation. The juvenile being evaluated and/or their parent or legal guardian may refuse or decline to participate in any testing, assessment measure, or protocol used for a juvenile psychosexual evaluation conducted pursuant to this section. Under this circumstance, the evaluator shall:
 - a. Notify the individual being evaluated, and/or their legal guardian, when an evaluation is being mandated or ordered by the courts or other authorities, there may be consequences of such decision;
 - b. Make reasonable efforts to obtain the signature of the juvenile and/or their parent or legal guardian on a written statement/form indicating the individual's refusal or declination and include this form as an appendix to the juvenile psychosexual evaluation report;
 - c. Document the juvenile's refusal or declination in the body of the written evaluation report; and
 - d. Document in the written evaluation report any implications of the refusal or declination on the reliability and validity of the findings and accompanying recommendations.
- G. An evaluator shall provide recommendations commensurate with the assessed level of risk, research-supported risk factors, protective factors, responsivity and intervention needs as supported in the body of the report.
- H. An evaluator shall provide findings, conclusions, recommendations, and responses to referral questions that are congruent with the scope of the purposes of juvenile psychosexual evaluations as set forth in this section.
- I. Departures from Established Criteria. Any departures from the minimum expectations and requirements for juvenile psychosexual evaluations as specified

in this section shall be specifically noted in the written evaluation report and any implications for the findings and recommendations for the evaluation.

IV. FORMAT, FRAMEWORK FOR WRITTEN JUVENILE PSYCHOSEXUAL EVALUATION REPORTS

- A. Required Format for Written Reports. Evaluators shall frame/format the written reports using the following headers in order to promote consistency in the organization and presentation of material, comprehensiveness of the reports, and familiarity/ease of use for consumers of these reports:
- a. Identifying information.
 - b. Preliminary Statement.
 - c. Synopsis.
 - d. Referral Information and Nature of Evaluation.
 - e. Confidentiality.
 - f. Sources of Information.
 - g. Mental Status Examination and Psychological Symptoms.
 - h. Background, Criminal and Social History.
 - i. Family of Origin Functioning and Dynamics.
 - j. Description of Current Offense(s).
 - k. Sexual History Behavior.
 - l. Psychological Test Results.
 - m. Current DSM Diagnosis.
 - n. Specialized Risk Assessment Measures and Measures of Sexual Behavior.
 - o. Risk Factors. (*Attach Juvenile Sex Offender Risk and Protective Factors Checklist – see Appendix*)
 - i. Static factors
 - ii. Dynamic factors
 - p. Protective factors (strengths and resources for juvenile and family)
 - q. Risk Level.
 - r. Potential for Future Harm. (Optional but encouraged)

- s. Resources for Community Protection, Amenability for Treatment, and Recommended Treatment Focus.
 - t. Additional Suggestions for Management. (Optional)
- B. An evaluator shall incorporate, under the above organizing headers/format, the specific areas of focus detailed in this section.
- C. The printed name, highest attained degree, license, and certification designation must appear at the end of the report, and the report must be signed and dated by the evaluator.
 - a. An evaluation conducted by an Associate/Supervised Psychosexual Evaluator, must be reviewed, verified and co-signed by the Senior/Approved Psychosexual Evaluator who supervised the development of the evaluation that the findings are accurate.

V. AREAS OF FOCUS FOR JUVENILE PSYCHOSEXUAL EVALUATIONS

- A. An evaluator conducting juvenile psychosexual evaluations in accordance with this section shall assess and explore each the following elements during the course of the juvenile psychosexual evaluation. Inquiries into these elements must be thorough and documented in the evaluation to identify or rule-out all of the risk and protective factors listed in the check list. The elements listed below are not exhaustive and evaluators are encouraged to make additional inquiries as needed to fully evaluate a person's risk and protective factors:
 - a. Identifying Information.
Examinee name, birth date, age, date of evaluation, criminal case, etc.
 - b. Preliminary Statement to be Included in Evaluations:
 "There are presently no empirically validated, actuarial instruments that can be used to accurately estimate the risk of adolescent sexual reoffending. Based on the best available research data and consensus in professional clinical opinion, however, a number of high-risk factors have been identified in the literature. Risk classification is the examinee's assessed risk to re-offend when compared to other sex offenders, not compared to the general

population. Furthermore, the risk to re-offend is not reflective of the level of harm experienced by the victim. For consideration of victim harm, the reader is encouraged to consider information from other sources such as victim impact statements, hospital records, or other relevant sources.”

- c. Synopsis.
 - i. Risk level conclusion. Risk level shall be clearly identified after conclusion is drawn and are to be determined in the following manner: Low Risk, Moderate Risk or High Risk. Further clarification within those range levels is acceptable. Variable risk level ranges (i.e. Low to Moderate or Moderate to High) shall not be used;
 - ii. Conclusion regarding examinee’s amenability for treatment; and
 - iii. Identification of most pertinent information to be considered by the court as supported in body of report, including what lead to conclusions regarding risk and amenability for treatment (could include static, dynamic, and protective factors).
- d. Referral Information and Nature of Evaluation.
 - i. Identification of how the examinee was referred for evaluation;
 - ii. Statement regarding structure of the evaluation; and
 - iii. Idaho Codes that are followed.
- e. Confidentiality.
 - i. Statement regarding evaluation confidentiality and how this was explained to examinee and/or their parent or legal guardian;
 - ii. Informed consent form; (see appendix) and
 - iii. Consent and release of information from collateral resources.
- f. Sources of Information.
 - i. List of tests, measures; and
 - ii. Collateral information, interviews, other relevant sources.
- g. Mental Status Examination and Psychological Symptoms.
 - i. Standard mental status information and relevant psychological symptoms identified during interview; and

- ii. Appearance and behavior observation.
Description of examinee's appearance and behavior during interview.
- h. Background, Criminal and Social History.
 - i. Developmental history (e.g., family dynamics, exposure to violence, maltreatment);
 - ii. Interpersonal relationships (e.g., nature and quality of past and current relationships such as family, peers, intimate partners);
 - iii. Medical history;
 - iv. Mental health history (i.e., client and family), including previous diagnosis and treatment efforts;
 - v. History of harm to self or others;
 - vi. Education and employment;
 - vii. Prior and current criminality or delinquency (e.g., including antisocial attitudes and values, psychopathy, juvenile delinquency, violence or aggression) (*access criminal history, Idaho court repository or other official records*);
 - viii. Substance use and/or abuse;
 - ix. Prior responses to juvenile justice system or other interventions (e.g., institutional/custodial conduct or adjustment, compliance with conditions of supervision, compliance/completion of other court orders, social services plans);
 - x. Recreation/leisure;
 - xi. Cultural/spiritual; and
 - xii. Capacity to identify problems and appropriate solutions.
- i. Family of Origin Functioning and Dynamics.
 - i. Home environment (e.g. family/caregiver: domestic violence/abuse, anger/hostility, substance abuse)
 - ii. Historical parent/caregiver/family sexual abuse
 - iii. Sexualized home environment
 - iv. Social media (sexualized)

- v. Problematic parent-offender relationship
- vi. Parent/caregiver not supporting sex offense specific assessment and treatment
- vii. Opportunity to reoffend
- viii. Relevant family/caregiver mental health or medical history
- j. Description of Current Offense(s).
Description of current offense(s) of adjudication (including official version as documented in police reports or other official records, victim statements, and the version of the juvenile being evaluated).
- k. Sexual History Behavior.
 - i. Sexual development, early sexual experiences;
 - 1. Ages 0 through 5
 - 2. Ages 6 through 12
 - 3. Ages 13 through 17
 - ii. History of age-appropriate, consensual, non-coercive sexual relationships;
 - iii. History of experiences involving being subjected to non-consensual or coercive sexual behaviors (e.g., sexual victimization);
 - iv. Historical and current sexual interests, fantasies, practices/behaviors;
 - v. Sexual functioning, sexual dysfunction;
 - vi. Use of sexually oriented materials or services (e.g., magazines, sexually explicit video games, videos and other programming, Internet sites, telephone sex lines);
 - vii. Prior sexual offender treatment;
 - viii. Intent of juvenile related to treatment;
 - ix. Offense-related sexual arousal, interests, and preferences;
 - x. Evidence or characteristics of paraphilias;
 - xi. History of sexually abusive behaviors, both officially documented and unreported (if identified through credible records or sources);
 - xii. Number of victims as identified through credible records or sources;

- xiii. Current and previous victim-related factors (e.g., age, gender, nature of relationship);
 - xiv. Contextual elements of sexually abusive behaviors (e.g., frequency and duration; apparent motivators; patterns; circumstances; access to victims; degree of planning; use of threats, coercion, or force);
 - xv. Attitudes supportive of sexually abusive behavior; and
 - xvi. Demonstrated level of insight, self-disclosure, denial, and minimization relative to the sexually abusive behavior.
- I. Psychological Test Results. Testing for personality and mood, and intellectual functioning are required; remaining categories are recommended for assessment as indicated but are at the discretion of the evaluator. The evaluator must provide an independent interpretation of the test results and not simply copy the test results into the evaluation.
- *Note: All testing utilized should be applicable to the cognitive functioning/reading level of the juvenile. If a specified instrument is inappropriate for the examinee, an appropriate replacement instrument should be utilized or an explanation provided why required testing was not conducted.
- i. Personality and mood – must use at least one of:
 - 1. MMPI-A
 - 2. MAPI/MACI
 - 3. PAI-A
 - ii. Intellectual functioning and/or achievement testing – must include one of:
 - 1. Shipley-2 (preferred)
 - 2. WISC-IV (preferred)
 - 3. WRAT-4
 - 4. Woodcock-Johnston (most current version)
 - 5. Kaufman intelligence scale, 2nd edition
 - 6. School testing results

- 7. Other validated assessment tool
- iii. Psychopathic tendencies – such as:
 - 1. PCL:YV (Hare)
 - 2. Other validated assessment tool
- iv. Substance abuse – such as:
 - 4. SASSI-A2
 - 5. GAIN-I
 - 6. Other validated assessment tool
- v. Additional optional testing, but not exclusive to:
 - 1. STAXI-2 C/A (anger)
 - 2. SAVRY
 - 3. YLS/CMI
 - 4. Jesness Inventory-R (JI-R)
- m. DSM Diagnosis.
Presenting diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders.
- n. Specialized Risk Assessment Measures and Measures of Sexual Behavior.
All risk assessments must be used in accordance with the assessment's standards. The evaluator will determine whether use of specific assessment is appropriate based on the individual case. If a required assessment is not used, the provider must explain.
 - i. Risk assessment must include one of the following measures:
 - 1. ERASOR (v.2)
 - 2. JSOAP-II
 - ii. Measure of sexual behavior must include:
 - 1. MSI-II Adolescent
 - iii. Additional optional validated measures:
 - 1. Polygraph
- o. Risk Factors.

The evaluation must support the identification of or rule-out any research supported static and dynamic risk factors identified on the *Risk and Protective Factors Checklist* (see appendix). The *Risk and Protective Factors Checklist* will be attached to the evaluation.

p. Protective Factors.

The evaluation must support the identification or rule-out of any research supported protective factors identified on the Risk and Protective Factors Checklist (see appendix). The Risk and Protective Factors Checklist will be attached to the evaluation.

q. Risk Level.

Provide an estimated risk level as low risk, moderate, or high. The estimated risk level shall be commensurate with assessment findings, identified research-supported risk and protective factors, and intervention needs as supported in the body of the report. An estimated risk level of low-moderate or moderate-high is not acceptable.

r. Potential for Future Harm. (Optional but encouraged)

- i. Demonstrated level of awareness or insight into potential harm/impact on the victim(s) and others (e.g., perspective-taking and empathic abilities and actions); and
- ii. Most likely type of victim and potential harm they could experience based on literature.

s. Amenability for Intervention and Treatment

t. Additional Suggestions for Management. (Optional)

Any additional suggestions may include identification of additional concerns with an explanation of why special management may be needed.

VI. CATEGORIES OF PSYCHOSEXUAL EVALUATOR CERTIFICATION

- A. Pursuant to the statutory mandate and authority afforded to the SOMB, to be eligible to conduct juvenile psychosexual evaluations in accordance with this section, an individual must be formally certified by the SOMB. The 3 established categories of certification are:

- a. **Senior/Approved Psychosexual Evaluator.** A Senior/Approved Psychosexual Evaluator is a clinical professional who is currently authorized by the SOMB to:
 - i. Independently conduct juvenile psychosexual evaluations in accordance with the requirements and standards for such evaluations as outlined in this section; and
 - ii. Is authorized to provide direct clinical supervision to individuals certified as an Associate/Supervised Psychosexual Evaluator, a Provisional/Supervised Psychosexual Evaluator, or who are otherwise seeking certification to conduct or assist with juvenile psychosexual evaluations.
- b. **Associate/Supervised Psychosexual Evaluator.** An Associate/Supervised Psychosexual Evaluator is a professional who is currently authorized by the SOMB to conduct juvenile psychosexual evaluations only under the clinical supervision of a Senior/Approved Psychosexual Evaluator in good standing. A person certified as an Associate/Supervised Psychosexual Evaluator may independently conduct testing and assessments in accordance with their training and education as well as interviews and report preparation. Final juvenile psychosexual evaluation reports that have been conducted by an Associate/Supervised Psychosexual Evaluator must be reviewed and signed as approved by a Senior/Approved Psychosexual Evaluator.
- c. **Provisional/Supervised Psychosexual Evaluator.** A Provisional/Supervised Psychosexual Evaluator is a professional with limited clinical experience and specialized training who is currently authorized by the SOMB to assist with the conduct of juvenile psychosexual evaluations only under the clinical supervision of a Senior/Approved Psychosexual Evaluator with additional mentoring by an Associate/Supervised Psychosexual Evaluator in good standing as directed by a Senior/Approved Psychosexual Evaluator, and whose work products must be reviewed and signed by a Senior/Approved Psychosexual Evaluator in good standing. A person with a

Provisional/Supervised Psychosexual Evaluator certificate is not a certified evaluator for the purposes of Section 18-8303, Idaho Code. This level of certification does not allow for independent submission of final juvenile psychosexual evaluation reports.

- B. The SOMB certify the evaluator to conduct or assist with conducting psychosexual evaluations of juvenile sex offenders based on the minimum educational, experience, specialized training, and other criteria set forth in this section.

VII. CENTRAL ROSTER OF PSYCHOSEXUAL EVALUATORS

- A. The SOMB shall maintain a complete and current official roster of all Senior/Approved Psychosexual Evaluators, Associate/Supervised Psychosexual Evaluators and Provisional/Supervised Psychosexual Evaluators to minimally include the:
 - a. Name of the evaluator;
 - b. Business name, address, telephone number, and other contact information;
 - c. Level of certification as designated by the SOMB;
 - d. Expiration date of the certification period as designated by the SOMB; and
 - e. Population for which the evaluator is authorized by the SOMB to conduct evaluations (juvenile).
- B. The SOMB shall ensure the accuracy and currency of the official roster by updating the roster at a minimum of quarterly or as otherwise necessary and indicating on the official roster the date on which it was updated.
- C. The SOMB shall publish the central roster on the SOMB's website and make the written roster otherwise available upon request.
- D. A psychosexual evaluator certified by the SOMB has a continuing duty and obligation to maintain eligibility under this section if desiring to remain on the central roster.
- E. The SOMB may remove an individual from the official roster of psychosexual evaluators for reasons as outlined in these standards.

VIII. PSYCHOSEXUAL EVALUATOR CERTIFICATION REPRESENTATION

- A. A person conducting or assisting with the conduct of juvenile psychosexual evaluations in accordance with this section shall clearly and accurately indicate their level and scope of certification as either a Senior/Approved Psychosexual Evaluator, an Associate/Supervised Psychosexual Evaluator or a Provisional/Supervised Psychosexual Evaluator when:
 - a. Making oneself available to accept referrals for juvenile psychosexual evaluations;
 - b. Advertising oneself as a psychosexual evaluator;
 - c. Communicating with the courts, other professionals, or the public regarding their certification to conduct or assist with the conduct of juvenile psychosexual evaluations;
 - d. Providing informed consent to clients and/or their parent or legal guardian at the time of the evaluation; and
 - e. Signing the written juvenile psychosexual evaluation report.
- B. In accordance with Section 18-8314, Idaho Code, no person shall claim or imply oneself to be a certified psychosexual evaluator pursuant to this section, or use a title or any abbreviation that implies that the person is a certified psychosexual evaluator pursuant to this section, unless so certified by the SOMB and currently in good standing on the official roster of psychosexual evaluators.

IX. MINIMUM REQUIREMENTS FOR PSYCHOSEXUAL EVALUATOR CERTIFICATION FOR JUVENILE SEX OFFENDERS

- A. A person who conducts or assists with the conduct of a juvenile psychosexual evaluation in accordance with this section must meet the eligibility criteria and minimum requirements as set forth in this section and be certified by the SOMB as a Senior/Approved Psychosexual Evaluator, an Associate/Supervised Psychosexual Evaluator or a Provisional/Supervised Psychosexual Evaluator.
- B. A person certified by the SOMB to conduct or assist with the conduct of juvenile psychosexual evaluations has a continuing duty to notify the SOMB in writing

should circumstances result in the ineligibility of the evaluator to meet the minimum requirements for the level of certification designated by the SOMB.

- C. The minimum requirements for certification by the SOMB as a psychosexual evaluator include criteria, requirements, and expectations in the following categories:
 - a. Formal educational requirements;
 - b. Professional licensure requirements;
 - c. Clinical experience requirements;
 - d. Specialized training requirements; and
 - e. Continuing education/ongoing professional development requirements.
- D. A person certified by the SOMB to conduct or assist with the conduct of juvenile psychosexual evaluations shall secure and maintain professional liability insurance coverage.
- E. For purposes of clinical practice supervision for Associate/Supervised Psychosexual Evaluator certification, “supervision” is generally considered as face-to-face direct contact, documented teleconferencing, and/or interactive video conferencing using a ratio of 1 hour of clinical supervision for every 20 hours of direct service provided. If no approved supervisor is available within a 50 mile radius, applicants may submit a request to the SOMB to utilize an alternate supervisor.
- F. For purposes of clinical practice supervision for Provisional/Supervised Psychosexual Evaluator certification, “supervision” is considered as face-to-face direct contact for the first 250 hours of direct services provided. “Supervision” during the remaining period a person is certified as Provisional/Supervised Psychosexual Evaluator shall be at a face-to-face direct contact ratio of 1 hour of clinical supervision for every 15 hours of direct service provided.
 - a. Clinical supervision for purposes of Provisional/Supervised Psychosexual Evaluator certification may not meet standard requirements for professional licensure. An educational program or licensure supervision may exceed the supervision requirements for SOMB certification.

X. REQUIREMENTS FOR CERTIFICATION AS A SENIOR/APPROVED PSYCHOSEXUAL EVALUATOR

To be eligible for SOMB certification as a Senior/Approved Psychosexual Evaluator, a person must:

- A. Formal Education Requirements. Possess an advanced/graduate degree (e.g., master's, doctoral) in an applied clinical practice field such as psychiatry, psychology, counseling, or social work from an accredited university or college and program of study, preferably with an emphasis on the application of forensic clinical practice and for which a bachelor's degree was a pre-requisite.
- B. Professional Licensure Requirements.
 - a. Possess a valid Idaho license to practice as a psychiatrist, psychologist, social worker, professional counselor, or marriage and family therapist, with such license issued by the appropriate/respective regulatory body for the discipline or profession;
 - b. Maintain such licensure for the duration of the certification period authorized by the SOMB; and
 - c. Remain in good standing with the licensing body for the regulated profession, and not currently be under formal sanction or suspension of practice for ethical or other disciplinary matters.
- C. Clinical Experience and Specialized Training Requirements.
 - a. Engaged in a combination of direct, face-to-face clinical practice with juvenile sex offenders and received specialized training for a minimum of 1500 hours.
 - i. Clinical practice is defined as face-to-face when possible, sex offender evaluation, assessment, individual and/or group treatment, case staffing/planning, and crisis management;
 - ii. Of the 1500 hours requirement, a minimum of 500 combined clinical practice and specialized training hours shall have been accumulated within the 3 years immediately preceding the initial application for SOMB certification as a Senior/Approved Psychosexual Evaluator;

- iii. Of the 1500 hours requirement, a minimum of 500 hours shall be specific to conducting psychosexual evaluations on juvenile sex offenders;
 - iv. Of the 1500 hours requirement, no more than 300 hours shall be attributed to supervised case staffing/planning or crisis management; and
 - v. Of the 1500 hours requirement, a minimum of 60 hours or a maximum of 375 hours may be attributed to specialized training.
 - vi. A minimum of 30 hours of specialized training shall be specific to the assessment and evaluation of juvenile sex offenders.
 - vii. No more than 16 hours of training specific to the treatment of victims of sexual abuse can be used to count toward the minimum number of specialized training hours.
- b. Specialized training may be in a combination of areas such as:
- i. Contemporary research regarding the etiology of sexually abusive behavior;
 - ii. Research-identified risk factors for the development and continuation of sexually abusive/offending behavior for juveniles;
 - iii. Contemporary research and practice in the areas of assessment, treatment, and management of juvenile sex offenders;
 - iv. Research-supported, sex offender-specific risk assessment tools for juveniles; and
 - v. Physiological assessment of deviant sexual arousal and/or interests.
 - vi. A person seeking dual certifications applicable to adult and juvenile populations may have a combination of adult and juvenile-centered training. However, at least 20 training hours applicable to juvenile sex offenders is required within the 60 specialized training hours minimum.
- c. Conducted a minimum of 9 juvenile psychosexual evaluations within the past 3 years, at least 3 of which have been conducted within the year preceding

the initial application for certification as a Senior/Approved Psychosexual Evaluator.

- d. A person seeking certification as a Senior/Approved Psychosexual Evaluator who is unable to meet the required clinical experience and/or psychosexual evaluation requirements and/or specialized training requirements within the designated 3-year time-frame may apply for conditional waiver consideration, as outlined in this section
- e. The clinical experience requirements should be met by working with juvenile clients in order to be eligible for SOMB-certification to conduct evaluations of juveniles. The SOMB may consider experience with combined populations (adults and juveniles) on a case by case basis.

XI. REQUIREMENTS FOR CERTIFICATION AS AN ASSOCIATE/SUPERVISED PSYCHOSEXUAL EVALUATOR

To be eligible for SOMB certification as an Associate/Supervised Psychosexual Evaluator, a person must:

- A. Formal Education Requirements. Possess an advanced/graduate degree (e.g., master's, doctoral) in an applied clinical practice field such as psychiatry, psychology, counseling, or social work from an accredited university or college and program of study, preferably with an emphasis on the application of forensic clinical practice and for which a bachelor's degree was a pre-requisite.
- B. Professional Licensure Requirements.
 - a. Possess a valid Idaho license to practice as a psychiatrist, psychologist, social worker, professional counselor, or marriage and family therapist, with such license issued by the appropriate/respective regulatory body for the discipline or profession;
 - b. Maintain such licensure for the duration of the certification period authorized by the SOMB; and

- c. Remain in good standing with the licensing body for the regulated profession, and not currently be under formal sanction or suspension of practice for ethical or other disciplinary matters.
- C. Practice under a current and formal clinical supervision agreement approved by the SOMB as specified in the Formal Clinical Supervision Agreement section.
- D. Clinical Experience and Specialized Training Requirements. To be eligible for SOMB certification as an Associate/Supervised Psychosexual Evaluator, a person must have:
 - a. Practiced only under the supervision of a Senior/Approved Evaluator and in accordance with a formal clinical supervision agreement as outlined in this section;
 - b. Engaged in a combination of direct, face-to-face clinical practice with juvenile sex offenders and received specialized training for a minimum of 500 hours.
 - i. Clinical practice is defined as face-to-face when possible, sex offender evaluation, assessment, individual and/or group treatment, case staffing/planning, and crisis management;
 - ii. Of the 500 hours requirement, a minimum of 300 combined clinical practice and specialized training hours shall have been accumulated within the 3 years immediately preceding the initial application for SOMB certification as an Associate/Supervised Psychosexual Evaluator;
 - iii. Of the 500 hours requirement, a minimum of 100 hours shall be specific to conducting juvenile psychosexual evaluations; and
 - iv. Of the 500 hours requirement, a minimum of 60 hours or a maximum of 175 hours may be attributed to specialized training.
 - v. A minimum of 30 hours of specialized training shall be specific to the assessment and evaluation of juvenile sex offenders.
 - vi. No more than 16 hours of training specific to the treatment of victims of sexual abuse can be used to count toward the minimum number of specialized training hours.
 - c. Specialized Training may be in a combination of areas such as:

- i. Contemporary research regarding the etiology of sexually abusive behavior;
 - ii. Research-identified risk factors for the development and continuation of sexually abusive/offending behavior for juveniles;
 - iii. Contemporary research and practice in the areas of assessment, treatment, and management of juvenile sex offenders;
 - iv. Research-supported, sex offender-specific risk assessment tools for juveniles; and
 - v. Physiological assessment of deviant sexual arousal and/or interests.
 - vi. A person seeking dual certifications applicable to adult and juvenile populations may have a combination of adult and juvenile-centered training. However, at least 20 training hours applicable to juvenile sex offenders is required with the 60 specialized training hours minimum.
- d. Conducted a minimum of 6 juvenile psychosexual evaluations within the past 3 years, at least 2 of which have been conducted within the year immediately preceding the initial application for SOMB certification as an Associate/Supervised Psychosexual Evaluator.
- e. The clinical experience requirements should be met by working with juvenile clients in order to be eligible for SOMB certification to conduct evaluations of juveniles. The SOMB may consider experience with combined populations (adults and juveniles) on a case by case basis.
- f. Supervisees are required to maintain a cumulative log that includes at minimum:
- i. The dates of face-to-face, telephone/teleconferencing, and/or other “live” and interactive web-based verbal conversation;
 - ii. Number of hours of clinical supervision received;
 - iii. Number of hours and nature of clinical services provided and dates of service;
 - iv. Number of hours of evaluation practice and dates of service; and

- v. Number, nature and completion dates of supervised evaluations conducted, all of which can be verified and signed by the supervisor.
- g. The cumulative log may be required by the SOMB as a condition of approval of a formal supervision plan or application for certification; such a log is subject to audit or upon request by the SOMB in support of decision making regarding certification or quality assurances processes.
- h. A person seeking certification as an Associate/Supervised Psychosexual Evaluator who is unable to meet the required clinical experience and/or specialized training requirements and/or psychological evaluation requirements within the designated time-frame may apply for conditional waiver consideration, as outlined in this section.

E. Formal Clinical Supervision Agreement.

- a. A person seeking certification or currently certified by the SOMB as an Associate/Supervised Psychosexual Evaluator shall only conduct juvenile psychosexual evaluations under the clinical practice supervision of a Senior/Approved Psychosexual Evaluator and in accordance with the terms of a formal clinical supervision agreement to be approved in advance by the SOMB.
- b. The formal clinical supervision agreement shall minimally address the following criteria:
 - i. The name and contact information of the supervisee and supervisor(s);
 - ii. Population to be served/evaluated (juveniles);
 - iii. Location, setting, nature of practice in which clinical services will be conducted;
 - iv. Effective period of clinical supervision;
 - v. The ratio of face-to-face or other “live” supervision hours to hours of direct service delivery; and
 - vi. Any other methods of clinical supervision that are anticipated to be employed.

- c. The formal clinical supervision agreement must accompany any initial or renewal application for Associate/Supervised Psychosexual Evaluator.
- d. Any change from a previously approved supervisor will require a new supervision agreement, which must be forwarded to the SOMB for approval.

XII. REQUIREMENTS FOR CERTIFICATION AS A PROVISIONAL/SUPERVISED PSYCHOSEXUAL EVALUATOR

Certification as a Provisional/Supervised Psychosexual Evaluator is limited to a 3 year period, at which time the person must have achieved the minimum requirements for certification level upgrade to Associate/Supervised Psychosexual Evaluator.

To be eligible for SOMB certification as a Provisional/Supervised Psychosexual Evaluator, a person must:

A. Formal Education and Licensure Requirements.

- a. Possess or be currently enrolled in a graduate program of study toward the attainment of an advanced/graduate degree (e.g., master's, doctoral) from an accredited university or college and program of study, preferably with an emphasis on the application of forensic clinical practice; and
- b. Possess or be pursuing licensure in an applied clinical practice field such as psychiatry, psychology, counseling, or social work.

B. Clinical Experience Requirements.

- a. Practice only under the supervision of a Senior/Approved Psychosexual Evaluator and in accordance with a formal clinical supervision agreement as outlined in this section.
- b. For *renewal* certification as a Provisional/Supervised Psychosexual Evaluator, a person must accumulate a minimum of 147 face-to-face clinical practice hours under the supervision of a Senior/Approved Psychosexual Evaluator during the period of certification preceding the annual renewal application.

- c. Clinical supervision is required during any period of time in which a Provisional/Supervised Psychosexual Evaluator is providing direct clinical services to sex offenders as outlined in subsection IX.F. of this section.
 - d. Supervisees are required to maintain a cumulative log that includes at minimum:
 - i. The dates of face-to-face clinical supervision;
 - ii. Number of hours and nature of supervised clinical services provided, and the dates of service;
 - iii. Number of hours of evaluation practice and dates of service; and
 - iv. Number, nature and completion dates of supervised evaluations conducted, all of which can be verified by the supervisor.
 - e. The cumulative log may be required by the SOMB as a condition of approval of a formal supervision plan or application for certification; such a log is subject to audit or upon request by the SOMB in support of decision making regarding certification or quality assurances processes.
- C. Formal Clinical Supervision Agreement.
- a. A person seeking certification or currently certified as a Provisional/Supervised Psychosexual Evaluator shall only assist with the conduct of juvenile psychosexual evaluations and provide clinical services under the clinical practice supervision of a Senior/Approved Psychosexual Evaluator and in accordance with the terms of a formal clinical supervision agreement to be approved in advance by the SOMB.
 - b. The formal clinical supervision agreement shall minimally address the following criteria:
 - i. The name and contact information of the supervisee and supervisor(s);
 - ii. Population to be served/evaluated (juveniles);
 - iii. Location, setting, nature of practice in which clinical services will be conducted;
 - iv. Effective period of clinical supervision;
 - v. Number of hours of anticipated direct clinical supervision; and

- vi. Any other methods of clinical supervision that are anticipated to be employed.
- c. The formal clinical supervision agreement must accompany any initial or renewal application for a Provisional/Supervised Psychosexual Evaluator or application for change of certification category to the level of Associate/Supervised Psychosexual Evaluator.
- d. Any change from the previously approved supervisor will require a new supervision agreement, which must be forwarded to the SOMB for approval.

XIII. CONTINUING EDUCATION/ONGOING PROFESSIONAL DEVELOPMENT REQUIREMENTS

- A. To maintain certification as a Senior/Approved Psychosexual Evaluator or an Associate/Supervised Psychosexual Evaluator, a person must obtain a minimum of 30 verifiable hours of continuing education in the form of workshops, conferences, symposia, or on-line training over the course of the 2-year period prior to each renewal period. Continuing education shall be received as part of an organized learning event, ideally involving interaction with a presenter for the purpose of accomplishing specific learning objectives.
 - a. Fifteen (15) hours of continuing education shall be consistent with maintaining licensure in their individual discipline of practice;
 - b. Fifteen (15) hours of continuing education shall address a combination of specialized areas such as:
 - i. Contemporary research regarding the etiology of sexually abusive behaviors;
 - ii. Research-identified risk factors for the development and continuation of sexually abusive/offending behavior for juveniles;
 - iii. Contemporary research and practice in the areas of assessment, treatment, and management of juvenile sex offenders;
 - iv. Research-supported, sex offender-specific risk assessment tools for juveniles; and
 - v. Physiological assessment of deviant sexual arousal and/or interests.

- vi. Persons who are dually certified to provide services to adult and juvenile clients may have a combination of adult and juvenile-centered specialized continuing education.
 - c. No more than 12 hours of continuing education specific to the treatment of victims of sexual abuse can be used to count toward the minimum number of continuing education hours.
 - d. Teaching relevant coursework at an accredited university or college, or providing training at a conference or workshop training (to be reviewed and approved by the SOMB) can substitute for up to one-half of the continuing education hours for an applicant.
- B. To maintain certification as a Provisional/Supervised Psychosexual Evaluator, a person must receive a minimum of 15 verifiable hours of specialized continuing education in the form of workshops, conferences, symposia, or on-line training annually. This specialized continuing education must meet the standards outlined in this section.
- C. A person not meeting the continuing education requirements set forth in this section when submitting a renewal application for certification may submit a written request for a 60-day extension to submit proof of meeting continuing education requirements. Failure to fully meet the minimum requirements may result in the psychosexual evaluator being placed in a less independent level of certification or denial of the renewal application.

XIV. CONDITIONAL WAIVER

- A. A conditional waiver request shall only be considered one time during initial application for applicants at the Senior/Approved or Associate/Supervised levels. Any application for advancement in certification level shall be considered as an initial application for conditional waiver purposes.
- B. Conditional waivers are not permitted and requests shall not be considered by the SOMB with respect to the *formal educational and professional licensure* requirements for psychosexual evaluators as specified in this section.

- C. A person submitting a petition for conditional waiver shall clearly articulate in writing the reasons that the time-limited exception for this requirement should be considered by the SOMB.
- D. The SOMB has sole discretion and final authority for granting or denying any conditional waiver requests, and determining any terms of the waiver if so granted.
- E. Initial Application for Certification. A person not meeting the minimum *clinical experience and/or psychosexual evaluation minimum and/or specialized training requirements* set forth in this section at the time of *initial* application for certification may formally petition the SOMB in writing for a time-limited conditional waiver and exception.
 - a. A conditional waiver granted at the time of initial certification shall remain in effect for 2 years, except as provided below.
 - b. To be eligible for renewal certification as a psychosexual evaluator, a person granted a conditional waiver at the time of the initial application process shall be required to fully meet the minimum requirements and qualifications outlined in this section for the applicable level of certification at the time of the application for renewal. Failure to fully meet the minimum requirements shall result in the treatment provider being placed in a less independent level of certification.
 - c. The ongoing practice of the applicant, if granted a conditional waiver and certified during the initial application process, will be subject to the terms and any remedial action as established by the SOMB. The terms and remedial actions may, at the SOMB's discretion, include a period of clinical supervision.

XV. RECIPROCITY

- A. The SOMB may waive any initial certification pre-requisites for an applicant after receiving the applicant's credentials and determining that the applicant holds a

current license/certification/credential from another state or jurisdiction to conduct post-adjudication psychosexual evaluations that has requirements that are substantially equivalent to those set forth by the SOMB. The applicant must have obtained or be in the process of obtaining a valid Idaho license to practice as a psychiatrist, psychologist, social worker, professional counselor, or marriage and family therapist, with such license issued by the appropriate/respective regulatory body for the discipline or profession.

- a. The level of Idaho certification shall be determined by the SOMB upon reviewing the applicant's credentials.
 - b. The SOMB reserves the right to require the applicant to meet minimum standards for Idaho certification.
 - c. A person who has been certified by the SOMB by reciprocity consideration on initial application shall be required to meet all qualifications, requirements and quality assurance standards set forth by the SOMB for continued Idaho certification.
- B. Providers of applicable sex offender management services residing in other states or jurisdictions must be certified by the Idaho SOMB to be eligible to receive referrals to provide pre-sentence services to Idaho sex offenders.

XVI. SOMB DECISIONMAKING PROCESSES FOR CERTIFYING PSYCHOSEXUAL EVALUATORS

- A. Certification Committee. The SOMB shall establish/appoint a Certification Committee composed of no fewer than 4 members to oversee the certification of psychosexual evaluators pursuant to this section. The Certification Committee will review all applications for initial certification, requests for changes in level of certification, reinstatement requests, or applicants on monitoring status. Renewal applications will be reviewed by the Certification Committee when requested by the SOMB coordinator.

The Certification Committee shall minimally include:

- a. Two current SOMB members who are eligible for certification as a Senior/Approved Evaluator or Treatment Provider;
 - b. A non-clinical SOMB member; and
 - c. A SOMB member of the board's choosing.
- B. The Certification Committee will provide a recommendation to the SOMB for final approval or denial of the application. No Certification Committee member holding a personal or financial interest in an application before the committee shall participate in the deliberation or voting on approval of the application.
- C. Verification of Completeness of Applications. The SOMB coordinator shall:
 - a. Determine, using an established checklist, the completeness of any application submitted for certification;
 - b. Provide written notification to the applicant within 5 business days of the receipt of the application and indicate whether:
 - i. All required items (the application, supporting documentation, and fees) have been received and the application is complete and ready for review by the Certification Committee; or
 - ii. Any required items are absent and needed to complete the application in order to be forwarded to the Certification Committee for review, and a deadline for submitting these items.
 - c. Provide to the Certification Committee the completed packet of applications for initial certification, request for change in level of certification, reinstatement requests, or applicants on monitoring status for review prior to the regularly scheduled meeting;
 - d. Provide to the Certification Committee a completed renewal application packet if the SOMB coordinator has questions regarding the application.
- D. To be considered for review by the Certification Committee in a given month, the completed application and all supporting documentation must be received no less than 30 days prior to the next scheduled meeting date, with such meeting dates published on the SOMB calendar/website. Late submission of an application will be reviewed by the SOMB as time allows and under no circumstances will the

SOMB consider an application submitted within 14 days of the next scheduled meeting.

- E. A Certification Review Form shall be completed for each applicant reviewed on the date of the meeting, noting the decision of the committee.
- F. The Certification Committee shall, make a recommendation to the SOMB to approve, deny or otherwise monitor certification with the SOMB making the final certification decision.
- G. The SOMB shall provide each applicant a written notification, within 15 business days, of the final approval/denial status as decided by the SOMB.
- I. Denial of Certification.
 - a. The SOMB shall provide written notification to the applicant within 15 business days of the denial decision, the reason(s) for the denial and notice of the right to a hearing; and
 - b. The SOMB may provide the applicant any recommended remedial steps or actions that can be taken to support further consideration for certification and any deadlines or timeframes in which such remedial action should occur.
 - c. A person who submits, less than 365 days from the submission of the previously denied application for certification, a revised application shall not be required to provide another application processing fee.
- K. The SOMB shall retain a complete file for each applicant seeking initial or renewal certification, including all written correspondence, applications and supporting documentation, and approval/denial decisions.

XVII. CERTIFICATION PERIOD

- A. Certification as a Senior/Approved Psychosexual Evaluator or an Associate/Supervised Psychosexual Evaluator shall remain in effect for 2 years provided that the evaluator continues to meet the criteria for such certification and such certification has not been suspended, revoked, otherwise restricted or on voluntary inactive status. Renewal application shall typically occur during a

person's month of birth 2 years following initial certification, and every 2 years thereafter.

- B. Certification as a Provisional/Supervised Psychosexual Evaluator shall remain in effect for 1 year provided that the evaluator continues to meet the criteria for such certification and such certification has not been suspended or revoked. Renewal application shall typically occur during a person's month of birth one year following initial certification and every year thereafter, not to exceed 3 years. Certification as a Provisional/Supervised Psychosexual Evaluator is limited to a 3 year period.
- C. The SOMB shall issue to each applicant approved for certification a certificate that:
 - a. Designates the person as a certified evaluator for the appropriate level of certification and population the person is authorized to evaluate (juveniles);
 - b. Indicates the effective period of the person's certification status, including the expiration date; and
 - c. Is signed by the Chair and Vice Chair of the SOMB.
- D. The SOMB shall notify in writing each certified evaluator of the expiration of their approved status within 90 days of the expiration of their effective term of certification, outline the steps necessary to apply for renewal, and the deadline for providing a completed application for renewal. However, the certificate holder is ultimately responsible for timely renewal of certification.
- E. A person whose certification has not been renewed by the expiration date on the certificate issued by the SOMB shall no longer be certified as such and shall be removed from the central roster.
- F. Expiration. A person whose certification has expired may reapply at any time for certification as follows:
 - a. A person whose certification has been expired for less than 365 days may reapply for certification following the certification *renewal* process as outlined in this section.

- b. A person whose certification has been expired for 365 days or more may reapply for certification by following the *initial* certification process as outlined in this section.

Section 3: Specialized Juvenile Treatment and Treatment Providers

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 juveniles convicted of sex offenses or sex offense-related crimes (as referenced in Section 18-8314, Idaho Code) and (b) professionals' required practices with respect to providing such treatment.

I. GENERAL CONSIDERATIONS

- A. Treatment should be tailored to reflect the ongoing and changing development of juveniles in areas such as physical, emotional, psychosocial, social, sexual, educational and intellectual development.
- B. 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. 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;
 - b. Be committed to community protection and safety; and
 - c. Conduct treatment procedures in a manner that ensures the humane and ethical treatment of the client, and communicates information using professional and non-biased language.
- C. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section shall:
 - a. Appreciate that specialized treatment for juveniles who have engaged in sexually abusive behavior is an evolving science; and
 - 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 these standards.
- D. 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 application for initial certification and certification renewal.
- E. 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 juvenile sex offenders in accordance with this section, and in support of the guiding principles of these standards, 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:
 - a. Reduction of empirically based dynamic risk factors that increase risk to reoffend; and
 - b. Development of protective factors that decrease risk.

III. INFORMED CONSENT AND TREATMENT AGREEMENTS

- A. Informed Consent. A person certified to provide specialized treatment to juvenile sex offenders in accordance with this section shall provide the individual receiving treatment and/or their parent or 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 when treatment is mandated or ordered by the courts or other authorities there may be consequences of such decision;
 - e. Mandatory reporting requirements; and
 - f. Confidentiality limits.
- B. Treatment Agreements. A person certified to provide specialized treatment to juvenile sex offenders in accordance with this section shall establish a written treatment agreement with the client and/or their parent or 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 or risk assessment;

- ii. Is signed by the client and/or their parent 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.
 - i. Empirically based risk factors shall be considered when determining recidivism risk (See appendix for Juvenile Sex Offender Risk Factors and Protective Factors Checklist);
 - ii. Routine utilization of a sex offender risk assessment such as the ERASOR or JSOAP-II to initially guide the client's treatment needs and address negative or no changes in dynamic factors;
 - iii. Routine utilization of sexual offender risk assessments and/or treatment progress measures (such as Ryan's *Treatment Outcomes Summary* or Righthand's *Juvenile Sex Offense Specific Treatment Needs and Progress Scale*) to address ongoing dynamic risk factors; and
 - iv. 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.
- B. 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.
- C. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section, excluding a Provisional/Supervised Sex Offender Treatment Provider 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 shall include, as appropriate:
- a. Individual therapy;
 - b. Family 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 generally not exceed 1:10;
 - iii. Treatment groups shall generally 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, as available or practical.
- 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 and/or their parent or legal guardian 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;
 - 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 peers (as applicable and appropriate);
 - b. Developing age appropriate/healthy sexuality; and
 - c. 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. Family Reunification/Victim Contact. Discuss with the multidisciplinary treatment team and develop specific plans to address:
 - a. Victim clarification;
 - b. Client reunification with family;
 - c. Community safety planning; and
 - d. Recommendations for informed parental or guardian supervision.
- G. Ancillary treatment targets may include factors not clearly established by research as linked to recidivism among juvenile 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.
- 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 juvenile 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. Polygraph results and admissions made during the polygraph process shall be used to identify additional treatment needs and potential sanctions. Polygraphy is to be used with caution with juveniles. Factors such as age, mental capacity and co-occurring mental health concerns shall be taken into consideration when utilizing polygraphy with this population.
- D. Completion. A person certified by the SOMB to provide specialized sex offender treatment in accordance with this section, excluding a Provisional/Supervised Sex Offender Treatment Provider 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; and
 - b. The client has demonstrated the goals and objectives of treatment have been achieved as demonstrated by their behavior while in treatment and under supervision; but
 - c. 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, 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, will 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 status updates submitted to the client's supervising authority and the client utilizing the SOMB approved form (see appendix).
 - i. The SOMB approved form may be supplemented with additional reporting measures as desired by the treatment provider.
 - ii. Monthly status updates may be completed at the time of case staffing with the supervising officer; and
 - iii. If active in primary treatment, then monthly progress reports are required; if agreed upon with the supervising officer, treatment progress assessments may be reduced to only quarterly reporting if the individual is in aftercare treatment.
- E. The nature of monthly/quarterly status reports should be done with Risk/Needs/Responsivity (RNR) principles. Treatment progress notes from each

individual, group, and/or family session conducted with special attention towards reduction of risk factors and enhancement of protective factors; and

- F. Discharge summaries must be prepared when a client has successfully completed or otherwise discontinued treatment. All discharge summaries must indicate what risk and protective factors were addressed.

X. CATEGORIES OF SOMB-CERTIFIED SPECIALIZED JUVENILE TREATMENT PROVIDERS

- A. Pursuant to the statutory mandate and authority afforded to the SOMB, to be eligible to provide specialized treatment to juvenile sex offenders in accordance with this section, an individual must be formally certified by the SOMB. The three established categories of certification for treatment providers are:
 - a. **Senior/Approved Sex Offender Treatment Provider.** A Senior/Approved Sex Offender Treatment Provider is a clinical professional who is currently authorized by the SOMB to:
 - i. Independently provide treatment to juvenile sex offenders in accordance with the requirements and standards for such treatment as outlined in this section; and
 - ii. Provide direct clinical supervision to individuals certified as an Associate/Supervised Sex Offender Treatment Provider, a Provisional/Supervised Sex Offender Treatment Provider, or who are otherwise seeking certification to provide such treatment.
 - b. **Associate/Supervised Sex Offender Treatment Provider.** An Associate/Supervised Sex Offender Treatment Provider is a professional who is currently authorized by the SOMB to provide treatment to juvenile sex offenders only under the clinical supervision of a Senior/Approved Sex Offender Treatment Provider in good standing and whose treatment documentation and other work products must be reviewed and co-signed by a Senior/Approved Sex Offender Treatment Provider in good standing.
 - c. **Provisional/Supervised Sex Offender Treatment Provider.** A Provisional/Supervised Sex Offender Treatment Provider is a professional

with limited clinical experience and specialized training who is currently authorized by the SOMB to provide treatment to juvenile sex offenders only under the clinical supervision of a Senior/Approved Sex Offender Treatment Provider in good standing and whose treatment documentation and other work products must be reviewed and co-signed by a Senior/Approved Sex Offender Treatment Provider in good standing.

- B. The SOMB shall provide authorization of the professional to provide treatment for juvenile sex offenders, based on the minimum educational, experience, specialized training, and other criteria set forth in this section.

XI. CENTRAL ROSTER OF CERTIFIED SEX OFFENDER TREATMENT PROVIDERS

- A. The SOMB shall maintain a complete and current official roster of all Senior/Approved Sex Offender Treatment Providers, Associate/Supervised Sex Offender Treatment Providers and Provisional/Supervised Sex Offender Treatment Providers, to minimally include the:
 - a. Name of the treatment provider;
 - b. Business name, address, telephone number, and other contact information;
 - c. Level of certification as designated by the SOMB;
 - d. Expiration date of the certification period as designated by the SOMB; and
 - e. Population for which the person is authorized by the SOMB to provide treatment (juvenile).
- B. The SOMB shall ensure the accuracy and currency of the official roster by updating the roster at a minimum of quarterly or as otherwise necessary and indicating on the official roster the date on which it was updated.
- C. The SOMB shall publish the central roster on the SOMB's website and make the written roster otherwise available upon request.
- D. A certified sex offender treatment provider as designated by the SOMB has a continuing duty and obligation to maintain eligibility under this section if desiring to remain on the central roster.

- E. The SOMB may remove an individual from the official roster of certified treatment providers for reasons as outlined in these standards.

XII. REPRESENTATIONS AS A CERTIFIED SEX OFFENDER TREATMENT PROVIDER

- A. A person providing specialized treatment to juvenile sex offenders in accordance with this section shall clearly and accurately indicate their level and scope of certification as either a Senior/Approved Sex Offender Treatment Provider, an Associate/Supervised Sex Offender Treatment Provider, or a Provisional/Supervised Sex Offender Treatment Provider when:
 - a. Making oneself available to accept referrals for specialized treatment;
 - b. Advertising oneself as a sex offender treatment provider;
 - c. Communicating with the courts, other professionals, or the public regarding their certification to provide specialized treatment to juvenile sex offenders;
 - d. Providing informed consent to clients and/or their parent or legal guardian prior to initiating treatment; and
 - e. Signing any and all treatment documentation and records.
- B. In accordance with Section 18-8314, Idaho Code, no person shall claim or imply oneself to be a certified sex offender treatment provider pursuant to this section, or use a title or any abbreviation that implies that the person is a certified sex offender treatment provider pursuant to this section, unless so certified by the SOMB and currently in good standing on the official roster of sex offender treatment providers.

XIII. MINIMUM REQUIREMENTS FOR SOMB CERTIFICATION AS A SEX OFFENDER TREATMENT PROVIDER FOR JUVENILE SEX OFFENDERS

- A. A person who provides sex offender treatment in accordance with this section must meet the eligibility criteria and minimum requirements as set forth in this section and be certified by the SOMB as a Senior/Approved Sex Offender Treatment Provider, an Associate/Supervised Sex Offender Treatment Provider, or a Provisional/Supervised Sex Offender Treatment Provider.

- B. A person certified by the SOMB to provide sex offender treatment has a continuing duty to notify the SOMB in writing should circumstances result in the ineligibility of the provider to meet the minimum requirements for the level of certification designated by the SOMB.
- C. The minimum requirements for certification by the SOMB as a sex offender treatment provider include criteria, requirements, and expectations in the following categories:
 - a. Formal educational requirements;
 - b. Professional licensure requirements;
 - c. Clinical experience requirements;
 - d. Specialized training requirements; and
 - e. Continuing education/ongoing professional development requirements.
- D. A person certified by the SOMB to provide sex offender treatment shall secure and maintain professional liability insurance coverage.
- E. For purposes of clinical practice supervision for Associate/Supervised Sex Offender Treatment Provider certification, “supervision” is generally considered as face-to-face direct contact, documented teleconferencing, and/or interactive video conferencing using a ratio of 1 hour of clinical supervision for every 20 hours of direct service provided. If no approved supervisor is available within a 50 mile radius, applicants may submit a request to the SOMB to utilize an alternate supervisor.
- F. For purposes of clinical practice supervision for Provisional/Supervised Sex Offender Treatment Provider certification, “supervision” is considered as face-to-face direct contact for the first 150 hours of services provided, followed by 100 hours of co-facilitation. “Supervision” during the remaining period a person is certified as a Provisional/Supervised Sex Offender Treatment Provider shall be at a face-to-face direct contact ratio of 1 hour of clinical supervision for every 15 hours of direct service provided.,
 - a. Clinical supervision for purposes of Provisional/Supervised Sex Offender Treatment Provider certification may not meet standard requirements for

professional licensure. An educational program or licensure supervision may exceed the supervision requirements for SOMB certification.

XIV. REQUIREMENTS FOR CERTIFICATION AS A SENIOR/APPROVED SEX OFFENDER TREATMENT PROVIDER

To be eligible for SOMB certification as a Senior/Approved Sex Offender Treatment Provider, a person must:

- A. Formal Education Requirements. Possess an advanced/graduate degree (e.g., master's, doctoral) in an applied clinical practice field such as psychiatry, psychology, counseling, or social work from an accredited university or college and program of study, preferably with an emphasis on the application of forensic clinical practice and for which a bachelor's degree was a pre-requisite.
- B. Professional Licensure Requirements.
 - a. Possess a valid license to practice as a psychiatrist, psychologist, social worker, professional counselor, or marriage and family therapist with such license issued by the appropriate/respective regulatory body for the discipline or profession;
 - b. Maintain such licensure for the duration of the certification period authorized by the SOMB; and
 - c. Remain in good standing with the licensing body for the regulated profession, and not currently be under formal sanction or suspension of practice for ethical or other disciplinary matters.
- C. Clinical Experience and Specialized Training Requirements.
 - a. Engaged in a combination of direct face-to-face clinical practice with juvenile sex offenders and received specialized training for a minimum of 1500 hours.
 - i. Clinical practice is defined as face-to-face when possible, sex offender assessment, individual and/or group treatment, case treatment staffing/planning and crisis management.
 - ii. Of the 1500 hours requirement, a minimum of 500 combined clinical practice and specialized training hours shall have been accumulated

- within the 3 years immediately preceding the initial application for SOMB certification as a Senior/Approved Sex Offender Treatment Provider;
- iii. Of the 1500 hours requirement, a minimum of 500 hours shall be specific to providing specialized sex offender treatment; and
 - iv. Of the 1500 hours requirement, a minimum of 60 hours or a maximum of 375 hours may be attributed to specialized training.
 - v. No more than 16 hours of training specific to the treatment of victims of sexual abuse can be used to count toward the minimum number of specialized training hours.
- b. Specialized training may be in a combination of areas such as:
- i. Contemporary research regarding the etiology of sexually abusive behavior;
 - ii. Research-identified risk factors for the development and continuation of sexually abusive/offending behavior for juveniles;
 - iii. Contemporary research and practice in the areas of assessment, treatment, and management of juvenile sex offenders;
 - iv. Research-supported, sex offender-specific risk assessment tools for juveniles; and
 - v. Physiological assessment of deviant sexual arousal and/or interests.
 - vi. A person seeking dual certifications applicable to adult and juvenile populations may have a combination of adult and juvenile-centered training. However, at least 20 training hours applicable to juvenile sex offenders is required within the 60 training hours minimum.
- c. A person seeking certification as a Senior/Approved Sex Offender Treatment Provider who is unable to meet the required clinical experience and/or specialized training requirements within the designated 3-year time-frame may apply for conditional waiver consideration, as outlined in this section.

XV. REQUIREMENTS FOR CERTIFICATION AS AN ASSOCIATE/SUPERVISED SEX OFFENDER TREATMENT PROVIDER

To be eligible for SOMB certification as an Associate/Supervised Sex Offender Treatment Provider, a person must:

- A. Formal Education Requirements. Possess an advanced/graduate degree (e.g., master's, doctoral) in an applied clinical practice field such as psychiatry, psychology, counseling, or social work from an accredited university or college and program of study, preferably with an emphasis on the application of forensic clinical practice and for which a bachelor's degree was a pre-requisite.
- B. Professional Licensure Requirements.
 - a. Possess a valid license to practice as a psychiatrist, psychologist, social worker, professional counselor, or marriage and family therapist with such license issued by the appropriate/respective regulatory body for the discipline or profession;
 - b. Maintain such licensure for the duration of the certification period authorized by the SOMB; and
 - c. Remain in good standing with the licensing body for the regulated profession, and not currently be under formal sanction or suspension of practice for ethical or other disciplinary matters.
- C. Practice under a current and formal clinical supervision agreement approved by the SOMB as specified in the Formal Clinical Supervision Agreement section.
- D. Clinical Experience and Specialized Training Requirements. To be eligible for SOMB certification as an Associate/Supervised Sex Offender Treatment Provider, a person must have:
 - a. Practiced only under the supervision of a Senior/Approved Sex Offender Treatment Provider and in accordance with a formal clinical supervision plan as outlined in this section;
 - b. Engaged in a combination of direct, face-to-face clinical practice with juvenile sex offenders and received specialized training for a minimum of 500 hours,

- i. Clinical practice is defined as face-to-face when possible, sex offender assessment, individual and/or group treatment, case treatment staffing/planning, and crisis management;
 - ii. Of the 500 hours requirement, a minimum of 300 combined clinical practice and specialized training hours shall have been accumulated within the 3 years immediately preceding the initial application for SOMB certification as an Associate/Supervised Sex Offender Treatment Provider;
 - iii. Of the 50 hours requirement, a minimum of 100 hours within the previous 3 years must include direct observation of a Senior/Approved Sex Offender Treatment Provider conducting specialized treatment and discussion with the supervisor's approach to such services;
 - iv. Of the 500 hour requirement, a minimum of 100 hours within the previous 3 years must include co-facilitation of specialized treatment under the direct clinical supervision and immediate oversight of a Senior/Approved Sex Offender Treatment Provider and under a formal clinical supervision agreement as outline in this section; and
 - v. Of the 500 hours requirement, a minimum of 60 hours or a maximum of 175 hours may be attributed to specialized training.
 - vi. No more than 16 hours of training specific to the treatment of victims of sexual abuse can be used to count toward the minimum number of specialized training hours.
- c. Specialized training may be in a combination of areas such as:
- i. Contemporary theories regarding the etiology of sexually abusive behavior;
 - ii. Research-identified risk factors for the development and continuation of sexually abusive/offending behavior for juveniles;
 - iii. Contemporary research and practice in the areas of assessment, treatment, and management of juvenile sex offenders;

- iv. Research-supported, sex offender-specific risk assessment tools for juveniles; and
 - v. Physiological assessment of deviant sexual arousal and/or interests.
 - vi. A person seeking dual certifications applicable to adult and juvenile populations may have a combination of adult and juvenile-centered training. However, at least 20 training hours applicable to juvenile sex offenders is required with the 60 training hours minimum.
- d. To maximally support any application for SOMB certification as a sex offender treatment provider, supervisees are required to maintain a cumulative log that includes at minimum:
 - i. The dates of face-to-face, telephone/teleconferencing, and/or other “live” and interactive web-based verbal conversation;
 - ii. Number of hours of clinical supervision received; and
 - iii. Number of hours of treatment services provided and the dates of service, all of which can be verified by the supervisor.
 - e. The cumulative log may be required by the SOMB as a condition of approval of a formal supervision plan or application for certification; such a log may be subject to audit or requested by the SOMB in support of decision making regarding certification or quality assurances processes.
 - f. A person seeking certification as an Associate/Supervised Sex Offender Treatment Provider who is unable to meet the required clinical experience including as outlined in subparagraphs XV.D.d.i. and XV.D.d.ii. of this section and/or specialized training requirements within the designated time-frame may apply for conditional waiver consideration, as outlined in this section.

E. Formal Clinical Supervision Agreement.

- a. A person seeking certification or currently certified as an Associate/Supervised Sex Offender Treatment Provider shall only provide such treatment under the practice supervision of a Senior/Approved Sex Offender Treatment Provider and in accordance with the terms of a formal clinical supervision agreement to be approved in advance by the SOMB.

- b. The formal clinical supervision agreement shall minimally address the following criteria:
 - i. The name and contact information of the supervisee and supervisor(s);
 - ii. Population to be served (juveniles);
 - iii. Location, setting, nature of practice in which treatment services will be conducted;
 - iv. Effective period of clinical supervision;
 - v. The ratio of face-to-face or other “live” supervision hours to hours of direct service delivery; and
 - vi. Any other methods of clinical supervision that are anticipated to be employed.
- c. The formal clinical supervision agreement must accompany any initial or renewal application for an Associate/Supervised Sex Offender Treatment Provider or application for change of certification category to the level of Senior/Approved Sex Offender Treatment Provider.
- d. Any change from the previously approved supervisor will require a new supervision agreement, which must be forwarded to the SOMB for approval.

XVI. REQUIREMENTS FOR CERTIFICATION AS A PROVISIONAL/SUPERVISED SEX OFFENDER TREATMENT PROVIDER

Certification as a Provisional/Supervised Sex Offender Treatment Provider is limited to a 3 year period, at which time the person must have achieved the minimum requirements for certification level upgrade to Associate/Supervised Sex Offender Treatment Provider. To be eligible for SOMB certification as a Provisional/Supervised Sex Offender Treatment Provider, a person must:

- A. Formal Education and Licensure Requirements.
 - a. Possess or be currently enrolled in a graduate program of study toward the attainment of an advanced/graduate degree (e.g., master’s, doctoral) from an accredited university or college and program of study, preferably with an emphasis on the application of forensic clinical practice; and

- b. Possess or be pursuing licensure in an applied clinical practice field such as psychiatry, psychology, counseling, or social work.

B. Clinical Experience Requirements.

- i. Practice only under the supervision of a Senior/Approved Sex Offender Treatment Provider and in accordance with a formal clinical supervision agreement as outlined in this section.
- ii. For *renewal* certification as a Provisional/Supervised Sex Offender Treatment Provider, a person must accumulate a minimum of 147 face-to-face clinical practice hours under the supervision of a Senior/Approved Sex Offender Treatment Provider during the period of certification preceding the annual renewal application.
 - i. The SOMB may consider modifications to the renewal clinical practice requirements on a case by case basis as circumstances warrant.
- iii. Clinical supervision is required during any period of time in which a Provisional/Supervised Sex Offender Treatment Provider is providing specialized treatment services as outlined in subsection XII.F. of this section.
- iv. To maximally support any application for SOMB certification as a sex offender treatment provider, supervisees are required to maintain a cumulative log that includes at minimum:
 - a. The dates of face-to-face clinical supervision;
 - b. Number of hours of clinical supervision received; and
 - c. Number of hours of treatment services provided and the dates of service, all of which can be verified by the supervisor.
- v. A cumulative log may be required by the SOMB as a condition of approval of a formal supervision plan or application for certification; such a log may be subject to audit or requested by the SOMB in support of decision making regarding certification or quality assurances processes.

C. Formal Clinical Supervision Agreement.

- i. A person seeking certification or currently certified as a Provisional/Supervised Sex Offender Treatment Provider shall only provide such treatment under the direct clinical practice supervision of a Senior/Approved Sex Offender Treatment Provider and in accordance with the terms of a formal clinical supervision agreement to be approved in advance by the SOMB.
- ii. The formal clinical supervision agreement shall minimally address the following criteria:
 - i. The name and contact information of the supervisee and supervisor(s);
 - ii. Population to be served (juveniles);
 - iii. Location, setting, nature of practice in which treatment services will be conducted;
 - iv. Effective period of clinical supervision; and
 - v. Any other methods of clinical supervision that are anticipated to be employed.
- iii. The formal clinical supervision agreement must accompany any initial or renewal application for a Provisional/Supervised Sex Offender Treatment Provider or application for change of certification category to the level of Associate/Supervised Sex Offender Treatment Provider.
- iv. Any change from the previously approved supervisor will require a new supervision agreement, which must be forwarded to the SOMB for approval.

XVII. CONTINUING EDUCATION/ONGOING PROFESSIONAL DEVELOPMENT REQUIREMENTS

- A. To maintain certification as a Senior/Approved Sex Offender Treatment Provider, or an Associate/Supervised Sex Offender Treatment Provider, a person must receive a minimum of 30 verifiable hours of continuing education in the form of workshops, conferences, symposia, or on-line training over the course of the 2 year period prior to each renewal period. Continuing education shall be received as part of an organized learning event, ideally involving interaction with a presenter for the purpose of accomplishing specific learning objectives.

- a. Fifteen (15) hours of continuing education shall be consistent with maintaining licensure in their individual discipline of practice;
- b. Fifteen (15) hours of continuing education shall address a combination of specialized areas such as:
 - A. Contemporary research regarding the etiology of sexually abusive behaviors;
 - B. Research-identified risk factors for the development and continuation of sexually abusive/offending behavior for juveniles;
 - C. Contemporary research and practice in the areas of assessment, treatment, and management of juvenile sex offenders;
 - D. Research-supported, sex offender-specific risk assessment tools for juveniles; and
 - E. Physiological assessment of deviant sexual arousal and/or interests.
 - F. Persons who are dually certified to provide services to adult and juvenile clients may have a combination of adult and juvenile-centered specialized continuing education.
- c. No more than 12 hours of training specific to the treatment of victims of sexual abuse can be used to count toward the minimum number of specialized training hours.
 - d. Teaching relevant coursework at an accredited university or college, or providing training at a conference or workshop training (to be reviewed and approved by the SOMB) can substitute for up to one-half of the continuing education hours for an applicant.
- D. To maintain certification as a Provisional/Supervised Sex Offender Treatment Provider, a person must receive a minimum of 15 verifiable hours of specialized continuing education in the form of workshops, conferences, symposia, or on-line training annually. This specialized continuing education must meet the standards outlined in this section.
- E. A person not meeting the continuing education requirements set forth in this section when submitting a renewal application for certification may submit a written request for a 60-day extension to submit proof of meeting continuing

education requirements. Failure to fully meet the minimum requirements may result in the psychosexual evaluator being placed in a less independent level of certification or denial of the renewal application.

XVIII. CONDITIONAL WAIVER

- A. A conditional waiver request shall only be considered one time during initial application for applicants at the Senior/Approved or Associate/Supervised levels. Any application for advancement in certification level shall be considered as an initial application for conditional waiver purposes.
- B. Conditional waivers are not permitted and requests shall not be considered by the SOMB with respect to the *formal educational and professional licensure* requirements for sex offender treatment providers as specified in this section.
- C. A person submitting a petition for conditional waiver shall clearly articulate in writing the reasons that the time-limited exception for this requirement shall be considered by the SOMB.
- D. The SOMB has sole discretion and final authority for granting or denying any conditional waiver requests, and determining any terms of the waiver if so granted.
- E. Initial Application for Certification. A person not meeting the minimum *clinical experience and/or specialized training requirements* for providing sex offender treatment as set forth in this section at the time of *initial* application for certification may formally petition the SOMB in writing for a time-limited conditional waiver and exception.
 - a. A conditional waiver granted at the time of initial certification shall remain in effect for 2 years, except as provided below.
 - b. To be eligible for renewal certification as a sex offender treatment provider, a person granted a conditional waiver at the time of initial application process shall be required to fully meet the minimum requirements and qualifications outlined in this section for the applicable level of certification at the time of the application for renewal. Failure to fully meet the minimum requirements shall result in the treatment provider being placed in a less independent level of certification.
 - c. If good cause is found, the conditional waiver may be extended for 1 year.

- d. The ongoing practice of the applicant, if granted a conditional waiver and certified during the initial application process, will be subject to the terms and any remedial action as established by the SOMB. The terms and remedial actions may, at the SOMB's discretion, include a period of clinical supervision.

XIX. RECIPROCITY

- A. The SOMB may waive any initial certification pre-requisites for an applicant after receiving the applicant's credentials and determining that the applicant holds a current license/certification/credential from another state or jurisdiction that has requirements that are substantially equivalent to those set forth by the SOMB.
- A. The level of Idaho certification shall be determined by the SOMB upon reviewing the applicant's credentials.
- B. The SOMB reserves the right to require the applicant to meet minimum standards for Idaho certification.
- C. A person who has been certified by the SOMB by reciprocity consideration on initial application shall be required to meet all qualifications, requirements and quality assurance standards set forth by the SOMB for continued Idaho certification.
- B. Providers of applicable sex offender management services residing in other states or jurisdictions must be certified by the Idaho SOMB to be eligible to receive referrals to provide services to sex offenders who reside in Idaho and who are under supervision by the Idaho Department of Juvenile Correction.

XX. SOMB DECISIONMAKING PROCESSES FOR CERTIFYING SEX OFFENDER TREATMENT PROVIDERS

- A. Certification Committee. The SOMB shall establish/appoint a Certification Committee composed of no fewer than 4 members to oversee the certification of sex offender treatment providers pursuant to this section. The Certification Committee will review all applications for initial certification, requests for changes

in level of certification, reinstatement requests, or applicants on monitoring status. Renewal applications will be reviewed by the Certification Committee when requested by the SOMB coordinator. The Certification Committee shall minimally include:

- a. Two current SOMB members who are eligible for certification as a Senior/Approved Evaluator or Treatment Provider;
 - b. A non-clinical SOMB member; and
 - c. A SOMB member of the board's choosing.
- a. The Certification Committee will provide a recommendation to the SOMB for final approval or denial of the application. No Certification Committee member holding a personal or financial interest in an application before the committee shall participate in the deliberation or voting on approval of the application.

B. Verification of Completeness of Applications. The SOMB coordinator shall:

- a. Determine, using an established checklist, the completeness of any application submitted for certification;
- b. Provide written notification to the applicant within 5 business days of the receipt of the application and indicate whether:
 - i. All required items (the application, supporting documentation, and fees) have been received and the application is complete and ready for review by the Certification Committee; or
 - ii. Any required items are absent and needed to complete the application in order to be forwarded to the Certification Committee for review and a deadline for submitting these items; and
- c. Provide to the Certification Committee the completed packet of applications for initial certification, requests for changes in level of certification, reinstatement requests, or applicants on monitoring status for review prior to the regularly scheduled meeting;
- d. Provide to the Certification Committee a completed renewal application packet if the SOMB coordinator has questions regarding the application.

- C. To be considered for review by the Certification Committee in a given month, the completed application and all supporting documentation must be received no less than 30 days prior to the next scheduled meeting date, with such meeting dates published on the SOMB calendar/website. Late submission of an application will be reviewed by the SOMB as time allows and under no circumstances will the SOMB consider an application submitted within 14 days of the next scheduled meeting.
- D. A Certification Review Form shall be completed for each applicant reviewed on the date of the meeting, noting the decision of the committee.
- E. The Certification Committee shall make a recommendation to the SOMB to approve, deny or otherwise monitor certification with the SOMB making the final certification decision.
- F. The SOMB shall provide each applicant a written notification, within 15 business days, of the final approval/denial status as decided by the SOMB.
- I. Denial of Certification
 - a. The SOMB shall provide written notification to the applicant within 15 business days of the denial decision, the reason(s) for the denial and notice of the right to a hearing; and
 - b. The SOMB may provide the applicant any recommended remedial steps or actions that can be taken to support further consideration for certification and any deadlines or timeframes in which such remedial action should occur.
 - c. A person who submits, less than 365 days from the submission of the previously denied application for certification, a revised application shall not be required to provide another application processing fee.
- J. The SOMB shall retain a complete file for each applicant seeking initial or renewal certification, including all written correspondence, applications and supporting documentation, and approval/denial decisions.

XXI. CERTIFICATION PERIOD

- A. Certification as a Senior/Approved Sex Offender Treatment Provider or an Associate/Supervised Sex Offender Treatment Provider shall remain in effect for 2 years provided that the sex offender treatment provider continues to meet the criteria for such certification and such certification has not been suspended, revoked, otherwise restricted or on voluntary status. Renewal application shall typically occur during a person's month of birth 2 years following initial certification, and every 2 years thereafter.
- B. Certification as a Provisional/Supervised Sex Offender Treatment Provider shall remain in effect for 1 year provided that the sex offender treatment provider continues to meet the criteria for such certification and such certification has not been suspended or revoked. Renewal application shall typically occur during a person's month of birth one year following initial certification and every year thereafter, not to exceed 3 years. Certification as a Provisional/Supervised Treatment Provider is limited to a 3 year period.
- C. The SOMB shall issue to each applicant approved for certification a certificate that:
 - a. Designates the person as a certified sex offender treatment provider for the appropriate level of certification and population the person is authorized to provide treatment services for (juveniles);
 - b. Indicates the effective period of the person's certification status, including the expiration date; and
 - c. Is signed by the Chair and Vice Chair of the SOMB.
- D. The SOMB shall notify in writing each certified sex offender treatment provider of the expiration of their approved status within 90 days of the expiration of their effective term of certification, outline the steps necessary to apply for renewal, and the deadline for providing a completed application for renewal. However, the certificate holder is ultimately responsible for timely renewal of certification.
- E. A person whose certification has not been renewed by the expiration date on the certificate issued by the SOMB shall no longer be certified as such and shall be removed from the central roster.
- F. Expiration. A person whose certification has expired may reapply at any time for certification as follows:

- A person whose certification has been expired for less than 365 days may reapply for certification following the certification *renewal* process as outlined in this section.
- A person whose certification has been expired for 365 days or more may reapply for certification by following the *initial* certification process as outlined in this section.

Refer to the
SOMB Standards and Guidelines
for Adult Sexual Offender Management Practices
for procedures related to

- **Post Conviction Sexual Offender Polygraphs**
- **SOMB Application Process and Disciplinary and Complaint Procedures**
- **Quality Assurance for Community Providers**

Appendices

REQUIRED FORMAT FOR JUVENILE PSYCHOSEXUAL EVALUATION REPORTS

- | | |
|---|---|
| <ul style="list-style-type: none">I. Identifying Information
Name, birth date, age, evaluation date, criminal case number, etc.II. Preliminary Statement
(See SOMB Guidelines)III. Synopsis<ul style="list-style-type: none">a. Risk level – Low/Moderate/Highb. Amenability for treatmentc. Pertinent information for court consideration supported in body of report, including what lead to conclusions about risk level and amenability for treatmentIV. Referral Information and Nature of Evaluation<ul style="list-style-type: none">a. How referred for evaluationb. Structure of the evaluationc. Applicable statutesV. Confidentiality<ul style="list-style-type: none">a. Evaluation confidentiality and how explained to examinee and parents/guardianb. Notice and Consent for Psychosexual Evaluation and parents/guardianc. Consent and release of information from collateral resourcesVI. Sources of Information<ul style="list-style-type: none">a. List of tests and measuresb. Collateral information, interviews, other relevant sourcesVII. Mental Status Examination and Psychological Symptoms<ul style="list-style-type: none">a. Standard mental status information and relevant psychological symptomsb. Appearance and behavior observationVIII. Background, Criminal and Social History<ul style="list-style-type: none">a. Developmental historyb. Interpersonal relationshipsc. Medical historyd. Mental health historye. History of harm to self or others | <ul style="list-style-type: none">f. Education, employment<ul style="list-style-type: none">i. Academic performanceii. Discipline issuesiii. School peer relationsiv. IEP historyg. Prior and current criminality or delinquencyh. Substance use and/or abusei. Prior responses to juvenile justice system or other interventionsj. Recreation/leisurek. Cultural/spirituall. Capacity to identify problems/solutions IX. Family of Origin Functioning and Dynamics<ul style="list-style-type: none">a. Home environmentb. Historical parent/caregiver/family sexual abusec. Sexualized home environmentd. Social media (sexualized)e. Problematic parent-offender relationshipf. Parent/caregiver not supporting sex offense specific assessment and treatmentg. Opportunity to reoffendh. Relevant family/caregiver mental health or medical history X. Description of Current Offense(s) XI. Sexual History Behavior<ul style="list-style-type: none">a. Sexual development, early experiencesb. History of age-appropriate, consensual, non-coercive sexual relationshipsc. History of being subjected to non-consensual or coercive sexual behaviorsd. Historical and current sexual interests, fantasies, practices/behaviorse. Sexual functioning, sexual dysfunctionf. Use of sexually oriented materials or servicesg. Prior sexual offender treatmenth. Intent related to treatment<ul style="list-style-type: none">i. Clientii. Parent(s)/Guardian(s)i. Offense-related sexual arousal, interests and preferences |
|---|---|

- j. Evidence or characteristics of paraphilias
 - k. History of sexually abusive behaviors, documented and unreported
 - l. Number of victims identified through credible records or sources
 - m. Current and previous victim-related factors
 - n. Contextual elements of sexually abusive behaviors
 - o. Attitudes supportive of sexually abusive behavior
 - p. Demonstrated level of insight, self-disclosure, denial, and minimization relative to sexually abusive behavior
- XII. Psychological Test Results (Personality and mood, and Intellectual functioning measures are required; remaining categories are recommended but at the discretion of the evaluator) ***Other testing measures may be utilized as appropriate for juvenile's reading level.***
- a. Personality and mood – must use at least one of
 - i. MMPI-A/MMPI-A-RF
 - ii. MAPI/MACI
 - iii. PAI-A
 - b. Intellectual functioning and/or achievement testing – must include one of
 - i. Shipley-2 (preferred)
 - ii. WISC-IV (preferred)
 - iii. WRAT-4
 - iv. Woodcock-Johnson (most recent version)
 - v. Kaufman Intelligence Scale, 2nd edition
 - vi. School testing results
 - vii. Other validated assessment tool
 - c. Psychopathic tendencies – such as
 - i. PCL:YV (Hare)
 - ii. Other validated assessment tool
 - d. Substance abuse – such as
 - i. SASSI-A2
 - ii. GAIN-I
 - iii. Other validated assessment tool
 - e. Additional optional testing, but not exclusive to
 - i. STAXI-2 C/A (anger)
 - ii. SAVRY
 - iii. BASC-3
 - iv. YLS/CMI
 - v. Jesness Inventory-R (JI-R)
- XIII. Current Full DSM Diagnosis
- XIV. Specialized Risk Assessment Measures and Measures of Sexual Behavior. All risk assessments must be used in accordance with the assessment's standards. The evaluator will determine whether use of a specific assessment is appropriate based on the individual case. If a required assessment is not used, the provider must explain why.
- a. Risk assessment - *must include one of*
 - i. ERASOR (v.2)
 - ii. JSOAP-II
 - b. Measure of sexual behavior must include
 - i. MSI-II Adolescent
 - c. Additional optional validated measures
 - i. Polygraph
- XV. Risk Factors
- a. Static Factors
 - b. Dynamic Factors
 - c. Protective Factors
 - d. Attach Juvenile Sex Offender Risk and Protective Factors Checklist
- XVI. Risk Level
- a. Estimated classification – Low, Moderate, or High
- XVII. Potential for Future Harm (optional but encouraged)
- a. Level of awareness or insight into potential harm/impact on the victim(s) and others
 - b. Most likely victim type and potential harm they could experience based on literature
- XVIII. Amenability for Intervention and Treatment,
- XIX. Additional Suggestions for Management (optional)

**JUVENILE SEX OFFENDER RISK
AND PROTECTIVE FACTORS CHECKLIST**

The evaluation must support the identification or rule-out of any risk or protective variable identified on this checklist.

STATIC RISK FACTORS

- ☐ Threats or violence associated with sexual offense
- ☐ History of violence prior to sexual offense
- ☐ Prior history of sexual offense
- ☐ Prior arrest history
- ☐ Having ever had a victim who was not related
- ☐ Having ever had a victim who was a stranger
- ☐ Having ever had a victim who was a male
- ☐ History of abuse (physical, emotional, or sexual)
- ☐ Having a history of a family with psychological, substance abuse or criminal issues
- ☐ Having a history of criminal peer relations
- ☐ Having a history of violence
- ☐ Having a history of discipline issues in school
- ☐ Having a history of discipline issues while incarcerated
- ☐ Having a history of problems with school performance (grades, peers, completion of school)
- ☐ Having a history of any treatment failure
- ☐ Having a history of any supervision failure
- ☐ Having a history of substance abuse
- ☐ History of deviant sexual interests
- ☐ Ever sexually assaulted 2 or more victims
- ☐ Ever sexually assaulted same victim 2 or more times
- ☐ Ever sexually assaulted a child (under 12 years of age and at least 4 years younger)
- ☐ History of indiscriminate choice of victims
- ☐ History of diverse sexual offense behaviors
- ☐ History of conduct disorder
- ☐ History of juvenile antisocial behavior
- ☐ History of multiple types of criminal activity
- ☐ History of exposure to violence
- ☐ History of caregiver inconsistency (Unstable Home Environment is listed under Limitations to Responsiveness to Treatment section)

NEEDS/DYNAMIC FACTORS

- ☐ Attitudes supporting sexual offending
- ☐ Current deviant sexual interests (type of victim and sexualizing aggression)

- ___ Sexual preoccupation
- ___ Resistance to altering deviant sexual interests
- ___ Current pattern of conduct disorder/criminal behaviors
- ___ Current pattern of violent behavior
- ___ Attitudes that support violence
- ___ Current poor school achievement
- ___ Current poor vocational achievement
- ___ Current antisocial peer associations
- ___ Current substance abuse
- ___ Current poor use of leisure time
- ___ Dysfunctional traits (including: attention/concentration problems, mood instability, pervasive anger, general impulsivity, poor frustration tolerance, sensation seeking, risk taking, inflated self-esteem, and low verbal skills/low non-verbal skills)
- ___ Antisocial attitudes (including: detachment from symbols of authority, negative attitudes towards authority, difficulty accepting responsibility, propensity to lie, frequently violating rules and laws, high aggressiveness, and callousness)
- ___ Social isolation
- ___ Experiencing dysfunctional parenting (including: poor supervision, sexual behavior, inappropriate disciplinary techniques, poor communication within the family, poor parent-youth relationship, emotional abuse, physical abuse, and sexual abuse)
- ___ Residing in a family with criminal activity
- ___ Residing in a family with psychiatric problems
- ___ Residing in a family with substance abuse problems
- ___ Residing in a family with financial problems
- ___ Residing in a neighborhood with negative influences
- ___ Having access to potential victims
- ___ Not yet having developed a plan to prevent re-offending
- ___ Unsupervised access to sexualized information material
- ___ Remorse and guilt deficits
- ___ Cognitive distortions associated with offense
- ___ Poor understanding of risk factors
- ___ Limited acceptance of responsibility for offense
- ___ Difficulty managing sexual urges
- ___ Difficulty managing anger

LIMITATIONS TO RESPONSIVENESS TO TREATMENT

- ___ Lack of readiness for treatment
- ___ Lack of parental support for treatment
- ___ Unstable home environment
- ___ Criminal home environment

- ___ Antisocial peer associations
- ___ Reading limitations
- ___ Spelling limitations
- ___ Intellectual limitations
- ___ Poor academic history
- ___ Unstable mood issues
- ___ Rebellious personality characteristics
- ___ Poor management of sexual urges
- ___ Unstable substance abuse issues
- ___ Lack of recognition of committing a sexual offense
- ___ Lack of recognition of the possibility for re-offense

STRENGTHS FOR RESPONSIVENESS TO TREATMENT/PROTECTIVE FACTORS

- ___ Mature personality characteristics
- ___ Good self-esteem, parental support for treatment
- ___ Having competent parents
- ___ Having cooperative/supportive parents/family
- ___ Coming from a financially stable family/availability of economic and other resources to expose youth to multiple experiences
- ___ Pro-social peer influences/support
- ___ Having a pro-social attitude
- ___ Having community supports
- ___ Good social skills
- ___ Good problem solving skills
- ___ Good academic skills
- ___ Having no history of school issues (behavior or social problems)
- ___ Interest in healthy hobbies
- ___ Interest in cooperative group activities (sports, social clubs, church activities)
- ___ Having no history of violence
- ___ Having no prior sexual offense
- ___ Having no prior arrest history
- ___ Having no history of abuse (physical, emotional, or sexual)
- ___ Having no family history of psychological, substance abuse or criminal issues
- ___ Having no history of treatment failure
- ___ Having no history of supervision failure
- ___ Having no history of substance abuse
- ___ Acknowledges risk and uses foresight and safety planning
- ___ Takes responsibility for behavior/does not try to control others' behavior
- ___ Able to manage emotions/impulse control

- ___ Rejects abusive thoughts as dissonant
- ___ Is motivated for change
- ___ Recognizes victim impact/has empathy
- ___ Consistently recognizes/interrupts cycle
- ___ Having healthy sexual interests
- ___ Participation in shared activities with family (including parents and siblings)
- ___ Having parents who provide the forum to discuss problems/issues
- ___ Having a positive adult (ally) in the family to mentor/be supportive

NOTICE AND CONSENT FOR JUVENILE PSYCHOSEXUAL EVALUATION

A psychosexual evaluation is being performed following the rules and standards set in state law. In order to conform to Idaho standards, the psychosexual evaluation must include certain topics of a personal and detailed nature which may be difficult to discuss. This evaluation will also include several specialized tests.

(Initial each statement of understanding below)

- ____ I understand that the results of this evaluation will be given to certain people, who may include lawyers, the court, probation officer, treatment provider or other relevant people. This evaluation will not be given to these people without permission. Permission for release of this evaluation may come from the court or through a plea agreement with the prosecuting attorney, even if I don't want the results of this evaluation released.
- ____ I understand that if permission has only been given to release this evaluation to my lawyer or myself, then only my lawyer and I will get a copy from the evaluator. If the evaluator gets an order from the court saying this evaluation must be given to other people, the evaluator must release the report. Other people may include the prosecuting attorney, the court, probation officer, treatment provider, or other relevant people.
- ____ I understand that I may sign a form giving the evaluator permission to release this evaluation to another person who will be named on the form and the evaluator will likely give this evaluation to that person. Also, if I agree to release this evaluation as a condition of probation, this evaluation will likely be given to my probation officer.
- ____ I understand that there are limits to how private the evaluation process is. Under Idaho law, the evaluator may have to tell authorities about newly reported crimes against another person.
- ____ I understand that to write this evaluation, the evaluator may use details of my past actions that led to my arrest, details about my life, special tests for sex offenders, police reports, criminal history, and other reports. The evaluator might also use polygraph tests, interviews with victim(s), and interviews with other people. The evaluator could also use other research for making report decisions.
- ____ I understand this evaluation may talk about the danger I could cause to another person in the community (this might include my home, neighborhood, city, etc.), and say what types of people I may abuse if I was to commit a sexual offense in the future (such as males, females, children, adolescents, adults).
- ____ I understand this evaluation is for estimating my risk to commit a sexual offense in the future. After completing this evaluation, the evaluator may describe me as being either a low, moderate, or high risk to commit another sexual offense.

- ____ I understand this evaluation is to determine how well I may do in treatment. This can be understood as how willing I am to be in treatment, how much I want to be in treatment, if I can understand the treatment and if I am likely to make changes from treatment.
- ____ I understand this evaluation may also say how I could be supervised if I am living in the community. Supervision could come from a probation officer, treatment provider, or someone else.
- ____ I understand this evaluation does not tell the court how I should be sentenced, but the results of this evaluation could influence how I am sentenced. The evaluation results could also influence my treatment requirements and probation conditions.
- ____ I understand the evaluation results could impact sexual offender registration.
- ____ I understand that I can refuse to participate in any or all parts of this evaluation.
- ____ I have talked about participating in this evaluation including the effect on my right against self-incrimination with my lawyer and agree to proceed.
- ____ I have been given the chance to discuss participating in this psychosexual evaluation with a criminal defense lawyer and I agree to proceed without talking to a lawyer.

Print Name

Signature

Parent or Guardian (if applicable)

Date

Witness

Date

IDAHO JUVENILE SEX OFFENDER TREATMENT MONTHLY STATUS UPDATE

Date:
Client Name (Last, First):

Officer Name:
Therapist Name/Title:

Treatment Fees: ☐ Current ☐ Overdue ☐ Past Due Amount (if applicable)

Monthly Treatment Participation

Current Status: ☐ Attending ☐ Not Attending ☐ Late/Missed Appts ☐ Discharged ☐ Unsuccess Disch
 Participation: ☐ Active ☐ Minimal ☐ Disengaged
 Attitude/Behavior: (Rate 1 to 5: 1= Positive, 3= Fair, 5= Poor) 1 2 3 4 5
 Denial: (Rate 1 to 5: 1= No offense denial, 3= Some denial present, 5= Definitely denies) 1 2 3 4 5
 Minimization: (Rate 1 to 5: 1= None present, 3= Some present, 5= Definite minimization present) 1 2 3 4 5
 Treatment Participation
 Comments:

Observable Treatment Indicators

Rate 0 to 2: (0=No/Minimal Need/Significant Progress; 1=Moderate Need/Progress; 2=Significant Need/Poor Progress)

#	Relevant to Increased Health	0	1	2	#	Relevant to Decreased Risk	0	1	2
1	Pro-Social Relationship Skills				1	Defines All Abuse			
2	Positive Self Esteem				2	Acknowledges Risk; Uses Foresight			
3	Resolves Conflicts/Makes Decisions				3	Compliant with Safety Planning			
4	Celebrate Good/Experience Pleasure				4	Recognizes/Interrupts Cycle			
5	Participates in Pro-social Activities				5	Demonstrates Functional Coping			
6	Identifies Family/Community Supports				6	Emotional Recognition/Empathy			
7	Works to Achieve Delayed Gratification				7	Accurate Attributions of Responsibility			
8	Thinks/Communicates Effectively				8	Able to Manage Frustration			
9	Adaptive Sense of Purpose/Future				9	Willingly Challenges/Replaces Abusive Thoughts			

Indicators: Comments/Concerns:

Client Accomplishments/Positive Responses to Treatment:

Explanation of Overall Treatment Progress (Summary/Plan):

PSYCHOLOGICAL TESTING QUALIFICATIONS

Pearson:

- MMPI-2 – level C
- MCMI-III – level C
- PCL-R – level C
- WAIS-IV – level C
- SASSI-3 – level A

- Level A: No special qualifications to purchase
- Level C: Requires a high level of expertise in test interpretation, and can be purchased by individuals with licensure or certification to practice in your state in a field related to the purchase ;

or

A doctorate degree in psychology, education, or closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment.

PAR:

- PAI – level C
- PPI-R – level B
- Shipley-2 – level B
- STAXI-2 – level B
- HCR-20 – level B or S
- SVR-20 – level B or S

- Level B: Degree from a 4-year college or university in psychology or counseling related field, plus completion of coursework in test interpretation, psychometrics and measurement theory, educational statistics, or a closely related area;

or

License or certification from an agency/organization that requires appropriate training and experience in the ethical and competent use of psychological tests.

- Level C: All level B qualifications plus an advanced professional degree that provides appropriate training in the administration and interpretation of psychological tests;

or

License or certification from an agency that requires appropriate training and experience in the ethical and competent use of psychological tests.

- Level S: A degree, certificate or license to practice in a physical or mental health care profession or occupation, plus training and experience in the ethical administration, scoring, and interpretation of clinical behavioral assessment instruments.

MHS:

- LSI-R – level B

Level B: Completed graduate-level courses in tests and measurements at a university or has received equivalent documented training.