

**NOTICE OF PUBLIC MEETING
ARIZONA SEX OFFENDER MANAGEMENT BOARD
ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE**

Pursuant to Arizona Revised Statutes (A.R.S.) § 38-431.02, notice is hereby given to the members of the **Arizona Sex Offender Management Adult Guidelines and Standards Subcommittee** (the “Subcommittee”) and to the general public that the Subcommittee will hold a meeting, open to the public, on **October 21, 2026**.

The **October 21, 2026** Subcommittee meeting will be a virtual, online access meeting. This means that the public has the opportunity to participate virtually. Information on how the public may participate is outlined below.

Please note the location of the **October 21, 2026** Subcommittee meeting:

Wednesday, October 21, 2026 · 1:00 p.m. – 2:30 p.m.

Virtual Meeting Access: Microsoft Teams meeting:

<https://teams.microsoft.com/meet/22545377759410?p=dbgLDZ6LFoFecz6iUd>

Meeting ID: 225 453 777 594 10

Passcode: UA7x6VZ3

Dial in by phone: [+1 480-536-7328,443309257#](tel:+14805367328443309257)

Phone conference ID: 443 309 257#

A copy of the meeting agenda is attached. The Subcommittee reserves the right to change the order of items on the agenda.

Pursuant to A.R.S. § 38-431.02(H), the Subcommittee may discuss and take action concerning any matter listed on the agenda.

Pursuant to A.R.S. § 38-431.03(A)(2), the Subcommittee may vote to convene in executive session, which will not be open to the public, for discussion or consideration of records exempt by law from public inspection.

Pursuant to A.R.S. § 38-431.03(A)(3), the Subcommittee may vote to convene in executive session, which will not be open to the public, for legal consultation and advice concerning any item on the agenda.

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting Ms. Ashlesha Naik at 602-223-2611 or via email at AZSOMB@AZDPS.GOV. Requests should be made as early as possible to allow time to arrange the accommodation(s).

DATED AND POSTED this 15th Day of October 2026.

By *Jenna G. Mitchell*

**Major Jenna G. Mitchell
AZSOMB Program Manager**

**ARIZONA SEX OFFENDER MANAGEMENT BOARD
ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE
Wednesday, October 21, 2026
Regular Session**

1:00 PM

ALL ITEMS ON THIS AGENDA ARE OPEN FOR DISCUSSION AND POSSIBLE ACTION, INCLUDING REPORTS AND ACTION ITEMS.

THE AGENDA AND BACKGROUND MATERIAL ARE PROVIDED TO BOARD MEMBERS ELECTRONICALLY (WITH THE EXCEPTION OF MATERIAL RELATING TO POSSIBLE EXECUTIVE SESSIONS) AND POSTED ON THE ARIZONA PUBLIC MEETING WEBSITE AT <https://publicmeetings.az.gov/>. ADDITIONALLY, A HARD COPY OF THE AGENDA IS AVAILABLE AT 2222 WEST ENCANTO BLVD., PHOENIX, AZ. PLEASE EMAIL AZSOMB@AZDPS.GOV TO INSPECT THE DOCUMENTS.

REMINDER: As required by Open Meeting Law, please refrain from engaging in conversations, texts, emails and other forms of communication with individual board members. All questions, comments, deliberations and decisions should be stated to the public body as a whole in open session.

1. ROLL CALL

2. MATTERS FOR DISCUSSION AND POSSIBLE ACTION

- a. Old Business
 - i. Discussion and Review of Early Termination of Lifetime Sex Offender Probation Protocol
 - ii. Discussion of the Proposal for Implementation of Standardized Pre-sentence Investigation and Sex Offender Specific Evaluation Protocol
 - iii. Discussion of Standards for the Adult Sex-Offense Specific Evaluations
- b. Presentation on Evaluation Standards and Use of Polygraphs – Jim Hanratty
- c. Discussion and Potential Adoption of Community Management Team (CMT) TEAMS Model
- d. Review and Adoption of Adult Guidelines and Standards Subcommittee 2027 Calendar
- e. Future Agenda Items (Deadline to Submit – October 28, 2026 @ Noon)

3. THE COMMITTEE MAY VOTE TO CONVENE AND ENTER INTO AN EXECUTIVE SESSION FOR ANY REASON AUTHORIZED BY A.R.S. § 38-431.03 including personnel matters, confidential records, legal advice, litigation, contract negotiations, employee salary discussions, and international or tribal negotiations. (To do so, the public body must first vote publicly to enter executive session, specifying the reason, and no legal action or final decisions can be made during the session. All motions and voting must be conducted after return to the public session.)

4. ADJOURNMENT

NEXT MEETING: November 4, 2026, 1 p.m. - 2:30 p.m.



BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

OCTOBER 21, 2026

V 10142026

PROPOSED CHANGES TO

EARLY TERMINATION CONSIDERATION FOR SEX OFFENDER

AND

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION
RESPONSES/FILINGS

EARLY TERMINATION CONSIDERATIONS *for* SEX OFFENDERS

The following are criteria considerations for an early termination of sex offender probation to include lifetime supervision. These criteria apply to offenders who were adult males at the time of their offense, not to female or juvenile offenders. Officers will consider suitability of early termination on a case by case basis to determine if a probationer is eligible. Risk level will be considered in each case.

Probationers deemed a low risk may be placed on a minimum caseload.* Additional factors may be taken into account such as; victims, offending history, and sexual paraphilia. Each circumstance/case will be staffed on a case-by-case basis with supervisors to determine proper course of action such as those cases where medical issues are present or advanced age. Neither necessarily means an early termination will be facilitated or appropriate, but risk will be taken into account in each case. Should a probationer be interested in an early termination, that person is encouraged to talk with their probation officer to determine if or when it may be possible that they may be a suitable candidate and discuss any outstanding case plan goals:

1. No pending criminal charges and/or outstanding warrants.
2. If they were sentenced to lifetime probation prior for a DCAC offense prior to 1/1/2026 or they were not convicted of a DCAC offense they have completed at least the minimum term of probation in A.R.S. 13-902(A) (i.e.: F2, 7 yrs.; F3, 5 yrs.; F4, 4 yrs.; F5 & F6, 3 yrs.). If they were sentenced to lifetime probation for a DCAC offense on or after 1/1/2026 they are prohibited from early termination (See ARS 13-901).
3. The probationer has completed all standard and specialized conditions of probation (community restitution hours, treatment, drug testing, deferred jail, etc.).
4. The probationer has not had a petition to revoke in the past two years.
5. The probationer owes no financial restitution to the victims.
6. The probationer has no other supervision issues other than the payment of fines and/or fees (if a balance is owed, it may be converted to a criminal restitution order at the time of discharge).
7. Probationer has successfully completed all aspects of Primary treatment, Relapse Prevention and/or Maintenance treatment if applicable unless they were evaluated and it was determined that their risk to sexually reoffend may not be further reduced by participation in a treatment program.
8. The individual demonstrates a high level of personal responsibility for sexual offending as opposed to focusing on external causes.¹

¹ This item concerns the degree to which the individual believes his sexual offending behavior is the result of his personal decisions and actions as opposed to external causes. It is not required that the individual admit to all of the sexual offending behaviors for which he was convicted, rather, he needs to identify a high level of personal responsibility for sexual offending, as opposed to focusing on causes he believes are outside of his control (SOTIPS Manual, McGrath, Cumming, Lasher, 2013).

*Criteria for eligibility on a minimum caseload includes scoring as a low risk on the FROST, Static 99R/2000R and/or the SOTIPS or other dynamic and protective factor assessments, if eligible. Questions about offender risk level should be directed to the assigned probation officer.

**Disclaimer: The Court makes the final decision with regard to the termination of probation in all cases.

EARLY TERMINATION CONSIDERATIONS *for* SEX OFFENDERS

9. All known paraphilic behaviors (sexual deviancies) have been demonstrated to be under control for a significant period of time.
10. Successfully passed or resolved the Sex History Polygraph if able to take a polygraph.
11. Has successfully passed or resolved all maintenance or specific issue polygraphs with no risk-relevant² admissions for the past two years if able to take polygraphs.
12. Probationer will have completed all testing and/or assessments, as required by the treatment and supervision team.
13. Probationer has a proper chaperone and/or support person if applicable.
14. The probationer has demonstrated stability in dynamic risk factors such as cooperation with supervision, sexual preoccupation, etc.
15. The probationer has protective factors such as stable housing, pro-social support, sobriety (if a substance abuse disorder was present), etc.

² **Risk-relevant behaviors** are actions or patterns of conduct by a person convicted of a sexual offense that reflect dynamic factors associated with sexual reoffending and help identify needs for treatment, supervision, and ongoing risk management. Their relevance is evaluated within four domains: sexual interest, distorted attitudes, socioaffective functioning, and self-management.

Note: For **PCSOT purposes**, the practical distinction is that a behavior's risk relevance depends on its connection to these domains and the individual's offending pattern. A rule violation alone does not establish increased sexual re-offense risk, and a behavior can warrant assessment even when it does not constitute a new crime. PCSOT disclosures can inform that assessment; they do not independently establish a risk level.

*Criteria for eligibility on a minimum caseload includes scoring as a low risk on the FROST, Static 99R/2000R and/or the SOTIPS or other dynamic and protective factor assessments, if eligible. Questions about offender risk level should be directed to the assigned probation officer.

**Disclaimer: The Court makes the final decision with regard to the termination of probation in all cases.

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS

All Sex Offender Early termination (ET) filings and responses should be in accordance with the “Early Termination Considerations for Probationers with Sex Offender Conditions.” The following guidelines are to be followed and each topic covered when writing and submitting an ET or filing a response to an ET to the Court for probationers who are on a Sex Offender caseload.

- Why are you writing the memo, i.e. “This memo is forwarded at the Court’s request reference the above captioned individual’s petition to terminate probation supervision.”
- **Index Offense:** Provide a summary of the index offense; include behaviors and victims, including dismissed counts. The index offense is the sexual offense for which the person is on probation. Include the date of when the offense occurred, the age of the probationer and victim(s) at the time of the offense, and the amount of time that has lapsed since the offense occurred.
- **Sexual History:** Provide a summary to include additional victims and their ages, their gender and their relationship to the offender. Summarize any sexual behaviors this offender has engaged in, including the age he/she first began to offend and the length of time the offending went on. Clarify whether that behavior was with the index victim or additional victims. Indicate whether or not the probationer has successfully passed or resolved the Sex History Polygraph including the date.
- **Treatment Status:** Provide a summary of the probationer’s treatment history and status. Include any and all discharge information and/or successful completion of treatment – dates are important, please include all dates. Include the therapist’s recommendation. If you do not have a recommendation from the therapist indicate why.
- **ABEL Assessment:** Include ABEL results as summarized by the treatment provider, including the date any ABEL assessments were taken.
- **MSI II Results:** Include MSI II results summarized by the treatment provider, include dates of any MSI assessments taken.
- **Other Treatment Assessments:** Provide information and/or summaries of any other assessments that have been completed by a treatment provider (MMPI, MCMI, PCLR, LOOK, MIDSA, etc.) including dates of assessments taken.
- Indicate whether or not the defendant has been clinically diagnosed by an approved evaluator or treatment provider of A). Pedophilia, B). Psychopathy or Mental Abnormality or C). Sexual Sadism (see ET criteria for more information). This is not your assessment of the probationer; this is a clinical diagnosis and should be provided by the treatment provider.
- **Polygraph History:** Provide a summary of the probationer’s polygraph history and include whether the probationer has successfully passed or resolved all maintenance, monitoring or specific issue polygraphs with no risk-relevant¹ admissions for the past two years. Include dates

¹ **Risk-relevant behaviors** are actions or patterns of conduct by a person convicted of a sexual offense that reflect dynamic factors associated with sexual reoffending and help identify needs for treatment, supervision, and ongoing risk management. Their relevance is evaluated within four domains: sexual interest, distorted attitudes, socioaffective functioning, and self-management.

of when the polygraphs were taken, the time period covered by the polygraph, and the relevant topics covered when summarizing them in your memo.

- **Risk Assessments:** FROST, Static 99R, SOTIPS. These assessments should be current assessments using the current coding rules. Indicate the date each of the assessments were scored and whether they were scored by a treatment provider or adult probation. Include the results of other Static, Dynamic, and Protective risk factor tools that may have been scored such as Static 2002, Stable 2007, SAPROF-SO, PROFESOR, etc.
- **PERFORMANCE WHILE ON PROBATION:**
 - Indicate whether or not the probationer has any pending Court matters (pending PTR, criminal charges, outstanding warrants).
 - Summarize the probationer's progress and regress since being placed onto probation including their stability with housing and how they are financially supported (social security, employment, etc.)
 - Include whether any permissions have been given to the probationer and when such permission was granted, such as permissions to use the internet, have a smart phone, travel, have contact with minors, engagement in community activities, etc.
 - Include whether or not the probationer has completed all standard and specialized conditions of probation and treatment as directed by APD (community restitution hours, treatment, drug testing, deferred jail, etc.).
 - Include the probationer's financial status in regards to Court ordered fines, fees and restitution.
 - Provide a summary of how long has passed since the probationer has completed treatment and how they have progressed/regressed since being out of treatment.
 - Indicate whether or not the probationer has demonstrated control over all known paraphilic behaviors/sexual deviancies for a significant period of time if they were given a clinical diagnosis by the treatment provider
- **Chaperone Status:** Indicate whether or not they were determined to need a chaperone. If they have a chaperone indicate if this person(s) is current with the treatment provider on their refresher classes. Indicate if they have any offense informed support persons in addition to or in lieu of a chaperone.
- **Sex Offender Registration Status:** This section should be used to advise the Court of the probationer's registration status and current notification level if applicable. Indicate whether this probationer is required to register as a sexual offender per current statute. Any outstanding or deferred registration issues should be discussed in this section and a recommendation be made regarding registration when applicable.

Note: For **PCSOT purposes**, the practical distinction is that a behavior's risk relevance depends on its connection to these domains and the individual's offending pattern. A rule violation alone does not establish increased sexual re-offense risk, and a behavior can warrant assessment even when it does not constitute a new crime. PCSOT disclosures can inform that assessment; they do not independently establish a risk level.

- **Victim Input:** Indicate whether or not the victim is opted in. If they are opted in, provide your attempts to contact them if you were unable to contact them. If you contacted them, provide their position on the request and address any concerns they raise.
- **Discussion and Evaluation/Recommendation:** Provide a recommendation and summarize and support the reasons for your recommendation. Discuss risk, goals for offender to achieve an early termination if that is not currently recommended. Discuss with the Court how this person may not ever be a candidate for ET and why or why not.
- **Submission:** Because e-filing does not allow the document to be dated when submitting the memo, please include the following statement at the end of your memo: “This memo is being submitted by Officer Smith (insert officer name) on August 4, 2019 (insert date of submission).” This is so the Court has a clear understanding of when the document was submitted.

DRAFT



BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

OCTOBER 21, 2026

DRAFT

AZSOMB TEAMS MODEL

And

COMMUNITY MANAGEMENT TEAM(CMT)

PROVIDED BY

MS. BETH GOULDEN, CHAIRWOMAN

5.000 Standards and Guidelines for Community Management Teams Working with Adult Sex Offenders



5.000 The Arizona SOMB TEAMS Model and the Community Management Team (CMT)

5.005 TEAMS is an acronym for Treatment, Engagement, Assessment, Management and Supervision. This model guides the CMT members to work collaboratively with each other to assist the client/offender in becoming a pro-social, productive member of society, and in order to enhance community safety. The foundations of the model are Victim and Community Safety, the use of Evidence Based and Research Informed Practices, Informed Public Policies and Collaboration.

Community safety is enhanced when treatment providers and community supervision professionals' practice in their area of specialization and work together. This collaboration should include frequent and substantive communication about information that will assist in reducing an offender's risk to the community. When the CMT members respect individual roles and mutually agree upon their goals and the treatment and supervision interventions that will be pursued, the offender can be treated and managed more effectively.

The components of the TEAMS Model are:

A. Community Supervision - Community supervision is made up of Probation, Parole, Community Corrections or a modified CMT in the Department of Corrections.

B. Evaluation and Assessments – Evaluations include empirically validated instruments that determine risk. For the purpose of the TEAMS Model, assessments may include, but are not limited to, a polygraph report, viewing time instruments and/or a PPG.

Commented [BG1]: Create polygraph section, assessments section. (COSOMB Section 2.000)

C. Treatment - Arizona SOMB-approved sex offense-specific treatment. Treatment may also include adjunct treatment for underlying mental health or drug and alcohol treatment.

Commented [BG2]: Create treatment section (COSOMB Section 3.000)

D. Support System – The support system can be an individual(s), a family member(s) or an organization(s) that provides pro-social support to enhance offender motivation for positive behavioral change.

The goal of the CMT's collaborative efforts is to engage offenders in treatment and supervision in order to decrease risk, enhance protective factors, and increase their intrinsic motivation for positive behavioral change.

5.010 As soon as possible after the conviction and referral of a sex offender to probation, parole, or community corrections, the supervising officer should convene the initial meeting of the CMT. When offenders are placed in institutions, "community" refers to the institutional setting and there is a modified CMT.

Commented [BG3]: Include time frame

Institutional treatment programs utilize a modified Community Management Team (CMT) approach similar to that described in Section 5.000. Specifically, the polygraph examiner and Arizona approved treatment provider should work closely together, and other institutional professionals should be included in the CMT as indicated. The approved clinical supervisor shall function as the head of the CMT for purposes of convening the team.

5.015 CMT members should participate in **regular staffings** to share information and address pertinent issues. CMTs should communicate frequently enough to manage and treat sexual offenders effectively with community safety as the highest priority. When the CMT members respect individual roles and mutually agree upon their goals and the treatment and supervision interventions that will be pursued, the offender can be treated and managed more effectively.

5.020 Some offenders may have multiple supervising officers (e.g. a probation officer and parole officer, or a probation officer and community corrections case manager). In such cases, the supervising officers should determine the role each will serve in supervising the offender. As issues arise, agency representatives are encouraged to staff the matters and develop a coordinated response.

The following guidelines will help ensure a coordinated response in dual supervision cases:

A. The agency that has the longest jurisdiction over the offender should be the lead agency;

B. If the offender is required to participate in offense-specific treatment, the lead agency should refer the offender to an Arizona approved provider who is utilized and approved by both agencies;

C. Housing assistance and other re-entry services should be provided and coordinated in a cooperative manner by both agencies to the extent they are able to assist;

D. Staffing and communication between the supervising officers of each agency is encouraged to take place according to a set schedule and may be conducted over the phone and by email;

E. If there is a significant disagreement or discrepancy in case management decisions, both officers should consider the offender's risk, protective factors and treatment needs, and apply the most appropriate plan;

F. Safety plans should be approved by both officers. Where there is a significant disagreement on whether to approve a safety plan, both officers should consider the offender's protective factors, risk and treatment needs, and approve the most appropriate plan;

G. As issues arise during dual supervision cases, agency representatives are encouraged to consistently communicate and obtain feedback to develop and ensure a coordinated team response as it pertains to issues which include, but are not limited to incentives, sanctions, technical violations, home visits and arrests;

H. Expectations should be clearly communicated to the defendant from both agencies and as they change over time; and

I. Each supervising officer must clearly communicate to the client his/her expectations with respect to each officer's duties/domains so that the client understands who is managing various issues in supervision, especially if the identity or role of the supervising officer changes over time.

Commented [BG4]: This section may not apply in many cases if dual supervision does not occur, but modification of this section is recommended in cases with probation tails from DOC.

Commented [BG5]: Discuss Arizona offender can waive community supervision to begin probation after release from DOC. Dual supervision isn't preferred, however if the offender begins treatment, automatically starting at another agency is not recommended.

Commented [BG6]: Discuss offender's ability to waive community supervision and being probation right away.

Commented [BG7]: Only if dual supervision.

5.025 Each Community Management Team (CMT) is established for a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to management and treatment. CMT membership may therefore change over time.

At a minimum, each CMT shall consist of the following as deemed appropriate and applicable:

- A. The supervising officer (except in the case of institutional settings)
- B. The offender's treatment provider;
- C. Evaluators (as applicable);
- D. The polygraph examiner (as applicable); and
- E. The Victim Representative.

The team may include extended family members, other clinical professionals, law enforcement, spiritual leaders, peers, victim representatives, victims, coaches, employers and other individuals as deemed appropriate by the CMT.

Discussion: It is important to note that each CMT member (e.g., polygraph examiner and victim representative) may not be present at each CMT meeting/staffing. However, CMT members should maintain communication on a regular basis as a crucial part of the process. Victim representatives should be consulted to provide input for all CMTs, and will be more active in the cases when the actual victim is involved in the supervision and treatment of the offender. Victim representatives should always be included for consultation on safety concerns and victim contact, clarification and reunification.

Commented [BG8]: Create sections for victim contact, clarification and reunification.

5.025 DD/ID

When the CMT is formed around an offender with DD/ID issues it is important that the CMT consult with and/or add as an adjunct member an individual(s) who may assist the offender's transition and who understands the unique needs presented by the offender.

Therefore, in addition to the core members of the CMT, any of the following, when involved, should be added to teams supervising sex offenders who have developmental or intellectual disabilities:

- B. Community Centered Board Case Manager
- C. Residential Providers
- D. Supported Living Coordinator
- E. Day Program Provider
- F. Vocational or Educational Provider
- G. Guardians
- H. Social Services
- I. Family Members

J. Authorized Representatives

K. Other Applicable Providers

5.030 DD/ID Responsibilities of Additional CMT Members for Sex Offenders Who Have Developmental Disabilities

When the CMT is formed around an offender with DD/ID issues and additional team members are added to the CMT it is important that they meet the criteria below:

A. Team members shall have specialized training or knowledge regarding sexual offending behavior, the management and supervision of sex offenders and the impact of sex offenses on victims;

B. Team members shall be familiar with the conditions of the offender's supervision and the treatment contract; and

C. Team members shall immediately report to the supervising officer and the treatment provider any failure to comply with the conditions of supervision or the treatment contract or any perceived high-risk behavior.

5.050 Promoting and Monitoring Behavioral Change

The Teams Model promotes engagement of offenders by the CMT in the treatment and supervision process to enhance protective factors, decrease risk and increase the offender's motivation for positive behavioral change. The Research recognizes that some sex offenders respond well to treatment and can function as safe, responsible and contributing members of society, provided that they receive treatment and supervision." Supervision and treatment engagement is a critical component to measuring successful outcomes.

While it is the CMT's duty to promote behavioral change, the responsibility of ultimate success or failure lies within the client.

5.055 Promoting and monitoring behavioral change is the responsibility of each member of the CMT. When working with offenders, incentives have been proven to be more effective than sanctions in promoting behavioral change. Incentives should be applied more frequently than sanctions than facilitating behavioral change. Responses to negative behaviors should be applied commensurately to the severity of the violation or negative behavior.

Each member of the CMT has a role in managing and monitoring behavioral change. Some of these roles may overlap between the community supervision officer and treatment provider. It is essential that the supervising officer and treatment provider work collaboratively to coordinate supervision and treatment to enhance behavior change progression. The team should work closely together to identify the progress of supervision and treatment goals while recognizing and respecting the expertise of each team member. It is critical for the supervising officer and treatment provider to work collaboratively when an offender's risk is at an increased level. Each member of the CMT will defer to the expertise of the other in coordinating a response during times of increased risk. The response should take into consideration the offender's assessed risk, progress in treatment, and protective factors, and victim and community safety. Final decisions concerning

Commented [BG9]: The AZSOMB finds that the majority of persons who commit sex offenses, if incarcerated or supervised without treatment, will continue to present a danger to the public when released from incarceration and supervision. Keeping all sex offenders in lifetime incarceration imposes an unacceptably high cost in both state dollars and loss of human potential. Some sex offenders respond well to treatment and can function as safe, responsible, and contributing members of society, so long as they receive treatment and supervision. A program under which sex offenders may receive treatment and supervision for the rest of their lives, if necessary, is necessary for the safety, health, and welfare of the state.

Commented [BG10]: Beggs, S. (2010). Within-treatment outcome among sexual offenders: A review. *Aggression and Violent Behavior, 15*(5), 369-379; Driescher, K. H. & Verschuur, J. (2010). Treatment engagement as a predictor of premature treatment termination and treatment outcome in a correctional outpatient sample. *Criminal Behavior and Mental Health, 20*, 86-99.

Commented [BG11]: Bonta, J. & Andrews, D. A. (2017). *The psychology of criminal conduct* (6th ed.). New York, NY: Routledge.; Payne & Dozier (2013). Positive reinforcement as treatment for problem behavior maintained by negative reinforcement. *Journal of Applied Behavior Analysis, 46*(3), 699-703; Robinson, Lowenkamp, & Lowenkamp (2015). Towards an empirical and theoretical understanding of offender reinforcement and punishment. *Federal Probation, 79*(1), 3-10.; Wood, Wilson, & Thorne (2015). Offending patterns, control balance, and affective rewards among convicted sex offenders. *Deviant Behavior, 36*(5), 368-387.

Commented [BG12]: Bonta, J. & Andrews, D. A. (2017); Payne & Dozier (2013); Robinson et al. (2015); Wood et al. (2015).

matters of the court, court ordered terms and conditions, or parole board directives **will be made by the supervising officer in consultation with the treatment provider**. Final decisions concerning matters of the treatment contract, components of treatment, or **treatment issues in general will be made by the treatment provider or evaluator in consultation with the supervising officer**. Rare exceptions to this Standard would be if the offender poses a documented public safety risk and the supervising officer must act quickly to address the risk to the community. Promoting and monitoring behavior change begins with assessing risk and identifying target behaviors that are directly related to specific criminogenic needs areas. Assessing need areas may focus on the following areas but are not limited to:

- A. Cooperation with Supervision and Treatment
- B. Sexual Offense Responsibility
- C. Sexual Risk Management
- D. Sexual Behavior/Attitudes/Interest
- E. Antisocial Behavior/Attitudes/Thoughts/Beliefs/Personality Pattern
- F. Criminal Rule Breaking Attitudes or Behaviors
- G. Social Influences
- H. Problem Solving
- I. Impulsivity
- J. Treatment and Supervision Cooperation
- K. Intimacy Deficits as seen in Family and Marital
- L. Victim Impact/Empathy

The CMT should consider these factors while individualizing each case. The team should collaboratively consider whether the best response is to continue working with the offender in the community, modifying the terms and conditions of supervision or the treatment contract, or to request the offender be regressed or revoked from community supervision.

Commented [BG13]: McGrath, R. J., Cumming, G. F., & Lasher, M. P. (2013). *SOTIPS: Sex Offender Treatment Intervention and Progress Scale Manual*. 34(4), 575-608.

Commented [BG14]: Revised 2010 Center for Effective Public Policy – *Shaping Offender Behavior*, Mark Carey, The Carey Group.

5.100 Responsibilities of the Supervising Officer Within the Team

5.105 The supervising officer shall refer sex offenders for evaluation and treatment only to providers who are approved by the Arizona SOMB. When making referrals, the supervising officer should consider the provider who will best maximize the offender's ability to learn by matching interventions to an offender's learning style, and who will motivate the offender to change by enhancing their strengths and abilities. The supervising officer should ensure that sex offenders sign applicable Authorizations for Release of Information to allow for information sharing.

Some factors to consider when referring for sex offense-specific treatment include, but are not limited to:

- A. Recommendations of the Sex Offense-Specific Evaluation (SOSE);
- B. Recommendations of the Presentence Investigation Report (PSIR);
- C. Community safety;
- D. Assessed risk factors (static and dynamic);
- E. Assessed criminogenic factors (e.g. employment, family circumstances, etc.);
- F. Level of supervision;
- G. Offender's specialized needs such as mental illness, physical or developmental disability, and cultural differences;
- H. Availability and proximity of services;
- I. Continuity of care;
- J. Offender stability factors (i.e. work, family situation); and
- K. Other factors based on the offender's individualized strengths and needs.

5.125 The supervising officer should report the following to the treatment provider in a timely manner:

- A. Violations of supervision conditions;
- B. Change in supervision conditions;
- C. Notable achievements, successes and incentives; and
- D. Any other significant occurrence(s) in the offender's circumstances (e.g. arrest, health issues, employment status).

Commented [BG15]: If an offender has already begun treatment prior to supervision, the supervising officer may nonetheless require a change of provider if, in consideration of the factors, a change is warranted.

Commented [BG16]: The supervising officer should consider the therapeutic alliance and existing protective factors that potentially could be disrupted as a result of moving the offender.

5.130 The supervising officer should employ principles designed to encourage and reinforce pro-social and positive behaviors and, that minimize anti-social behavior. The supervising officer should respond to violations commensurate with the seriousness of the behavior, especially if the risk that the offender may commit another crime has increased. Where appropriate, the supervising officer should consult with the CMT using risk to re-offend as a key factor in determining the appropriate level of response. Responses should be tailored to address the individual's unique risk, needs and responsivity factors in a coordinated manner whenever possible. The CMT should also consider the following when responding to violation behaviors:

- A. Victim and community safety;
- B. Using risk assessments that produce consistent results to inform decision making;
- C. Responding to behaviors as quickly as possible;
- D. Addressing every violation;
- E. Informing offenders how responses to violations are determined; and
- F. Avoiding overly restrictive sanctions that unnecessarily interfere with healthy behaviors and protective factors.

5.135 The supervising officer should require sex offenders who are transferred from other states through an Interstate Compact Agreement to participate in offense-specific treatment and comply with the specialized conditions of supervision contained in these Standards. For additional information regarding Interstate Compact Agreement rules, refer to the following:

ICAOS RULES

5.140 For offenders who present in Level 3: **Accepts no Responsibility**, the supervision officer should use an individualized approach that employs an array of behavioral change and compliance monitoring strategies supported by research. These efforts to monitor compliance should focus on targeting non-sexual criminogenic risk factors and enhancing treatment responsivity. Consideration of sexual risk factors and progression in offense-specific treatment should be appropriately addressed in consultation with the treatment provider.

5.145 The supervising officer should review the treatment provider's monthly written updates on the sex offender's status and progress in treatment.

5.150 The supervising officer should be aware of the offender's treatment progress and periodically discuss and review with the offender any treatment issues that may arise.

5.155 The supervising officer should assess and periodically review the level of supervision.

5.160 The decision to recommend early discharge from supervision should be a unanimous one.

5.160 A recommendation for early discharge from supervision should be developed in consultation with the CMT and must comply with applicable Arizona law and the

Commented [BG17]: Create section on denial
COSOMB section 3.500

sentencing court's authority. Any reduction or termination criteria require separate Arizona-specific legal review.

5. After consultation with the CMT, the supervising officer may request an extension of supervision to allow an offender to successfully complete treatment if the treatment provider agrees it would be necessary and if it is statutorily permissible.

5. The CMT should consider the offender's risk factors and protective factors as well as risk to the community before progressing or regressing an offender. The supervising officer in consultation with The CMT should individualize incentives and sanctions to deliver consistent and tailored responses to each person's behavior with the goal of impacting short and long-term behavior changes. To maximize effectiveness, responses should be swift, certain, proportional, consistent and linked to specific risk, needs and significance of the behavior.

Discussion: Responses to violations by Community Management Teams should be swift, certain, proportional, consistent and tailored to the offender's risk, needs and the significance of the behavior with a unified approach and focus on victim protection and community safety.

5. The supervising officer, in consultation with the CMT, should not allow a sex offender who has been unsuccessfully terminated from treatment to re-enter a treatment program unless the treatment plan addresses the specific risk, need, and responsivity factors that led to the unsuccessful discharge from treatment.

5. If an offender successfully completes treatment and subsequently begins to demonstrate a partial or poor understanding of sexual offense risk factors and risk management strategies or consistently uses ineffective risk management strategies with several lapses; the supervising officer may refer the offender for an updated assessment. The assessment may include a sex offense-specific evaluation to determine whether there is a need to return the offender to treatment.

Discussion: Because risk is dynamic, the CMT should collaborate as to the level and duration of any change in the phase or level of supervision and treatment. The CMT should defer to the expertise of individuals within their professional roles. The CMT may utilize an updated sex offense-specific evaluation and should rely on current risk assessment to inform decision making.

Discussion: Just as an offender can progress through the modules and phases of treatment and supervision, an offender may be regressed through proper legal procedures, to a previous phase of supervision, treatment module or treatment program as determined by negative behavior or high-risk behavior. Such negative or high-risk behavior may include, but is not limited to, drug or alcohol use, failure to comply with treatment requirements, a significant negative change in residence or living situation, not maintaining a steady job or lack of stable employment, initiating contact with the victim(s), evidence of arousal to inappropriate stimuli or violating any of the terms and conditions of supervision.

Commented [BG18]: Wodahl, E. J., Ogle, R., Kadleck, C., & Gerow, K. (2013). Offender perceptions of graduated sanctions. *Crime & Delinquency*, 59(8), 1185-1210.
13

Commented [BG19]: Insert research on indefinite treatment and how it is not helpful for some.

5.185 Supervising officers who are assigned to supervise sex offenders should successfully complete training programs prior to assuming their caseload, when possible. Officers should attend annual continuing education specific to sex offender supervision and treatment issues. The amount of appropriate training should be determined by each agency. The training topics should include specific components of the TEAMS model such as evaluation and assessment, treatment, community supervision, risk, need and responsivity issues, victim impact and safety, and the role of offender support systems. **It is also desirable for agency supervisors of officers managing sex offenders to be specifically trained in these areas.**

Commented [BG20]: Create training section for officers.

Discussion: Supervising Officers are encouraged to periodically attend group or individual treatment sessions as determined appropriate, in coordination with the treatment provider. The visiting supervising officer shall be bound by the same confidentiality rules as the treatment provider and should sign a statement to that effect. It is understood that the treatment team may set reasonable limits on the number and timing of visits in order to minimize any disruption to the group process. The successful completion of the above training is necessary prior to the supervising officer attending any individual or group treatment sessions of sex offenders under his/her supervision.

5.200 Responsibilities of the Treatment Provider within the Team

The treatment provider is a CMT member who is the subject matter expert regarding the treatment needs of the client/offender and who is responsible for providing sex offense-specific treatment in accordance with Arizona SOMB Standards and Guidelines. If the CMT has questions or concerns related to the client/offender's treatment plan, they should be addressed with the treatment provider. The treatment provider shall be the ultimate authority related to the treatment of the client/offender. The CMT models pro-social, collaborative co-operative behavior for clients/offenders when they are committed to the TEAMS approach and communicates clearly and effectively with each other and with the client/offender.

5.210 A treatment provider shall:

A. Report to the supervising officer, in a timely manner, all known violations of the provider/client contract, including those related to specific conditions of probation, parole, or community corrections;

B. Recommend to the CMT any change in frequency or duration of contacts or any alteration in treatment modality that constitutes a change in the client/offender's treatment plan based on the individual risk and needs of the client/offender. Any permanent reduction in duration or frequency of contacts or permanent alteration in treatment modality shall be determined on an individual case basis by the provider and in consultation with the CMT.

Discussion: The treatment provider is the member of the CMT with expertise in the area of treatment planning and is ethically responsible for making treatment recommendations. The CMT should rely on this expertise in making decisions regarding the treatment and management of the client/offender.

C. Provide to the supervising officer, on a monthly basis, written progress reports documenting a client/offender's attendance, financial status in treatment, participation in treatment, changes in risk factors, changes in the treatment plan and treatment progress.

D. Submit a written discharge summary to the supervising officer pursuant to triggering events as **listed in Section 3.200(B)**;

Commented [BG21]: Create contents of discharge summary. COSOMB section 3.200B.

E. Upon request, submit a status report when a court or parole board intervention occurs;

F. Be prepared to testify in court, if necessary;

G. Coordinate with the CMT all recommendations regarding child and victim contact, including clarification and reunification, in compliance with all pertinent aspects of these Standards and Guidelines.

H. Require the client/offender to complete safety plans for a variety of activities in the community and review them in a timely manner.

I. Encourage the client/offender to obtain friends or family who can support treatment progress and include them in the client/offender's treatment when feasible and appropriate. The treatment provider should assist members of the client/offender's support system by providing them with educational opportunities regarding their role in enhancing the client's healthy re-integration to society and increasing accountability.

J. Utilize a victim-centered approach.

Discussion: Early in the client/offender's treatment, the treatment provider should plan for ongoing victim input and determine if the victim wants to be involved. Involving the victim and/or victim representative during the course of treatment can create better outcomes for the victim, client/offender and their families. If the victim chooses not to be involved, the provider should utilize a victim representative to provide a victim perspective.

Commented [BG22]: See victim centered approach section. COSOMB 8.000

5.300 Responsibilities of the Polygraph Examiner within the Team

A. The examiner shall make the final determination of questions used and determine whether to administer a broader or more narrowly focused examination within the scope of the requested polygraph exam.

B. The polygraph examiner shall work collaboratively and participate as a member of the CMT.

C. The polygraph examiner shall submit written reports to the probation officer and treatment provider for each polygraph exam as required in section...

D. Participation in CMT meetings shall be on an as needed basis.

E. Polygraph examiners should address any questions regarding the technical aspects of the polygraph to the CMT if needed.

5.400 Responsibilities of the Victim Representative within the Team

As a member of the CMT, the primary responsibility of the victim representative is to provide an avenue for victims and their families to be informed and heard. Involving a victim representative on the CMT has many benefits, including improving supervision of the offender, increasing offender accountability, building empathy for the victim, decreasing offender secrecy, preventing an unbalanced alignment with the offender and contributing to a safer community. The exchange of information between the victim or the victim representative and CMT is crucial for the rehabilitation of the offender and is often beneficial for the healing of the victim.

The victim may choose not to provide or receive information. In that circumstance, the victim representative will contribute general input regarding the perspective of victim(s) to the CMT. The victim representative should also provide general victim input in cases such as internet crimes when the intended victim is a law enforcement officer posing as a child or in cases where victims are unidentified in child sexual abuse images. Bringing the victim's perspective is important in protecting potential victims and the community.

Upon convening, the CMT should identify the best person to be the victim representative for each individual case, such as the victim therapist, a victim advocate, or others. Due to the importance of victim contribution to the CMT for the reasons stated above, the victim representative should make reasonable attempts to contact the victim(s) in order to determine the victim's desired level of involvement and provide the victim(s) with accurate information regarding offender treatment and management. The CMT shall orient the victim representative to the function of the team and the representative's role as a CMT member.

Commented [BG23]: Create resource document for victim representation.

5.405 Victim Representative shall:

- A. Assure that the CMT is operating with a victim centered approach;
 - B. Assure that the CMT is emphasizing victim safety, both physically and psychologically, throughout the treatment, supervision and management of the offender;
 - C. Share information received from the victim and concerns of the victim with the CMT when available. Such information could include safety concerns, grooming behaviors, specifics of the offense and offending behaviors;
 - D. Convey information to the victim as agreed upon by the CMT such as, but not limited to, terms and conditions of probation, general treatment contract, treatment and supervision timelines, offender location, progress in treatment and on supervision, victim clarification, family reunification planning and any other pertinent information as determined by the CMT;
- Discussion: Teams should discuss what information can and should be shared, taking into account what information is valuable for the victim to feel safe and for the victim to feel that the community as a whole is protected. Teams have legal and ethical considerations when determining what information is appropriate for sharing with victims and should exercise good professional judgment. Victims are assisted by understanding why decisions are made in the interest of public safety. Even with support systems in place, the criminal justice system is still difficult for victims. Teams can honor and contribute to justice for victims by operating with a victim centered approach.*
- E. Provide input on how CMT decisions may affect victims, secondary victims or potential victims;
 - F. Assist the CMT in ensuring that victim needs and perspectives are considered and responded to by the CMT to the best of their ability;
 - G. Offer support, referrals, and resource information to the victim and victim's family;
 - H. Participate in CMT meetings;

I. Contribute to the treatment content by providing the following types of information to the CMT:

1. Impact of sexual offending on victims, secondary victims, and the community;
2. Recognition of harm done to victims;
3. Restitution and reparation to victims and others impacted by the offense including the community;
4. Impact of offender accountability and responsibility on victims; and
5. Input regarding victim contact, clarification and family reunification when appropriate.

J. Submit questions from the victim to the CMT for review and share the responses to these questions with the victim or explain why a question may not be answered. The representative can also explain to the victim why certain types of information cannot be shared;

K. Function as a liaison between the victim or victim therapist, and CMT as needed;

L. Advocate on behalf of the victim for the non-offending parent and family members to support the victim, prioritize the victim's safety, physical and emotional well-being and to address the needs of the victim. This parental and family support is critical for the healing of the victim;

M. Assist with planning for the victim clarification sessions or family reunification, if appropriate to the case; and

N. Assist with issues related to newly identified victims, when necessary.

5.500 Role of Family Members and Natural Supports within the Team

The TEAMS Model recognizes that an individual's support system is an important factor in a person's motivation for change. Those who have offended are more likely to achieve success when they receive caring support from families and other natural support systems (e.g. – friends, Circles of Support and Accountability, spiritual advisors, etc.) and the community. Such support encourages an individual's engagement in treatment, efforts to live a healthy and productive life, and success in meeting supervision requirements.

CMTs should recognize that family members may possess important history and should welcome information that can be valuable in the treatment and supervision of a person who has offended. Engaging an individual's family and friends supports behavioral change and enhances the safety of those who have been victimized and the community. When support system members understand and are supportive of treatment and supervision requirements, there can be a positive impact on the person who has been victimized, the community, and the person who has offended.

In situations where family members provide support both to family members who have been victimized and to those who have offended against them, considerable challenges may arise.

Commented [BG24]: The term "family" is used in a broad sense and should be defined by the person who has offended.

Commented [BG25]: de Vries Robbé, M., Mann, R. E., Maruna, S., & Thornton, D. (2015). An exploration of protective factors supporting desistance from sexual offending. *Sexual abuse: a journal of research and treatment*, 27(1), 16-33.; Willis, G. M., & Grace, R. C. (2009). Assessment of Community Reintegration Planning for Sex Offenders Poor Planning Predicts Recidivism. *Criminal Justice and Behavior*, 36(5), 494-512; Willis, G. M., & Grace, R. C. (2008). The quality of community reintegration planning for child molester's effects on sexual recidivism. *Sexual Abuse: A Journal of Research and Treatment*, 20(2), 218-240.

Family members should ensure that the support they are providing to the person who has committed the offense does not compromise or negatively impact the safety, physical or emotional well-being, and needs of the person who has been victimized.

If members of the support system are not prepared to fulfill this important role, the CMT should help educate and guide them about the treatment process. Individuals under the supervision of the CMT should be encouraged to include members of their support system in the change process. In some instances, it may be necessary for the CMT to help the person who has offended to recognize that until potential support members address their own needs, they may not be capable or appropriate, at that point in time, to provide positive support.

In the event the CMT has exhausted their efforts in providing education or guidance to the support system, and certain members of the support system have demonstrated over time that they are unable to provide positive support, the CMT can temporarily choose to discontinue or limit the support system's involvement. The CMT should continue to assess and work with the support system so that it can provide positive pro-social support in the future.

The CMT should involve families and friends who support behavioral change which will enhance the safety of those who have been victimized and the community, as well as help the person who has offended to live a safe and pro-social life. As CMTs accept and engage natural support systems within the treatment and supervision process, it is important to recognize that support offered by family members and friends falls along a continuum of involvement. This involvement can range from provision of basic needs and expression of care and concern to direct engagement in treatment and supervision processes. All types of healthy support should be welcomed by CMTs. Examples of such support include but are not limited to:

- A. Assisting with basic needs such as housing, transportation and finances;
- B. Providing positive social support, healthy social interaction, encouragement, and role modeling;
- C. Participating in individual or family therapy sessions as agreed upon by the offender and treatment provider;
- D. Participating in supervision meetings as agreed upon by the offender and supervising officer;
- E. Providing peer support or mentoring to the offender;
- F. Becoming an **Approved Supervisor** ;
- G. Becoming an Approved Community Support Person; and**

Commented [BG26]: Create section on approved supervisor and approved community support person
COSOMB 5.780-5.793

5.600 The Use of Polygraph within the Team

5.605 The polygraph shall be used to gather information to assist the CMT in individualizing their approach to the offender's risk and need, and to gauge how the offender will respond to supervision and treatment interventions. The polygraph shall be used in conjunction with other information to inform adjustments to supervision and treatment. The goal is to promote offender honesty and accountability. The polygraph results shall not be used in isolation without considering information gathered from other behavioral monitoring tools. **The polygraph shall not be used in isolation to remove protective factors.** The CMT response to behaviors utilizing the polygraph shall be based on offender risk and needs.

5.610 In instances when the CMT has concerns related to an offender's suitability for testing, they shall consult with the polygraph examiner. The determination regarding an offender's suitability for polygraph testing rests with the polygraph examiner.

5.615 If pursuant to Standard....., the polygraph examiner determines the offender is currently unsuitable for polygraph examination, the requirement for polygraph examination may be waived. This waiver is for the current polygraph only and is not a permanent waiver. However, if the offender has a condition that is not likely to improve, the CMT shall consider granting a waiver for future testing as well. If the CMT determines that a waiver is appropriate, this decision, and the reason for the decision, shall be documented by the supervising officer and treatment provider.

5.620 If the CMT determines that the polygraph shall be waived, they shall determine what information is being sought and if there are alternate methods which can be utilized to obtain this information. Alternate methods may include the use of GPS or Electronic Monitoring, drug/alcohol testing, plethysmograph testing, viewing time (VT) assessment, and other case management practices such as collateral contacts, office and home visits, employment visits, computer and phone monitoring, and increased supervision and treatment requirements.

5.625 Either the supervising officer or the treatment provider may collaborate with the polygraph examiner to determine content areas for question formulation. However, they shall defer to the polygraph examiner to make the final determination of question formulation, and to determine whether to administer a broader or more narrowly focused examination.

5.630 The CMT shall continually assess the ongoing use of maintenance/monitoring polygraphs and may adjust the use of maintenance/monitoring polygraphs based on all clinical indicators, including prior polygraph results and an offender's risk and needs. The polygraph frequency may be increased when risk is elevated and decreased when the offender demonstrates engagement with supervision and treatment, and protective factors are enhanced. This change in risk should be measured by an objective dynamic risk assessment tool. (For additional information on maintenance and monitoring polygraph testing frequency, see Section...)

Discussion: The following guidelines may be considered by the CMT when determining maintenance/monitoring exam frequency: What information is being sought by the polygraph and how will this information inform treatment and supervision? Are there alternate methods which can be utilized to obtain the information being sought? What risk

Commented [BG27]: Polygraph examiners have experience and training specific to suitability of potential examinees. Therefore, the supervising officer and treatment provider should defer to the polygraph examiner's expertise regarding this subject matter.

Commented [BG28]: Create documents related to this topic

factor(s) is the CMT concerned with and how is this factor(s) connected to the frequency of examinations? In addition, the CMT should defer to the polygraph examiner to ensure appropriate testing parameters (e.g., timeframe, subject matter, etc.) suggested by the CMT will result in an exam with a high degree of validity and accuracy. (For example, the CMT may decrease the frequency of the maintenance exams to 9 months and monitoring exams to 1 year.) Question formulation is a key factor impacting test validity and therefore, should only be completed by the polygraph examiner (see Section 6.022).

5.635 CMT decisions and responses shall not be based solely on the results of a polygraph examination. The polygraph results alone (e.g., no deception indicated, deception indicated, and inconclusive/no opinion results) and considered in isolation without additional information or disclosures, are not necessarily supportive of increased risk to re-offend. (See Sections....)

5.640 Adjustments to treatment and supervision shall be based on risk and need as determined by all forms of clinical indicators including information from pre- and post-test interviews, offender behavior and accountability, transparency and engagement in treatment, dynamic risk assessment, information gained during clinical sessions, information provided by offender family and support systems, information received from victim sources, offender compliance to supervision terms and conditions and the treatment contract, and information gained through interaction with the supervising officer.

5.645 The CMT shall not make conditional for the offender, any increase or decrease in supervision level, or any other consequence, based upon the finding of non-deceptive, inconclusive, or deceptive polygraph results.

5.650 The CMT shall discuss information learned from the polygraph examination (including pre- and post-test interviews/admissions) and determine the best course of response.

Discussion: The CMT should reinforce and support offender disclosure prior to a polygraph exam. Openness and honesty can be a new behavior for some offenders and should be identified as a strength in terms of treatment engagement and supervision compliance. The expectation for an offender is to disclose prior to the polygraph exam, and the CMT should communicate this to the offender prior to the exam so the offender understands this expectation. Conversely, the CMT must also respond to the disclosed supervision and treatment violation behavior with an emphasis on addressing criminogenic needs and target behaviors. The goal is to increase the probability of behavior change through responding to all behaviors. (See Section 5.050 – Promoting and Monitoring Behavioral Change.)

5.651 The treatment provider and supervising officer shall review the results of the polygraph exam report with the offender within the context of a treatment or supervision session, or a formal case staffing, if necessary (see Section....for more information). The treatment provider and supervising officer shall not provide a copy of the polygraph exam report to the offender for their personal use.

Discussion: Treatment providers and supervision officers should be aware that when reviewing the polygraph exam report with the offender, showing the section of the report on the specific test questions and results may impact the validity of future exams for the

Commented [BG29]: Grubin, D. (2008). The case for polygraph testing of sex offenders. *Legal and Criminological Psychology*, 13, 117-189.

Commented [BG30]: Create section on this topic

Commented [BG31]: Create section

offender. This limitation does not include the pre- and post-test interview information of the report, which the treatment provider and supervision officer can share with the offender as needed.

However, CMT members should consider sharing the test questions and results in a different method rather than showing the offender the actual polygraph exam report section (e.g. going over the test questions and results verbally or writing out the results on a separate piece of paper).

5.652 When there are discrepancies between offender self-report and disclosure statements in the polygraph exam report, the supervising officer or treatment provider should contact the polygraph examiner in order to address the discrepancy. If necessary, the supervising officer or treatment provider can request that the polygraph examiner review the video recording and/or provide them with a copy of the video recording of the polygraph exam to verify disclosures. The supervising officer and therapist should discuss the results of the review and then meet with the offender to resolve the discrepancy. Following completion of the review, the CMT shall return or destroy the video recording if requested by the polygraph examiner.

Discussion: While the offender cannot obtain a copy of the video directly, the supervising officer or therapist can obtain a copy of the video to review with the offender if the offender identifies a discrepancy in disclosure. In such a circumstance, a similar process should occur as above.

5.653 The supervising officer or treatment provider should request a polygraph Quality Control Review if there are concerns about the results of a polygraph exam(s) that cannot be resolved through consultation with the polygraph examiner. The circumstances for initiating a Quality Control Review and the process to conduct the Review are currently discussed in Section....

5.655 After consultation with the polygraph examiner, the CMT may determine it not to be suitable that a follow-up polygraph examination be based solely on a deceptive or inconclusive polygraph exam. The CMT shall determine if they can identify a specific area of concern related to follow-up testing. The CMT shall consider if there are alternate methods to obtain the information being sought. When alternate methods exist to obtain the needed information, the CMT shall use those methods when available. If it is determined that a follow-up test is required, the CMT has discretion to refer the offender to a different polygraph examiner for follow-up testing. When a different polygraph examiner is used for follow-up testing, the new examiner shall be given a copy of the prior examination. In addition, the new examiner may speak with the original examiner, if necessary.

Discussion: Providing copies of the prior polygraph exam report and speaking with the prior polygraph examiner, if needed, will allow any necessary information to be supplied to the new examiner by the original examiner in order to complete an accurate and thorough re-examination.

5.660 If the supervising officer receives information that an offender is not in compliance with supervision following completion of treatment or while the offender is in aftercare, the supervising officer should determine the appropriate methods of assessing the information. The supervising officer should also consider the individual risk and protective factors of the offender and the nature of the information being sought. If it is determined that a polygraph exam is the most appropriate way to verify compliance, the supervising officer should consult with the polygraph examiner prior to the polygraph exam. The polygraph examiner will then determine which type of test should be conducted to assist in obtaining the information sought.

Discussion: When it is determined that a polygraph is required in these circumstances, the frequency of testing must follow the guidelines and timeframes specified in Section 6.013 (i.e., questions asked on maintenance exams should cover the previous nine (9) months and monitoring exams the previous year).

5.665 Once an offender has successfully completed treatment, the supervising officer will have the discretion to determine the frequency of polygraph examinations. If the offender remains compliant with supervision conditions, the supervising officer may remove any requirement for polygraph testing.

Discussion: Discretion to determine the frequency of testing does not imply that frequency of polygraph testing can be increased beyond the recommendations in Section 6.013. The ability to no longer require polygraph examination is for offenders who have successfully completed treatment and are compliant with supervision. If there is evidence of non-compliance or the offender has demonstrated an increased risk to re-offend, then the supervising officer may determine that a polygraph is needed. The supervising officer should consult with the polygraph examiner to determine the appropriate timeframes for testing with the intention of maintaining consistent fidelity for polygraph testing (see Section 6.000).

Research Citations

The following Adult Standards and Guidelines in Section 5.000 have research support (the Standards are either footnoted or are supported by a review of the literature and the statute): 5.00, 5.005, 5.025 and 5.030, 5.050, 5.055, 5.105, 5.110, 5.115, 5.120-5.150, 5.160-5.175, 5.200, 5.210, 5.300-5.650, and 5.652-5.665. All footnotes and research references in these Standards were evaluated and presented to the Adult Standards Revisions Committee regarding the revisions being discussed. This research was then incorporated into the Standards and presented to the SOMB for ratification by the Board. The research in these Standards was evaluated based on the quality of the research design and the quality/strength of their findings as it related to the revisions being discussed.

The following Adult Standards and Guidelines in Section 5.000 were revised but do not have research support given their procedural nature 5.010, 5.015, 5.020, 5.155, and 5.651. The SOMB did a search for research applicable to the Standards noted above. Research was not found applicable to these Standards, so in absence of research the Standards are based on best practices procedures, professional association guidelines, and the professional expertise of the members of the Board. Should research become available in the future pertaining to the topic of these Standards it will be evaluated and incorporated, should it be of sound quality.



BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

OCTOBER 21, 2026

PROPOSED CHANGES TO

DRAFT

AZSOMB TEAMS MODEL

And

COMMUNITY MANAGEMENT TEAM(CMT)

PROVIDED BY

MS. KAROLYN KACZOROWSKI

5.000 Standards and Guidelines for Community Management Teams Working with Adult Sex Offenders



5.000 The Arizona SOMB TEAMS Model and the Community Management Team (CMT)

5.005 TEAMS is an acronym for Treatment, Engagement, Assessment, Management and Supervision. This model guides the CMT members to work collaboratively, ~~with each other~~ to assist the client/offender in becoming a pro-social, productive member of society, and ~~in order to~~ enhance community safety. The foundations of the model are Victim and Community Safety, the use of Evidence Based and Research Informed Practices, Informed Public Policies and Collaboration.

Community safety is enhanced when treatment providers and community supervision professionals² practice in their areas of specialization and work together. This collaboration should include frequent and substantive communication ~~about information~~ that will assist in reducing an offender's risk to the community. When the CMT members respect individual roles and mutually agree upon their goals and the treatment and supervision interventions that will be pursued, the offender can be treated and managed more ~~effectively~~.

The ~~components~~ of the TEAMS Model are:

A. Community Supervision - Community supervision is made up of Probation, Parole, Community Corrections ~~and/or~~ a modified CMT in the Department of Corrections.

B. Evaluation and Assessments – Evaluations include empirically validated instruments that determine risk. For the purpose of the TEAMS Model, assessments may include, but are not limited to, a ~~polygraph report, viewing time instruments and/or a PPG~~.

C. Treatment - Arizona SOMB-approved sex offense-specific ~~treatment~~. Treatment may also include adjunct treatment for underlying mental health or drug and alcohol treatment.

D. Support System – The support system can be an individual(s), a family member(s) or an organization(s) that provides pro-social support to enhance offender motivation for positive behavioral change.

The goal of the CMT's collaborative efforts is to ~~provide opportunities for offenders to engage offenders in treatment and supervision in order to decrease risk, enhance enhance~~ protective factors, and increase their intrinsic motivation for positive behavioral change.

5.010 ~~As soon as possible~~ after the ~~conviction~~ and referral of a sex offender to probation, parole, or community corrections, the supervising officer should convene the initial meeting of the CMT. When offenders are placed in institutions, "community" refers to the institutional setting and there is a modified CMT.

Institutional treatment programs utilize a modified Community Management Team (CMT) approach similar to that described in Section 5.000. Specifically, the polygraph examiner and Arizona approved treatment provider should work closely together, and other institutional professionals should be included in the CMT as indicated. The approved clinical supervisor shall function as the head of the CMT for purposes of convening the team.

Commented [KK1]: Awkward sentence - consider breaking down into multiple shorter sentences.

Commented [KK2]: So we started with "Treatment, Engagement, Assessment, Management, and Supervision" [btw - what is the practical difference between "Management" and "Supervision"?] and now we are using this terminology? It should be consistent throughout. Consider renaming these sections into Supervision, Assessment, Treatment, and whatever Support System fits under (Engagement?); add the Management component; then put them in TEAMS order.

Commented [BG3]: Create polygraph section, assessments section. (COSOMB Section 2.000)

Commented [KK4]: Spell out all acronyms the first time they are used and as needed for clarity thereafter.

Commented [BG5]: Create treatment section (COSOMB Section 3.000)

Commented [BG6]: Include time frame

Commented [KK7]: If an offender is sentenced to prison, "after conviction" and "referral" are two different time frames. I would suggest "ASAP after an offender is placed in an institution or is referred to probation..."

Commented [KK8]: Perhaps use "mCMT" as the acronym for this?

Commented [KK9]: From the text above, this does not appear to be a "modification" from the CMT.

5.015 CMT members should participate in **regular staffings** to share information and address pertinent issues. CMTs should communicate frequently enough to manage and treat sexual offenders effectively with **Victim and** community safety as the highest priority. When the CMT members respect individual roles and mutually agree upon their goals and the treatment and supervision interventions that will be pursued, the offender can be treated and managed more effectively.

5.020 Some offenders may have **multiple supervising officers** (e.g. a probation officer and parole officer, or a probation officer and community corrections case manager). In such cases, the supervising officers should determine the role each will serve in supervising the offender. As issues arise, agency representatives are encouraged to staff the matters and develop a coordinated response.

The following guidelines will help ensure a coordinated response in **dual supervision** cases:

A. The agency that has the longest jurisdiction over the offender should be the lead agency;

B. If the offender is required to participate in offense-specific treatment, the lead agency should refer the offender to an Arizona approved provider who is utilized and approved by both agencies;

C. Housing assistance and other re-entry services should be provided and coordinated in a cooperative manner by **both agencies** to the extent they are able to assist;

D. Staffing and communication between the supervising officers of each agency is encouraged to take place according to a set schedule and may be conducted over the phone and by email;

E. If there is a significant disagreement or discrepancy in case management decisions, both officers should consider the offender's risk, protective factors and treatment needs, and apply the most appropriate plan;

F. Safety plans should be approved by both officers. Where there is a significant disagreement on whether to approve a safety plan, both officers should consider the offender's protective factors, risk and treatment needs, and approve the most appropriate plan;

G. As issues arise during dual supervision cases, agency representatives are encouraged to consistently communicate and obtain feedback to develop and ensure a coordinated team response as it pertains to issues which include, but are not limited to incentives, sanctions, technical violations, home visits and arrests;

H. Expectations should be clearly communicated to the **defendant-offender** from both agencies and as they change over time; and

I. Each supervising officer must clearly communicate to the client his/her expectations with respect to each officer's duties/domains so that the client understands who is managing various issues in supervision, especially if the identity or role of the supervising officer changes over time.

Commented [BG10]: This section may not apply in many cases if dual supervision does not occur, but modification of this section is recommended in cases with probation tails from DOC.

Commented [BG11]: Discuss Arizona offender can waive community supervision to begin probation after release from DOC. Dual supervision isn't preferred, however if the offender begins treatment, automatically starting at another agency is not recommended.

Commented [KK11R2]: The Offender does not waive CS without being required to serve the full incarceration term. The court can waive CS at the time of sentencing. This is regularly included in plea agreement terms and conditions when an offender is first sentenced to prison, followed by probation. Perhaps that should become part of the SOMB's recommendations.

Commented [KK12]: The duties and responsibilities of each are set by statute. And remember - these are from two different branches of government. We must be mindful of constitutional issues.

Commented [BG13]: Discuss offender's ability to waive community supervision and being probation right away.

Commented [BG14]: Only if dual supervision.

5.025 Each Community Management Team (CMT) is established for a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to management and treatment. CMT membership may therefore change over time.

At a minimum, each CMT shall consist of the following as deemed appropriate and applicable:

- A. The supervising officer (except in the case of institutional settings)
- B. The offender's treatment provider;
- C. Evaluators (as applicable);
- D. The polygraph examiner (as applicable); and
- E. The Victim Representative.

Commented [KK15]: Isn't there a "supervising officer" in the modified CMT? See 5.010

The team may include ~~extended~~ family members of the offender, other clinical professionals, law enforcement, spiritual leaders, peers, victim representatives, victims, coaches, employers and other individuals as deemed appropriate by the CMT.

Discussion: It is important to note that each CMT member (e.g., polygraph examiner and victim representative) may not be present at each CMT meeting/staffing. However, CMT members should maintain communication on a regular basis as a crucial part of the process. Victim representatives should be consulted to provide input for all CMTs, and will be more active in the cases when the actual victim is involved in the supervision and treatment of the offender. Victim representatives should always be included for consultation on safety concerns and victim contact, clarification and reunification.

Commented [KK16]: "Victim" and "Victim Representative" are terms defined by statute. Consider including a description here of the role rather than a title. Are you looking to have the actual Victim participate? This absolutely must be the choice of the Victim and not an "at a minimum" requirement for the Victim to participate. Are you looking for a Victim Advocate who maintains a relationship with the actual Victim? If the Victim opts out, does the Advocate continue on? Are you looking for a neutral person who will speak on behalf of typical victim concerns?

Commented [KK17]: What reasons would cause a CMT member to be excluded? Or is this just addressing what should happen in the event a member is unable to participate in an individual meeting?

Commented [KK18]: See my note above re: Victims and Victim Representatives

Commented [BG19]: Create sections for victim contact, clarification and reunification.

Commented [KK19R2]: The Victim MUST be the one to initiate this to avoid inflicting additional trauma.

Commented [KK20]: Again - spell out abbreviations/acronyms

Commented [KK21]: What constitutes an "adjunct member" vs an optional member of the CMT under 5.025?

5.025 DD/ID

When the CMT is formed around an offender with DD/ID issues it is important that the CMT consult with and/or add as an adjunct member an individual(s) who may assist the offender's transition and who understands the unique needs presented by the offender.

Therefore, in addition to the core members of the CMT, any of the following, when involved, should be added to teams supervising sex offenders who have developmental or intellectual disabilities:

- ~~A. B.~~ Community Centered Board Case Manager
- ~~Etc.~~ C. Residential Providers
- D. Supported Living Coordinator
- E. Day Program Provider
- F. Vocational or Educational Provider
- G. Guardians
- H. Social Services
- I. Family Members

J. Authorized Representatives

K. Other Applicable Providers

5.030 **DD/ID** Responsibilities of Additional CMT Members for Sex Offenders Who Have Developmental Disabilities

When the CMT is formed around an offender with DD/ID issues and additional team members are added to the CMT, it is important that ~~they~~ the additional Team Members meet the criteria below:

A. Team members shall have specialized training or knowledge regarding sexual offending behavior, the management and supervision of sex offenders and the impact of sex offenses on victims;

B. Team members shall be familiar with the conditions of the offender's supervision and the treatment contract; and

C. Team members shall immediately report to the supervising officer and the treatment provider any failure to comply with the conditions of supervision or the treatment contract or any perceived high-risk behavior.

5.050 Promoting and Monitoring Behavioral Change

The Teams Model promotes engagement of offenders by the CMT in the treatment and supervision process to enhance protective factors, decrease risk and increase the offender's motivation for positive behavioral change. The ~~R~~research recognizes that some sex offenders respond well to treatment and can function as safe, responsible and contributing members of society, provided that they receive treatment and supervision.²² Supervision and treatment engagement is a critical component to measuring successful outcomes.

While it is the CMT's duty to ~~promote~~ encourage behavioral change, the responsibility of ultimate success or failure lies with ~~in~~ the client offender.

5.055 Promoting and monitoring behavioral change is the responsibility of each member of the CMT. When working with offenders, incentives have been proven to be more effective than sanctions in promoting behavioral change. When appropriate, incentives should be applied more frequently than sanctions ~~than when?~~ in order to? facilitating behavioral change. Responses to negative behaviors should be applied commensurately to the severity of the violation or negative behavior.

Each member of the CMT has a role in managing and monitoring behavioral change. Some of these roles may overlap between the community supervision officer and treatment provider. It is essential that the supervising officer and treatment provider work collaboratively to coordinate supervision and treatment to enhance the opportunity for behavioral change progression. The team should work closely together to identify the progress ~~of~~ towards supervision and treatment goals while recognizing and respecting the expertise of each team member. It is critical for the supervising officer and treatment provider to work collaboratively when an offender's risk [of?] is at an increased level. Each member of the CMT will defer to the expertise of the other in coordinating a response during times of increased risk. The response should take into consideration the offender's

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Commented [KK22]: Including offender family members, guardians, etc? What if these lay people refuse to gain the knowledge? Are they then excluded from the offender's CMT?

Commented [KK23]: provide opportunities for offenders to engage in treatment and supervision in order to decrease risk, enhance protective factors, and increase their intrinsic motivation for positive behavioral change.

Commented [BG24]: The AZSOMB finds that the majority of persons who commit sex offenses, if incarcerated or supervised without treatment, will continue to present a danger to the public when released from incarceration and supervision. Keeping all sex offenders in lifetime incarceration imposes an unacceptably high cost in both state dollars and loss of human potential. Some sex offenders respond well to treatment and can function as safe, responsible, and contributing members of society, so long as they receive treatment and supervision. A program under which sex offenders may receive treatment and supervision for the rest of their lives, if necessary, is necessary for the safety, health, and welfare of the state.

Commented [BG25]: Beggs, S. (2010). Within-treatment outcome among sexual offenders: A review. *Aggression and Violent Behavior*, 15(5), 369-379; Driescher, K. H. & Verschuur, J. (2010). Treatment engagement as a predictor of premature treatment termination and treatment outcome in a correctional outpatient sample. *Criminal Behavior and Mental Health*, 20, 86-99.

Commented [KK26]: I don't like the idea of counting incentives and negative consequences then ensuring that the number of incentives exceeds the negative consequences regardless of the behavior of the offender.

Commented [BG27]: Bonta, J. & Andrews, D. A. (2017). *The psychology of criminal conduct* (6th ed.). New York, NY: Routledge.; Payne & Dozier (2013). Positive reinforcement as treatment for problem behavior maintained by negative reinforcement. *Journal of Applied Behavior Analysis*, 46(3), 699-703; Robinson, Lowenkamp, & Lowenkamp (2015). Towards an empirical and theoretical understand of offender reinforcement and punishment. *Federal Probation*, 79(1), 3-10.; Wood, Wilson, & Thorne (2015). Offending patterns, control balance, and affective rewards among convicted sex offenders. *Deviant Behavior*, 36(5), 368-387.

Commented [BG28]: Bonta, J. & Andrews, D. A. (2017); Payne & Dozier (2013); Robinson et al. (2015); Wood et al. (2015).

assessed risk, progress in treatment, ~~and~~ protective factors, and victim and community safety. Final decisions concerning matters of the court, court ordered terms and conditions, or parole board directives **will be made by the supervising officer in consultation with the treatment provider**. Final decisions concerning matters of the treatment contract, components of treatment, or **treatment issues in general will be made by the treatment provider or evaluator in consultation with the supervising officer**. Rare exceptions to this Standard would be if the offender poses a documented public safety risk and the supervising officer must act quickly to address the risk to the community. Promoting and monitoring behavior change begins with assessing risk and identifying target behaviors that are directly related to specific criminogenic needs areas. Assessing need areas may focus on the following areas but are not limited to:

- A. Cooperation with Supervision and Treatment
- B. Sexual Offense Responsibility
- C. Sexual Risk Management
- D. Sexual Behavior/Attitudes/Interest
- E. Antisocial Behavior/Attitudes/Thoughts/Beliefs/Personality Pattern
- F. Criminal Rule Breaking Attitudes or Behaviors
- G. Social Influences
- H. Problem Solving
- I. Impulsivity
- J. Treatment and Supervision Cooperation
- K. Intimacy Deficits as seen in Family and Marital
- L. Victim Impact/Empathy

The CMT should consider these factors while individualizing each case. The team should collaboratively consider whether the best response is to continue working with the offender in the community, modifying the terms and conditions of supervision or the treatment contract, or to request the offender be regressed or revoked from probation or community supervision.

Commented [KK29]: Whoa! These are matters for the court!

Commented [BG30]: McGrath, R. J., Cumming, G. F., & Lasher, M. P. (2013). *SOTIPS: Sex Offender Treatment Intervention and Progress Scale Manual*. 34(4), 575-608.

Commented [KK31]: Awkward sentence - consider rewriting.

Commented [KK32]: There's probably a better word than "factors" to use here

Commented [KK33]: The verb tense in this sentence are not consistent. You have "to continue working, "modifying", and "to request". Pick one verb tense for all actions.

Commented [BG34]: Revised 2010 Center for Effective Public Policy – *Shaping Offender Behavior*, Mark Carey, The Carey Group.

Commented [KK34R2]: Probation or CS

5.100 Responsibilities of the Supervising Officer Within the Team

5.105 The supervising officer shall refer sex offenders for evaluation and treatment only to providers who are approved by the Arizona SOMB when possible. When making referrals, the supervising officer should consider the provider who will best maximize the offender's ability to learn by matching interventions to an offender's learning style, and who will motivate the offender to change by enhancing their offender's strengths and abilities. The supervising officer ~~should~~ shall ensure that sex offenders sign applicable Authorizations for Release of Information to allow for information sharing.

Some factors to consider when referring for sex offense-specific treatment include, but are not limited to:

- A. Recommendations of the Sex Offense-Specific Evaluation (SOSE);
- B. Recommendations of the Presentence Investigation Report (PSIR);
- C. Victim and Community safety;
- D. Assessed risk factors (static and dynamic);
- E. Assessed criminogenic factors (e.g. employment, family circumstances, etc.);
- F. Level of supervision;
- G. Offender's specialized needs such as mental illness, physical or developmental disability, and cultural differences;
- H. Availability and proximity of services;
- I. Continuity of care;
- J. Offender stability factors (i.e. work, family situation); and
- K. Other factors based on the offender's individualized strengths and needs.

5.125 The supervising officer ~~should~~ shall report the following to the treatment provider in a timely manner:

- A. Violations of supervision conditions;
- B. Change in supervision conditions;
- C. Notable achievements, successes and incentives; and
- D. Any other significant occurrence(s) in the offender's circumstances (e.g. arrest, health issues, employment status).

Commented [BG35]: If an offender has already begun treatment prior to supervision, the supervising officer may nonetheless require a change of provider if, in consideration of the factors, a change is warranted.

Commented [BG36]: The supervising officer should consider the therapeutic alliance and existing protective factors that potentially could be disrupted as a result of moving the offender.

5.130 The supervising officer should employ principles designed to encourage and reinforce pro-social and positive behaviors and, that minimize anti-social behavior. The supervising officer should respond to violations commensurate with the seriousness of the behavior, especially if the risk that the offender may commit another crime has increased. Where appropriate, the supervising officer should consult with the CMT using risk to re-offend as a key factor in determining the appropriate level of response. Responses should be tailored to address the individual's unique risk, needs and responsivity factors in a coordinated manner whenever possible. The CMT ~~should~~ shall also consider the following when responding to violation behaviors:

- ~~A. A-~~ Victim and community safety;
- ~~B. Existing Court orders;~~
- ~~C. Timeliness of responses to behaviors;~~
- ~~D. Seriousness of the violation;~~
- ~~E. Previous communications with the offender regarding the consequences of violations;~~
- ~~F. Providing responses that promote healthy behaviors and enhance protective factors when the violation does not endanger victim or community safety.~~

B. Using risk assessments that produce consistent results to inform decision making;

- ~~C. Responding to behaviors as quickly as possible;~~
- ~~D. Addressing every violation;~~
- ~~E. Informing offenders how responses to violations are determined; and~~
- ~~F. Avoiding overly restrictive sanctions that unnecessarily interfere with healthy behaviors and protective factors.~~

5.135 The supervising officer should require sex offenders who are transferred from other states through an Interstate Compact Agreement to participate in offense-specific treatment and comply with the specialized conditions of supervision contained in these Standards. For additional information regarding Interstate Compact Agreement rules, refer to the following:

ICAOS RULES

Commented [KK37]: I believe a list of behaviors that warrants referral back to the court or institution is required.

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Commented [KK38]: Transfer is a privilege - not a right. If AZ is going to agree to accept supervision of a sex offender, that sex offender must be required to fully participate when allowed by law.

5.140 For offenders who present in Level 3: Accepts no Responsibility, the supervising officer should use an individualized approach that employs an array of behavioral change and compliance monitoring strategies supported by research. These efforts to monitor compliance should focus on targeting non-sexual criminogenic risk factors and enhancing treatment responsivity. Consideration of sexual risk factors and progression in offense-specific treatment should be appropriately addressed in consultation with the treatment provider.

Commented [BG39]: Create section on denial
COSOMB section 3.500

5.145 The supervising officer ~~should~~ shall timely review the treatment provider's monthly written updates on the sex offender's status and progress in treatment.

5.150 The supervising officer should be aware of the offender's treatment progress and periodically discuss and review with the offender any treatment issues that may arise.

5.155 The supervising officer should assess and periodically review the level of supervision.

5.160 The decision to recommend early discharge from supervision should be a unanimous one.

5.160 A recommendation for early discharge from supervision should be developed in consultation with the CMT and must comply with applicable Arizona law and the sentencing court's authority. Any reduction or termination criteria require separate Arizona-specific legal review.

~~5.~~After consultation with the CMT, the supervising officer ~~may~~ should request an extension of supervision to allow an offender to successfully complete treatment if the treatment provider agrees it would be necessary and if it is statutorily permissible.

~~5.~~The CMT should consider the offender's risk to the victim and the community as well as risk factors and protective factors ~~as well as risk to the community~~ before progressing or regressing an offender. The supervising officer in consultation with ~~T~~the CMT should individualize incentives and sanctions to deliver consistent and tailored responses to each person's behavior with the goal of impacting short and long-term behavior changes. To maximize effectiveness, responses should be swift, certain, proportional, consistent and linked to specific risk, needs and significance of the behavior.

Commented [KK40]: This phrase needs to be used
sooner in the document and more frequently.

Discussion: Responses to violations by Community Management Teams should be swift, certain, proportional, consistent and tailored to the offender's risk, needs and the significance of the behavior with a unified approach and focus on victim protection and community safety.

Commented [BG41]: Wodahl, E. J., Ogle, R., Kadleck, C., & Gerow, K. (2013). Offender perceptions of graduated sanctions. *Crime & Delinquency*, 59(8), 1185-1210.
13

~~5.~~The supervising officer, in consultation with the CMT, should not allow a sex offender who has been unsuccessfully terminated from treatment to re-enter a treatment program unless the treatment plan addresses the specific risk, need, and responsivity factors that led to the unsuccessful discharge from treatment.

Commented [KK42]: Ditto

~~5.~~If an offender successfully completes treatment and subsequently begins to demonstrate a partial or poor understanding of sexual offense risk factors and risk management strategies or begins to consistently uses ineffective risk management strategies with several lapses; the supervising officer may refer the offender for an updated assessment. The assessment may include a sex offense-specific evaluation to determine whether there is a need to return the offender to treatment.

Commented [KK43]: An offender who is unsuccessfully terminated from treatment shall be referred to the court or institution. A Petition to Revoke is warranted in these circumstances.

Commented [BG44]: Insert research on indefinite treatment and how it is not helpful for some.

Discussion: Because risk is dynamic, the CMT should collaborate as to the level and duration of any change in the phase or level of supervision and treatment. The CMT should defer to the expertise of individuals within their professional roles. The CMT may utilize an updated sex offense-specific evaluation and should rely on current risk assessment to inform decision making.

Discussion: Just as an offender can progress through the modules and phases of treatment and supervision, an offender may be regressed through proper legal procedures, to a previous phase of supervision, treatment module or treatment program as determined by negative behavior or high-risk behavior. Such negative or high-risk behavior may include, but is not limited to, drug or alcohol use, failure to comply with treatment requirements, a significant negative change in residence or living situation, not maintaining a steady job or lack of stable employment, initiating contact with the victim(s), evidence of arousal to inappropriate stimuli or violating any of the terms and conditions of supervision.

5.185 Supervising officers who are assigned to supervise sex offenders should successfully complete training programs prior to assuming their caseload, when possible. Officers should attend annual continuing education specific to sex offender supervision and treatment issues. The amount of appropriate training should be determined by each agency. The training topics should include specific components of the TEAMS model such as evaluation and assessment, treatment, community supervision, risk, need and responsivity issues, victim impact and safety, and the role of offender support systems. It is also desirable for agency supervisors of officers managing sex offenders to be specifically trained in these areas.

Discussion: Supervising Officers are encouraged to periodically attend group or individual treatment sessions as determined appropriate, in coordination with the treatment provider. The visiting supervising officer shall be bound by the same confidentiality rules as the treatment provider and should sign a statement to that effect. It is understood that the treatment team may set reasonable limits on the number and timing of visits in order to minimize any disruption to the group process. The successful completion of the above training is necessary prior to the supervising officer attending any individual or group treatment sessions of sex offenders under his/her supervision.

5.200 Responsibilities of the Treatment Provider within the Team

The treatment provider is a CMT member who is the subject matter expert regarding the treatment needs of the client/offender and who is responsible for providing sex offense-specific treatment in accordance with Arizona SOMB Standards and Guidelines. If the CMT has questions or concerns related to the client/offender's treatment plan, they should be addressed with the treatment provider. The treatment provider shall be the ultimate authority related to the treatment of the client/offender. The CMT models pro-social, collaborative co-operative behavior for clients/offenders when they are committed to the TEAMS approach and communicates clearly and effectively with each other and with the client/offender.

5.210 A treatment provider shall:

A. Report to the supervising officer, in a timely manner, all known violations of the provider/client contract, including those related to specific conditions of probation, parole, or community corrections;

Commented [KK45]: We should create a list of behaviors that warrant the filing of a Petition to Revoke. Probation and Community Supervision are granted to offenders *in lieu* of prison sentences they have already earned. We are doing everything we can to provide opportunities for success to offenders; however, ultimately the responsibility is with the offender. There are some behaviors the court (or the institution) must be informed of.

Commented [BG46]: Create training section for officers.

Commented [KK47]: Disagree. A treatment provider may recommend continued treatment based upon his/her expertise in treatment; however, treatment is not the ultimate goal. - Victim and Community safety is. Other members of the CMT have expertise in those areas. Furthermore, the Court is the ultimate authority when it comes to offenders on probation.

Commented [KK48]: Awkward sentence - consider rewriting into multiple sentences.

B. Recommend to the CMT any change in frequency or duration of contacts or any alteration in treatment modality that constitutes a change in the client/offender's treatment plan based on the individual risk and needs of the client/offender. Any permanent reduction in duration or frequency of contacts or permanent alteration in treatment modality shall be determined on an individual case basis by the provider and in consultation with the CMT.

Discussion: The treatment provider is the member of the CMT with expertise in the area of treatment planning and is ethically responsible for making treatment recommendations. The CMT should rely on this expertise in making decisions regarding the treatment and management of the client/offender.

C. Provide to the supervising officer, on a monthly basis, written progress reports documenting a client/offender's attendance, financial status in treatment, participation in treatment, changes in risk factors, changes in the treatment plan and treatment progress.

D. Submit a written discharge summary to the supervising officer pursuant to triggering events as listed in Section 3.200(B);

Commented [BG49]: Create contents of discharge summary. COSOMB section 3.200B.

E. Upon request, submit a status report when a court or parole board intervention occurs;

F. Be prepared to testify in court, if necessary;

G. Coordinate with the CMT all recommendations regarding child and victim contact, including clarification and reunification, in compliance with all pertinent aspects of these Standards and Guidelines.

Commented [KK50]: And Arizona Victims' Rights law. And DCS if involved

H. Require the client/offender to complete safety plans for a variety of activities in the community and review them in a timely manner.

Commented [KK51]: Which activities? At what point during treatment?

I. Encourage the client/offender to obtain friends or family who can support treatment progress and include them friends and family in the client/offender's treatment when feasible and appropriate. The treatment provider should assist members of the client/offender's support system by providing them with educational opportunities regarding their roles in enhancing the client's healthy re-integration to society and increasing accountability.

J. Utilize a victim-centered approach.

Discussion: Early in the client/offender's treatment, the treatment provider should plan for ongoing victim input and determine if the victim wants to be involved. Involving the victim and/or victim representative during the course of treatment can create better outcomes for the victim, client/offender and their families. If the victim chooses not to be involved, the provider should utilize a victim representative to provide a victim perspective.

Commented [BG52]: See victim centered approach section. COSOMB 8.000

5.300 Responsibilities of the Polygraph Examiner within the Team

A. The examiner shall make the final determination of questions used and determine whether to administer a broader or more narrowly focused examination within the scope of the requested polygraph exam.

B. The polygraph examiner shall work collaboratively with and participate as a member of the CMT.

C. The polygraph examiner shall submit written reports to the probation officer and treatment provider for each polygraph exam as required in section...

D. Participation in CMT meetings shall be on an as needed basis.

E. Polygraph examiners should address any questions regarding the technical aspects of the polygraph to the CMT ~~if needed.~~ when requested.

5.400 Responsibilities of the Victim Representative within the Team

As a member of the CMT, the primary responsibility of the victim representative is to provide an avenue for victims and their families to be informed and heard. Involving a victim representative on the CMT has many benefits, including improving supervision of the offender, increasing offender accountability, building empathy for the victim, decreasing offender secrecy, preventing an unbalanced alignment with the offender, and contributing to a safer community. The exchange of information between the victim or the victim representative and CMT is crucial for the rehabilitation of the offender and is often beneficial for the healing of the victim.

Commented [KK53]: Probably should rename this position or provide a definition of how this term will be used throughout the document because "victim representative" is already defined by law and that definition is incongruent with these requirements and recommendations.

The victim ~~has the right may choose not to~~ not provide or receive information. ~~In that circumstance, If the victim chooses to exercise his/her Victim Rights in this regard,~~ the victim representative will contribute general input regarding the perspective of victim(s) to the CMT. The victim representative should also provide general victim input in cases such as internet crimes when the intended victim is a law enforcement officer posing as a child or in cases where victims are unidentified in child sexual abuse images. Bringing the victim's perspective is important in protecting potential victims and the community.

Upon convening, the CMT should identify the best person to be the victim representative for each individual case, such as the victim therapist, a victim advocate, or others. Due to the importance of ~~victim contribution the victim perspective~~ to the CMT ~~for the reasons stated above, if allowed by law,~~ the victim representative should make reasonable attempts to contact the victim(s) in order to determine the victim's desired level of involvement and provide the victim(s) with accurate information regarding offender treatment and management. The CMT shall orient the victim representative to the function of the team and the representative's role as a CMT member.

Commented [BG54]: Create resource document for victim representation.

5.405 Victim Representative shall:

A. Assure that the CMT is operating with a victim centered approach;

B. Assure that the CMT is emphasizing victim safety, both physically and psychologically, throughout the treatment, supervision and management of the offender;

C. Share information received from the victim and concerns of the victim with the CMT when authorized to do so by the victim available. Such information could include safety concerns, grooming behaviors, specifics of the offense and offending behaviors;

D. Convey information to the victim as agreed upon by between the victim and the CMT. This information could include such as, but is not limited to, terms and conditions of probation, general treatment contract, treatment and supervision timelines, offender location, progress in treatment and on supervision, victim clarification, family reunification planning and any other pertinent information ~~as determined by the CMT~~;

Discussion: Teams should discuss what information can and should be shared, taking into account what information is valuable for the victim to feel safe and for the victim to feel that the community as a whole is protected. And for the victim to have agency during this process! Do not include a victim in the process solely to benefit the treatment of the offender. If we chose to include the victim, we have an obligation to not retraumatize them throughout this process. Teams have legal and ethical considerations when determining what information is appropriate for sharing with victims and should exercise good professional judgment. Victims are assisted by understanding why decisions are made in the interest of public safety. Even with support systems in place, the criminal justice system is still difficult for victims. Teams can honor and contribute to justice for victims by operating with a victim centered approach.

E. Provide input on how CMT decisions may affect victims, secondary victims or potential victims;

F. Assist the CMT in ensuring that victim needs and perspectives are considered and responded to by the CMT ~~to the best of their ability~~;

G. Offer support, referrals, and resource information to the victim and victim's family;

H. Participate in CMT meetings;

I. Contribute to the treatment content by providing the following types of information to the CMT:

1. Impact of sexual offending on victims, secondary victims, and the community;
2. Recognition of harm done to victims;
3. Restitution and reparation to victims and others impacted by the offense including the community;
4. Impact of offender accountability and responsibility on victims; and
5. Input regarding victim contact, clarification and family reunification when appropriate.

J. Submit questions from the victim to the CMT for review and share the responses to these questions with the victim or explain why a question may not be answered. The representative can also explain to the victim why certain types of information cannot be shared;

K. Function as a liaison between the victim ~~or victim therapist~~ and CMT as needed;

L. Advocate on behalf of the victim for ~~the non-offending parent and~~ family members to support the victim, prioritize the victim's safety, support the physical and emotional well-being of the victim, and ~~to~~ address the needs of the victim. This parental and family support is critical for the healing of the victim;

M. Assist with planning for the victim clarification sessions or family reunification, upon request of the victim and if appropriate to the case; and

N. Assist with issues related to newly identified victims, when necessary.

Commented [KK55]: More explanation needs to be provided as to when a victim's therapist will be a contact and/or source of information.

5.500 Role of Family Members and Natural Supports within the Team

The TEAMS Model recognizes that an individual's support system is an important factor in a person's motivation for change. Those who have offended are more likely to achieve success when they receive caring support from families and other natural support systems (e.g. – friends, Circles of Support and Accountability, spiritual advisors, etc.) and the community. Such support encourages an individual's engagement in treatment, efforts to live a healthy and productive life, and success in meeting supervision requirements.

CMTs should recognize that family members may possess important history and ~~should welcome~~ information that can be valuable in the treatment and supervision of a person who has offended. Engaging an individual's family and friends supports behavioral change and enhances the safety of those who have been victimized and the community. When support system members understand and are supportive of treatment and supervision requirements, there can be a positive impact on the person who has been victimized, the community, and the person who has offended.

In situations where family members provide support both to family members who have been victimized and to those who have offended against them, considerable challenges may arise.

Family members should ensure that the support they are providing to the person who has committed the offense does not compromise or negatively impact the safety, physical or emotional well-being, and needs of the person who has been victimized.

If members of the support system are not prepared to fulfill this important role, the CMT should help educate and guide them about the treatment process. Individuals under the supervision of the CMT should be encouraged to include members of their support system in the change process. In some instances, it may be necessary for the CMT to help the person who has offended to recognize that until potential support members address their own needs, they may not be capable or appropriate, at that point in time, to provide positive support.

In the event the CMT has exhausted their efforts in providing education or guidance to the support system, and certain members of the support system have demonstrated over time that they are unable to provide positive support, the CMT can temporarily choose to discontinue or limit the support system's involvement. The CMT should continue to assess and work with the support system so that it can provide positive pro-social support in the future.

The CMT should involve families and friends who support behavioral change which will enhance the safety of those who have been victimized and the community, as well as help the person who has offended to live a safe and pro-social life. As CMTs accept and engage natural support systems within the treatment and supervision process, it is important to recognize that support offered by family members and friends falls along a continuum of involvement. This involvement can range from provision of basic needs and expression of care and concern to direct engagement in treatment and supervision processes. All types of healthy support should be welcomed by CMTs. Examples of such support include but are not limited to:

A. Assisting with basic needs such as housing, transportation and finances;

Commented [BG56]: The term "family" is used in a broad sense and should be defined by the person who has offended.

Commented [BG57]: de Vries Robbé, M., Mann, R. E., Maruna, S., & Thornton, D. (2015). An exploration of protective factors supporting desistance from sexual offending. *Sexual abuse: a journal of research and treatment*, 27(1), 16-33.; Willis, G. M., & Grace, R. C. (2009). Assessment of Community Reintegration Planning for Sex Offenders Poor Planning Predicts Recidivism. *Criminal Justice and Behavior*, 36(5), 494-512; Willis, G. M., & Grace, R. C. (2008). The quality of community reintegration planning for child molester's effects on sexual recidivism. *Sexual Abuse: A Journal of Research and Treatment*, 20(2), 218-240.

Commented [KK58]: I routinely hear the exact opposite from victims - particularly in cases of intrafamilial abuse. The offender has often received the support of friends and family members throughout the criminal justice process to the exclusion of support for the victim. The offender is now receiving support throughout his/her post-conviction supervision, while the victim is entitled to no such structure and support.

Commented [KK59]: And if they don't? Will they be allowed to continue being a part of the CMT, offender treatment, etc?

Commented [KK60]: To the offender and the victim (in the cases where they share the same family)?

B. Providing positive social support, healthy social interaction, encouragement, and role modeling;

C. Participating in individual or family therapy sessions as agreed upon by the offender and treatment provider;

D. Participating in supervision meetings as agreed upon by the offender and supervising officer;

E. Providing peer support or mentoring to the offender;

F. Becoming an **Approved Supervisor**;

G. Becoming an Approved Community Support Person; and

Commented [BG61]: Create section on approved supervisor and approved community support person
COSOMB 5.780-5.793

5.600 The Use of Polygraph within the Team

5.605 The polygraph shall be used to gather information to assist the CMT in individualizing their approach to the offender's risk and need, and to gauge how the offender will respond to supervision and treatment interventions. The polygraph shall be used in conjunction with other information to inform adjustments to supervision and treatment. The goal is to promote offender honesty and accountability. The polygraph results shall not be used in isolation without considering information gathered from other behavioral monitoring tools. **The polygraph shall not be used in isolation to remove protective factors.** The CMT response to behaviors utilizing the polygraph shall be based on offender risk and needs.

5.610 In instances when the CMT has concerns related to an offender's suitability for testing, they shall consult with the polygraph examiner. The determination regarding an offender's suitability for polygraph testing rests with the polygraph examiner.

5.615 If pursuant to Standard....., the polygraph examiner determines the offender is currently unsuitable for polygraph examination, the requirement for polygraph examination may be waived. This waiver is for the current polygraph only and is not a permanent waiver. However, if the offender has a condition that is not likely to improve, the CMT shall consider granting a waiver for future testing as well. If the CMT determines that a waiver is appropriate, this decision, and the reason for the decision, shall be documented by the supervising officer and treatment provider.

5.620 If the CMT determines that the polygraph shall be waived, they shall determine what information is being sought and if there are alternate methods which can be utilized to obtain this information. Alternate methods may include the use of GPS or Electronic Monitoring, drug/alcohol testing, plethysmograph testing, viewing time (VT) assessment, and other case management practices such as collateral contacts, office and home visits, employment visits, computer and phone monitoring, and increased supervision and treatment requirements.

5.625 Either the supervising officer or the treatment provider may collaborate with the polygraph examiner to determine content areas for question formulation. However, they shall defer to the polygraph examiner to make the final determination of question formulation, and to determine whether to administer a broader or more narrowly focused examination.

5.630 The CMT shall continually assess the ongoing use of maintenance/monitoring polygraphs and may adjust the use of maintenance/monitoring polygraphs based on all clinical indicators, including prior polygraph results and an offender's risk and needs. The polygraph frequency may be increased when risk is elevated and decreased when the offender demonstrates engagement with supervision and treatment, and protective factors are enhanced. This change in risk should be measured by an objective dynamic risk assessment tool. (For additional information on maintenance and monitoring polygraph testing frequency, see Section...)

Discussion: The following guidelines may be considered by the CMT when determining maintenance/monitoring exam frequency: What information is being sought by the polygraph and how will this information inform treatment and supervision? Are there alternate methods which can be utilized to obtain the information being sought? What risk

Commented [BG62]: Polygraph examiners have experience and training specific to suitability of potential examinees. Therefore, the supervising officer and treatment provider should defer to the polygraph examiner's expertise regarding this subject matter.

Commented [BG63]: Create documents related to this topic

factor(s) is the CMT concerned with and how is this factor(s) connected to the frequency of examinations? In addition, the CMT should defer to the polygraph examiner to ensure appropriate testing parameters (e.g., timeframe, subject matter, etc.) suggested by the CMT will result in an exam with a high degree of validity and accuracy. (For example, the CMT may decrease the frequency of the maintenance exams to 9 months and monitoring exams to 1 year.) Question formulation is a key factor impacting test validity and therefore, should only be completed by the polygraph examiner (see Section 6.022).

5.635 CMT decisions and responses shall not be based solely on the results of a polygraph examination. The polygraph results alone (e.g., no deception indicated, deception indicated, and inconclusive/no opinion results) and considered in isolation without additional information or disclosures, are not necessarily supportive of increased risk to re-offend. (See Sections....)

5.640 Adjustments to treatment and supervision shall be based on risk and need as determined by all forms of clinical indicators including information from pre- and post-test interviews, offender behavior and accountability, transparency and engagement in treatment, dynamic risk assessment, information gained during clinical sessions, information provided by offender family and support systems, information received from victim sources, offender compliance to supervision terms and conditions and the treatment contract, and information gained through interaction with the supervising officer.

5.645 The CMT shall not make conditional for the offender, any increase or decrease in supervision level, or any other consequence, based upon the finding of non-deceptive, inconclusive, or deceptive polygraph results.

5.650 The CMT shall discuss information learned from the polygraph examination (including pre- and post-test interviews/admissions) and determine the best course of response.

Discussion: The CMT should reinforce and support offender disclosure prior to a polygraph exam. Openness and honesty can be a new behavior for some offenders and should be identified as a strength in terms of treatment engagement and supervision compliance. The expectation for an offender is to disclose prior to the polygraph exam, and the CMT should communicate this to the offender prior to the exam so the offender understands this expectation. Conversely, the CMT must also respond to the disclosed supervision and treatment violation behavior with an emphasis on addressing criminogenic needs and target behaviors. The goal is to increase the probability of behavior change through responding to all behaviors. (See Section 5.050 – Promoting and Monitoring Behavioral Change.)

5.651 The treatment provider and supervising officer shall review the results of the polygraph exam report with the offender within the context of a treatment or supervision session, or a formal case staffing, if necessary (see Section....for more information). The treatment provider and supervising officer shall not provide a copy of the polygraph exam report to the offender for their personal use.

Discussion: Treatment providers and supervision officers should be aware that when reviewing the polygraph exam report with the offender, showing the section of the report on the specific test questions and results may impact the validity of future exams for the

Commented [BG64]: Grubin, D. (2008). The case for polygraph testing of sex offenders. *Legal and Criminological Psychology*, 13, 117-189.

Commented [BG65]: Create section on this topic

Commented [BG66]: Create section

offender. This limitation does not include the pre- and post-test interview information of the report, which the treatment provider and supervision officer can share with the offender as needed.

However, CMT members should consider sharing the test questions and results in a different method rather than showing the offender the actual polygraph exam report section (e.g. going over the test questions and results verbally or writing out the results on a separate piece of paper).

5.652 When there are discrepancies between offender self-report and disclosure statements in the polygraph exam report, the supervising officer or treatment provider should contact the polygraph examiner in order to address the discrepancy. If necessary, the supervising officer or treatment provider can request that the polygraph examiner review the video recording and/or provide them with a copy of the video recording of the polygraph exam to verify disclosures. The supervising officer and therapist should discuss the results of the review and then meet with the offender to resolve the discrepancy. Following completion of the review, the CMT shall return or destroy the video recording if requested by the polygraph examiner.

Discussion: While the offender cannot obtain a copy of the video directly, the supervising officer or therapist can obtain a copy of the video to review with the offender if the offender identifies a discrepancy in disclosure. In such a circumstance, a similar process should occur as above.

5.653 The supervising officer or treatment provider should request a polygraph Quality Control Review if there are concerns about the results of a polygraph exam(s) that cannot be resolved through consultation with the polygraph examiner. The circumstances for initiating a Quality Control Review and the process to conduct the Review are currently discussed in Section....

5.655 After consultation with the polygraph examiner, the CMT may determine it ~~not to be~~ is not suitable ~~that for~~ a follow-up polygraph examination ~~be~~ based solely on a deceptive or inconclusive polygraph exam. The CMT shall determine if they can identify a specific area of concern related to follow-up testing. The CMT shall consider if there are alternate methods to obtain the information being sought. When alternate methods exist to obtain the needed information, the CMT ~~shall~~ should use those methods when available. If it is determined that a follow-up test is required, the CMT has discretion to refer the offender to a different polygraph examiner for follow-up testing. When a different polygraph examiner is used for follow-up testing, the new examiner shall be given a copy of the prior examination. In addition, the new examiner may speak with the original examiner, if necessary.

Discussion: Providing copies of the prior polygraph exam report and speaking with the prior polygraph examiner, if needed, will allow any necessary information to be supplied to the new examiner by the original examiner in order to complete an accurate and thorough re-examination.

Commented [KK67]: I didn't see where video recording is recommended or required.

Commented [KK68]: I disagree with this. If a recording is made, it should be made part of the probation record in the event of a later Revocation Petition.

Commented [KK69]: Yet another reason not to destroy any recordings of a poly.

5.660 If the supervising officer receives information that an offender is not in compliance with supervision following completion of treatment or while the offender is in aftercare, the supervising officer ~~should~~ shall determine the appropriate methods of assessing the information. The supervising officer should also consider the individual risk and protective factors of the offender and the nature of the information being sought. If it is determined that a polygraph exam is the most appropriate way to verify compliance, the supervising officer ~~should~~ shall consult with the polygraph examiner prior to the polygraph exam. The polygraph examiner will then determine which type of test should be conducted to assist in obtaining the information sought.

Discussion: When it is determined that a polygraph is required in these circumstances, the frequency of testing must follow the guidelines and timeframes specified in Section 6.013 (i.e., questions asked on maintenance exams should cover the previous nine (9) months and monitoring exams the previous year).

5.665 **Once an offender has successfully completed treatment, the supervising officer ~~will have~~ has the discretion to determine the frequency of polygraph examinations.** If the offender remains compliant with supervision conditions, the supervising officer may remove ~~any~~ the requirement for polygraph testing.

Discussion: Discretion to determine the frequency of testing does not imply that frequency of polygraph testing can be increased beyond the recommendations in Section 6.013. The ability to no longer require polygraph examination is for offenders who have successfully completed treatment and are compliant with supervision. If there is evidence of non-compliance or the offender has demonstrated an increased risk to re-offend, then the supervising officer may determine that a polygraph is needed. The supervising officer should consult with the polygraph examiner to determine the appropriate timeframes for testing with the intention of maintaining consistent fidelity for polygraph testing (see Section 6.000).

Research Citations

The following Adult Standards and Guidelines in Section 5.000 have research support (the Standards are either footnoted or are supported by a review of the literature and the statute): 5.00, 5.005, 5.025 and 5.030, 5.050, 5.055, 5.105, 5.110, 5.115, 5.120-5.150, 5.160-5.175, 5.200, 5.210, 5.300-5.650, and 5.652-5.665. All footnotes and research references in these Standards were evaluated and presented to the Adult Standards Revisions Committee regarding the revisions being discussed. This research was then incorporated into the Standards and presented to the SOMB for ratification by the Board. The research in these Standards was evaluated based on the quality of the research design and the quality/strength of their findings as it related to the revisions being discussed.

The following Adult Standards and Guidelines in Section 5.000 were revised but do not have research support given their procedural nature 5.010, 5.015, 5.020, 5.155, and 5.651. The SOMB did a search for research applicable to the Standards noted above; ~~however,~~ however, ~~research was not found that was~~ research was not found that was applicable to these Standards, ~~so in~~ so in absence of research, the Standards are based on best practices procedures, professional association guidelines, and the professional expertise of the members of the Board. Should research become available in the future pertaining to the topic of these Standards, it will be evaluated and incorporated if appropriate, should it be of sound quality.



BACKGROUND MATERIAL

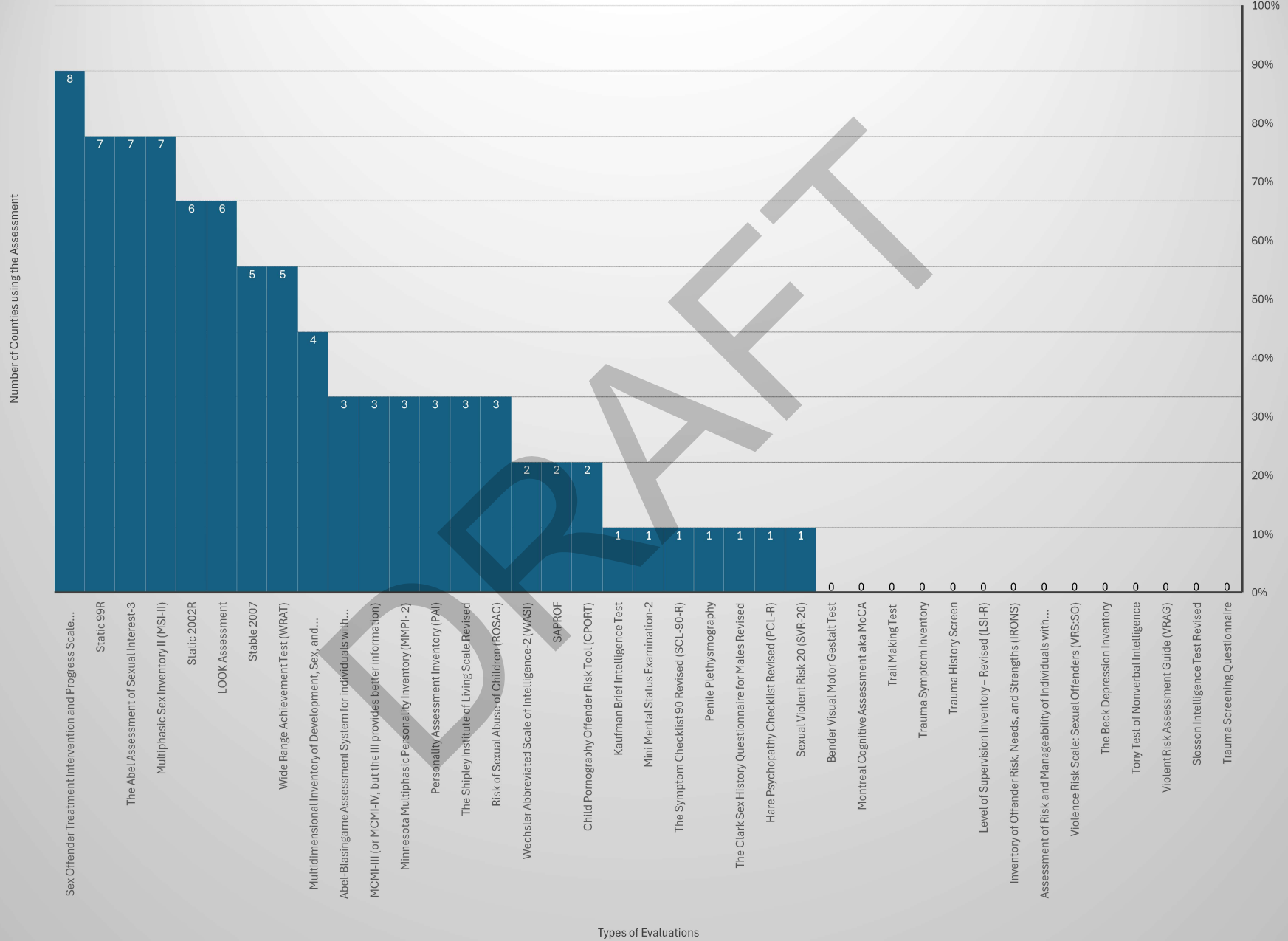
AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

OCTOBER 21, 2026

DRAFT TOOLS AND INSTRUMENTS COMMONLY FOUND IN ADULT PSYCHOSEXUAL EVALUATION IN ARIZONA

Arizona Sex Offender Management Board																	
Data as of: September 30, 2026																	
Categories	Tools and Instruments Commonly Found in Adult Psychosexual Evaluations in Arizona	Number of Counties using the Assessment	Pinal	Coconino	Santa Cruz	Gila	Graham	Maricopa	Yavapai	Mohave	Cochise	La Paz	Yuma	Navajo	Pima	Apache	Greenlee
Child Contact Screen	Child Contact Screen																
	Risk of Sexual Abuse of Children (ROSAC)	3	X				X	X									
	Cognitive and Mental Status Assessments																
Cognitive and Mental Status Assessments	Bender Visual Motor Gestalt Test																
	Kaufman Brief Intelligence Test	1				X											
	Mini Mental Status Examination-2	1									X						
	Montreal Cognitive Assessment aka MoCA																
	The Shipley Institute of Living Scale Revised	3	X					X							X		
	Trail Making Test																
	Wechsler Abbreviated Scale of Intelligence-2 (WASI)	2				X									X		
	Wide Range Achievement Test (WRAT)	5		X		X		X					X		X		
	Slosson Intelligence Test Revised																
	Tony Test of Nonverbal Intelligence																
	Psychological Assessments																
Psychological Assessments	MCMI-III (or MCMI-IV, but the III provides better information)	3	X			X		X									
	Minnesota Multiphasic Personality Inventory (MMPI- 2)	3	X					X				X					
	Personality Assessment Inventory (PAI)	3	X					X							X		
	The Beck Depression Inventory																
	Hare Psychopathy Checklist Revised (PCL-R)	1						X									
	Trauma Symptom Inventory																
	The Symptom Checklist 90 Revised (SCL-90-R)														X		
	Trauma History Screen																
	Trauma Screening Questionnaire																
	Sexual History, Interest, and Arousal																
Sexual History, Interest, and Arousal	Multiphasic Sex Inventory II (MSI-II)	7	X				X	X	X			X			X		X
	Multidimensional Inventory of Development, Sex, and Aggression (MIDSA)	4	X					X							X		X
	Penile Plethysmography	1															X
	SAPROF	2						X							X		
	The Clark Sex History Questionnaire for Males Revised	1															X
	The Abel Assessment of Sexual Interest-3	7	X			X	X	X					X		X		X
	Abel-Blasingame Assessment System for individuals with intellectual disabilities (ABAS)	3	X					X							X		
	LOOK Assessment	6	X					X			X		X		X		X
	Level of Supervision Inventory – Revised (LSI-R)																
	Inventory of Offender Risk, Needs, and Strengths (IRONS)																
	Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations Who Offend Sexually (ARMIDILO-S)																
	Violence Risk Scale: Sexual Offenders (VRS:SO)																
	Child Pornography Offender Risk Tool (CPORT)	2						X							X		
	Sex Offender Treatment Intervention and Progress Scale (SOTIPS)	8	X	X			X	X	X				X		X		X
	Stable 2007	5	X					X	X	X					X		
	Sexual Violent Risk 20 (SVR-20)	1													X		
	Violent Risk Assessment Guide (VRAG)																
	Static 99R	7	X					X	X	X	X	X			X		
	Static 2002R	6	X								X	X	X		X		X

Assessment used in Psychosexual Evaluation of Adults in Arizona





BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

OCTOBER 21, 2026

PROPOSED SUBCOMMITTEE MEETING DATES FOR
YEAR 2027



ARIZONA SEX OFFENDER MANAGEMENT BOARD

2027 Adult Guidelines and Standards Subcommittee Meetings

Date: January 6, 2027

February 3, 2027

March 10, 2027

April 5, 2027

May 5, 2027

June 2, 2027

July 7, 2027

August 4, 2027

September 8, 2027

October 6, 2027

November 3, 2027

December 8, 2027

Time: 11 a.m. - Noon.

Location: Virtual Microsoft Teams Meeting