

► *Treatment Planning*

Because of the nature of the behaviors to be addressed in sex offender treatment and the types of risk factors that are often the focus of intervention, many offenders will likely have multiple treatment goals and expectations in common. Yet the diversity that exists among the adult and juvenile sex offender populations means that a number of unique treatment goals will also need to be developed as offenders enter the treatment process. Individualized treatment plans must be formulated based on the specific circumstances of each offender.

For example, researchers indicate that the extent to which a given sex offender experiences difficulties in several interacting clusters of symptoms (e.g., emotional management difficulties, interpersonal problems, antisocial attitudes and beliefs, and deviant sexual fantasies or arousal) reflects a specific pathway to offending (see, e.g., Ward et al., 2006; Ward & Hudson, 1998, 2000; Ward, Hudson, & Keenan, 1998; Ward & Siegert, 2002). Differences in motivations and goals, self-management strategies, thoughts and behaviors, and contextual factors also influence the pathways that lead to sex offending among adults (see Ward et al., 2006; Ward & Siegert, 2002). Similarly, for juvenile sex offenders, experts suggest that a range of personality characteristics, developmental experiences, and risk factors are associated with different developmental pathways to sex offending (see, e.g., Hunter, 2006; Hunter et al., 2003, 2004a). Taking into account these varied pathways can be a useful way of conceptualizing individualized treatment plans for adult and juvenile sex offenders (Fanniff & Becker, 2006; Hunter, 2006; Ward et al., 2006; Ward & Siegert, 2002).

As is the case in all other treatment contexts, in order to be most effective, treatment plans for

adult and juvenile sex offenders must be driven by comprehensive assessment information. Because they are invaluable sources of assessment information, specialized psychosexual evaluations and thorough pre-sentence or pre-disposition reports should be readily accessible to treatment providers when an individual presents for treatment. (For additional information about these and other types of assessments, see the Assessment section of this protocol.)

When developing treatment plans, it is important to involve the offender (as well as the parents or guardians when juveniles are the clients). This helps to ensure that the clients' perspectives, interests, and goals are included, which in turn can promote their investment and ownership in the intervention process. Areas that warrant attention must be outlined, and specific, measurable, and understandable goals should be listed. Treatment plans should indicate the specific interventions and modalities to be used to address each goal, person or agency responsible for providing the interventions, and target dates for goal attainment.

Recognizing that offender needs may change over time, and that progress toward goals is expected, treatment plans should be reviewed and modified routinely (e.g., every 3-6 months). Ideally, policies include the use of research-supported, sex offender-specific assessment tools designed to identify changes in important variables throughout the course of treatment. For example, the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003) is a promising tool for adult sex

**TREATMENT PLANS FOR ADULT AND
JUVENILE SEX OFFENDERS MUST BE
DRIVEN BY COMPREHENSIVE
ASSESSMENT INFORMATION.**

offenders that can be used by treatment providers to monitor important variables throughout the course of treatment and supervision. And for juvenile sex offenders, treatment providers can conduct reassessments to identify important changes using the ERASOR (Worling & Curwen, 2001) or the J-SOAP-II (Prentky & Righthand, 2003).

► *Treatment Completion and Termination*

To ensure clarity and consistency with respect to treatment expectations, programs must articulate the formal criteria, goals, and objectives that individuals must meet in order to complete the treatment program, including the ways in which progress and completion will be measured. These criteria must be easily understood and readily articulated by program participants and program staff. In some programs, treatment “contracts” are developed and signed as a method for ensuring and documenting clients’ acknowledgment and understanding of the overall program expectations, clients’ responsibilities, and providers’ roles and responsibilities. With juveniles, parents or guardians should also sign these treatment contracts, indicating their understanding of the program expectations and their role in the treatment process.

Given the association between treatment non-compliance, failure to complete treatment, and recidivism risk, programs must ensure – to the extent possible – that offenders are provided sufficient opportunities to be successful in treatment (Hanson & Harris, 2000, 2001; Hunter & Figueredo, 1999; Lösel & Schmucker, 2005). Decisions to terminate offenders from treatment must be made judiciously, and only after efforts to address concerns have been

exhausted. Therefore, treatment programs should delineate policies relative to treatment termination, including the specific behaviors that may subject offenders to termination, potential remedies and interventions that precede termination, and the potential ramifications or implications of termination from treatment. Ideally, policies and procedures provide for a variety of intermediate remedies and options (e.g., probationary status, additional treatment assignments, individual interventions) prior to the ultimate termination of an offender from treatment. Under ideal circumstances, termination decisions are made following consultation with a case management or multidisciplinary treatment team, although it is recognized that certain conduct (i.e., significant safety concerns, new criminal offense) may require immediate termination in the absence of team decisionmaking.

Finally, as a part of program monitoring and evaluation practices, programs should maintain statistics related to program completion and termination. Such data can be particularly useful for stakeholders, and can provide insight for administrators into areas of programmatic strength and need. For example, when the proportion of offenders terminated from treatment unsuccessfully is high relative to successful completions, program staff should attempt to identify potential contributing factors. In the absence of such data, the ability to conduct meaningful program evaluations may be limited.

► Documentation

Critical to effective programming is the assurance of clear documentation of services and offender progress. Policies and procedures should outline specific requirements for documentation, including the types of official information that must be maintained in client records and the content, format and frequency of routine documentation (e.g., following each clinical contact, routine treatment plan/progress reviews). Informed consent for treatment is a critical element of documentation as well. It should outline the types of interventions and procedures that will be used and any potential risks and benefits of treatment. In addition, limits of confidentiality must be clearly explained, and any expected/required information-sharing policies should be addressed (e.g., Health Insurance Portability and Accountability Act (HIPPA)). Signed releases of information can be useful for ensuring that critical information can be shared with the supervision officer or other key stakeholders in the sex offender management process.

Of particular importance with respect to information-sharing and confidentiality limits is the manner in which additional disclosures that arise through the course of treatment will be handled. Depending upon the age and identifying information that was provided, mandated reporting laws may apply. However, with limited information, new disclosures may not reach the threshold for mandatory reporting. In some jurisdictions, prosecutors may agree not to file additional charges based on information disclosed during the course of treatment, provided that the disclosed offenses occurred prior to the case(s) for which the offender is currently involved in the justice system.

Through clear and consistent documentation, treatment providers can identify patterns, veri-

fy critical events, review progress, and use treatment progress information to guide treatment planning. In addition, careful, thorough, and ongoing documentation, stakeholders can demonstrate to others the rationale for interventions provided and key decisions made throughout the course of treatment (e.g., program completion, terminations from treatment). Documentation can also benefit offenders and their families, as it provides tangible evidence of what has been accomplished thus far and what the goals are for the short and long term. And when cases are transferred from the institution to the community, or when changes in providers occur, clear documentation provides the necessary information to develop, continue, or modify treatment and supervision plans. Documentation to be maintained in clients' files should include, but is not limited to, the following:

- Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication);
- Relevant current and historical records (e.g., police reports, court orders, prior treatment records);
- Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment);
- Signed treatment contract;
- Individual treatment plan;
- Summaries of each treatment encounter;
- Key communications with other stakeholders (e.g., supervision officer); and
- Treatment completion or termination summary.

► Questions: Adult Sex Offenders

Prison-Based Treatment Programs

Treatment Planning

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 157. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures guide the development of individualized treatment plans for sex offenders participating in prison-based treatment? |
| 158. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are individualized treatment plans developed for sex offenders participating in prison-based treatment? |
| 159. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are treatment plans assessment-driven? |
| 160. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders involved in the development of their treatment plans? |
| 161. | | | | | Do treatment plans include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific intervention needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Observable, measurable goals in treatment plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific interventions and modalities to address each need?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Professional responsible for delivering interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Target dates for goal attainment?</i> |
| 162. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require routine (e.g., quarterly) treatment plan reviews and updates? |
| 163. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are treatment plans reviewed and updated routinely (e.g., quarterly)? |
| 164. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-validated sex offender-specific assessment tools (e.g., Sex Offender Needs and Progress Scale) used to assess within-treatment changes over time? |
| 165. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders involved in their treatment plan reviews? |
| 166. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prison-based treatment providers seek input about offender progress from multiple sources (e.g., caseworkers, security staff)? |

Completion and Termination

always/ typically generally never/
yes not no

167. Do prison-based sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment?
168. Are participating sex offenders able to articulate the specific goals and criteria that must be met in order to complete prison-based sex offender treatment?
169. Do prison-based sex offender treatment programs have clearly delineated termination policies?
170. Are participating sex offenders able to articulate the specific factors that may subject them to unsuccessful termination from the prison-based sex offender treatment program?
171. Do prison-based sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants?
172. If so, are sex offenders expected to sign these treatment contracts to acknowledge their understanding of the program expectations?
173. When concerns arise during the course of treatment, do prison-based sex offender programs use graduated levels of interventions/remedies prior to terminating offenders?
174. Are offenders who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams?
175. Are sex offenders afforded multiple opportunities for prison-based treatment if they have previously refused, been terminated, or voluntarily withdrawn from sex offender treatment?
176. Do prison-based sex offender treatment programs maintain statistics on the following:
- Number of sex offenders served in treatment?*
 - Number of successful completions?*
 - Number of unsuccessful terminations?*
 - Length of stay in treatment?*

Documentation

- always/ typically generally never/
yes not no
177. Do *policies or procedures* require standard documentation (e.g., progress notes) for each sex offender following each service delivery encounter?
178. **In practice**, is standard documentation (e.g., progress notes) entered in each offender's treatment record following each encounter?
179. Do sex offenders' prison-based treatment files include the following:
- Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?*
- Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?*
- Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?*
- Signed treatment contract?*
- Individualized treatment plan?*
- Summaries for each treatment encounter?*
- Key communications with other stakeholders?*
- Treatment completion or termination summary?*

Community-Based Treatment Programs

Treatment Planning

- always/ typically generally never/
yes not no
180. Do **policies or procedures** guide the development of individualized treatment plans for sex offenders participating in community-based treatment?
181. **In practice**, are individualized treatment plans developed for sex offenders participating in community-based treatment?
182. Are treatment plans assessment-driven?
183. Are sex offenders involved in the development of their treatment plans?
184. Do treatment plans include the following:
- Specific intervention needs?*

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Observable, measurable goals in treatment plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific interventions and modalities to address each need?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Target dates for goal attainment?</i> |
| 185. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do policies or procedures require routine (e.g., quarterly) treatment plan reviews and updates? |
| 186. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are treatment plans reviewed and updated routinely (e.g., quarterly)? |
| 187. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-validated sex offender-specific assessment tools (e.g., Sex Offender Needs and Progress Scale) used to assess within-treatment changes over time? |
| 188. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders involved in their treatment plan reviews? |
| 189. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based treatment providers seek input about offender progress from multiple sources (e.g., supervision officers, members of community-support networks)? |

Completion and Termination

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 190. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment? |
| 191. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are participating sex offenders able to articulate the specific goals and criteria that must be met in order to complete community-based sex offender treatment? |
| 192. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs have clearly delineated termination policies? |
| 193. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are participating sex offenders able to articulate the specific factors that may subject them to unsuccessful termination from the community-based sex offender treatment program? |
| 194. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants? |
| 195. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are sex offenders expected to sign these treatment contracts to acknowledge their understanding of the program expectations? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
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| 196. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When concerns arise during the course of treatment, do community-based sex offender programs use graduated levels of interventions/remedies prior to terminating offenders? |
| 197. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are offenders who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams? |
| 198. | | | | | Do community-based sex offender treatment programs maintain statistics on the following: |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of sex offenders served in treatment?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of successful completions?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of unsuccessful terminations?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Length of stay in treatment?</i> |

Documentation

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 199. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require standard documentation (e.g., progress notes) for each sex offender following each service delivery encounter? |
| 200. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is standard documentation (e.g., progress notes) entered in each offender's treatment record following each encounter? |
| 201. | | | | | Do sex offenders' community-based treatment files include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed treatment contract?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individualized treatment plan?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Summaries for each treatment encounter?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Key communications with other stakeholders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment completion or termination summary?</i> |

► Questions: Juvenile Sex Offenders

Residential/Juvenile Correctional Treatment Programs

Treatment Planning

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 202. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures guide the development of individualized treatment plans for juvenile sex offenders participating in residential/juvenile correctional treatment? |
| 203. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are individualized treatment plans developed for juvenile sex offenders participating in residential/juvenile correctional treatment? |
| 204. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are treatment plans assessment-driven? |
| 205. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders and their parents/guardians involved in the development of their treatment plans? |
| 206. | | | | | Do treatment plans include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific intervention needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Observable, measurable goals in treatment plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific interventions and modalities to address each need?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Professional responsible for delivering interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Target dates for goal attainment?</i> |
| 207. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require routine (e.g., quarterly) treatment plan reviews and updates? |
| 208. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are treatment plans reviewed and updated routinely (e.g., quarterly)? |
| 209. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-validated juvenile sex offender-specific assessment tools (e.g., ERASOR, J-SOAP-II) used to assess within-treatment changes over time? |
| 210. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians involved in treatment plan reviews? |
| 211. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional treatment providers seek input about juveniles' progress from multiple sources (e.g., youthcare workers, educators)? |

Completion and Termination

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 212. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment? |
| 213. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians able to articulate the specific goals and criteria that must be met in order to complete residential/juvenile correctional sex offender treatment? |
| 214. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional sex offender treatment programs have clearly delineated termination policies? |
| 215. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians able to articulate the specific factors that may lead to unsuccessful termination from the residential/juvenile correctional sex offender treatment program? |
| 216. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants? |
| 217. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are juveniles and their parents/guardians expected to sign these treatment contracts to acknowledge their understanding of the program expectations? |
| 218. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When concerns arise during the course of treatment, do residential/juvenile correctional sex offender programs use graduated levels of interventions/remedies prior to terminating juveniles? |
| 219. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams? |
| 220. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles afforded multiple opportunities for residential/juvenile correctional treatment if they have previously refused, been terminated, or voluntarily withdrew from sex offender treatment? |
| 221. | | | | | Do residential/juvenile correctional sex offender treatment programs maintain statistics on the following: |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of juvenile sex offenders served in treatment?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of successful completions?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of unsuccessful terminations?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Length of stay in treatment?</i> |

Documentation

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yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 222. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require standard documentation (e.g., progress notes) for each juvenile following each service delivery encounter? |
| 223. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is standard documentation (e.g., progress notes) entered in each juvenile's treatment record following each encounter? |
| 224. | | | | | In practice , do juveniles' residential/juvenile correctional treatment files include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed treatment contract?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individualized treatment plan?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Summaries for each treatment encounter?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Key communications with other stakeholders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment completion or termination summary?</i> |

Community-Based Treatment Programs

Treatment Planning

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 225. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures guide the development of individualized treatment plans for juveniles participating in community-based treatment? |
| 226. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are individualized treatment plans developed for juveniles participating in community-based treatment? |
| 227. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are treatment plans assessment-driven? |
| 228. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians involved in the development of their treatment plans? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 229. | | | | | Do treatment plans include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific intervention needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Observable, measurable goals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific interventions and modalities to address each need?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Target dates for goal attainment?</i> |
| 230. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require routine (e.g., quarterly) treatment plan reviews and updates? |
| 231. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are treatment plans reviewed and updated routinely (e.g., quarterly)? |
| 232. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-supported juvenile sex offender-specific assessment tools (e.g., ERASOR, J-SOAP-II) used to assess within-treatment changes over time? |
| 233. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians involved in their treatment plan reviews? |
| 234. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based treatment providers seek input about juveniles' progress from multiple sources (e.g., case managers, school officials, supervision officers, members of community-support networks)? |

Completion and Termination

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 235. | <input type="radio"/> | | | <input type="radio"/> | Do community-based juvenile sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment? |
| 236. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians able to articulate the specific goals and criteria that must be met in order to complete community-based sex offender treatment? |
| 237. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based juvenile sex offender treatment programs have clearly delineated termination policies? |
| 238. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are participating juveniles and their parents able to articulate the specific factors that may lead to unsuccessful termination from the community-based sex offender treatment program? |
| 239. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 240. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are juveniles and their parents expected to sign these treatment contracts to acknowledge their understanding of the program expectations? |
| 241. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When concerns arise during the course of treatment, do community-based sex offender programs use graduated levels of interventions/remedies prior to terminating juveniles? |
| 242. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams? |
| 243. | | | | | Do community-based juvenile sex offender treatment programs maintain statistics on the following: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Number of juveniles served in treatment?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Number of successful completions?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Number of unsuccessful terminations?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Length of stay in treatment?</i> |

Documentation

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 244. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require standard documentation (e.g., progress notes) for each juvenile following each service delivery encounter? |
| 245. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is standard documentation (e.g., progress notes) entered in each juvenile's treatment record following each encounter? |
| 246. | | | | | In practice , do juveniles' community-based treatment files include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed treatment contract?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individualized treatment plan?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Summaries for each treatment encounter?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Key communications with other stakeholders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment completion or termination summary?</i> |