



Reunification/Unification Guidelines

In order for an offender with Group A stipulations to be clinically authorized to have supervised contact with non-victim minors and/or victim minors, AP&P must first give permission for the therapist and offender to move forward. For non-victim minor reunification, the following minimum standards must be addressed.

- **Time in Treatment:** It is recommended the client be actively engaged and making progress in treatment for a minimum of 180 days. This provides two full quarters for the therapist to assess risk. Furthermore, the dynamic risk assessment tool, SOTIPS, recommends adjustments in risk take place every six months. Therefore, from intake to the 180 day mark, the therapist has the minimum length of time to assess risk using a valid risk assessment tool. From the SOTIPS Manual: The scale is designed to score individuals at intake and thereafter every six months. SOTIPS item scores are intended to reflect an individual's relative treatment and supervision need on each dynamic risk factor. The SOTIPS total score is intended to provide an estimation of an individual's overall level of dynamic risk and need for supervision and treatment.
- **Sexual History Polygraph:** The sexual history polygraph provides collateral data to the therapist that can help inform adherence to sexual risk management strategies, as well as sexual history. A client's sexual history is important information when it comes to approving contact with non-victim minors, as it is possible for an offender to be attempting to reunify with an underage family member that may be an uncharged victim. If the client passes their sexual history polygraph, the therapist will be able to use the results of the polygraph as collateral data to help inform the reunification treatment decision.
- **Measure of Sexual Interest:** The therapist should have another source for assessing their client's sexual interests beyond client self-report and clinical observation. The Penile Plethysmograph and the Abel Assessment for Sexual Interests are both empirically validated tools that assess sexual interest. The results of either of these examinations should be used as part of the constellation of factors the therapist uses in determining if reunification moves forward.
- **Permission Letters:** The therapist should procure a permission letter from any legal guardian that has legal rights to the child for which reunification is being sought. The permission letter provides evidence the legal guardian is aware of and permits the offender to have supervised contact with the minor. Permission letters should include:
 1. Name, date, and contact information of legal guardians.
 2. Name, age, gender, and relationship of all minors.
 3. The legal guardian(s) must articulate an understanding of the client's sexual charge, including stating they are aware of the specifics, i.e., "I understand John was charged with sexual abuse of a child. He sexually abused a twelve-year-old male."
 4. Consent for the client to have supervised (by an existing supervisor) contact with the minor, i.e., "I consent for John to have supervised contact with (name of minors). John's approved supervisor (name supervisor) will provide line of sight and sound contact at all times."
 5. The letter must be signed by both legal guardians.
 6. The letter must be notarized.



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- **Approved Supervisor:** An approved supervisor must be present and provide line of sight and sound supervision during all visitation between the offender and the child. The approved supervisor must go through the supervisor approval process with the offender's therapist, and the Supervisor Acknowledgment Form must be signed by the supervisor and approved by AP&P. It is recommended that the supervisor correspond with the treatment provider after each visit once visitation with minors is approved by treatment and AP&P. The supervisor should contact the treatment provider and give a recap of the visit and report whether line of sight and sound supervision was maintained during the visit. The treatment provider may then document this correspondence in the client file so as to maintain a documentation trail of this correspondence.
- **Activity Request:** Any and all supervised visits with minors must be preceded by an Activity Request written up by the offender. It must be signed by the offender, supervisor, and therapist, and then submitted to AP&P. AP&P must provide ultimate approval in order for the offender to have contact with the minor, and reserves the right to cease approval at any time. If the offender is going to move home, then the Family Reunification Safety Plan must be completed. The Family Reunification Safety Plan is a modifiable, dynamic document designed to address the specific safety needs of a variety of families and living situations. The treatment provider should encourage the family to participate in as much therapy as clinically recommended. The completion of the Family Reunification Safety Plan should be a collaborative process, and involve the client, therapist, supervisor, and if clinically recommended, the minors in the home.

In order for an offender with Group A stipulations to be clinically authorized to have supervised contact with the person they victimized, the following minimum standards must be addressed. Note that this applies to victims that are still under the age of 18 at the time of desired contact.

- **Best Interest of Victim:** First, reunification between offender and minor victim should only occur if it is in the best interest of the victim. This "best interest" consideration should supersede any other factor, such as the offender's desire for reunification, the family's desire for reunification, convenience, etc. The best interest of the victim needs to be determined by the victim's therapist.
- **Continued Care Starting Line:** Victim reunification should not occur until the offender is in Continued Care. It is important the offender successfully complete sex offender treatment and develop a comprehensive relapse prevention plan and/or Success Plan prior to consideration of reunification with victims. It should be noted that some clients in Continued Care have not yet taken a sexual history polygraph, and some have not undergone either of the validated measures of sexual interest (Penile plethysmograph/Abel Assessment of Sexual Interests). Prior to consideration of victim reunification, the sexual history polygraph and one validated measure of sexual interests must be completed. Reunification should begin with weekly therapy regardless of the offender's progress or status in the program.
- **Permission Letters:** The therapist should procure a permission letter from any legal guardian that has legal rights to the minor victim for which reunification is being sought. The permission letter provides evidence the legal guardian is aware of and permits the offender to have supervised contact with the minor victim. Permission letters should include:



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7. Name, date, and contact information of legal guardians.
 8. Name, age, gender, and relationship of all minors.
 9. The legal guardian(s) must articulate an understanding of the client's sexual charge, including stating they are aware of the specifics, i.e., "I understand John was charged with sexual abuse of a child. He sexually abused a twelve-year-old male."
 10. Consent for the client to have supervised (by an existing supervisor) contact with the minor, i.e., "I consent for John to have supervised contact with (name of minors). John's approved supervisor (name supervisor) will provide line of sight and sound contact at all times."
 11. The letter must be signed by both legal guardians.
 12. The letter must be notarized.
- **Approved Supervisor:** An approved supervisor must be present and provide line of sight and sound supervision during all visitation between the offender and the minor victim. The approved supervisor must go through the supervisor approval process with the offender's therapist, and the Supervisor Acknowledgment Form must be signed by the supervisor and approved by AP&P. It is recommended that the supervisor correspond with the treatment provider after each visit once visitation with minors is approved by treatment and AP&P. The supervisor should contact the treatment provider and give a recap of the visit and report whether line of sight and sound supervision was maintained during the visit. The treatment provider may then document this correspondence in the client file so as to maintain a documentation trail of this correspondence.
 - **Activity Request:** Any and all supervised visits with minor victims must be preceded by an Activity Request written up by the offender. It must be signed by the offender, supervisor, and therapist, and then submitted to AP&P. AP&P must provide ultimate approval in order for the offender to have contact with the minor victim, and reserves the right to cease approval at any time. If the offender is going to move home, then the Family Reunification Safety Plan must be completed. The Family Reunification Safety Plan is a modifiable, dynamic document designed to address the specific safety needs of a variety of families and living situations. The treatment provider should encourage the family to participate in as much therapy as clinically recommended. The completion of the Family Reunification Safety Plan should be a collaborative process, and involve the client, therapist, supervisor, and if clinically recommended, the victim/minors in the home.
 - **Clinical Reunification Guidelines:** Every reasonable effort should be made for the therapist of the offender to reach out to the therapist of the victim; provided the victim is in therapy. Collaboration between the offender's therapist and victim's therapist has been detailed in the Reunification Guidelines created by Molly Prince. For specifics on best practice for reunification, as well as the multitude of variables inherent in this important clinical work, please refer to that document.