Clinical Guidelines and Service Definitions
Sex Abuse Treatment - Polygraph

Funding Stream
Adult perpetrators should pay for their own treatment or be assessed full fee for service, depending on court order (DHS Core Services Handbook Policy). This would be the ideal circumstances, but community safety concerns may dictate otherwise. Based on the need for treatment and income of the offender, CORE services can be accessed on a case-by-case basis.

Definition of Service
- Service goals are centered on promoting child and family safety and family protective capacity.
- Polygraph means the use of an instrument that is capable of recording, but not limited to recording, indicator of a person’s respiratory pattern and changes therein, galvanic skin response and cardio-vascular pattern and changes therein. The recording of such instruments must be recorded visually, permanently and simultaneously. Polygraphy includes the interpretation of the data collection in this manner, for the purpose of measuring physiological changes associated with deception. Polygraphy should be utilized as a tool to assess allegations and in accordance with sex offense treatment as a modality to assess risk to the community and progress in treatment.

Estimated Length of Treatment:
One session from one to two hours

Frequency of Services:
One time per year or as recommended by the treatment team for individual’s engaged in sex offender treatment. (Colorado’s Sex Offender Management Board requires maintenance exams every six months for adult convicted sex offenders. Sexual History exams and Specific Issue exams are in addition to the maintenance schedule.)

Provider Credentials:
The individual shall have graduated from an accredited American Polygraph Association (APA) school and shall have a baccalaureate degree from a four-year college or university. The individual shall meet Colorado Sex Offender Management Board standards and be registered with the board.

Provider Responsibilities:
Report required within ten business days of completed evaluation – both the Caseworker and Care Coordinator are to receive copies of the report. A separate report is not needed if the results will be incorporated into a Sex Offense-Specific Evaluation or Psychosexual Assessment.
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Providers will have monthly direct personal contact with caseworkers to discuss the status/progress of the case.

**Caseworker Responsibilities:**
Caseworker is responsible for providing specific referral question(s) to the Care Coordinator on the referral form; this will enable the provider to most effectively address the relevant issues.

**Staffing:**
Not applicable