

**APPENDIX A:**

**DETAILED LIST OF DESCRIPTIONS OF THE  
*STANDARDS AND GUIDELINES***

## SOMB STANDARDS AND GUIDELINES

### 1.000 Guidelines for Pre-Sentence Investigations

1.010 Each sex offender should be the subject of a pre-sentence investigation, including a mental health sex offense-specific evaluation, prior to sentencing, even when by statute it is otherwise acceptable to waive the pre-sentence investigation.

1.040 A pre-sentence investigation (PSI) report should address the following:

- Criminal history
- Education/employment
- Financial status
- Assaultiveness
- Residence
- Leisure/recreation
- Companions
- Alcohol/drug problems
- Victim impact
- Emotional/personal problems
- Attitude/orientation
- Family marital and relationship issues
- Offense patterns and victim grooming behaviors
- Mental health sex offense-specific evaluation report
- The potential impact of each sentencing option on the victim(s)

### 2.000 Standards for Mental Health Sex Offense-Specific Evaluations

2.010 In accordance with Section 16-11-102(1)(b) C.R.S., each sex offender shall receive a mental health sex offense-specific evaluation at the time of the pre-sentence investigation.

2.060 Because of the uncertainty of risk prediction for sex offenders the Board recommends the following approaches to evaluation

- Use of instruments that have specific relevance to evaluating sex offenders
- Use of instruments with demonstrated reliability and validity
- Integration of collateral information
- Use of multiple assessment instruments and techniques
- Use of structured interviews
- Use of interviewers who have been trained to collect data in a non-pejorative manner

2.070 Unless otherwise indicated below, the following evaluation modalities are all required in performing a mental health sex offense-specific evaluation:

- Examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available
- Examination of collateral information, including information from other sources on the offender's sexual behavior
- Structured clinical and sexual history and interview
- Offense-specific psychological testing
- Standardized psychological testing if clinically indicated
- Medical examination/referral for assessment of pharmacological needs if clinically indicated
- Testing of deviant arousal or interest through the use of the penile plethysmograph or the Able Screen

2.090 A mental health sex offense-specific evaluation of a sex offender shall consider the following:

- Sexual evaluation, including sexual developmental history and evaluation for sexual arousal/interest, deviance and paraphilias
- Character pathology
- Level of deception and/or denial
- Mental and/or organic disorders
- Drug/alcohol use
- Stability of functioning
- Self-esteem and ego-strength
- Medical/neurological/pharmacological needs
- Level of violence and coercion
- Motivation and amenability for treatment
- Escalation of high-risk behaviors
- Risk of re-offense
- Treatment and supervision needs
- Impact on the victim, when possible

2.110 The evaluator shall recommend:

- The level and intensity of offense-specific treatment needs
- Referral for medical/pharmacological treatment if indicated
- Treatment of co-existing condition
- The level and intensity of behavioral monitoring needed
- The types of external controls which should be considered specifically for that offender (e.g. controls of work environment, leisure time, or transportation; life stresses, or other issues that might increase risk and require increased supervision)
- Methods to lessen victim impact
- Appropriateness and extent of community placement.

Upon request the evaluator (if different from the treatment provider) shall also provide information to the case management team or prison treatment provider at the beginning of an offender's term of supervision or incarceration.

### **3.000 Standards of Practice for Treatment Providers**

#### **3.100 Sex Offense-Specific Treatment**

- 3.110 Sex Offense specific treatment must be provided by a treatment provider registered at the full operating level or the associate level under these standards.
- 3.130 A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.

The treatment plan shall:

Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender  
Be individualized to meet the unique needs of the offender  
Identify the issues to be addressed, including multi-generational issues if indicated, planned intervention strategies, and the goals of treatment  
Define expectations of the offender, his/her family (when possible), and support systems  
Address the issue of ongoing victim input

- 3.140 A provider shall employ treatment methods that are supported by current professional research and practice:
- A. Group therapy (with the group comprised only of sex offenders) is the preferred method of sex offense-specific treatment. At a minimum, any method of psychological treatment used must conform to the standards for content of treatment and must contribute to behavioral monitoring of sex offenders. The sole use of individual therapy is not recommended with sex offenders, and shall be avoided except when geographical-specifically rural—or disability limitations dictate its use.
- 3.150 Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Colorado state law on health care records. Client files shall:
- A. Document the goals of treatment, the methods used, the client's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences given should be recorded.

- B. Accurately reflect the client's treatment progress, sessions attended, and changes in treatment.

### **3.200 Confidentiality**

- 3.210 A treatment provider shall obtain signed waivers of confidentiality based on the informed assent of the offender. If an offender has more than one therapist or treatment provider, the waiver of confidentiality shall extend to all therapists treating the offender. The waiver of confidentiality should extend to the victim's therapist. The waiver of confidentiality shall extend to the supervising officer and all members of the team and, if applicable, to the Department of Human Services and other individuals or agencies responsible for the supervision of the offender.
- 3.220 A provider shall notify all clients of the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S.

### **3.300 Treatment Provider-Client Contract**

- 3.310 A provider shall develop and utilize a written contract with each sex offender (hereafter called "client" in this section of the Standards) prior to the commencement of treatment. The contract shall define the specific responsibilities of both the provider and the client.
  - A. The contract shall explain the responsibility of a provider to:
    - 1. Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations;
    - 2. Describe the waivers of confidentiality which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared during the treatment; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver;
    - 3. Describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;
    - 4. Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined, and;
    - 5. Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S.

- B. The contract shall explain any responsibilities of a client (as applicable) to:
1. Pay for the cost of assessment and treatment for him or herself, and his or her family, if applicable;
  2. pay for the cost of assessment and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, physiological testing, and consultation;
  3. Inform the client's family and support system of details of past offenses which are relevant to ensuring help and protection for past victims and/or relevant to the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children;
  4. Actively involve relevant family and support system, as indicated in the relapse prevention plan.
  5. Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system;
  6. Participate in polygraph testing as required in the Standards and Guideline and, if indicated, plethysmographic testing and adjuncts to treatment;
  7. Assent to be tested for sexually transmitted diseases and HIV, and assent for the results of such testing to be released to the victim by the appropriate person, and;
  8. Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and/or in the contract between the provider and the client.

C. The contract shall also, (as applicable):

1. Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;
2. Describe limitations or prohibitions on the use or viewing of sexually explicit or violent material;
3. Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, by avoiding high-risk situations, and by reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;
4. Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff, and;
5. Describe limitations or prohibitions on employment and recreation.

### **3.600 Community Placement and the Treatment of Sex Offenders in Denial**

3.620 Level of denial and defensiveness shall be assessed during the mental health sex offense-specific evaluation.

- 3.630 When a sex offender in strong or sever denial must be in the community (e.g. on mandatory parole), offense-specific treatment shall begin with an initial module that specifically addresses denial and defensiveness. Such offense-specific treatment for denial shall not exceed six months and is regarded as preparatory for the remaining course of offense-specific treatment.
- 3.650 Offenders who are still in strong or sever denial and/or are strongly resistant after this six-month phase of treatment shall be terminated from treatment and revocation proceeding should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option. In no case should a sex offender in continuing denial of the facts of the offense remain indefinitely in offense-specific treatment.

### **3.700 Treatment Providers' Use of the Polygraph and Plethysmograph and Abel Screen**

- 3.720 It is recommended that a provider employ plethysmography as a means of gaining information regarding the sexual arousal patterns of sex offenders or the Abel screen as a means of gaining information regarding the sexual interest patterns of sex offenders.
- 3.730 In cooperation with the supervising officer, the provider shall employ treatment methods that incorporate the results of polygraph examinations, including specific issue polygraphs, disclosure polygraphs, and maintenance polygraphs. Exceptions to the requirement for use of the polygraph may be made only by the case management team or by a prison treatment provider.
- 3.740 The case management team shall determine the frequency of polygraph examinations, and the results shall be reviewed by the team. The results of such polygraphs shall be used to identify treatment issues and for behavioral monitoring.

## **5.000 Standards and Guidelines for Management of Sex Offenders on Probation Parole and Community Correction**

### **5.100 Establishment of an Interagency Community Supervision Team**

5.120 Each team, at a minimum, should consist of:

The supervising officer  
The offender's treatment provider and  
The polygraph examiner

Each team is formed around a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to managing and treating the offender. Team membership may therefore change over time.

The team may include individuals who need to be involved at a particular stage of management or treatment (e.g., the victim's therapist or victim advocate). When the sexual offense is incest, the child protection worker is also a team member if the case is still open.

5.160 Team members should communicate frequently enough to manage and treat sexual offenders effectively, with community safety as the highest priority.

## **5.200 Responsibilities of the Supervising Officer for Team Management**

5.210 The supervising officer shall refer sex offenders for evaluation and treatment only to treatment providers who meet the standards. (Section 16-11.7-106 C.R.S.)

5.220 The supervising officer should ensure that sex offenders sign releases for at least the following types of information:

Releases of information to treatment providers, including information from any treatment program in which the offender participated in the Department of Corrections;

Releases of information to case management team members, including collateral information sources, as indicated, such as the child protection agency, the treatment provider, the polygraph examiner, the victim's therapist, and any other professionals involved in treatment and/or supervision of the offender;

Releases of information to the victim's therapist, the guardian ad litem, custodial parent, guardian, caseworker, or other involved professional, as indicated. Such information may be used in the victim's treatment and/or in making decisions regarding reunification of the family or the offender's contact with the victim.

5.230 The supervising officer, in cooperation with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring. Team members should provide input and information to the polygraph examiner regarding examination questions. The

information provided by the team should include date and results of last polygraph examination.

- 5.240 The supervising officer should require sex offenders to provide a copy of the written plan developed in treatment for preventing a relapse, signed by the offender and the therapist, as soon as it is available. The supervising officer should utilize the relapse prevention plan in monitoring offenders' behavior.
- 5.250 The supervising officer should require sex offenders to obtain the officer's written permission to change treatment providers.
- 5.260 The supervising officer should ensure maximum behavioral monitoring and supervision for offenders in denial. The officer should use supervision tools that place limitations on offenders' use of free time and mobility and emphasize community safety and containment of offenders.
- 5.270 The supervising officer should require treatment providers to keep monthly written updates on sex offenders' status and progress in treatment.
- 5.280 The supervising officer should discuss with the treatment provider, the victim's therapist, custodial parent or foster parent, and guardian ad litem specific plans for any and all contacts of an offender with a child victim and plans for family reunification.
- 5.290 The supervising officer should develop a supervision plan and contact standards based on a risk assessment of each sex offender, the sex offender's offending cycle, physiological monitoring results, and the offender's progress in treatment
- 5.216 The supervising officer should notify sex offenders that they must register with local law enforcement, in compliance with Section 18-3-412.5 C.R.S.
- 5.222 Supervising officers assessing or supervising sex offenders should successfully complete training programs specific to sex offenders. Such training shall include information on:
  - Prevalence of sexual assault
  - Offender characteristics
  - Assessment/evaluation of sex offenders
  - Current research
  - Community management of sex offenders
  - Interviewing skills
  - Victim issues
  - Sex offender treatment
  - Choosing evaluators and treatment providers
  - Relapse prevention
  - Physiological procedures

Determining progress  
Offender denial  
Special populations of sex offenders  
Cultural and ethnic awareness

It is also desirable for agency supervisors of officers managing sex offenders to complete such training.

5.223 On an annual basis, supervising officers should obtain continuing education/training specific to sex offenders.

### **5.300 Responsibilities of the Treatment Provider within the Team**

- 5.310 A treatment provider shall establish a cooperative professional relationship with the supervising officer of each offender and with other relevant supervising agencies. This includes but may not be limited to:
- A. A provider shall immediately report to the supervising officer all violations of the provider/client contract, including those related to specific conditions of probation, parole, or community corrections;
  - B. A provider shall immediately report to the supervising officer evidence or likelihood of an offender's increased risk of re-offending so that behavioral monitoring activities may be increased;
  - C. A provider shall report to the supervising officer any reduction or duration of contacts or any alteration in treatment modality that constitutes a change in an offender's treatment plan. 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 the supervising officer
  - D. On a timely basis, and no less than monthly, a provider shall provide to the supervising officer progress reports documenting offenders' attendance, participation in treatment, increase in risk factors, changes in the treatment plan, and treatment progress.
  - E. If a revocation of probation or parole is filed by the supervising officer, a provider shall furnish, when requested by the supervising officer, written information regarding the offender's treatment progress. The information shall include: changes in the treatment plan, dates of attendance, treatment activities, the offender's relative progress and compliance in treatment, and any other material relevant to the court at the hearing. The treatment provider shall be willing to testify in court if necessary.

- F. A provider shall discuss with the supervising officer, the victim's therapist, custodial parent and/or guardian ad litem specific plans for any and all contacts of the offender with the child victim and plans for family reunification.
- G. A provider shall make recommendations to the supervising officer about visitation supervisors for an offender's contact with children, if such contact is allowed.

## **5.400 Responsibilities of the Polygraph Examiner within the Team**

- 5.410 The polygraph examiner shall participate as a member of the post-conviction case management team established for each sex offender
- 5.420 The polygraph examiner shall submit written reports to each member of the community supervision team for each polygraph exam as required in section 6.190. Reports shall be submitted in a timely manner, no longer than two weeks post testing.
- 5.430 Attendance at team meetings shall be on an as-needed basis. At the discretion of the supervising officer, the polygraph examiner may be required to attend only those meeting preceding and /or following an offender's polygraph examination, but the examiner is nonetheless an important member of the team.

## **5.500 Conditions of Community Supervision**

- 5.510 In addition to general conditions imposed on all offenders under community supervision, the supervising agency should impose the following special conditions on sex offenders under community supervision:
  - A. Sex offenders shall have no contact with their victim(s), including correspondence, telephone contact, or communication through third parties except under circumstances approved in advance and in writing by the supervising officer in consultation with the community supervision team. Sex offenders shall not enter onto the premises, travel past, or loiter near the victim's residence, place of employment, or other places frequented by the victim;
  - B. Sex offenders shall have no contact, nor reside with children under the age of 18, including their own children, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team. The sex offender must report all incidental contact with children to the treatment provider and the supervising officer as required by the team;

- C. Sex offenders who have perpetrated against children shall not date or befriend anyone who has children under the age of 18, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team;
- D. Sex offenders shall not access or loiter near school yards, parks, arcades, playgrounds, amusement parks, or other places used primarily by children unless approved in advance and in writing by the supervising officer in consultation with the community supervision team;
- E. Sex offenders shall not be employed in or participate in any volunteer activity that involves contact with children, except under circumstances approved in advance and in writing by the supervising office in consultation with the community supervision team;
- F. Sex offenders shall not possess any pornographic, sexually oriented or sexually stimulating materials, including visual, auditory, telephonic, or electronic media, computer programs or services. Sex offenders shall not patronize any place where such material or entertainment is available. Sex offenders shall not utilize any sex-related telephone numbers. The community supervision team may grant permission for the use of sexually oriented material for treatment purposes;
- G. Sex offenders shall not consume or possess alcohol;
- H. The residence and living situation of sex offenders must be approved in advance by the supervising officer in consultation with the community supervision team. In determining whether to approve the residence, the supervising officer will consider the level of communication the officer has with others living in the residence, and the extent to which the offender has informed household members or his/her conviction and conditions of probation/parole/community corrections, and the extent to which others living in the residence are supportive of the case management plan;
- I. Sex offenders will be required to undergo blood, saliva, and DNA testing as required by statute;
- J. Other special conditions that restrict sex offenders from high-risk situations and limit access to potential victims may be imposed by the supervising officer in consultation with the community supervision team;
- K. Sex offenders shall sign information releases to allow all professionals involved in assessment, treatment, and behavioral monitoring and

compliance of the sex offender to communicate and share documentation with each other;

- L. Sex offenders shall not hitchhike or pick up hitchhikers;
- M. Sex offenders shall attend and actively participate in evaluation and treatment approved by the supervising officer and shall not change treatment providers with out prior approval of the supervising officer.

## **5.600 Behavioral Monitoring of Sex Offenders in the Community**

5.610 The monitoring of offenders' compliance with treatment and sentencing requirements shall recognize sex offenders' potential to re-offend, to re-victimize, to cause harm, and the limits of sex offenders' self-reports:

- A. Responsibility for the behavioral monitoring activities shall be outlined under explicit agreements established by the supervising officer. Some or all members of the team described in Section 5.000 will share monitoring responsibility. At a minimum, the provider, the supervising officer, and the polygraph examiner shall take an active role in monitoring offenders' behaviors;

For purposes of compliance with this standard, behavioral monitoring activities shall include, but are not limited to the following: (For some activities, monitoring and treatment overlap).

1. The receipt of third-party reports and observations;
2. The use of disclosure and maintenance polygraphs; measures of arousal or interest including sexual and violent arousal or interest;
3. The use and support of targeted limitations on an offenders' behavior, including those condition set forth in Section 5.500;
4. The verification (by means of observation and/or collateral sources of information in addition to the offender's self report ) of the offender's:
  - a) Compliance with sentencing requirements, supervision conditions and treatment directives;
  - b) Cessation of sexually deviant behavior;
  - c) Reduction of behaviors most likely to be related to a sexual re-offense;

- d) Living, work and social environments, to ensure that these environments provide sufficient protection against offenders' potential to re-offend;
    - e) Compliance with specific conditions of the relapse prevention plan;
  - 5. The direct involvement of individuals significant in the offenders' life in monitoring offenders' compliance, when approved by the community supervision team.
- B. Behavioral monitoring should be increased during times of an offender's increased risk to re-offend, including, but not limited to, such circumstances as the following:
  - 1. The offender is experiencing stress or crisis;
  - 2. The offender is in a high-risk environment;
  - 3. The offender will be having visits with victims or potential victims, as recommended by the provider and approved by the supervising officer, victim treatment provider, custodial parent, and/or guardian ad litem;
  - 4. The offender demonstrates a high or increased level of denial.

## **5.700 Sex Offenders' Contact with Victims and Potential Victims**

5.710 For purposes of compliance with this standard, supervising officers and providers shall:

- A. Whenever possible, collaborate with an adult victim's therapist or advocate, or a child victim's therapist, guardian, custodial parent, foster parent, and/or guardian ad litem, in making decisions regarding communication, visits, and reunification;
- B. Support the victim's wishes when the victim does not wish to have contact with the offender;
- C. Arrange contact in a manner that places child and/or victim safety first. When assessing safety, both psychological and physical well-being shall be considered;

- D. Ensure consultation with custodial parents or guardians of a child victim and the child's guardian ad litem and treatment provider prior to authorizing contact and that contact is in accordance with court directives:
- E. Before recommending contact with a child victim or any potential victims, assess the offender's readiness and ability to refrain from re-victimizing, i.e. to avoid coercive and grooming statements and behaviors, to respect the child's personal space, and to recognize and respect the child's indication of comfort or discomfort. In addition, the following criteria must be met before visitation can be initiated:
1. Sexually deviant impulses are at a manageable level and the offender can utilize cognitive and behavioral interventions to interrupt deviant fantasies;
  2. The offender is willing to plan for visits, to develop and utilize a safety plan for all visits and to accept supervision during visits;
  3. The offender accepts responsibility for the abuse;
  4. Any significant differences between the offender's statements, the victim's statements and corroborating information about the abuse have been resolved;
  5. The offender has a cognitive understanding of the impact of the abuse on the victim and the family;
  6. The offender is willing to accept limits on visits by family members and the victim and puts the victim's needs first;
  7. The offender has willingly disclosed all relevant information related to risk to all necessary others;
  8. The clarification process is complete;
  9. Both the offender and the potential visitation supervisor have completed training addressing sexual offending and how to participate in visitation safely;

10. The offender and the potential supervisor understand the deviant cycle and accept the possibility of re-offense. The offender should also be able to recognize thinking errors;
11. The offender has completed a non-deceptive sexual history disclosure polygraph and at least one non-deceptive maintenance polygraph. Any exception to the requirement for a non-deceptive sexual history disclosure polygraph must be made by a consensus of the community supervision team;
12. The offender understands and is willing to respect the victim's verbal and non-verbal boundaries and need for privacy;
13. The offender accepts that others will decide about visitation, including the victim, the spouse and the community supervision team.

F. If contact is approved, the treatment provider and the supervising officer shall closely supervise and monitor the process:

1. There must be provisions for the monitoring behavior and reporting rule violations to the supervising officer;
2. Victims' and potential victims' emotional and physical safety shall be assessed on a continuing basis and visits shall be terminated immediately if any aspect of safety is jeopardized;
3. Supervision is critical when any sex offender visits with any child; supervision is especially critical for those whose crimes are known to have been against children, and most of all during visitation with any child previously victimized by the offender. Any behavior indicating risk shall result in visits being terminated immediately;
4. Special consideration should be given when selecting visitation supervisors. The visitation supervisor shall have some relationship with the child, be fully aware of the offense history including patterns associated with grooming, coercion, and sexual behaviors and be capable and

willing to report any infractions and risk behaviors to the community supervision team members. If the supervisor is not known to the child, then the child's current care giver should be available. The potential supervisor must complete training addressing sexual offending and safe and effective visitation supervision.

## **6.000 Standards for Polygraphy**

### **6.100 Standards of Practice for Sex Offender Clinical Polygraph Examiners**

6.190 Examiners shall issue a written report. The report must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statements made by the subject. The information in the report must not be biased, or falsified in any way. The examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process. All examination written reports must include the following:

- Date of test or evaluation
- Name of person requesting exam]
- Name of examinee
- Location of examinee in the criminal justice system (probation, parole, etc)
- Reason for examination
- Date of last clinical examination
- Examination questions and answers
- Any additional information deemed relevant by the polygraph examiner, eg: examinee's demeanor
- Reasons for inability to complete exam, information from examinee outside the exam, etc.
- Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee.

6.111 In order to design an effective polygraph examination and adhere to standardized and recognized procedures the relevant test questions should be limited to no more than four and shall:

Be simple, direct and as short as possible

Not include legal terminology that allows for examinee rationalization and utilization of other defense mechanisms

Not include mental state or motivation terminology

The meaning of each question must be clear and not allow for multiple interpretations

Each question shall contain reference to only one issue under investigation

Never presuppose knowledge on the part of the examiner

Use language easily understood by the examinee and all terms used by the examiner should be fully explained to the examinee

Be easily answered yes or no

Avoid the use of any emotionally laden terminology (such as rape, molest, murder, etc.) and use language that is behaviorally descriptive.