



Operating Procedure

Effective Date September 1, 2018	Number 735.2
Amended	Operating Level Department
Supersedes Operating Procedure 735.2 (9/1/15)	
Authority COV §53.1-32.1, §54.1-2400	
ACA/PREA Standards 4-4281-4	
Office of Primary Responsibility Chief of Mental Health Services	

Subject
**SEX OFFENDER TREATMENT SERVICES
(INSTITUTIONS)**

Incarcerated Offender Access
Yes No

Public Access Yes No
Attachments Yes #3 No

I. PURPOSE

This operating procedure establishes a protocol for the management and facilitation of sex offender treatment services at designated Department of Corrections institutions.

II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Assessment - Utilizing specific techniques of evaluation and measurement to identify and collect information related to an offender's thoughts and behaviors which contribute to sexual offending

Certified Sex Offender Treatment Provider (CSOTP) - A staff member who is currently registered in good standing with the Virginia Board of Psychology as a Certified Sex Offender Treatment Provider

Designated Sex Offender Treatment Facility - DOC facilities that have been approved by the Director or designee to provide sex offender treatment services.

Evidence Based Practices (EBP) - Correctional decision making derived from research findings about practices proven to change offender behavior thereby reducing the risk for recidivism

Group Therapy - Therapeutic sessions involving two or more offenders and one or more staff facilitators; groups are based on diagnostic category, therapeutic technique, or salient topic e.g., Symptom Management, Relationship Issues.

Individual Therapy - Therapeutic sessions involving an offender and a Qualified Mental Health Professional (QMHP)

Informed Consent - The acknowledgment, as evidenced by documentation, that a mentally competent offender has sufficient knowledge of the treatment process and freely chooses to participate in such treatment.

Milieu Therapy - The physical and social environment of a treatment program which results in a therapeutic impact; this type of therapeutic environment is achieved through housing a homogeneous group of offenders together and typically involves programming which encourages offender contribution and regulation of the environment under clinical and security supervision.

Psychoeducation - Information is provided in ancillary, education based groups to ensure a required level of content knowledge exists prior to participation in treatment. It is non-therapeutic in nature.

Qualified Mental Health Professional (QMHP) - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatric Provider, Social Worker (Masters level) or Registered Nurse, or an individual with at least a Master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental

disorders.

Treatment - Individual or group therapy for the express purpose of identifying and addressing the dynamics and occurrence of sexual behavior and identifying and utilizing strategies to promote behavioral change

IV. PROCEDURE

A. Sex Offender Treatment Services Mission

The mission of the Sex Offender Services program within the Department of Corrections is to enhance public and institutional safety by providing evidence based assessment, treatment, re-entry, and supervision services to sex offenders as well as consultation and training to those involved in their management and treatment in accordance with professional and ethical standards of practice.

B. Designated Sex Offender Services Institutions

1. Sex offender psychoeducation, assessment, and treatment will only be offered at those institutions designated by the DOC Director as sex offender treatment institutions. The Sex Offender Program Director must approve the delivery of each sex offender treatment service.
2. Requesting Designation - Facility Unit Heads, who want their institution designated to provide sex offender treatment, will submit an *Initial Program Description* for approval in accordance with Operating Procedure 841.1, *Offender Programs and Services*.
3. Staffing - Designated sex offender treatment institutions are required to identify at least one Case Management Counselor and one QMHP position to provide sex offender psychoeducation and treatment services, respectively. Each position must have this responsibility clearly stated as a core responsibility in the position's Employee Work Profile (EWP).
4. Identification of Offenders - Designated sex offender treatment institutions are required to maintain a centralized list/electronic database of sex offenders housed at their institution. The designated QMHP and designated Counselor will work collaboratively to maintain this list in order to track and prioritize offenders for assignment to psychoeducational and therapeutic treatment. (4-4281-4)

C. Staff Qualifications for Providing Sex Offender Services

1. Assessment services will only be provided by staff who are both currently licensed in their respective field and either certified as a Sex Offender Treatment Provider (SOTP) or under the supervision of a licensed and SOTP certified staff member.
2. Staff who provide psychoeducational services, such as the Sex Offender Awareness Program (SOAP), are:
 - a. Neither required to be certified as a Sex Offender Treatment Provider (CSOTP) nor to meet the requirements of the Virginia Board of Psychology to seek this certification
 - b. If not certified, staff must be under the clinical supervision of a Certified Sex Offender Treatment Provider who has been approved by the Sex Offender Program Director. The CSOTP providing this supervision should meet with uncertified staff at least monthly or as otherwise indicated by program requirements.
3. QMHP staff members providing therapeutic sex offender treatment in individual or group settings:
 - a. Preferred to be certified as a Sex Offender Treatment Provider (CSOTP)
 - b. Without this credential, they must meet the educational requirements for certification as a CSOTP as required by the Board of Psychology and be under the clinical supervision of either a QMHP staff member who is licensed in their respective mental health field or who is certified as a Sex Offender Treatment Provider, and approved by the Sex Offender Program Director.
4. QMHPs providing sex offender treatment in Residential settings must be certified as a CSOTP or receive their CSOTP certification within one year of hire.

D. Training

All staff providing sex offender psychoeducational, therapeutic, or residential treatment services must complete the training curriculum approved by the Sex Offender Program Director and listed on Attachment 1, *Sex Offender Treatment Provider Required Training Curriculum*.

E. Levels of Service (4-4281-4)

1. Psychoeducational - Offenders will be referred to sex offender psychoeducational services in accordance with this operating procedure and Operating Procedure 820.2, *Re-entry Planning*.
 - a. Designated institutions should maintain one centralized referral waiting list for offenders pending placement in a sex offender psychoeducational group.
 - b. Offenders should be prioritized for group assignment based on their anticipated release date.
2. Therapeutic treatment services are provided to offenders in general population settings at designated institutions.
 - a. This level of treatment intensity is utilized for offenders determined to be at medium to high risk of sexual reoffending (via the [Sex Offender Treatment Screening \(Male Version\) DOC SO 1 735_F1](#) and [Sex Offender Treatment Screening \(Female Version\) DOC SO 2 735_F2](#)) and may include, but not limited to, treatment to address sex offender specific issues, criminal thinking, cognitive distortions, or pharmacological interventions.
 - b. Institutions providing this level of treatment may utilize polygraphs in the course of treatment with the approval of the Sex Offender Program Director.
3. Residential, the most intensive level of treatment is offered to offenders identified as at medium to high risk of sexual reoffending.
 - a. Interventions include psychoeducational groups, milieu therapy, and other therapeutic interventions.
 - b. Designated institutions providing this level of treatment will establish housing units that limit offenders to only those accepted into the treatment program.
 - c. Residential treatment programs are required to be licensed by the Department of Behavioral Health and Developmental Services (DBHDS).

F. Provision of Services

1. Screening for Psychoeducational Groups
 - a. Offenders currently incarcerated or re-incarcerated for violating probation or parole for a sexual offense shall be referred to a sex offender specific psychoeducational group.
 - b. Staff may also refer offenders whose offenses were originally charged as a sexual offense but were reduced to non-sexual offenses and offenders who have received multiple institutional charges for sexually related offenses e.g., indecent exposure, etc.
 - c. Offenders designated as an HRSA may also be referred for psychoeducational programming by a QMHP as needed in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
 - d. As necessary, offenders referred for sex offender psychoeducational groups will be placed on a waiting list and prioritized for entrance into group based on the offender's anticipated release date.
 - e. When assigning an offender to psychoeducational groups, designated staff will meet with the offender to notify them of their assignment and of the consequences of refusing.
 - f. Offenders refusing treatment will complete the documentation included in the facilitator manual. (See *Treatment Refusal* section below)
2. Screening and Referral for Therapeutic Treatment - QMHPs at each designated institution will screen offenders who have completed sex offender psychoeducational groups utilizing the [Sex](#)

- [Offender Treatment Screening \(Male Version\) DOC SO 1 735_F1](#) or [Sex Offender Treatment Screening \(Female Version\) DOC SO 2 735_F2](#) for participation in therapeutic treatment in accordance with specified treatment admission criteria in the approved *Initial Program Description*.
3. Screening and Referral for Residential Treatment
 - a. All offenders, who meet the requirements of Attachment 2, *Sex Offender Residential Treatment (SORT) Program Admission Criteria*, will be referred by their Counselor to residential treatment using a [Sex Offender Residential Treatment \(SORT\) Program Referral DOC SO 3 735_F3](#). A referral should be submitted at each annual review that the offender meets the referral criteria.
 - b. All offenders housed at institutions to include both designated and non-designated sex offender treatment institutions, who meet the *(SORT) Program Admission Criteria*, must be referred to residential treatment.
 - c. The Counselor will document in VACORIS *Facility Notes* when an offender is reviewed, but does not meet the referral criteria and is not referred.
 4. Assessment - QMHPs, specifically approved by the Sex Offender Program Director may conduct assessments to identify an offender's treatment needs and/or risk of re-offending. Staff completing these assessments will utilize only assessment instruments approved by the Sex Offender Program Director. (4-4281-4)
 5. Psychoeducational/Treatment Assignments
 - a. Assignment Priorities
 - i. Offenders identified as appropriate for psychoeducational, therapeutic, and residential treatment shall be prioritized to receive treatment first based on their anticipated release date.
 - ii. Offenders serving life sentences that are eligible for parole shall be the second priority for psychoeducational and therapeutic treatment. These offenders will be prioritized based on the amount of time they have been eligible for parole.
 - (a) Offenders who have been eligible for parole for longer periods of time will be prioritized over offenders who have been eligible for shorter periods.
 - (b) Offenders serving life sentences with no opportunity for parole may be offered psychoeducational and therapeutic treatment as space is available in a group.
 - b. All offenders determined to be appropriate for psychoeducational or therapeutic treatment must be assigned to treatment or the appropriate waiting list by their Counselor or the group facilitator.
 - i. If an offender meets the referral criteria but is exempted from group (e.g., language barrier, intellectual disability), the Counselor shall make note of this reason in VACORIS *Facility Notes*.
 - ii. Offenders may submit a request to be placed in treatment or on the waiting list, but the responsibility for determining eligibility, appropriateness, or placement lies with the Counselor or group facilitator.
 - c. Sex Offenders housed in non-designated institutions should be transferred to a designated treatment institution prior to the offender's release in order to receive sex offender treatment services.
 6. Treatment Acceptance
 - a. All offenders being assigned to therapeutic or residential treatment must review and sign the [Sex Offender Treatment Information DOC SO 4 735_F4](#).
 - b. This opportunity should be documented in Section IV of the Health Record.
 - c. Informed consent must be obtained prior to beginning therapeutic and residential treatment; the offender's consent must be documented by signing the [Sex Offender Treatment Informed Consent/Treatment Refusal DOC SO 5 735_F5](#).
 - d. The offender must be given an opportunity to discuss the information in the *Sex Offender Treatment Informed Consent/Treatment Refusal* with a staff member prior to signing.

7. Treatment Refusal

- a. If, after reviewing the [Sex Offender Treatment Information DOC SO 4 735_F4](#) and [Sex Offender Treatment Informed Consent/Treatment Refusal DOC SO 5 735_F5](#), an offender refuses a treatment assignment, the portion of the *Sex Offender Treatment Informed Consent/Treatment Refusal* titled *Treatment Refusal* should be signed by the offender and witnessed by staff.
 - i. If an offender refuses to sign the *Treatment Refusal* section of the form, the offender's refusal will be noted on the form in lieu of the offender's signature and the witness will sign and date the form.
 - ii. Offenders that initially accept treatment and then refuse at a later date will be required to sign the *Treatment Refusal* section of a new [Sex Offender Treatment Informed Consent/Treatment Refusal DOC SO 5 735_F5](#).
 - iii. The completed [Sex Offender Treatment Informed Consent/Treatment Refusal DOC SO 5](#) must be placed in Section IV of the Health Record.
- b. Offenders who actively or passively refuse to participate in any assigned sex offender psychoeducational or therapeutic treatment should receive a charge under Offense Code 200 (*Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed*) in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*.
- c. Offenders who actively or passively refuse to participate in any assigned sex offender residential treatment should receive a charge under Offense Code 119e (*Refusal to participate in testing, classification or re-entry preparation*) in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*.
- d. In accordance with [COV §53.1-32.1](#), within 30 days of refusal, offenders refusing treatment assignments shall be reduced to Good Time Award Class Level IV and shall not earn good time until they comply with program requirements.

8. Treatment Removal

- a. Offenders who accept their assignment to treatment but who passively refuse to participate, fail to satisfactorily progress, or are removed for being disruptive will be considered to be refusing treatment.
- b. Offenders removed from treatment through no fault of their own as determined by treatment staff (such as for medical issues) shall not be subject to disciplinary action and good time Class Level reductions.
- c. A note shall be placed in VACORIS *Facility Notes* documenting the reason for the offender's removal from treatment.
- d. Removal from therapeutic programming must be clearly recorded in Section IV of the Health Record with documentation supporting the reason for removal.

9. Treatment Programming

- a. Psychoeducational
 - i. All designated sex offender treatment institutions are required to utilize only Psychoeducational Programs approved by the Sex Offender Program Director and the Academy for Staff Development.
 - ii. In order to maintain program fidelity, psychoeducational programming must be delivered as instructed by the Academy for Staff Development.
 - iii. Upon successful completion of the group, the Counselor shall upload the group certificate to VACORIS.
- b. Therapeutic
 - i. All therapeutic treatment programming must be approved by the Sex Offender Program Director and in accordance with Operating Procedure 841.1, *Offender Programs and Services*.
 - ii. Participation in therapeutic groups will be documented using the [Sex Offender Services Group](#)

[Therapy Note DOC SO 6](#) 735_F6 and individual treatment sessions will be documented in accordance with Operating Procedure 730.1, *Mental Health Services: Administration*.

- iii. At the conclusion of therapeutic treatment, a [Sex Offender Treatment Summary DOC SO 7](#) 735_F7 will be completed and placed in Section IV of the Health Record. If an offender is within 6 months or re-entry to the community, distribute the *Sex Offender Treatment Summary* as indicated on the *Treatment Summary*.

c. Residential Treatment Programs

- i. Residential programs are required to be licensed by the Department of Behavioral Health and Developmental Services (DBHDS) as Residential Treatment Programs.
- ii. Each residential treatment program is required to establish an *Implementation Memorandum* governing program operation including the requirement to utilize individualized treatment plans for offenders in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*.

d. Use of the Polygraph

- i. Any use of the polygraph for the purpose of sex offender treatment must be approved by the Sex Offender Program Director.
- ii. The polygraph may be used for treatment purposes only and may not be administered for the purpose of implicating an offender in a new offense. Offenders may be asked questions about their sexual history including their history of offending. However, they must be advised in advance that they are not required to reveal victim names or identifying information for any offense for which they have not been convicted.
- iii. Offenders will be required to read and complete the [Sex Offender Disclosure Questionnaire DOC SO 8](#) 735_F8 prior to taking a full disclosure polygraph. This document will be made available to the polygrapher during the testing process and will be filed in Section IV of the offender's Health Record along with the resulting polygraph report.
- iv. Offender requests for copies of polygraph reports may be denied at the discretion of the treatment staff.
 - (a) Polygraphers' reports may include information and interpretations of the offender's behavior that may be used by the offender to provide deceptive information in future assessments.
 - (b) Any refusal to provide copies of a polygraph report, along with the reasons for the decision, must be clearly documented in Section IV of the offender's Health Record.

10. Treatment Discharge

a. Discharge Planning

- i. Upon completion of a residential treatment program, the designated QMHP will generate a [Sex Offender Residential Treatment Discharge Summary DOC SO 9](#) 735_F9 and file it in Section IV of the Health Record.
- ii. If the offender is leaving treatment due to being released to the community, a copy of the *Sex Offender Residential Treatment Discharge Summary*, available polygraphs, and assessments will be distributed as indicated at the bottom of the *Summary*.

b. Exit Interview

- i. Upon release from treatment, each offender participating in sex offender therapeutic or residential treatment will be given the opportunity to complete a [Sex Offender Treatment Services Participant Exit Interview DOC SO 10](#) 735_F10.
- ii. The original *Exit Interview* will be filed in Section IV of the Health Record and a copy will be forwarded to the Sex Offender Program Director.

11. Sex Offender Treatment Records

- a. Release of Records - In accordance with Operating Procedure 050.6, *Offender Access to Record Information*, an offender may not have access to or review the original record.
 - i. Offender access is provided via copies of the requested documentation.

- ii. Offenders will be allowed to review requested copies under the supervision of a QMHP.
- b. Although incarcerated offenders may request copies of their records, staff will caution them regarding confidentiality concerns of retaining these copies in their possession while incarcerated.
- c. Once reviewed, the offender can request that the copies be sent to someone in the community, with applicable postage charges applied.

G. Sex Offender Registration

Sex offenders shall be registered with the Virginia State Police in accordance with Operating Procedure 735.1, *Sex Offender and Crimes Against Minors Registration* (See Attachment 3, *Sex Offender and Crimes Against Minors Registry Guidelines*).

H. Training/Presentations/Information Regarding Sex Offender Treatment

1. Staff providing sex offender treatment services are encouraged to become adjunct instructors at the Academy for Staff Development.
2. Requests for staff to speak to outside agencies regarding the sex offender treatment services provided by the DOC require approval of the Sex Offender Program Director.

V. REFERENCES

Operating Procedure 050.6, *Offender Access to Record Information*
Operating Procedure 730.1, *Mental Health Services: Administration*
Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*
Operating Procedure 730.3, *Mental Health Services: Levels of Service*
Operating Procedure 735.1, *Sex Offender and Crimes Against Minors Registration*
Operating Procedure 820.2, *Re-entry Planning*
Operating Procedure 841.1, *Offender Programs and Services*
Operating Procedure 861.1, *Offender Discipline, Institutions*

VI. FORM CITATIONS

[*Sex Offender Treatment Screening \(Male Version\) DOC SO 1 735_F1*](#)
[*Sex Offender Treatment Screening \(Female Version\) DOC SO 2 735_F2*](#)
[*Sex Offender Residential Treatment \(SORT\) Program Referral DOC SO 3 735_F3*](#)
[*Sex Offender Treatment Information DOC SO 4 735_F4*](#)
[*Sex Offender Treatment Informed Consent/Treatment Refusal DOC SO 5 735_F5*](#)
[*Sex Offender Services Group Therapy Note DOC SO 6 735_F6*](#)
[*Sex Offender Treatment Summary DOC SO 7 735_F7*](#)
[*Sex Offender Disclosure Questionnaire DOC SO 8 735_F8*](#)
[*Sex Offender Residential Treatment Discharge Summary DOC SO 9 735_F9*](#)
[*Sex Offender Treatment Services Participant Exit Interview DOC SO 10 735_F10*](#)

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

Signature Copy on File

N. H. Scott, Deputy Director for Administration

8/3/18

Date