



# Virginia Department of Corrections

## Mental Health and Wellness Services

### Operating Procedure 735.2

#### *Sex Offender Treatment Services (Institutions)*

**Authority:**

Directive 735, *Sex Offender Management and Treatment*

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### REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

*The content owner reviewed this operating procedure in May 2024 and determined that no changes are needed.*

### COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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## DEFINITIONS

**Assessment** - Utilizing specific techniques of evaluation and measurement to identify and collect information related to an inmate's/probationer's/parolee'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.

**Evidence Based Practices (EBP)** - Correctional decision making derived from research findings about practices proven to change inmate/probationer/parolee behavior thereby reducing the risk for recidivism.

**Group Therapy** - Therapeutic sessions involving three or more inmates/probationers/parolees 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 inmate and a Mental Health Clinician.

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

**Mental Health Clinician** - 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, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.

**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 inmates together and typically involves programming which encourages inmate contribution and regulation of the environment under clinical and security supervision.

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

**Sex Offender Residential Treatment (SORT) Program** - A structured residential treatment program providing the DOC's most intensive level of sex offender treatment to inmates identified as medium to high risk of sex offense recidivism.

**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.

## PURPOSE

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

## PROCEDURE

### I. Sex Offender Treatment Services Mission

The mission of sex offender treatment services within the DOC 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.

### II. Designated Sex Offender Treatment Services Institutions

- A. Sex offender psychoeducation, assessment, and treatment services 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.
- B. Requesting designation - Facility Unit Heads, who want their institution designated to provide sex offender treatment, will submit an *Initial EBP Program Description* 841\_F10 for approval in accordance with Operating Procedure 841.1, *Inmate Programs*.
- C. Staffing - Designated sex offender treatment institutions are required to identify at least one Case Management Counselor and one Mental Health Clinician 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.
- D. Identification of inmates - Designated sex offender treatment institutions will identify sex offenders housed at their institution by utilizing VACORIS. The designated Mental Health Clinician and designated Case Management Counselor will work collaboratively to track and prioritize inmates for assignment to psychoeducational services and therapeutic treatment. (5-ACI-3D-12)

### III. Staff Qualifications for Providing Sex Offender Treatment Services

- A. Assessment services will only be provided by staff who are both currently licensed in their respective field and either certified as a Certified Sex Offender Treatment Provider (CSOTP) or under the supervision of a licensed and CSOTP staff member.
- B. Staff who provide psychoeducational services, such as the Sex Offender Awareness Program, are:
  - 1. Neither required to be a CSOTP nor to meet the requirements of the Virginia Board of Psychology to seek this certification.
  - 2. Supervised by a CSOTP who has been approved by the Sex Offender Program Director if staff is not certified. This supervision consists of attending certain group sessions as outlined in the group manual, assuring that the program is delivered as designed, and being available for clinical consultation. The supervising CSOTP will meet with uncertified staff at least monthly or as otherwise indicated by program requirements.
- C. Mental Health Clinician staff members providing therapeutic sex offender treatment in individual or group settings are:
  - 1. CSOTP preferred.
  - 2. Eligible to 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 Mental Health Clinician staff member who is licensed in their respective mental health field or who is a CSOTP and approved by the Sex Offender Program Director.

D. Mental Health Clinicians providing sex offender treatment services in residential settings must be certified as a CSOTP or receive their CSOTP certification within one year of hire.

#### IV. 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*.

#### V. Assessment

Mental Health Clinicians, specifically approved by the Sex Offender Program Director, may conduct assessments to identify an inmate'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. (5-ACI-3D-12)

#### VI. Levels of Service (5-ACI-3D-12)

A. Psychoeducation - Inmates will be referred to sex offender psychoeducational services in accordance with this operating procedure and Operating Procedure 820.2, *Inmate Re-entry Planning*.

1. Designated institutions will utilize VACORIS to guide inmate placement in a sex offender psychoeducational group.
2. Inmates will be prioritized for group assignment based on their anticipated release date.

B. Therapeutic - Inmates are provided therapeutic services in general population settings at designated institutions.

1. This level of treatment intensity is utilized for inmates determined to be at medium to high risk of sexual reoffending and may include, but not limited to, treatment to address sex offender specific issues, criminal thinking, cognitive distortions, or pharmacological interventions.
2. Institutions providing this level of treatment may utilize polygraphs in the course of treatment with the approval of the Sex Offender Program Director.

C. Residential - This most intensive level of treatment is offered to inmates identified as at medium to high risk of sexual reoffending.

1. Interventions include psychoeducational groups, milieu therapy, and other therapeutic interventions.
2. Designated institutions providing this level of treatment will establish housing units that limit inmates to only those accepted into the treatment program.
3. Residential treatment programs are required to be licensed by the Department of Behavioral Health and Developmental Services (DBHDS).

#### VII. Psychoeducational/Treatment Assignments

##### A. Inmate assignment priorities

1. Inmates identified as appropriate for psychoeducational, therapeutic, and residential treatment will be prioritized to receive treatment first based on their anticipated release date.
2. Inmates having more than five years until their release date will not be placed in sex offender treatment. Any exception must be approved by the Sex Offender Program Director.
3. Inmates serving life sentences that are eligible for parole will be the second priority for psychoeducational and therapeutic treatment. These inmates will be prioritized based on the amount of time they have been eligible for parole.
  - a. Inmates eligible for parole for longer periods of time will be prioritized over inmates who have been eligible for shorter periods.
  - b. Inmates serving life sentences with no opportunity for parole may be offered psychoeducational

and therapeutic treatment as space is available in a group.

- B. All inmates determined to be appropriate for psychoeducational or therapeutic treatment must be assigned to treatment by the group facilitator.
  - 1. If an inmate meets the referral criteria but requires alternative treatment to ensure effective implementation (e.g., language barrier, intellectual disability), the Case Management Counselor will make note of this reason in *VACORIS Facility Notes*. The Regional Sex Offender Services Clinician will be contacted regarding appropriate referral options.
  - 2. Inmates may submit a request to be placed in treatment, but the responsibility for determining eligibility, appropriateness, or placement lies with the Case Management Counselor or group facilitator.
- C. Sex offenders housed in non-designated institutions will be transferred to a designated treatment institution prior to the inmate's release to receive sex offender treatment services.

### VIII. Provision of Psychoeducational Services

#### A. Screening and referrals for psychoeducational services

- 1. Inmates currently incarcerated or re-incarcerated for violating probation or parole for a sexual offense will be enrolled in sex offender specific psychoeducational programming.
- 2. Staff may also refer inmates whose offenses were originally charged as a sexual offense but were reduced to non-sexual offenses and inmates who have received multiple institutional charges for sexually related offenses e.g., indecent exposure, etc.
- 3. Inmates designated as a High Risk Sexual Aggressor may also be referred for psychoeducational services by a Mental Health Clinician as needed in accordance with Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification*.
- 4. As necessary, inmates referred for sex offender psychoeducational programming will be placed on a waiting list and prioritized for entrance into programming based on the inmate's anticipated release date. When assigning an inmate to psychoeducational programming, designated staff will meet with the inmate to notify them of their assignment and of the consequences of refusing.
- 5. Inmates refusing programming will complete the documentation included in the facilitator manual; see *Treatment Refusal* section below.

#### B. Psychoeducational Programming

- 1. 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 (ASD).
- 2. To maintain program fidelity, psychoeducational programming must be delivered as instructed by the ASD.

#### C. Psychoeducational Programming Refusal

- 1. Inmates who actively or passively refuse to participate in any assigned sex offender psychoeducational program will 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*.
- 2. In accordance with COV §53.1-32.1, *Classification system; program assignments; mandatory participation*, within 30 days of refusal, inmates refusing programming will be reduced to Good Time Award Class Level IV and will not earn good time until they comply with program requirements.

#### D. Psychoeducational Programming Removal

- 1. Inmates who accept their assignment to programming but who passively refuse to participate, fail to

satisfactorily progress, or are removed for being disruptive will be considered to be refusing programming.

2. Inmates removed from programming through no fault of their own as determined by staff (such as for medical issues) will not be subject to disciplinary action or good time Class Level reductions.
3. A note will be placed in VACORIS *Facility Notes* documenting the reason for the inmate's removal from programming.

## IX. Provision of Therapeutic and Residential Treatment

### A. Screening and referral for residential treatment

All inmates housed at institutions that are incarcerated on a sexual offense will be screened for residential treatment by the Sex Offender Screening and Assessment Unit.

1. All inmates being assigned to therapeutic or residential treatment must review and sign the *Sex Offender Treatment Information 735\_F4* and documented in Section IV of the inmate's health record.
2. Informed consent must be obtained prior to beginning therapeutic and residential treatment. The inmate's consent must be documented by signing the *Sex Offender Treatment Informed Consent/Treatment Refusal 735\_F5*.
3. The inmate 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.

### B. Treatment refusal

1. If, after reviewing the *Sex Offender Treatment Information 735\_F4* and *Sex Offender Treatment Informed Consent/Treatment Refusal 735\_F5*, an inmate refuses a treatment assignment, the portion of the *Sex Offender Treatment Informed Consent/Treatment Refusal* titled *Treatment Refusal* must be signed by the inmate and witnessed by staff.
  - a. If an inmate refuses to sign the *Treatment Refusal* section of the form, the inmate's refusal will be noted on the form in lieu of the inmate's signature and the witness will sign and date the form.
  - b. Inmates 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 735\_F5*.
  - c. The completed *Sex Offender Treatment Informed Consent/Treatment Refusal* must be placed in Section IV of the inmate's health record.
2. Inmates who actively or passively refuse to participate in any assigned sex offender therapeutic treatment will 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*.
3. Inmates who actively or passively refuse to participate in any assigned sex offender residential treatment will 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*.
4. In accordance with COV §53.1-32.1, *Classification system; program assignments; mandatory participation*, within 30 days of refusal, inmates refusing treatment assignments will be reduced to Good Time Award Class Level IV and will not earn good time until they comply with program requirements.

### C. Treatment removal

1. Inmates 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.



2. Inmates removed from treatment through no fault of their own as determined by treatment staff (such as for medical issues) will not be subject to disciplinary action or good time Class Level reductions.
3. A note will be placed in VACORIS *Facility Notes* documenting the reason for the inmate's removal from treatment.
4. Removal from treatment must be clearly recorded in Section IV of the inmate's health record with documentation supporting the reason for removal.

D. Conviction of drug offenses while in the Sex Offender Residential Treatment (SORT) Program

1. Appropriate facility sanctions will be imposed for the first drug conviction in accordance with 861.1, *Offender Discipline, Institutions* to include reduction to Good Time Award Class Level IV.
2. For a second conviction, an increase in security level will be required, unless other recommendations or sanctions are deemed appropriate by the inmate's Treatment Team.

E. Therapeutic treatment

1. All therapeutic treatment programming must be approved by the Sex Offender Program Director and in accordance with Operating Procedure 841.1, *Inmate Programs*.
2. Participation in therapeutic groups will be documented using the *Sex Offender Services Group Therapy Note 735\_F6* and individual treatment sessions will be documented in accordance with Operating Procedure 730.1, *Mental Health and Wellness Services: Administration*.
3. At the conclusion of individual or group therapeutic treatment, a *Sex Offender Treatment Summary 735\_F7* will be completed and placed in Section IV of the inmate's health record. If an inmate is within six months of re-entry to the community, distribute the *Sex Offender Treatment Summary* as indicated on the *Treatment Summary*.

F. Residential treatment

1. Residential treatment programs are required to be licensed by the DBHDS as residential treatment programs.
2. Each residential treatment program is required to establish an *Implementation Memorandum* governing program operation including the requirement to utilize individualized treatment plans for inmates in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*.

G. Use of the polygraph

1. Any use of the polygraph for the purpose of sex offender treatment must be approved by the Sex Offender Program Director.
2. The polygraph may be used for treatment purposes only and may not be administered for the purpose of implicating an inmate in a new offense. Inmates may be asked questions about their sexual history including their history of offending. However, inmates 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.
3. Inmates will be required to read and complete the *Sex Offender Disclosure Questionnaire 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 inmate's health record along with the resulting polygraph report.
4. If the inmate is in the SORT Program, their questionnaire and polygraph reports will be filed in the SORT Program record.
5. Inmate requests for copies of polygraph reports may be denied at the discretion of the treatment staff.
  - a. Polygrapher reports may include information and interpretations of the inmate's behavior that may be used by the inmate 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 inmate's health record or, in the case of an inmate participating in the SORT Program, in the SORT Program record.

#### H. Treatment discharge

##### 1. Discharge planning

- a. Upon completion of a residential treatment program, the designated Mental Health Clinician will generate a *Sex Offender Residential Treatment Discharge Summary 735\_F9* and file it in Section IV of the inmate's health record.
- b. If the inmate 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*.

##### 2. Exit interview

- a. Upon release from treatment, each inmate participating in sex offender therapeutic or residential treatment will be given the opportunity to complete a *Sex Offender Treatment Services Participant Exit Interview 735\_F10*.
- b. The original *Exit Interview* will be filed in Section IV of the inmate's health record and a copy will be forwarded to the Sex Offender Program Director.

#### X. Sex Offender Treatment Records

A. Release of records - In accordance with Operating Procedure 050.6, *Offender Access to Record Information*, an inmate may not have access to or review the original record.

1. Inmate access to records is provided via copies of the requested documentation.
2. Inmates will be allowed to review requested copies under the supervision of a Mental Health Clinician.

B. Although inmates 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 inmate can request that the copies be sent to someone in the community, with applicable postage charges applied.

#### XI. Sex Offenders/Other Inmates Demonstrating Problematic Sex-Related Behavior While Incarcerated

A. Inmates demonstrating problematic sex-related behaviors during incarceration (e.g., excessive sex-related infractions, gathering/possessing viewing materials for use as deviant sexual stimuli) who are not otherwise currently eligible for sex offender treatment, may be considered for intervention (e.g., Individualized Rehabilitation Plan) with the approval of the Sex Offender Program Director.

B. If an inmate is participating in an intervention, such as an Individualized Rehabilitation Plan, and transferred to another facility, the Regional Sex Offender Services Clinician assigned to the receiving facility will be responsible for ensuring continuity and/or modification of the intervention by notifying relevant staff at the receiving facility as needed.

#### XII. Sex Offender Registration

Sex offenders must be registered with the Virginia State Police in accordance with Operating Procedure 735.1, *Sex Offender and Crimes Against Minors Registration* and Attachment 2, *Sex Offender and Crimes Against Minors Registry Guidelines*.

#### XIII. Training/Presentations/Information Regarding Sex Offender Treatment Services

- A. Staff providing sex offender treatment services are encouraged to become adjunct instructors at the ASD.
- B. 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.

## **REFERENCES**

COV §53.1-32.1, *Classification system; program assignments; mandatory participation*

Operating Procedure 050.6, *Offender Access to Record Information*

Operating Procedure 730.1, *Mental Health and Wellness Services: Administration*

Operating Procedure 730.2, *Mental Health and Wellness 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, *Inmate Re-entry Planning*

Operating Procedure 841.1, *Inmate Programs*

Operating Procedure 861.1, *Offender Discipline, Institutions*

## **ATTACHMENTS**

Attachment 1, *Sex Offender Treatment Provider Training Curriculum*

Attachment 2, *Sex Offender and Crimes Against Minors Registry Guidelines*

## **FORM CITATIONS**

*Sex Offender Treatment Information 735\_F4*

*Sex Offender Treatment Informed Consent/Treatment Refusal 735\_F5*

*Sex Offender Services Group Therapy Note 735\_F6*

*Sex Offender Treatment Summary 735\_F7*

*Sex Offender Disclosure Questionnaire 735\_F8*

*Sex Offender Residential Treatment Discharge Summary 735\_F9*

*Sex Offender Treatment Services Participant Exit Interview 735\_F10*

*Initial EBP Program Description 841\_F10*