



Sex Offender Treatment Standard

Purpose:

To establish a standard for sex offender treatment services. This policy is in effect for all Approved Providers regardless of the payment method for treatment.

Sex Offender Treatment services require the following:

- Sex offender treatment services shall be provided, as the primary modality, weekly in groups of four (4) and no larger than ten (10) persons.
- Any reduction of weekly treatment groups shall be included as part of the client's individualized treatment plan and in accordance with the offender's individualized risk management.
- Group Sessions must be a minimum of one (1) clinical hour in length. Attendance, payment, and other administrative duties do not count toward the one (1) clinical hour.
- Any requests to hold groups, on a temporary basis, larger than ten (10) persons shall be approved by the Board through the Presiding Officer. If approved, the group shall be brought back down to ten (10) clients within 30 days or a timeframe approved by the Presiding Officer.
- Psychoeducational groups may be used as an adjunct to, but not as a replacement for, group therapy. Any psychoeducational groups should be included as part of the treatment plan and in accordance with the offender's individualized risk management. When these groups are used, they may be larger than ten (10) persons. Psychoeducational groups are not eligible for reimbursement from the indigent fund.
- The TSOTB recognizes the importance of individual therapy in addition to group therapy during sex offender treatment. Any individual treatment should be included as part of the treatment plan and in accordance with TSOTB Policy 8.
- The provider shall use cognitive-behavioral relapse prevention methods as instructed and authorized by the Board.
- The provider shall conduct sexual arousal reconditioning including covert sensitization and satiation behavioral interventions within the first nine (9) to twelve (12) months of treatment. No client can be successfully discharged from treatment without this intervention.
- The provider shall follow the protocol provided by the Board in assessing the reunification of the offender and family as well as ensure that no such reunification violates state statutes.



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- The provider shall develop a personal relapse prevention plan in conjunction with the relapse prevention and victim empathy curriculum modules.
- Sex offender treatment includes therapy and supervision, and the provider shall proactively communicate, in a regular and timely fashion, and be available to discuss the offender's treatment with the Board and/or the offender's community supervisor as required.
- The provider shall utilize polygraphs and/or physiological assessments to monitor deviant sexual arousal/interest when the client's resources permit.
- No client shall be successfully discharged from sex offender treatment without a completed relapse prevention plan that meets the training from the Board. All discharges shall be discussed with the supervising agency prior to discharge. Should there be a lack of agreement by the supervising agency, the Provider shall notify the Presiding Officer for review of the discharge.
- All discharges from treatment, whether successful, medical, or unsuccessful shall be a formal signed letter on the Provider's business letterhead that indicates the reason for discharge, the amount of time spent in treatment, a review of the completed goals and objectives, the level of client participation, and a clinical risk for the client without treatment. The letter shall be submitted to the supervising agency and the Presiding Officer.
- A client being discharged from sex offender treatment for medical purposes shall have a clinical discharge letter signed by the provider that indicates the reason for discharge, the name of the physician who supplied the diagnosis, why the diagnosis impacts the ability of the client to successfully participate in treatment, and the clinical risk for the client residing in the community without treatment. If applicable, the Provider shall provide a proposed date to return to treatment. The medical discharge letter shall be submitted to the supervising agency, the Presiding Officer, and shall include Form 001 - Physician Certification in Support of Medical Excuse Request.

******Approved August 31, 2023 ******