

501 KAR 6:220. Treatment for sex offenders.

RELATES TO: KRS 17.500, 17.550-17.576, 17.991, 197.010

STATUTORY AUTHORITY: KRS 17.564

NECESSITY, FUNCTION, AND CONFORMITY: KRS 17.564 authorizes the Sex Offender Risk Assessment Advisory Board to promulgate administrative regulations to establish the minimum requirements for treatment of sex offenders. This administrative regulation establishes minimum treatment requirements for providers.

Section 1. Definitions. (1) "Adjunctive therapy" means additional interventions or programs that enhance gains made in evidence based treatment sessions, directly target criminogenic risk factors, and may include interventions that are considered promising as well as evidence based.

(2) "Approved provider" is defined by KRS 17.550(3).

(3) "Board" is defined by KRS 17.550(1).

(4) "Criminogenic needs" means factors that if targeted in treatment, can reduce sexual re-offending.

(5) "Department" is defined by KRS 197.010(3).

(6) "Dynamic risk factors" means factors that:

(a) If targeted and changed during treatment, can result in a reduction in sexual re-offending; and

(b) Research has proven to reduce sexual recidivism.

(7) "Evidence based standards of care" means standards and practices that:

(a) Are based on the best available clinical scientific research or evidence for treatment of sex offenders;

(b) Take into account the offender's current clinical state and circumstances that may influence treatment gain; and

(c) Are generally accepted.

(8) "Non-criminogenic needs" means factors that if targeted can assist with removing obstacles to effectively targeting criminogenic factors, for example, self-esteem, fear of punishment.

(9) "Responsivity factors" means factors that impact an offender's ability to begin, engage in, and complete treatment and can interfere with the ability of the offender to respond to treatment.

(10) "Risk" means the risk of sexual reoffending.

(11) "Risk assessment tool" means a validated instrument designed to measure risk of sexually reoffending.

(12) "Session" means at least forty-five (45) minutes for an individual session or ninety (90) minutes for a group session.

(13) "Static factors" means factors that do not change but predict future sexual re-offending.

(14) "Stages of change" means the change process occurs gradually over time and includes levels or stages as follows:

(a) Precontemplation, in which the individual does not intend to make a change in the behavior;

(b) Contemplation, in which the individual has an awareness of the problem and may consider the pluses and minuses of change;

(c) Preparation, in which the individual intends to take action within one (1) month and may make small behavioral changes;

(d) Action, in which the individual modifies the problem behavior for one (1) to six (6)

months; and

(e) "Maintenance, in which the behavior change extends from six (6) months and the individual works to prevent relapse.

Section 2. General Procedures for Treatment of All Sex Offenders. (1) Treatment shall conform to evidence based standards of care, and shall include:

(a) A diagnosis from one (1) of the manuals below, using the edition that is in effect at the time of diagnosis:

1. Diagnostic and Statistical Manual (DSM); or
2. International Statistical Classification of Diseases and Related Health Problems (ICD);

and

(b) A written treatment plan based on a comprehensive, psycho-sexual evaluation consistent with the risk-need-responsivity (RNR) principles or RNR model of assessment and treatment. The plan shall include:

1. Goals and objectives consistent with the individual client's risk level considering:
 - a. Static factors;
 - b. Dynamic risk factors;
 - c. Criminogenic and non-criminogenic needs;
 - d. Responsivity factors; and
 - e. Stage of change; and
2. Systems and modalities of treatment and the rationale therefor.

(2) Treatment shall be conducted using a cognitive behavioral approach including individual or group sessions.

(3) Treatment may utilize psychoeducational and other adjunctive therapy components if indicated.

(4) Prior to providing treatment, an approved provider shall:

(a) Obtain written informed consent for treatment from the offender;

(b) Contact the offender's supervising probation and parole officer to discuss the offender and obtain offender information;

(c) Obtain or make a good faith effort to obtain the offender's mental health records; and

(d) Submit a general treatment curriculum to the board that includes the required elements in Sections 2 and 3 of this administrative regulation. If the approved provider intends to treat an offender who has already completed a sex offender treatment program, then the approved provider shall also submit a treatment curriculum that includes the required elements in Section 4 of this administrative regulation. If an approved provider changes the submitted treatment curriculum, the approved provider shall submit a treatment curriculum with the changes to the board.

(5) An approved provider shall:

(a) Provide psychological services, pharmaco-therapy services, testing, or adjunctive therapy as needed or make the appropriate referral and act as liaison for the provision of services;

(b) Provide treatment consistent with current professional literature that minimizes the risk of reoffending and emphasizes community safety;

(c) Maintain an individual record, which shall include documentation of the offender's attendance and evaluative progress notes;

(d) Obtain a release of information signed by the sex offender, which allows the approved provider to release information to probation and parole personnel responsible for the sex offender's supervision and the Sex Offender Risk Assessment Advisory Board;

(e) Notify the offender's supervising probation and parole officer in writing if the offender

fails to attend a treatment session or fails to make a good faith effort to participate in the treatment;

(f) Provide the Required Monthly Progress Report to the supervising probation and parole officer each month;

(g) Cooperate fully with the probation and parole supervision team responsible for a sex offender under the approved provider's treatment;

(h) Prepare a treatment summary at discharge from treatment; and

(i) Provide written notice of the sex-offender's discharge from treatment and the reasons for discharge to the supervising probation and parole officer within ten (10) days of discharge.

Section 3. Procedures for Treatment of Sex Offenders Who Have Not Completed a Sex Offender Treatment Program. If a sex offender has not completed a sex offender treatment program, an approved provider shall:

(1) Use a treatment curriculum which, at a minimum, shall include:

(a) Integrated treatment services as necessary to meet the sex offender specific and mental health needs of the individual offender including:

1. Sex offender specific treatment:

a. The cycle of sexual abuse;

b. Human sexuality;

c. Deviant arousal and its reduction;

d. Cognitive restructuring;

e. Relapse prevention;

f. Partner and family interactions and support, if applicable;

g. Victim empathy awareness; and

h. Relationship skills; and

2. Mental health treatment:

a. Substance abuse;

b. Mental health including personality disorder;

c. Domestic violence;

d. Anger management;

e. Mood problems including depression and anxiety;

f. Trauma;

g. Psychotropic medication; and

h. Pornography addiction;

(b) Treatment dosage based on risk level;

(c) An emphasis on motivating the offender to move through the stages of change and towards acceptance of responsibility for present and past sexual offending behavior; and

(d) Gender and culture specific programming;

(2) For a low risk offender, provide between sixty (60) to 100 hours of face-to-face, evidence based, cognitive behavioral treatment sessions with at least thirty (30) hours in the first year. If denial or other risk-need-responsivity factors are present in a low risk offender, treatment hours may be increased to focus on treatment readiness or other responsivity factors identified by the treatment provider;

(3) For a medium risk offender, between 160 to 200 hours of face-to-face, evidence based, cognitive behavioral treatment sessions with at least eighty (80) hours in the first year. If denial or other risk-need-responsivity factors are present in the medium risk offender, treatment hours may be increased to focus on treatment readiness or other responsivity factors identified by the treatment provider; and

(4) For a high risk offender, provide between 400 to 540 hours of face-to-face evidence

based, cognitive behavioral treatment sessions with at least 200 hours in the first year. If denial or other risk-need-responsivity factors are present in the high risk offender, treatment hours may be increased to focus on treatment readiness or other responsivity factors identified by the treatment provider.

Section 4. Procedures For Treatment of Sex Offenders Who Have Completed a Sex Offender Treatment Program. (1) If a sex offender has completed a sex offender treatment program, an approved provider shall:

(a) Obtain documentation from the sex offender treatment program showing completion of the program;

(b) Assess and document whether the offender can demonstrate acceptable levels of skills and knowledge of treatment areas listed in Section 3(1)(a)1 of this administrative regulation;

(c) Assess the offender's current risk level using risk assessment tools;

(d) Based on the offender's level of risk and need, determine which of the following is required:

1. A full treatment program;

2. A partial treatment program to address sex offender specific treatment concerning missing skills or knowledge; or

3. Maintenance sessions including supportive counseling; and

(e) Implement a treatment program that meets the following:

1. A full treatment program shall follow the requirements in Section 3 of this administrative regulation;

2. A maintenance program shall include:

a. For a low risk offender, forty-five (45) to sixty (60) hours of supportive counseling sessions focused on re-entry issues for a minimum of twelve (12) months and thereafter as needed, including booster sessions, unless the approved provider determines that this level of treatment may be detrimental to the offender based on current scientific treatment studies;

b. For a moderate risk offender:

(i) Provide a maintenance relapse prevention program with sessions two (2) times per month for the first year after release and then as needed, including booster sessions; and

(ii) Provide or refer for adjunctive therapies as needed; or

c. For a high risk offender:

(i) Provide a maintenance program with sessions one (1) time per week for the first year after release and thereafter as needed, including booster sessions; and

(ii) Provide or refer for adjunctive therapies as needed; or

3. For a partial treatment program:

a. Determine the additional hours above the minimum hours required for a maintenance program needed to address the missing skills or knowledge and include those additional hours of treatment with the required hours for a maintenance program; and

b. Document in the treatment file how the approved provider determined the skills and knowledge in required areas were met in prior treatment.

(2) Based on the determination of whether a full, partial, or maintenance program is required, the approved provider shall use a treatment curriculum which, at a minimum, shall target and include:

(a) Treatment dosage based on current risk level;

(b) Treatment readiness and stage of change;

(c) Relapse prevention;

(d) Development of treatment partner relationship, including partner alert sessions;

(e) Collaborative development of a practical living skills plan;

(f) Existing sex offender specific treatment needs identified in subsection (1)(b) of this section integrated with the mental health needs as stated in Section 3(1)(a)(2) of this administrative regulation; and

(g) A plan for family and children reintegration options, if appropriate, and the victim approves.

(3) Reintegration.

(a) Reintegration with a victim shall not be considered unless it is approved by the approved provider and the probation and parole officer.

(b) If the offender victimized a child, reintegration with other children shall not be considered unless approved by the approved provider and the probation and parole officer.

(c) The approved provider and probation and parole officer shall address at a minimum the following when considering reintegration of an offender with a child victim or other children:

1. Assessment of quality of parental relationship;
2. Assessment of victim's progress if participating in treatment;
3. Assessment of age and sex of child victims and offender potential for cross-over;
4. Assessment of how the offender accessed prior child victims and similarities to situations and persons with whom he is currently considering to reside;
5. Assessment of adult partner's knowledge and insight into offender's dynamics; and
6. A written, gradual reintegration process plan.

Section 5. Incorporation by Reference. (1)The Sex Offender Risk Assessment Advisory Board form "Required Monthly Progress Report", 2020, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6686, Monday through Friday, 8 a.m. to 4:30 p.m. This material may be obtained from the Department of Corrections Web site in the sex offender treatment area at <https://corrections.ky.gov/Divisions/healthservices/Pages/sotp.aspx>.

This is to certify that the Sex Offender Risk Assessment Advisory Board approved this administrative regulation prior to its filing by the Department of Corrections with the Legislative Research Commission as required by KRS 13A.120(3) and 13A.220(6)(a) as reflected by the signature below. (27 Ky.R. 1116; Am. 1456; eff. 12-21-2000; 31 Ky.R. 1885; 32 Ky.R. 67; eff. 8-5-2005; 38 Ky.R. 679; 907; eff. 12-2-2011; 47 Ky.R. 177, 717; eff. 1-5-2021.)