
 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.13	Effective Date 6/1/2023	Page 1 of 3
	Supersedes Sex Offender Programs, dated 10/31/2007		
Approved By  Commissioner Angel Quiros	Title Problem Sexual Behavior Program		

1. Purpose. This policy aims to establish standards, guidelines, and procedures for implementing the Problematic Sexual Behavior Program in the Connecticut Department of Correction.
2. Policy. It is the policy of the Connecticut Department of Correction to provide a system of assessment and treatment for offenders with a history of or current problematic sexual behavior for the purposes of reducing the risk of future harmful sexual behavior thereby enhancing public safety and risk to potential future victims. This policy ensures that all offenders with a history of or currently known problematic sexual behavior shall undergo an evidence-based risk assessment and provides evidence-based programming for problematic sexual behavior based on the offender's risk for recidivism when clinically indicated.
3. Authority and Reference.
 - a. Connecticut General Statutes, Section 18-81.
 - b. Administrative Directives 2.7, Training and Staff Development; 8.5, Mental Health Services; 4.7, Records Retention; 8.7, Health Records Management; Administrative Directive 9.2, Offender Classification; Administrative Directive 9.5, Code of Penal Discipline and Administrative Directive 9.7, Offender Management
 - c. Association of the Treatment of Sexual Abusers (ATSA) Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers, 2014.
 - d. Department of Correction, Objective Classification Manual.
4. Definitions. For the purposes stated herein, the following definitions apply:
 - a. Problem Sexual Behavior (PSB). At least one charge or conviction for at least one instance of problematic sexual behavior against a child or non-consenting adult or possession or distribution of child pornography pursuant to the provisions of the Connecticut General Statutes or if convicted of a sexual assault in another state in which the essential elements of the offense correspond with the provisions of the Connecticut General Statutes. Problematic sexual conduct may also consist of convictions and conduct for which an inmate was charged but not convicted. Sexual misconduct in correctional institutions includes / institutional rule violations that constitute a pattern of problematic sexual behavior
 - b. Problem Sexual Behavior Risk Assessment. An evidence-based assessment of static, actuarial, and/or historical factors to determine whether the offender is "Well Below Average" risk, "Below Average" risk, "Average" risk, "Above Average" risk, or, "Well Above Average" risk to re-offend in a manner inclusive of problematic sexual behavior.
 - c. Actuarial Assessment. An individual's statistical risk based on identified group characteristics correlated with recidivism.
 - d. Static-99R. Actuarial tool designed to statistically predict an offender's risk for future sexual re-offense based upon group characteristics.
 - e. Problem Sexual Behavior Program (PSBP). Evidence-based cognitive-behavior programming for offenders who have evidenced problematic sexual behavior that addresses criminogenic risk/needs factors for this population, as identified by

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evidenced based actuarial and dynamic sexual offender assessment. Services may also include psychoeducational groups, cognitive behavioral therapy (CBT) groups, individual counseling, group counseling, pharmacological interventions, discharge planning, and other clinically indicated interventions.

- f. Problem Sexual Behavior Curriculum. A structured empirically supported curriculum that employs cognitive behavioral intervention techniques to address dynamic risk factors and intervention targets that are associated with recidivism risk in offenders with a history of problem sexual behavior.
- g. PSBP Clinician. A qualified mental health professional, as defined per Administrative Directive, 8.5 Mental Health Services who is specifically trained in PSB assessment and/or treatment, working under the supervision of the Supervisor of the Problem Sexual Behavior Program and the Director of Behavioral Health Services.

5. Problem Sexual Behavior Program Structure. The Problem Sexual Behavior Program structure shall consist of PSB-specific risk assessment, Track 1, and Short Track Problem Sexual Behavior groups for men and special populations PSB programming for women and juveniles.

- a. Problem Sexual Behavior (PSB) Risk/Treatment Need Score. A PSB risk/need score shall be assigned to each sentenced offender consistent with the Objective Classification Manual and Administrative Directive 9.2, Offender Classification.
- b. Referral/Application. Offenders will be referred to the PSBP as follows:

- i. Offenders sentenced to 6 months or more with a current or previous known offense indicative of problematic sexual behavior will automatically be referred to the PSBP by the facility's Correctional Counselor after sentencing. Offenders who have engaged in persistent problematic sexual behavior within the institution or PSB that would rise to the occasion of an outside charge will also be placed on the appropriate waitlist, indicating a need for PSB assessment, by a Correctional Counselor Supervisor or designee. An offender may request to participate in treatment for problem sexual behavior through their assigned classification counselor or facility health services staff at any point during the offender's incarceration. When an offender requests problem sexual behavior programming, the offender's correctional counselor shall submit a referral to the PSBP clinical staff by updating their OAP appropriately. Upon receipt of a referral, the PSBP clinical staff shall conduct a problem sexual behavior assessment to determine the offender's need for and eligibility to participate in problem sexual behavior programming. Offenders shall be prioritized for services based on end-of-sentence release date, and/or parole eligibility date(s), and/or level of clinically determined need for treatment of problem sexual behavior.

- c. Assessment, Treatment Recommendation, and Program Assignment. A PSBP clinician shall conduct a PSBP-specific clinical risk assessment to determine an offender's current need for treatment in the PSB program, eligibility, and/or program assignment. The clinical interview portion may occur in person or via videoconference when clinical program staff is not present at the offender's facility. Clinical PSB staff will also score an actuarial risk assessment measure designed to assess recidivism specific to problem sexual behavior.
 - i. After the PSBP evaluation is completed, the clinician shall document the findings of the risk assessment and treatment recommendations in the electronic health record including the recommendations for PSB treatment.
 - ii. PSBP Treatment Recommendation. The PSBP recommendation shall reviewed and signed by the inmate. A copy of the completed form shall be issued to the appropriate Counselor Supervisor or designee, and the inmate.
 - iii. Removal from the PSBP group for failure to comply. If an inmate is participating in PSBP treatment and is removed for failure to comply with the PSBP group contract agreement established at the outset of the first

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group, then the treating clinician shall document the reason for removal. A CN 100101, Offender Work Performance and Program Removal/Refusal Form shall be completed indicating the reason for removal from PSBP treatment. A notation will be made in the EHR indicating the particular reason the inmate was removed from treatment. After one refusal, the inmate will remain on the appropriate waitlist and may be re-offered the program when at least 30 days have passed since the first refusal.

- d. Orientation. The PSBP clinician shall provide Problem Sexual Behavior Program information for offenders who are subject to PSB assessment at the time of the clinical interview portion of the PSB evaluation. The orientation to PSB treatment will include a discussion of which treatment group the inmate is being referred to and an overview of the group content. A recommendation for PSB programming will be made to one of three tracks and recorded on the OAP revision form; Short Track (ST), Track 1 (36), or No treatment recommended (NR).
 - e. Short Track PSB (ST PSBP): Brief Intervention. The ST PSB group is a short-term evidence based therapeutic group for up to 12 group members, facilitated by licensed PSB clinicians.
 - f. Track 1 PSB Group. The Track 1 PSB group is a 36-week evidence based therapeutic group, which includes up to 12 group members and is facilitated by licensed PSB clinicians.
 - g. No treatment recommended (NR). Following a clinical risk assessment by PSBP clinical staff, including a review of official records and a stable and/or dynamic risk assessment measure, a determination can be made that an offender is not presently in need of treatment for problematic sexual behavior. This determination is generally made after an offender has successfully completed community and/or prior institutional PSB treatment and has not evidenced any further problematic sexual behavior since that time while at liberty in the community. Should further evidence of problem sexual behavior become known or occur, the offender's need for treatment for problematic sexual behavior will be re-assessed and the offender may be re-referred to PSB treatment. The clinical decision to not recommend treatment must be reviewed and approved by the PSBP Supervisor.
6. Organization. The Director of Programs and Treatment shall designate specific facilities to provide problem sexual behavior programs.
 7. Professional Development. The Director of the Problem Sexual Behavior program shall promote professional development through supervision and training.
 - a. Clinical Supervision. Each PSBP clinician shall be trained and provided supervision in the official record review, clinical interview, and scoring of the actuarial risk assessment measure. The Director of the Problem Sexual Behavior Program shall ensure that each clinician is provided clinical supervision in accordance with the Behavioral Health program standards.
 - b. In-Service Training. An employee shall have access to professional development and staff development workshops as appropriate. Other training that meets the employee's level of professional responsibility shall be provided.
 8. Program Evaluation. An ongoing evaluation of services shall occur at each facility providing problem sexual behavior programming. This evaluation shall require the submission of annual reports to the Director of Behavioral Health Services or designee.
 9. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.