

CHAPTER 8. JUVENILE SEXUAL OFFENDER TREATMENT PROGRAM			
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	JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 505 KAR 1:160
CHAPTER: JUVENILE SEXUAL OFFENDER TREATMENT PROGRAM		AUTHORITY: KRS 15A.065
SUBJECT: Treatment Program for Juvenile Sexual Offenders		
POLICY NUMBER: 800		
TOTAL PAGES: 3		
DATE ISSUED: 05/07/10		EFFECTIVE DATE: 05/07/10
APPROVAL: J. Ronald Haws		COMMISSIONER

I. POLICY

The Treatment Program for Juvenile Sex Offenders shall be based on guiding principles that are consistent with the community standards of care. Policy and Procedures Chapter 800 only applies to declared Juvenile Sex Offenders and does not apply to juveniles who have been adjudicated of a sexual offense, but have not been declared as juvenile sexual offenders.

II. APPLICABILITY

This policy shall apply to all DJJ programs, DJJ staff, and approved private individuals or agencies providing services to juvenile sex offenders.

III. DEFINITIONS

Not Applicable.

IV. PROCEDURES

- A. The Department of Juvenile Justice (“DJJ”) shall develop and implement a sex offender treatment program for juvenile sex offenders. Reference [KRS 635.500](#). The treatment program shall be established in the Standard Operating Procedures Manual for the Treatment of Juvenile Sexual Offenders.
- B. DJJ shall develop and implement a standardized process for the treatment of juvenile sexual offenders.

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1. The Juvenile Sexual Offender Treatment Components shall include:
 - a. Acceptance of Responsibility;
 - i. Criminal History;
 - ii. Sexual Behavior Problems;
 - iii. Victim Empathy;
 - iv. Cycles of Behavior;
 - v. Relapse Prevention Plan;
 - b. Family Involvement;
 - c. Victim reparation or contact;
 - d. Family Reunification; and
 - e. Aftercare Services.

 2. The Juvenile Sexual Offender Treatment Components may include, as deemed appropriate by the Treatment Team and Treatment Director, or Psychologist based upon the youth's individual treatment needs:
 - a. Human Sexuality Education;
 - b. Community Law Education;
 - c. Social Skills Training;
 - d. Adolescent Development;
 - e. School Behavior Issues;
 - f. Issues that arise from the Offender being a victim of sexual assault;
 - g. General Mental Health Issues;
 - h. Substance Abuse Treatment; or
 - i. Systemic and Environmental Issues (taking into account the family, community, school, and other agencies involved with the youth).
- C. Fourth Year of Sex Offender Treatment
1. For youth in out-of-home placement the treatment team, including the JSW, shall determine if the youth is in need of a fourth year of Sex Offender Treatment.
 2. For youth residing in the community, the JSW shall initiate the request for a fourth year of Sex Offender Treatment after consultation with appropriate treatment providers.
 3. A request for a fourth year of treatment shall not be made unless one or more of the following factors are present:
 - a. Persistent and recent refusal to comply with treatment requirements.
 - b. Recent commission of a new sex offense or recent verbalization of intent to reoffend.

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- c. Recent AWOL from out-of-home placement.
- d. Youth recently exhibiting sexually acting out behavior while in treatment.

V. MONITORING MECHANISM

Monitoring of this policy and corresponding standard operating procedures shall be conducted by the Division Director of Community and Mental Health Services and the Quality Assurance Branch on an annual basis.

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CHAPTER: JUVENILE SEXUAL OFFENDER TREATMENT PROGRAM		AUTHORITY: KRS 15A.065
SUBJECT: Polygraph Examinations		
POLICY NUMBER: 803		
TOTAL PAGES: 5		
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APPROVAL: J. Ronald Haws		COMMISSIONER

I. POLICY

The Department shall not routinely employ polygraph examinations with juvenile sexual offenders. Polygraph examinations may be used in exceptional cases for the purpose of detecting deception or verifying the truth of statements of a youth in limited situations where the youth's veracity has become a critical treatment issue. An example is where the youth denies the committing offense and is unable to progress in treatment because of that denial. However, polygraphs shall never be used to determine the prior victimization of an offender, nor shall any youth be referred for a polygraph when he denies the committing offense if he has an appeal pending.

II. APPLICABILITY

This policy shall apply to all DJJ programs, DJJ staff, and approved private individuals or agencies providing services to juvenile sex offenders.

III. DEFINITIONS

Not Applicable.

IV. PROCEDURES

A. Persons meeting the following requirements shall be approved by the agency to provide the polygraph examinations. Required qualifications are:

1. The polygraph examiner shall be a specifically trained clinical polygraph examiner and a graduate from an American Polygraph Association ("APA") accredited school.

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2. The polygraph examiner shall be a member of APA and have completed the APA approved Post Conviction Sex Offender Treatment training (“PCSOT”).
- B. A description of the qualifications and training received by each polygraph examiner, to include diplomas or certifications received and current association membership, shall be kept on file in the office of the Director of Community and Mental Health Services. A copy shall be maintained by the Chief of Mental Health Services.
 - C. Polygraph examinations shall only be conducted under limited circumstances as outlined in Section I above.
 - D. Procedures for Examination
 1. Referral for Polygraph Examination: The Treatment Team may refer those youth who meet the following criteria:
 - a. Chronological age of fourteen (14) or older, and a minimum functioning of age equivalency of twelve (12) years. Standardized psychometric testing shall be employed when there is doubt about a youth’s level of functioning;
 - b. Capacity for abstract thinking;
 - c. Capacity for insight;
 - d. Capacity to understand right from wrong;
 - e. Ability to tell truth from lies;
 - f. Ability to anticipate rewards and consequences for behavior; and
 - g. Consistent orientation to date, time, and place.
 2. The polygraph examiner shall make the final recommendation of suitability for polygraph examination and shall not conduct the polygraph examination with youth when indicators exist that results would be invalid.
 3. The Treatment Team shall determine and document in case files the rationale for polygraph testing.
 4. The Treatment Team shall not refer youth when any of the following are present:
 - a. Diagnosis of psychotic thought disorder;
 - b. Lack of contact with reality;
 - c. Presence of acute pain or illness;
 - d. Presence of acute distress;

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- e. Recent medication changes;
 - f. Mean age equivalency (“MAE”) or Standard Age Score (“SAS”) is below twelve (12) years (per standardized psychometric testing); or
 - g. Any other indicator exists that results would be invalid.
5. No youth shall be referred without full, informed consent of the parent or legal guardian and the informed assent of the youth.
 6. All referrals shall be reviewed and subject to approval by the Chief of Mental Health Services.
- E. Scheduling for Polygraph Examination**
1. The treatment provider shall contact the polygraph examiner to schedule the time and location for the examination.
 2. The treatment provider shall maintain a log of all polygraph examinations including the youth’s name, Juvenile Service Worker, polygraph examiner conducting the examination, date and place of the examination, and results.
- F. Pre-examination Procedures with Youth**
1. The treatment provider shall explain the polygraph process and have the client complete the appropriate documents.
 2. The polygraph examiner shall review the polygraph examination procedures with the youth.
- G. Attendance at Examination**
1. The treatment provider may attend polygraph examinations, but shall not be present in the examination room, unless directed to be in the room by the polygraph examiner. If the treatment provider is not present for the examination, the treatment provider shall be available for the polygraph examiner to contact during the examination if necessary.
 2. A third party, including an attorney for the youth, shall not be in the examination room at the time of the polygraph examination.
 - a. The youth may consult with the attorney before the examination.
 - b. The youth may consult with the attorney upon completing the examination and before post-test interview by the

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polygraph examiner, which may include the treatment provider.

3. Even if the treatment team clears the youth for the examination, the polygraph examiner shall independently determine if the youth is suitable for an examination considering the youth's age, physical, mental, or emotional state.

H. Post-test Interview

1. Upon completion of the polygraph examination, the polygraph examiner may conduct a post-test interview of the youth.
2. The youth shall be informed of the results and may decline to participate in the post-test interview.
3. The treatment provider and the polygraph examiner may consult after the polygraph examiner's post-test interview.
4. The treatment provider may debrief the youth upon completion of the polygraph examination.

I. Disclosure of Victimization

1. A DJJ counselor shall be available during the polygraph examination in the event that a youth discloses sexual victimization during the course of the interview.
2. If the youth discloses sexual victimization, this shall be reported to DCBS per [KRS 620.030](#) and the youth shall be provided all appropriate services to properly address the victimization.

J. Results of Polygraph Examination Process

1. Team Consultation

- a. The polygraph examiner shall disclose all information that is discussed in the examination to the treatment provider and the Juvenile Service Worker.
- b. Results of the examination shall be logged into the youth's case file and the polygraph examination log.
- c. If no deceptions are indicated in the polygraph examination, the treatment provider shall record the results in the running record and polygraph examination log and notify the respective supervisors.

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- d. If the examination indicated deceptive results on any question, the treatment provider shall consult with the respective supervisors and the Juvenile Service Worker to determine the appropriate treatment strategies to be employed in response to the results of the examination.
2. The treatment provider shall record that a polygraph was completed and include any treatment recommendations in the running records.

V. MONITORING MECHANISM

Monitoring of this policy and corresponding standard operating procedures shall be conducted by the Chief of Mental Health Services, the Division Director of Community and Mental Health Services, and the Quality Assurance Branch on an annual basis.

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CHAPTER: JUVENILE SEXUAL OFFENDER TREATMENT PROGRAM		AUTHORITY: KRS 15A.065 KRS 635.510
SUBJECT: Juvenile Sexual Offender Treatment and Assessment Professional Approval Process		
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APPROVAL: J. Ronald Haws		COMMISSIONER

I. POLICY

The Department of Juvenile Justice has been authorized to approve training and supervision criteria for individuals who provide sex offender treatment for or conduct sex offender assessments of youth ([KRS 635.510](#), [KRS 635.515](#) and [KRS 635.520](#)). This authority shall include the standards for treatment provided in private agencies, state operated community offices, private residential programs, and state operated residential settings. In addition, DJJ shall also approve the qualifications, training, and supervision requirements of Department staff and private professionals or agencies providing juvenile sex offender treatment or assessments. Qualified professionals approved to provide treatment may also be approved to conduct assessments. The approval to conduct assessments and provide treatment shall be two distinct processes which shall be required for each service annually. However, the Department staff shall conduct all court ordered assessments. The court or family may seek an approved outside assessor to conduct an additional assessment but this shall be at the expense of the court or the family ([KRS 635.510\(3\)](#)).

II. APPLICABILITY

This policy shall apply to all DJJ programs, DJJ staff, and approved private professionals or agencies providing services to juvenile sex offenders.

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III. DEFINITIONS

- A. “Approved Professional” means a person not employed by DJJ who is approved by the Executive Committee as outlined in this policy to provide treatment services to juvenile sex offenders in either a residential or community setting.
- B. “Assessor” means a person not employed by DJJ who is approved by the Executive Committee as outlined in this policy to conduct juvenile sex offender assessments on youth as ordered by the juvenile session of the District Court.
- C. “Clinical Supervisor” means a person not employed by DJJ who is approved by the Executive Committee as outlined in this policy to provide clinical supervision of an approved professional or an assessor.

IV. PROCEDURES

- A. Any private professional not employed by DJJ who is seeking approval to act as an approved professional, assessor, or to serve as a clinical supervisor shall submit appropriate documentation for review in order to meet the standards of the Department. These materials shall include:
 - 1. Copy of license, if applicable;
 - 2. Documentation of training requirements being met;
 - 3. Documentation of supervised clinical experience;
 - 4. Signed criminal record forms; and
 - 5. Initial or renewal application.
- B. The Department shall reserve the right to deny or rescind approval of any Department staff or private professional if they:
 - 1. Do not meet minimum training and supervision standards;
 - 2. Have been convicted of or pled guilty to a felony criminal offense or misdemeanor offense against a person;
 - 3. Had a domestic violence protective order issued against him or her within the previous five (5) years;
 - 4. Failed to be in compliance with ethical standards of professional practice as promulgated by the Kentucky licensing or certifying body under which he or she has professional status;
 - 5. Have an alcohol or drug abuse problem as defined in KRS [222.005\(3\)](#);

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6. Falsified any information or documentation or concealed a material fact, in his or her request for approval;
7. Failed to comply with directives of the Executive Committee;
8. Failed to comply with procedures outlined in DJJ Policy;
9. Accepted a gift or favor from a sex offender being assessed or in treatment, from the family of the sex offender being assessed or in treatment, or from their agent; or
10. Provided a gift or favor to a sex offender being assessed or in treatment, to the family of a sex offender being assessed or in treatment, or to their agent.

C. DJJ Counselors, Treatment Directors, Regional Psychologists, and Mental Health Branch staff who provide assessment and treatment services to juvenile sex offenders are not required to go through the approval process. They are required to successfully complete the Juvenile Sex Offender Treatment Professional Certification (“JSOTPC”) and Group Counseling Certification prior to providing services to juvenile sex offenders, except in the circumstances described in IV. C. 4.

1. Counselors in Group Homes and in facilities without a licensed Treatment Director shall require four (4) hours of clinical supervision a month from the appropriate Regional Psychologist any time a declared sex offender is on their caseload.
2. Clinical supervision can be provided in person, by phone, or through e-mail contact. It is the responsibility of the clinical supervisor to maintain records of supervision.
3. If the Regional Psychologist is unable to provide clinical supervision for any reason, it is his or her responsibility to find another licensed professional within DJJ that can serve as clinical supervisor.
4. New counselors and mental health staff can provide group and individual counseling to declared sex offenders when the following conditions have been met:
 - a. The staff’s clinical supervisor (Treatment Director for Youth Development Center staff, Regional Psychologist or other licensed professional for Group Home and Mental Health Branch staff) shall provide an overview of sex offender counseling and instruction on strategies for conducting group and individual counseling. The clinical

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supervisor shall be licensed and have successfully completed Group Counseling Certification and JSOTPC.

- b. The clinical supervisor shall directly observe one (1) group counseling session (where applicable) and one (1) individual session every two (2) weeks. Once certifications are obtained for either group counseling or JSOTPC, the respective supervision can stop.
 - c. The clinical supervisor shall meet with the supervisee one (1) time per week for case consultation and training, either in person or by phone.
 - d. The supervision requirement may be waived for new employees who have demonstrated acceptable performance of individual and group sex offender counseling in a prior employment or educational setting. The Chief of Mental Health Services shall determine whether a waiver is appropriate, and shall not waive the supervision requirement unless it is determined that the new hire is already performing at a level equivalent to a new employee who has gone through the supervision process, due to new hire's prior training and experience. Waiver of the supervision requirement shall not remove the requirement for the new counselor to complete JSOTPC when it becomes available.
- D. Approved professionals or clinical supervisors shall provide services or supervision consistent with DJJ policy. All approved professionals and clinical supervisors shall be provided a copy of the DJJPP 800 containing the Sex Offender Treatment Program components and shall be advised that all mandatory components of this program shall be addressed during treatment. Further, all approved professionals providing treatment services to youth on Conditions of Supervised Placement shall be notified of their responsibility to provide the youth with a written treatment agreement consistent with [KRS 635.515\(3\)](#).
- E. If a youth placed in the community is receiving sex offender treatment from a private professional with whom they have an established relationship and is not an approved professional, the youth can continue to see that private professional contingent on that professional completing the approval process. The private professional shall be provided DJJPP 800 containing the Sex Offender Treatment Program components and the professional agrees to address all mandatory components of the program during treatment. DJJ assumes no fiscal responsibility for

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treatment provided by a private professional. Further, the private professional shall be notified of their responsibility to provide the youth on Conditions of Supervised Placement with a written treatment agreement consistent with [KRS 635.515\(3\)](#).

- F. Approved professionals or clinical supervisors shall only provide services, techniques, or supervision in which they have education, training, and experience.
- G. The Department shall establish an Executive Committee (“Committee”) to oversee the approval of treatment professionals and clinical supervisors. The Committee shall include the following members or their designees:
 - 1. Chief of Mental Health Services;
 - 2. Division Director of Community and Mental Health Services or designee;
 - 3. Two Regional Division Directors appointed by the Commissioner of the Department of Juvenile Justice or designee;
 - 4. Division Director of Program Services or designee;
 - 5. Division Director of Professional Development or designee; and
 - 6. Representative of a private agency providing sex offender treatment.
- H. All applicants to be an approved professional, assessor, or clinical supervisor shall submit all documentation to the Committee two (2) weeks prior to the quarterly scheduled meeting. If documentation is received less than two (2) weeks prior to the quarterly meeting, the documentation shall be held until the next scheduled meeting.
 - 1. The application shall include documentation of the following minimum qualifications for those seeking approval to become an assessor:
 - a. Master’s Degree in a social work, psychology, counseling, or a related field;
 - b. Completion of the JSOTPC or its equivalent including ninety (90) hours of related assessment;
 - c. Group Counseling Certification Course at Western Kentucky University or its equivalent (not required if the applicant is licensed or has autonomous functioning); and
 - d. Receive a minimum of four (4) hours per month of supervision by a qualified mental health professional meeting the requirements listed in IV. H. 3 during the certification process. This monthly supervision shall occur

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concurrently with the ninety (90) hours of related assessment referenced in item IV. H. 1. b.

2. The application shall include documentation of the following minimum qualifications for those seeking approval to serve as an approved professional:

a. Community Professionals

- i. Master's Degree in social work, psychology, counseling, or a related field;
- ii. Completion of the JSOTPC or its equivalent including one-hundred and sixty (160) hours involving the treatment of sex offenders and their families;
- iii. Group Counseling Certification Course at Western Kentucky University or its equivalent (not required if the applicant is licensed or has autonomous functioning); and
- iv. Receive a minimum of four (4) hours per month of supervision by a qualified mental health professional meeting the requirements listed in IV. H. 3 during the certification process. This monthly supervision shall occur concurrently with the one-hundred and sixty (160) hours of related treatment involving sex offenders and their families referenced in item IV. H. 2. a. ii.

b. Residential Professionals

- i. Bachelor's Degree in a social work, psychology, counseling, or a related field;
- ii. Completion of the JSOTPC or its equivalent including one-hundred and sixty (160) hours involving the treatment of sex offenders and their families;
- iii. Group Counseling Certification Course at Western Kentucky University or its equivalent (not required if the applicant is licensed or has autonomous functioning); and
- iv. Receive a minimum of four (4) hours per month of supervision by a qualified mental health professional meeting the requirements listed in IV. H. 3 during the certification process. This monthly supervision shall occur concurrently with the one-hundred and sixty (160) hours of related treatment involving sex offenders and their families referenced in item IV. H. 2. b. ii.

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3. The application shall include documentation of the following minimum qualifications for those seeking approval to serve as a clinical supervisor:
 - a. Certified or licensed by the professional oversight boards of the respective professional field;
 - b. Approval as an assessment or treatment professional by the Department of Juvenile Justice as listed in IV. H. 1 or 2 (supervision can only be provided in the area that professional status is approved); and
 - c. Designation as a clinical supervisor from the respective professional oversight board of the respective professional field, if applicable.
- I. All requests to have equivalent courses or trainings approved by the Department to meet minimum requirements for approved professional, assessor, or clinical supervisor shall be submitted in writing to the Committee. The request shall include:
 1. An outline of the course;
 2. Description of the content of each course or training taken or the training attended;
 3. Dates of the course or training;
 4. Providers of the course or training with qualifications; and
 5. Certificate of completion.
- J. To maintain certification as an approved professional, assessor, or clinical supervisor, a minimum of eight (8) hours each calendar year of continuing education related to juvenile sex offender issues shall be required. All documentation for continuing education shall be submitted to the Committee prior to December 31 of each year for approval.
 1. The Deputy Commissioner of Community and Mental Health Services shall maintain all the records of the training requirements met by the approved treatment professionals or clinical supervisors.
 2. The Committee shall provide notice of the approval process and the annual approval for each treatment professional or clinical supervisor in writing signed by the Deputy Commissioner of Community and Mental Health Services.
 3. A list of the approved professionals shall be submitted in an annual report to the Commissioner by the committee through the Deputy Commissioner of Community and Mental Health Services.
- K. Any training sponsored or provided by the Department shall be approved for continuing education. Continuing education credits

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for outside trainings shall be submitted to the Committee. Requests for approval of other outside trainings shall be submitted in writing to the Committee.

1. The request shall include:
 - a. A description of the training and course content;
 - b. The notice or brochure of the training;
 - c. The provider; and
 - d. The qualifications of the provider and the length of the training.
 2. Requests for approval of continuing education credits after the training has occurred shall not be considered.
- L. Exceptions to the application procedure can be made on an emergency basis with the approval of the Chief of Mental Health Services.

V. MONITORING MECHANISM

Monitoring of this policy and corresponding standard operating procedures shall be conducted by the Chief of Mental Health Services, the Division Director of Community and Mental Health Services, and the Quality Assurance Branch on an annual basis.