

# Resident and Family Handbook

2023

## Virginia Center for Behavioral Rehabilitation



Information in this Handbook complies with VCBR facility policies, DBHDS policies, and the Code of Virginia, and is subject to change according to changes in those policies or state law.

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## **Welcome to VCBR**

The Virginia Center for Behavioral Rehabilitation (**VCBR**) opened in 2003. Operated by the Department of Behavioral Health and Developmental Services (DBHDS), it provides a secure environment for the treatment of adults deemed to be Sexually Violent Predators. Residents of VCBR are mainly former DOC inmates who have undergone a rigorous selection, evaluation and civil commitment process, and who have been determined by a court to present a significant risk for sexually reoffending. VCBR residents undergo intensive treatment aimed at reducing their risk so that they can be returned to the community, where they will be initially closely supervised. This handbook summarizes important procedures at the facility and outlines the treatment program at VCBR, including a description of each treatment phase and the goals and expectations of each phase. Also described is the general approach to treatment at VCBR and how treatment decisions and recommendations are made.

### **Our Vision:**

The Virginia Center for Behavioral Rehabilitation (VCBR) will be the model treatment facility of sexually violent predators in the nation.

### **Our Mission:**

The Virginia Center for Behavioral Rehabilitation (VCBR) provides recovery, opportunity, and support to residents so they may safely return to their communities.

### **Facility Telephone Number (804) 766-3423**

Our campus includes buildings 1,2,3, and 5, Transitional Living Unit, Medical, Medical and Psychiatric Infirmaries, library, gymnasium, Market Store, chapel, mailroom, cafeteria, and barber shop.

## WHO TO CONTACT FOR ASSISTANCE

Your Core Group Facilitator(s) are:

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Your Unit Senior Treatment Supervisor is:

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Your Treatment Associate (TA) is:

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Your Medical Physician is:

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Your Psychiatrist and/or Physician's Assistant is:

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Your unit's Resident Advisory Council (RAC) Representative is:

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Your Unit Secretary is:

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## STAFF ROLES

Each staff member at VCBR plays a role in resident treatment.

The **Facility Director** oversees the day-to-day functioning of the facility, assures that the treatment environment is both secure and therapeutic, and supervises the Assistant Director of Administration, Clinical Director, Forensic Director, Residential Services Director, Program Services Director, Healthcare Compliance Director, Medical Director, and Chief of Security. The **Assistant Director of Administration** supervises the Maintenance, Housekeeping, Vocational and Food Service Departments, as well as shared services between PGH and VCBR. The **Medical Director** oversees and coordinates the Medical Services. The **Clinical Director** oversees the operation and development of the treatment program, and also supervises the Therapy Supervisors, Transitions Supervisor, Social Work Supervisor, and Testing Psychologist. The **Forensic Director** oversees the annual review process, and supervises the psychologists assigned to complete those evaluations. **Psychiatrists** are crucial consultants regarding diagnosis and treatment and, along with nursing staff, provide psychiatric services to residents. They keep the treatment team updated on residents' psychiatric status, and their feedback is incorporated into the recovery plans. They also take the lead when a resident's safety is in question due to their psychiatric decompensation. **Therapy Supervisors** lead the treatment teams and supervise Psychology Associates, Therapists, and Treatment Associates. The **Transitions Supervisor** leads the Life Skills Coaches and Treatment Associate assigned to the Transitional Living Unit. The **Social Work Supervisor** supervises the Social Workers and Social Work Assistants and works with other agencies when residents are being considered for conditional release. **Psychology Associates** and **Therapists** lead the core treatment groups and also facilitate time-limited topic-specific modules. **Treatment Associates** co-facilitate core treatment groups and also facilitate time-limited topic-specific modules. They are assigned to living units and should be residents' first point of contact if they have a problem or question. They also meet with residents to address daily living problems. The **Residential Services Director** supervises the Facility Managers, who in turn supervise the Unit Managers. **Unit Managers** supervise the **Safety and Security Treatment Technicians (SSTT's)** who are assigned to the living units, gym, recreational yard, and vocational department and internal movement. SSTT's observe the ability of residents to apply what they are learning in treatment to their everyday life on the living unit, and provide feedback about this to the rest of the treatment team. They assist the residents with problem-solving and with daily activities. They are the first responders when a resident is in crisis.

The **Director of Program Services** is responsible for maintenance of the therapeutic environment within the facility by supervising the Recreational Services, as well as overseeing the barbershop, market store services, education services, library services, volunteer services and religious services. The **Chief of Security** is responsible for maintaining the secure environment and supervises the security staff. The **Complaints Coordinator** receives and processes resident complaints regarding the services provided and works with staff on increasing resident satisfaction levels. The **Safety Manager** provides oversight to assure a safe physical environment at VCBR and works to reduce resident and staff injuries. The **Resident Records Manager** assures the resident's service record contains all required information and maintains the security of resident personal health information. The **Healthcare Compliance Director** is responsible for assuring

the facility follows facility, DBHDS, and accrediting body policies and procedures, Departmental Instructions, and requirements. This position also supervises the Resident Records Manager.

## **ADMISSION**

After admission to VCBR, residents will be asked to participate in the assessment process to ensure proper placement in treatment groups. Please see page 23 for further information about the assessment and treatment planning process.

### **Resident rooms:**

Residents will be assigned to a room by the housing committee. With the exception of privacy curtains (which are to be used whenever residents are undressing or using the toilet) and door blinds that are controlled by staff, nothing is allowed to block the view into the room. Residents also cannot block the opening and closing of the room's door. Residents are not allowed to enter into other residents' rooms to which they are not assigned, and must not enter unauthorized areas without staff approval. Residents are expected to keep their rooms clean and free of clutter and odor. All dirty laundry must be stored in designated containers. Room inspections and searches will be conducted randomly and routinely. Please note that VCBR is a double bunk facility; therefore, each resident **may** be assigned a roommate. Both residents may submit requests to the housing committee to share a room; however, any such moves will first need to be approved by the treatment teams for both residents.

### **Property:**

Upon admission to VCBR, no previously opened food, opened hygiene items, altered items (state or personal), disposable razors, surge protectors, or contraband are allowed. Residents will receive a confiscation form for disposal. A property staff member will inventory the resident's property in the RMS Property Database outside of the resident's presence. The following items (this list is not all inclusive) will be documented on a Review of Publication form and forwarded to the appropriate clinical staff for review: photographs of children or that include children, anything sexually explicit and any questionable names, addresses or phone numbers. Resident will not receive state clothing items if they are in possession of comparable personal items. State issued clothing will not always be new.

Due to space limitations, limits are established on the number of items residents may have in their rooms. Personal belongings may not exceed what can fit into the storage areas that are provided by VCBR. Any excessive property will need to be disposed of either by being mailed out at the resident's expense, donated to Goodwill, or destroyed. New property must be added to the property inventory in the RMS Property Database. All items must also be inspected and approved by the Property Department. The latest Rules for Resident Property can be found on the VCBR website: <https://vcb.dbhds.virginia.gov/resident-information.html#resident-property>. Please note that the Property Guide is not all inclusive, and any items not listed that residents are interested in purchasing should receive prior approval before ordering by submitting a request to the Property Committee. Residents should not order items that are not listed in the Property Guide without prior approval from the Property Committee. VCBR is not financially responsible for items ordered that are not approved by the Property Committee.

**NO FOOD ITEMS or HYGIENE ITEMS FROM HOME ARE ALLOWED.** Items must be ordered/received from an approved vendor. A listing of approved vendors can be found in the Property Guide.

Residents may receive packages according to their Phase Level at the time the package is received.

- Phase 1 may receive 2 packages per quarter.
- Phase 2 may receive 3 packages per quarter.
- Phase 3 may receive 4 packages per quarter.

Quarterly Cycle
January 1 <sup>st</sup> – March 31 <sup>st</sup>
April 1 <sup>st</sup> – June 30 <sup>th</sup>
July 1 <sup>st</sup> – September 30 <sup>th</sup>
October 1 <sup>st</sup> – December 31 <sup>st</sup>

Any packages over the quarterly limit **will not be processed.**

This includes packages mailed from family/friends and approved vendors. A package is defined by the Postal Service as: **Contents are unbendable or over ¾ inches thick.** An example would be a CD, Video game, etc. A single vendor order shipped in multiple boxes will be considered multiple packages (each box counts as a package). The package must not weigh more than **25 pounds** and must be within the 30” x 20” x 12” (L x W x H) dimension limit. It is the resident’s responsibility to inform the vendor of package restrictions.

The correct mailing address for VCBR is P.O. Box 548, Burkeville, VA 23922 for mail and packages being sent to the post office. The physical address of VCBR is 4901 East Patrick Henry Highway, Burkeville, VA 23922 for items being sent by UPS or FedEx.

Every package must have a full return address on it, including the residents full name as it appears in the RMS Database (no nicknames), the sender’s full name and full address, to include zip code. All information must be legible. All return addresses should match the postmark on the package. **If this information is not present, the item will not be accepted.** All incoming packages are subject to address verification. If the address cannot be verified, the package will be **confiscated by VCBR.** If the package does not have a return address, it is deemed undeliverable and is returned to the local post office. The local post office forwards all undeliverable mail to the USPS Mail Recovery Center. It is not VCBR’s responsibility to recover returned packages. Packages received are processed and delivered to residents as quickly as possible using available resources. Residents should not expect a set timeframe for delivery as VCBR does not have a set timeframe to deliver external packages to residents. Residents on living units that are on quarantine or isolation status will not receive property until the unit has been cleared by medical personnel.

**NOTE: Any state property or items issued to a resident for use will become the responsibility of the resident. The resident is expected to maintain possession and upkeep of such items.**

**Mail:**

All incoming mail, except legal mail, will be opened, reviewed, and inspected for contraband in front of the resident and **may** be read. Legal mail can be opened and inspected for contraband in the presence of the resident, but will not be read.

The following shall occur whenever correspondence mail is opened and inspected in the presence of the resident:

- The Mail Room officer or designee is to verify the resident's identity by viewing their VCBR issued identification card. Mail will NOT be issued to a resident who does not display their VCBR issued card or who only has a temporary card.
- Postage due on incoming resident mail shall not be accepted. Such items shall be left at the Post Office unopened to be returned to the sender.
- Residents will not receive the actual envelopes of incoming personal mail but can be provided a copy of the envelope.
- Any legal currency received in the mail will be returned to the sender.
- Residents will be provided two attempts to come to mail call to receive their mail (unless they are off site due to special hospitalization, transportation, in group, etc.). After the second attempt, the mail will be returned to the sender and counted as a refusal.
- Third-party mail is not authorized. Mail will only be given to the resident who the envelope is addressed to. Mail for other residents that is included in the envelope will be confiscated and disposed of by an authorized staff member or forwarded to Security and the resident's treatment team for review.

Any mail that contains contraband, unapproved items or suspicious content shall be:

- Confiscated and a Confiscation Report and Incident Report will be completed.
- The Confiscation report and any confiscated items shall be submitted to the Chief of Security and/or the Investigations Department, and a copy of the Confiscation Report will be provided to the resident.
- Contraband found shall be disposed of in accordance with the procedures established in the rules for Resident Personal Property.
- The Chief of Security shall determine if an investigation is opened.
- If the Chief of Security determines that confiscated contraband consists of illegal items (drugs, weapons, etc.) or the suspicious content indicates potential illegal actions, the Chief of Security shall investigate and notify State Police, as necessary as per policy.
- Documented in an observation note to be addressed by the resident's treatment team.





**Photo 1. Artwork by a VCBR resident**

## **RESIDENT FUNDS AND PURCHASING**

### **Resident Fund Account:**

An account for personal funds (RFA) is established for each resident upon admission to VCBR and is managed by Fiscal Services.

### **Encumbered Account:**

Residents may open an encumbered account if they choose. The encumbered account is similar to a savings account. Residents can submit a withdrawal form to transfer funds from their RFA into an encumbered account.

### **Deposits:**

**Please do NOT send cash.** Checks or money orders made payable to the resident (with the resident's full name) may be mailed to the facility. Checks or money orders will be deposited directly into the designated Resident Fund Account. During VCBR's daily mail call, when a resident receives a check or money order, the mailroom staff distributing the mail is obligated to show the resident the original check or money order for verification of the amount sent in to the resident by family members and/or friends. The mailroom staff will write the resident a receipt showing the exact amount of the check/money order for the resident's records. Once the deposit has been processed by the VCBR financial services department, the resident will receive another receipt from their Unit Secretary, again showing the amount of the check or money order deposit. Deposit books are approved for all residents.

**Personal Financial Items:**

Residents are allowed to be in possession of debit cards, credit cards, and checkbooks. While in their possession, residents are responsible for the security of their financial information. If residents violate facility rules, such as borrowing, lending, or trading their financial information, they will receive consequences appropriate to their behavior. Residents are encouraged to be responsible and manage their resources in a healthy, self-sufficient manner.

**Withdrawing Funds:**

The Resident Fund Account may be accessed by the resident for Market Store purchases and other items, as the resident's privilege level allows. Refer to the Privilege Level System for information pertaining to spending allowances. **Note: If a check is returned for insufficient funds, the resident's account will be frozen until the funds are recovered.** This is to also include any/all bank fees that are incurred because of the returned check.

**Keefe:**

Residents are allowed up to four purchases per month from Keefe, with a limited dollar amount. The resident will need to fill out a commissary form, which is turned into the unit secretary on specific dates. These dates are posted on the resident's living unit. This information is subject to change and residents are informed via a Resident Memo.

**Market Store:**

The VCBR Market Store shall provide residents with access to material goods using Market Store points purchased using funds from their Resident Fund Account. Residents who have Individualized Behavior Plans (Token Economy) may earn Market Store points by engaging in prosocial behavior. The ability to make purchases from the Market Store shall be privilege-based in order to reinforce prosocial behavior.

**Community Telephone:**

Residents are required to setup a payment account through the telephone account vendor to pay for calls.

**Secure Tablets:**

Residents have access to Secure Tablets, unless they are being temporarily housed in specialty housing. Secure Tablets contain both "free" and "paid" content. A member of the resident's community support system is required to set up a payment account through the Secure Tablet vendor for a resident to access "paid" content ([www.connectnetwork.com](http://www.connectnetwork.com)).

**COMPLAINT PROCEDURE**

If a resident (or resident's family member) believes any of the resident's rights may have been violated, they are encouraged to address their concerns with the resident's assigned Treatment Team. If that does not lead to a satisfactory outcome, the resident may address the complaint in writing on a Resident Complaint Form. The forms are available on the living units and can be submitted by placing them in the Resident Mailbox located just outside of each unit. Once a

complaint is received by the Complaint Coordinator, it will be assigned to the appropriate staff member who will review the concerns. If the complaint is deemed to be a “good faith” complaint, the designated staff member will attempt to find a resolution for the resident.

The VCBR Resident Complaint Procedure is for complaints regarding services provided by VCBR only. The following issues cannot be addressed on a complaint form, as they are either outside of the facility’s control or have another process in place for addressing concerns:

- Federal and state laws and regulations
- Disagreement with approved rules, policies and procedures
- Court actions or decisions
- Interagency agreements
- Actions of persons who are not under jurisdiction of VCBR

**Reporting Problems:**

Problems or concerns regarding the care, safety, rights or ethics issues of the residents may be reported to:

**Jason Wilson**  
Facility Director – VCBR  
4901 E. Patrick Henry Hwy  
Burkeville, VA 23922  
804-766-3137

**Advocate (Tony Davis)**  
Human Rights Advocate  
4901 E. Patrick Henry Hwy  
Burkeville, VA 23922  
804-524-4463

The role of the Advocate is to represent, be available for consultation with, and to investigate complaints by each VCBR resident regarding their rights. The Advocate also monitors the provider’s compliance with the Human Rights Regulations. The Advocate for VCBR can be reached by phone or in writing by submitting a Request for Consultation with Advocate form. The form can be submitted postage-free through the facility mail system. All incidences of alleged resident abuse and/or neglect must be promptly reported to the Facility Director or Designee. After normal business hours, the allegation must be promptly reported to the Facility Director or Administrator of the Week.

**PRIVILEGE SYSTEM**

In order to promote positive behavior, VCBR utilizes a privileging level system that rewards positive behaviors. It also gives extra privileges to those demonstrating positive behaviors who are in the advanced phases of the treatment program.

**Privilege Level A:** (Resident will be given a green identification card)

This level is for residents who are following facility rules and are also in the advanced phases of treatment (Phases II and III).

Residents at Privilege Level A (Green Card) are eligible for:

- Up to fifteen (15) work hours per week;

- Unescorted movement within the facility (to resident accessible areas);
- Access to purchase up to \$40 of market Store goods in person per week. Residents must submit a completed VCBR Market Store Order Form prior to coming to the store;
- The ability to order food from local restaurants (on dates and times pre-approved by facility staff);
- One extra gym period per week
- One extra library hour per week
- Periodic access to the full yard

**Privilege Level B:** (Resident will be given a Blue identification card)

This level is for residents who are following facility rules, but not in Phase II or III of treatment.

Residents at Privilege Level B are eligible for:

- Up to ten (10) work hours per week;
- Unescorted movement within the facility (to resident accessible areas);
- Access to purchase up to \$30 in Market Store goods in person, per week. Residents must submit a completed VCBR Market Store Order Form prior to coming to the store;
- The ability to order food from local restaurants (on dates and times pre-approved by facility staff).

**Privilege Level C:** (Resident will be given a yellow card).

This level is assigned to residents who have violated facility rules (minor infractions), but who do not present an immediate risk to the safety and security of the facility. These residents are eligible for:

- Unescorted movement within the facility (to resident accessible areas);
- Up to five (5) work hours per week;
- Access to purchase up to \$30 in Market Store goods in person, per week. Residents must submit a completed VCBR market Store Order Form prior to coming to the store;

Residents at Privilege Level C must demonstrate thirty (30) consecutive days of positive behavior, free of any infractions, before they are eligible for Privilege Level A or B.

**Privilege Level D:** (Resident will be given a red card).

This level is assigned to residents who have violated facility rules (major infractions) by presenting an immediate risk to the safety and/or security of the facility. These residents are eligible for:

- Unescorted movement within the facility (to resident accessible areas), but are
- Not eligible for work hours, and
- May not purchase goods from the market Store and may not order from local restaurants.

Residents on Privilege Level D must demonstrate sixty consecutive days of positive behavior (free of any infractions) before being eligible to move to Privilege Level C, and then work through Privilege Level C before being eligible for Privilege Levels A or B.

**Special Behavioral Unit:**

When a resident presents a risk of harm to themselves or others, they may be placed in the Special Behavioral Unit (SBU). While residing in the Special Behavioral Unit, residents:

- Cannot attend groups (unless it is specifically ordered for them to do so)
- Do not have access to go to the library, activity room, or gym
- Do not have access to personal possessions from their room unless an order is written that includes a description of why that possession is necessary
- Must be escorted whenever they leave the behavioral unit
- Cannot order from local restaurants

(Any exceptions made to the above privileges must be specifically indicated in the resident's individual treatment plan.)

## **RESIDENT CLOTHING AND DRESS CODE**

To ensure a safe and harmonious living environment, residents must conform to a dress code that respects their individual tastes and preferences, but is also consistent with their treatment and recovery goals. Residents are allowed to wear personal clothing.

- Expectations:
  - All residents must be fully dressed, including footwear, shirt, pants, and ID badge when outside their bedrooms.
  - Residents who do not dress appropriately may be restricted to their living unit until they are more appropriately dressed.
- Appropriate Attire:
  - Residents must wear clothing appropriate for their identified gender. Should the resident receive or create clothing that may not be gender appropriate, their treatment team shall determine whether such clothing is appropriate for wear within the facility or contrary to their treatment need(s).
  - Undergarments and outer clothing must be worn at all times when the resident is outside their bedroom.
  - Pants and/or shorts should be belted or fit around the waist.
  - Shorts may not exceed 4 inches above the top of the knee.
  - Dress and skirt length must be below the knee to include split.
  - Leggings must be worn underneath a dress or skirt.
  - Sleepwear is not permitted outside the living area.
  - Clothing that glorifies the use of alcohol or promotes the use of drugs; abusive language, firearms, gang symbols, or other items that promote violence or may be considered offensive, or may be counter-therapeutic will not be permitted.

The latest information regarding clothing is contained in the Rules for Resident Property and can be found on the VCBR website:

<https://vcbr.dbhds.virginia.gov/resident-information.html#resident-property>.

## **VOLUNTEER SERVICES**

Volunteer Services offer opportunities for residents to practice their religious beliefs and participate in other services that volunteers from the community agree to provide. Two widely known volunteer services that VCBR makes efforts to arrange are Narcotics and Alcohol Anonymous support groups.

Services may be held on a weekly basis and vary depending on the interest from community volunteers and volunteer availability. Residents are free to attend services that are of interest to them.

## **WORK READINESS TRAINING AND VOCATIONAL SERVICES**

The Vocational Department provides work readiness training to help residents gain work experience and improve existing skills. Residents are required to apply and interview to be hired for a position within the Work Readiness Training Program.

Eligible residents are provided with an opportunity to earn a stipend while developing effective communication skills, recognizing and maintaining professional boundaries and developing appropriate work ethic.

The following are some positions residents can hold (list is not all inclusive and is subject to change as our program continues to develop):

- Academic/Art/Library Aide
- Chemical Distributor Coordinator
- Floor Crew
- Food Service Worker
- Hallway Maintenance Aide
- Housekeeping Aide
- Hygiene Distributor Coordinator
- Grounds Crew
- Maintenance Aide
- Market Store Aide
- Paint Crew
- Recreation Aide
- Shower Crew (Mobile Unit)
- Vocational Aide

In addition, all residents are afforded the opportunity to participate in vocational education classes and workshops that prepare individuals for community reintegration through instruction on basic work-related needs and skills. Please see **Appendix D** for a list of available vocational classes and workshops.

## **EDUCATION PROGRAM AND SERVICES**

VCBR's Adult Education Department offers a variety of educational classes to meet the needs of residents. Whether the resident requires accommodations for learning, is interested in earning their GED, or would like to gain knowledge from an advanced class with specific subject matter, the Adult Education Department can provide a learning opportunity. Adult Education classes at VCBR include (but are not limited to):

- Education Overview (language arts, math, reading)
- Pre-GED and GED classes
- National Career Readiness Certificate classes
- Business Administration and essentials to starting a business
- Creative Writing
- Current Events
- Geography and History
- Literature
- Social History
- Speech and Debate

VCBR also offers Art classes. The following is a list of some of the art classes offered at VCBR:

- Art as a Business
- Art History
- Crochet
- Drawing
- Painting
- 3D Images
- Wood Working
- Independent Study

The Adult Education Department also maintains the VCBR library. The library holds a diverse collection of books, CDs and DVDs. Residents have access to look at the reference collection, magazines, and newspapers while in the library. If the library is not open due to various circumstances, residents may request materials via the Secure Tablet and items will be delivered by Work Readiness staff.

## **LEISURE OPPORTUNITIES**

### **VCBR Gym:**

The gymnasium is utilized for physical recreation opportunities to include but not limited to: basketball, volleyball, handball, walking/running laps, etc. Our weight room includes various machines, including treadmills, bikes, an elliptical and weights.

Residents are encouraged to use their own judgment when participating in physical recreation and follow any recommendations given to them from the medical department.

**Activity Room/Scheduled Activities:**

Activity rooms and scheduled activities are provided to allow residents to intermingle and promote socialization between residents from various living units of VCBR. A variety of different scheduled activities are offered on a rotating basis. Such activities have included tournaments, sports leagues, holiday meals, special events/performances, and clubs.

**Outdoor Recreation:**

Basketball courts, horseshoes, volleyball, strength training, and a walking track are some options for outdoor recreation.

**Library:** See Education Program and Services

**Dayrooms:**

Television, puzzles, game systems, table top games, books, and tablets are available in the shared area of the living units.

**Community Telephones:**

All living units shall have Community Telephones.

**Secure Tablets:**

Secure Tablets contain both “free” and “paid” content. Secure Tablets do not have access to the World Wide Web. All use of and communications on Secure Tablets shall be recorded and may be monitored by VCBR staff. This includes messages, video visits, photographs, and tablet activities. Residents are expected to adhere to the VCBR Secure Tablet Rules and Visitation Rules during video visits.

**Religious Services:**

Each resident is able to practice their religion or faith tradition without fear of discrimination. Residents may participate in scheduled religious services offered by VCBR. VCBR has a chapel for residents to utilize for their religious practices.

## **MEDICAL SERVICES**

Residents are provided with access to comprehensive, medically necessary healthcare by physicians, nurse practitioners, physician assistants, dentists, and other specialists. Upon admission, residents will be evaluated by a licensed healthcare provider to determine medical needs. Thereafter, to see a provider residents must have an appointment and are expected to keep all appointments for all medical services. Most medications are administered on the resident’s living unit. Residents transitioning to discharge may qualify to participate in a self-administered medication program (See information about the Transitional Living Unit).

VCBR will provide basic medical care, but some acute care/special needs will be addressed by local specialists or hospitals. In order for medication and other medical treatments to be helpful, residents must cooperate with the medical staff and all prescribed treatment. Residents receiving



medical or psychiatric services will be provided with education regarding their treatments and medications, including benefits and possible side effects.

Services offered by the medical department include:

- Admission assessments
- Annual/chronic care assessments/exams
- Pain assessment
- Medication administration
- Diabetic Accu-Checks
- Routine scheduled medical appointments
- X-ray imaging
- Laboratory phlebotomy service
- Dental care
- Vaccinations
- Tuberculosis screening
- Telemedicine services
- Nursing triage
- Psychiatry services
- Specialist consultation
- Psychiatric/behavioral observation
- Chronic care clinic for: Asthma/COPD, cardiovascular diseases/hypertension, diabetes, HIV, seizure disorder, hepatitis, hyperlipidemia
- Emergency response and intervention, which may result in transport to a hospital for emergency care

All health care concerns will be evaluated by medical staff. After gathering information, a health care concern may be deemed:

- A medical emergency
- An urgent concern
- A non-urgent concern

Medical emergencies take priority and are seen immediately. Urgent concerns are assessed immediately by nursing staff.

If a resident's health care concern is determined to be non-urgent, the resident will be advised to submit a request to see a healthcare provider. It may take several days or weeks to obtain non-urgent healthcare appointments. A resident may request to be seen by completing a Resident Request via electronic or paper communication systems. Residents are responsible for keeping their scheduled appointments. If a resident is more than 15 minutes late, the appointment may be cancelled and the resident must submit another request to be rescheduled.

## **PSYCHIATRIC SERVICES**

Residents are provided with access to a psychiatric provider who may prescribe medications to help manage symptoms of depression, problems with anxiety, or other psychiatric problems. After an initial visit, the psychiatric provider will advise the resident whether there are medications that could help with the presenting symptoms and what the possible side effects are. The provider will also provide patient education to help residents understand and manage psychiatric symptoms, the importance of medication compliance, and will monitor any side-effects of medications during appointments and as needed. Medications are distributed on the resident's living unit. Many medications used for mental health problems have side effects; however, most are temporary and mild compared to the problems they are designed to help. After an initial meeting, the psychiatric provider will meet with the resident periodically to determine how the medication is working.

Residents can request to be seen by the psychiatric provider by completing a resident request/correspondence form and placing it in the appointment request box or sending it electronically. The appointment may be cancelled if the resident is more than 15 minutes late, and the resident must send another request.

Residents are expected to cooperate with the psychiatric staff. They are also expected to adhere to the prescribed medications to assure the maximum benefits.

Residents will have continued access to psychiatric service throughout their residency at VCBR and will be offered appropriate treatment as needed.

## **TREATMENT PHILOSOPHY AND GOALS**

Treatment at VCBR is based on the Risk-Needs-Responsivity Model. All residents admitted to VCBR have been determined to be high-risk, but the risk they present to the community will continue to be assessed throughout their treatment. "Criminogenic" needs are areas which have been demonstrated to be associated with recidivism and include such issues as problems with self-regulation, antisocial attitudes, substance abuse, lack of problem-solving, and the nature of relationships with others. These become the main focus of treatment, as making changes in these areas will increase likelihood of success upon release to the community. Responsivity refers to providing treatment in a manner that takes into consideration a resident's learning style and any special needs.

Working within the principle of Risk-Need-Responsivity, the treatment at VCBR is provided using mainly cognitive-behavioral and experiential techniques, and incorporates the Relapse Prevention Model, the Good Lives Model, the Self-Regulation Model, Moral Recognition Therapy, Reality Therapy, Schemas Therapy, Thinking for a Change, and Dialectical Behavior Therapy. The majority of treatment is conducted in groups, as treatment groups allow for more treatment contact hours, encourage honesty and openness, and discourage the secrecy that accompanies sexual offending. In addition, groups allow residents with similar issues to support each other and learn from each other, helps to challenge the self-centeredness that is often seen in offenders, and helps

residents examine themselves by learning from others with similar problems. Individual counseling is time-limited and provided on a case-by-case basis. Generally, this occurs for issues that a resident is not yet ready to address in group, has a family crisis, or requires special attention to assist with treatment readiness. Treatment is aimed at providing residents with tools to help them reduce their risk for sexual and violent re-offense in the community and to live more positive, productive, and fulfilling lives.

Self-Regulation (sexually, behaviorally, and emotionally) is the cornerstone of treatment at VCBR. A resident's ability to regulate themselves in those three areas will have a big impact on their ability to manage risks. The resident's ability to effectively manage themselves in all three areas at VCBR is essential before they will be recommended for conditional release. Other major treatment issues common to residents are:

- Managing anger and aggression
- Self-change by identifying and changing one's thinking errors
- Learning about the impact of one's offending behavior on others
- Learning to identify high risk factors that could lead to sexual or criminal reoffending
- Developing strategies to manage high risk factors
- Developing and maintaining healthy relationships with others, including family, friends and members of the community
- Developing effective problem-solving skills
- Developing appropriate use of leisure time
- Understanding one's own sexuality and how it has contributed to offending
- Learning to identify and manage deviant sexual interest and arousal and sexual behavior
- Enhancing educational and vocational skills
- Dealing with substance abuse/dependence problems
- Developing goals that will lead to a positive lifestyle
- Managing personal resources and finances independently and responsibly

## **THE RECOVERY MODEL**

The Department of Behavioral Health and Developmental Services (DBHDS) has established recovery as the overarching goal for all consumers of its services.

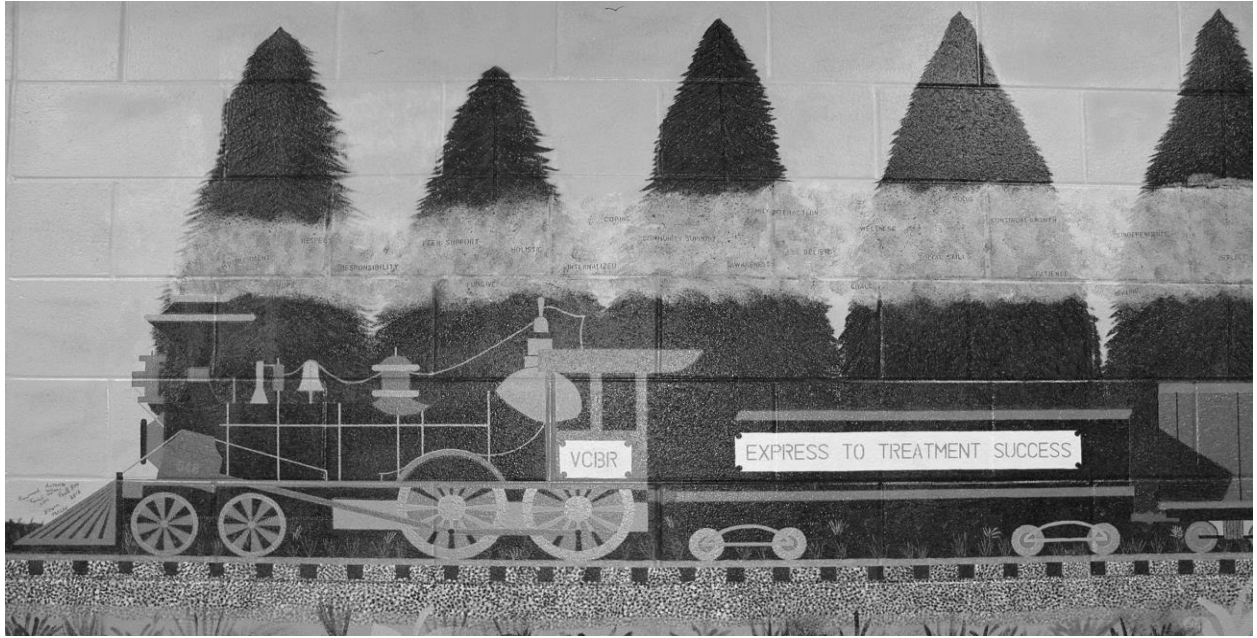
*Recovery* has been defined as “a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life, as one grows beyond the catastrophic effects of mental illness.”

Recovery includes:

- **Self-Direction:** Residents help determine their own path of recovery by being independent and managing their resources to achieve a self-determined life. The recovery

process requires that the resident define their life goals and design a unique path towards those goals.

- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as their needs, preferences, experiences (including past trauma), and cultural background. Recovery is an ongoing journey and includes their plan for achieving wellness and optimal mental health.
- **Empowerment:** Residents can make choices and participate in most decisions that will affect their lives, and are educated and supported in so doing.
- **Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, addictions treatment, spirituality, creativity, social networks, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for residents.
- **Non-Linear:** Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the resident to move on to fully engage in the work of recovery.
- **Strengths-Based:** Recovery focuses on valuing and building on the talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave negative life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- **Peer Support:** Mutual support—including the sharing of knowledge and skills and social learning—plays an invaluable role in recovery. Residents encourage and engage each other and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- **Respect:** Successful reintegration into the community is crucial in achieving recovery. Residents recognize that gaining respect involves responsible choices during treatment and in the community.
- **Responsibility:** Residents have a personal responsibility for their self-care and journeys of recovery. Taking steps towards their goals may require great courage. Residents must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
- **Hope:** Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is personal but can be fostered by peers, families, friends, providers, and others. Hope is the energy that powers the recovery process.



**Photo 2. Section of the resident mural "Recovery Train"**

## **RISK MANAGEMENT AND TREATMENT EXPECTATIONS**

“Risk” is the likelihood that one will engage in antisocial, criminal, or offending behavior at VCBR and the community. We assume that risk will always be a part of a resident’s life, but with treatment, effort on their part, and intensive community supervision, they may be managed safely in the community so that they will not reoffend. To accomplish this, we expect residents to work with their assigned treatment team, apply themselves to the treatment process, regulate their behavior, and comply with the rules and expectations of the facility.

In turn, VCBR will provide residents with:

- Intensive treatment aimed at reducing risk and preparing the resident for a safe and successful adjustment to the community
- Access to medical & psychiatric treatment
- Safeguards of residents’ human rights
- Opportunities for entertainment and exercise
- Opportunities for educational and vocational development

VCBR cannot force residents to attend treatment, nor will VCBR withhold necessary services if a resident refuses to participate in treatment. However, treatment participation will be documented and provided to the committing court at the resident’s annual review. In addition, those choosing to participate in treatment may earn extra privileges.

### **Expectations for Treatment Groups:**

The effectiveness of treatment groups hinges on group members complying with the following expectations:

- Near 100% attendance at all assigned treatment programming
- Prompt attendance & remaining for the entire session. Residents should use the bathroom before group and should not engage in any disruptive behavior in group
- Completion of any assigned homework
- Respectful treatment of all group members and leaders: allowing others to speak without interruption, not derailing the topic being discussed, communicating clearly and without sarcasm or personal attacks
- Dressing and behaving in a way that shows self-respect and respect for the treatment process

**Multidisciplinary Treatment and Psychosocial Rehabilitation:**

All direct care staff (Clinical Services, Medical, Psychiatric, Residential Services, Vocational and Education staff, Institutional and Unit Managers, and Public Safety) play a role in the treatment and recovery of residents. Treatment teams consult with other staff and help guide daily interventions. All staff are expected to provide feedback to residents during the normal course of the day to help residents shape their own behavior and make positive changes.

The Psychosocial Rehabilitation approach to treatment means that *all interactions between residents and staff may be helpful to a resident’s learning and recovery*. For example, being impatient and demanding in the pill call line is an example of poor self-regulation, and a medical staff person may redirect or intervene. Such interventions are part of treatment and an expectation of all direct care staff. When a staff member asks a resident to do something or redirects a resident, they are expected to cooperate, even if that staff member is not a member of the resident’s treatment team.



**Photo 3. Tropical mural painted by VCBR residents**

## DESCRIPTION OF TREATMENT PROGRAMMING

### **The Intake Assessment Process:**

After admission to VCBR, residents are asked to complete some psychological assessments. They may have completed some of these before as part of treatment or during the civil commitment process. However, it is often helpful to complete them a second time as the situation has changed, and this often affects the outcome. The results from these assessments will be used to help staff understand the resident's treatment needs and how the treatment team can best work with the resident in treatment. All residents are asked to complete a screening of their reading comprehension, and when records suggest the possibility of cognitive deficits or significant learning disabilities, cognitive testing will also be completed. This will ensure that residents are referred to the appropriate "track" of treatment. The assessment results will be incorporated into the resident's treatment plan. After admission, residents will be assigned to the Orientation to Treatment group, where they will become familiar with VCBR's treatment program and complete the assessment process.

### **Initial Treatment Assignment:**

Prior to admission to VCBR, the Office of the Attorney General provides the facility with information used in the SVP court process. This consists of any evaluations done for the Commonwealth or defense, DOC records, and available treatment records. This, along with information from the initial assessments at VCBR, helps determine which treatment groups may be most appropriate for a resident.

As stated previously, almost all treatment at VCBR is provided in group form. Treatment groups allow more treatment contact hours, encourage honesty and openness and discourage the secrecy that accompanies sexual offending, allow residents with similar issues to support each other and learn from each other, help challenge the self-centeredness that is often seen in offenders, and help residents examine themselves by learning from others with similar problems.

**Individual counseling** is provided on a case-by-case basis. Generally, brief, targeted individual counseling is used to help residents address issues that they are not ready to address in group treatment and is conducted only at the recommendation of the treatment team. Residents should consult with their treatment team if they believe they have a need for individual counseling. If the treatment team agrees, a therapist will be assigned to the resident, and a targeted treatment plan will be developed for the individual therapy.

- **Eye Movement Desensitization and Reprocessing (EMDR)** is an efficient and rapid treatment approach that effectively decreases/eliminates the symptoms of trauma. It pairs distressing memories with eye movements or alternate methods, which are believed to stimulate both sides of the brain. This treatment generally results in a person see disturbing material in a new and less distressing way.

**Family counseling** is available. Family educational components are offered in three stages to any family member or friend wishing to learn more about sex offender treatment, VCBR, and how to support the recovery of an individual who has committed a sexual offense (which is covered in

Stage One). These information sessions can be held at VCBR, will periodically be offered throughout the state for those family members and friends who are unable to travel to VCBR, and can be facilitated over the telephone. Residents may also choose to have family members and/or friends learn more specifically about their individual recovery plan and progress in treatment (Stage Two). If this is desired, the resident will need to sign a release of information for this information to be shared. Residents can also choose to participate in joint family sessions with their family members (Stage Three). Stage Three sessions are conducted over the telephone or at VCBR.

**Core treatment groups** are open-ended process groups which focus on how residents interact with others, how they are integrating what they are learning in the topic-specific module groups, and how they are progressing toward their phase goals. Therefore, these groups are much less structured than psychoeducational groups. Residents have an opportunity to discuss thoughts, feelings and behavior, address dysfunctional thinking, and restructure their thinking to lower the risk of making poor choices. Through their interactions with other group members and the group facilitators, residents have an opportunity to learn about themselves and what has contributed to their dysfunctional lives and sexual offending and to help others facing similar issues.

Residents are also referred to time-limited groups, called **topic-specific modules** (Appendix A). These groups focus on specific issues that are associated with sexual and non-sexual offending and are part of the overall treatment approach. Examples include groups which focus on communication skills, anger management, a resident's own personal victimization, the development of victim empathy, and understanding the dynamics of one's family of origin. It is possible that a resident may be recommended to repeat certain topic-specific modules if they have failed to meet the outcome goals for that module or if they later demonstrate that they could benefit at a new level from repeated participation in it. Please see Appendix A at the end of this handbook for a list of available topic-specific modules. (Not all modules are offered every quarter. The list is subject to change to accommodate needs of the residents and reflect current research related to the effective treatment of individuals who have committed a sexual offense.)

Each quarter, residents will be recommended for the topic-specific modules their treatment team believes are appropriate for them, (and are the ones that will likely help the residents more quickly reach phase goals). Residents do have input into their schedule, however, and may decline to attend certain groups, or request additional or different groups. However, if a resident refuses to attend a group that is believed to be necessary by their treatment team, that group may remain on the resident's recovery plan and their decision not to attend will be documented in their chart. In addition, it is possible that a specific group requested by a resident may not be available to them until a future quarter.

Core groups meet four times a week, while topic-specific modules generally meet once per week. Residents are expected to attend and participate in every group session. Participation involves more than just attending group and listening – it requires active involvement in discussions, talking about one's offenses and issues, and providing support and feedback to other residents. Groups are scheduled to meet for a quarter (10-11 weeks), and then there is a two to three week break between quarters. During that break each resident's progress is assessed, which includes a documented



summary of the evidence to support how the resident has or has not met specific phase goals. Each resident will be provided a copy of their progress summary at the end of each quarter and will have an opportunity to meet with their treatment team to discuss their progress for the quarter. Additionally, the tentative plan for their treatment in the next quarter will be shared with them at that time, after having already obtained their input for their treatment.

## **PHASES OF TREATMENT**

Residents are expected to progress through each of the three phases of treatment. There are specific tasks that must be accomplished for each phase, as well as specific healthy behaviors that must be consistently demonstrated for a set period of time before the resident progresses to the next phase.

### **Phase One:**

Phase One begins with orientation, during which residents learn about the treatment program and complete the initial assessments. The resident may also begin some groups which provide the foundation of treatment, such as the autobiography group and the journaling group. After completing orientation, they transfer to a core group. Typically assessments are completed within the first months of admission in order to determine specific needs for treatment. Phase One goals focus on cooperation with the treatment team, accountability, and behavioral stability. The resident demonstrates his willingness to take control of their own recovery and work with their treatment team to begin making changes.

### **Phase I Objectives**

#### *Tasks:*

1. Completes all assessments as recommended by Psychology and the treatment team.
2. Attends at least 95% of assigned groups, including completing homework assignments.
3. Demonstrates an understanding of the journaling process and ability to use journaling in an effective manner. (Accommodations will be made for those with specific learning disabilities.)
4. Completes presentation of autobiography.
5. Acknowledges a sexual offense history that is generally consistent with official records with regard to types of offenses and victim pool(s).

#### *Behaviors:*

1. Refrains from therapy-interfering behaviors which could prevent others from being able to benefit from treatment.
2. That aggression is sufficiently under control as evidenced by no documented acts of physical aggression
3. Demonstrates that sexual self-regulation is sufficiently under control as evidenced by no documented acts of sexual acting out
4. Demonstrates willingness to abide by laws as evidenced by no documented incidents of illegal behaviors which could lead to arrest.
5. Demonstrates willingness to abide by facility rules related to safety, including but not limited to no documented incidents of possession of (or efforts to possess) dangerous

contraband, and no contact (or efforts to contact) current or former VCBR staff outside of their assigned professional duties.

Criteria for Progression to Next Phase: In order to progress to Phase II, the resident must satisfactorily complete the tasks above and must consistently meet the behavioral expectations for two consecutive quarters.

### **Phase Two:**

In Phase Two, residents learn to identify behavior patterns, thinking errors, distorted attitudes and sexual arousal patterns that contribute to their criminal and sexual offending behavior, demonstrate that they have developed tools to manage their risk within the facility, and reassess their goals to live life in a healthy and productive manner.

### Phase II Objectives

Consistently demonstrates all tasks and behaviors listed in Phase I:

#### *Tasks:*

1. Identifies personal offense pathways.
2. Identifies individual motivation for making changes.
3. Identifies personally relevant and meaningful internal and external high risk factors and demonstrates an understanding of how they relate to sexual offending
4. Demonstrates honesty regarding all aspects of sex offending history that are relevant to treatment. (One way to meet this goal may include completing a recommended polygraph examination without deception.)

#### *Behaviors:*

1. Demonstrates honesty with the treatment team regarding significant treatment-related behaviors. (One way to meet this goal is to complete maintenance/compliance polygraphs as recommended by treatment team.)
2. Consistently demonstrates compliance with and active engagement in all aspects of treatment by attending at least 98% of assigned groups, completing homework assignments, and participating at a level consistent with ability.
3. Consistently demonstrates appropriate choices for use of leisure time.
4. Consistently demonstrates openness to feedback.
5. Consistently demonstrates commitment to having healthy relationships.
6. Consistently manages personal resources and funds in a healthy, self-sufficient way.
7. Consistently identifies and replaces thinking errors.
8. Consistently expresses anger in an appropriate manner.
9. Consistently demonstrates commitment not to reinforce disordered sexual arousal pattern (such as through avoiding counter-therapeutic media).
10. Consistently demonstrates empathy for others.
11. Consistently demonstrates ability to delay gratification.
12. Consistently demonstrates ability to use effective coping responses for stressors and for high risk factors.

Criteria for progression to the next phase: Residents will be eligible to progress to the next phase after they have completed the identified tasks and also consistently demonstrated all behavioral objectives for three consecutive quarters.

**Phase Three:**

The focus of this phase is preparing for community integration. When a resident reaches this stage of treatment, it is expected that they will have identified goals for living a healthy, productive life, identified their unique internal and external risk factors, will have developed a comprehensive, detailed risk management plan, and will have addressed other need areas identified by the treatment team.

1. Consistently demonstrates all earlier phase goals.
2. Cooperates with all assessments, including penile plethysmography, if recommended by the treatment team.
3. Identifies a staff-approved support system, including meeting with support system members to prepare for discharge (if possible)
4. Identifies a realistic plan for possible employment in the community (if not disabled or retired) and collaborates with Vocational Rehabilitation Services when appropriate.
5. Researches cost of living and completes a realistic budget
6. Constructs a Good Lives/Self-Regulation Plan, including goals and plans to attain those goals
7. Cooperates with DBHDS and other agencies to develop a specific conditional release plan

**Phase Probation:**

If a resident in Phase II or III demonstrates that they are no longer still meeting the behavioral objectives from an earlier phase, they will be placed on phase probation. If a resident in Phase III demonstrates they are no longer meet a Phase I objective, that resident will be demoted to Phase II and placed on Phase I Probation to offer them an opportunity to return to Phase II status. The resident will be notified in writing about this probationary status and will be given specific feedback about what they need to do to earn their way off the probationary status. If the resident fails to meet those expectations, they will be demoted in phase. A resident may also be placed on a Group Probation, which warns that their behavior is so disruptive to the group that it is interfering with the ability of other group members to benefit from treatment. If they fail to meet the terms of the Group Probation, the resident can be removed from group and placed in Overcoming Obstacles to Treatment (OOT).

Residents who return to VCBR from conditional release have often violated conditions of their release. Their behavior(s) in the community are assessed based on VCBR phase objectives to determine their phase of treatment, which often results in Phase Probation. If a resident engages in an illegal sexual behavior, the resident will automatically begin in Phase I so they have an opportunity to update their offense disclosure and be accountable for the sexual offending behavior (Phase I task objective).

**UNDERSTANDING TREATMENT (UT) TRACK**

Residents who have learning difficulties, or who are debilitated by serious psychiatric symptoms may be assigned to the Understanding Treatment Track. The focus of these groups is the same as in the regular groups; however, treatment is presented in a manner that accommodates specific needs and limitations suggested by historical data and their testing at admission. Residents who

do not have serious cognitive limitations, but who are experiencing learning disabilities in reading and writing, may be assigned to participate in the standard track core group, but may be referred to the Understanding Treatment (UT) version of the topic-specific modules.

### **OVERCOMING OBSTACLES TO TREATMENT (OOT)**

If a resident refuses to attend treatment groups, if their group attendance drops below 50% for a quarter, or if they are removed from group for therapy-interfering behavior, they will be referred to Overcoming Obstacles to Treatment (OOT). While in OOT, they will not be scheduled for core group. Topic-specific modules will be recommended that address particular issues that are interfering with their ability to participate in core group treatment. Instead of core group treatment, residents will receive weekly one-on-one contacts with a treatment provider to address whatever the barrier to adequate attendance in group treatment might be. Individualized treatment assignments will be provided to the resident. The resident is expected to complete all assignments and attend at least 80% of the one-on-one meetings and assigned modules to be allowed to return to regular core group. (If their attendance had dropped below 50% while in group, and they continue to fail to meet consistently with their individual provider, there is no reason to believe they will attend group consistently. Extremely sporadic attendance is disruptive to the group process and it is also important not to take an important “slot” in a core group if the resident has no intention on attending regularly).

When a resident returns to VCBR from jail after serving a sentence for illegal behavior while residing at VCBR, the resident will likely be in OOT before resuming core group treatment.

When a resident returns to VCBR from conditional release, the resident could possibly be placed in OOT if they return near the end of the treatment quarter.

In both of these instances, the resident’s behavior(s) will be considered when identifying their phase of treatment. The clinical team will assess the resident’s behaviors based on VCBR phase goals to make that determination.

### **TREATMENT PLANNING**

Every resident has a Recovery Plan which describes the resident’s current treatment and recovery needs and the plan for meeting those needs for the next quarter. Residents may provide written input for inclusion in their Recovery Plan, particularly during meetings in which their progress reports are discussed.

#### **Quarterly Progress Reviews:**

During the end-of-quarter review meetings, residents are provided with specific feedback about their progress towards phase objectives and guidance for treatment in the upcoming quarter. The quarterly assessment is provided in writing and discussed verbally during the meeting. Residents are expected to provide input to their treatment team about their progress during that meeting, and they may also submit their input in writing.

**Review of Treatment Plan (RTPs):**

A Review of Treatment Plan (RTP) is completed when changes are made to the resident's treatment plan throughout the quarter. RTPs are typically initiated in response to the resident's behavior. For instance, RTPs are completed if a resident's behavior violated a previous phase goal and a phase probation is warranted. A resident's treatment team may limit or restrict a resident's freedoms of everyday life for therapeutic benefit, to maintain a safe and orderly environment, and to intervene in an emergency. The justification for the restriction will be included in an Individualized Restriction Form and an RTP. The Human Rights Advocate is also notified of any restriction that is implemented by a treatment team. Residents may also request an RTP by submitting a Resident Request Form and providing a specific explanation of the need for the RTP. The resident's treatment team will then determine if an RTP is indicated.

**POLYGRAPH ASSESSMENTS**

Residents will have the opportunity to participate in a **full disclosure/sexual history** polygraph, **specific issue** polygraph, and **maintenance** polygraph evaluations. Passing a polygraph examination by showing no evidence of deception is considered a positive step in the treatment process and a sign that the resident is being fully accountable for their past behavior. The purpose of the full disclosure examination is to promote a full, honest account of one's sexual behavior, including sexual offenses. VCBR and the polygraph examiner are not interested in obtaining information that could lead to new criminal charges. Steps are taken to assure the resident does not provide specific information that could result in a report to the police or Department of Social Services.

**Compliance/maintenance polygraphs** are scheduled as recommended by resident's treatment teams. These examinations help determine whether residents are being compliant with facility rules and treatment expectations.

Information from all polygraph examinations are included in the resident's treatment file and used during the course of treatment. They will also be provided along with the resident's annual review report.

Please note that residents are not *required* to comply with polygraph examinations. However, those residents who are granted conditional release *will* be required by Probation and Parole to submit to regular polygraph examinations and outpatient treatment providers will also require polygraph examinations. Therefore, it is to the resident's advantage to comply with VCBR polygraph examinations to demonstrate their dedication to a full, candid account of their behavior, just as they will be expected to do in the community. In addition, if there is a reasonable suspicion that a resident has engaged in problematic behavior and the resident refuses to participate in a polygraph examination related to that issue, the treatment team may assume the suspected behavior did occur. Also, the forensic evaluators may require completion of a polygraph in order to obtain their recommendation for release.

## **PENILE PLETHYSMOGRAPH ASSESSMENT**

If it is recommended by the treatment team, residents will have the opportunity to participate in a Penile-Plethysmograph (PPG) assessment. A PPG assessment will provide the resident and their treatment team with an objective measure of their physiological patterns. It can identify if the resident has deviant arousal (greater arousal to children than adults or greater arousal to forced sex than to consensual sex). If deviant arousal is identified, a resident can learn behavioral techniques to help them manage their deviant arousal. Subsequent PPG assessments can be used to assess treatment progress with this issue. The purpose of a PPG evaluation is to identify potential areas of need for treatment and possible problem areas related to deviant sexual arousal. This test is not a “sexual lie detector”, it cannot be used to determine a resident’s guilt or innocence of an offense they may have been accused of or have committed.

## **TRANSITIONS PROGRAM AND TRANSITIONAL LIVING UNIT (TLU)**

The Transitional Living Unit (TLU) provides assistance to residents preparing for release and reintegration into the community. The program is intended to reduce institutionalized living, while developing independent living skills and problem solving skills. While residing in the TLU, residents will prepare for their community placement by:

- Assessing and developing independent living skills
- Adjusting to and becoming familiar with meeting expectations of community living
- Participating in sex offender treatment as determined by the treatment team
- Identifying, accessing, and applying for needed resources in the community
- Living in an environment with less structure and fewer institutional processes and services than residential units
- Becoming accustomed to community standards of receiving services, such as medical and other services by appointment, obtaining goods, and responses, etc.
- Identifying, developing, and engaging in protective activities including education and leisure interests
- Working with peers and staff on the TLU to address problems and resolve conflicts independently

Refer to **Appendix B** for specific groups that Transition staff provide to residents in the Transitions Program.

To be eligible for consideration for placement on the TLU, residents must be in Phase III of treatment. Residents in Phase II with a recommendation by the VCBR forensic division will be considered on a case by case basis.

The Transitions Program and TLU are both developing aspects of services provided by VCBR and will continue to grow and improve.

## ANNUAL REVIEW EVALUATIONS AND HEARINGS

In compliance with Virginia law, a report from the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) is prepared each year for the first five years of a resident's civil commitment and every other year thereafter if the resident is still committed to VCBR. The report will be prepared by a VCBR forensic psychologist, whose opinion will be based on the totality of treatment and behavioral information from the previous year. This includes, but is not limited to, individual contact notes, group notes, observation notes, quarterly progress reports, requests, polygraph examination results, psychological testing and compliance with medical/psychiatric treatment.

The annual review report will be provided to the Office of the Attorney General, the resident's attorney, and the court that committed the resident to VCBR. If the resident chooses to have an annual review hearing, which is their right, there will be testimony about their treatment progress and readiness for conditional release. A resident may choose to waive (give up their right) to the hearing; they should discuss this with their attorney. VCBR staff cannot offer residents legal advice about annual review hearings or any other legal matter. VCBR staff can assist with requesting that the resident be allowed to participate via teleconferencing in jurisdictions where that is available and allowed, but this is not a guaranteed alternative.

Residents also have the right to request a second opinion evaluation. They should discuss this with their attorney. It is recommended that such requests be made directly to the resident's attorney by mail.

It should be noted that while the annual review report can recommend conditional release or continued treatment at VCBR, the committing court is not required to follow the recommendation, and only the committing court can grant conditional or unconditional release.

## CONDITIONAL RELEASE

Preparation for conditional release to the community is the goal of treatment at VCBR. Residents will be recommended for conditional release when, in the opinion of the appointed examiner, they can be safely maintained in the community and can be reasonably expected to comply with the rules of community supervision. Generally, this means successful progress through the phases of treatment and a consistent/stable history of compliance with treatment and behavior expectations at VCBR.

The Office of SVP Services, a part of the Department of Behavioral Health and Developmental Services, works with VCBR to develop a conditional release plan. The Social Work Department and treatment staff at VCBR contribute to conditional release plans and provide treatment information to the Office of SVP Services.

In the event the resident is assessed as no longer meeting criteria as a sexually violent predator, the resident will be **unconditionally released**.

## **SOCIAL WORK DEPARTMENT AND THE DISCHARGE PROCESS**

As residents progress through treatment they will be assigned a Discharge Coordinator from the Social Work Department. Social Workers work with residents to find and secure viable housing options, secure various services for residents upon release, and arrange community resources for a successful transition and discharge. Residents are encouraged to see out information about community resources that may be helpful during their transition back into society and to provide this information to their assigned Social Worker.

Social Work staff facilitate discharge groups that help to prepare residents for discharge and a successful transition to the community (see **Appendix C**). Social Workers take residents offsite for community visits to job fairs, interviews, community resources, and to practice shopping. Social Workers follow-up with residents after they have been discharged from VCBR in an effort to help residents transition to society successfully.



**Photo 4. Artwork by a VCBR resident.**

### **APPENDIX A: TOPIC-SPECIFIC MODULES**

**The following is a description of some modules offered, although new groups will be offered to meet individual resident needs:**

#### **Anger Management:**

This group focuses on learning to recognize early signs of anger and intervening with calming techniques. Assertive communication and identification of cognitive distortions which fuel angry feelings are emphasized.

#### **Anger Management II:**

This group continues to focus on techniques for anger management, with a specific look at long-term resentments.



**Anxiety and Depression:**

This group focuses on education about these disorders and options for treatment of the associated symptoms.

**Arousal Management****Intro to Arousal Management:**

This group provides residents with information about paraphilic disorders and techniques for addressing and managing disordered sexual arousal.

**Understanding Compulsive Sexual Behavior:**

This group discusses the symptoms and treatments available for obsessive sexual thoughts and compulsive sexual behaviors.

**Covert Sensitization I and II:**

These groups teach residents techniques to manage disordered sexual arousal by decreasing arousal to inappropriate stimuli. These techniques involve pairing deviant fantasies with thoughts of negative consequences to self. Residents being referred to these groups should be engaged in the treatment process and able to discuss sexual fantasies appropriately as well as their own disordered arousal.

**Arousal Management Maintenance:**

This group is designed for residents who have already completed Covert Sensitization I and II. It helps them continue to use the skills they have learned in those groups.

**Autobiography:**

This group allows residents to share their written autobiographies. The group focuses on learning appropriate methods for self-disclosure and providing feedback, and identifying life patterns that might be useful for later stages of treatment.

**Communication Skills I:**

This group focuses on learning appropriate methods for self-disclosure, giving feedback, communicating within the facility, and accurately identifying nonverbal communication.

**Communication Skills II:**

This group focuses on developing skills in communicating assertively. In addition, conflict negotiation skills are addressed.

**Dialectical Behavior Therapy (DBT)**

DBT is a type of cognitive behavioral therapy that focuses on reducing problematic or highly emotional behaviors, by teaching various ways of responding to the environment in a more effective way. DBT Skills Group is one small aspect of DBT, but it provides the core skills needed to reduce ineffective, unhelpful, or hurtful personal behaviors/risk factors by replacing them with practice of more effective, helpful, and useful skills. Those skills are then used to resolve a broad

variety of situations so that a person can increase their interpersonal success rates, levels of happiness, and improve their quality of life. DBT skills are taught in four sections.

**DBT Mindfulness:**

The main focus of this module is for participants to gain an understanding of mindfulness and to practice various mindfulness skills.

**DBT Emotion Regulation:**

The main focus of this module is continuing to build on the concept of mindfulness and learn how to regulate emotions effectively. Core concepts are basic emotion education and awareness, fact checking and differentiating between one's individual perspectives versus objectivity, and learning to regulate emotions.

**DBT Interpersonal Effectiveness:**

The main focus of this module is continuing to build on the concept of mindfulness and learn how to be most effective with others. Core concepts are learning to determine objectives in interactions, how to maintain relationships or decide if a relationship needs to end.

**DBT Distress Tolerance:**

The main focus of this module is to manage extreme emotions and distress effectively. Some core concepts are the many crisis management skills, reality acceptance, and generally how to survive without making your situation worse.

**Discovering Ourselves:**

The main focus of this module is to create social interaction, prosocial activities, and positive interactions with staff. This group allows an opportunity for learning new skills and engaging with others in a meaningful way.

**Domestic Violence:**

This group educates residents about the cycle of domestic violence and asks residents to explore the effects of domestic violence on victims. This group seeks to increase residents' self-awareness of their patterns of behavior, basic empathy and the common patterns of violence.

**Effective Decision Making:**

This group guides participants to examine their past decision making process and learn how to make more effective decisions in the future.

**Effective Parenting Skills:**

This group offers an opportunity for participants to discuss ineffective and effective parenting styles and address the difficulties of parenting when not directly in the home.

**Exploring Motivation:**

This module will assist residents in developing a full understanding of the benefits of treatment, how to improve based on their identified goals, and a plan to get more involved in treatment.

**Family of Origin I:**

This group identifies and processes family issues that may have influenced the residents' development. Residents work on genograms to identify patterns within their family history. Residents' also begin to explore their current support systems ability to assist them upon release.

**Family of Origin II:**

Residents in this group are focused on ongoing family issues that continue to cause them to struggle or those that may potentially contribute to risk in the community. Individuals in this group have identified problematic family issues, have benefitted from previously completing a genogram, and are able to delve into these issues in greater detail. Experiential exercises are also emphasized.

**Gender Dysphoria Treatment Issues:**

This group is afforded to residents with a diagnosis of Gender Dysphoria and provides treatment specific to symptoms of the diagnosis.

**Good Lives:**

This group focuses on understanding the necessary internal and external conditions for offenders to live good lives. Residents focus on identifying what components will make a better life while at VCBR and in the community, and the changes necessary to achieve these goals.

**Grief and Loss:**

This group focuses on understanding the various types of losses and processing the thoughts and emotions associated with grief.

**Healthy Relationships:**

This group focuses on identifying the components of healthy relationships. Focus is placed on myths, past relationships, identifying internal processes, as well as identifying necessary external components to achieve a healthier relationship. Various types of relationships are discussed beyond intimate relationships.

**Healthy Self-Esteem:**

This group focuses on learning about healthy self-esteem. Methods for earning one's self-esteem will be explored.

**Healthy Sexuality**

This group focuses on providing accurate information regarding human sexuality and sexual dysfunctions. It also looks at how to determine if sexual behavior and attitudes are appropriate.

**Identifying Values:**

This group focuses on identifying one's values and examining whether values support or hinder the recovery process.

**If Life is a Game, These are the Rules:**

This group focuses on the book by the same name. It looks at lessons to be learned from life.

**Intro to EMDR:**

This module provides residents with introductory information about EMDR and how it is used to help reduce emotional responses associated with trauma memories. It provides residents an opportunity to practice skills to manage emotional responses and bilateral stimulation.

**Journaling:**

This group teaches residents to see events objectively, distinguish thoughts from feelings, examine their reactions to daily events, and learn the therapeutic process of journaling daily events.

**LGBTQ+ Support Group:**

This is a support group open to residents who are a member or an ally to the LGBTQ+ community. The group provides a safe space to openly share with one another, receive support, and provide support.

**Offense Pathways:**

This group assists residents to identify whether they had/have approach or avoidant goal(s) for offending, identify their planning prior to offending or their reactions to their environment, and to understand their patterns of regulation. This is a two-part group.

**Personal Victimization I:**

This group provides treatment for those that have been abused. Participants learn about different types of abuse and benefit from self-disclosure about these experiences. They challenge cognitive distortions which may be present about their history of abuse.

**Personal Victimization II:**

This group continues the work of Personal Victimization I, and allows opportunities for residents to do reactive work (safe re-experiencing of past traumatic events) regarding their abuse histories and to better understand their methods of coping with this abuse.

**Pre-Offense Emotions:**

This group examines those powerful emotions which may have been present during each developmental stage in order to provide further insight into the factors influencing the residents' choice to sexually offend.

**Problematic Online Behavior:**

This group helps participants understand the dangers of their technology use and develop a safety plan for technology use in the future.

**Recapturing Lost Potential:**

This group focuses on identifying your strengths and passions and determining how they can be used in the future to fulfill your potential.

## **Relapse Prevention**

### **RP I:**

This group introduces the cognitive-behavioral model of relapse prevention, and how it can apply to sexual offending.

### **RP II:**

This group looks at the thoughts, feelings and behaviors during the time period prior to any sexual offense. These observations later provide information crucial for identifying internal and external high risk factors.

### **RP III:**

In this group, residents identify their top six external high risk factors and top six internal high risk factors. They also identify reliable cues for their internal high risk factors.

### **RP IV:**

In this group residents identify effective coping responses for their high risk factors.

### **RP V:**

This group focuses on understanding lapses, lapse contracts, and media contracts.

### **RP VI:**

This group focuses on the importance of support systems in a Relapse Prevention plan.

### **RP VII:**

This group focuses on practicing coping responses for high risk factors through the use of role play exercises.

### **Returning from Release:**

This module is for residents who return to VCBR after they were release. It provides residents an opportunity to focus on the barriers that resulted in their return to VCBR.

## **Schema Therapy**

### **Schemas I:**

This group introduces the topic of schemas, which are learned frameworks for how we process new information. Maladaptive schemas are also identified.

### **Schemas II:**

This group continues the work with schemas, refining the understanding from a general one to a more personal one.

### **Schemas III:**

The purpose of this module is to connect what residents have learned about how their schemas have interfered with their relationships, goals and happiness; relating this with their sexual offending.

**Social Skills:**

The purpose of this group is to help residents learn basic social and living skills that will help to increase their social acceptance.

**Societal and Cultural Beliefs about Sex and Gender:**

This group explores people's stereotypes about gender and helps residents examine the early messages they received about gender and how it affects their attitudes today.

**Stress Management:**

This group focuses on identifying and managing stress. Problem-solving and pro-social skills are emphasized. Components of empathy are also discussed. Residents are encouraged to bring daily stressors to the group to process.

**Substance Use and Recovery****SUR I:**

This module is for any resident that has a current substance use diagnosis, has a self-disclosed history of addiction or is returning from release for a positive urine drug screen (and has been out in the community for over a year).

**SUR II:**

This module is for anyone who has a current substance use diagnosis and has a history of relapse or is returning from release due to a relapse and was recently released from VCBR ( within the last six months).

**SUR III:**

This module is for anyone who has a substance use history and/or anyone that was under the influence of substances during their sex offense.

**SUR IV:**

This module is for anyone who is planning to discharge from the facility and who will need help to identify community supports and to develop a sober network in order to maintain sobriety.

**SUR V:**

This module is for anyone that has completed all of the substance use and recovery modules and needs additional support to maintain a sober lifestyle.

**Sobriety Support:**

This group is designed for residents who have a history of substance use, a current substance use diagnosis, have histories of chronic relapse, have completed all and who have returned from conditional release for substance use violations.

**Mindfulness-Based Sobriety:**

Mindfulness-Based Sobriety (MBS) is an integrative approach to addiction recovery using mindfulness-based therapy, motivational interviewing, and relapse prevention therapy. MBS promotes self-agency through self-awareness, self-exploration, mindfulness, and sobriety planning.

**Rapid Response to Relapse:**

The purpose of this group is to provide residents with an opportunity to receive timely and targeted interventions for recent substance use relapses (within VCBR or when admitted for a substance use violation within the past 3 months) in an effort to facilitate recovery.

**Thinking Errors:**

This group focuses on identifying, examining and restructuring core attitudes and beliefs that supported offending or other criminal behavior. It also seeks to reinforce the thinking that supports a pro-social lifestyle.

**Understanding Attachment:**

This group examines how the resident's early relationship with their primary caregiver might affect their future relationships with others.

**Understanding Denial:**

This group examines the different types of denial and the role denial plays, as well as the benefits of breaking through denial.

**Understanding Mental Illness:**

The purpose of this group is to educate participants about mental health disorder and symptoms. Increasing awareness of how one's mental health affects their perceptions of events will help to decrease risk. This group also focuses on the importance of medication compliance to manage stability.

**Victim Empathy I and II:**

This group focuses on identifying the concepts of empathy and applying these to the victims of sexual offenses. This group continues for at least two quarters, as the first half provides education about the effects of abuse on victims, using videos and written articles. In the second half, the resident demonstrates an understanding of these concepts through completion of a project, including role-play exercises.

**What To Do When Your Life Falls Apart:**

This group reviews past crises in life to evaluate coping responses and identify the lessons to be learned from those events.



Photo 5. Artwork by a VCBR resident

## APPENDIX B: TRANSITIONS PROGRAM GROUPS

### **Life Skills: Beginner's Finance:**

This group will develop an understanding of basic budgeting within the facility. The group members will discuss realistic options for income, spending, and recurring bills as well as create a manageable budget they can utilize while at VCBR.

### **Life Skills: Community Finance:**

This group will develop an understanding of advanced budgeting and the importance of maintaining awareness of budgeting while in the community. The group members will discuss realistic options for income, spending, and recurring bills as well as create a manageable budget they can utilize in the community.

### **Life Skills: Success Skills:**

The purpose of this module is to help residents develop planning and time management skills.

### **Life Skills: Realities of Release:**

The overarching intended outcome for participants is to obtain a more realistic idea of post-institutional life as well as develop skills to help identify and address the barriers they will face.



## **APPENDIX C: DISCHARGE PLANNING GROUPS**

### **Discharge 101:**

The purpose of this group is to help residents secure vital records, identify areas of interest to live, and identify treatment available in that area.

### **Discharge 102:**

The purpose of this group is to allow residents an opportunity to develop an understanding of resources in the area to which they want to be released, openly discuss their support systems, practice self-disclosure through role-play, and learn how to maintain an incidental contact log.

### **Discharge 103:**

The purpose of this group is to educate residents about the process for requesting financial assistance from VCBR for release and conditions of supervision, as well as have residents develop and demonstrate their understanding and plan to comply with all treatment in accordance with their conditional release plan.

### **Discharge Maintenance:**

The purpose of this group is to provide residents with a forum to openly discuss their concerns with conditional release and acclimation to the community. The residents will have an opportunity to demonstrate a clear understanding of what they have learned about their sex offending behavior through treatment.

### **Living in Balance:**

This module will focus on living life and managing stressors upon discharge. Participants will identify individual high risk situations and triggers that contribute to relapse. Participants will discuss how they can benefit from attending support groups and obtaining a sponsor while in the community.

## **APPENDIX D: VOCATIONAL PROGRAM CLASSES AND WORKSHOPS**

### **Keyboarding:**

Residents will use Mavis Beacon to learn how to type while increasing speed and accuracy. This class offers a great opportunity to skillfully learn the basic keyboard.

### **Introduction to Microsoft (Word, PowerPoint, Excel, or Publisher) Beginner:**

The primary focus of this class is to assist residents with learning the basics of each program.

### **Introduction to Microsoft (Word, PowerPoint, Excel, or Publisher) Intermediate:**

This class goes beyond the basics and affords an opportunity to learn more in-depth what each program has to offer. Residents should already be familiar with basic operations of the programs.

### **Life Skills:**

Residents will complete a goal setting worksheet, discuss the identified goals and provide steps in achieving the goals. Residents will also learn the purpose of and how to create a budget.

**Job Club:**

Residents will discuss how to conduct a job search, appropriate behavior while on the job, and using good time management skills.

**Resume Development:**

In this class, residents will learn about the different resume formats and what information belongs on a resume. Participants will be given the opportunity to create a resume and cover letter.

**Career Portfolio Development:**

Residents will learn how to put together a resume, certificates of achievement, etc. in a format that is eye-catching for potential employers.

**Interview Preparation:**

Residents will have the opportunity to learn how to dress for a variety of different interviews. Popular interview questions will be discussed and residents will have the opportunity to participate in mock interviews.

**Electronic/Eye Glass Repair:**

In this workshop, a number of electronic devices will be discussed and used. Residents will be taught safety guidelines for using devices and tools necessary for repair. Residents will have an opportunity to learn several ways to repair eyeglasses.

**Sewing Repair:**

In this workshop, residents will learn about different parts of the sewing machine, tools, how to thread a machine, measure material, etc. Residents will be instructed on how to make repairs to various fabric items.

**Horticulture/Gardening:**

In this workshop, residents will learn about different flowers and plants, including how to care for and maintain the plants.

**NOTE: GROUP LISTED IN APPENDICES A-D ARE SUBJECT TO CHANGE.**