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Growing and Supporting YSB Services

EBA FOURTH FRIDAY SUPPORT CALL

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Agenda

- Upcoming CSOTP Training
 - Application
 - Requirements
- Panel Discussion
- Supporting YSB Providers
 - What non-clinical and residential providers need to know.

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Training Details

- **Application and Selection Process**
 - <https://www.surveymonkey.com/r/YSBapplication>
- **Training Dates & Locations**
 - Roanoke: Thursday and Friday, April 20th - 21st
 - TBD: Thursday and Friday, May 11th - 12th
 - Richmond: Thursday and Friday, May 25th and then half a day on the May 26th
- **Trainers**
 - Dr. Megan Hall, Psy.D., LCP, LPC, CSOTP
 - Art Mayer, LCSW, CSOTP, CCTP on 5.25.2023
- **Training, materials, and lunch are covered.**
- **Participants/providers are required to pay for travel expenses and/or lodging as needed.**

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Provide evidence of completing 50 clock hours of training in sex offender treatment acceptable to the Board in the below areas.

Sex Offender Assessment	Minimum of 15 clock hours
Sex Offender Treatment Interventions	Minimum of 15 clock hours
Etiology/Developmental Issues of Sex Offense Behavior	Minimum of 10 clock hours
Criminal Justice and Legal Issues Related to Sexual Offending	Minimum of 5 clock hours
Treatment Effectiveness and Issues Related to Relapse Prevention or Recidivism of Sex Offenders	Minimum of 5 clock hours

Resources used for this course:

Juvenile Sexual Offending: Causes, Consequences, and Correction 3rd Edition by Tom F. Leversee (Author), Sandy Lane (Author), Gail Ryan (Author)

▫ **The T.O.P Workbook for Sexual Health** by Joann Schladale

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Steps to Becoming a CSOTP Trainee



Education

Master's or doctoral degree in an approved area from an accredited university.



Supervision Registration

Supervisory Contract
Application for supervisor registration and fees
Official transcripts



Approval

Supervised experience obtained prior to written approval is not accepted towards certification.

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Supervisory Contract Sample

SEX OFFENDER TREATMENT PROVIDER SUPERVISORY CONTRACT

This **supervisory contract** is meant to outline the expectations and responsibilities of the supervisor and trainee in accordance with the regulations of the Virginia Board of Psychology Regulations Governing the Certification of Sex Offender Treatment Providers and responsibilities between _____, supervisor, and _____, sex offender treatment provider trainee, effective _____.

Trainee's Worksite:

List business name(s) and address(es) where the trainee will be providing clinical assessment/treatment services under the supervision of the above-named supervisor as she or he is working toward becoming a Certified Sex Offender Treatment Provider (CSTOP).

Purpose of Supervision:

The primary purpose of supervision is to ensure the welfare of the trainee's clients. Supervision also focuses on promoting the trainee's professional development and competency. Supervision may promote the personal development and awareness in the trainee.

Expectations of Supervisor and Supervisee

The supervisor and supervisee agree to meet for supervision for at least six hours per month that meets the requirements specified in 18VAC125-30-50. The form and content of the supervision will be mutually determined by the supervisor and supervisee and may include the following:

- Developing supervision plan and schedule
- Reviewing client presenting complaints and treatment plans
- Reviewing videotapes of supervisee's sex offender treatment sessions
- Reviewing client progress
- Providing feedback on supervisee's skills and interventions

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Supervision & Experience Requirements

50 hours of additional training

2,000 total experience hours
(assessment/treatment)

Minimum of 200 face-to-
face hours

100 hours of
face-to-face
supervision

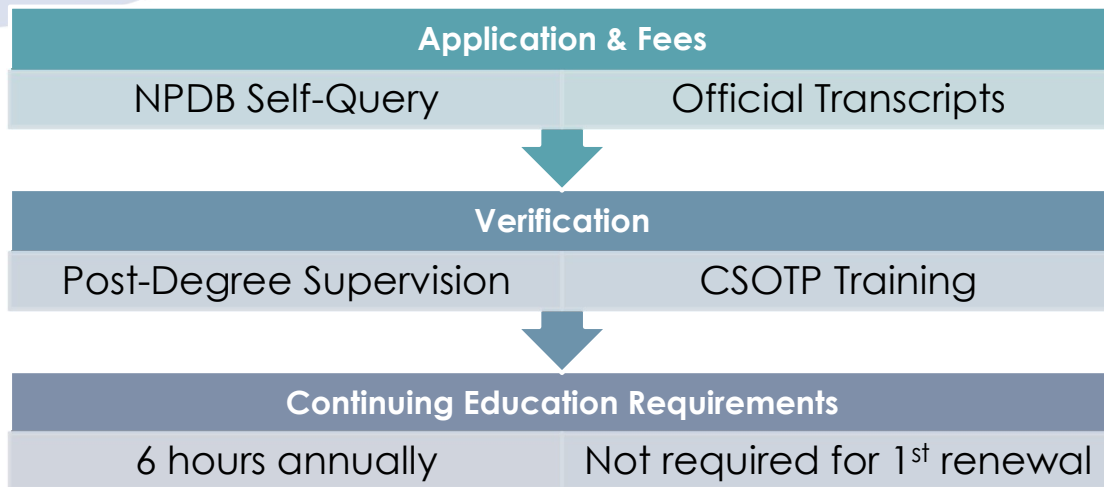
Minimum of 50
individual
supervision hours

1 hour of
supervision per 20
hours of
experience

Maximum of 6
trainees in group
supervision

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Certification



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DHP Application

(just for your reference)

 Virginia Department of Health Professions Board of Psychology	9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 www.dhp.virginia.gov/psychology	Email: psy@dhp.virginia.gov (804) 367-4697 (Tel) (804) 767-3626 (Fax)
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APPLICATION INSTRUCTIONS FOR CERTIFICATION AS A SEX OFFENDER TREATMENT PROVIDER (CSOTP)

REQUIRED DOCUMENTATION

- ☐ **APPLICATION:** The attached application must be completed and mailed to the Virginia Board of Psychology.
- ☐ **APPLICATION FEE:** A **\$90.00** initial application fee by check, cashier's check or money order made payable to the **Treasurer of Virginia** must be mailed with your application. Your application will not be reviewed or considered until you have submitted payment. Pursuant to [18VAC125-30-20\(B\)](#), all fees submitted to the Board are **non-refundable**.
- ☐ **OFFICIAL TRANSCRIPT:** An official graduate transcript (paper or electronic) is required. The transcript must be included in your application packet or emailed electronically directly to the Board at psy@dhp.virginia.gov via a secured electronic transcript service used by the school (for example: eScript or parchment). **Photocopied transcripts will not be accepted. All official transcripts must include a conferred date. If you have been previously approved by the Board for supervision, a duplicate transcript is not required.**
- ☐ **TRAINING VERIFICATION:** In addition to the form, certificates of completion must be submitted to verify completion of a minimum of 50 clock hours of training in sex offender treatment.
- ☐ **NPDB SELF-QUERY:** A current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be submitted. You may request a self-query at <https://www.npdb.hrsa.gov/>
- ☐ **VERIFICATION OF SUPERVISION:** The Verification of Supervision form should be completed by your supervisor, verifying hours obtained during your clinical experience.

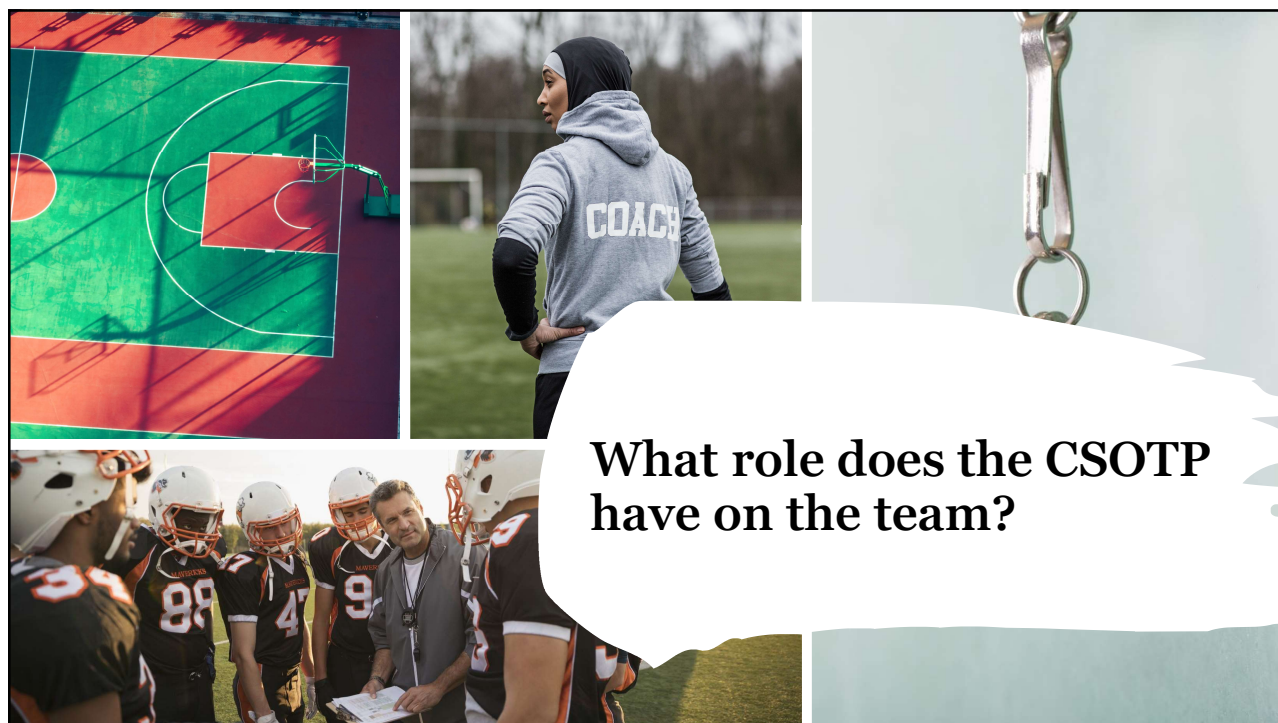
ADDITIONAL SUPPORTING DOCUMENTATION (if applicable)

<https://www.dhp.virginia.gov/forms/psychology/CSOTP/CSOTPAplicationPacket.pdf>

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****Safety Plan Team***

*(*borrowed from DJJ's RPSP Manual)*

"The Safety Plan Writing Team Process: In order to create a functional and collaborative safety plan for the resident and all involved, it is important that all constituents in the resident's safety plan be able to recognize their individualized roles, and equally as important, have a structured organized method to communicate their opinions, ideas, and concerns to the developer of the safety plan. **..Clear parameters for reviewing the safety plan at various intervals should be set and scheduled to measure a resident's progress, challenges, etc., with opportunities to adjust and/or continue the safety plan, as necessary.**

- The **Parole Officer** should be the primary logistical driver behind the safety plan. Typically, it is the PO that acts as the liaison amongst the law, courts, the resident and his family...
- The resident's **Sex Offender Treatment Provider** should be the primary architect behind creating the language that best illustrates how identified risk factors are to be addressed in conjunction with reentry resources and protective factors.
 - If the PO is the final authority in the management of the plan, the clinical team (primary clinician, clinical assessors, clinical supervisor), is the final authority in directing the how's, when's, where's and why's of navigating behavioral dynamics."

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****Safety Plan Team (continued)***

**Borrowed from DJJ's RPSP Manual*

"The resident must be involved in the safety planning and is the most important individual in the entire process.

- The **family and/or other individuals** within the community who are deemed to be the resident's support system and a protective factor should be brought into the safety planning dynamic as appropriate. Knowing who the players are, and what skills, attributes, etc., each one brings to the plan is important when noting possible options and limitations within the plan – especially when crafting direction around supervision, monitoring activities, behaviors, etc. Equally as important is for the team to understand how and when a support, supervisor, etc., is available when imagining how they (the support system) might monitor and sustain safety within the plan.
- **Treatment providers and/or other professionals** who are referred to provide reentry services should be consulted and invited to collaborate, where appropriate.

A key point in the transition between residential treatment and a follow-up community level clinical service, especially involving sexual offender treatment, is to match next-level clinical service intensity with the appropriate resource."

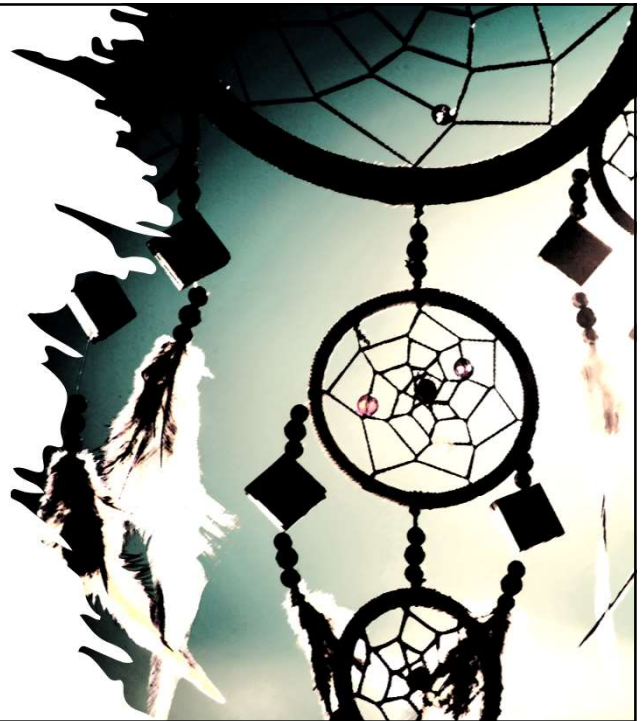
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What risk areas and daily activities need to be taken into consideration with YSB service programming?

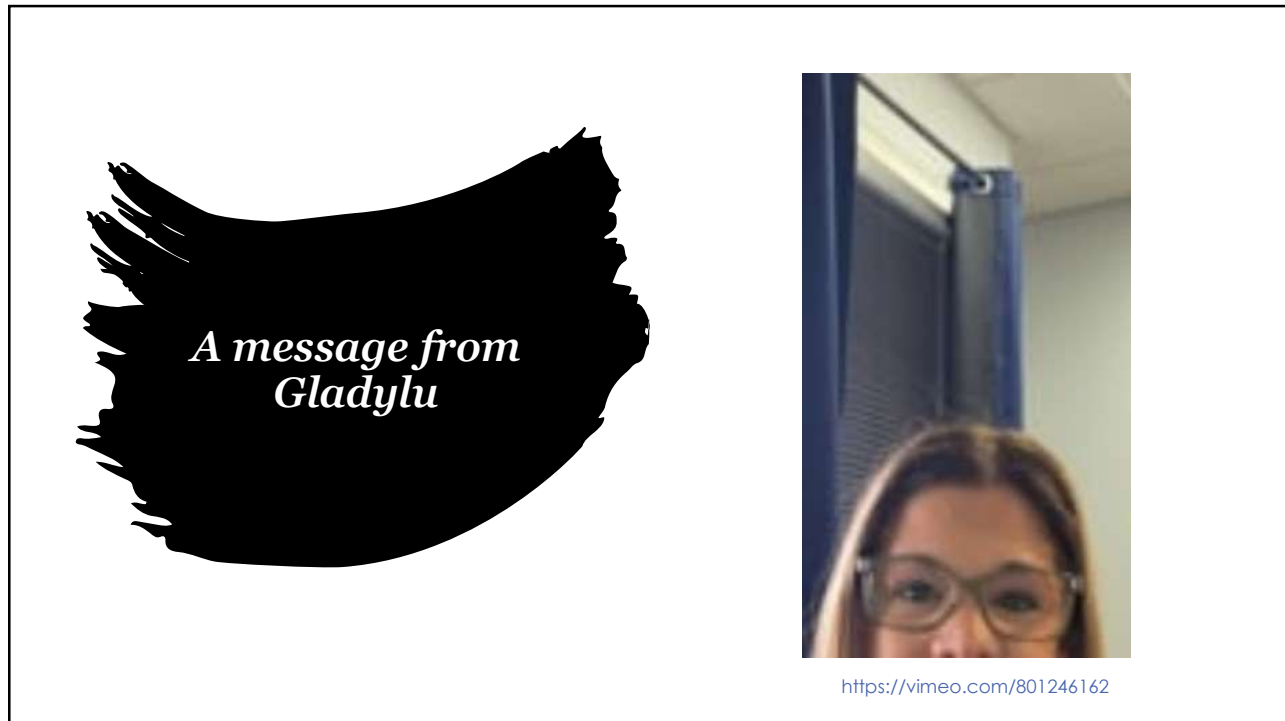


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All providers, professionals, and family members need to stay connected to maintain safety.



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