

TREATMENT PROGRESSION

Minnesota Sex Offender Program

Issue Date: 12/1/15 Effective Date: 1/5/16 Policy Number: 215-5010

POLICY: The Minnesota Sex Offender Program (MSOP) provides comprehensive sex offender treatment to civilly committed sexual abusers. The MSOP Program Theory Manual (215-5005d, attached) outlines the program’s treatment model, approach and design. As clients progress through treatment, they have opportunities to demonstrate meaningful change and personal responsibility by applying their acquired skills across settings while managing risk factors and maintaining public safety.

AUTHORITY: Minn. Rule 9515.3040, subp. 2

APPLICABILITY: Minnesota Sex Offender Program (MSOP), program-wide

PURPOSE: To promote public safety by providing comprehensive treatment and reintegration opportunities for civilly committed sexual abusers

DEFINITIONS:

Treatment Goal Matrix (Goal Matrix) – see MSOP Division Policy 215-5005, “Treatment Overview.”

Treatment Progression Review Panel – a panel consisting of the St. Peter and Moose Lake facility clinical directors, the associate clinical director(s), and the Executive Clinical Director.

Treatment Team – see MSOP Division Policy 215-5005, “Treatment Overview.”

PROCEDURES:

- A. Clients who elect to participate in sex offender treatment will be required to sign the Consent for Sex Offender Treatment (215-5010a-3075, attached). Clients progress through treatment by demonstrating changes, adhering to their individual treatment plans (ITP) and actively participating in treatment opportunities.
- B. Clinical staff may use several assessment instruments throughout a client’s treatment to help identify arousal patterns and guide effective treatment interventions. The assessments may include:
 1. Maintenance polygraphs.
 2. Full disclosure sexual history polygraph
 3. Penile plethysmographs (PPG). (See MSOP Policy 203.020, “Assessment of Sexual Arousal and Sexual Interest.”)
 4. Abel Assessment of Sexual Interest – 3 (AASI-3) or Abel-Blasingame Assessment for Individuals with Intellectual Disabilities (ABID). (See MSOP Policy 203.020, “Assessment of Sexual Arousal and Sexual Interest.”)
 5. Personality and psychological assessment instruments.
 6. Psychiatric or neurophysiological evaluations.

- C. The client's primary therapist, with input from the treatment team, assesses the client on each matrix factor outlined in the Treatment Goal Matrix (215-5005a, attached) on a quarterly basis to determine the client's progression in treatment. Treatment markers for progressing through each phase of treatment are outlined below. Clients who are unable to achieve the following treatment markers or have maximized their treatment benefit due to health, ability or other reasons may advance with the approval of the primary therapist, clinical supervisor and facility clinical director.
- D. Phase I: Orientation, Engagement and Self-Management
Phase I has three general treatment targets: emotional self-regulation, behavior management and establishing a motivation for change. These treatment targets are crucial in establishing a foundation for success in later phases of treatment. Phase I provides clients with opportunities to improve general self-management skills and to address treatment interfering behaviors and attitudes.
1. Clients are assigned to a primary therapist who prepares an Individual Treatment Plan (215-5007a-3050, Phoenix Report) addressing the client's treatment needs.
 2. Clients attend core therapy groups two times per week.
 3. The primary therapist, with input from the client, assigns clients to psychoeducational groups, per their individual treatment needs. The groups are designed to introduce treatment concepts and develop necessary skills to successfully progress through treatment and demonstrate meaningful change.
 4. The primary therapist, in consultation with treatment team members, considers the following markers to determine client progression from Phase I to Phase II.
 - a) The client has at least two consecutive treatment reports (two Quarterly Treatment Progress Reports (215-5007b-3030, Phoenix Report) or one Quarterly Treatment Progress Report and one Annual Treatment Progress Report (215-5007c-3040, Phoenix Report) indicating a rating of "satisfactory" or above on the first nine matrix factors.
 - b) The client maintains two consecutive quarters of no major Behavioral Expectations Reports.
 - c) The client demonstrates active treatment participation by requesting group time at least 50% of the time in the previous quarter.
 - d) The client sufficiently demonstrates through behavior and expression their recognition of an issue(s) they need to address in treatment related to his/her offending behavior.
 - e) The client participates in at least one maintenance polygraph to verify self-reported compliance with program expectations. (See MSOP Policy 107.030, "Polygraph Exams.")
- E. Phase II: Disclosure and Examination of Offense Patterns
Phase II is designed to assist clients in developing an agreed-upon history of past offending and the factors that contributed to it. Clients in Phase II identify and address the underlying issues of their offending behaviors, including the motivations and decision-making processes directly related to sexual and non-sexual offending patterns and how they are currently active. Once the underlying issues are identified, clients in Phase II develop strategies to eliminate and/or manage their dynamic risk factors.

1. Each client develops an increased awareness of self and others, identifies risk factors, abuse patterns and schemas, and acquires effective skills for coping and improved interpersonal relations.
2. Clients attend core therapy groups three times per week.
3. The primary therapist, with input from the client, assigns the client to psychoeducational groups per their individual treatment needs.
4. As clients progress through Phase II, they:
 - a) are able to identify and articulate individual offending risk factors, effective interventions and protective factors;
 - b) are able to articulate underlying issues in offending behavior, including the motivations for their offending;
 - c) resolve underlying issues contributing to the offending behavior;
 - d) collaborate on their treatment plan for ongoing interventions with respect to unresolved issues;
 - e) participate in a physiological assessment of arousal or attraction to assist in identifying their sexuality; and
 - f) identify his or her experience of sexuality including but not limited to attraction templates, intensity of sexuality (preoccupation), patterns of maladaptive thoughts, use of masturbation, arousal patterns, fantasies and use of sexuality in daily living (e.g., sex as coping).
5. The primary therapist, in consultation with treatment team members, considers the following markers to determine client progression from Phase II to Phase III.
 - a) The client has at least two consecutive treatment reports (two Quarterly Treatment Progress Reports or one Quarterly Treatment Progress Report and one Annual Treatment Progress Report) indicating a rating of “satisfactory” or above on all matrix factors.
 - b) The client maintains two consecutive quarters of no major Behavioral Expectations Reports.
 - c) The client participates in a full disclosure polygraph to verify an agreed-upon sexual history in preparation to participate in a PPG and/or Abel/ABID Assessment.
 - d) The client completes a PPG and/or Abel/ABID Assessment, as indicated, and incorporates the results into their treatment.
 - e) The client participates in a maintenance polygraph to verify self-reported compliance with program expectations.
6. When the primary therapist believes a client is nearing completion of Phase II and is ready to appear before the Treatment Progression Review Panel, he or she:
 - a) reviews the client’s progress with the clinical supervisor;

- b) upon clinical supervisor approval, submits a Referral for Psychological Services and Assessment Form (215-5007r-2122, attached) for a Sex Offender Assessment (202.100CC-2018, attached).
- c) reviews the client's progress, including the results of the Sex Offender Assessment in a case consultation with the entire treatment team; and
- d) with approval of the treatment team, clinical supervisor, and facility associate clinical director, contacts the clinical support staff to schedule the client to the Treatment Progression Review Panel.

7. At least two weeks prior to the Treatment Progression Review Panel, the primary therapist (in collaboration with the clinical supervisor) submits the following documents to the clinical support staff for distribution to the panel members:

- a) Most recent Quarterly Treatment Progress Report and Annual Treatment Progress Report.
- b) Current Individual Treatment Plan.
- c) Sex Offender Assessment Report.
- d) Raw test data from the sex offender assessment (i.e., MMPI, MCMI, MSI).
- e) Assessment results (i.e., PPG, Abel/ABID).
- f) Polygraph reports.
- g) Relapse Prevention Plan and Maintenance Plan.
- h) Special Review Board Treatment Report and Sexual Violence Risk Assessment report from the previous two years (if available).

F. Phase III: Deinstitutionalization and Reintegration

Phase III focuses on assisting clients to demonstrate and maintain meaningful change and apply coping strategies across settings and situations. In this treatment phase, clients focus on deinstitutionalization while developing skills necessary for a safe and successful return to the community. Clients in Phase III have successfully addressed the underlying issues in their offending behaviors and have developed skills to lead a non-offending life.

1. Clients attend core therapy groups three times per week.
2. The primary therapist, with input from the client, assigns clients to psychoeducational groups per their individual treatment needs.
3. Clients update their relapse prevention plan and maintenance plan to assist them in maintaining a prosocial life, free of sexual offending behavior.
4. Clients have opportunities for gradual increases in liberty outside of the secure perimeter, in order to apply treatment skills and behavioral changes as well as their risk management across

various settings. (See MSOP Division Policy 225-5020, "Client Privilege Attainment – St. Peter" and MSOP Division Policy 225-5030, "Programming Outside the Secure Perimeter.")

REVIEW: Annually

REFERENCES: *Matrix Factors Manual*
MSOP Division Policy 215-5005, "Treatment Overview"
MSOP Policy 107.030, "Polygraph Exams"
MSOP Policy 203.020, "Assessment of Sexual Arousal and Sexual Interest"
MSOP Division Policy 225-5020, "Client Privilege Attainment – St. Peter"
MSOP Division Policy 225-5030, "Programming Outside the Secure Perimeter"
MSOP Division Policy 215-5060, "Reduction in Custody/Special Review Board"
MSOP Policy 602.010, "Community Preparation Services"

ATTACHMENTS: MSOP Program Theory Manual (215-5005d)
Consent for Sex Offender Treatment (215-5010a-3075)
Treatment Goal Matrix (215-5005a)
Individual Treatment Plan (215-5007a-3050, Phoenix Report)
Quarterly Treatment Progress Reports (215-5007b-3030, Phoenix Report)
Sex Offender Assessment (202.100CC-2018)
Referral for Psychological Services and Assessment Form (215-5007r-2122)

SUPERSESSSION: MSOP Division Policy 215-5010, "Treatment Progression," 9/1/15.

/s/
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