

# TREATMENT PROGRESSION

## Minnesota Sex Offender Program

Issue Date: 1/8/19                      Effective Date: 2/5/19                      Policy Number: 215-5010

**POLICY:** The Minnesota Sex Offender Program (MSOP) provides comprehensive treatment to individuals who are civilly committed as a Sexually Dangerous Person (SDP) and/or a Sexual Psychopathic Personality (SPP) and/or a Psychopathic Personality (PP). The MSOP Program Theory Manual (215-5005d) 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:** MSOP, program-wide

**PURPOSE:** To promote public safety by providing comprehensive treatment and reintegration opportunities for individuals who are civilly committed as SDP, SPP and/or PP.

### 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 facility associate clinical directors, and the MSOP Executive Clinical Director.

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

### PROCEDURES:

- A. Clients electing to participate in sex offender treatment must sign the Consent for Sex Offender Treatment (215-5010a-3075). Clients progress through treatment by adhering to their Individual Treatment plan (ITP) (215-5007a-3050) (Phoenix), actively participating in treatment opportunities, and demonstrating changes in their thinking and behaviors across various settings. When a client declines to participate in or withdraws from sex offender treatment, the primary therapist completes an Individual Progress Note (215-5007d-4020) (Phoenix) and updates the client's treatment status in Phoenix.
- B. Clinical staff may utilize several assessment instruments throughout a client's treatment to assist in identifying treatment targets and guide effective treatment interventions, including but not limited to:
  1. Maintenance polygraphs.
  2. Sexual history polygraph.
  3. Sexual arousal and/or sexual interest assessments (See MSOP Division Policy 215-5020, "Assessment of Sexual Arousal and Sexual Interest.")
  4. Personality and/or psychological assessments.
  5. Psychiatric and/or neurophysiological evaluations.

- C. MSOP assigns each client a primary therapist who prepares and updates an ITP addressing the client's treatment needs while at MSOP.
- D. On a quarterly basis, the client's primary therapist, with input from the treatment team, reviews the client's progress on the treatment targets/dynamic risk factors outlined in the Treatment Goal Matrix (215-5005a) on their ITP.
- E. Phase I: Orientation, Engagement and Self-Management  
 This early phase of treatment typically focuses on self-management, adherence to program rules/structure, and 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 in conventional programming attend core therapy groups two times per week. Clients in alternative programming attend core therapy groups five times per week.
  2. In conventional programming, the primary therapist, with input from the client, assigns the client to psychoeducational groups, per his/her individual treatment needs. The groups are designed to introduce treatment concepts and develop necessary skills to assist clients in addressing treatment targets and make and sustain meaningful change. In alternative programming, the psychoeducational material is incorporated into core therapy groups.
  3. The primary therapist, in consultation with treatment team members, considers the following treatment 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) or one Quarterly Treatment Progress Report and one Annual Treatment Progress Report (215-5007c-3040) (Phoenix)) indicating a rating of "satisfactory" or above on the first nine matrix factors.
    - b) The client demonstrates behavioral control and generally conforms to program rules. This may be demonstrated by not receiving major Behavioral Expectations Reports for two consecutive quarters. For a client in alternative programming, the treatment team reviews available documentation to determine if the client demonstrates, with staff guidance and support, behavioral control and a willingness to conform to program rules.
    - c) The client demonstrates active treatment participation by coming prepared for group and requesting group time at least 50% of the time in the previous quarter.
    - d) The client demonstrates recognition through behavior and expression his/her desire to address personal issues directly 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 Division Policy 215-5035, "Polygraph Exams.")
- F. Phase II: Disclosure and Examination of Offense Patterns  
 Phase II is designed to assist clients in identifying and addressing 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 manifested.

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 in conventional programming attend core therapy groups three times per week. Clients in alternative programming attend core therapy groups five times per week.
3. In conventional programming, the primary therapist, with input from the client, assigns the client to psychoeducational groups per his/her individual treatment needs. In alternative programming, the psychoeducational material is incorporated into core therapy groups.
4. As clients progress through Phase II, they:
  - a) are able to articulate underlying issues in offending behavior, including the motivations for their offending;
  - b) are able to identify and articulate individual offending risk factors, effective interventions and protective factors;
  - c) resolve underlying issues contributing to the offending behavior;
  - d) collaborate on their ITP for ongoing interventions with respect to unresolved issues;
  - e) participate in an assessment of sexual arousal and/or interest to assist in identifying their sexual arousal patterns and/or interests; and
  - f) identify his/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 treatment markers to determine the client's readiness to progress 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 demonstrates behavioral control and conforms to program rules. This may be demonstrated by not receiving major Behavioral Expectations Reports for two consecutive quarters. For a client in alternative programming, the treatment team reviews available documentation to determine if the client demonstrates, with staff guidance and support, behavioral control and a willingness to conform to program rules.
  - c) The client participates in a sexual history polygraph to verify an agreed-upon sexual history in preparation to participate in a sexual arousal and/or sexual interest assessment. (See MSOP Division Policy 215-5035, "Polygraph Exams.")
  - d) The client incorporates the results of the sexual arousal and/or sexual interest assessment into his/her treatment, as indicated.

- 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, he/she:
- a) reviews the client's progress with the clinical supervisor;
  - b) with clinical supervisor approval, submits a Referral for Psychological Services and Assessment Form (215-5007r-2122) for a Sex Offender Assessment (210-5100g-2018); and
  - c) reviews the client's progress, including the results of the Sex Offender Assessment in a case consultation with the treatment team.
7. Following the treatment team's support of the client's progression, the clinical supervisor:
- a) reviews the client's progress with the facility clinical director and facility associate clinical director(s); and
  - b) upon approval of the facility clinical director and facility associate clinical director(s), contacts the clinical support staff to schedule the client for the Treatment Progression Review Panel.
8. 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 ITP.
  - c) Sex Offender Assessment report.
  - d) Raw test data from the Sex Offender Assessment (i.e., MMPI-2, MCMI-IV, MSI-II).
  - e) Sexual arousal and/or sexual interest assessment results.
  - f) Polygraph reports.
  - g) Relapse Prevention Plan and Maintenance Plan.
  - h) Most recent Special Review Board Treatment Report and Sexual Violence Risk Assessment report (if available).
9. The client, the client's primary therapist, the client's clinical supervisor, and a treatment psychologist attend the Treatment Progression Review Panel meeting.

G. Phase III: Deinstitutionalization and preparation for successful community 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 continued 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 in conventional programming attend core therapy groups three times per week or as determined by the treatment team. Clients in alternative programming attend core therapy groups five times per week.
2. In conventional programming, the primary therapist, with input from the client, assigns the client to psychoeducational groups per his/her individual treatment needs. In alternative programming, the psychoeducational material is incorporated into core therapy groups.
3. Clients who reside at Community Preparation Services (CPS) may be eligible for increased liberties as an individualized therapeutic intervention, consistent with their individual treatment plans. These liberties provide clients with opportunities to demonstrate meaningful change, risk management, and identify possible vulnerabilities across a variety of settings. (See MSOP Division Policy 225-5020, "CPS Client Liberties.")

**REVIEW:** Annually

**REFERENCES:** *Matrix Factors Manual*  
MSOP Division Policy 215-5005, "Treatment Overview"  
MSOP Division Policy 215-5035, "Polygraph Exams"  
MSOP Division Policy 215-5020, "Assessment of Sexual Arousal and Sexual Interest"  
MSOP Division Policy 225-5121, "Programming On and Off Campus"  
MSOP Division Policy 225-5020, "CPS Client Liberties"  
MSOP Division Policy 215-5060, "Reduction in Custody/Special Review Board"

**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)  
 Quarterly Treatment Progress Reports (215-5007b-3030) (Phoenix)  
 Annual Treatment Progress Report (215-5007c-3040) (Phoenix)  
Sex Offender Assessment (210-5100g-2018)  
Referral for Psychological Services and Assessment Form (215-5007r-2122)  
 Individual Progress Note (215-5007d-4020) (Phoenix)

**SUPERSESSION:** MSOP Division Policy 215-5010, "Treatment Progression," 3/6/18.  
 All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/  
 Nancy A. Johnston, Executive Director  
 Minnesota Sex Offender Program