

TREATMENT OVERVIEW

Minnesota Sex Offender Program

Issue Date: 2/4/20 Effective Date: 3/3/20 Policy Number: 215-5005

POLICY: The Minnesota Sex Offender Program (MSOP) provides comprehensive sex offender specific treatment to civilly committed sexual abusers. The MSOP Program Theory Manual (215-5005d) outlines the program’s treatment model, approach, and design.

MSOP is one treatment program with two campuses and three sites (Community Preparation Services (CPS), MSOP Moose Lake, and MSOP St. Peter). MSOP operates a collaborative treatment program in the Minnesota Correctional Facility – Moose Lake (MSOP-DOC).

AUTHORITY: Minn. Rule 9515.3040, Subp. 2.

APPLICABILITY: MSOP, program-wide

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

DEFINITIONS:

Sex offender specific treatment – a comprehensive and integrated set of planned and organized therapeutic experiences and interventions intended to improve the prognosis, function, and/or outcome of clients to reduce the risk of sexual re-offense, or other sexually abusive/aggressive behavior.

Treatment Goal Matrix (Goal Matrix) – a goal structure for treatment reflecting targets to address the dynamic risk factors of sex offenders as reflected in research.

Treatment support staff – staff whose primary responsibility is to maintain a secure and orderly environment supportive of treatment by performing such duties as assisting clients as needed, observing clients’ behavior, engaging with clients, directing group activities on the living units and providing feedback to the treatment team on client observations.

Treatment team – a group of MSOP staff providing direct services for clients coordinated manner by the client’s primary therapist. The treatment team must include the client, the client’s primary therapist, a licensed mental health professional (as defined in Minn. Stat. § 245.462, subd. 18) or license-eligible psychologist, a nurse, and a member of the treatment support staff. When medications or medical treatment is prescribed, a medical practitioner must also provide input. The treatment team may include treatment staff (including treatment psychologists and supervisors), therapeutic recreation staff, vocational programming staff, education services staff, and others as/when appropriate.

PROCEDURES:

A. Treatment Model and Approach

1. MSOP programming is grounded in several contemporary treatment models, including, but not limited to, cognitive-behavioral therapy, group psychotherapy, and relapse prevention. In addition, programming is influenced by professional psychological literature in the areas of risk/needs/responsivity, psychotherapy, and stages of change, with additional philosophical influence from the “Good Lives” model. Creative approaches such as role-play, demonstration, and creative arts therapies reinforce treatment concepts and address individual learning styles.

2. The primary therapist, with input from the client, develops an Individual Treatment Plan (ITP) (215-5007a-3050) (Phoenix) defining treatment goals to assist the client in making meaningful change and addressing dynamic risk factors through the Treatment Goal Matrix (215-5005a).
3. MSOP has three phases of treatment as outlined in MSOP Division Policy 215-5010, "Treatment Progression."
4. Clients acquire skills through active participation in group therapy and psychoeducational groups. Clients are provided opportunities to demonstrate meaningful change through participation in rehabilitative therapies programming, including education classes, therapeutic recreation activities and vocational programming. Staff observe, monitor, and intervene with clients in all aspects of daily living to promote treatment progress, develop skills, and assist clients to consistently apply treatment concepts across various settings.
5. MSOP utilizes various assessments (including, but not limited to, polygraphs, sexual arousal and/or sexual interest assessments, and other neuropsychological or psychological assessments) to assist staff in treatment planning and to assist clients in identifying treatment targets and appropriate interventions.

B. Treatment Design

1. Each MSOP site contributes to the mission of MSOP by specializing in different components of the treatment process.
 - a) The Moose Lake site is the reception facility for MSOP and provides treatment for clients in the earlier phases of treatment, clients requiring specialized care, and clients still involved in the court commitment process.
 - b) The St. Peter site has the Alternative Program (see B.2b, below) and provides services for clients in the mid to later phases of treatment.
 - c) The CPS site provides services to clients who have been granted a court-ordered reduction in custody from the Commitment Appeal Panel (CAP).
 - d) The MSOP-DOC site provides sex offender treatment for offenders committed to the Minnesota Department of Corrections and housed at the Minnesota Correctional Facility-Moose Lake.
2. MSOP Specialized Living Units or Designations at Moose Lake and St. Peter:
 - a) Admissions – houses clients newly admitted to MSOP and/or involved in commitment proceedings and not yet committed by the courts.
 - b) Alternative Programming Units – house clients with compromised executive functioning who may have cognitive impairments, traumatic brain injuries and/or learning disabilities preventing them from fully participating in conventional programming.
 - c) Assisted Living Unit – houses medically compromised clients requiring specialized care.
 - d) Behavior Therapy Units – house clients demonstrating behaviors disruptive to the general population and/or affecting the safety of the facility. Clients on this unit are treated with the goal of transitioning to their assigned living unit once the treatment-

interfering behaviors are successfully addressed. (See the Unit Omega Handbook, 215-5005c).

- e) Conventional Programming Units – house clients participating in sex offender treatment.
 - f) Mental Health Unit – houses clients with significant mental health concerns resulting in persistent emotional instability.
3. Clients choosing to engage in treatment participate in a Sex Offender Assessment (210-5100g-2018), setting the foundation for their ITPs (see MSOP Division Policy 210-5100, “Admission to the MSOP”). Staff assign clients to treatment groups based on their needs identified in the ITP. MSOP provides sex offender specific treatment to meet the needs of all clients.

C. Treatment Structure

1. Designated clinical staff complete assessments of clients upon admission to the MSOP (see MSOP Division Policy 210-5100, “Admission to the MSOP”).
2. The primary therapist, with input from the client, is responsible for developing and implementing the ITP to address the client’s identified treatment needs. (See MSOP Division Policy 215-5007, “Clinical Documentation.”)
3. Clients progress through treatment by adhering to their ITPs, actively participating in treatment, and demonstrating changes in their thinking and behaviors across various settings. The treatment team reviews and assesses each client’s progress in treatment quarterly (See MSOP Division Policy 215-5007, “Clinical Documentation.”). The primary therapist incorporates the client’s self-assessment into the treatment progress review. The primary therapist updates the client’s ITP at least annually and as clinically indicated.

REVIEW: Annually

REFERENCES: MSOP Division Policy 210-5200, “Civil Commitment Process”
MSOP Division Policy 215-5010, “Treatment Progression”
MSOP Division Policy 210-5100, “Admission to the MSOP”
MSOP Division Policy 215-5060, “Reduction in Custody - Special Review Board”
MSOP Division Policy 230-5100, “MSOP Departure”
MSOP Division Policy 310-5060, “Psychiatric Services”
MSOP Division Policy 215-5007, “Clinical Documentation”
MSOP Division Policy 115-5042, “Supervision of License-Eligible Psychologists and Psychology Interns”
Minn. Rule 2960.0020, subp. 58

ATTACHMENTS: Treatment Goal Matrix (215-5005a)
Unit Omega Handbook (215-5005c)
MSOP Program Theory Manual (215-5005d)

Individual Treatment Plan (215-5007a-3050) (Phoenix)
Sex Offender Assessment (210-5100g-2018)

SUPERSESSION: MSOP Division Policy 215-5005, “Treatment Overview,” 9/4/18.

All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/

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