

# TREATMENT OVERVIEW

## Minnesota Sex Offender Program

Issue Date: 2/7/23      Effective Date: 3/7/23      Policy Number: 215-5005

**POLICY:** The Minnesota Sex Offender Program (MSOP) provides comprehensive sex offender specific treatment to individuals 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.

MSOP is one treatment program with two campuses and three sites (Community Preparation Services (CPS), Moose Lake, and St. Peter).

**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 individuals who have sexually offended.

### DEFINITIONS:

Modified programming – structured programming offered to address specific circumstances, calendar events, or significant occasions.

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 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 team – a group of MSOP staff providing direct services for clients coordinated 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 operations staff. When medications or medical treatment is prescribed, a medical practitioner must also provide input. The treatment team also includes treatment staff (including treatment psychologists and clinical supervisors), clinical programming staff (therapeutic recreation, vocational, and education), and others as/when appropriate.

### PROCEDURES:

#### A. Treatment Model and Approach

1. MSOP programming is grounded in several contemporary treatment models. 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, in collaboration with 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, psychoeducation groups, modified programming, and individual therapy (as indicated). Clients are provided opportunities to demonstrate meaningful change through participation in clinical programming (therapeutic recreation, vocational, and education). 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, physiological assessments of deception, 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 conventional programming, clients requiring specialized care, and clients still involved in the court commitment process.
  - b) The St. Peter site provides alternative programming for clients with compromised executive functioning and conventional programming 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) to transfer to CPS.
2. Clients choosing to engage in treatment participate in a Psychosexual Assessment (215-5007u-2018A), setting the foundation for their ITPs (see MSOP Division Policy 210-5100, "Admission to the MSOP"). 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, in collaboration with 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)  
MSOP Program Theory Manual (215-5005d)  
  
Individual Treatment Plan (215-5007a-3050) (Phoenix)  
Psychosexual Assessment (215-5007u-2018A)

**SUPERSESSSION:** MSOP Division Policy 215-5005, "Treatment Overview," 1/5/21.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/  
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Minnesota Sex Offender Program