



Minnesota Sex Offender Program Treatment Overview

Program Philosophy and Approach

The Minnesota Sex Offender Program (MSOP) uses a three-phase treatment process. Clients initially address treatment-interfering behaviors and attitudes (Phase I) in preparation for focusing on their patterns of abuse and identifying and resolving the underlying issues in their offenses (Phase II). Clients in the later stages of treatment focus on deinstitutionalization and reintegration, applying the skills they acquired in treatment across settings and maintaining the changes they have made while managing their risk for re-offense (Phase III).

MSOP draws on several contemporary treatment models in its treatment. These models include: cognitive-behavioral therapy, group psychotherapy, relapse prevention, risk/needs/responsivity and stages of change literature, with additional philosophical influences from the Good Lives model. Treatment is guided by an individualized treatment plan that defines measurable goals.

Comprehensive and Individualized Treatment

MSOP is a comprehensive treatment program. Clients acquire skills through active participation in group therapy and are provided opportunities to demonstrate meaningful change through participation in rehabilitative services, including education classes, therapeutic recreational activities and vocational programming. Clients are observed and monitored not only in treatment groups, but in all aspects of daily living. This is crucial for assessing clients' progress in making and maintaining meaningful personal change and consistently applying treatment concepts, decreasing their risk for re-offense.

Individualized treatment plans incorporate input from the entire treatment team, based on the results of a sexual offender assessment. Goals address clients' individual risk factors for recidivism and specific treatment need areas. Treatment progress is reviewed on a quarterly basis.

Treatment Design

MSOP clients who choose to engage in treatment participate in a sexual offender assessment that sets the foundation for their individualized treatment plan. Clients are placed in programming based on their clinical needs. MSOP provides sex-offender treatment to meet the needs of all clients.

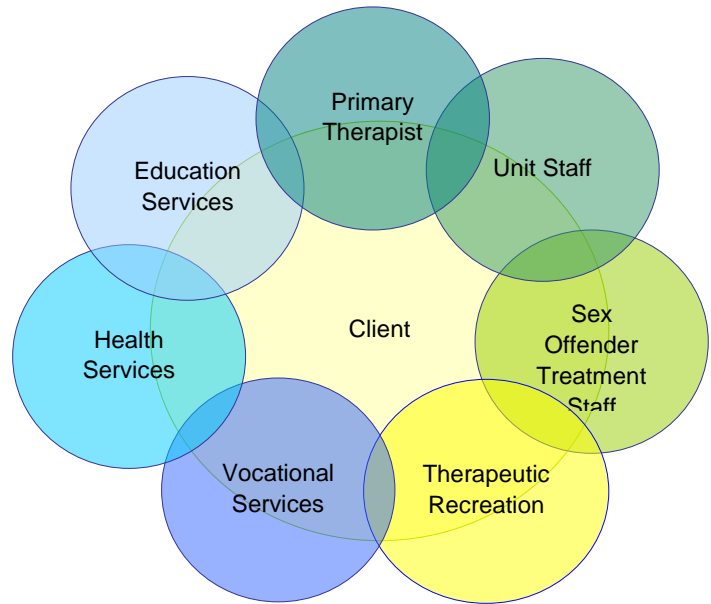
MSOP is one program with two facilities. Moose Lake and St. Peter each contribute to the mission of MSOP by specializing in different components of the treatment process.

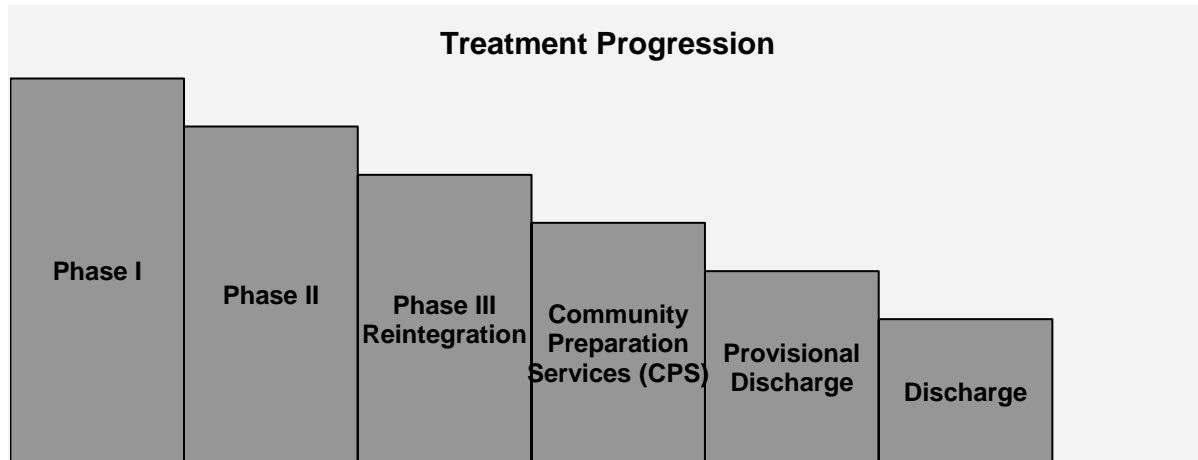
The Moose Lake facility houses individuals involved in the civil commitment process, conventional non-treatment participants and those participating in phases I and II of treatment.

Individuals who have demonstrated meaningful change and are progressing through treatment are moved to St. Peter to complete primary treatment and begin the reintegration process. In addition to the components of reintegration, St. Peter also provides alternative programming for clients who are in need of unique treatment approaches due to developmental disabilities, traumatic brain injuries and/or severe learning disabilities.

Specialty programming within MSOP includes:

- **Admissions:** Clients newly admitted to MSOP and/or are going through the commitment proceedings.
- **Alternative Programming:** Clients who may have compromised executive functioning such as cognitive impairments, traumatic brain injuries and/or profound learning disabilities. These clients are unlikely to be successful in conventional programming and are in need of specially designed interventions.
- **Assisted Living:** Clients who require specialized medical care.
- **Behavior Therapy Unit:** Clients who demonstrate behaviors that are disruptive to the general population and/or affect the safety of the facility: criminal behavior, repetitive restrictions to maintain safety and threatening behavior are treated on this unit with the goal of mainstreaming once the treatment-interfering behaviors have been successfully addressed.
- **Conventional Programming Unit:** Clients motivated to participate in sexual offender-specific treatment and are meeting behavioral expectations of the program.
- **Mental Health Unit:** Clients referred to this unit have significant mental health issues and/or associated functional impairment. Staff provide the clinical treatment necessary for the clients to stabilize their behavior(s) in relation to their mental health symptoms.
- **Community Preparation Services:** Clients who have been granted transfer by the courts to reside outside the secure perimeter.





Treatment Progression

Clients progress through treatment by actively participating in group therapy and changing their thinking and behaviors. New treatment goals are identified as they arise. As clients successfully progress through Phase II they begin to focus on reintegration in St. Peter. Phase III programming begins inside the secure perimeter and extends out to Community Preparation Services (CPS) when transfer outside the perimeter is approved by the courts. While residing in CPS, clients progress through three levels of liberties. These liberties gradually reintroduce the client to community activities and address deinstitutionalization. The transitional period is designed to provide opportunities for clients to apply their acquired skills and to master increasing liberties and responsibility while maintaining public safety. Once the courts have placed clients in CPS, they continue the reintegration process while preparing for eventual provisional discharge. In the final phase of treatment, a client may petition the Special Review Board and courts for provisional discharge into the community.

This information is available in alternative formats to individuals with disabilities by contacting us at 651-431-4385 or by using your preferred relay service. For other information on disability rights and protections, contact our agency's ADA coordinator.