

2955.0140 PROGRAM STANDARDS FOR RESIDENTIAL TREATMENT OF JUVENILE SEX OFFENDERS.

Subpart 1. **Program policy and procedures manual.** Each program must develop and follow a written policy and procedures manual. The manual must be made available to clients and program staff. The manual must include, but is not limited to:

A. the basic treatment protocol used to provide services to clients, as defined by the philosophy, goals, and model of treatment employed, including the:

(1) sex offender population served;

(2) theoretical principles and operating methods used to deliver services to identified treatment needs of clients served; and

(3) scope of the services offered;

B. policies and procedures for the management of the therapeutic milieu, as appropriate, including the manner in which the various components of the therapeutic milieu are structured to promote and maintain the desired behavioral and cognitive changes in the client;

C. policies and procedures for the prevention of predation among clients and the promotion and maintenance of the security and safety of clients and staff, which must address the sexual safety of clients and staff, as well as:

(1) the relationship between security and treatment functions and how staff are used in these functions;

(2) communication between the various levels of staff in the program; and

(3) program rules for behavior that include a range of consequences that may be imposed for violation of the rules and due process procedures;

D. admission and discharge criteria and procedures;

E. assessment content and procedures, including the rationale for the particular format and procedures as required by part 2955.0100, subpart 3;

F. treatment planning and review of client progress in treatment;

G. policies and procedures for client communications and visiting with others both within and outside of the program;

H. policies and procedures for the use of special assessment and treatment methods according to part 2955.0160;

I. policies and procedures that address data privacy and confidentiality standards, including reports by a client of previously unreported or undetected criminal behavior and

the use of results from psychophysiological procedures as described in part 2955.0160, subparts 2 to 4;

J. policies and procedures for reporting and investigating alleged unethical, illegal, or negligent acts against clients, and of serious violations of written policies and procedures; and

K. the program's quality assurance and program improvement plan and procedures as required in part 2955.0170.

Subp. 2. **Standards of practice for sex offender treatment programming.** This subpart contains the minimal standards of practice for treatment programming provided in a residential juvenile sex offender treatment program. Treatment programming must:

A. safeguard the well-being of victims and their families, the community, and clients and their families;

B. encourage clients to be personally accountable through participation, self-disclosure, and self-monitoring;

C. address the individual treatment needs of each client;

D. be consistent with and supportable by the professional literature and clinical practice in the field;

E. use effective methods to assist the client to achieve treatment goals and objectives;

F. include and integrate the client's family or legal guardian into the treatment process when appropriate and document inquiries regarding the degree to which the client's family or legal guardian desires to be involved in the client's treatment;

G. address, within the limits of available resources, the client's personality traits and deficits that are related to increased reoffense potential;

H. address any concurrent psychiatric disorders by providing treatment or referring the client for treatment; and

I. protect the legal and civil rights of clients, including the client's right to refuse treatment.

Subp. 3. **Goals of sex offender treatment.** The ultimate goal of residential juvenile sex offender treatment is to protect the community from criminal sexual behavior by reducing the client's risk of reoffense.

The goals of sex offender treatment include, but are not limited to, the outcomes in items A to E. The basic treatment protocol of the program shall determine the specific goals that shall be operationalized by the program and the methods used to achieve them. The applicability of those goals and methods to a client shall be determined by that client's intake

assessment, individual treatment plan, and progress in treatment. The program must be designed to allow, assist, and encourage the client to develop the motivation and ability to achieve the goals in items A to E, as appropriate.

A. The client must acknowledge the criminal sexual behavior and admit or develop an increased sense of personal culpability and responsibility for the behavior. The program must provide activities and procedures that are designed to assist clients:

(1) reduce their denial or minimization of their criminal sexual behavior and any blame placed on circumstantial factors;

(2) disclose their history of sexually abusive and criminal sexual behavior and pattern of sexual response;

(3) learn and understand the effects of sexual abuse upon victims and their families, the community, and the client and the client's family; and

(4) develop and implement options for restitution and reparation to their victims and the community, in a direct or indirect manner, as appropriate.

B. The client must choose to stop and act to prevent the circumstances that lead to sexually abusive and criminal sexual behavior and other abusive or aggressive behaviors from occurring. The program must provide activities and procedures that are designed to assist clients:

(1) identify and assess the function and role of thinking errors, cognitive distortions, and maladaptive attitudes and beliefs in the commission of sexual offenses and other abusive or aggressive behavior;

(2) learn and use appropriate strategies and techniques for changing thinking patterns and modifying attitudes and beliefs regarding sexually abusive and criminal sexual behavior and other abusive or aggressive behavior;

(3) identify the function and role of paraphilic and aggressive sexual responses and urges, recurrent sexual fantasies, and patterns of reinforcement in the commission of sexual offenses;

(4) learn and use appropriate strategies and techniques to:

(a) manage paraphilic and aggressive sexual responses, urges, fantasies, and interests; and

(b) maintain or enhance sexual response to appropriate partners and situations and develop and reinforce positive, prosocial sexual interests;

(5) identify the function and role of any chemical abuse or other antisocial behavior in the commission of sexual offenses and remediate those factors;

(6) demonstrate an awareness and empathetic understanding of the effects of their sexually abusive and criminal sexual behaviors on their victims;

(7) when appropriate, understand and address their own sense of victimization and its impact on their behavior;

(8) identify and address particular family issues or dysfunctions that precipitate or support the sexually offensive behavior;

(9) develop a positive sense of self-esteem and acceptance and demonstrate positive behaviors to meet psychological and social needs;

(10) develop a detailed reoffense prevention plan that:

(a) identifies the pattern or cycle of sexually abusive behavior that includes the background stressors and precipitating conditions and situations that indicate a risk to reoffend;

(b) outlines specific alternative, positive social behaviors that will remove or decrease that risk and how to interrupt the cycle before a sexual offense occurs by using self-control methods; and

(c) identifies a network of persons who support the client in achieving the desired cognitive and behavioral change which includes the client's family or legal guardian, as appropriate;

(11) practice the positive social behaviors developed in the reoffense prevention plan; and

(12) build the network of persons identified in subitem (10), unit (c), who will support the implementation of the reoffense prevention plan and share the plan with those persons.

C. The client must develop a positive, prosocial approach to the client's sexuality, sexual development, and sexual functioning, including realistic sexual expectations and establishment of appropriate sexual relationships. The program must provide activities and procedures that are designed to assist clients:

(1) learn and demonstrate an understanding of human sexuality that includes anatomy, sexual development, the motivations for sexual behavior, the nature of sexual dysfunctions, and how the healthy expression of sexual desire and behavior contrasts with the abusive expression of sexual desire and behavior;

(2) learn and demonstrate an understanding of intimate and love relationships and how to develop and maintain them; and

(3) explore and develop a positive sexual identity.

D. The client must develop positive communication and relationship skills. The program must provide activities and procedures that are designed to assist clients:

(1) develop emotional awareness and demonstrate the appropriate expression of feelings;

(2) develop and demonstrate appropriate levels of trust in relating to peers and adults; and

(3) develop and demonstrate appropriate communication, anger management, and stress management skills.

E. The client must reenter and reintegrate into the community. The program must provide activities and procedures that are designed to assist clients:

(1) prepare a plan for aftercare that includes arrangements for continuing treatment or counseling, support groups, and socialization, cultural, religious, and recreational activities, as appropriate to the client's needs and consistent with available resources; and

(2) prepare a plan designed to enable the client to successfully prepare for and make the transition into the community.

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