

2955.0140 PROGRAM STANDARDS FOR CLIENT TREATMENT; POLICY AND PROCEDURE.

Subpart 1. **Program policy and procedure manual.** Each treatment program must develop and follow a written policy and procedure manual. The manual must be made available to clients and program staff. The manual must include at least the following:

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) population of clients served;
- (2) theoretical principles and operating methods used to deliver adjunctive and clinical services to identified treatment needs of clients served; and
- (3) scope of adjunctive and clinical services offered;

B. policies and procedures for managing the planned therapeutic environment, as applicable to the program, including the manner in which the components of the planned therapeutic environment are structured;

C. policies and procedures for preventing predation among clients and promoting and maintaining 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 violating the program 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 treatment.** This subpart contains the minimal standards of practice for treatment provided in a treatment program. Treatment 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 each client's individual treatment needs;

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. **Treatment purpose; basic treatment protocol.**

A. The ultimate goal of treatment is to protect the community from sexually abusive or harmful behavior or criminal sexual behavior by reducing a client's risk of reoffense, but treatment does not include treatment that addresses sexually abusive or harmful behavior or criminal sexual behavior when the treatment is provided incidental to treatment for mental illness, developmental disability, or substance use disorder.

B. The focus of treatment is on:

(1) the occurrence and dynamics of sexual behavior and providing information, psychotherapeutic interventions, and support to clients to assist them in developing the motivation, skills, and behaviors that promote change and internal self-control; and

(2) coordinating services with other agencies and providers involved with a client to promote external control of the client's behavior.

C. The goals of treatment include at least the goals under subpart 4, items A to E. The treatment program's basic treatment protocol must determine the goals that will be operationalized by the program and the methods used to achieve them. The applicability of the goals and methods to a client must be determined by the client's intake assessment, individual treatment plan, and progress in treatment. The treatment program must be designed to allow, assist, and encourage the client to develop the motivation and ability to achieve the goals under subpart 4, items A to E, as appropriate.

Subp. 4. Treatment goals.

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

(1) reduce the denial or minimization of the client's sexually abusive or harmful behavior or criminal sexual behavior and any blame placed on circumstantial factors;

(2) disclose the client's history of sexually abusive or harmful behavior or criminal sexual behavior and pattern of sexual response;

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

(4) develop and implement options for restitution and reparation to the client's victims and the community, in a direct or indirect manner, as applicable to the client.

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

(1) identify and assess the function and role of thinking errors, cognitive distortions, and maladaptive attitudes and beliefs in engaging in sexually abusive or harmful behavior or criminal sexual behavior;

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

(3) identify the function and role of paraphilic and aggressive sexual interest and response, recurrent sexual fantasies, and patterns of reinforcement in engaging in sexually abusive or harmful behavior or criminal sexual behavior;

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

(a) manage paraphilic and aggressive sexual interest and response, urges, fantasies, and other interests; and

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

(5) identify the function and role of any substance use or other problematic behavior in engaging in sexually abusive or harmful behavior or criminal sexual behavior and remediate those factors;

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

(7) if clinically appropriate, understand and address the client's own sense of victimization and its impact on the client's behavior;

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

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

(10) develop a plan for maintaining and continuing treatment gains that:

(a) identifies the pattern or cycle of sexually abusive or harmful 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 client's plan for maintaining and continuing treatment gains; and

(12) build the network of individuals identified in subitem (10), unit (c), who will support implementing the plan and share the plan with those individuals.

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 to:

(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 to:

(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 to:

(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 transition into the community.

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