MONTANA SEX OFFENDER TREATMENT ASSOCIATION

Adult Sexual Offense Specific Treatment Standards

Accepted by MSOTA Clinical Membership
July 22, 2011
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Introduction

The Clinical Members of the Montana Sex Offender Treatment Association strive to provide the highest quality of care to their clients. Interventions are designed to assist the client to effectively manage thoughts, feelings, attitudes, and behaviors associated with their risk to reoffend. Structured, cognitive-behavioral and skills-oriented treatment programs that target specific criminogenic needs appear to be the most effective approaches in reducing rates of reoffending in adult male offenders.

Treatment is designed to address risk factors that can change over time (i.e., dynamic risk factors). These variables may include but are not limited to access to potential victims, insufficient or inappropriate employment, inappropriate living circumstances, and inappropriate use of leisure time, substance misuse, intimacy deficits, emotional management deficits, sexual preoccupation, deviant sexual interests, deviant sexual arousal, attitudes supportive of offending, antisocial lifestyle and associates, and lack of cooperation with supervision.

Other treatments, for example, the use of certain prescribed medications, can play a valuable adjunctive role. It is important to assess the efficacy of specific treatment techniques and client progress in achieving treatment goals. Unstructured, insight-oriented treatment programs are less likely to be effective in reducing sexual reoffending and do not constitute primary interventions in the treatment of men who sexually offend.

Treatment is most likely to be effective when the intensity of services is matched to the client's risk of recidivism. Providing an inappropriate intensity of services may negatively affect a client's risk and the community's perception of treatment.

MSOTA Clinical Members strive to deliver treatment in a manner to which clients can be receptive and responsive. This includes matching services to the client's intelligence level, learning style, personality characteristics, culture, mental and physical disabilities, and motivation. Treatment providers should also identify and build upon client strengths. These include but are not necessarily limited to motivation, willingness to comply with supervision requirements, ability to read and write, lifestyle stability, and pro-social support systems.

MSOTA Clinical Members may deliver services to clients using a variety of modalities, including individual, family, and group therapy. Group therapy is the most common treatment format used with individuals who sexually offend. It is important to note that treatment will likely be most effective when the modalities are matched to clients individual needs and circumstances, and when delivered in conjunction with other interventions such as community supervision, pro-social community support, and appropriate housing.

General Treatment Guidelines

1. MSOTA Clinical Members adhere to the standards of treatment to provide a comprehensive course of treatment, which assists sex offenders in developing an adequate degree of self-control, while also assuring an adequate degree of protection for our communities.

2. MSOTA Clinical Members shall provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and unwanted contact with the offender.

3. MSOTA Clinical Members shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Montana state law and federal statutes on health care records.

4. MSOTA Clinical Members shall employ treatment methods that are supported by current professional research and practice.

5. MSOTA Clinical Members shall employ treatment methods that give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.

6. MSOTA Clinical Members draw on a combination of skills and techniques from cognitive-behavioral, systems, individual, didactic-behavioral, motivational, psychodynamic and physiological therapies.

7. MSOTA Clinical Members recognize that Group therapy, comprised only of sex offenders, is the preferred method of sex offense-specific treatment. The use of individual therapy at the exclusion of group therapy is not recommended with most sex offenders, and should be avoided except when geographical, specifically rural, or disability limitations dictate it's use.

8. MSOTA Clinical Members recognize the use of male and female co-therapists in group therapy is preferable to single therapist groups.

9. MSOTA Clinical Members recognize the ratio of therapists to sex offenders in a treatment group shall not exceed 1:10. Treatment group size shall not exceed 14 sex offenders.

10. MSOTA Clinical Members recognize genders shall not be mixed in a sex offense specific treatment group if possible.

11. MSOTA Clinical Members shall employ treatment methods that are based on recognition of the need for long-term, comprehensive, offense-specific treatment for sex offenders. The MSOTA provider shall use an evidence-based approach. Self-help or time-limited treatment shall be used only as adjuncts to long-term, comprehensive treatment.

12. MSOTA Clinical Members shall utilize a variety of treatment assignments designed to address the following areas of sexual offending: cognitive restructuring, counter-conditioning procedures, victim empathy enhancement, relapse prevention, and skills training (e.g., parenting , assertiveness and communication, problem solving, stress management, anger management and conflict resolution). Also recommended are the following components of treatment: offender's cycle of abuse, preconditions to offending, sex education, warning signs, thinking errors, arousal control, decision matrix, social competence, clarification process, reunification process.

13. The primary and specific focus of sex offender specific therapy is on compulsive, deviant, and illegal sexual attitudes, behaviors, and cycles of offending.

14. Unless clinically contraindicated, MSOTA Clinical Members shall utilize polygraph examinations, plethysmographs, visual reaction time assessments or other physiological testing, to assess and periodically monitor treatment progress and behavioral risk.

15. MSOTA Clinical Members shall employ treatment methods that integrate the results of a polygraph, plethysmographs, visual reaction time assessments or other physiological testing, as indicated.

16. MSOTA Clinical Members shall develop and implement a written treatment plan for each client outlining clear and specific treatment goals consistent with the results of a recent evaluation. The treatment plan will be individualized to meet the unique needs and risks of the offender.

17. MSOTA Clinical Members will define expectations of the offender, his/her family (when possible), and support systems.

18. MSOTA Clinical Members will update evaluations before initiating treatment or other interventions if one year or more has elapsed since an evaluation was completed, if the original evaluation was not comprehensive, or if changing circumstances so dictate.

19. MSOTA Clinical Members shall have treatment contracts (e.g., treatment consent forms) with clients specifying the nature of treatment, program rules, the consequence of noncompliance with these rules, and the expected frequency and duration of treatment involvement.

20. MSOTA Clinical Members, whenever possible, rely on other sources in addition to client self-report to assess treatment compliance and progress.

21. MSOTA Clinical Members clearly identify and document specific and observable changes in factors associated with a client's risk for re-offense, or the lack of such changes, in treatment records and progress reports.

22. MSOTA Clinical Members discuss the treatment plan with the client and provide regular feedback to clients on their treatment compliance and progress, or lack thereof.

23. MSOTA Clinical Members recognize treatment may require offenders to give up some activities, and submit to external controls and limits which are not restricted to sexual behavior, with compliance being periodically monitored throughout treatment.

24. MSOTA Clinical Members recognize sex offender treatment involves a team approach with limited confidentiality and an emphasis on community safety.

25. MSOTA Clinical Members prepare their clients for treatment completion, which may include a gradual reduction in frequency of contact over time as treatment gains are made, booster sessions to reinforce and assess maintenance of treatment gains, and consultation to any future service providers.

26. MSOTA Clinical Members hold voluntary clients to the same treatment expectations as court-ordered clients.

27. MSOTA Clinical Members cooperate with other professionals who are involved in the management of clients including judges, probation/parole officers, child welfare workers, and victim therapists. Such cooperation is consistent with and limited to activities and behavior appropriate to member's professional roles.

28. MSOTA Clinical Members immediately notify appropriate authorities if a legally mandated client discontinues treatment or violates a legally mandated condition of parole, probation, or treatment.

29. MSOTA Clinical Members providing community treatment recommend more intensive treatment and/or supervision if a client experiences significant difficulties managing their risk for sexual abuse in a way that jeopardizes community safety.

30. MSOTA Clinical Members provide the client and the appropriate authorities with written information that includes follow up recommendations for maintaining treatment gains.

31. MSOTA Clinical Members never make statements asserting that a client is no longer at any risk to reoffend.

32. MSOTA Clinical Members are clear when communicating with clients, other professionals, and the public that many but not all clients require ongoing management of their risks and needs.

33. MSOTA Clinical Members periodically evaluate their client's progress using multiple methods such as client self-report, collateral reports, paper and pencil tests and inventories or, specialized behavioral assessments. MSOTA Clinical Members are aware of the strengths and limitations of each of these methods.

34. MSOTA Clinical Members are aware that it is important that the skills learned in treatment are practiced and generalized to various settings.

Treatment Components

MSOTA Clinical Members are aware that treatment for individuals who sexually offend is an evolving science. Research continues to search for new and more effective treatment methods. Similarly, some current techniques, with continued research, may be found to be ineffective. Practitioners, to the extent possible, engage in evidence-based practice as it emerges. Currently recommended treatment methods include:

1. Sexual History Disclosure

- MSOTA Clinical Members require the client to fully disclose his sexual history including normal sexual milestones and behavior as well as all deviant sexual behaviors including a complete listing of all sexual victims.

- MSOTA Clinical Members should confirm the client's sexual history through a polygraph and/or collateral sources.

2. Cognitive Restructuring

- MSOTA Clinical Members target perceptions, attitudes, beliefs, and values that are supportive of abusive behavior using established cognitive therapy techniques as part of a comprehensive treatment program.

- MSOTA Clinical Members recognize that client attitudes, beliefs, and values that are unconventional or different from those espoused by members, but are not related to risk for sexually abusive' or criminal behavior, are inappropriate treatment targets.

- MSOTA Clinical Members aid the client in developing a comprehensive list of the defense mechanisms, cognitive distortions, thinking errors and permission-giving statement that they used in their sexual offending and in any other criminogenic behaviors.

3. Sexual Offending Cycle / Offense Cycle

- MSOTA Clinical Members require every client to develop a personal Sex Client Cycle that describes the type of sexual abuse they perpetrated, emotional and physical rewards they received from the abuse, the defense mechanisms and thinking errors they used to continue the abuse, the grooming techniques they used to manipulate the victim(s), how they organized the environment to accomplish the abuse and any other factors involved in the commission of their crime(s).

3. Relapse Prevention Knowledge and Skills

- MSOTA Clinical Members teach clients how to analyze the typical pathway of events including external circumstances, thoughts and feelings, and behavioral responses preceding their sexual offenses.

- MSOTA Clinical Members will teach clients self-management methods to avoid a sexual re-offense. This will include the identification and remediation of the client's thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors

- MSOTA Clinical Members will base relapse strategies on components of the client's specific offense cycle. This will require client's to develop a written plan for preventing a re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses. This plan should be shared with the client's identified support system.

- MSOTA Clinical Members will educate the client and individuals who are identified as the client's support systems about the potential for re-offending and a client's specific risk factors, in addition to requiring an client to disclose critical issues and current risk factors.

- MSOTA Clinical Members use cognitive-behavioral techniques to help clients develop and rehearse strategies to escape or avoid risky situations as early as possible.

- MSOTA Clinical Members assist clients in developing individualized plans for avoiding relapse. These plans include specific strategies for recognizing and coping with risk factors and developing social supports to assist the clients in adhering to their relapse prevention plan.

- MSOTA Clinical Members recognize the value of working with clients on goals which clients strive to achieve (i.e. approach goals) as' opposed to strictly working to avoid inappropriate behaviors and situations (i.e., avoidance goals).

4. Empathy Enhancement (Victim Impact)

- MSOTA Clinical Members are aware that it is more common for clients to lack empathy for their specific victim as opposed to having general empathy deficits. Therefore, assessment and treatment should be tailored to identify whether specific empathy deficits exist and, if so, to address these on an individual level.

- MSOTA Clinical Members will educate clients about the impact of sexual offending upon victims, their families, and the community.

- MSOTA Clinical Members will provide clients with training in the development of skills needed to achieve sensitivity and empathy with victims.

- MSOTA Clinical Members will provide clients with guidance to prepare, when applicable, written explanation or clarification for the victim(s) that meets the goals of: establishing full perpetrator responsibility, empowering the victim, and promoting emotional and financial restitution for the victim(s).

- MSOTA Clinical Members recognize that empathy is comprised of both cognitive and emotional aspects and both components may need to be addressed.

- MSOTA Clinical Members do not target victim awareness or empathy solely in order to elicit expressions of guilt, shame, or remorse from clients.

- MSOTA Clinical Members recognize that awareness of another's distress does not necessarily prevent reoffending.

- MSOTA Clinical Members are aware that empathy enhancement may be contraindicated for certain populations including clients with high levels of psychopathy, and those that find victim suffering sexually arousing.

- MSOTA Clinical Members shall model empathy and respect to the client. This means disrespectful behavior should not be modeled or tolerated. Disrespectful behavior includes but is not limited to: labeling the person not the behavior, unnecessary volume when speaking to the client, and name calling.

5. Interpersonal Skill Training

- MSOTA Clinical Members shall target a client's interpersonal skills through education, modeling of appropriate behavior and rehearsal of specific skills in order to help clients develop and maintain stable, pro-

social relationships with partners, family members, friends, and co-workers.

- MSOTA Clinical Members shall educate clients about non-abusive, adaptive, legal, and pro-social sexual functioning.

- MSOTA Clinical Members shall identify and treat clients' personality traits and deficits that are related to their potential for re-offending.

- MSOTA Clinical Members shall identify deficits and strengthen clients' social and relationship skills, where applicable.

6. Emotional Management

- MSOTA Clinical Members assist clients in managing and learning to self-manage emotional states that support or contribute to their sexual offending.

- MSOTA Clinical Members will assist clients in identifying the ways anger, power and control contributed to their sexual offending behaviors.

- MSOTA Clinical Members will assist clients in identifying the ways other negative emotional states (e.g. anxiety, depression, rejection, abandonment, etc.) contributed to their sexual offending behaviors.

- MSOTA Clinical Members will identify and actively treat any psychopathology that contributes to the emotional dysregulation of the client and be aware of the possible connection between the emotional dysregulation and their sexual offending behaviors.

- MSOTA Clinical Members shall identify and treat the effects of trauma and past victimization of clients as factors in their potential for re-offending. (It is essential that clients be prevented from assuming a victim stance in order to diminish responsibility for their actions).

7. Sexual Arousal Control

- MSOTA Clinical Members use cognitive-behavioral and/or pharmacological techniques that are effective at reducing deviant sexual interest and arousal, increasing appropriate sexual interest and arousal, and improving management and control of sexual impulses.

- MSOTA Clinical Members target cognitions that support deviant sexual arousal and behavior as part of the sexual arousal control strategies.

- MSOTA Clinical Members will teach their clients to minimize contact with persons or situations that evoke or increase the client's deviant interests and deviant arousal.

- MSOTA Clinical Members shall teach clients how to decrease and/or manage their deviant sexual urges and recurrent deviant fantasies.

- MSOTA Clinical Members shall assess the client's level of deviant arousal using some type of physiological measure (Plethysmography or Visual Reaction Time) identify and treat the effects of trauma and past victimization of clients as factors in their potential for re-offending. (It is essential that clients be prevented from assuming a victim stance in order to diminish responsibility for their actions).

8. Family and Other Social Support Networks

- MSOTA Clinical Members encourage partners, family members, and other support persons to actively participate in the treatment process and address issues related to risk.

- Every MSOTA program should have a written contract to establish the qualifications and parameters for an approved Chaperone/Supervisor as deemed appropriate on a case by case basis. MSOTA members may draw from a variety of sources to develop their specific individualized contracts.

- MSOTA Clinical Members encourage and assist clients to identify appropriate, pro-social individuals who can act as support persons.

- MSOTA Clinical Members recognize that developing a support team may be contraindicated with clients who have a history of violence towards support people and have not been violence-free for a significant amount of time.

9. Mental Health

- If the client has a serious Axis I disorder MSOTA Clinical Members will refer the client for possible psychopharmological intervention.

- MSOTA Clinical Members will be aware of and if possible, provide adjunctive therapies for any mental health disorder the client might possess. If the problem is beyond the scope of expertise of the MSOTA Clinical Member, he/she will make the appropriate referral to a qualified mental health professional.

- MSOTA Clinical Members will provide treatment or referrals for clients with co-existing treatment needs such as medical, pharmacological, psychiatric needs, substance abuse, domestic violence issues, or disabilities.

10. Polygraph Examinations

- As part of client accountability and community safety MSOTA Clinical Members shall require their clients to complete at minimum, a yearly monitor polygraph.

- MSOTA Clinical Members shall share the results of polygraph examinations with the supervising officer.

11. Generalization

- MSOTA Clinical Members will assist the client to generalize skills learned in treatment to the community.

- MSOTA Clinical Members shall assist the client in enhancing the application of those concepts learned in treatment in the client's current lifestyle, including internalizing, integrating and consolidating these concepts.

Successful Completion of Legally Mandated Sex Offender Specific Treatment

In certain cases it may be appropriate to end legally mandated, offense-specific treatment. However, most clients will need ongoing treatment at some level. Completion of treatment is not the end of clients' rehabilitative needs or the elimination of all risk to the community. Successful completion of legally mandated treatment prior to a client's supervision termination date shall only be considered upon the unanimous agreement of the treatment provider, supervising officer and any other supervising agent.

1. **Accepting Clients from another MSOTA Provider's Group**

Discussion: As other states have experienced, offenders are more often being allowed to choose the provider they receive treatment from. This is acceptable, yet the issue of offenders leaving one group, mid-treatment, to go to another, poses the issue of offenders chopping for treatment for reasons outside of the mutual "fit" (i.e. one provider expects homework and another doesn't). Therefore the following guidelines are suggested when accepting an offender into your treatment program.

When the Client is Currently in an Existing Program

1. A documented need must be presented that the first provider cannot provide, i.e. working with individuals with Developmental Disabilities; OR there is a documented and substantiated ethical complaint or violation against the first provider.

2. The clinical need or ethical complaint must be submitted to both the probation/parole officer, or other legal supervisor, and the treatment providers. The supervising officer and treatment providers will discuss the concerns.

3. Appropriate and available treatment resources will be explored, if the current provider cannot provide the needed accommodation.

4. The supervision team (probation/parole, treatment provider, case manager etc.) will write out their conclusions and file in the offender chart. If movement to a new provider is deemed appropriate then the new program will review appropriateness to accept the referral.

5. The client MUST settle any financial obligations to the satisfaction of the original program before initiating treatment with the new program.

6. In general, MSOTA providers discourage transfer between programs. In order to transfer programs, the following set of conditions must be met:

    a. The client is not leaving group due to a violation of treatment rules
    b. The client is not merely avoiding difficult issues
    c. The client has paid any outstanding balance to his initial therapist, or a financial agreement has been reached between the client and initial therapist
    d. A meeting is held between the client, P.O. and the two therapists.

    Item 6 is an amendment made at annual meeting on 5/3/12 by Clinical membership.

Termination/Suspension from an Existing Treatment Program:

1. When an offender is terminated from an existing program prior to program completion, the offender may request to be placed in other appropriate MSOTA programs.

2. The offender must settle any financial obligations with the program they were terminated from before being accepted into a new program.

3. New program will have the opportunity to review the offenders' data and will be expected to determine if the offender's current risk state is appropriate for community treatment and/or if their program can effectively meet the needs of the offender.

2. **Successful Completion Requirements**

- The treating MSOTA Clinical Member has determined the client has completed all mandated assignments in a satisfactory manner.

- The treating MSOTA Clinical Member and supervising officer have determined the client would not pose an undue risk to victim and community safety without continuing treatment.

- The client has not had any significant violations of his/her Treatment Contract or Rules of Supervision as verified by polygraph examination for at least a year.

- The client has demonstrated an ability to effectively solve problems in his/her life for at least a year.

- The treating MSOTA Clinical Member and supervising officer have determined the client is low risk on criminogenic factors as defined by all information gained over the course of treatment and supervision.

- Prior to discontinuing offense-specific treatment, the treating MSOTA Clinical Member and supervising officer shall make recommendations for an aftercare plan that may include a variety of self-management skills/techniques and support systems.