

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.35</u>
SUBJECT: <b>MALE SEXUAL OFFENDER TREATMENT SERVICES</b>  PROPOSER: <u>Robert MacLeod, Admin. Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>12/30/08</u> REVIEW DATE <u>12/30/09</u> SUPERSEDES PPD# <u>New</u> DATED <u>N/A</u>
ISSUING OFFICER:  <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

To describe the Sexual Offender Treatment Services (SOTS), admissions, service delivery process and file maintenance for male sexual offenders.

II. **APPLICABILITY:**

To all staff , especially those involved in the delivery of sexual offender treatment services and offenders receiving SOTS.

III. **POLICY:**

It is the policy of the Department of Corrections:

A. To provide all sexual offenders with access to appropriate sexual offender treatment services as clinically indicated. The goal of such services is to eliminate sexual victimization through responsible and ethical treatment of incarcerated offenders.

B. **Staffing and Staff Qualifications**

SOTS are staff by qualified professionals who meet:

1. Educational and license/certification criteria specified by their professional discipline
2. Criteria established by statute (RSA 330-A:16) defining alternate qualifications for mental health professionals in state service, noted by the New Hampshire Division of Personnel
3. Professionally qualified consultants (e.g. psychiatrists)

C. **Screening and Assessment**

All sexual offenders or offenders who are admitted to NHSP and have sexually related charges are offered an opportunity for screening and assessment for SOTS. Assessments are conducted by SOTS staff as offenders approach their minimum parole date (MPD). Assessments shall occur whenever possible within approximately two years of the MPS. If an individual is incarcerated with less than two years to their MPD, the individual will be placed on the assessment waiting list according to their MPD and will be seen as soon as their name comes up.

D. Polygraph

1. The Polygraph Physiological Detection (PDD) has been used effectively in sexual offender treatment as a treatment tool since the early 1980's. Polygraph is used with sexual offenders primarily for maintenance and monitoring. The polygraph examiner is a significant member of the multi-disciplinary team. PDD is used in SOTS to assist in the delivery of appropriate treatment services.
2. SOTS utilizes three different forms of polygraph:
  - a. Full disclosure polygraph
  - b. Specific issues polygraph
  - c. Maintenance polygraph
3. The polygraph must be administered in a controlled setting and in conjunction with SOTS staff. The procedures shall be in accordance with the current standards and practices of the American Polygraph Association and the current ethical standards and principles for the use of physiological measurements and polygraph examinations of the Association for the Treatment of Sexual Abusers (ATSA).

E. Core Provision of Services

1. Services are provided by qualified mental health professionals who are appropriately trained in their respective disciplines.
2. SOTS services shall include:
  - a. An initial screening evaluation for sexual offenders to determine the level of treatment necessary
  - b. Three levels of treatment
    - 1) Intensive Sexual Offender Treatment (ISOT)  
ISOT at NH State Prison consists of approximately 17 – 18 months of treatment occurring over 5 separate stages of treatment. Individuals live in a therapeutic community (TC) that is a housing unit dedicated specifically to the treatment of sexual offenders.
    - 2) The goals of ISOT include:
      - a) Decrease use of cognitive distortions/distorted thinking patterns
      - b) Develop open and honest communication
      - c) Develop the ability to appropriately express thoughts, feelings and wishes in a healthy manner
      - d) Become more aware of feelings and develop appropriate coping mechanisms
      - e) Develop an understanding of the cycle of thoughts, feelings and behaviors that lead to offending
      - f) Develop interventions to interrupt the cycle of offending
      - g) Develop better boundaries and an appreciation for the boundaries of others
      - h) Increase and improve pro-social skills
      - i) Develop an understanding and awareness of arousal patterns so that interventions may be developed
      - j) Develop improved self-esteem and healthier relationship skills
      - k) Develop victim empathy
      - l) Demonstrate a consistent understanding and application of treatment concepts in the management of an individual's daily lives (e.g. in the TC)
      - m) Self disclose entire sexual offending history and verify offense history by passing a polygraph exam
      - n) Identify high-risk areas and intervention strategies
      - o) Develop a comprehensive, workable maintenance contract that addressed appropriate identification of risks, past unhealthy patterns of coping and appropriate interventions for the future

- p) Refer individuals to the appropriate ancillary services as needed to insure a systemic, holistic approach to managing their sexual offender behaviors
- 3) SOTS utilize a holistic approach to treating sexual offenders that includes a combination of Cognitive Behavioral Therapy, Relapse Prevention, Psycho-Educational Groups and the Therapeutic Community concept. The primary goal of the TC is to foster personal growth and to address general areas of concern with offenders, such as responsibility and accountability. This is accomplished through helping individuals to change dysfunctional lifestyles through health and respectful challenges and through a community of concerned people working together to help themselves and others. The TC represents a highly structured environment with well-defined boundaries and requires the use of positive, pro-social living skills. High expectations and a highly structured environment as well as a commitment from community members and staff support positive change. Insight into one's problems is gained through group and individual interaction, but learning through experiencing natural consequences is considered the most potent influence towards achieving lasting change.
- 4) In addition to the TC, individuals also participate in four hours of Core Clinical Therapeutic Groups and two 1 ½ to 2 hour Psycho-Educational Groups. The Psycho-Educational Groups change each 12 week quarter so that by the time individuals have completed treatment they have had approximately 10-12 Psycho-Educational Groups in addition to their main therapy groups that continue throughout their entire time in treatment. Individuals also complete a number of different homework assignments and projects in each quarter of treatment.
- 5) In their Core Clinical Therapeutic Groups, individuals address key components of their offending and work on issues of accountability, responsibility, identifying and challenging distorted thinking; identifying and coping with feelings and inappropriate and/or maladaptive coping skills that may incorporate deviant fantasies and other forms of deviant behavior. Individuals are expected to identify the patterns of behavior that leads to their offending. Core Clinical Therapy Groups continue throughout an individual's treatment. Psycho-Educational Groups change each quarter and are explained below in the various stages in which they occur.
- 6) The five stage of ISOT include:
- a) Stage 1  
 The **First stage** of treatment is the assessment phase. Individuals begin learning about therapy and treatment expectations by participating in **Core Therapy Group** and **Rational Emotive Behavioral Therapy Group (REBT)**, in which they start to learn to problem solve by identifying their emotions and challenging their thoughts. They are starting to learn about the TC and about being responsible to other TC members. They also begin intensive work in the Facing the Shadow Workbook that helps to prepare them for the more intensive treatment groups. They start to look at their patterns of offending as well as how they developed some of these patterns while completing this workbook.
- b) Stage 2

During the **second stage** of treatment all participants attend the **Boundaries** focus group. The purpose of this group is to help participants to begin to learn to set and apply boundaries appropriately and to learn about respecting the boundaries of others. Additionally, in this focus group work is done around self-esteem and learning to like and respect themselves. The purpose of this is to learn to respect others by learning to respect themselves. Individuals also participate in a **Problem Solving Group** that is a continuation of the REBT group they participated in during the first stage. Finally, they are expected to pass a full disclosure polygraph

- (1) The purpose of the polygraph is to insure complete honesty in admitting to their history of offending and other deviant sexual behaviors so that we can be sure to work on all relevant issues.
- (2) The polygraph is also used to determine the extent of honesty the offender is engaging in during his treatment
- (3) A polygraph at this stage is a very useful tool for moving the treatment process along and reducing denial
- (4) The use of polygraph is for clinical purposes only, not to determine guilt or innocence.

c) Stage 3

The **third stage** of treatment is where participants get into the heart of the work they are expected to complete. Individuals participate in a **Cycle Focus Group** that focuses on their cycle of offending, so that they can begin to understand why they offended (It didn't just happen) and they begin to learn that they can intervene to prevent re-offending. At the same time they are also participating in the **Social Skills Focus Group** where they are learning more appropriate skills in relation to communication, anger management, listening and appropriate, healthy relationships. These are skills that they can utilize to intervene in their cycles of behavior.

d) Stage 4

The **fourth stage** continues where participants left off with their offending cycles and picks up on every day cycles (**The Here and Now Focus Group**) that participants go through. They practice intervening in cycles and continue to learn about their patterns of behavior. They are also participating in the **Victim Empathy Focus Group**. In this group work is done that is intended to help participants look beyond the knowledge that they caused harm and begin to get them to really understand the scope of the harm they caused. Attempts are made to get them to see the abuse through the eyes of their victims. This group utilizes a variety of techniques, including intensive role playing and drama therapy, along with videos, diversity training and other experimental exercises.

e) Stage 5

In the **fifth stage** of treatment participants develop a maintenance contract and are expected to continue to work on utilizing their interventions at the early stages of their cycles. They are expected to be role models in the TC, and to act as mentors for new treatment members. They have the responsibility of orienting new

members to the community and are truly the leader of the therapeutic community at this point.

At this point participants are preparing to parole and to return to their communities. Individuals discuss what community and parole expectations will be placed on them and they discuss ways to deal with situations that may come up upon their re-entry into society. Much work is done to get them set up with community treatment providers and to insure that they have support systems lined up for their return to the community.

After successful completion of all five stages, individuals receive a discharge summary and recommendations for follow-up treatment and aftercare.

2) Cognitive Behavioral Treatment Group (CBT)

- a) The Cognitive Behavioral Treatment Group (CBT) was developed as an alternative to ISOT for individuals who have been identified through clinical assessment as relatively low risk offenders who appear not to need the intensity, support and structure of the TC or the depth and length of intensive treatment. These individuals are generally first-time offenders with a single victim and no history of aggression or violence. They are required to pass an offense specific polygraph that indicates they have no additional victims and that they take responsibility for their instant (current) offense. Individuals are expected to be open and honest with minimal denial and have the ability to self assess. They need to present with limited cognitive distortions as the time frame and nature of this groups does not allow for significant time to challenge and confront denial. This is a closed enrollment, time limited treatment group that meets two times per week for six months. Meetings take place outside of the TC and participants generally live in the general prison population. Enrollment is limited to twelve individuals for each six-month session. We are currently offering two sessions in each six-month cycle.
- b) CBT Treatment Goals include:
  - 1) Understands the concept of Relapse Prevention and how it relates to sexual offenses
  - 2) Understands deviant cycle and arousal control components and is able to identify behaviors, thoughts, feelings and situations that are high-risk precursors to re-offending
  - 3) Develops viable relapse prevention plans approved by a therapist and the group
  - 4) Identifies high-risk situations and internal and external deterrents to relapse.
- c) CBT approaches are the predominant method of treatment combined with didactic components, homework assignments, presentations, role playing and group discussions.
- d) Individuals who have more than one victim, a lengthy criminal history (indicative of an inability to adapt to social norms), have multiple victims, score above low risk on an actuarial risk assessment, have offenses involving violence or aggression, are in denial or unwilling to discuss their offense, or have previously been in treatment are not considered candidates for CBT Group.

- 3) Relapse Prevention Group
  - a) The Relapse Prevention Group is an open-ended enrollment group for sexual offenders who have previously received and/or completed treatment and have returned to prison for violating a condition of their parole. The parole violation will, in some way, tie into their pattern of sexual offending in order for individuals to be eligible for the Relapse Prevention Group. ***Individuals who have previously completed Cognitive Behavioral Group Treatment or outside treatment who are returned on a parole violation are not eligible for the Relapse Prevention Group. Those individuals will be required to complete Intensive Treatment.***
  - b) Individuals are assessed upon being returned to prison for a parole violation and the assessing therapist makes a treatment recommendation that results in a treatment score (T score). Offenders must generally comply with the recommendation of the assessment in order to be eligible for parole again.
  - c) CBT is the predominant approach to therapy with the Relapse Prevention Group. Participants are expected to participate actively in the therapy group and are also expected to complete homework assignments that include updating their offending cycle and their maintenance contact. Other assignments are determined on an individual basis as they relate to the participant's parole violation.

#### F. Treatment Goals

1. Take responsibility for the parole violation without minimizing
  - a. Identify cognitive distortions related to the cause of the parole violation
  - b. Confront any denial and accept full responsibility
  - c. Identify additional treatment needs and goals to work on in treatment
2. Recognize the cycle behavior(s) that led to the violation
  - a. Identify offending cycle behavior, including trigger, low risk, risky, emotional states, medium risk, grooming/coercion and high risk
  - b. Identify how the parole violation relates to the offending cycle
  - c. Present an offending cycle identifying how the behavior impacts the person in the present day
3. Identify interventions for the future
  - a. Assess previous interventions and determine why they did or did not work and develop new and stronger interventions based on new knowledge
  - b. Demonstrate that the individual is utilizing the new and old interventions on a regular basis
  - c. Able to identify precursors to offending and is consistent in applying interventions
  - d. Complete a new maintenance contract incorporating new interventions and/or new risky emotional states, medium and high risk areas.
4. Once the treatment goals have been successfully accomplished and the participant has successfully completed an updated cycle of offending and an updated maintenance contract the treatment therapist will make recommendations for participants to complete treatment and be discharged. Upon successful completion a discharge summary will be completed and will be forwarded to the parole board.
5. Supervision  
SOTS is administratively a part of the Division of Medical and Forensic Services and is directed and supervised by the Director of Sexual Offender Treatment Services. The Director of Sexual Offender Treatment Services supervises the sexual treatment clinicians. The Director of Medical and Forensic Services, as the health authority

approves the policies and procedures.

6. There will be a joint consultation between the classification office and SOTS taken in the following areas when an offender is identified through classification and/or clinical assessment as a sexual predator per the classification system or as vulnerable to sexual assault:
  - a. Housing assignments
  - b. Program assignments
  - c. Disciplinary measures

#### IV. PROCEDURES:

##### A. Initial Screening Evaluation

All sexual offenders incarcerated within the Department of Corrections will be individually interviewed by a trained sexual offender treatment clinician within 2 years of the minimum parole date (MPD) of their last sentence. Exceptions to this timeframe will include cases in which a sexual offender is sentenced and sent to the NH State Prison who has time credits toward their minimum, thereby having less than two years to their MPD, and/or has a minimum sentence of less than 2 years and/or has previously been refused assessment or sexual offender treatment services. In these cases, the sexual offender clinician and SOTS will not be penalized for missing the initial screening evaluation timeline.

1. The initial assessment is an overall psychosocial evaluation and sexual risk assessment evaluation to review the offender's general social history and the static and dynamic risk factors and the individual's overall motivation and appropriateness for SOT. As part of each assessment an actuarial, empirically validated risk assessment is completed and a level of clinically appropriate treatment is determined.
2. The evaluating clinician completes a record review that includes the pre-sentence investigation (PSI) report, when available, police records, victim statements, criminal history and any other clinical evaluations as available including but not limited to mental health screening and substance abuse assessments as available.
3. The clinician assigns a treatment score (T-score) for classifications as well as a recommendation and referral to the treatment waiting list: ISOT, CBT, Relapse Prevention, Community Treatment, Specialized Community Treatment, Not Amenable for Treatment and/or Not Interested in Treatment.
4. If a sexual offender declines the Initial Screening Evaluation, it is noted as Not Interested in Treatment and the evaluation is not completed. Their decline for treatment is documented with classifications as well as being placed in the sexual offender file; not special exceptions will be made with regard to timelines for treatment based on their Mitimus if the individual elects to change their decision at a later date.
5. If the sexual offender changes their decision and makes a request for assessment, they will be placed at the end of the assessment waiting list at the time of their request and processed according to that current list with no special consideration to their MPD due to their initial refusal of assessment and/or treatment.

##### B. Notification

After evaluation of the individual's needs, the outcome is sent to the offender in writing indicating the level of treatment assigned. If CBT Group is recommended then the individual is advised that they will need to successfully complete a polygraph exam that rules out additional victims or deviancies that may increase their risk level and that indicates they are demonstrating an acceptable level of honesty regarding their instant offense in order to be eligible for the CBT Group. A Change of Status Form is completed for classifications and the sexual offender is placed on the waiting list for the appropriately recommended treatment services. Notification will be made to classifications upon an offender's entry into a treatment service and another Change of Status Form will be completed and forwarded to classifications.

##### C. Polygraph

A polygraph is utilized in several ways by SOTS. A polygraph will be utilized prior to a final treatment decision regarding placement in the CBT Group as a tool to screen out inappropriate candidates as described in CBT Group procedures. A polygraph will be utilized in ISOT services during the second stage of treatment for the purpose of full disclosure of the participant's range of sexual behavior. Finally, a polygraph will be utilized as a therapeutic tool in specific issues exams when it is determined to be clinically indicated to further an individual's treatment progress.

1. Assessments that indicate CBT Group is appropriate are referred for an initial polygraph prior to entering treatment to rule out additional undisclosed victims.
  - a. If the polygraph results show no deception indicated and there are no pre-polygraph admissions of additional victims, the sexual offender is placed on the list for CBT Group and will be admitted into the treatment group according to their MPD.
  - b. If the polygraph results indicate deception *or pre-polygraph admissions of additional victims or other incidents that would increase the risk level*, the sexual offender is referred to the waiting list for ISOT according to their MPD.
  - c. If the polygraph results are inconclusive, the sexual offender is referred to the waiting list for ISOT according to their MPD.
    - 1) Another polygraph is offered after 6 months to provide an additional opportunity to participate in CBT, if the second polygraph renders the same result of inconclusive or deception, the sexual offender will remain on the list for the ISOT. If the results of the second polygraph renders a result of no deception, the sexual offender will be taken off the ISOT list and placed on the CBT Group list for treatment.
    - 2) Stage 2 participants of ISOT will undergo a full disclosure polygraph to ascertain their full spectrum of sexual offending.
      - a) If the results of the polygraph indicate no deception, the sexual offender continues in treatment with no delays
      - b) If the results of the polygraph are deceptive or inconclusive, the sexual offender will be offered another opportunity within the standards for timelines of polygraph administration to obtain a truthful/no deception result. During the wait for the second polygraph, the clinician will work with the offender to review any inconsistencies and to explore their distortions.
      - c) While the offender is waiting to take the second polygraph he will not proceed forward in treatment without successfully passing the polygraph exam.
      - d) If the second polygraph is inconclusive, the individual will continue in ISOT with the polygraph results highlighted in their summary of completion.
      - e) If the second polygraph exam indicates deception then the individual will be terminated from treatment for their inability to fully disclose their sexually deviant behavior.

#### D. Intensive Sexual Offender Treatment

1. Treatment content consists of approximately 17 to 18 months of treatment occurring over five separate stages of treatment. Individuals live in the TC which is a housing unit dedicated specifically to the treatment of sexual offenders.
2. The participant will meet with their primary therapist upon entry into the treatment service to review treatment expectation, sign a treatment contract (attachment 1) and confidentiality waiver and review the rules of treatment and the TC.
3. An initial treatment plan is established with the participant
4. Treatment plans shall include, at a minimum, the participants identifying information, treatment needs, goals and objectives and identification of any necessary ancillary

- services to meet the specialized needs of each participant.
5. During stage 1 of treatment, the primary therapist will complete the Treatment Needs and Progress Scale (TNPS) that identifies a participant's dynamic risk factors and treatment needs as well as the progression of participants at various stages of treatment. This assessment will be administered again at the halfway point of an individual's treatment and at the completion of treatment.
  6. Quarterly progress reviews are conducted with the offender and documented on their treatment plans.
  7. The primary therapist is responsible for taking weekly progress notes on each participant on their caseload. These notes are stored in the Sexual Offender Treatment Record.
  8. After successful completion of all stages of treatment; all assignments; achievement of treatment goals and consistent application of treatment concepts within the TC the participant is discharged from ISOT.
  9. Completion is defined in two ways:
    - a. Full completion means that the participant has demonstrated the ability to apply, both verbally and behaviorally, the skill sets and treatment concepts instilled through treatment. Skills are integrated into daily living in the TC.
    - b. Completion without full application means that the participant is not consistently demonstrating use of the tools and concepts learned in treatment and is not consistently demonstrating the application of interventions necessary for full completion. All issues will be adequately documented in progress notes, through the TNPS and/or warnings or a behavioral contract.
  10. Termination from Treatment
    - a. Termination should be utilized as a last resort after all other possible methods to correct a behavior have been exhausted, except in the case of a "Cardinal Rule Violation." A Cardinal Rule Violation is defined as an instance of physical aggression, verbal or physical threats, drug or alcohol use, sexually acting out or any behavior resulting in being taken to the tank or behavior resulting in a major disciplinary report
    - b. In all other instances in which termination is being considered:
      - 1) The primary therapist will notify the participant of any concerns regarding quality of work, behavioral issues, non compliance with treatment rules and expectations and any other area in which the participant is failing to progress in treatment or causing a major disruption to the successful treatment of other community members.
      - 2) Notification of concern shall occur within seven working days of identification of concern(s) as it relates to progress in treatment in order to provide the participant the opportunity to improve in the area of concern and to stay in treatment.
      - 3) If the participant fails to complete one assignment or has one absence from any treatment group or meeting then notification will occur as soon as possible, but within the seven day time frame. Otherwise, notification will occur if two or more instances of an expectation are not being met.
      - 4) If the clinician, after providing written notification, continues to see a lack of improvement in the specified areas, then the clinician will refer the individual to the treatment team for further consideration that may include a behavioral contract, an addendum to a contract or termination.
      - 5) Individuals are allowed one opportunity after the first termination to re-enter treatment. Individuals will be eligible to request placement on the waiting list for previously terminated individuals once they have been out of treatment and disciplinary free for six months. This request will only place them on the waiting list and does not guarantee an automatic entry

into treatment. Previously terminated individuals will be taken back into treatment at approximately one to two individual each quarter, as space allows.

- a) If an individual is terminated from ISOT a second time, he will not be eligible to return to SOTS at NHSP which will put the individual at a risk of maxing his sentence.

E. Cognitive Behavioral Treatment Group

1. Treatment content: Cognitive Behavioral therapy approaches the predominant method of treatment combined with didactic components, homework assignments, role playing and group discussions. This group is approximately 6 months long.
  - a. The first session of CBT Group, the participant signs a treatment contract (attachment 2) and confidentiality waiver.
  - b. Full participation in the group is expected and required
  - c. Expectations of participants are as follows:
    - 1) Attend all group sessions on time
    - 2) Complete all assigned work with clinician satisfaction regarding content
    - 3) Participate meaningfully in all group sessions, e.g. continuous verbal involvement, full discussion of core issues, truthful, gives and receives appropriate feedback.
    - 4) Respect treatment provider and other group members
    - 5) Maintain confidentiality of all group members
2. Termination: Clinician will notify CBT participants of any concerns regarding quality of work in compliance with expectations within 7 working days of identification of concerns as it relates to progress in treatment in order to provide the participant the opportunity to improve and stay in group with the goal of successful completion.
  - a. If the participant misses one work assignment, a notification of concern will be automatic, otherwise the notification will occur if 2 or more instances of an expectation are not being met.
  - b. If the clinician after providing written notification continues to see a lack of improvement in the specified areas then the clinician will terminate the participant from CBT and refer them to the ISOT waiting list.
    - 1) Termination from CBT counts toward the total of 2 terminations allowed before SOTS discontinues attempts at treatment while incarcerated. Due to high utilization of these treatment services, opportunities for sexual offenders who have not yet received treatment are a priority over those that have been unsuccessful, that may correlate to their inability to change distortions and beliefs.
3. Completion: Successful completion of CBT is defined below with the sanction of the clinician conducting the group
  - a. Thorough completion of all homework and other assignments
  - b. Demonstrated ability to apply learned skills
  - c. Re-worked cycle of offending
  - d. Updated maintenance contract
  - e. Met all established treatment goals
  - f. The clinician conducting the group will have the participant's summary of completion done within 2 weeks of closing the group. The completion summary will include progress in treatment, strengths, areas of concern, risk of re-offending and recommendations.

F. Sexual Offender Treatment Services File Maintenance

1. A unit file will be maintained while an offender is participating in SOTS. The Sexual Offender Treatment file shall contain, at a minimum:
  - a. Identifying information (e.g. inmate name, identification number, date of birth, sex)

- b. Results of screening and actuarial risk assessments
  - c. Mittimus and sentencing documents
  - d. PSI/police reports when available
  - e. Progress notes for core clinical groups
  - f. Individualized treatment plans
  - g. Needs assessment (dynamic risk assessment)
  - h. Consent and refusal forms as needed
  - i. Release of information forms as needed
  - j. Results on consultations with ancillary services (e.g. mental health, SAS)
  - k. Discharge or termination summary
  - l. contact notes for any collateral contacts
  - m. Polygraph exam results
  - n. Participant assignments while in treatment (e.g. Layout, Autobiography, Psychosexual History Questionnaire, Sexual Chronology). These will be returned to the participant upon successful completion of treatment. No copies shall be maintained in the permanent record.
2. After treatment is completed all pertinent information required for classification and/or parole status (discharge/termination summaries) will be sent to offender records and maintained in the official offender record.
  3. All clinical/mental health notes, treatment plans, assessments, diagnostic information and releases or consents will be maintained in the health services records in the mental health portion of the medical record upon an individual's completion of treatment and will be subject to PPD 6.43.
  4. SOTS will no longer maintain a treatment file.

#### REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other

MACLEOD/pf