NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER Health Services STATEMENT NUMBER 6.33
SUBJECT: **SEXUALLY VIOLENT PREDATOR TREATMENT STANDARDS** PROPONENT: Helen Hanks, Administrative Director *Name/Title* Medical/Forensic Services 271-3707 *Office* *Phone #*	EFFECTIVE DATE 06/15/14 REVIEW DATE 06/15/15 SUPERSEDES PPD# 6.33 DATED 10/15/12
ISSUING OFFICER: *William Wrenn, Commissioner*	DIRECTOR'S INITIALS: DATE: APPENDIX ATTACHED: YES NO
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide evaluation, care, control and treatment of persons in pre-trial status or court-committed to the Sexually Violent Predator (SVP) Treatment Program.

II. APPLICABILITY:

To all staff of SPU, especially those involved in the delivery of treatment services to residents detained in pre-trial status or residents who are court committed for SVP

III. POLICY:

It is the policy of the Department of Corrections to provide all pre-trial SVP detainees and court committed SVP's with access to the appropriate services. The goal of such services is to treat the resident's mental abnormality that predisposes the person to commit sexually violent offenses and all other identified treatment needs.

IV. PROCEDURES:

A. Intake Procedures:

1. A person must be admitted to the custody of the Department of Corrections (DOC) when, under RSA 135-E, they have been sent to an appropriate secure facility as a pre-trial detainee or a court or jury determines, beyond a reasonable doubt that the person is a sexually violent predator and commits that person for placement in an appropriate secure facility operated by DOC for control, care and treatment.
2. Intake procedures at a minimum must include:
   a. A psychiatric examination on admission to be completed by a psychiatrist or psychiatric nurse practitioner;
   b. A preliminary treatment plan resulting from the completion of the psychiatric examination as noted in A above;
   c. A physical examination to be completed by the medical staff;
   d. A nursing assessment; and
   e. Upon admission to the Secure Psychiatric Unit (SPU), each resident's transfer

paperwork shall be assessed to verify the completeness of the documents and the validity of the admission.

B. Pre-Trial SVP and SVP Initial Evaluation and Assessment

1. Upon admission under a petition to hold in an appropriate secure facility, either in pre-trial detention or as a civil commitment via RSA 135-E, a resident at a minimum will have an established preliminary treatment plan that includes goals and outcomes derived from the initial intake to address medical and psychiatric issues. Pre-trial detainees will have access to the same treatment options as those civilly committed via RSA 135-E.
2. Upon admission for a civil commitment under RSA 135-E, a resident will have established an individualized treatment plan under the direction of the treatment team to include:
   a. A comprehensive formal assessment at the onset of treatment to establish a baseline. Once a year during treatment, a progress review of the goals and objectives established in the individual treatment plan will be made, updated and modified as needed. These assessments may include objective measures of treatment compliance and offense related behavior with the use of empirically validated tools that are accepted standards of practice. Assessments will address current risk, including the type of risk and the context in which the risk is likely to occur, skill developing, progress toward goals and program compliance.
   b. Clinical polygraph testing to promote honest self-reporting may be incorporated into the individual treatment plan. Polygraph operators shall possess the credentials needed to practice their profession and shall adhere to the standards of best practice established for the administration of post conviction, sexual offender specific clinical polygraphs.
3. SVP assessment is a systematic and dynamic process that evaluates residents throughout their commitment. The assessment shall be an ongoing and collaborative process in order to meet the complex and varying nature of sexually abusive behavior and the individual's need to perpetrate it. There are two critical and interrelated domains to sexual offender assessment. Both domains provide information that is crucial for the appropriate treatment of sexual offenders.
   a. <u>Risk Prediction</u>
      Risk prediction assessments are focused on predicting the likelihood of recidivism over a period of time. Risk prediction instruments are typically known as Actuarial Risk Assessments and are empirically based, scientifically validated tools that address static, non-changeable risk factors. For the purpose of civil commitment proceedings these tools shall provide the guide for the general risk level that an individual presents upon entering the Sexually Violent Predator (SVP) Program.
   b. Examples of tools may include, but shall not be limited to:
      1) Static 99;
      2) RRASOR;
      3) VASOR;
      4) MSOST-R;
      5) VRAG;
      6) SORAG; and/or
      7) SVR-20.
   c. <u>Risk Management</u>
      A Risk Management Assessment is a clinical process that is undertaken by the treatment providers/practitioners upon entry into the SVP Program. The purpose of such an assessment is to identify and respond to dynamic, changeable risk factors. These risk factors may vary and are often of a shorter term, acute nature, lasting hours, days or weeks, etc. The identification of dynamic risk factors that

are also known as criminogenic needs is critical to the treatment planning process and will provide targets for treatment when developing the individual treatment plan. Empirically tested and validated tools shall be utilized along with a structure risk assessment and will include the assessment of those factors found in the literature to be most closely associated with the reduction of risk.

d. Examples of tools may include but are not limited:
   1) VASOR;
   2) NPS;
   3) Stable 2000/Acute 2000;
   4) PCL-R;
   5) SONAR; and/or
   6) SONAR-LSI-R.

C. SVP Treatment Planning

1. Treatment plans shall be established to meet the unique needs of the individual. Treatment plans will identify all issues that are to be addressed as defined in the assessment process and shall include goals of treatment, individual objectives, the planned intervention strategies and timelines for goal attainment. The expectation of the resident shall be clearly defined and the treatment providers shall utilize interventions and treatment methods that are empirically supported by current, professional research and practice. Group therapy is the preferred method of sexual offender treatment.
2. The content of the offense specific portion of the treatment plan may but need not be limited to such areas as:
   a. Social skills and relationships;
   b. Intimacy deficits;
   c. Identification and restructuring of cognitive distortions that contribute to their sexual offense cycle;
   d. Anger issues;
   e. Power/control issues;
   f. Deviant arousal control; and/or
   g. Victim empathy and relapse prevention skills.

   The Individual Treatment Plan (ITP) should also specify expectations of required clinical screening and progress assessment tools that would be applicable in assessing and establishing treatment.
3. The ITP should be resident specific, tailored to the resident's criminal history, cognitive patterns, sexual arousal patterns, offense patterns, co-occurring conditions, risk assessment, relapse profile and current circumstances. It shall contain measurable treatment goals, objectives and treatment interventions and indicate the persons responsible for treatment and supervision. It shall integrate the collaborative efforts of all treatment agencies responsible for treatment and supervision of the resident.

D. Treatment Program Requirements

1. The program employs a cognitive behavioral treatment approach that emphasizes group counseling and peer confrontation. Treatment components may include, but need not be limited to:
   a. Clarification;
   b. Recognition of offense behaviors;
   c. Identification of risk factors;
   d. Enhancement of coping skills;
   e. Relapse/re-offense prevention;
   f. Victim impact awareness;
   g. Social competence;
   h. Assertiveness training;
   i. Anger and affect control;

j. Impulse control;
k. Sex education;
l. Improvement of appropriate sexual functioning;
m. Substance abuse treatment; and/or
n. Improvement of primary relationships.

2. The program shall have the capacity to provide for the administration of objective measures to ascertain deviant sexual interest and arousal patterns
3. The program shall have the capacity to provide for the administration of sex offender specific clinical polygraph testing to measure program compliance and progress in treatment.
4. The program shall have the capacity to provide or arrange for a physician evaluation and prescription of anti-androgen and other pharmacological therapies as an adjunct to the cognitive behavioral approach for treatment of sexual deviance.
5. The program shall provide co-therapists, if available, to conduct any therapy group that exceeds eight sex offenders, include any sexually violent predators. Didactic and education groups may involve larger participant numbers and may be led by only one therapist.
6. The program shall provide or arrange for referral to specialized ancillary services for sex offenders who display other special needs or co-occurring disorders (e.g. substance abuse, mental retardation, mental illness and learning disorders).

E. Pre-Trial SVP Treatment Planning

1. As indicated above, pre-trial detainees shall have access to all services available to those committed via RSA 135-E.
2. Initial intake procedures shall be followed as indicated in IV A above.
3. The treatment plan for all pre-trial detainees shall specifically include a goal that addresses a contingency Discharge Plan should the detainee be found by a jury to not meet the criteria for committal as an SVP.
4. The Discharge Plan document will be opened in CHOICES on the same date that the Master Treatment Plan is established and shall be maintained in Edit Mode so that it may be updated periodically as the Discharge Plan is developed.

F. Confidentiality

1. Individuals or participants have the right to be informed of the limits of confidentiality afforded during sex offender treatment. Limits of confidentiality shall be stipulated in writing.
2. The appropriate secure facility shall determine through the guidance of legal counsel the limits of confidentiality of the results of the polygraph and other objective assessment measures, as well as to whom and under what circumstances disclosures about specific past offenses shall be made to criminal justice officials.

G. Consent for Treatment

1. Before enrollment in treatment, individuals shall be informed of the assessment and treatment measures that may be offered and provide written consent to treatment and assessment.
2. Policy and standards pertaining to the individual's supervision and treatment and their coordination shall be explained to each resident.
3. Written informed consent shall be obtained before the administration of pharmaceutical, physiological and aversive interventions.
4. The potential clinical consequences for failure to comply with or fully participate in treatment shall be explained to the individual in writing. The provider shall document and report to the appropriate secure facility administrator when there has been significant non-compliance by the individual as it may impact success in treatment. The resident shall be directed to legal counsel to address potential legal consequences of non-compliance with treatment.

H. Annual Evaluation

1. At a minimum, annually, the Department shall conduct an evaluation and examine the mental condition of each individual civilly committed under RSA 135-E. The examination will include an assessment of dynamic risk factors and mitigating factors empirically associated with reduction of risk for sexual re-offending.
2. The annual evaluation must include consideration of whether:
   a. The person currently meets the definition of a sexually violent predator per RSA 135-E; and/or
   b. Conditional release to a less restrictive alternative is in the best interest of the individual and conditions can be imposed that would adequately protect the community.
3. The Department's report shall be in the form of a treatment plan and shall be prepared by a professionally qualified person or a clinically qualified person.
4. This report shall include feedback from each discipline of the resident's multidisciplinary treatment team.
5. A copy of the plan shall be stored in the medical record at the appropriate secure facility. In the event that the prosecuting agency involved in the initial hearing or commitment, the detained or committed person and their counsel request a copy through an appropriate release of information, a copy will be provided.

I. Professionally Qualified Persons

1. Department staff who provide evaluative and sex offender treatment must be supervised by clinical staff who:
   a. Meet or exceed the minimum standards for education and experience established by the Association for the Treatment of Sexual Abusers (ATSA) or a similar organization devoted to the specific treatment of sexual offenders and/or who are licensed to practice in their respective discipline in New Hampshire or supervised by licensed practitioners.
   b. Must have training and/or education in sexual offender specific evaluation and treatment.
   c. When pharmaceuticals are used as an adjunct to treatment, a New Hampshire licensed physician or APRN shall order the prescription and monitor the individual.
   d. All provider staff shall participate in an ongoing program of professional development to update their awareness of current research and enhance treatment skills specific to the treatment of sex offenders.
   e. Providers shall create mechanisms to manage staff counter transference, stress, burnout and isolation to include peer review and continuous quality improvement.

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

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