

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.34</u>
SUBJECT: FEMALE SEXUAL OFFENDER TREATMENT SERVICES PROPONENT: <u>Robert MacLeod, Administrative Dir.</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 Female Sexual Offender Treatment Services (FOSTS), admissions, service delivery process and file maintenance.
- II. **APPLICABILITY:**
To all staff, especially those involved in the delivery of sexual offender treatment services and offenders receiving FSOTS.
- III. **POLICY:**
It is the policy of the Department of Corrections to provide all sexual offenders with access to appropriate sexual offender treatment services as clinically appropriate. The goal of such services is to eliminate sexual victimization through responsible and ethical treatment of incarcerated offenders.
- IV. **PROCEDURE:**
- A. **Staffing and Staff Qualifications**
 1. FSOTS is staff by qualified professionals who meet:
 - a. Educational and license/certification criteria specified by their professional discipline
 - b. Criteria established by statute (RSA 330-A:16) defining alternate qualifications for mental health professionals in state service, noted by the New Hampshire State Division of Personnel
 - c. Professionally qualified consultants (e.g. psychiatrists)
 - B. **Screening and Assessment**
All female sexual offenders or offenders who are admitted to NHSP/W and have sexually related charges are offered an opportunity for screening and assessment for FSOTS. Assessments are conducted by FSOTS staff as offenders approach their minimum parole

date (MPD). Assessments shall occur whenever possible within approximately two years of the MPD. 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.

C. 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 use with sexual offenders is used primarily for maintenance and monitoring. The polygraph examiner is a significant member of the multi-disciplinary team. Polygraph (PDD) is used in FSOTS to assist the delivery of appropriate treatment services.
2. FSOTS utilizes three different forms of the 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 FSOTS 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 use of physiological measurements and polygraph examinations of the Association for the Treatment of Sexual Abusers (ATSA).

D. Core Provision of Services

1. Services are provided by qualified mental health professionals who are appropriately trained in their respective disciplines.
2. FSOTS includes but is not limited to:
 - a. An initial screening evaluation for sexual offenders to determine the level of treatment necessary.
 - b. Ongoing assessment and progress reviews
 - c. Case management and coordination of ancillary services to meet the specific needs of female sexual offenders
 - d. Gender responsive treatment consistent with the empirical research related to female offenders.
3. Sexual Offender Specific Treatment
 FSOT at NH State Prison for Women consists of open-ended treatment length based on individualized treatment plans (ITPs). The available research on sexual offender treatment for females indicates that ITPs must be based on the unique needs and differing typologies of the female offender, therefore, each individual will require differing timeframes in treatment dependent upon their presenting needs.
4. The Goals of FSOT include:
 - a. Decrease use of cognitive distortions/distorted thinking patterns
 - b. Establish and maintain trusting, supportive and equitable intimate relationships
 - c. Increase autonomy and self-sufficiency
 - d. Develop a positive self-concept
 - e. Increase effective emotional management
 - f. Reduce self-destructive/self injurious behaviors
 - g. Ensure healthy sexual development, expression and boundaries
 - h. Develop open and honest communication
 - i. Develop the ability to appropriately express thoughts, feelings and wishes in a health manner
 - j. Become more aware of feelings and develops appropriate coping mechanisms
 - k. Develop an understanding of the cycle of thoughts, feelings and behaviors that lead to offender
 - l. Develop interventions to interrupt the cycle of offender
 - m. Increase and improve pro-social skills

- n. Develop improved self-esteem and healthier relationship skills
 - o. Develop victim empathy
 - p. Demonstrate a consistent understanding and application of treatment concepts in the management of an individual's daily life
 - q. Self disclose entire sexual offending history and verify offense history by passing a polygraph
 - r. Identify high-risk areas and intervention strategies
 - s. Develop a comprehensive, workable maintenance contract that addresses appropriate identification of risks, past unhealthy patterns of coping and appropriate interventions for the future
 - t. Refer individuals to appropriate ancillary services as needed to insure a systemic holistic approach to managing their sexual offending behaviors.
5. FSOTS utilizes a holistic approach to treating female sexual offenders that includes a combination of cognitive behavioral therapy, psycho-educational components and the treatment of co-morbid conditions. Emphasis is placed on addressing trauma and its impact on emotional, social, psychological and sexual adjustment.
6. Individuals in FSOT participate in two hours of core clinical therapeutic groups and four hours of psycho-educational treatment aimed at the specific treatment needs addressed in their ITPs. In addition, individuals are expected to participate in other mental health treatment, substance abuse treatment, vocational services/training, other skills group and/or educational services as designated in their ITPs. Individuals also complete a number of different homework assignments, journaling assignments and projects during treatment.
7. 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, developing a positive self-concept, increasing effective emotional management and establishing and maintaining trusting, supportive and equitable intimate relationships. Individuals are expected to identify the patterns of behavior that lead to their offending.
- E. Supervision
- 1. FSOTS 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 all sexual offender treatment clinicians. The policies and procedures are approved by the Administrative Director of Medical & Forensic Services as the health authority.
 - 2. There will be joint consultation between Classification and Sexual Offender Treatment Services 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
- F. Initial Screening Evaluation
- 1. All sexual offenders incarcerated within the Department of Corrections will be individually interviewed by a trained sexual offender treatment clinician within two years of the MPD of their last sentence. Exceptions to this timeframe will include cases in which a sexual offender is sentenced and sent to NH State Prison for Women who has time credited toward their minimum, thereby having less than two years to their MPD and/or has a minimum sentence of less than two years and/or has previously refused assessment or sexual offender treatment services. In these cases, the sexual offender clinician and Sexual Offender Treatment Services (SOTS) will not be penalized for missing the initial screening evaluation timeline.

2. At present, there are no empirically validated actuarial assessment tools available for the assessment of risk for female sexual offenders. Due to this absence of tools, FSOTS will utilize the Level of Services Inventory – Revised (LSI-R), an assessment tool that has been validated for general recidivism use among general female offenders. This tool will be used to guide structured clinical assessment with the knowledge that it may not accurately capture all the risk factors and that it does not identify specific sexual re-offense risks.
 3. In addition to the LSI-R, assessment will focus on categories that have appeared in the literature to relate to general risk and will address these areas in the written assessment. These areas include but are not limited to:
 - a. Low self-esteem
 - b. Self-injury/suicide attempts
 - c. Victimization during childhood and/or adulthood
 - d. Employment difficulties
 - e. Low educational attainment
 - f. Difficulties in intimate relationships
 - g. Anti-social peers and attitudes
 - h. Mental health difficulties
 - i. Substance abuse
 4. The initial assessment is an overall psychosocial evaluation and sexual risk assessment evaluation to review the offender’s general social history, the static and dynamic risk factors present, and the individuals’ overall motivation and appropriateness for FSOT.
 5. 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.
 6. The clinician assigns a T-score (treatment score) for the classification office as well as a written assessment of needs and risk.
 7. The Sexual Offender Assessment is utilized to develop an appropriate ITP.
 8. If a sexual offender declines the Initial Screening Evaluation, it is noted that the offender is not interested in treatment and the evaluation is not completed. Their decline for treatment is documented with classification as well as being placed in the Sexual Offender File; no special exceptions will be made with regard to timelines for treatment based on their mittimus if the individual decides to change their decision at a later date.
 9. 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.
- G. Notification
After evaluation of the individual’s need, the outcome is sent to the offender in writing indicating the recommended treatment needs. A Change of Status Form is completed for classification and the sexual offender is placed on the waiting list (if applicable) or placed immediately into treatment if space permits. Notification will be made to the classification office upon an offender’s entry into a treatment service and another Change of Status Form will be completed and forwarded to the classification office.
- H. Polygraph
1. A polygraph is utilized in several ways by FSOTS. A polygraph will be utilized in FSOT services for the purpose of full disclosure of the participant’s range of sexual behavior. A polygraph will also 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.

2. All participants of FSOT will undergo a full disclosure polygraph to ascertain their full spectrum of sexual offender.
 - a. If results of the polygraph indicate no deception, the sexual offender continues in treatment with no delays.
 - b. If 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 2nd polygraph, the clinician will work with the offender to review any inconsistencies and explore their distortions.
 - c. While the offender is waiting to take the second polygraph she will not proceed forward in treatment unless otherwise determined by the Director of Sexual Offender Treatment Services.
 - d. If the second polygraph is inconclusive, the individual will continue in FSOT with the polygraph result 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.

I Intensive Sexual Offender Treatment

1. Treatment content consists of group therapy, both process oriented and psycho-educational, journaling, workbook completion, homework assignments and other projects.
2. The participant will meet with their primary therapist upon entry into the treatment service to review treatment expectation, sign a treatment contract and confidentiality waiver and review treatment rules.
3. An initial treatment plan is established with the participant
4. Treatment plans shall include at a minimum:
 - a. The participant's identifying information
 - b. Treatment needs
 - c. Goals and objectives
 - d. Identification of any necessary ancillary services to meet the specialized needs of each participant.
5. Quarterly progress reviews are conducted with the offender and documented on their treatment plans.
6. The primary therapist is responsible to taking weekly progress notes for each participant on their caseload. These notes are stored in the Sexual Offender Treatment File
7. After successful completion of all components of treatment, all assignments, achievement of treatment goals and consistent application of treatment concepts, the participant is discharged from FSOT.
8. 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.
 - 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 and/or through warnings or behavioral contracts.
9. Termination from Treatment
Termination should be utilized as a last resort after all other possible methods to correct behavior has 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.

10. All Other Instances Where Termination is Being Considered:

- a. 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 are in which the participant is failing to progress in treatment or causing a major disruption to the successful treatment of other group members.
- b. Notification of concern shall occur within seven working days of identification of the 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.
- c. 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 timeframe.
- d. If the clinician, after providing written notification, continues to see 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.
- e. Individuals are allowed one opportunity after the first termination to re-enter treatment. Individuals will be eligible to request to return to treatment OR placement on the waiting list for previously terminated individuals, if applicable, 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 as space allows.
 - 1) If an individual is terminated from FSOT a second time, she will not be eligible to return to FSOTS at NHSP/W that will put the individual at risk of maxing her sentence.

J. Sexual Offender Treatment Services File Maintenance

A unit file will be maintained while an offender is participating in FSOTS.

1. 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 risk assessments
 - c. Mittimus and sentencing documents
 - d. PSI/police reports when available
 - e. Progress notes from core clinical groups
 - f. Individualized treatment plan
 - g. Needs assessment (dynamic risk assessment)
 - h. Consent and refusal forms as needed
 - i. Release of information forms as needed
 - j. Results of consultation with ancillary services (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 or termination summary) 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 record upon an individual's completion of treatment and will be subject to PPD 6.43.
 4. FSOTS 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

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