**Section 1905.110 Treatment Progress and Completion**

Treatment providers shall recognize and communicate that successful completion of a sexual abuser treatment program/regimen indicates that a client has demonstrated sufficient progress in meeting the specified series of goals and objectives of an individualized treatment plan designed to significantly reduce and reasonably manage the individual's risk to reoffend. Completion of treatment should be understood as meaning the successful completion of treatment, and not as the cessation of court-ordered, offense-specific treatment or the completion of the sentence imposed by the court or the Prisoner Review Board. Successful completion of treatment may not end the sex offender's need for ongoing rehabilitation or elimination of risk to the community.

a) Treatment providers develop written treatment contracts/agreements (e.g., treatment consent forms) to ensure clarity and agreement between the provider and clients. The contracts address, at minimum, the following:

1) The nature, goals and objectives of treatment;

2) The expected frequency and duration of treatment;

3) Rules and expectations of treatment program participants;

4) Rewards and incentives for participation and progress;

5) Consequences of noncompliance with program rules and expectations; and

6) Criteria used for assessing progress and determining program completion.

b) Treatment providers routinely utilize multiple methods in an effort to objectively and reliably gauge treatment progress, particularly with respect to dynamic risk factors. These methods include:

1) Structured, research-supported tools and inventories;

2) Specialized behavioral/psychophysiological tools;

3) Client self-report; and

4) Collateral reports.

c) Treatment providers routinely review the client's individual treatment plan and clearly document in treatment records the specific and observable changes in factors associated with the client's risk to recidivate, or the lack of changes.

d) Treatment providers recognize that a client who has successfully completed treatment has generally:

1) Acknowledged the problems for which the client was referred in sufficient enough detail for treatment staff to have developed a treatment plan that, if implemented properly, could be reasonably expected to reduce the risk to reoffend;

2) Demonstrated an understanding of the thoughts, attitudes, emotions, behaviors and sexual interests linked to sexually abusive behavior and can identify these when they occur in the client's present functioning; and

3) Demonstrated changes in managing these thoughts, attitudes, emotions, behaviors and sexual interests that are sufficiently sustained to create a reasonable assumption that the client reduced the risk to reoffend.

AGENCY NOTE: Offenders under conditional release, parole or probation may have additional specific indicators to enable the treatment provider to assess treatment completion to include completion of levels of supervision (this may include various components such as compliance with conditions of supervision, lack of sanctions, employment, progress in treatment, etc.), polygraph examinations and/or plethysmographs, etc. The decision to successfully terminate a supervised offender from treatment should be made by the multidisciplinary team.

e) Treatment providers evaluate a client's treatment progress within the context of a thorough understanding of the client's individual capacities, abilities, vulnerabilities and limitations. Associated recommendations should reference these factors and aim to stay within the bounds of what is likely or possible for the individual client.

f) Treatment providers providing community-based treatment recommend:

1) more intensive treatment and/or supervision if a client experiences significant difficulties managing the risk for sexual abuse in a way that jeopardizes community safety; and

2) gradual adjustments to the intensity of services as the client consistently demonstrates stability and positive gains.

g) Treatment providers prepare their clients for treatment completion, which may include a gradual reduction in frequency of contacts over time as treatment gains are made, booster sessions to reinforce and assess maintenance of treatment gains, and consultation to any future service providers.

h) Treatment providers are clear when communicating with clients, other professionals, and the public that some clients may require ongoing management of their risk and treatment needs.

i) Treatment providers utilize the client, support persons and appropriate professionals involved in ongoing case management with written information that includes follow-up recommendations for maintaining treatment gains.

j) Treatment providers immediately notify appropriate authorities if a legally mandated client discontinues treatment or violates a mandated condition of parole, probation or treatment.

k) Treatment providers hold nonmandated clients to the same treatment expectations as mandated clients.