**Section 1905.320 Completion of Treatment**

a) 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. If risk increases, treatment may be re-instated upon the request of the sex offender or the recommendation of the containment team. Treatment should be viewed as ranging from intensive to aftercare.

b) The sex offender containment team shall consult about the completion of treatment. The decision shall come after the evaluation and assessment, treatment plan, course of treatment sequence, and a minimum of a non-deceptive disclosure polygraph examination and two or more non-deceptive maintenance polygraph examinations, regarding compliance with court rules, compliance with supervision conditions, compliance with treatment contract provisions, including complete abstinence from grooming (i.e., manipulation intended to reduce victims' defenses) of victims, or potential victims, and full, voluntary compliance with all conditions required to prevent re-offending behavior. The two or more non-deceptive polygraph examinations must be those most recent prior to termination of treatment. (See definitions for non-deceptive polygraph results.) A failed polygraph examination should not be used as the sole reason to deny successful completion of treatment. The team should carefully consider termination of treatment based on maintaining community safety.

c) Those sex offenders who pose an ongoing threat to the community require supervision, even while demonstrating progress in treatment, and may require ongoing supervision and treatment to manage their risk, including revocation as authorized and approved in writing by the Prisoner Review Board when on parole. Any exception made to any of the requirements for treatment completion must be made by the consensus of the containment team. In this case, the team must document the reasons for the determination that treatment completion is appropriate without meeting all of the standard requirements and note the potential risk to the community.

d) To determine the recommendations for the termination of treatment, the provider shall:

1) Assess actual changes in a sex offender's potential to re-offend prior to recommending treatment termination;

2) Attempt to repeat, where indicated, those evaluations that might show changes in the sex offender;

3) Assess and document how the goals of the treatment plan have been met, what actual changes in a sex offender's re-offense potential have been accomplished, and what risk factors remain, particularly those affecting the emotional and physical safety of the victims;

4) Seek input from others who are aware of a sex offender's progress as part of the decision about whether to terminate treatment;

5) Report to the supervising officer regarding a sex offender's compliance with treatment and recommend any modifications in conditions of community supervision and/or termination of treatment; and

6) At the end of this evaluation process, inform the sex offender regarding the recommendation to end or continue court-ordered treatment.

e) Prior to terminating offense-specific treatment, a provider shall, in cooperation with the containment team, develop an aftercare plan that includes ongoing behavioral monitoring, such as periodic polygraph examinations. Such monitoring is intended to motivate the sex offender to avoid high-risk behaviors that might be related to increased risks of re-offense.