2955.0100 STANDARDS FOR SEX OFFENDER ADMISSION AND ASSESSMENT.

Subpart 1. **Admission procedure and new client intake assessment required.** A written admission procedure must be established that includes the determination of the appropriateness of the client by reviewing the client's condition and need for treatment, the treatment services offered by the program, and other available resources. This procedure must be coordinated with the external, nonclinical conditions required by the legal, correctional, and administrative systems within which the program operates. An intake assessment process must also be established that determines the client's functioning and treatment needs. All clients admitted to a residential juvenile sex offender treatment program must have a written intake assessment completed within the first 30 days of admission to the program.

Subp. 2. **Assessments conducted by qualified staff.** The clinical supervisor must direct qualified staff to gather the requisite information during the intake assessment process and any subsequent reassessments. The staff who conduct the intake assessment must be trained and experienced in the administration and interpretation of sex offender assessments.

Subp. 3. **Intake assessment appropriate to basic treatment protocol of program.** A program may adapt the parameters specified in subparts 6 to 8 to conduct assessments that are appropriate to the program's basic treatment protocol. The rationale for the particular adaptation must be provided in the program policy and procedures manual as specified under part 2955.0140, subpart 1, item E.

Subp. 4. **Reassessment.** At the discretion of the clinical supervisor or treatment team, a full or partial reassessment may be conducted to assist in decisions regarding the client's progress in treatment, movement within the structure of the program, receipt or loss of privileges, and discharge from the program.

Subp. 5. **Cultural sensitivity.** Assessments must take into consideration the effects of cultural context, ethnicity, race, social class, and geographic location on the personality, identity, and behavior of the client.

Subp. 6. **Sources of assessment data.** Sources of data may include:

A. collateral information, such as police reports, victim statements, child protection information, presentence sex offender assessments, presentence investigations, and delinquent and criminal history;

B. psychological and psychiatric test information;

C. sex offender-specific test information, including psychophysiological measurement of deception and sexual response;

D. relevant medical information;

E. interviews with the client;

F. previous and concurrent assessments of the client, including chemical dependency, psychological, educational, and vocational;

G. interviews, telephone conversations, or other communication with the client's family members, friends, victims, witnesses, probation officers, and police; and

H. observation and evaluation of the client's functioning and participation in the treatment process while in residency.

Subp. 7. **Dimensions included in assessment.** The assessment must include, but is not limited to, baseline information about the following dimensions, as appropriate:

A. a description of the client's conviction or adjudication offense, noting the facts of the criminal complaint, the client's description of the offense, any discrepancies between the client's and the official's or victim's description of the offense, and the assessor's conclusion about the reasons for any discrepancies in the information;

B. the client's history of perpetration of sexually abusive and criminal sexual behavior and delineation of patterns of sexual response that considers such variables as:

(1) the number and types of known and reported sexually abusive and criminal sexual behaviors committed by the client;

(2) the type of sexual aggression used and any use of weapons;

(3) the number, age, sex, relationship to client, and other relevant characteristics of the victims;

(4) the type of injury to the victims and the impact of the sexually abusive or criminal sexual behavior on the victims;

(5) the dynamics and process of victim selection;

(6) the role of chemical use prior to, during, and after any sexually abusive and criminal sexual behaviors;

(7) the degree of impulsivity and compulsivity, including any attempts by the client to control or eliminate offensive behaviors, including previous treatment;

(8) use of cognitive distortions, thinking errors, and criminal thinking in justifying, rationalizing, and supporting the sexually abusive and criminal sexual behaviors;

(9) the reported degree of sexual arousal or response prior to, during, and after any sexually abusive and criminal sexual behaviors;

(10) a profile of sexual arousal or response, including any paraphilic or sexually abusive fantasies, desires, and behaviors;

(11) the degree of denial and minimization, degree of remorse and guilt regarding the offense, and degree of empathy for the victim expressed by the client; and

(12) the developmental progression of sexually abusive behavior over time;

C. the client's developmental sexual history that considers such variables as:

(1) family of origin or other caretaker attitudes about sexuality and the sexual atmosphere;

(2) childhood and adolescent learning about sexuality, patterns of sexual interest, and sexual play;

(3) history of reported sexual victimization;

(4) sexual history time line;

(5) courtship behaviors and relationships, including marriages;

(6) experience of puberty;

(7) exposure to and use of sexually explicit materials;

(8) nature and use of sexual fantasies;

(9) masturbation pattern and history;

(10) sense of gender identity and sex role behavior and attitude;

(11) sexual orientation; and

(12) sexual attitudes and knowledge;

D. the client's history of any other aggressive or criminal behavior;

E. the client's personal history that includes such areas as:

(1) current living circumstances and relationships;

(2) prior out-of-home placements and living arrangements;

(3) medical history;

(4) educational history;

(5) chemical abuse history;

(6) employment and vocational history; and

(7) military history;

F. a family history that considers such variables as:

(1) reported family composition and structure;

(2) parental separation and loss;

(3) family strengths and dysfunctions;

(4) criminal history;

(5) chemical abuse history;

(6) mental health history;

(7) sexual, physical, and emotional maltreatment; and

(8) family response to the sexual criminality;

G. the views and perceptions of significant others, including their ability or willingness to support any treatment efforts;

H. personal mental health functioning that includes such variables as:

(1) mental status;

(2) intellectual functioning;

(3) coping abilities, adaptational styles, and vulnerabilities;

(4) impulse control and ritualistic or obsessive behaviors;

(5) personality attributes and disorders and affective disorders;

(6) learning disability or attention deficit disorder;

(7) posttraumatic stress behaviors, including any dissociative process that may be operative;

(8) organicity and neuropsychological factors; and

(9) assessment of vulnerability;

I. the findings from any previous and concurrent sex offender, psychological, psychiatric, physiological, medical, educational, vocational, or other assessments; and

J. identification of factors that may inhibit as well as contribute to the commission of offensive behavior that may constitute significant aspects of the client's offense cycle and their current level of influence on the client.

Subp. 8. **Administration of psychological testing and assessments of adaptive behavior.** Where possible, psychological tests and assessments of adaptive behavior, adaptive skills, and developmental functioning used in sex offender intake assessments must be standardized and normed for the given population tested. The results of the tests must be interpreted by a qualified person who is trained and experienced in the interpretation of the tests. The results may not be used as the only or the major source of risk assessment.

Subp. 9. **Assessment conclusions and recommendations.**

A. The conclusions and recommendations of the intake assessment must be based on the information obtained during the assessment. The clinical supervisor must convene a

treatment team meeting to review the findings and develop the assessment conclusions and recommendations.

B. The interpretations, conclusions, and recommendations described in the assessment report must show consideration of the:

(1) strengths and limitations of the procedures used in the assessment;

(2) strengths and limitations of self-reported information and demonstration of reasonable efforts to verify information provided by the client; and

(3) client's legal status and the relevant criminal and legal considerations.

C. The interpretations, conclusions, and recommendations described in the assessment report must:

(1) be impartial and provide an objective and accurate base of data;

(2) note any issues or questions that exceed the level of knowledge in the field or the expertise of the assessor; and

(3) address the issues necessary for appropriate decision making regarding treatment and reoffense risk factors.

Subp. 10. **Assessment report.** The assessment report must be based on the conclusions and recommendations of the treatment team review. One qualified sex offender treatment staff person who is also a team member must be responsible for the integration and completion of the written report, which is signed and dated and placed in the client's file. The report must include at least the following areas:

A. a summary of diagnostic and typological impressions of the client;

B. an initial assessment of the factors that both protect and place the client at risk for unsuccessful completion of the program and sexual reoffense;

C. a conclusion about the client's amenability to treatment; and

D. a conclusion regarding the appropriateness of the client for placement in the program:

(1) if residential sex offender treatment is determined to be inappropriate, a recommendation for alternative placement or treatment is provided; or

(2) if the assessment determines that the client is appropriate for the program, the report must present:

(a) an outline of the client's sex offender treatment needs and the treatment goals and strategies to address those needs;

(b) recommendations, as appropriate, for the client's needs for services in adjunctive areas such as health, chemical dependency, education, vocational skills, recreation, and leisure activities;

(c) a note of any concurrent psychological or psychiatric disorders, their potential impact on the treatment process, and suggested remedial strategies; and

(d) recommendations, as appropriate, for additional assessments or necessary collateral information, referral, or consultation.

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