



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 5.4.1	Subject: <b>OFFENDER TREATMENT PROGRAMS</b>
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Section 4: Treatment Programs	Effective Date: 07/01/08
Signature: /s/ Mike Batista, Director	Revised: 5/22/2013

## **I. POLICY**

The Department of Corrections provides a broad range of counseling and treatment programs to meet the identified needs of adult and youth incarcerated offenders.

## **II. APPLICABILITY**

All secure care facilities Department-owned and contracted, as specified in the contract.

## **III. DEFINITIONS**

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Offender Treatment Programs – Programs designed to assist with offender rehabilitation that range from outpatient individual and group education, counseling, and therapy to specialized inpatient therapeutic communities and intensive treatment units.

Treatment Providers – Department or contracted staff who are trained and qualified to provide education, counseling and treatment services to the offender population.

## **IV. DEPARTMENT DIRECTIVES**

### **A. General Requirements**

1. The Department prohibits discrimination on the basis of disability in providing treatment programs to offenders. Facilities may be required to take remedial action, when necessary, to facilitate offender participation as follows:
  - a. make reasonable modifications to policies, practices, or procedures;
  - b. provide auxiliary aids and services to the hearing and visually impaired;
  - c. address the special needs of impaired offenders, i.e., those with mental illness, or who are illiterate, head injured or developmentally disabled;
  - d. construct new or alter existing facilities; or
  - e. deliver services at alternate accessible sites.
2. Trained and qualified staff who administer, supervise, and provide offender treatment will maintain current licensure, certification and continuing training requirements for each position.
3. Staff who provide education and cognitive-based counseling not requiring professional licensure will be qualified by either formal education or training.

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4. All treatment providers will receive appropriate levels of clinical or staff supervision and training according to licensing and credentialing standards and as required by their immediate supervisors.
5. Treatment staff will provide appropriate screenings and assessments, case management, progress reports, and clinical documentation as required.
6. Administrators will establish formal mechanisms to determine appropriate staffing levels for the number and type of offenders served and the treatment goals to be accomplished.
7. Facilities may offer counseling or treatment programs specific to offender needs, e.g., parenting, family relations, trauma and grief counseling.
8. Administrators may approve the use of community resources such as 12-step programs to augment facility treatment programs.
9. Since most offenders cannot accept paid work assignments during intensive treatment, administrators may elect to pay offenders a daily wage during treatment program participation.

**B. Sex Offender Program (SOP)**

1. Facilities that provide sex offender treatment will comply, at a minimum, with the following requirements:
  - a. screen and assess offenders for appropriate SOP placement;
  - b. offer outpatient and inpatient treatment settings where applicable;
  - c. use cognitive and behavioral-based treatment modalities;
  - d. provide education and progressive treatment phases with established criteria and time frames;
  - e. integrate anger management (AM) and cognitive principles and restructuring (CP&R) into treatment phases where advisable; and
  - f. provide an aftercare component to address relapse prevention techniques, discharge planning and continuing care.
2. Sex offender programs will maintain a treatment manual that includes, at a minimum, the following procedures: offender consent for testing and treatment, if applicable; criteria for removing offenders from treatment; records access, release and confidentiality; staff and intern supervision requirements; and offender risk assessments prior to discharge when applicable.

**C. Chemical Dependency Program (CD)**

1. Facilities that provide chemical dependency treatment programs will comply, at a minimum, with the following requirements:
  - a. provide assessments and referrals to appropriate levels of treatment;
  - b. develop individualized, multidisciplinary treatment plans;
  - c. include CD education and primary care treatment;
  - d. offer outpatient and inpatient treatment settings where applicable;

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- e. use cognitive and behavioral-based treatment modalities;
  - f. include 12-step programs, for participating offenders, as adjuncts to treatment if recommended as part of the treatment plan;
  - g. offer the following treatment components where appropriate:
    - 1) medicine wheel, incorporating Native American spiritual/cultural issues;
    - 2) treatment for special needs offenders, e.g., to address trauma-related issues;
    - 3) intensive treatment for chemical dependency addiction;
    - 4) intensive treatment for methamphetamine-specific addiction;
    - 5) treatment for co-occurring chemical dependency and mental illness;
    - 6) relapse prevention; and
    - 7) continuing care treatment.
2. Programs for youth may integrate chemical dependency treatment into other curriculum, such as “Pathways to Self-Discovery and Change: Criminal Conduct & Substance Abuse Treatment for Adolescents.”
  3. CD treatment programs in all facilities will provide offender drug testing in accordance with [DOC Policy 3.1.20, Offender Drug Testing Program](#).

**D. Therapeutic Community (TC)**

1. Where a therapeutic community exists, the administrator will ensure:
  - a. written procedures provide that the program has a written philosophy within the context of the total corrections system, as well as goals and measurable objectives;
  - b. measurable activities, e.g., assessments and drug testing, are well documented and reviewed at least annually;
  - c. treatment planning and treatment file documentation reflect a coordinated staff approach to service delivery; and
  - d. written procedures provide incentives for targeted treatment programs to increase and maintain the offender’s motivation for treatment, e.g., preferences in housing, award certificates, or other items consistent with the goals of the facility.
2. The TC will provide a safe work environment for program staff, offenders, volunteers, and contractors, and will:
  - a. ensure that no offenders or group of offenders are given authority over other offenders, manage any facility program, or have any policy- or procedure-setting role in accordance with [DOC Policy 3.1.1, Management of the Security Program](#); and
  - b. document and review any incidents or emergencies that result in the suspension or disruption of normal program operations.

**E. Cognitive Principles and Restructuring (CP&R)**

1. CP&R programs, or equivalent cognitive-behavioral treatment programs, will encourage offenders to:
  - a. examine their criminal thinking and behavior patterns, be accountable for these patterns, and begin to think and act more responsibly; and
  - b. focus on understanding victimization and the impact on victims of their behaviors.

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1. Anger management programs will teach participants to apply cognitive-behavioral concepts to their thinking patterns to manage and reduce anger and negative behaviors.

**G. Treatment Provider Qualifications**

1. Clinical program directors or administrators will have the following minimum credentials:
  - a. a post-graduate or Master's degree in a treatment-related field;
  - b. licensure as LCSW, LCPC, or psychologist; with
  - c. LAC (licensed addiction counselor) preferred.
2. Sex Offender Program (SOP) Therapist will have the following minimum credentials:
  - a. a post-graduate or Master's degree in a treatment-related field; and
  - b. professional licensure preferred; or eligibility for licensure required.
3. Licensed Addiction Counselor (LAC) will have the following minimum credentials:
  - a. Associates degree in CD counseling or Bachelor's degree in related field; and
  - b. licensed as an addiction counselor, or LAC eligible.
4. Unit Counselors who teach CP&R and anger management must have the appropriate training and a minimum of a high school diploma.

**H. Education/Training Plans**

1. Facilities that have been unable to recruit applicants with the minimum qualifications listed above must develop a structured education or training plan for the treatment providers they employ who do not possess the minimum qualifications.

**I. Program Statistics**

1. Each facility treatment program component, i.e., CD, SOP, etc., will:
  - a. have a written treatment philosophy, goals and measurable objectives;
  - b. track the number of offenders:
    - 1) in treatment;
    - 2) on waiting lists; and
    - 3) treatment incomplete;
  - c. compile and submit treatment statistics to administrators in accordance with facility procedural requirements; and
  - d. where applicable, document and submit required statistics for state agency databases, e.g., Substance Abuse Management System (SAMS); Alcohol & Drug Information System (ADIS).

**J. Program Evaluation**

1. Administrators will ensure that each treatment program's written philosophy, goals and objectives are reviewed at least annually and updated, as needed.

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2. Administrators and program supervisors will analyze collected statistical data at least annually, address corrective action as needed, and submit any recommendations to improve the delivery of offender treatment to the appropriate division and facility administrators.
3. Program statistics may include treatment completion data linked to discharged offenders' return rate.

**V. CLOSING**

Questions concerning this policy should be directed to facility and treatment program administrators.

**VI. REFERENCES**

- A. 4-4377; 4-4428,-29,-30,-31,-32,-33,-34,-37,-38,-39,-40,-41; *ACA Standards for Adult Correctional Institutions, 4<sup>th</sup> Edition*
- B. 4-4363-1; 4-4384; 4-4438 through 4-4441; *ACA Standards Supplement, 2008*
- C. 3-JTS-5C-01,-02,-03,-04,-05,-07; *ACA Standards for Juvenile Correctional Facilities, 2003*
- D. *ACA Performance-based Standards for Therapeutic Communities, 2005*
- E. DOC Policies [3.1.1](#), *Management of the Security Program*; [3.1.20](#), *Offender Drug Testing Program*

**VII. ATTACHMENTS**

None.