Level Eight:
Secure Care / Correctional Treatment Enhanced

Client Profile:

Level Eight youth have displayed repetitious, predatory, fixated and/or violent patterns of offending, use of force or weapons in their offenses and/or a propensity to sexually act out with same-aged peers in addition to younger victims. Level Eight youth may also display other criminality or non-sexual aggression that makes them too risky to maintain in a community placement. These youth also present with antisocial-interpersonal orientation or conduct-disorder behaviors that render them unable or unwilling to follow the structure and rules of community-based programs. These youth usually have a prior treatment history and have often failed previous placements and less-restrictive treatment options. Secure Care youth present an extreme risk to the community. Primary factors to consider are the higher frequency and degree of severity of the behaviors and/or the extended length of time the youth has exhibited these behaviors.

These youth differ from Level Six youth based on use of aggression in the offending;

- Violent patterns or use of force or weapons during the course of their offense;
- Overall criminality and non-sexual delinquency makes it difficult to maintain the youth in a community program;
- Aggression, acting out and/or AWOL risk cannot be maintained in a community-based program;
- Defined development of antisocial traits that make it difficult to treat the youth in the community;
- Failure in lower-level treatment programs.

Treatment:

Secure facilities are the final NOJOS level, and most secure confined settings, for youth who commit repetitive sexual and/or non-sexual-assault behaviors. Secure facilities are long-term, locked confinement facilities for serious and habitually-delinquent youths. Secure facilities have high security and multiple barriers preventing escape. These facilities provide some professional psychological or psychiatric treatment services and may use a level system. Participation in school or GED services is required for these youth. Behavioral change is often pursued via control and application of sanctions.

Delinquent youth are not sentenced for a specific length of time, but their stay is based on the guidelines established by the Youth Parole Authority. The Youth Parole Authority conducts regular progress reviews and determines when the youth can be released. Once the juvenile court orders a delinquent youth to a secure facility, the authority for the youth is transferred to the Youth Parole Authority. Juveniles placed in secure facilities must receive educational and vocational services. Each juvenile must complete an individually-designed treatment plan based on their rehabilitative needs, and they must complete the court-ordered victim restitution as part of the requirements for release. Youth In Custody (YIC) teachers, who are employed by the school districts, hold daily classes for youth. Schoolwork finished in secure facilities is credited to the youth's regular academic record (http://www.jjs.utah.gov/secure- facilities.html).

In locked, correctional settings, treatment is often considered a privilege, even though in many ways these youth present the greatest need for treatment intervention in order to return to a

normative path of development and rehabilitate. National literature indicates youth refusing to meaningfully participate in treatment over reasonably-appropriate periods of time should be discharged from treatment groups and not be provided with additional benefits or perquisites. They should also be required to serve the maximum sentence imposed by a judge. However, the option of participating in treatment should be available to these youth at any time during their incarceration (David S. Prescott and Robert E. Longo, *Current Perspectives: Working with Young People Who Sexually Abuse,* Current Perspectives: Working with Sexually Aggressive Youth & Youth With Sexual Behavior Problems, Longo, Robert E. & Prescott, David S., Editors, NEARI Press, 2006, page 53-54).

Treatment Goals:

The treatment goals for this levels include increases in the youth's adaptive levels of functioning behaviorally, emotionally, socially, cognitively and psychologically. In addition to these goals, the youth should improve their executive functioning, social competency and relatedness, use of social skills in demonstrating mastery in their environment, as well as stabilization of behavior in social, school and home setting.

Overall, the goal is to assist the youth to increase competency and skills necessary to ensure their ability to control or eliminate etiological and maintenance factors influencing their pathway to offend, re-establish a healthy developmental trajectory (in all developmental stages), obtain their needs and human goods in a healthy way and place themselves back on a healthy pathway towards becoming a functional, healthy and happy adult (Ward, T.; Polaschek, D. and Beech, A. Theories of Sexual Offending, John Wiley & Sons, Ltd. 2006).

A full list of Sex-Specific Treatment Goals is presented on pages 14-15.

Treatment Modalities:

Secure facilities provide correctional programming enhanced with sex-specific and trauma-specific treatment modalities similar to a Level Six program. Secure care treatment focuses on the following:

- Sex abuse prevention;
- Community protection;
- Rehabilitation;
- Development of a healthy non-offending self-identity.

Secure treatment modalities include targeted sex-specific therapy to include individual therapy and group therapy weekly to provide the youth with information regarding healthy sexual functioning and prevent further development of his/her sexual deviancy. If reunification is the goal, and/or family issues are a significant part of the youth's problems, family therapy should also be provided if possible. With older adolescents, individuation issues should be addressed to assist the youth to move toward young adulthood and emancipation.

Treatment should include sex education and healthy-sexuality work, life-skills training, skills-development training, independent-living skills and psychiatric/medication management services. A psychosexual-education emphasis is recommended to provide the youth with information regarding maturation, human development and the current laws regarding sexual conduct.

Trauma-specific treatment should also be available for those youth who present with an unresolved trauma history. It is strongly recommended the youth have opportunities to resolve his/her own childhood victimization with sensory interventions *separate from* focus on his/her sexual offending to assist him/her to resolve his/her trauma, enhance his/her emotional coping skills and develop a healthy sexual identity.

Treatment Providers:

Those individuals providing Level Eight targeted sex-specific services, whether it is individual, family, or group therapy, must be certified by NOJOS as a sex-specific clinician. Individuals providing trauma-specific treatment, whether it is individual/group therapy, should be licensed mental health clinicians with experience and training in working with youth who have been traumatized. Sex-specific treatment providers should also have training in understanding adolescent development, trauma and neurophysiology and etiological and maintenance factors impact on developmental trajectory. Additionally, they need to be aware of the influence of family, environment, social and culture, on the youth.

Those individuals providing skills-development services or other skills-based groups (i.e. anger/aggression, mood management, pro-social skills, etc.) must be trained and competent to provide the service; however, although they are not required to have a clinical license or be certified by NOJOS, it is recommended that they have attended and completed the NOJOS Basic Line Staff Training. Regardless, providers of these adjunct services should work under the supervision of a NOJOS certified sex-specific clinician.

Monitoring:

Secure confinement provides maximum supervision of the most dangerous sexually-abusive youth and intensive sex-specific clinical intervention. The Juvenile Court places custody of the juvenile with the Youth Parole Authority. The Youth Parole Authority (through DJJS), the NOJOS certified sex-specific clinician(s) and the correctional facility's clinical team monitor the youth's compliance and progress in the treatment program.

Criteria for Discharge:

Length of stay in a secure facility typically ranges from eighteen to twenty-four months. The clinical intervention team and the Juvenile Justice case manager monitor treatment progress and determine when the youth is eligible for release to a less-restrictive level of care. The Youth Parole Authority must approve release. Depending on risk potential, the youth may then transfer to residential-intensive (Level Six), sex-specific group home (Level Five), proctor care (Level Four) or outpatient treatment (Level Two). The combined length of treatment in secure confinement and aftercare settings ranges from eighteen to thirty months. If the youth fails to respond to treatment in secure confinement, certification into the adult system may also be an option.

Criteria for treatment progress include: "Accomplishment of the specific treatment goals and objectives, cooperativeness in treatment, maintaining control and self-responsibility, changes in thinking, and observable changes of behavior over time" (National Task Force on Juvenile Sexual Offending, 1993, p. 52). The progress indicators established by the National Task Force on Juvenile Sexual Offending are also useful to evaluate treatment progress (The Revised Report from the National Task Force on Juvenile Sexual Offending, 1993 of The National Adolescent Perpetrator Network, *Juvenile and Family Court Journal*, 1993, Vol. 44, No. 4, page 52) Lack of treatment progress may result in extended duration of confinement or more-restrictive parole considerations.

It is required that Level Eight youth undergo a discharge assessment to determine if:

1. Risk has been lowered;
2. Co-morbid issues have been addressed/stabilized;
3. Level of functioning has improved;
4. A stable support system has been developed;
5. Treatment issues identified in the intake assessment have been addressed;
6. Progress has occurred on sex-specific and non-sex-specific treatment goals.

As detailed in the NOJOS Assessment Protocol, an updated sex-specific assessment is recommended prior to any discharge or step-up or step-down in the NOJOS continuum.