

Level Five Sex-Specific Group Home or Independent Living / Sex-Specific Treatment

Client Profile:

Level Five youth present as *moderate risk* as assessed by nationally-recognized risk-assessment tools and includes two categories: Sex-Specific Group Home and Independent Living.

Sex-Specific Group Home

Level Five Sex-Specific Group Home intervention provides targeted sex-specific treatment in a therapeutic group-home setting. The primary differences between a Level Four Proctor/Foster Home and a Level Five Sex-Specific Group Home or Independent Living program is the intensity of therapy, increased opportunity for milieu intervention and increased supervision. Level Five programs provide additional clinical services, and the group home has twenty-four hour (awake) supervision and intervention.

Those youth who have successfully completed a higher level of care, such as a Level Six or Level Eight, may transition to a Sex-Specific Group Home or Independent Living, where they continue to be monitored and supported in a structured setting and receive targeted sex-specific treatment. Also those youth in lower level programs who are not progressing or have increased risk may be moved to a level 5 program with the court's direction.

Clinicians must observe special precautions when they select youth for Level Five sex-specific treatment and supervision. The client profile for youth placed in a Level Five Sex-Specific Group Home is similar to that of a Level Four youth, with some important distinctions, as outlined below:

Those factors SIMILAR to Level Four youth in that there are deficits and problems in the home environment:

1. Deficits or issues within the home environment:
 - a. Family system and/or home environment is marked by extreme stress or instability, and it is determined that this stress and instability will not provide the support or supervision the youth needs to address his or her treatment and/or supervision needs;
 - b. The adults are incapable of, or choose not to, provide the level of structure and supervision required to prevent re-offense or assist the youth to deal with his/her treatment needs;
 - c. The family through their own behaviors, values and issues does not provide a healthy environment for youth to heal;
 - d. The family presents as enabling and/or denial-based;

- e. The family does not possess the skills or resources necessary to address the youth's clinical needs (i.e. skills enhancement, behavioral modification, regulation of co-morbid mental health issues, regulation of impulsivity, emotions, and behaviors).

Those factors that DIFFER from a Level Four or Level Six youth:

1. The youth not only needs removal from their home environment due to environmental and family risk factors, but also present with greater problems and deficits in executive functioning and behavior management;
2. These youth are also under-socialized, or have social-competency issues and social-relatedness issues, and have difficulty in developing the skills necessary to master and be successful in their environment. These deficits require a sex-specific group home setting and peer milieu to learn pro-socialization and healthy social skills. The group home setting is also necessary to provide the youth more structured opportunities to practice, improve and generalize new skills;
3. Less-developmentally mature than a Level Six youth, (meaning their developmental - maturity level may place them at-risk in a Level Six program.); they need clarity around language-related to risk and vulnerability versus immature highly sexualized risk;
4. Present as more amenable or receptive to treatment than a Level Six youth;
5. Present with difficult temperament traits as indicated b:
 - a. Unmanaged or uncontrolled activity such as restlessness or impulsivity;
 - b. Unpredictable emotional response/inconsistent emotional lability;
 - c. Difficulty in dealing with change;
 - d. May not respond appropriately to stimulus;
 - e. Hyper-focus (perseveration);
 - f. Distractibility;
 - g. Inability to limit on-going behavior;
 - h. Inability to adjust to change;
 - i. Negative Mood (typical affective-state-positive, negative, or neutral);
6. History of, and/or current, behavioral-management issues in their home and/or school environment—unmanageability cannot be controlled in a less-structured environment. A behavioral-management program is required;
7. Under-socialized and/or multiple social competency deficits;
8. Self-harm behaviors;
9. Difficulties with executive functioning that require a peer milieu to learn control and self-regulation.

Sex-Specific Independent Living

Level Five youth who qualify for a sex-specific independent living program present with sexual behavioral issues and are typically older adolescents in need of a transitional placement to assist them in transitioning directly into adult living. Sex-specific independent living programming should specifically assist these youth to integrate and generalize their newly-acquired skills, or to develop such skills, to live independently in the community. These are youth who are either transitioning from a higher, more structured NOJOS level of treatment, or are youth without familial support from a lower level program who need to learn to live

independently. Prior to placement, risk should be reassessed to determine that independent living in the community is appropriate.

Treatment Goals:

Overall, the treatment goals for this level are those identified by the National Task Force on Juvenile Sexual Offending (1993). These goals include increases in the youth's adaptive levels of functioning behaviorally, emotionally, socially, cognitively and psychologically, while lowering risk of sexual re-offense. 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, and stabilization of behavior in social, school and home setting. Risk Need Responsivity should be addressed (see page 7).

This Level also includes youth who have participated in a sex-specific treatment program and have been successful to the point they now need to integrate their new competencies and skills into an independent living setting and healthy emancipation.

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, 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.

Sex-Specific Group Home

The focus of a Level Five Sex-Specific Group Home treatment program is to provide primary sex-specific treatment similar to lower level treatment frequency and modality; but enhanced through therapeutic milieu and skills development components. However, it provides adjunct mental-health treatment and social skills services to address pre-existing mental health issues and psychosocial problems, and to provide prosocial skills training to increase social competence. Level Five group homes also provide a structure and therapeutic milieu that address the youth's individual issues and need for pro-socialization through guided peer interaction and milieu intervention. Level Five Sex-Specific Group Home settings specifically help these youth learn to regulate their behaviors and emotions, control impulses, make healthy choices, learn consequences for unhealthy choices, increase personal accountability and become more socially competent.

Sex-Specific Independent Living

The treatment focus for Sex-Specific Independent Living is to aid the youth to develop independent and adult-living skills, such that they can successfully reintegrate into the community and establish a healthy support system. Often times this includes providing therapeutic assistance to help the youth individuate from parent(s)/guardian(s) and solidify a healthy young-adult identity.

Treatment Modalities and Frequency:

Sex-Specific Group Home

Overall, treatment objectives should be holistic and include specific goals, tasks, and methods to address the youth's sex-specific, (co-occurring issues) and skills-development services. Sex-Specific Group Home programs are required to provide specialized sex-specific supervision and treatment; however, the frequency and intensity varies based on the population served and the individual need of each youth. Level Five programming should include targeted sex-specific treatment (individual, family and group therapies), competency and skills development services and traditional mental health counseling, as well as medication management services.

Parent groups/family therapy should occur at least bi-monthly. Family therapy should focus on family dynamics associated with the youth's misconduct and/or problematic functioning, supervision, safety and assisting the youth to manage his/her risk, as well as strengths and healthy living plans. Family therapy should also include education of the parents/caregivers regarding the youth's current risk factors, treatment goals and supervision needs. Special attention should be focused on the "strengths" inherent in the youth and his family as well. It is important to view the parent/guardian as part of the treatment team and empower them to be an active participant in the youth's treatment. If there is a greater degree of conflict or problems in the youth's home environment, more frequent and/or intensive family therapy should occur focused specifically on these family issues.

SCHOOL PROGRAMMING should be based on the youth's risk to the community and his/her educational needs (i.e. may include Sex-Specific Day Treatment, Youth-In-Custody (YIC) classroom, Behavior Disorder (BD), public school, etc.). Reference the school protocol addendum of this manual.

Sex-Specific Independent living

Independent living can occur in an individual home setting. These programs are required to provide sex-specific treatment involving the themes listed and with the modalities, goals and frequency outlined for Level Five. Additional independent living skills development opportunities and interventions are a primary and significant focus as well

Treatment Providers:

Those individuals providing targeted sex-specific therapy interventions (whether it is individual, family or group therapy), should be credentialed by NOJOS as a sex-specific provider. Individuals providing trauma-specific treatment (whether it is individual or 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 have training in understanding adolescent development and trauma, as well as the neurophysiology and etiological (including maintenance factors) impact on developmental trajectory.

Those individuals providing skills-development services or other skills-based groups (i.e. anger/aggression, mood management, prosocial skills, etc.) must be trained and competent to

provide the service; however, although they are not required to have a clinical license or be credentialed 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 credentialed sex-specific clinician.

Monitoring:

The majority of Level Five youth are in Department of Human Services' custody through either Division of Child and Family Services or Division of Juvenile Justice Services. The Division case manager, along with the NOJOS credentialed sex-specific clinician and group home staff, work together to monitor the youth's compliance in the group home, school setting and in their sex-specific therapy. Additionally, in some cases, Level Five youth may receive additional tracking services to increase monitoring and social support. If/when the youth's family is actively involved in the youth's care, and especially when the youth is to be eventually reunified with their family of origin, the parent(s)/guardian(s) must be involved in the treatment process. The parent(s)/guardian(s) may also provide supervision for the youth as deemed appropriate and approved by the NOJOS credentialed clinician and division case manager once the family is educated on the youth's risk and supervision needs and a family safety and supervision guideline plan has been developed.

Educational/school placement should be guided by school district policy and the NOJOS Placement Protocol.

Criteria for Discharge:

Networking and case coordination are essential to track the youth's treatment progress and preparation for placement and discharge. There should be consensus between the placement and treatment teams that the goals for treatment and success are being met. If there is conflict, programs should always error on the side of caution and follow currently-accepted national assessment and treatment standards and NOJOS protocols. Transfer to an outpatient-treatment program is appropriate when the youth has progressed sufficiently in a Level Five treatment program. This once again supports the step-up step-down model. The length of treatment in a Level Five facility is based on individual "Risk, Need and Responsivity". Lack of treatment progress may result in referral to more intensive treatment and/or supervision, and may also result in increased length of treatment.

Criteria for treatment progress include the accomplishment of the treatment goals and objections and demonstrating the implementation of desired skills and behavioral changes in observable behavior

Level Five Sex-Specific Group Home supervision and treatment has an indeterminate length, and depends on the varying progress and needs of the youth. As deemed appropriate, once a youth successfully completes Level Five Sex-Specific Group Home program, a step-down to a lower level sex-specific outpatient treatment provider or a referral to traditional mental-health services may be appropriate. As in any treatment level, lack of treatment progress may result in a referral to a more-intensive treatment intervention. However, as stated above, all changes

in placement or clinical level should be based on increased or decreased risk as measured by nationally accepted risk assessment tools and approved by the court rather than *solely* on resistance and/or non-compliance.

It is recommended that Level Five youth undergo a discharge assessment to determine if:

1. Family issues and environmental risk factors have been stabilized and/or reduced;
2. A stable support system has been developed;
3. Co-occurring issues have been addressed/stabilized;
4. Risk has been lowered;
5. Level of functioning/skills have improved;
6. Etiological and maintenance factors, as well as treatment issues identified at intake have been addressed;
7. Protective factors and resiliency, as well as internal and external assets, have been increased, and progress has occurred on 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.