

## **Level Four: Sex-Specific Proctor or Foster Home / Outpatient Sex-Specific Psychotherapy**

### **Client Profile:**

Youth appropriate for Level Four Proctor/Foster Care present with: (1) a risk that cannot be controlled in their current living environment; and/or (2) parents and caregivers who cannot provide adequate supervision; and/or (3) parents/caregivers who do not provide an adequate, healthy or safe living environment for the youth. The youth's environmental risks may include immediate or near-immediate access to victim(s) or potential victim(s), thus, rendering it as inappropriate. Further, the youth may not be able to continue residing at home because the sibling victim(s), and/or other victim(s) also residing in the home, need separation from the sexually-abusive youth to begin their healing process. A youth's removal from home is also necessary at times when the parent/guardian's denial/minimization of current risk is present, or they do not adequately understand or respect current risk of the youth such that it impacts their ability/willingness to provide adequate supervision. The youth may also present with deficits in executive functioning resulting in their inability to self-regulate sexual and/or nonsexual acting-out behaviors, and/or need behavioral modification or skill enhancement interventions that cannot be provided in their home environment (i.e. milieu clinical intervention).

Youth transitioning down from a higher level of care are also appropriate for a Level Four placement as a step-down option. In this situation, this level of care provides a less-restrictive environment for transition and practice of skills learned in more-intensive residential and/or secure care settings. Level Four also includes youth who are failing, or who have failed, at a lower level of placement on the NOJOS Continuum of Care (i.e., Levels One, Two and Three). However, to qualify for a Level Four placement, the failure is typically a result of environmental or familial issues rather than related to the youth's conduct or increase in risk. Furthermore, it is recommended that youth who fail at a Level Two intervention because of their conduct, resulting in an increase in their risk, be placed in either a Level Five or Level Six setting. Placement should then be considered based on current risk, behaviors, and treatment needs being able to be met and risk managed.

Level Four youth should be charged and adjudicated for their sexual delinquency in the Juvenile Court. The majority of Level Four youth are Court ordered into State's custody under the supervision of DCFS or DJJS who will provide, or who will contract with providers, sex-specific placement and treatment services. DCFS typically utilizes foster-home placements, and DJJS utilizes proctor-home placements.

Level Four Proctor/Foster Care is typically the first out-of-home alternative available on the NOJOS Continuum of Care. Specifically, Level Four youth require more-intensive structure and supervision than what is available in their current home environment—and/or the youth is in need of a transitional placement to practice, generalize and apply the skills learned in a more-structured environment. Level Four youth typically present as a *moderate risk* to the community as assessed by nationally recognized risk assessment tools. Level four youth are in need of a placement based on issues within their environment, and thus, appropriateness for

placement in Level 4 is based on the following criteria:

1. Deficits or issues within the home environment:
  - a. 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;
  - a. 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;
  - b. The family, through their own behaviors, values and issues, does not provide a healthy environment for youth to heal;
  - c. The family presents as enabling and/or denial-based;
  - d. 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).
2. Additionally, those youth who have successfully completed a higher level of care, such as a Level Six or Level Eight, may transition (step-down) to a Proctor/Foster Care setting, where they receive structure and supervision and are able to continue aftercare outpatient sex-specific treatment.

Level Four Proctor/Foster Care homes cater to the youth's sexual risk to ensure that the youth is placed with others similar in age and maturity and is not placed with children similar in age to the youth's victim(s), and/or potential/possible victims and/or older offending youth (which could subject the youth to contagion and/or risk of being victimized).

Level Four Proctor/Foster homes should AT MOST have one or two additional proctor/foster siblings in the same household. If the youth presents a risk to those younger than himself/herself, he or she should not be placed in a foster/proctor home with younger children or peers. If the youth presents a risk to same-age peers and younger children, the youth must be placed in a foster/proctor home with no other children. The youth's risk must be assessed prior to placement to avoid inappropriate placement—especially when there is a potential risk of reoffending.

### **Treatment Goals:**

Level Four youth must participate in, and successfully complete, adjunct Level Two and/or Level Three sex-specific treatment as specified in these Protocols and Standards under those levels. There should be a specific focus on engaging the parent(s) and family unit in family therapy to address those family/parent based issues requiring an out-of-home placement. Specific care should be taken to ensure any victim contact as part of this therapy follow the NOJOS Resolution Continuum and this be coordinated with the victims therapist based on their individual readiness.

As mentioned previously, the National Task Force on Juvenile Sexual Offending (1993) has identified certain definable sex-specific treatment issues or goals. These goals 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 and 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 and Frequency:**

Level Four youth participate in Level Two and/or Level Three treatment provided by a contracted NOJOS certified sex-specific clinician (see pages 20- 21 above for Level Two and pages 25-26 for Level Three treatment modalities and frequency). Depending on current risk level, as well as the youth's presenting problems and needs, Level Four youth may attend school in a self-contained classroom such as Youth In Custody (YIC), Behavior Disordered (BD) classrooms or Level Three Sex-Specific Day Treatment educational programming. The NOJOS School Placement Protocol (see addendum to manual) should be consulted in these situations. When these youth attend mainstream school, a risk assessment **MUST** be completed and indicates that the youth's risk is at an acceptable level and/or can be safely managed in a traditional mainstream school setting.

Additionally, Level Four youth may require psychiatric/medication management services, skills-development services and/or psychological services.

### **Treatment Providers:**

Those individuals providing targeted sex-specific therapy interventions (whether it is individual, family or group therapy), should be certified 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 some 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 neurophysiology and etiological (including maintenance factors) impact on developmental trajectory. They also 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, 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 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.

Individuals providing foster or proctor care for youth with sexual-behavioral problems must complete all pre-service training as required by the State Licensure and Department of Human Services requirements. They must also complete all other annual training as required by the state.

In addition, these parents must complete a minimum of twelve hours of training annually specifically focused on understanding and working with youth with sexual issues and sexual-behavioral problems. This training must include information regarding appropriate supervision techniques to be utilized with sexually-traumatized youth, hyper-sexualized youth and youth who engage in sexual misconduct. These individuals must also attend and complete the NOJOS

Basic Line Staff Training. Individuals providing foster or proctor care must also be supervised by a Certified NOJOS sex-specific clinician. Foster and proctor parents should be active participants in treatment-team meetings, and where applicable, should attend monthly Division team meetings.

Trackers of youth with sexual issues should meet all state licensing and training requirements. They must complete twelve hours of training annually specifically focused on understanding and working with youth with sexual-behavioral problems. This training must include information regarding appropriate supervision techniques to be utilized with sexualized youth and youth who engage in sexual misconduct. These individuals must also attend and complete the NOJOS

Basic Line Staff Training and be supervised by a NOJOS certified sex-specific clinician. It is also recommended that trackers are active participants in treatment-team meetings, and where applicable, should attend monthly Division team meetings.

### **Monitoring:**

The majority of Level Four youth are in Department of Human Services' custody with either DCFS or DJJS. The Division case manager, along with the NOJOS certified sex-specific clinician and proctor/foster parents, work together to monitor the youth's compliance at home, school and in their sex-specific therapy. Additionally, in some cases, Level Four youth 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 Certified 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.

### **Criteria for Discharge:**

The youth may be successfully discharged from proctor/foster care when the NOJOS certified sex-specific clinician, parent(s)/guardian(s) and Division case manager determine that the youth's problem behaviors are manageable in a less-restrictive setting and the family is able and willing to provide adequate supervision. Parent(s)/guardian(s) must demonstrate they can provide adequate supervision before the youth can be returned to their care. Transfer to a Level Two outpatient sex-specific treatment program can allow the youth to continue to address sex-specific treatment goals. Treatment professionals should be careful to coordinate the transfer of treatment services and keep parents adequately informed.

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 rather than *solely* on resistance and/or noncompliance.

It is recommended that Level Four 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-morbid 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 in the intake assessment, have been addressed;
7. Protective factors, resiliency, internal and external assets have been increased; and
8. Progress has occurred on sex-specific treatment goals.

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).

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.