

Level Seven: Inpatient Psychiatric / Sex-Specific Treatment

Client Profile:

Youth appropriate for Level Seven present with an acute or chronic psychiatric disturbance, are sexually impulsive, display unpredictable/uncharacteristic or pattern of bizarre/ritualistic offenses, unpredictable social behaviors and present a *high risk* to the community and/or the safety of other youth in lower level programming. Adjudication of these youth is mandatory.

These youth differ from Level Six and Level Eight youth based on their psychiatric disturbance. Their placement in Level Seven care is facilitated by their inability to manage their mental illness and are therefore in need of Level Seven placement to stabilize their psychiatric disturbance.

Treatment Goals:

It is important to note that the primary focus of Level Seven programming is stabilization of the mental illness, and not necessarily treatment for the sexually-abusive behaviors. Ideally, the sex-specific treatment should occur in a lower level of treatment subsequent to the youth's stabilization; nevertheless, sex-specific treatment should be initiated at this level of care, in conjunction with traditional mental-health counseling, until the youth has stabilized psychiatrically. Once transitioned to a lower level of care, the youth's sex-specific therapy should then be the primary focus in treatment. Treatment must also focus on management of problem behaviors (e.g., aggressiveness, impulsiveness or compulsive patterns of sexually-assaultive behavior).

Specific treatment goals for this level are those identified by the National Task Force on Juvenile Sexual Offending (1993). These goals include increases in the adolescent's adaptive levels of functioning behaviorally, emotionally, socially, cognitively and psychologically.

Treatment Modalities and Frequencies:

Level Seven programs are locked, controlled-access units, either freestanding or a more-controlled unit within an overall residential psychiatric campus, where the youth's activities and movements are controlled or monitored by staff on a twenty-four-hour basis, and there is a strong emphasis on structure, intensive behavior management and containment. Level Seven facilities provide on-site schooling as well as frequent and intensive psychological and/or psychiatric services delivered by on-site professional staff. These facilities often have seclusion and restraint capacity and rely upon behavioral systems or level systems to gain compliance from residents (*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 52-53).

Level Seven sex-specific interventions are integrated into a more general psychiatric structured

program. Therefore, traditional mental-health services are required, including individual, family and group therapy, as well as psychiatric and medication-management services. Therapy interventions are designed to address more general psychiatric issues and provide a solid foundation for understanding and addressing related sexual issues/problems. However, the youth should participate in regular sex-specific individual and group therapy that focuses on sex-specific issues. Further, unlike Level Six youth, if the client population is insufficient to create a group for the youth with sexually-abusive behavior problems, the clinician may address the youth's inappropriate sexual behaviors within individual/family therapy. Otherwise, sex-specific treatment modalities should be similar to Level Six treatment modalities. The clinician who provides the therapy must be a NOJOS certified sex-specific clinician.

Given that the primary focus of Level Seven treatment is to assess and treat the acute or chronic psychiatric issues, once the youth's psychiatric disturbance is controlled/stabilized, the youth should be placed in a lower level of treatment.

Treatment Providers:

Treatment providers should have expertise and experience in working with adolescents with acute and/or chronic psychiatric problems/issues. They should also have training and experience in understanding how psychiatric issues interplay with adolescent sexual development. 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 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. Additionally, they need to be aware of the influence of family, environment, social situation 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.

Monitoring:

In a NOJOS Level Seven treatment program, youth are monitored therapeutically and by residential staff. If home visits are approved, parents/guardians are expected to report to staff following each visit. Adjudicated youth are additionally monitored by the Juvenile Court and DJJS to ensure compliance with treatment. When DCFS maintains custody or protective supervision of the youth, the DCFS caseworker also monitors compliance.

Criteria for Discharge:

The youth may be successfully discharged from the Level Seven program and transitioned to a lower level of care when the youth demonstrates:

1. Stabilization of the mental illness;
2. They are no longer a danger to self or others;
3. They do not present with active psychosis or thought disorder symptoms;
4. Improved problem-solving and emotional-regulation skills.

The NOJOS certified sex-specific clinician(s) and the juvenile justice monitoring team evaluate the youth's treatment progress, assess risk and determine an appropriate aftercare placement.

Additionally, the parent(s)/guardian(s) must demonstrate understanding of the youth's sexually abusive behavior problems and an ability and willingness to supervise. Transfer to a lower level of clinical intervention (e.g., sex-specific residential intensive, sex-specific group home, proctor/foster care, day treatment or outpatient) is usually necessary to maintain changes achieved by inpatient hospitalization. Aftercare should provide the youth and family support.

If the youth has been adjudicated, or is receiving supervision from the juvenile court, the juvenile court personnel should be involved in placement decisions. Similarly, if the youth has been placed in the custody or protective supervision of the DJJS or DCFS, the Division case manager should be involved in placement decisions. Treatment professionals in both Level Seven and aftercare settings should be careful to coordinate the transfer of treatment services and keep parent(s)/guardian(s) adequately informed of all discharge plans.

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

1. Mental illness has been stabilized;
2. Risk has been lowered;
3. They are no longer a danger to self or others;
4. Level of functioning has improved;
5. A stable support system has been developed;
6. Treatment issues identified in the intake assessment have been addressed;
7. 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.