

## **Level Three: Sex-Specific Day Treatment/Intensive Family Based Services**

### **Client Profile:**

Those youth appropriate for Level Three intervention differ from Level Two youth in that they present deficits in executive functioning, and/or have significant peer or family-based risk factors. They also require more management in their school and/or home environment.

Level three youth may fall into one of two categories:

1. Youth with significant family-based issues who require Intensive Family Based Services (IFBS). This program provides in-home family counseling and behavioral intervention services in addition to sex-specific individual, family, and group counseling. This program targets unhealthy or risky home environments, both sexual and non-sexual delinquency problems, families with a history of abuse and neglect, attachment problems, and parental mental health issues. Youth in need of level three in-home services have significant family risk factors, but also have good support from extended family and other strengths that may be mobilized through the intervention program. These youth need services that are intensive and family based to address sexually abusive behaviors, general criminal behaviors, as well as the family environment that contributes to ongoing risk. Youth with significant risk factors related to the family and parents are good candidates for Intensive Family Based Services. The family based services provide an important step-down service for youth transitioning from a higher level of care and returning home.
2. Youth with significant deficits in executive functioning who require the structure of an Intensive Day Treatment Program.

Many youth in both treatment categories have preexisting co-morbid mental health issues and may have been in treatment prior to engaging in sexual misconduct.

### **Treatment Modalities and Frequency:**

#### Intensive Family-Based Services

Family based services provide intensive, short term services that target specific risk factors identified in the initial risk assessment, commonly targeted factors known to contribute to sexual and criminal recidivism (see Risk-Need-Responsivity Model; Andrews & Bonta, 2003), as well as skills “to live fulfilling and personally satisfying lives” (see Good Lives Model and RNR; Ward and Yeates, 2007, p. 223). Family factors commonly targeted include: parenting skills, appropriate discipline, criminal and exploitive attitudes, family structure, roles in the family, healthy boundaries, healthy sexual education, productive family communication patterns, problem solving skills, conflict resolution.

Intensive family based services typically provide between 4-12 hours of clinical and behavioral intervention services per week, dependent on family need and level of risk. Minimum services per week should include:

1. One hour individual therapy session with the youth.
2. 1-2 hours of two family therapy in-home.
3. One sex-specific group therapy session per week.
4. Parenting skills coaching for parents and/or support group for parents are highly recommended to provide positive parenting techniques and mutual support for parents dealing with the complex dynamics of sexual abuse in families.
5. More frequent individual or family therapy may be indicated according to need.
6. In-home skill building for parents and the youth focused on developing behavioral competency and parenting strategies in areas surrounding risk reduction factors identified through the risk assessment and clinical interventions.
7. Safety plan adherence through frequent (3-4 per week) in-home observations by behavioral specialist.

In-home family therapy and behavioral intervention sessions are targeted at risk factors, skill-intensive, directive, and short-term. The treatment process falls into three phases:

1. Focus initially is on family engagement, development of multi-disciplinary support team, assessment of family strengths and needs, the reduction of risk in the home, and implementation of safety plans.
2. Phase two addresses family structure, consistency, roles of family members, discipline practices, conflict resolution, problem solving, and communication.
3. Phase three focuses on practice of new skills, relapse prevention, healthy sexual boundaries in the family, aftercare planning, identification of support systems, termination or transition to less intensive treatment program.

Specific evidenced based models may be used or incorporated to guide interventions e.g. Multi-systemic Therapy (Henggler), Functional Family Therapy (Alexander), Family Strengthening Program (Kumpfer), and the Teaching-Family Model (Families First).

The length of Intensive family-based services depends on the risk level and needs of the youth, as well as the needs of the family. The intensive in-home services should last from 60-90 days. Many times the youth may be transitioned to a NOJOS Level II program for ongoing treatment until discharge.

### **Level Three Intensive Family-Based Services (IFBS)**

Intensive Family Based Services core principles:

1. The most effective treatment for sexual misconduct targets not just the intrapersonal risk factors associated with the youth, but the risks present in their immediate social environment (Walker et.al. 2008; McCann & Lussier, 2008).
2. The removal of a developing adolescent from their family (or extended family) should only be considered after exhausting all the treatment options that could safely maintain the youth in the home environment.

3. An intensive family-based treatment program will allow higher-risk youth and families to receive treatment in community, reduce recidivism, and prevent more expensive out-of-home placements.
4. Youth with sexually abusive behaviors are at a higher risk to recidivate non-sexually than sexually, and treatment should target both sexual and non-sexual misconduct in treatment (CSOM 2006).
5. Most youth in the low to moderate risk category, and even some in the moderate to high risk category, can be effectively treated with short-term, intensive, in-home services.
6. Most youth with sexually abusive behavior problems eventually return home and are reunified with their families (and often their victims).
7. Interventions for sexually abusive youth must be research based and theoretically grounded. In the field of specialized treatment for sexually abusive youth the only treatment that has been systematically evaluated and proven effective through randomized clinical trials is Multi-Systemic Therapy (MST; Henggler, 2004; Letourneau 2008), an intensive family-based program.
8. Working effectively in a youth's natural environment necessitates inclusion of: parents, extended family members, mentors, therapists, probation officers, case managers, medical practitioners, teachers, religious leaders, and other natural support systems. The team approach to treatment and supervision improves outcomes and reduces recidivism.

### **Level Three Intensive Day Treatment Program**

An intensive day treatment program will provide the elements of the intensive family-based program including working with the family. Additionally, this program will provide the youth with skills to improve executive functioning.