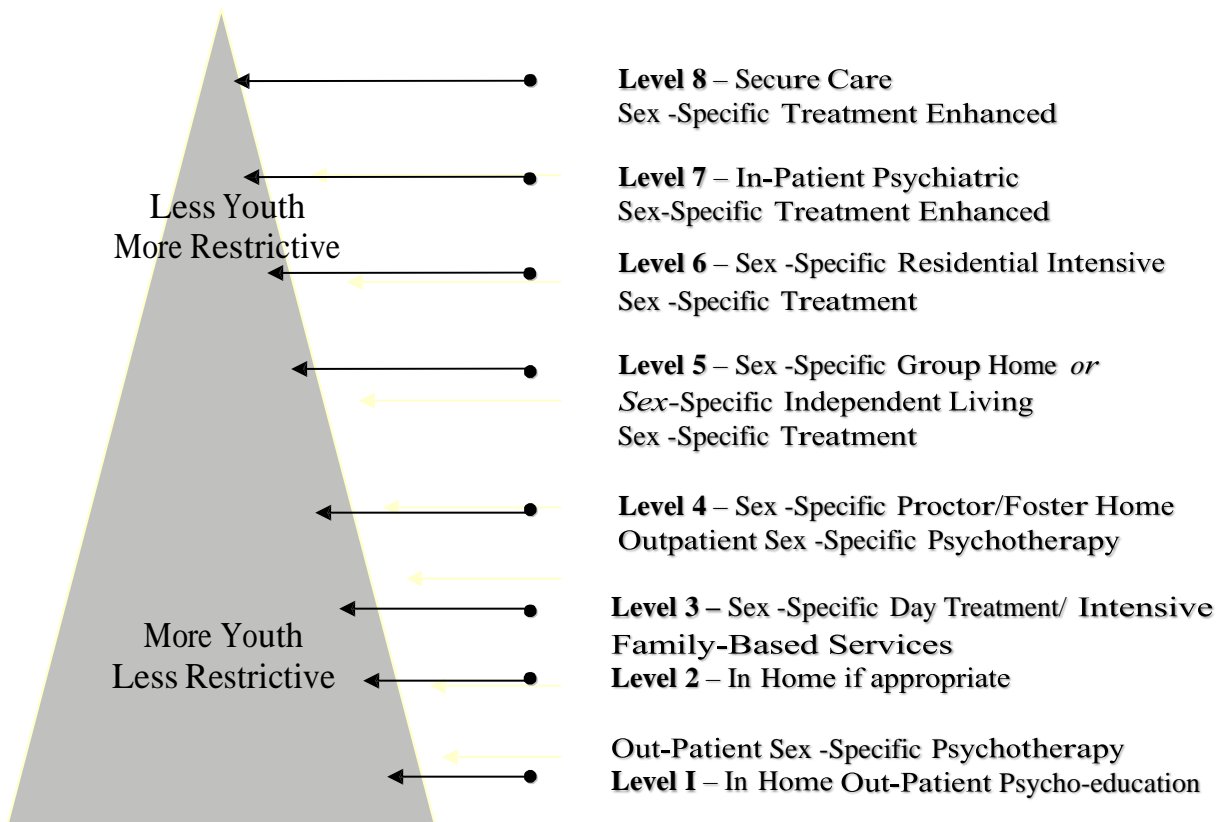


## The NOJOS Continuum

Sexually abusive youth are best rehabilitated with a continuum of care and services.

The NOJOS Continuum consists of the following eight levels, beginning with the least restrictive “Level One” to most restrictive “Level Eight” as follows:



1. The placement should

## Continuum of Care

1. The placement should correspond to the risk level and need level of the client.
2. The risk and need should be measured by examining the client's impulse control, protective factors and, with the possible exception of NOJOS Level I, through a sexual behavioral risk assessment.
3. Whenever legally possible, movement along the continuum should be based on the competency and safety level achieved by the client as well as the client's specific need
4. Initially, clients can be referred to any level of the continuum that corresponds to their diagnosed level of risk; however, decisions regarding movement to less restrictive placements should be competency based.
5. The entire continuum of care should use the same sex abuse-specific assessment and treatment criteria. While specific placements may emphasize different aspects of sex abuse-specific treatment, all placements should adhere to the outcome and research-based best practice standards. Sex abuse-specific treatment that takes place in other than outpatient settings, i.e., residential or day programs, should incorporate sexual abuse-specific milieu treatment. As such all staff in those placements should be trained:
  - a. to provide abuse-specific interventions as part of their work with youth;
  - b. to integrate the basics of abuse specific treatment into interventions that do not involve sexually abusive behaviors; and
  - c. to integrate abuse-specific issues into vocational and educational curricula.
  - d. Programs (non-outpatient settings, i.e., residential or day programs) offering specialized assessment and specialized groups, but do not provide specialized milieu treatment, should not be considered sex abuse-specific programs.
6. Whenever possible, caregivers should remain consistent as a youth moves from one level of the continuum to another (i.e., probation officer, case worker, therapists).
7. Placements along the continuum should be evaluated:
  - a. by professionals trained in both evaluation methodology and abuse specific assessment and treatment; and
  - b. according to sex abuse specific criteria agreed to in advance by evaluators and those being evaluated.
8. The continuum should include long-term self-help and require community safety and healthy living components.
9. Day programs and educational placements should be thoroughly integrated into the continuum of care and be required to provide sex abuse specific treatment.
10. All youth placed in programs anywhere along the continuum should receive pre- and post-placement evaluations. These evaluations should be the basis for initial placement and for discharge to less restrictive settings. These evaluations should also screen the client according to more traditional clinical criteria (i.e., thought disorders, clinical depression, ADHD, and other neurological criteria). (See Assessment Protocols and Standards section.)

*In Home Placement should be considered when:*

- It is in everyone's best interest;
- The juvenile is a relatively low risk offender;
- The juvenile is likely to comply with supervision;
- Treatment services are in place; and
- It is in the best interest of the person(s) who have been victimized.

*In Home Placement should not be considered when:*

- A history of severe abuse in the home by offender or others;
- The family is unwilling or unable to monitor risk;
- A history of repetitive assaults in the home despite prior interventions; and/or
- An unacceptable risk of reoffending and access to potential victims in the home or neighborhood.

*In Home Placement should not be considered when:*

- Signs of sexual deviance and access to victim or victim-type in the home;
- It would be detrimental to the victim in the home;
- Substance abuse by offender or others; and/or
- Other factors that clearly indicate that risk cannot be managed in the home environment

(Coffey, Patricia, Ph.D., *Forensic Issues In Evaluating Juvenile Sex Offenders, Risk Assessment of Youth Who Have Sexually Abused*, Prescott, David S., LICSW, Wood & Barnes Publishing, 2006, page 80-81).