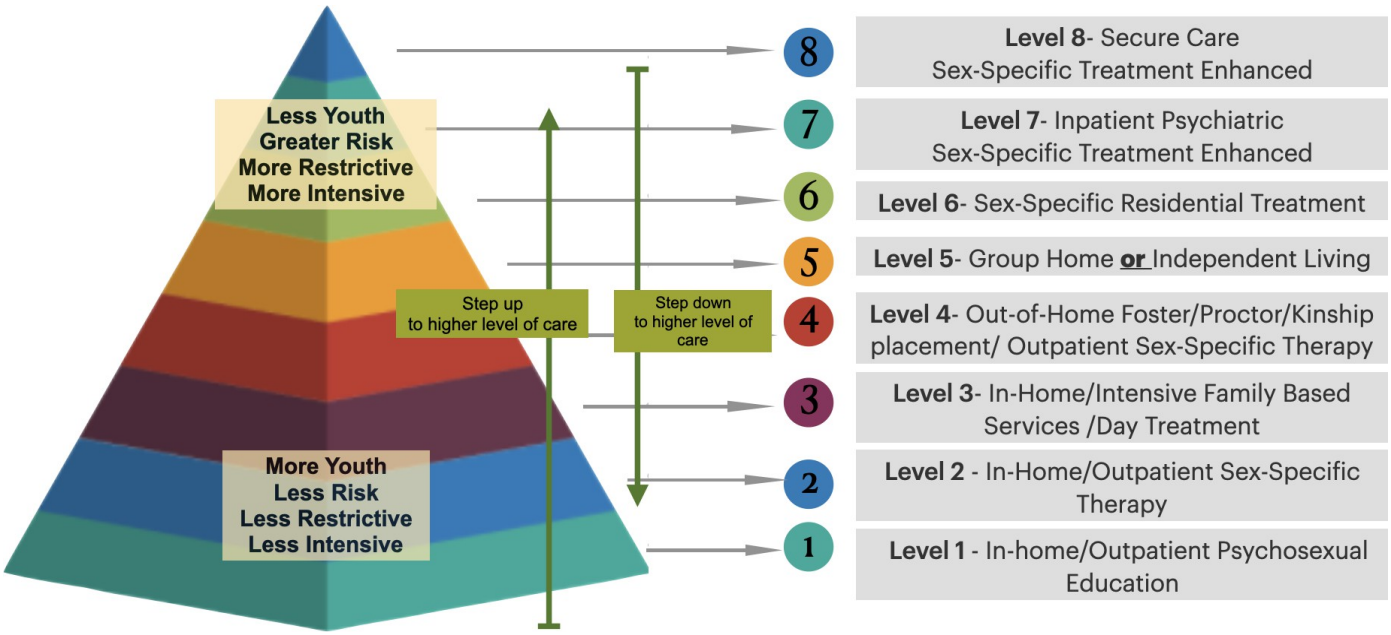
The NOJOS Treatment-Placement Continuum

Sexually abusive youth are best rehabilitated with a continuum of care and services based on their risk, needs and responsivity. The NOJOS Continuum consists of the following eight levels, beginning with the least restrictive "Level One" to most restrictive "Level Eight" as follows:



Although the NOJOS Continuum consists of eight levels of treatment intervention and supervision, ***the levels are not rigidly defined categories***, but rather guidelines defined by balancing managing risk, targeting and treating individual criminogenic, emotional, social and familial needs, and ensuring that treatment services provided are provided at the level of intensity required as well as tailored to the learning style, personality, biosocial characteristics, motivation, abilities and strengths of the youth (responsivity). For example, a youth may present with a moderate degree of sexual risk but has a family system capable of adequately supervising the youth in the home with the assistance of outpatient sex-specific therapy and/or adding in-home intensive family based services. Some individuals may need to first deal with their debilitating anxiety or mental disorder in order to successfully participate fully in a program targeting criminogenic needs. Further, other youth may have limited verbal skills and a concrete thinking style necessitating that the treatment intervention program ensure that abstract concepts are kept to a minimum and there is more behavioral practice than talking. ***These examples demonstrate how a sex-specific assessment needs to provide specific recommendations based on the individual's specific context, functioning, needs, and circumstances.***

Continuum of Care

1. Placement should correspond to the specific individualized needs and risk level of the client.

   The risk and need should be measured by examining the client's impulse control, risk factors and protective factors, and (with the possible exception of NOJOS Level 1), through a Sexual Behavioral Risk Assessment (SBRA) or equivalent sex-specific assessment.
2. 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 needs.
3. Initially, clients can be referred to any level of the continuum that corresponds to their diagnosed level of risk and identified needs; however, decisions regarding movement to less restrictive placements should be competency based.
4. The entire continuum of care should use the same sex abuse-specific assessment and treatment criteria in accordance with current research and professional standard of care. Thus, while specific placements may emphasize different aspects of sex-specific treatment, all placements should adhere to the outcome and research-based best practice standards. Sex-specific treatment that takes place in other than outpatient settings, (i.e., residential or day programs), should incorporate sexual-specific milieu supervision and treatment. As such, all staff in those placements should be trained:

   a. to provide clinically directed sex-specific interventions as part of their work with youth;
   b. to integrate the basics of sex-specific treatment into interventions that do not involve sexually abusive behaviors; and
   c. to integrate sex-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-specific programs per se.

5. Whenever possible, service providers should remain consistent as a youth moves from one level of the continuum to another (i.e., probation officer, case worker, therapists).
6. Placements along the continuum should be evaluated:

   a. by professionals trained in both evaluation methodology and sex-specific assessment and treatment; and
   b. according to sex-specific criteria agreed to in advance by evaluators and those being evaluated.

7. The continuum should include long-term self-help competency skills and require community safety and healthy living components.
8. Day programs and educational placements should be thoroughly integrated into the continuum of care and be required to provide sex-specific treatment.
9. 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., mood disorders, thought disorders, ADHD, ASD, and other neurological criteria). (See Assessment Protocols and Standards section.)

In general, the following guidelines are recommended when making in-home verses out-of-home placement decisions:

In Home Placement <u>should</u> be considered when:

- It is in everyone's best interest;
- The youth is a relatively low risk offender;
- The youth 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 <u>should not</u> 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 <u>should not</u> 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, <u>Risk Assessment of Youth Who Have Sexually Abused</u>, Prescott, David S., LICSW, Wood & Barnes Publishing, 2006, page 80-81).