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## **NOJOS Level Three: In-Home/Intensive Family-Based/School-Based/Day Treatment Sex-Specific Services**

### **Client Profile**

Youth appropriate for Level Three Intensive Family Based, School Based and Sex-Specific Day Treatment differ from Level One and Level Two Outpatient Intervention youth in that they have significant environmental, peer or family-based risk factors, and/or additional deficits in executive functioning and/or behavior management in their school and/or home environment requiring more supervision. Specifically, these youth present with significant family and home environment based risk factors, and present with supervision risks, non-compliance behavior problems, comorbid clinically significant mental health issues and/or executive functioning problems that cannot be managed or addressed effectively in a traditional school setting. Of note, many youth often have preexisting comorbid mental health issues and may have been in treatment prior to engaging in problematic sexual behaviors.

The significant difference between youth who qualify for Level Two outpatient sex-specific clinical intervention and those requiring Level Three intensive sex-specific intervention lies in the absence or presence of protective factors, resiliency, internal and external assets of these youth and the safety and stability of their home and school environments, particularly the availability of a competent caregiver with current capacity to provide adequate safety, supervision, structure and guidance. Overall, intensive services serve to bolster the youth's family system and home and school environments to actively help reduce the youth's personal, family, and environmental risk factors such that the youth can safely remain in their home and academic environments.

### **Treatment Focus and Modalities**

Research indicates clearly that harmful sexual behavior is associated with myriad developmental and environmental factors such as disability, mental health difficulties, exposure to domestic and family violence, harmful gender norms, and use of pornography (Kenny Kor, et al., 2023). Effective treatments include attention to meet the needs, vulnerabilities, protective factors and strengths of the individual adolescent and their family and respond to the variety of issues that may be present (Chaffin, 2008). When sexual behavior/abusive problems are the primary problem, research-supported, evidence-informed sex-specific treatment should be considered. When sexual behavior is a secondary focus, using well-supported, evidence-based treatment matched to the highest-priority comorbid problem combined with sexual behavior problem-focused components should be considered (Allen, 2018).

Overall, intensive sex-specific interventions can be interpreted and implemented with several combinations of services depending on the individual treatment needs, responsivity, and risk as determined by the youth's assessment. Specific evidenced based models may be used or

incorporated to guide interventions e.g., Cognitive Behavior Therapy, Multi Systemic Therapy (Henggler), Functional Family Therapy (Alexander), Family Strengthening Program (Kumpfer), the Good Lives Model (Yates & Prescott, 2011), the Teaching-Family Model (Families First).

Intensive family interventions that include teaching and monitoring using paraprofessionals and wraparound services may also be effective, depending on the need. Wraparound services are a multifaceted, system-level intervention designed to keep youths with serious emotional and behavior disorders (SEBDs) at home and out of institutions whenever possible (Suter and Bruns 2006; Bruns et al. 2010; Winters and Metz 2009). As the name suggests, this process involves “wrapping” a comprehensive array of individualized services and support networks “around” young people in the community rather than forcing them to enroll in predetermined, inflexible treatment programs (National Wraparound Initiative Advisory Group 2003).

### **Intensive Family Based Services**

Some youth with significant family system issues can be maintained in the home with added Intensive Family Based Services (IFBS) in addition to their sex-specific individual, family, and/or group therapy. IFBS can include in-home counseling and psychoeducation regarding family boundaries, safety planning, and behavioral management interventions. Level Three youth need services that are intensive, and family based to help address their problematic sexual behaviors, general oppositional or unruly behaviors, as well as the family environment that contributes to their ongoing risk and establishing a safety plan.

IFBS targets the youth’s unhealthy or risky home environmental factors, family history of abuse and neglect, parental supervision and boundaries, other mental health issues impacting the youth’s sexual and non-sexual behavior problems and attachment issues. Level Three youth usually have significant family risk factors and some behavior problems, but also often have good support from extended family and their community and/or other strengths that can be mobilized through an IFBS allowing them to remain safely in the home and community.

Intensive Family Based Services should provide intensive, short term in-home counseling and psychoeducational services that target specific youth needs and/or risk factors identified in the initial risk assessment related to the family system and environmental factors contributing to the youth’s risk/needs (i.e., healthy boundaries, healthy sexual education, roles in the family and family structure, productive family communication patterns, problem solving skills, conflict resolution, effective parenting skills and appropriate supervision and discipline, etc.).

### **Intensive Environmental Support Services/Day Treatment**

Some Level Three youth present with sexual supervision risks, oppositionality, non-compliance behavior problems, comorbid clinically significant mental health issues and/or executive functioning problems that cannot be managed or addressed effectively without additional support and informed supervision in school. Indeed, they often require additional therapeutic support, structure, and safety planning during the school hours. Further, in some cases where these additional in-school and community supports are ineffective, they must be removed from their academic setting and placed in a day treatment program. First and foremost, these

settings must be able to provide *informed supervision of the youth's sexual risk and behavioral problems*. For this reason, placement of a Level Three youth in a day treatment program should be evaluated on a case-by-case basis to ensure that the Level Three youth does not pose too great a risk to the other non-offending youth in the program yet can adequately receive the informed supervision needed.

The length of Level Three intensive services depends on the risk and needs of the youth, as well as the needs and capabilities of the youth's family system, environmental factors, and caregivers. Further, once Level Three youth and the family have created a safe, healthy, stable, and predictable environment, "*discharge*" to a lower level of care should be considered. This includes youth who no longer need the intensive family based and/or environmental services and support yet need to complete their sex-specific therapy.

Intensive sex-specific services also provide an important step-down service for youth transitioning from higher levels of out-of-home care and supporting their transition back home.

### **Monitoring and Safety Plan Compliance**

The NOJOS certified sex-specific clinician(s), and parents (and other informed caregiver(s)/supervisors, case worker, etc.) act as a clinical intervention team to ensure the youth's compliance and progress in the treatment program. A safety plan and/or supervision guidelines are recommended to be implemented in the youth's home to ensure environmental and community safety. The safety plan and supervision guidelines should identify those informed adults who have been approved to supervise the youth, contact restrictions (if any), restrictions around bathroom use, hygiene practices (bathing, dressing, etc.), nighttime routines, caretaking responsibilities and involvement in, and supervision of, extracurricular (academic, community, family, religious) activities.