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NOJOS Level Four: Out-of-Home Sex-Specific Treatment (Kinship/Foster/Proctor/Transition to Adult Living)

Client Profile

Youth appropriate for NOJOS Level Four Out-of-Home Sex-Specific Treatment intervention present with *low-to-moderate or moderate risk* including: (1) Risk that cannot be controlled in their current living environment; and/or (2) Parents and caregivers who cannot or will not provide adequate supervision. For example, the youth's removal from home may be necessary at times when the parent/guardian's denial/minimization of current risk is present, or they do not adequately understand or respect current risk of the youth such that it impacts their ability/willingness to provide adequate supervision. (3) Other youth may require short term out-of-home intervention due to parents/caregivers who do not provide an adequate healthy or safe living environment for the youth; and/or (4) The youth's environmental risks include immediate or near-immediate access to victim(s) or potential victim(s) that cannot be adequately supervised. (5) Finally, some youth also fall into this level of care because they are not able to continue residing at home because their sibling victim(s), and/or other victim(s) also residing in the home need separation from the sexually abusive youth to begin their healing process. (Of note this last category of youth often fall at a lower level of risk commensurate with lower NOJOS levels including in-home outpatient treatment options; however, are being placed out of the home due to the needs of their in-home sibling victims. *Accordingly, sex-specific assessment evaluators should specifically document the reason(s) for the recommended removal to ensure these lower risk youth are not perceived at a higher risk due to the recommended removal to accommodate the competing needs of their sibling victim.*) Overall, these youth typically present as either *low-to-moderate or moderate risk* to the community as assessed by nationally recognized risk assessment tools and are in need of a placement based on issues within their environment.

NOJOS Level Four Out-of-Home Sex-Specific Treatment intervention is typically the first out-of-home alternative available on the NOJOS treatment continuum for youth who require removal from their current home environment. As detailed above, these youth typically require more-intensive structure and supervision than what is available in their current home setting or must leave the home to accommodate a victim's healing, safety and well-being who is still residing in the home.

Additionally, when needed this level is appropriate for youth who require a transitional step-down placement to practice, generalize and apply the skills learned in a more highly structured group treatment environment before being safely returned to the community.

As noted above appropriateness for placement in NOJOS Level Four Out-of-Home Sex-Specific Treatment intervention is based on the following criteria related to deficits or issues in family functioning, home environment, and/or caregiver willingness and ability to provide proper supervision and/or the youth's regular participation in treatment as follows:

1. Family and/or home environment is marked by extreme stress or instability, and it is determined that this stress and instability will not provide the support or supervision needed to address the youth's risk and/or treatment and/or supervision needs;
2. The adult caregivers are incapable of, or choose not to, provide the level of structure and supervision required to prevent sexual misconduct or assist the youth to deal with his/her treatment needs;
3. The family, through their own behaviors, values, and issues, do not provide a healthy environment for youth to heal and rehabilitate;
4. The family presents as enabling and/or denial-based mindset undermining the youth's responsivity to interventions or safety and well-being of victims in the home;
5. The family does not possess the skills or resources necessary to address the youth's clinical needs (i.e., skills enhancement, behavioral modification, regulation of co-morbid mental health issues, regulation of impulsivity, emotions, and behaviors).

NOJOS Level Four Out-of-Home Sex-Specific Treatment should be short term and individualized to the youth's age, level of maturity, and sexual and nonsexual risk to ensure they are placed with other youth similar to their level of functioning are not placed with individuals similar in age to the youth's victim(s), and/or potential/possible victims, and/or older offending youth (that could expose the youth to contagion and/or the risk of being victimized themselves). Careful consideration of contracts, ethics, licensing, and other best practices should be considered when determining age, ability, disability, history, and legal status as compared to other residents of the out-of-home placement and treatment group. Moreover, if the youth with problematic sexual behavior presents with risk to those younger than himself/herself, he or she should not be placed in an out-of-home care setting with younger children or peers.

Some NOJOS Level Four Out-of-Home Sex-Specific Treatment youth are Court ordered into State's custody under the supervision of the Department of Health, Division of Child and Family Services (DCFS) or Division of Juvenile Justice Services (DJJS) who will provide, or who will contract with providers for sex-specific placement and treatment services. DCFS typically utilizes *foster-home* placements, and DJJS utilizes *proctor-home* placements. In many cases, out-of-home youth are charged and adjudicated for their sexual delinquency in the Juvenile Court.

It is recommended out-of-home family based settings should have at most one or two additional proctor/foster residents in the same household. If the youth with problematic sexual behavior presents a risk to same-age peers and/or younger children, the youth must be placed in an out-of-home care home *with no other youth residing in the home*. In this later circumstance, care should also be taken to ensure that even though other youth do not reside in the home, they also do not visit the home without proper informed supervision.

Step-Down and Step-Up Transitions

1. Youth transitioning down from a higher level of care are also appropriate for a NOJOS Level Four short term out-of-home care setting as a step-down option into family-based

care. In this situation, this level of care provides a less-restrictive environment for transition and practice of skills learned in more-intensive group residential settings (NOJOS Level five and six) and/or secure care settings (NOJOS Level eight).

Additionally, those youth who have successfully reduced risk and progressed and stabilized in treatment at a higher level of care, (such as a moderate-to-high risk youth in a NOJOS Level five setting and/or high risk youth in a NOJOS Level six residential setting), may transition (step-down) to a family-based out-of-home setting, where they receive structure and supervision and are able to continue and complete their sex-specific treatment through Level Two outpatient sex specific treatment aftercare services. This option provides the opportunity for the youth to test and refine coping and competency skills before being completely returned to the community without supervision or having had the opportunity to experience forays into the community. *As detailed in lower levels of care family therapy are recommended for all youth who will be returning home. In some cases, in-home family based services-IFBS may also be needed.*

2. NOJOS Level Four moderate-level risk treatment youth also include adolescents who are failing, or who have failed, at a lower level of treatment intervention. However, to qualify for out-of-home care, the failure is typically a result of environmental or familial issues rather than related to the youth's conduct or increase in risk. Furthermore, youth who fail at a lower treatment intervention because of their conduct, resulting in an increased treatment need, may require a step-up to short term out-of-home care based on their increased current management, risk, behaviors, and treatment needs.
3. Clearly, step-down, and step-up transition decisions require current sex-specific assessment of the youth's risk, need and responsivity to ensure selection of a proper level of treatment and supervision.

Treatment Focus and Goals

NOJOS Level Four Out-of-Home Sex-Specific Treatment youth must meet the sex-specific discharge criteria outlined earlier in these Protocols and Standards. Further, as discussed previously, the Association for the Treatment of Sexual Abusers (ATSA 2017) has identified certain definable sex-specific treatment issues or goals. These goals include increases in the youth's adaptive levels of functioning behaviorally, emotionally, socially, cognitively, and psychologically. In addition to these goals, the youth should improve their executive functioning, social competency and relatedness, use of social skills in demonstrating mastery in their environment and stabilization of behavior in social, school and home setting.

Overall, the goal is to assist the youth to increase competency and skills necessary to ensure their ability to control or eliminate etiological and maintenance factors influencing their pathway to offend, re-establish a healthy developmental trajectory (in all developmental stages), obtain their needs and human goods (common life goals) in a healthy way and place themselves back on a healthy pathway towards becoming a functional, healthy and happy adult (Ward, T.; Polaschek, D. and Beech, A. Theories of Sexual Offending, John Wiley & Sons, Ltd. 2006).

Given that family reunification is a primary goal, treatment should specifically focus on engaging the youth's parent(s) and family unit in family therapy to address family system/parent-child relationship and home environment based issues contributing to the need for out-of-home placement.

Specific care should be taken to ensure any in-home victim contact as part of this therapy follows the **NOJOS Clarification and Reunification** process: [NOJOS Clarification-Reunification Protocol](#) including coordination with the victim's therapist to determine mutual clinical readiness.

Monitoring

The sex-specific trained clinician and out-of-home caregivers and residential staff providing supervision, work together to monitor the youth's compliance in their living environment, school and in their sex-specific therapy. Youth who are Court ordered into State's custody will also be supervised by an assigned Department of Health case manager who will coordinate with the treatment team and provide oversight of the youth's treatment progress and placement. In some cases, Level Four youth receive additional tracking services to increase monitoring and social support (especially in making forays into the community). If/when the youth's family is actively involved in the youth's care, and especially when the youth is to be eventually reunified with their family of origin, the parent(s)/guardian(s) must be involved in the treatment process and structured home visits.

The parent(s)/guardian(s)/supervisor(s)/tracker(s) may also provide supervision for the youth as deemed appropriate and approved by the NOJOS/ATSA sex-specific licensed clinician and Division case manager after being educated on the youth's individual risk and supervision needs and a family safety and supervision plan has been established. It is strongly recommended that information regarding appropriate supervision techniques (to be utilized with sexually traumatized youth, hyper-sexualized youth and youth who present a risk to engage in sexual misconduct) is included as part of the parent/guardian/ supervisor/tracker training.

Criteria for Discharge (See Treatment Process For Discharge Section above)

The youth may be successfully discharged from NOJOS Level Four Out-of-Home Sex-Specific care when the sex-specific clinician, parent(s)/guardian(s) and Division case manager determine that the youth's problem behaviors can be successfully managed in a less-restrictive setting and the family is able and willing to provide adequate supervision. Parent(s)/guardian(s) must demonstrate they are able and willing to provide adequate supervision before the youth can be returned to their care.

Transfer to an outpatient sex-specific treatment program can allow the youth to continue to address sex-specific treatment goals while having clinically supported forays into the community to test and refine competency and coping skills. Treatment professionals should be careful to coordinate the transfer of treatment services and keep parents adequately informed and involved. Further, 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.

As in any NOJOS treatment level, lack of treatment progress may result in a referral to a more-intensive treatment intervention; however, as stated above, all changes in placement or clinical level should be based on increased or decreased risk as measured by nationally accepted risk assessment tools rather than *solely* on resistance and/or noncompliance.

It is recommended that out-of-home youth undergo a discharge assessment to determine if:

1. Family issues and environmental risk factors have been stabilized and reduced (including assessment of the well-being and safety/readiness of a victim still residing in the home);
2. A stable support system has been developed;
3. Co-morbid issues have been addressed/stabilized/managed effectively;
4. Risk has been lowered;
5. Level of functioning/competency skills have improved;
6. Etiological and maintenance factors, as well as treatment issues identified in the intake assessment, have been addressed;
7. Protective factors, resiliency, internal and external assets have been increased;
and
8. Progress has occurred on sex-specific treatment goals.