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### NOJOS Level Seven: Inpatient Psychiatric Stabilization/ Sex-Specific Treatment Enhanced

#### Client Profile

Youth appropriate for Level Seven present with either acute psychiatric/mental health symptoms that require stabilization prior to final determination of their sexual risk, need and responsivity OR a chronic psychiatric disturbance that also includes sexual impulsivity, displays of unpredictable/uncharacteristic or pattern of bizarre/ritualistic sexualized behaviors, and/or unpredictable social behaviors that contribute to a *moderate-to high or high risk* to themselves, the community, and/or the safety of other youth in lower level programming.

***IMPORTANTLY, it is only when a youth is presenting a CHRONIC or long term psychiatric condition that includes problematic sexual behavior, that their risk determination falls at this higher level on the NOJOS continuum. Youth with acute mental health issues (i.e. suicidality, depression, anxiety, etc.) may not necessarily be functioning at an upper NOJOS level of sexual risk but rather simply need stabilization of their comorbid symptoms prior to the determination of sex-specific treatment and supervision needs. Psychiatric symptoms can arise at any time throughout the assessment and treatment process.***

Overall, these youth differ from Level Six and Level Eight youth based on their psychiatric disturbance. Their placement in Level Seven care is by their inability to manage their psychiatric symptoms and are therefore in need of Level Seven interventions and/or hospitalization or placement in an out-of-home structured psychiatric setting to stabilize these symptoms (either short term or long term).

Accordingly, assessment should clarify whether the youth presents with acute or chronic psychiatric symptoms, whether those symptoms override immediate need to focus on problematic sexual issues, and whether the sexual misconduct can be addressed as an adjunct, rather than primary, therapeutic intervention.

#### Treatment Focus and Goals

It is important to note that the primary focus of Level Seven programming is *stabilization* of the mental illness, and ***not necessarily treatment for the problematic sexual behaviors.*** Ideally, the sex-specific treatment should occur in a lower level of treatment subsequent to the youth's stabilization; nevertheless, sex-specific treatment should be initiated at this level of care, in conjunction with traditional mental-health counseling until the youth has stabilized and reached the ability to respond effectively to treatment for the sexual issues. In most cases it is highly likely that once the youths psychiatric symptoms have stabilized, they may be able to be treated at a lower level and less restrictive level of care.

Importantly, most youth suffering from a psychiatric disturbance are too vulnerable to be placed with higher risk antisocial and conduct disordered youth and may also present too great of risk for vulnerable mentally ill patients who do not present with sexual behavior problems. This contagion consideration must be addressed specifically in their assessment to insure that the risk to themselves and/or the contagion risk they present to others is managed appropriately.

Youth hospitalized or placed in an out-of-home structured psychiatric setting, may or may not require sex-specific therapy upon stabilization and discharge. However, upon determination at discharge that the youth's risk and need require sex-specific intervention this should then be the primary focus in treatment. Treatment must continue to assess and manage problem behaviors (e.g., aggressiveness, impulsivity, or compulsive patterns of sexually assaultive behavior).

### **Treatment Modalities**

Level Seven programs are typically locked, controlled-access units, either freestanding or part of a more controlled unit within a larger residential psychiatric campus, where the youth's activities and movements are controlled or monitored by staff on a twenty-four-hour basis. Level Seven programming includes a strong emphasis on structure, intensive behavior management and containment. Level Seven facilities provide on-site schooling as well as frequent and intensive psychological and/or psychiatric services delivered by on-site professional staff. These facilities often have seclusion and restraint capacity and rely upon behavioral systems or level systems to gain compliance from residents (See *Current Perspectives: Working with Young People Who Sexually Abuse*, *Current Perspectives: Working with Sexually Aggressive Youth & Youth With Sexual Behavior Problems*, Longo, Robert E. & Prescott, David S., Editors, NEARI Press, 2006, page 52-53).

Level Seven sex-specific interventions are integrated into a more general psychiatric structured program. Therefore, traditional mental-health services are the focus typically including individual, family and group therapy, as well as psychiatric and medication-management services.

Therapy interventions are designed to address more general psychiatric issues and provide a solid foundation for understanding and addressing related sexual issues/problems. However, the youth should at a minimum, if feasible, participate in regular sex-specific individual and family therapy that focuses on the youth's sex-specific behaviors and issues. Unlike Level Six youth, if the client population in the Level Seven facility is insufficient to create a group for the youth with sexually abusive behavior problems, the clinician may address the youth's inappropriate sexual behaviors within individual/family therapy. Otherwise, sex-specific treatment modalities should be similar to Level Six treatment modalities including group therapy.

### **Treatment Providers**

Treatment providers should have expertise and experience in working with adolescents with acute and/or chronic psychiatric problems/issues as well as sex-specific expertise. Specifically, where at all possible, the sex-specific clinician providing therapy should have training and experience in understanding how psychiatric issues interplay with adolescent development and sexual development. The clinician who provides the therapy must be a NOJOS/ATSA or other nationally recognized specialty trained or certified sex-specific clinician. [See *Qualifications For Providers of Sex-Specific Assessment and Treatment section* above.]

### **Criteria For Discharge**

Given that the primary focus of Level Seven treatment is to assess and treat the acute or chronic psychiatric issues, once the youth's psychiatric disturbance/symptoms are controlled/stabilized, the youth should be reassessed for an appropriate alternative NOJOS level of care/treatment or a non-sex-specific treatment program.

Treatment professionals in both the Level Seven and aftercare treatment setting should be careful to coordinate the transfer of treatment services and keep parent(s)/guardian(s) adequately informed and involved in all discharge plannings. If the youth has been adjudicated or is receiving supervision from the Juvenile Court and/or a State case manager, or Educational Consultant they should be involved in discharge and placement decisions as well.

Additionally, parent(s)/guardian(s) should be educated about, and demonstrate understanding, of the youth's mental health and sexually abusive behavior problems. They should also (with this understanding) demonstrate a willingness and ability to supervise their child if returned home. Transfer to a lower level of clinical intervention (e.g., sex-specific residential intensive, sex-specific group home, proctor/foster care, day treatment or home/outpatient) is usually necessary to maintain changes achieved by inpatient hospitalization. Aftercare services should provide the youth and family support.

The youth may be successfully discharged from the Level Seven program and transitioned to a lower level of care when the youth can demonstrate:

1. Stabilization of the psychiatric symptoms and mental illness;
2. They are no longer a danger to self or others;
3. They do not present with active psychosis or thought disorder symptoms;
4. Improved problem-solving and emotional-regulation skills

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.

Discharge assessment required for a Level Seven youth should determine if:

1. Mental illness has been stabilized;
2. Risk has been lowered;
3. They are no longer a danger to self or others;
4. Level of functioning has improved;
5. A stable support system has been developed;
6. Treatment issues identified in the intake assessment have been addressed;
7. Progress has occurred on sex-specific treatment goals or determine no longer applicable.