THE EIGHT LEVELS IN THE NOJOS RNR TREATMENT-PLACEMENT CONTINUUM

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NOJOS Level One: In-Home/Outpatient Psychosexual Education

Client Profile

Youth appropriate for NOJOS Risk Level One: In-Home/Outpatient Psychosexual Education intervention typically fall in one of two categories: (1) Younger children, latency age and adolescent youth with no previous known history of sexual acting out, or who have engaged in problematic sexual behavior (PSB) on one occasion, or who have displayed low-frequency problematic sexual behaviors. Sexual incidents are usually spontaneous, isolated, exploratory and/or situational in nature with no use of coercion or aggression, and there is no evidence of progression in their behavior; or (2) Adolescents who, in the course of a developmentally normative[2] consensual, " non-coercive" relationship, engage in sexual touching or receive or perform sexual behaviors. However, based on the age or development of one of the parties, these behaviors are illegal (i.e., sixteen-year-old with a fourteen-year-old). Specifically, one party may not legally consent based on the legal definition of the age of consent. The problem must strictly lie in the issues of consent, not in equality, coercion, or level of understanding.

Both categories of youth typically have had little exposure to healthy sexual information and/or experiences, present with low culpability and their sexual behavior tends to be spontaneous and/or impulsive, infrequent, and less intrusive. They have little understanding of the inappropriate nature or impact of this type of behavior or their behavior. They may have gained sexual information beyond their developmental readiness. Their problematic sexual behaviors and/or sexual misconduct are usually as a result of deficits in their fund of sexual knowledge, misdirected attempts to connect socially, and/or limited understanding of consequences of their behavior rather than sexual deviancy.

These youth are typically a ***low risk*** to the community, as assessed by nationally recognized risk-assessment tools, and the majority of them have a good parental support system that is fairly functional.

Treatment Goals

Psychosexual Education interventions include public and private community-based mental health programs that provide a short-term, age-appropriate, psycho-educational module on human sexuality and healthy human sexual behavior, including detailed material on problematic sexual behaviors and sexual misconduct, and child sexual abuse definitions, consequences and strategies for identifying, avoiding and coping with the contributing factors and risky sexual behavior situations (David S. Prescott and Robert E. Longo, *Current Perspectives: Working with*

[2] Moral, social, and/or familial rules may restrict these (developmentally normative) behaviors, but the behaviors are not *abnormal*, developmentally harmful and/or illegal when private, consensual, equal, and non-coercive. (Ryan, G. and Lane, S. Editors; Juvenile Sexual offending; Causes, Consequences, and Corrections, Jossey-Bass Press, 1997).

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 51). See also, ATSA Adolescent Practice Guidelines and Appendix (2017).

The primary goals of Psychosexual Education interventions are to:

1. Educate the youth to ensure that they understand what sexual behaviors are developmentally expected, appropriate and legal versus inappropriate and illegal, and understand and can demonstrate appropriate personal and social boundaries;
2. Develop and/or augment the youth's healthy fund of sexual education and knowledge;
3. Enhance their responsible adaptive level of functioning socially, emotionally, and sexually; and
4. Assist the youth on (or back on) a more normative sexual developmental trajectory.

Treatment Modalities

The primary modality at this level of need is a short-term psychosexual education intervention provided individually or in a group. The youth's family should also be included in the intervention process. The psychosexual education intervention should be short term, occur weekly, and be approximately two to three months (based on an individualized curriculum and the youth's specific need). This intervention **is not** traditional individual psychotherapy and should only be provided with a *psychoeducational* approach (although psychosexual education may occur in an individual clinical therapy session).

Psychosexual education interventions can include homework (individual and family assignments), Psycho-educational treatment interventions can include experiential exercises, sensory interventions, observation in the community, parent education, development of social skills. Additionally, if the youth has engaged in "hands on" problematic sexual behavior with an identified victim, additional *victim empathy work* may be necessary. This would typically require individual sessions but should only be done by catering to the youth's age, maturity level and/or neurodevelopmental abilities.

Overall, special attention should be given to each youth's learning abilities and learning style when determining how to use educational assignments. Further, workbooks should *only be used to supplement* the education provided rather than being the sole source or information and determinant of progress and/or completion of treatment at this level. Finally, providers should assess the youth's response to this intervention and provide ongoing assessment of any changes in risk and/or need.

NOJOS Level Two, outpatient sex-specific psychotherapy treatment interventions are contraindicated at this level. Moreover, every effort should be made to avoid the "contagion effect" for these youth by ensuring that all the youth participating in a psychosexual educational group are similar in age, development, and social ability, as well as sexual knowledge and risk. For example, it would be inappropriate for a low risk Level One psychosexual education youth to participate in an outpatient sex-specific therapy group and/or be introduced to targeted sex-specific curriculum (where detailed information about sexual-offense behavior is discussed or where the lower risk youth is exposed to additional problematic and/or deviant sexual

information.

Treatment is more about aiding youth to understand their sexuality (physiological sensations, thoughts, feelings, and behavior) and sexual development, owning responsibility for their sexuality and sexual behavior, identifying that there is impact and potential consequences for how they choose to explore and express their sexuality, and helping them enter, or return to, a more healthy, normative developmental pathway for their sexuality.

In some circumstances some youth may need traditional *non-sex-specific psychotherapy* to address coexisting mental health disorders and Level One Psychosexual Education as an adjunct to address the youth's sexual misbehavior/functioning. Further, in rare circumstances, where the youth present as vulnerable and naïve (i.e., extremely immature, low ego strength, etc.), group intervention may not be beneficial and even contraindicated.

Treatment Focus

Group or individual psychosexual education should follow a short term structured curriculum, ideally including both the youth and their parent(s) or primary caregiver(s) in the process. The intervention should incorporate, enhance, and provide developmentally appropriate psychosexual education. Some areas for consideration include following:

- General sex education (including maturation, sexual anatomy, sexual physiological responses, etc.);
- Sexuality education—recognition they are a sexual being and sexuality is a part of being human and their current stage of development; that sex has meaning and purpose in life, and an understanding of what meaning sex has in their life; and developing the competency to establish healthy sexual relationships (as defined by personal values); how to communicate effectively regarding sex and sexuality;
- The distinction between healthy versus unhealthy sexual functioning, boundaries, and behavior;
- Developmentally expected child/adolescent sexual behaviors and sexual development;
- Psychoeducation about pornography is often needed to help youth think critically about pornography and understand its potential risks rather than solely focusing on teaching abstinence;
- Current abuse laws and consequences governing sexual behavior;
- Accountability;
- Values clarification and healthy sexual attitudes;
- Self-esteem and healthy identity development, including positive body image;
- Teaching basic emotional and self-regulation skills;
- Identification and healthy expression of feelings (including anger);
- Basic stress management and emotional-coping skills;
- Increased understanding of interpersonal boundaries;
- Perspective-taking skills and empathy development;
- Interpersonal relationship skills and assertiveness; and.
- For those with hands-on victims, clarification work should be included.
- For some creation of an individualized safety and supervision plan may be included.

Overall, treatment providers should use a systematic approach to observe, test, evaluate, and measure the *individualized* attainment of the psycho-sexual education information provided (beyond the youth's simple completion of workbook assignments).

Treatment Providers

NOJOS Risk Level One: In-Home/Outpatient Psychosexual Education intervention can be provided by any licensed mental health clinician, or by a clinical intern or paraprofessional (supervised by a licensed mental health clinician) with some training in the areas detailed in the *Qualifications For Providers of Sex-Specific Assessment and Treatment Section above.*

Monitoring and Safety Plan Compliance

Sex-specific trained clinicians/supervised paraprofessionals and the youth's parents/guardians monitor non-adjudicated youth while the Juvenile Court and probation monitor adjudicated youth 13-years-old and older.