Treatment Process For Discharge

All clinicians should apply the RNR principles throughout the treatment process to inform treatment decisions including frequency, focus, and duration of treatment.

Practitioners recognize that decisions about when an adolescent moves within the RNR Continuum from an out-of-community placement are based on the individual youth's risk and needs, not on a pre-established curriculum, set of objectives or predetermined timeframes. Adolescents are moved to a less restrictive environment and less intensive services when their risk and needs support being safely served outside more restrictive and intensive settings.

Practitioners recognize and communicate that successful discharge from a treatment program/regimen indicates the adolescent and their caregivers, when appropriate, have demonstrated progress related to the goals and objectives of the adolescent's individualized treatment plan designed to reduce the adolescent's risk to reoffend and increase stability and prosocial behaviors to such a degree that the adolescent's level of risk and needs supports a decrease in intensity of services or the ending of formal treatment. Successful completion does not indicate the individual's risk to reoffend has been eliminated completely.

Sex-specific treatment providers and treatment programs should develop written treatment plan/agreement (e.g., treatment consent forms) to ensure clarity and agreement among the provider, adolescent, and legal custodian and caregivers, when appropriate. Such contracts address, at a minimum:

- the nature, goals, and objectives of treatment;
- the limits of confidentiality;
- the expected frequency and duration of treatment;
- rules and expectations of treatment program participants;
- responsibilities of the treatment provider;
- risks and benefits of participation and progress;
- consequences of noncompliance with program rules and expectations; and
- criteria used for assessing progress and determining program completion.

Practitioners should routinely use multiple methods to objectively and reliably gauge treatment progress, particularly with respect to dynamic risk factors. Including but not limited to behavioral information; structured, research-supported tests and inventories (as necessary; therapist evaluations; youth self-reports; and family and other collateral reports.

Clinicians should routinely review the adolescent's individual treatment plan and clearly document in treatment progress reports the specific and observable changes in factors associated with a youth's needs and risk to recidivate, or the lack of such changes.

Clinicians and practitioners should review the adolescent's and family's progress toward attainment of goals and objectives related to decreasing risk and promoting healthy functioning

when making decisions about successful discharge from treatment. According to the ATSA standards, an adolescent who is successfully discharged from treatment generally:

- has developed recognition of antecedents, behaviors, and consequences related to past sexually abusive behaviors and has a plan for avoiding, refusing, or altering such antecedents;
- demonstrates functional coping patterns when stressed;
- demonstrates the ability to manage anger, frustration, and unfavorable events;
- demonstrates self-protection skills;
- demonstrates prosocial relationship skills;
- has replaced inappropriate (or, in the case of social isolation, the absence of) peers and activities with prosocial peers and appropriately monitored prosocial activities;
- has developed, with his or her family, an understanding of appropriate dating, romantic, and sexual behaviors, and how these might change over time;
- has developed, with his or her family, a plan for successful school involvement; and
- when sexual interests of children, coercion, or force contributed to past sexually abusive behaviors, has developed a plan for addressing the occurrence of inappropriate sexual thoughts, fantasies, or behaviors.

[ATSA Practice Guidelines, 2017, pages 57- 60.] See NOJOS Discharge Criteria

Practitioners should help caregivers develop enhanced capacity to effectively supervise and monitor youth behavior, support, and reinforce responsible youth behavior, and consistently apply sanctions for inappropriate behavior.

Practitioners should only evaluate treatment progress within the context of a thorough understanding of the adolescent's individual capacities, abilities, vulnerabilities, and limitations. Associated recommendations should reference these factors and aim to stay within the bounds of what is likely or possible for the individual youth.

Practitioners providing community-based treatment recommend more intensive treatment and/or supervision if an adolescent experiences significant difficulties managing identified risk factors for sexual and nonsexual offending in a way that jeopardizes community safety.

Practitioners should prepare the adolescent and his/her family for discharge from treatment. This may include structured forays into the community to test and refine coping skills, home visits to ensure family stability and sustained boundaries, a gradual reduction in frequency of contacts over time as treatment gains are made, booster sessions to reinforce and assess maintenance of treatment gains, and coordination with future service providers.

Overall, treatment progress should also be based on the meeting the treatment goal is "to assist the adolescent 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 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).

Intervention duration should be guided by the risk-relevant needs of the youth and his/her family. Decisions about management and supervision are informed by the youth's protective factors, risk factors, and community safety. ATSA 2017 Adolescent Practice Guidelines and Appendix