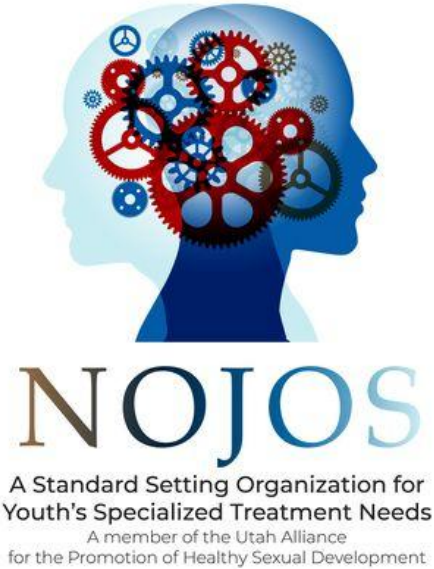


The Utah Network on Juveniles Offending Sexually



DISCHARGE CRITERIA

First Edition

Discharge Criteria
July 2018

NOJOS Discharge Criteria

The *Discharge Criteria* manual was developed under the direction of *The Utah Network on Juveniles Offending Sexually (NOJOS)* in 2018. It was developed and written by the following committee: Ciara Connors, LCSW (Primary Author); Richard Johnston, CMHC (Committee Chair); Ron Mervis, LCSW; Tami Paxton, LCSW; and Sandra Larson, LCSW.

The Utah Network on Juveniles Offending Sexually has, since its beginning, worked to develop “Standards of Care” for youth whom have offended sexually. These “standards” have reflected and incorporated national trends which have guided the assessment, treatment and intervention of youth who have offended sexually. As research and evidenced based practice have increased in the field, the guidelines for all aspects of treatment have greatly improved and been added to the Utah NOJOS documents and guidelines.

One area which has not been readily researched and defined is client discharge. The goal of this work is to clarify and quantify, where possible, the ideas and complex concepts related to client discharge and/or client movement, either up or down in the treatment continuum. This work will serve as a guide in developing a standard of care which will support best practice for releases and to protect those professionals making these difficult decisions.

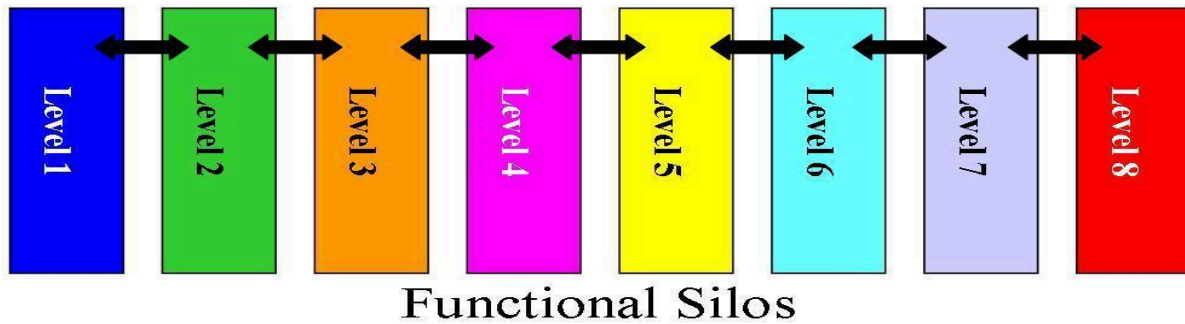
Regardless of the progress of the youth in treatment, the statutory authority to officially commit and release the youth whom offend resides with the Utah State Juvenile Court. The only formal exception to this, is the Youth Parole Authority with resides within the Utah Division of Juvenile Justice Services.

Discharge Criteria:

As a group of professionals, NOJOS believes in a shared continuum of care based on basic NOJOS domains. There is a shared commitment to create a solid discharge summaries and recommendation based in evidence-based practice. **Any decision to discharge a youth from treatment or to move a youth up or down the continuum needs to be a decision made by the entire treatment team and the plan is supported by all team members. Evidence-based practice highlights the importance of youth not being placed in a higher level of care than their current supervision needs. Research has stated placing or continuing an adolescent in a higher level of care than their assessed level of need for supervision can cause further, unintended negative effects.**

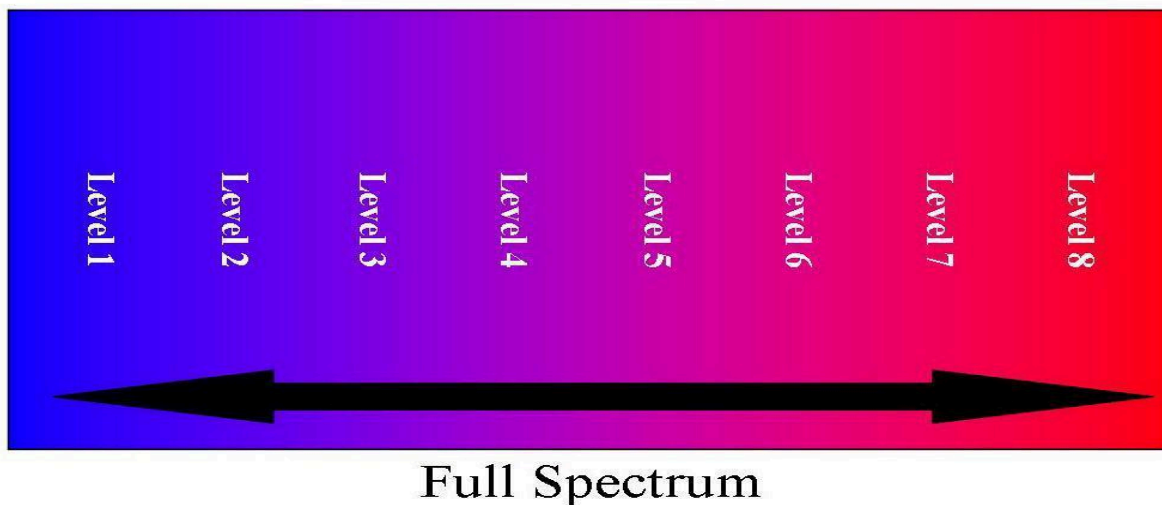
The goal is to utilize the full concept of a continuum of care rather than separate treatment (functional silos of treatment) at various levels.

NOJOS Continuum of Care



This effort will increase the ability to move clients throughout the continuum of care, based on the client's treatment needs, their current progress in treatment and what treatment areas they have left to address.

NOJOS Continuum of Care



As a client completes certain treatment goals specific to their level of care they move to a lower level of care where they continue working on addressing the specific treatment goals which have not yet been achieved. The lower level of care should be determined based on current risk level, need for supervision and sex-specific treatment topics which are yet to be addressed. The intention behind this is to help a client work through treatment in a more timely and effective manner while reducing the time spent out of the community. We believe in a lifelong safety plan involving aftercare continued after treatment.

Evidence Based Discharge:

As a NOJOS body, we seek to guide our philosophy with evidence-based treatment. ATSA (Association for the Treatment of Sexual Abusers) has created a manual “ATSA Practice Guidelines for Assessment, Treatment and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior” which outlines five “assessment domains” and also six “treatment targets.” Under the assessment domains section, ATSA clarifies,

“Practitioners recognize that assessment of risk, needs and responsivity are holistic in nature and that risk and protective factors associated with sexually abusive behaviors and nonsexual offending are multi-determined. When conducting assessments, practitioners consider individual, caregiver/family, peer, school and community factors, as well as situational risk and protective factors.”

The five assessment domains identified in the guidelines are: developmental history, problematic and abusive sexual behaviors, family domains, home environment and social and community. The six treatment targets are: social isolation/low social competence, attitudes supportive of abusive behavior, parent-adolescent relationships, general self-regulation, healthy sexuality including sexual self-regulation, social and community supports, and nonsexual delinquency. Under each of these headings are bulleted lists of criteria a clinician should be mindful of when either assessing for a treatment plan or reviewing treatment progression for an adolescent. In an attempt to respond to the evidence presented in ATSA’s practice guidelines, NOJOS has created a list of discharge topics, with itemized tasks under each heading. These discharge topics have been identified through the Clinical Intervention Progress Report, which has been approved to be used for the juvenile court system here in Utah. The “treatment targets” section highlights of the importance of not requiring a youth to engage in treatment beyond the identified need:

“Practitioners are aware that the following treatment targets have been associated with sexual recidivism. However, specific targets might not be relevant for an individual youth and/or his family. Moreover, addressing unnecessary targets can reduce both the clinical and cost effectiveness of interventions and may unnecessarily lengthen treatment duration, which could have unintended negative effects.”

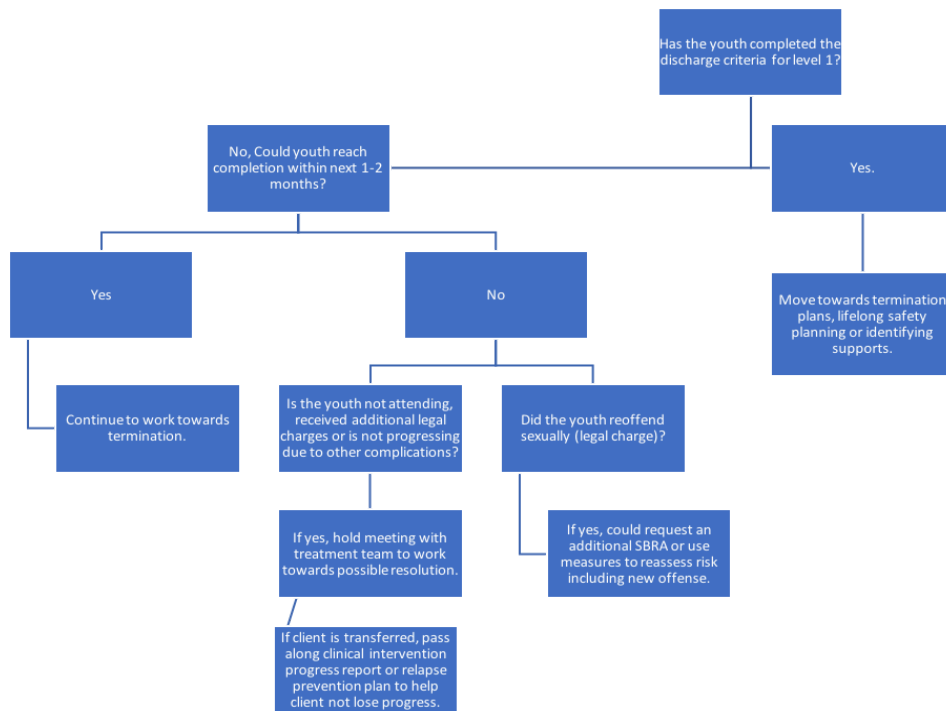
In regard to consideration of this statement, NOJOS believes in creating a continuum of care by transitioning adolescents to lower levels of care when an assessment or treatment team determines client readiness for reduced supervision. Studies have eluded to numerous negative consequences of placing or continuing a youth’s treatment in a level of care higher than their current need. In the ATSA Practice Guidelines, it is clarified “adolescents who have engaged in sexually abusive behaviors are fundamentally different from adults who have sexually offended and require a different set of guidelines with respect to assessment, intervention and public policy approaches.” Therefore, it would be best if treatment is created for individual clients based on the specific needs identified through assessment. Opposed to requiring all adolescents who sexually offend to complete all assignments or treatment topics in a certain treatment program.

As a youth completes the specific treatment topics and concepts identified through assessment, they should progress through the level of care they are currently in. And as these goals are achieved, risk continues to be lowered, a youth should be able to move into lower levels of supervision or care. Prior treatment modalities and care often required youth to be in treatment for certain amounts of time or until a whole curriculum of a program had been completed, however research has illustrated this may cause more harm to the adolescent. Treatment should address any risks identified through an assessment and attempt to reduce risks, while increasing established or identified protective factors. And once the youth's risk is lowered enough to be placed in a lower level, then they should begin this transition. The original therapist should provide and implement a smooth transition by providing the new therapist with information (completed relapse prevention or life-long safety plans, and possibly clinical intervention progress reports) regarding what the youth has achieved in treatment. Therefore, a youth will not be spending additional time in a lower level of care addressing topics they already understand. Once again, the criteria identified in the NOJOS discharge criteria for each level is different and intended to mitigate risk of sexual or nonsexual recidivism through a holistic approach.

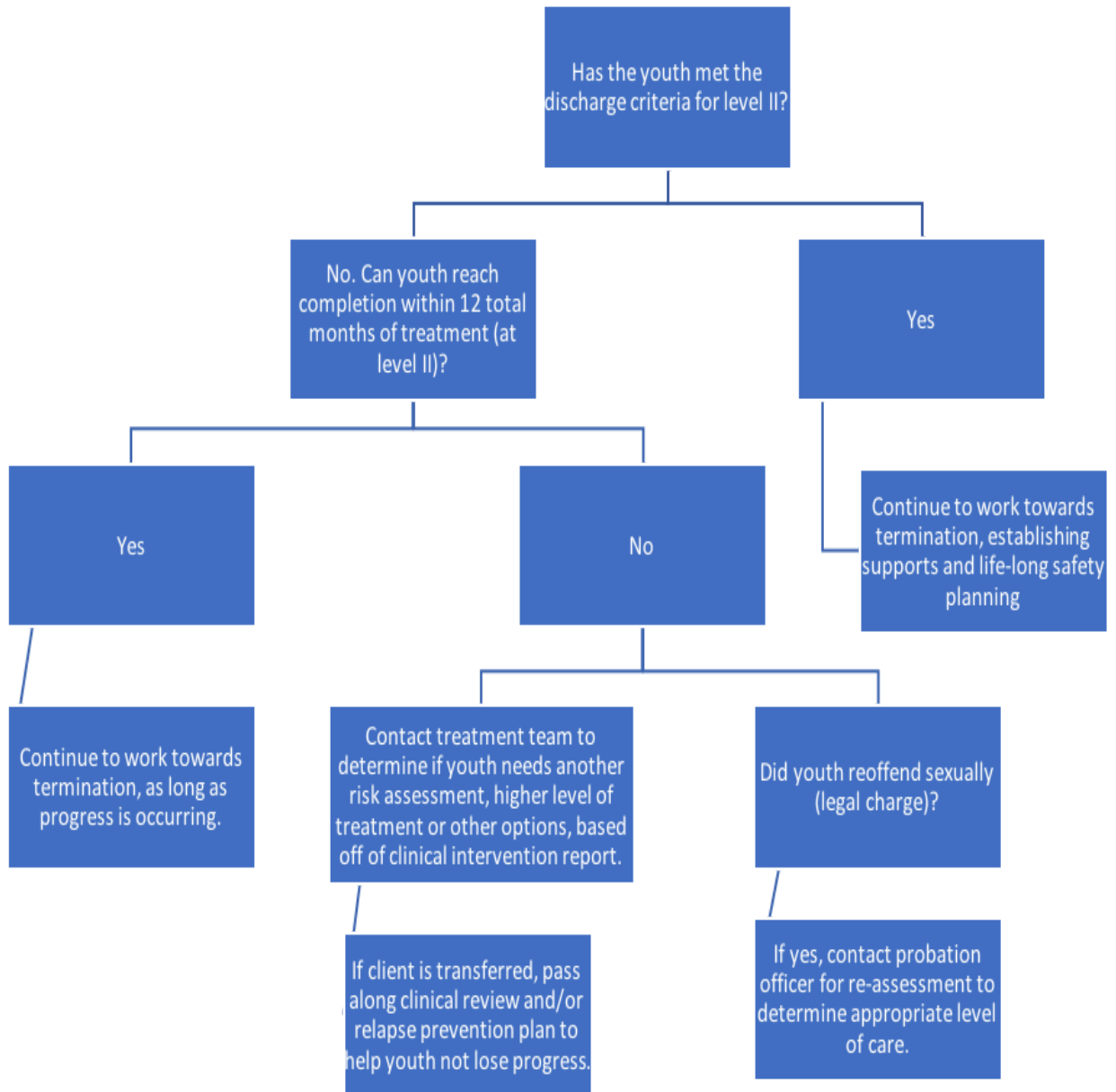
Flow Chart:

This flowchart outlines how a youth may work through the various NOJOS Levels depending on what has been completed in treatment and what is left to address. The flowchart intends to help the reader and a treatment team determine if a youth is currently in the correct level for their treatment need or if a move to a lower or higher level of care may help the youth complete treatment in a timelier manner.

Youth is Currently in Level I



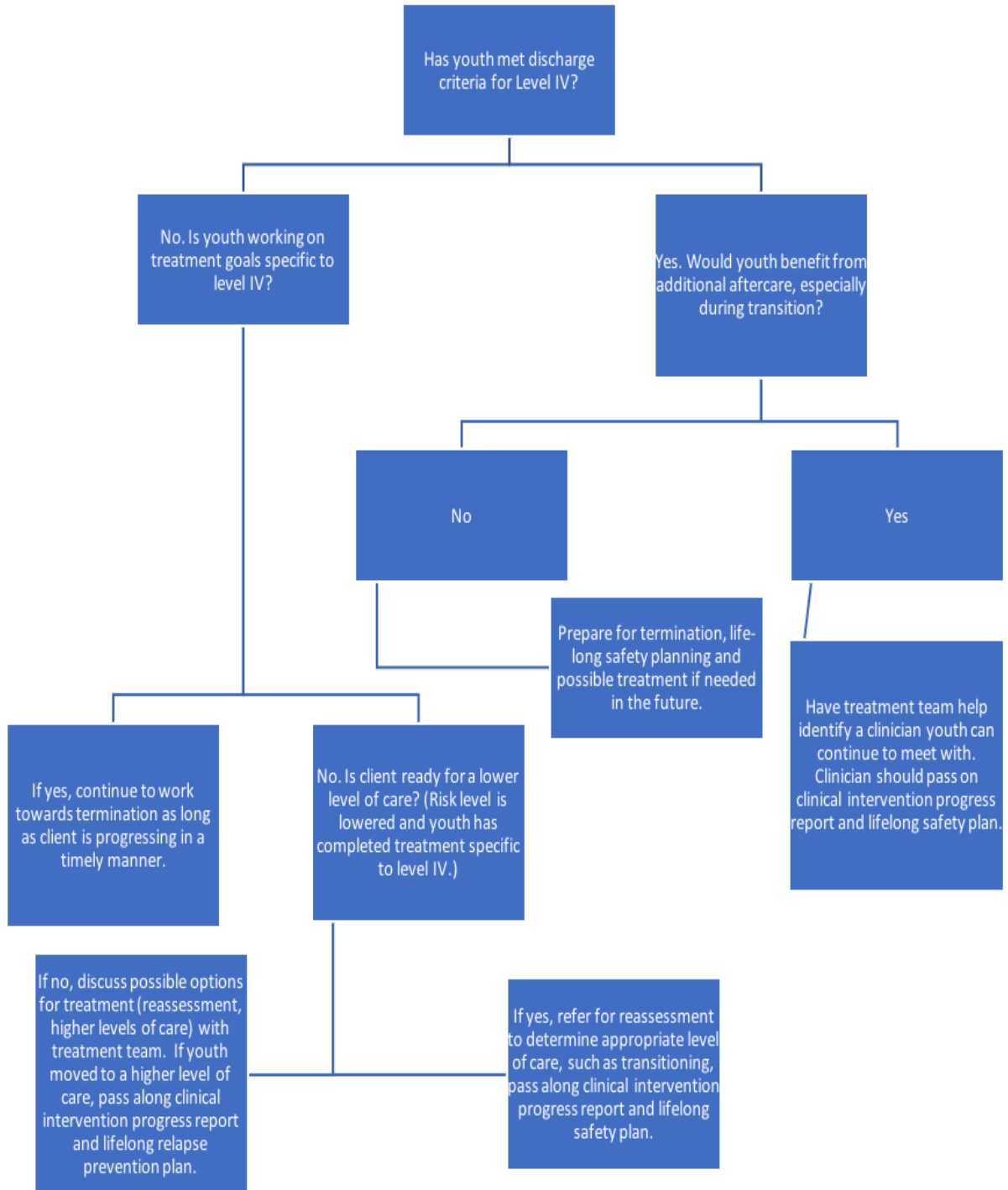
Youth is Currently in Level II



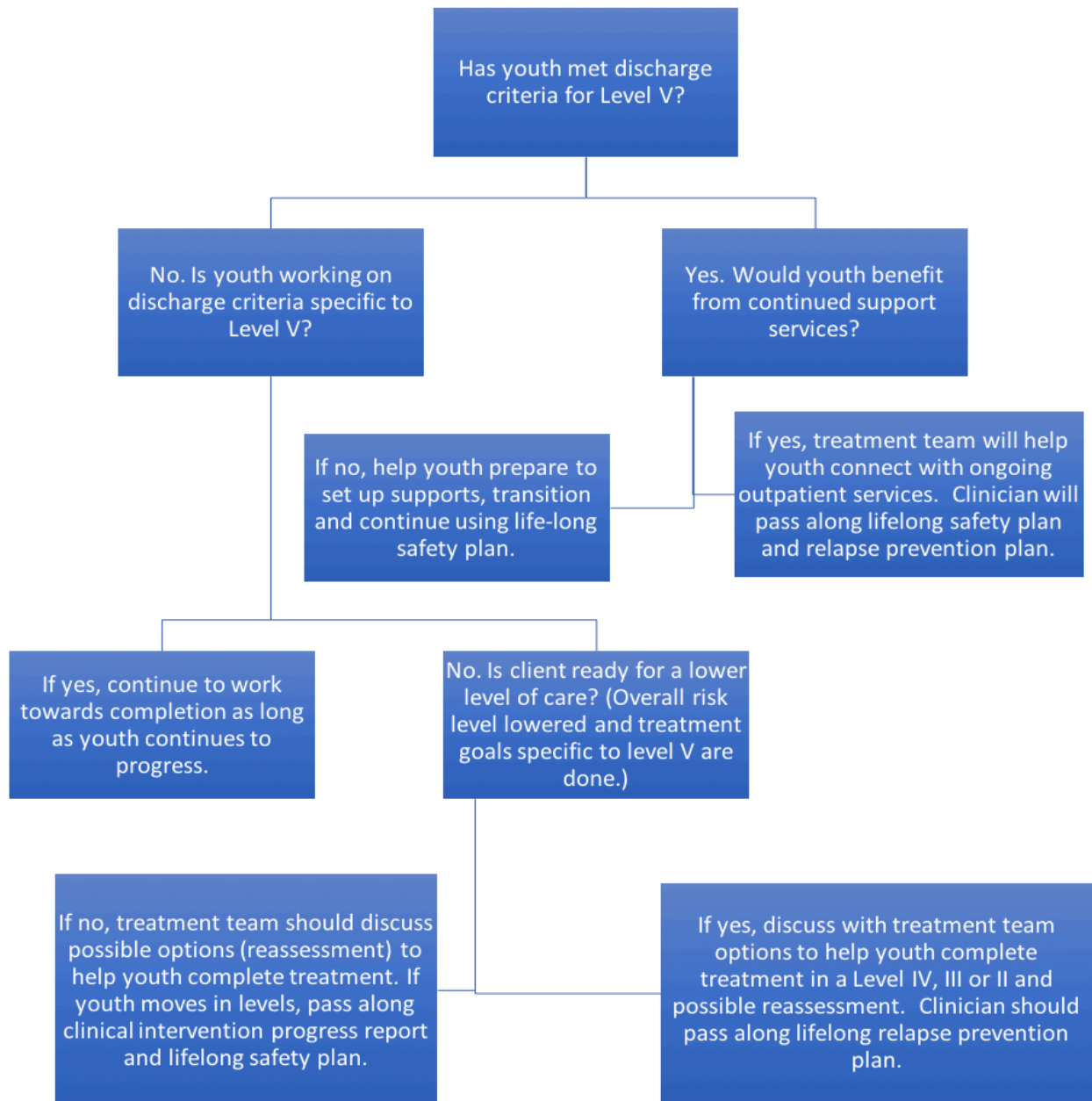
Youth is Currently in NOJOS Level III



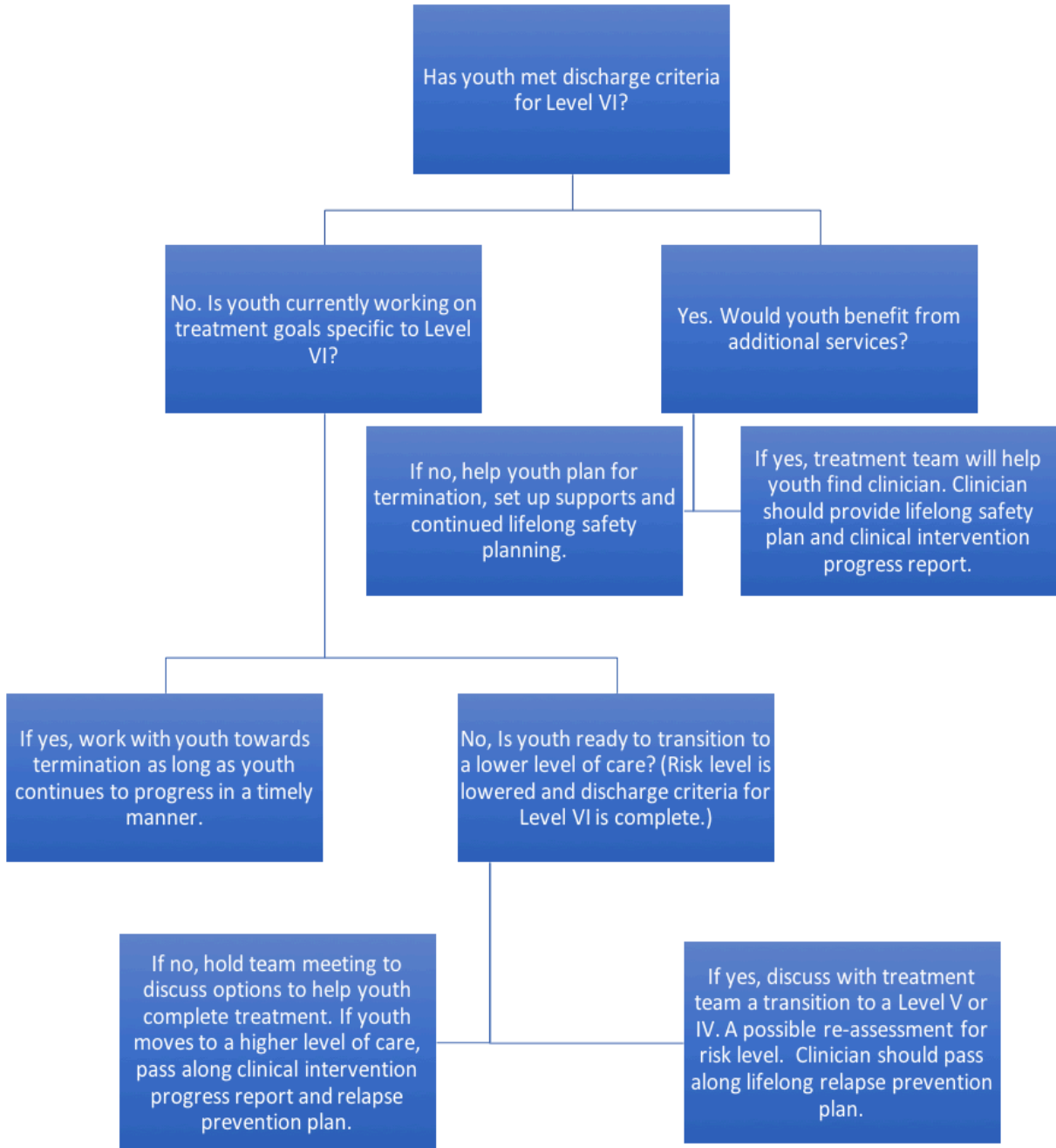
Youth is Currently in NOJOS Level IV



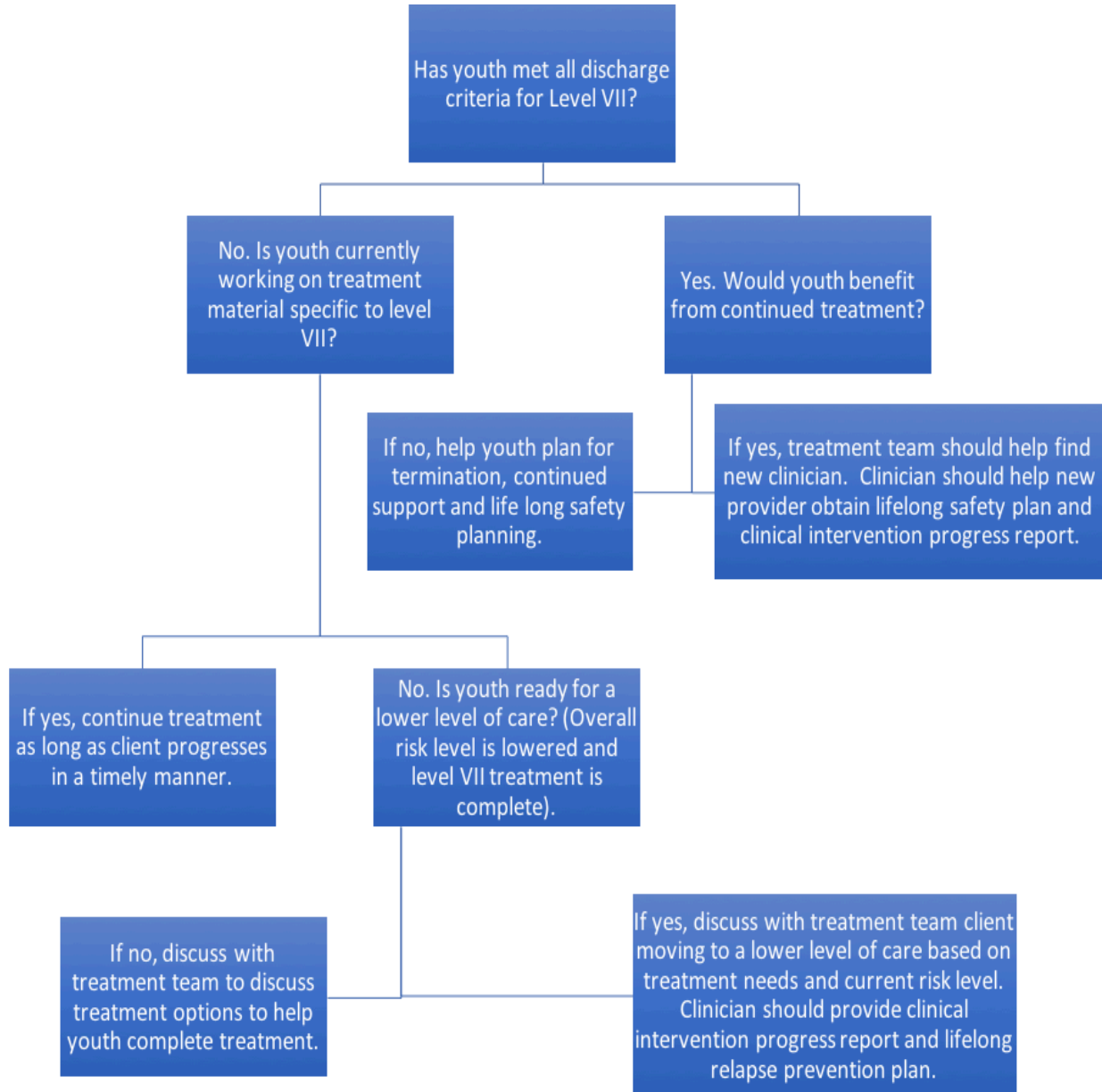
Youth is Currently in NOJOS Level V



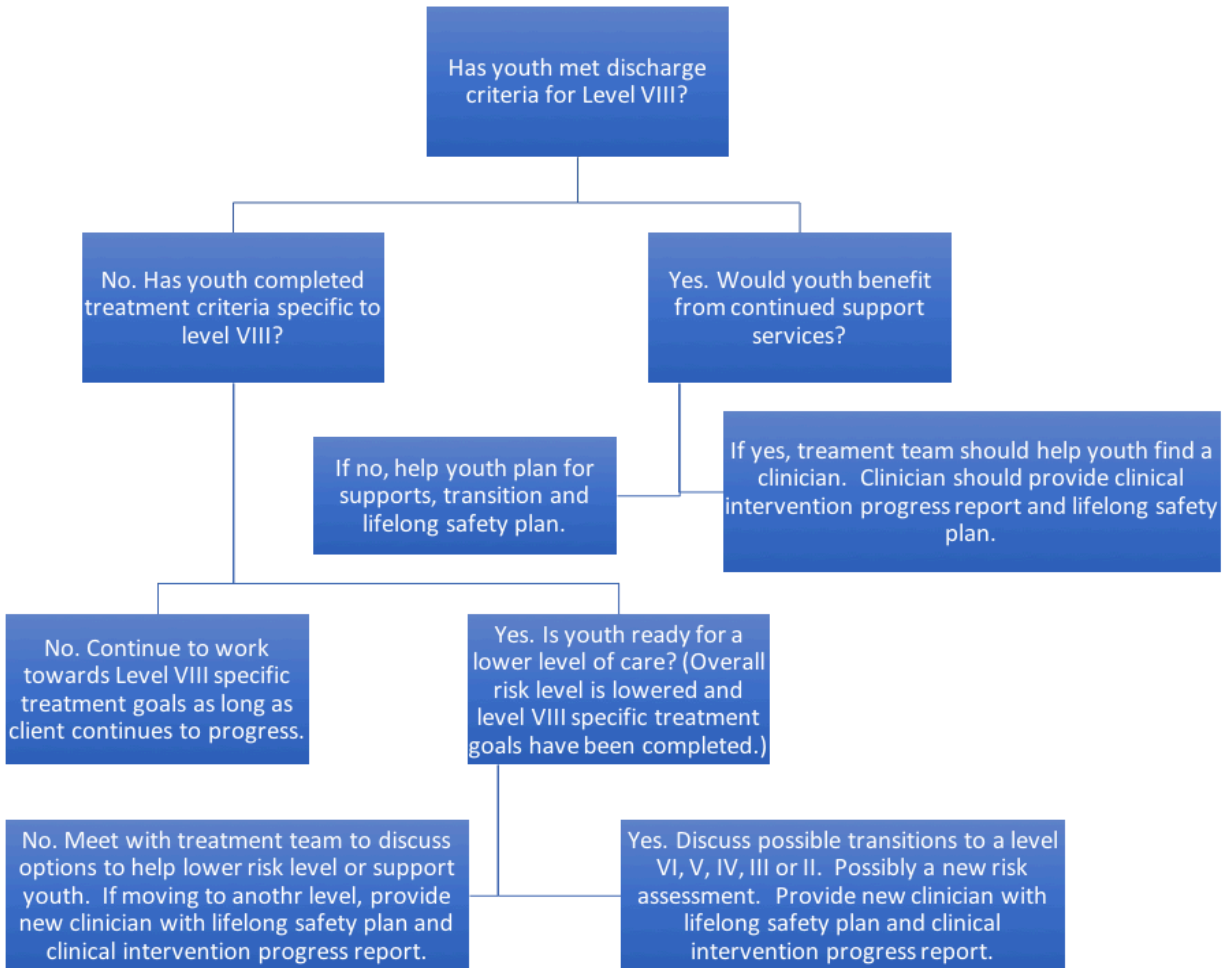
Youth is Currently in NOJOS Level VI



Youth is Currently in NOJOS Level VII



Youth is Currently in NOJOS Level VIII



The Clinical Intervention Progress Report (CIPR):

The Clinical Intervention Progress Report (CIPR) was developed for use in the courts as a template to be used to report treatment progress and deficiencies. In order to support the concept of mobility, the Clinical Intervention Progress Report (CIPR) has been broken down into six sections and within each section, there are specific treatment items to be addressed. Each level of NOJOS treatment has its own discharge criteria which will fit in various parts of the six sections. The six sections based off the Clinical Intervention Progress Report are Accountability, Thinking Errors, Patterns Chains + Cycles, Victim Empathy, Parent/ Guardian Participation and Relapse Prevention Plan/ Healthy Living/ Life-Long Safety Plan. The individual criteria under these sections are as follows:

1- Accountability (Denial on the CIPR):

- A- Accepts and Acknowledges Responsibility
- B- Recognizes and Works to Control Inappropriate Fantasies
- C- Realizes Seriousness of Sexual Offense (What's legal versus illegal)
- D- Demonstrates Honesty About New Illegal Acts or Interests
- E- Realizes Change of Thinking Errors Will Be Difficult
- F- Realizes Relapse is a Possibility

2- Thinking Errors:

- G- Understands and Demonstrates Ability to Challenge Major Thinking Errors
- H- Grooming

3- Patterns, Chains and Cycles (Negative on the CIPR):

- I- Understands and Interrupts Patterns or Cycle of Abuse, Lapses and Relapse (Including triggers, interventions and factors which led up to abuse)
- J- Impact of Trauma on Self-Image, Functioning, Difficulties and Behaviors

4- Victim Empathy:

- K- Empathy: Acknowledges with Proper Affect, Impact on Victim (Including emotionally, socially, physically, medically and impact on family)
- L- Writes Apology Letter
- M- Reconciliation/ Clarification

5- Parent/ Guardian Participation:

- N- Parents Attend, Are Productive, Assist Child to Therapy and Support Therapist/ Treatment
- O- Parents are Supervising Child to Avoid High Risk Situations

6- Relapse Prevention Plan/ Healthy Living/ Self-Regulation Plan:

- P- Initial Plans are Developed (i.e. Safety Plan)
- Q- Final Plans are Developed (i.e. Relapse Prevention Plan or Life-Long Safety Plan)
- R- Juvenile has Internalized Plans
- S- Consent, Pornography, Healthy Sexuality and Identity
- T- Healthy Relationships, Boundaries, Communication, Impulsivity and Anger Management
- U- Strengths and Vulnerabilities (Including guilt and shame)
- V- Support System

W- Life Skills, such as: financial, literacy, employment, resource connection/ identification, problem solving, social, etc.

Matching the CIPR to Specific NOJOS Levels:

Each of the six sections are broken down by lettered criteria which fall under the general topic of the section. Within each NOJOS Level, certain material (determined by NOJOS, evidence-based practice and ATSA Practice Guidelines for Assessment, Treatment and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior) should be discussed or addressed, even though there is some overlap within the levels, the intensity of each topic increases with a higher level of treatment. The clinician working with the client should seek to help the client demonstrate an understanding of each of the assigned discharge criteria based on their current level of placement for treatment. As a youth completes the treatment goals assigned to their level, the clinician and treatment team should continue to monitor progress, risk level and possibility for the adolescent to transition to a lower level of care while continuing to complete treatment. The lettered criteria (these match the criteria outlined in the CIPR) which can be achieved at various levels have been outlined below:

NOJOS Level I Discharge Criteria:

The discharge criteria for NOJOS Level I include the client's demonstration of the following:

- A- Accountability
- C- Discuss Illegal and Legal Behaviors
- G- Thinking Errors
- I- Triggers and Interventions
- K- Empathy
- P- Safety Plans
- S- Consent
- S- Healthy Behaviors and Sexuality
- T- Boundaries
- T- Balanced and Healthy Living
- V- Support System

NOJOS Level II Discharge Criteria:

The discharge criteria for NOJOS Level II include the client's demonstration of the following:

- A- Accountability and Responsibility
- C- Illegal Behaviors Including Sexual Harassment
- G- Thinking Errors
- H- Grooming Including Force, Coercion and Intimidation

- I- Triggers, Interventions, Cycles, Patterns, Chains, Lapses and Relapses
- J- Identifying the Impact of Trauma in Life
- K- Empathy
- L- Apology Letter
- M- Reconciliation/ Clarification (if possible or plans in place)
- P- Safety Plan
- Q- Final Plan Developed
- R- Internalized Plan
- S- Consent
- S- Healthy Sexuality and Behaviors
- T- Boundaries
- T- Anger Management
- U- Strengths and Vulnerabilities
- U- Self- Forgiveness, including Guilt and Shame
- V- Support System
- W- Balanced Living

NOJOS Level III Discharge Criteria:

The discharge criteria for NOJOS Level III include the client's demonstration of the following:

- A- Accountability and Responsibility
- C- Illegal Behaviors Including Sexual Harassment
- G- Thinking Errors
- H- Grooming Including Force, Coercion and Intimidation
- I- Triggers, Interventions, Cycles, Patterns, Chains, Lapses and Relapses
- J- Trauma History Within Family Context Has Been Processed and Addressed in Family Therapy
- K- Empathy
- L- Apology Letter
- M- Reconciliation/ Clarification (if possible or plans in place)
- N,O- Parents Understand Client's Sexual Cycle and Can Notice When Client is Struggling
- N,O- Parents Understand the Impact of Their Behaviors on Their Child and Increased Empathy
- N,O- Family Has Increased Healthy, Appropriate Boundaries
- N,O- Family has Worked on Communication Problems and Communicates Effectively
- N,O- Family's Comorbid Diagnoses are Being Addressed
- N,O- Family Can Help Youth with Other Negative or Illegal Behaviors
- P- Safety Plan
- Q- Final Plan Developed
- R- Internalized Plan
- S- Consent
- S- Healthy Sexuality and Behaviors
- T- Boundaries
- T- Anger Management

- U- Strengths and Vulnerabilities
- U- Self- Forgiveness, Including Guilt and Shame
- V- Support System
- V- Other Supports Have Been Identified and Strengthened
- W- Balanced Living

NOJOS Level IV Discharge Criteria:

The discharge criteria for NOJOS Level IV include the client's demonstration of the following:

If transitioning/ returning to the family home:

- A- Accountability and Responsibility
- C- Illegal Behaviors Including Sexual Harassment
- G- Thinking Errors
- H- Grooming Including Force, Coercion and Intimidation
- I- Triggers, Interventions, Cycles, Patterns, Chains, Lapses and Relapses
- I- Family has Identified Enabling Behaviors, or Which Ones Contribute to Cycle
- K- Empathy
- L- Apology Letter
- M- Reconciliation/ Clarification (if possible or plans in place)
- N,O- Family has Addressed Risk Factors Identified in SBRA or Through Discussion
- N,O- Parents Understand and Are Willing to Help Provide Supervision and Structure
- N,O- Family Demonstrates and Upholds Positive Values, Behaviors and Beliefs
- N,O- Family Supports Youth Taking Full Accountability
- N,O- Family Will Return to Therapy With Any Ongoing Challenges/ Concerns
- P- Safety Plan
- Q- Final Plan Developed
- Q- Stability in Home has Increased to Help Youth with Relapse Prevention or Life-Long Safety Planning
- R- Internalized Plan
- S- Consent
- S- Healthy Sexuality and Behaviors
- T- Boundaries
- T- Anger Management
- U- Strengths and Vulnerabilities
- U- Self- Forgiveness, Including Guilt and Shame
- V- Support System has Increased
- W- Balanced Living, and Other Identified Needed Life Skills Have Been Increased

If transitioning to independent living:

- A- Accountability and Responsibility
- B- Client Knows How to Use Coping Skills to Interrupt Unhealthy Sexual Thoughts
- C- Illegal Behaviors Including Sexual Harassment

- D- Client is Honest About Deviant Interests, Thoughts or Behaviors, and Has Lowered Their Risk
- G- Thinking Errors
- H- Grooming Including Force, Coercion and Intimidation
- I- Triggers, Interventions, Cycles, Patterns, Chains, Lapses and Relapses
- J- Identifying the Impact of Trauma in Life (I added this one, we can take it out if we need)
- K- Empathy
- L- Apology Letter
- M- Reconciliation/ Clarification (if possible or plans in place)
- P- Safety Plan
- Q- Final Plan Developed, With Possible Ongoing Services
- R- Internalized Plan
- S- Consent
- S- Healthy Sexuality and Behaviors
- T- Boundaries
- T- Anger Management
- U- Strengths and Vulnerabilities
- U- Self- Forgiveness, Including Guilt and Shame
- V- Support System, with Relatives and Nonrelatives, Perhaps Community Supports
- W- Balanced Living, and Development of Other Identified Independent Skills
- W- Client is Employed and Understands How to Budget Money Properly
- W- Client Can Identify Community Resources
- W- Client is Able to Cope with or Has Treatment Set-Up for Any Other Mental Health Diagnoses

NOJOS Level V Discharge Criteria:

The discharge criteria for NOJOS Level V include the client's demonstration of the following:

- A- Taking Full Accountability without Thinking Errors
- B- Youth Can Identify Healthy and Unhealthy Sexual Attitudes and Fantasies
- C- Youth Has Processed Inappropriate or Illegal Sexual Behaviors with Therapist
- D- Youth Is Honest About Interests Which Are Inappropriate or Unhealthy
- F- Youth Will Increase Verbal Interactions Concerning the Negative Impacts of Sexual Behaviors/ Substance Use and Possibility of a Relapse (also includes accountability)
- G- Using Accountable Language for Prior and Current Behaviors, without Thinking Errors
- G- Ability to Use and Demonstrate Consequential and Critical Thinking
- G- Client Understands Thinking Errors and How To Change/ Challenge Common Ones
- H- Understands Grooming, Including Force, Coercion and Control
- I- Understands and Identifies Personal Thoughts, Feelings, Beliefs and Behaviors Which Contribute to Abuse and Unhealthy Choices/ Behaviors
- I- Demonstrates Ability to Interrupt Thoughts, Feelings, Beliefs and Behaviors From Above
- I- Understands Personal Cycle, Including External and Internal Factors
- J- Works Through Personal Trauma and Recognizes How It Effects Internally
- K- Develop Awareness, Sensitivity and Compassion for Others- Empathy

L- Completion of Apology Letter, and Offering for Restitution If Appropriate
M- Clarification/ Reunification (or established plans if appropriate)
N,O- Family Therapy if Appropriate, Helping Family Understand Cycle and Relapse Prevention, High Risk Situations
Q- Youth Has Created a Relapse Prevention/ Life-Long Safety Plan, Including Both Risk and Protective Factors
Q- Relapse Prevention/ Life-Long Safety Plan Addresses Substance Use or Medication Needs (If applicable)
Q- Relapse Prevention/ Life-Long Safety Plan Recognizes Situational, Emotional and Cognitive Factors, Which Could Contribute to a Sexual Re-offense
Q- Relapse Prevention/ Life-Long Safety Plan Includes Methods to Avoid High-Risk Situations, Escape Sexually Inappropriate Situations or Other Antisocial Behaviors
R- Youth Has Internalized Relapse Prevention/ Life-Long Safety Plan and/or Medication Regime
S- Youth Understands and Recognizes Their Own Sexual Identity
S- Youth Understands Consent, and Healthy Sexuality
T- Tolerance for Frustration/ Anger Management Skills Have Improved and Are Demonstrated
T- Demonstration of Healthy Communication Techniques, Including Expressing Needs and Feelings in a Prosocial Manner, While Using Coping Skills When Needs Are Not Met
T- Compliance with Authority Figures, Including Healthy Interactions with Staff, Family, Etc.
T- Overall Positive Peer Interactions
T- Recognizes Others May Have a Different Perspective and Can Manage Conflicts Healthily
U- Youth Recognizes Personal Strengths and Vulnerabilities and Creates Goals Using These Strengths
V- Youth Will Increase Communication About Urges to Act Out Sexually or Use Substances
W- Youth Has Positive, Prosocial Goals to Work Towards
W- Has Increased Problem Solving Skills
W- Increases Personal Internal and External Self-Monitoring Skills (Ability to identify events, situations, peers or internal cues which lead to possibly troubling situations)

NOJOS Level VI Discharge Criteria:

The discharge criteria for NOJOS Level VI include the client's demonstration of the following:

A- Taking Full Responsibility and Accountability
B- Has Worked on and Increased Ability to Control Inappropriate Sexual Behaviors/ Fantasies
C- Youth Understands Legal versus Illegal Sexual Behaviors
G- Recognizes and Challenges Commonly Used Thinking Errors
H- Decrease in Grooming Behaviors
I- Client is Aware of Healthy Coping Skills and Can Apply Those to Disrupt Sexual Behavioral Cycle
I- Cycle Includes High-Risk Situations
J- Decrease in PTSD Symptoms, or Has Worked Through Past/ Prior Trauma
N- Parents Have Been Part of Treatment and Are Supportive

- O- Parents Can Help with Support or High-Risk Situations
- Q- Final Relapse Prevention/ Life-Long Safety Plan Addresses High-Risk Situations and Interventions
- R- Youth Internalizes Relapse Prevention/ Life-Long Safety Plan, Increases Healthy Coping Skills, and Can Disrupt Cycle
- S- Youth Has Developed A Better Understanding of Healthy Sexual Functioning, Including Consent
- T- Youth Has Increased Positive, Healthy Relationships
- T- Decrease in Impulsivity, Lowered Risk In Community
- T- Youth Can Stabilize Mood, and Use Healthy Coping or Anger Management Skills
- V- Youth Has Increased Support System
- W- Client Increases Self-Awareness

NOJOS Level VIII Discharge Criteria:

The discharge criteria for NOJOS Level VIII include the client's demonstration of the following:

- A- Accountability and Responsibility of Sexual Offending
- B- Deviant Sexual Arousal
- F- Substance Abuse/Use (also included in Relapse Prevention/ Life-Long Plan)
- G- Thinking Distortions, Including Consequential Thinking
- I- Client Understands Personal Cycle and Contributing Factors, Such As: Pornography
- J- Client Works Through Prior Trauma
- K- Victim Empathy
- L- Writes Apology Letter
- M- Plans Established for Reconciliation, Reintegration and Reunification
- N,O- Family Has Been Involved In Treatment, Is Supportive and Is Willing To Help Youth In High-Risk Situations
- Q- Final Relapse Prevention/ Life-Long Safety Plans Have Been Established
- R- Internalized Relapse Prevention/ Life-Long Safety Plan and Family Is Aware
- S- Pornography Education and Preventative Planning
- S- Client Understands Consent and Healthy Sexuality
- T- Emotional Self- Regulation (including anger, stress, depression and anxiety management)
- T- Client Has Decreased Impulsivity
- T- Youth Has Increased Social Skills, Including Communication and Healthy Interactions/ Relationships
- T- Youth Is Involved in Healthy Peer and Authority Relationships
- T- Youth Has Identified Healthy Goals to Work Towards a Healthy Lifestyle
- V- Client Has Increased a Healthy Support System
- W- Youth Is Willing to Comply With Medication Management