Treatment Targets

- **Social Isolation/Low Social Competence**
  - Services delivered are designed to remediate deficits in self-esteem, self-efficacy, and social competence.
  - Interventions are oriented to help adolescents develop skills that can enable them to establish and maintain prosocial relationships with age-appropriate friends and build on strengths in existing relationships. Parents are key to ensuring youth have opportunities to strengthen prosocial relationships (e.g., by providing welcoming and appropriately supervised environments for youth gatherings).
  - When possible while maintaining public safety, treatment providers will collaborate with other professionals and caregivers to provide the adolescent with opportunities to participate in normative, developmentally appropriate prosocial activities to facilitate prosocial skill development and relationships.
  - Treatment providers help adolescents develop skills that can enable them to establish and maintain prosocial, intimate relationships with age-appropriate partners.

Child Welfare Professional Role:

- **Attitudes Supportive of Abusive Behavior**
  - Treatment providers recognize that an adolescent's attitudes and beliefs supportive of abusive behavior including sexual abuse (e.g., women enjoy being raped or children can give consent for sexual behavior) are important treatment targets

Child Welfare Professional Role:

Treatment Targets

- **Parent-Adolescent Relationships**
  - Caregiver-based interventions focus on enhancing the strengths of family relationships supportive of prosocial family functioning and health adolescent development. Treatment providers enhance caregivers' capacity to effectively supervise and monitor youth behavior, to support responsible youth behavior, and to intervene as appropriate.
  - Collaboration between treatment providers and other involved professionals and caregivers to design safety plans that fit the individual needs of the adolescent and family as well as the safety of the community.
  - Identification and design of interventions and making appropriate referrals to overcome barriers to positive parenting and to effective youth supervision and monitoring. Such barriers might include caregiver substance abuse, caregiver mental health difficulties, high levels of family stress, and other factors.
  - Development of family-based interventions that focus on enhancing the positive affective aspects of family relations important to healthy families and the favorable social development of adolescents. In particular, the parent-child affective bond is targeted if appropriate. The aim is to improve this bond so youth will internalize a desire for parental approval and so parents will sustain their effort in the face of typical adolescent challenging behaviors and mistakes.

Child Welfare Professional Role:

- **General Self-Regulation**
  - Help adolescents learn to self-manage impulsivity and cognitive-emotional states that support or contribute to the potential to engage in sexually abusive behavior as well as other conduct problems.
  - Help adolescents learn and practice stress management, problem-solving, and impulse-control skills.

Treatment Targets

Child Welfare Professional Role:

- **Healthy Sexuality Including Sexual Self-Regulation**
  - Recognition that only a subgroup of adolescents who engage in sexually abusive behavior experience sexual arousal toward prepubescent children, sexual preoccupation, hyper sexuality, or arousal to violence that interferes with normative developmental activities and may contribute to sexually harming self or others.
  - Design interventions that support and promote healthy sexuality including healthy sexual expression and appropriate sexual regulation.
  - Understanding that treatment focuses on cognitions that support age-inappropriate and/or nonconsensual sexual interest, arousal, or behavior to assist the youth in enhancing their sexual self-regulation.
  - Recognition of the need to focus not only on problem sexual behavior but also on the development of social and sexual competencies associated with healthy intimate relationships and sexuality. This includes creating opportunities for learning appropriate social, courtship, and dating skills, and assisting youth in overcoming social anxiety.
  - When applicable, help adolescents find effective ways to minimize contact with persons or situations that evoke or increase a given youth's sexual interests or arousal to children, coercion, and force. For example, an adolescent who sexually abused children would be restricted from babysitting.

Child Welfare Professional Role:

Treatment Targets

- **Social and Community Supports**
  - In addition to family and other community support persons, encouraging and helping adolescents develop appropriate relationships with prosocial individuals who can act as positive support/supervision contacts. These may include supportive peers, teachers, coaches, and extended family members.
  - Encourage family members, support persons, and involved community practitioners to actively participate in the treatment process as appropriate and to help youth develop and maintain prosocial lifestyles.
  - Assist youth who are transitioning to the community or are already in the community develop and maintain prosocial lifestyles, which are characterized by stable and appropriate living arrangements, educational and/or workforce participation, and engagement in prosocial leisure activities that help promote community safety.

Child Welfare Professional Role:

- **Nonsexual Delinquency**
  - Recognition that some adolescents are likely to benefit from treatment that targets general delinquency factors including values, attitudes, and beliefs supportive of offending, and association with delinquent or negative peers. Treatment providers address these issues in treatment when appropriate.

Child Welfare Professional Role:

Treatment Targets

- **<u>Treatment Modalities</u>**
  - Use of empirically supported methods of intervention to the extent that such research is available. Currently recommended treatment methods include cognitive-behavioral, skills-oriented, and socio-ecological interventions that target dynamic risk factors, mitigate risk, and enhance protective factors in the adolescent's family and ecology.
  - Appreciation of the diversity among adolescents who sexually abuse others, and understand that responsiveness to treatment can vary as a function of a youth's characteristics (e.g., demographics, language, cognitive and social development, mental capabilities, adaptive functioning, and motivation to change).
  - When practical, collaboration with others to deliver services in settings that allow adolescents to practice skills and use social supports in real-life situations, and help the youth learn to generalize and apply those skills to various environments.
  - Understanding that for some subpopulations of adolescents who have engaged in sexually abusive behavior, specialized treatment services are best provided subsequent to or in concert with other psychiatric, behavioral, or responsivity-oriented interventions. Treatment providers that offer specialized treatment collaborate with providers of such services to ensure that specialized services are complementary.
  - Recognition that services are delivered using a variety of modalities, including psycho-educational, group, individual, family, and multi-systemic approaches matched to the adolescent's and family's intervention needs and responsivity factors.
  - Focusing family-based interventions on empowering caregivers to obtain or develop the resources and skills needed to more effectively parent and manage their children's behavior. Commonly targeted caregiver competencies include the ability to provide consistent monitoring and supervision, and to address other factors that might contribute to an adolescent's problem behavior (e.g., associating with delinquent peers and poor school performance). The goal of family-based interventions is to create a context that supports adaptive youth behavior (e.g., relationships with prosocial peers, effective parenting, and success in school) rather than a context that encourages antisocial and/or problem sexual behavior. Family-based interventions also aim to improve support of caregivers from other family, friends, and members of the community to help sustain positive behavioral change and healthy development.
  - Treatment providers working with adolescents who have sexually offended within the family collaborate with caregivers and other professionals involved in the case, including the treatment provider for the victim, in assessing and making determinations about when and if contact, clarification, and family reunification is appropriate.
  - Helping adolescents identify and address the factors (e.g., environmental, cognitive, affective, behavioral, and relational) that increase or mitigate their risk to engage in sexually abusive behaviors.

Treatment Targets

- Interventions, including cognitive-behavioral therapies, are used to help adolescents and their parents identify and analyze the factors (e.g., environmental, cognitive, affective, behavioral, and relational) that might increase an adolescent's vulnerability to engage in sexually abusive behavior and nonsexual conduct problems. Treatment is used to help adolescents develop and rehearse strategies to effectively manage situations that may increase their risk of sexually abusing or otherwise reoffending. Skill building also strives to increase youth engagement in prosocial activities, including appropriate dating and sexual behaviors.
- Using established cognitive therapy techniques as well as social learning and other evidence-informed interventions to increase an adolescent's attitudes and beliefs that support prosocial, non-abusive behaviors, while helping the youth manage or decrease any attitudes, beliefs, and values that support offending, abusive, and unhealthy behaviors.
- Using behavioral methods such as education, modeling, supervised practice, rehearsal, and positive reinforcement to teach adolescents skills that will help them achieve prosocial goals.
- Helping adolescents identify and enhance approach goals (e.g., prosocial interests, skills, and behaviors the youth themselves seeks to enhance or attain) as opposed to strictly focusing on managing inappropriate thoughts, interests, behaviors, and risky situations (i.e., avoidance goals).
- Recognition that there are situations in which psychopharmacological intervention is an appropriate adjunct to other interventions or is needed for psychiatric stabilization. Currently, no medications have been validated as effective interventions for reducing adolescent sexually abusive behavior. Situation which support assessment by a child and adolescent psychiatrist or psychiatric nurse practitioner for consideration of psychopharmacological interventions include the presence of:
    - Sexual preoccupation with children, coercion, or force
    - Hypersexual behavior
    - A mental health diagnosis and symptoms that interfere with healthy functioning such as significant impulsivity or poor self-regulation
    - Serious emotional disturbance or serious psychiatric diagnosis such as schizophrenia and serious bipolar disorders

Child Welfare Professional Role:

Treatment Targets

- **<u>Treatment Process or Discharge</u>**
  - Applying the risk and needs principles throughout the treatment process to inform treatment decisions including frequency, focus, and duration of treatment.
  - Recognition that decisions about when an adolescent moves from an out-of-community placement are based on the individual youth's risk and needs, not on a pre-established curriculum or set of objectives. Adolescents are moved to a less restrictive environment and less intensive services when their risk and needs support being safety served outside more restrictive and intensive settings.
  - Recognition and communication 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 individualized treatment plan designed to reduce 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.
  - Development of written treatment contracts/agreements (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 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
    - Criteria used for assessing progress and determining program completion
  - Routinely using multiple methods in an effort to objectively and reliably gauge treatment progress, particularly with respect to dynamic risk factors. These may include, but are not limited to:
    - Behavioral information
    - Structured, research-supported tests and inventories as indicated
    - Therapist evaluations
    - Youth self-reports
    - Family and other collateral reports
  - Routinely reviewing the adolescent's individual treatment plan and clearly documenting in treatment records the specific and observable changes in factors associated with a youth's risk to recidivate, or the lack of such changes.
  - Reviewing 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. 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 patters 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 their family, an understanding of appropriate dating, romantic, and sexual behaviors, and how these might change over time
- Has developed, with their family, a plan for successful school involvement
- When sexual interests in children, coercion, or force contributed to past sexually abusive behaviors, has developed a plan for addressing occurrence of inappropriate sexual thoughts, fantasies, or behaviors

- Caregivers develop an enhanced capacity to effectively supervise and monitor youth behavior, support and reinforce responsible youth behavior, and consistently apply sanctions for inappropriate behavior
- Evaluating 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.
- Treatment providers 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.
- Preparing the adolescent and their family for discharge from treatment. This may include 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.
- Treatment providers are clear when communicating with youth, other professionals, and the public that some adolescents may require ongoing management of their risk and treatment needs.
- Providing adolescents, caregivers, support persons, and appropriate professionals involved in ongoing case management with written

information that includes follow-up recommendations for maintaining treatment gains.

- Treatment providers immediately notify the appropriate party(ies) if a legally mandated youth discontinues treatment or violates a mandated condition of parole, probation, or treatment.

Child Welfare Professional Role: