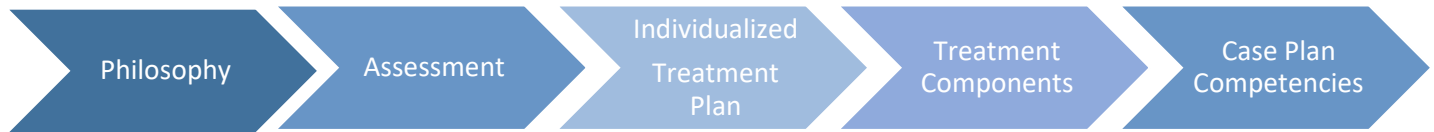




Sex Offense Treatment Continuum (Close Custody Facilities)

The information contained in this document summarizes the sex offense treatment continuum that OYA provides in our close custody facilities. There is information about our purpose and principles, assessment process, and treatment components, delivery and documentation.



OYA Facilities Sex Offense Treatment Purpose Statement:

To improve public safety, we provide youth with opportunities to understand and be accountable for the impact of their behavior and build skills to develop healthy relationships, repair harm and become healthy successful community members.

Treatment Principles:

Assessment-Driven

- Assessments, including those specific to sexual offending behavior, are used consistently throughout the treatment continuum to inform decisions, including
 - Appropriate placement
 - Individualized treatment needs
 - Treatment progress
 - Treatment completion

Individualized

- Individualized treatment plans are based on each youth's unique skill sets, developmental needs, personal characteristics and risk factors identified through assessments.

Trauma Informed

- Awareness that youth, families and staff are all impacted by trauma.
- Awareness of the prevalence/and impact of trauma on physical, emotional, and mental health and behavior.
- Awareness that treatment interventions can trigger a trauma response.
- Approaches to treatment may need to be adjusted in order to reduce trauma reactions.

Use of Effective Practices

- The use of effective practices and fidelity to these practices is critical to providing high quality services and positive outcomes for youth. The minimum standard for the sex offense treatment continuum will be practices with demonstrated effectiveness with the goal of using evidence-based practices when available for this population.
- Youth who engage in sexual offending behavior are a unique population within the juvenile justice system. As a group, their probability of re-offense is consistently, and substantially lower than other delinquent youth. As a result, there is limited evidence related to the effectiveness of many interventions that focus on sexual offending behaviors (Lobanov-Rostovsky, July 2015, [OYA Recidivism Analyses](#)).

Demonstrated Effectiveness

- Practices based on general principles, strategies, and modalities reported in criminological, psychological, or other social science research as being effective with a juvenile population.
- These interventions have empirical support for the principles, theoretical framework, or components of the intervention.
- For an intervention to be deemed a practice with demonstrated effectiveness, the empirical research must have shown that practices that contain similar components or similar principles have shown reductions in at least one criminogenic need for program participants versus the comparison group(s).
- These practices should be outlined in a format that ensures consistent delivery by the facilitator across multiple groups.

Evidence-Based Practices

- Treatment and practices which have been independently evaluated and found to reduce the likelihood of recidivism or at least two criminogenic needs, with a juvenile offending population.
- These interventions have been evaluated to the highest degree, often using the “gold standard” of random assignment. The evaluation must have used sound methodology, including, but not limited to, random assignment or use of methodologically sound control groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.
- The effect of the intervention must have been statistically significant and must have lasted for an adequate time period (at least one year for recidivism).

Treatment Continuum

- Research has repeatedly demonstrated that interventions are most effective at improving outcomes when provided in normative environment necessary to ensure the safety of the public, staff and the youth, where youth have opportunities to safely learn and practice new skills, develop strong prosocial attachments, and create positive community connections (Lowencamp et al., 2006; Andrews and Bonta, 2015).
- OYA employs a treatment continuum that includes youth correctional facilities, transition camps, community residential programs and outpatient providers. Treatment does not have to be completed in one program or location but should focus on the specific components necessary to support the youth’s transition to the next less restrictive placement along the continuum, when such a transition is possible.
- Transition decisions are made considering community safety and the youth’s individual treatment needs.
- When transition to a less restrictive setting isn’t possible, OYA facility programs will provide all treatment components for youth to achieve treatment completion.

Restorative Practices

- Treatment focuses on youth taking responsibility for their actions and acknowledging the harm they have caused. Youth are provided opportunities to repair harm, build skills, and develop healthy relationships to avoid further harming behavior.

Culturally Responsive

- Recognition of the importance of including youth cultural references in all aspects of treatment. Acknowledging, responding to and celebrating fundamental cultures in order to offer full, equitable access to treatment for youth from all cultures (Sue, et al., 2009).

Collaborative

- Treatment will involve the youth’s family, support system, those who have been harmed, other providers and stakeholders.

Assessment Process

- A comprehensive assessment process is used to determine the risk concerns and treatment needs of the individual youth.
- The process provides a holistic view of the individual's life, social history, current functioning, developmental needs, mental health, unique skill sets, personal characteristics, and risk factors.
- The assessment process includes gathering information from multiple sources including collateral information and incorporating a review of historical documentation and collateral contacts, clinical observations, interviews with the youth, and psychological, psychiatric, and any other assessments.

Sex Offense Specific Assessment

- The existing research regarding the predictive accuracy of the available risk assessment tools for youth who have engaged in sexually abusive behavior indicates that our ability to correctly predict the occurrence of future sexually abusive behavior for an individual is limited and prone to significant error. Assessment tools such as the ERASOR are accurate about 2/3 of the time, and inaccurate about 1/3 of the time (accuracy range .66-.68). Dr. Jim Worling created both the ERASOR (Estimate of Risk of Adolescent Sex Offense Recidivism) and PROFESOR (Protective + Risk Observations for Eliminating Sexual Offense Recidivism) assessment tools and endorses discontinuing the use of the ERASOR in favor of the PROFESOR. Dr. Worling feels strongly that it is important to shift from trying to predict the future with static risk factors, and to instead identify protective factors that help a youth be successful. The PROFESOR is a treatment planning tool, comprised of 20 dynamic factors. The PROFESOR was developed to assist treatment providers in identifying protective and risk factors for adolescents and emerging adults, ages 12 to 25, who have offended sexually.
- In the Fall of 2020, after deliberation with internal and external stakeholders, and at the recommendation of Dr. Worling, OYA switched from the use of the ERASOR to the PROFESOR as its primary sex offense-specific assessment tool.
- The PROFESOR is not intended to be used as an objective measure of a youth's risk for committing a sex crime in the future. It is also not intended to inform or influence whether a youth will be legally required to register as sex offender.
- The PROFESOR will be administered upon the youth's arrival on the unit and at transition.
- Sex offense-specific treatment progress is measured every 90 days through use of the sex offense-specific case plan competencies that align with the sex offense treatment components.

Polygraphs

- OYA policy on polygraphs states:
 - Polygraph use with OYA youth is a way to support a youth's progress in sex offense treatment.
 - Polygraph use with OYA youth is voluntary and will only be conducted after proper informed consent documents have been signed.
 - Special consideration must be given for youth under the age of 14, youth whose IQ scores are below 85, and those exhibiting acute psychological distress prior to scheduling a polygraph.
 - The polygraph examination is one of many assessment tools used by OYA. As an assessment tool, applying consequences based on the results of a polygraph are viewed as coercive and potentially harmful. The denial or granting of privileges (such as family visits, treatment tag levels, residential placements, parole or revocations, etc.) may not be applied based on the results of a polygraph examination (declined to participate, deceptive, inconclusive or truthful). Separate from the results of the polygraph, if the youth discloses new or previously undisclosed abusive or problematic behavior, that information may impact decision-making on privileges (such as visit, outings and placements) until the concerns can be addressed and/or mitigated
- Use of polygraphs
 - Full-disclosure polygraphs are scheduled early in treatment to help identify treatment needs and focus areas.
 - Maintenance polygraphs can be requested by the multi-disciplinary team to look at the degree to which the youth has been complying with supervision requirements.

Incident specific polygraphs can be used as a tool to support treatment progress or when concerns of on-going inappropriate/illegal sexual behaviors have arisen.

Treatment Continuum

- Youth receive a variety of assessments during the first 30-45 days at a youth correctional facility to identify general treatment needs. Within 30 days of transitioning to a long-term unit the QMHP (Qualified Mental Health Professional) will complete the sex offense assessment (PROFESOR) and develop the individualized treatment plan.
- Treatment planning will be based on each youth's specific needs, as identified through the assessment process. Youth will not address every possible treatment component while in the facility, but rather only those components needed to support their transition to a less restrictive environment where they can continue treatment.
- Multi-disciplinary treatment team reviews occur every subsequent 90 days to review the youth's progress on treatment goals and competencies. Goals and competencies are adjusted based on the youth's progress or as additional treatment needs are identified.
- The goal for youth adjudicated for sex offenses is to provide treatment to support their ability to successfully move to a less restrictive environment as quickly as possible to continue treatment while considering the safety and security of the youth and the community. Research is clear that youth should remain in confinement for a limited period of time, as longer stays have no impact or have shown to be counterproductive on future offending. (Loughran, et al., 2009)

Treatment Delivery

- Sex offense treatment will be provided by an OYA QMHP through individual and group sessions. At this time, OYA QMHPs are not required to be Sex Offense Treatment Board (SOTB) certified. This is based on ORS 675.365 to 675.410, which indicates that local, state, and federal government agencies are exempt from the SOTB certification requirement. However, OYA strives to closely mirror SOTB requirements and align with best practices.
- The OYA statewide Sex Offense Treatment Coordinator is SOTB certified and provides clinical supervision and coordination around sex offense treatment services to those providing direct service.

Treatment Components

The specific treatment components for each youth will be identified through the assessment process and incorporated into the individualized treatment plan. Targeted treatment components selected for each youth based on the assessment process will provide the youth the needed insight and skills to achieve identified goals and competencies. Case plan competencies help break down treatment goals into specific and measurable focus areas.

Motivation/Treatment Preparation

- The reason or 'why' that drives a youth's motivation to change. Assist the youth in finding and defining their 'why' – why they want to make the changes necessary to live a crime free and productive life.
- The act of becoming ready for the treatment. Assist youth in breaking through the barriers that hinder or block the youth from facing the behaviors that lead to their placement with OYA. Develop an understanding of their charges/convictions/adjudications and prepare for treatment and close custody milieu. Begin to develop personal and treatment goals for treatment while in the facility and a successful transition to the community.

Relationships: Family Dynamics/Interpersonal Relationships

- Exploration of current relationships within the family and how their family system operates, understanding how family dynamics influences personal decisions and behaviors. Developing skills to enhance positive/healthy family relationships.
- Identification of past and current relationships and explore how those relationships influenced their personal development and decision making. Differentiate the levels of relationships (acquaintance to intimacy). Define and identify healthy/supportive and unhealthy/toxic relationships and gain understanding of the influences of these

relationships on achieving their personal goals and aspirations. Develop skills to enhance positive/healthy relationships including family, friends, peers, co-workers and others.

Sex Education/Healthy Sexuality

- Receive education on body development and health including concepts of healthy sexual behavior, conception/pregnancy and sexually transmitted infections. Explore components of communication, expressing emotions, controlling sexual thoughts and behaviors, recognizing the consequences of sexual activity and respecting the rights of others. Understand the concepts of objectification and sexual preoccupation and how these have a negative impact on healthy sexuality. Learn to differentiate between consent/cooperate/comply/coerce etc. Demonstrate mastery through their comprehension of consensual, respectful and non-exploitive sexual thoughts and behaviors.

Sexual History/Detailing Offense

- Identify and make an account of sexual behaviors and experiences throughout their life – identifying and differentiating between the spectrum of ‘normalized’ sexual behaviors to sexually abusive behaviors.
- Explore their own sexual offense history to discover the ‘why’ - why they engaged in sexually abusive behaviors. They will explore potential common themes of offense behaviors. Mastery of this phase will be demonstrated by the youth taking ownership, accountability, and responsibility for their sexually abusive behaviors.

Trauma

- Identify different types of trauma (self-inflicted, man-made or natural disaster). Discover how trauma affects the body and mind of the person (physical and emotional) who was traumatized. Begin exploring their personal historical traumatic experiences and body betrayal. Learn to recognize that their responses are normal reactions to abnormal events. Develop healthy personal coping mechanisms, envision what safety looks/feels like in their life and change behavior patterns to stop the cycle of trauma.

Empathy

- Empathy facilitates prosocial behaviors that come from within, rather than being forced, so that the individual can behave in a more compassionate manner. Identify the concepts of empathy – care, concern and compassion for others. The youth will be able to demonstrate that they are aware of and sensitive to the thoughts, emotions and experiences of others, and awareness of victim impact. Discover how trauma affects the body and mind of the person (physical and emotional) who was traumatized.

Safety and Transition Planning

- Develop a personal safety plan for multiple areas and situations in their life (personal/sexual/emotional). The main question they will answer is “How will I keep myself and others safe where I am now and in the future?” In depth work on developing personal healthy coping skills to avoid or remove self from unhealthy situations or behaviors. The development of a safety plan includes but is not limited to the understanding of the youth’s personal [inappropriate, harmful and/or illegal] behavior patterns, high risk situations/seemingly unimportant decisions/triggers/deterrents/healthy coping/protective factors.
- Develop personal healthy behavior patterns (thoughts/feelings/behaviors) to stop/avoid inappropriate, harmful and/or illegal sexual behaviors. The process of developing a detailed safety plan incorporates the skills and knowledge gained during treatment. Components that should be included in the plan include, but are not limited to; personal offense cycle, high risk situations/seemingly unimportant decisions/triggers/deterrents/healthy coping/protective factors/support system integration.

Clarification/Reconciliation/Reunification

- Explore the impact their offense behaviors had on others, expressing ownership and accountability to others impacted by behaviors and developing understanding of the other person’s thoughts and emotions related to hurtful behaviors. Process could include, but not limited to; letters to the victims (that may or may not be mailed), individual counseling, role-plays and possible face-to-face guided and therapeutic interactions with the victims and/or their family. Face-to-face clarification will only occur when the victim is ready.

- Work to enhance their relationships with family, to come to terms with the sexually abusive harmful behaviors and develop a safety plan and agreements with family with the aim towards possible reunification with family. Reunification will only happen after the clarification process has been completed.

Long Term Preparation and Community Integration

- Prepare to reenter the community through setting goals, safety planning, resource prep (housing/jobs/support network), discussion/plan for future relationships, navigating the world and new freedom, managing temptations (pornography, technology, substances). The youth will plan and prepare for possible sex offender leveling (DOC) and understanding of any sex offender registration requirements. Develop a plan for the preparation for their registration determination hearing (OYA).

Treatment Intervention Library

- Treatment interventions are not limited to one curriculum, but instead are approved by the OYA clinical team based on clinical standards. Those standards focus on cognitive behavioral therapy and healthy adolescent development, as well as being in alignment with the Sex Offense Treatment Board (SOTB) and Association for the Treatment of Sexual Abusers (ATSA) guidelines.

Treatment Documentation

- A treatment plan which outlines the areas of need and treatment components will be documented for each youth by the time of the initial MDT after the youth arrives on the long-term living unit.
- Treatment competencies and goals will be reviewed and rated every 90-days during the MDT process to indicate progress and on-going treatment focus areas.
- A sex offense treatment summary will be completed by the QMHP at each transition point, including when the youth moves from one unit or facility to another or is released on parole.

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