



Sexually Harmful Behavior Intervention Program Manual

Program Overview

YDC:

The Georgia Department of Juvenile Justice Policy 18.23 states that “each youth shall be provided individualized services directed towards his/her assessed risk and needs. Juvenile Sex Offender Certified Counselors (JSOCC) shall administer an intervention program for youth with sexual behavior problems at Youth Development Campuses (YDCs)”. The DJJ Sexually Harmful Behavior Intervention Program is based on a cognitive behavior change model that also includes a strong focus on relapse prevention strategies. It can be used in whole or part depending upon the nature and severity of the youth’s sexually harmful behaviors. The program is designed to be a long-term program, which, based on the youth's risk, may include services in a secure facility and/or the community until completion. It is designed to be a part of the Comprehensive Service Plan developed for each youth when they are committed to the Department of Juvenile Justice. The DJJ Sexually Harmful Behaviors Intervention program is a comprehensive approach to treating youth with sexual behavior problems based on the current research and approaches used nationwide to reduce the risk of sexually aggressive and violent behaviors.

Community:

The Georgia Department of Juvenile Justice Policy 20.36 states that “each youth shall be provided individualized services driven by his/her assessed risk and needs. The DJJ Sexually Harmful Behavior Intervention Program is based on a cognitive behavior change model that also includes a strong focus on relapse prevention strategies. It can be used in whole or part depending upon the nature and severity of the youth’s sexually harmful behaviors. The program is designed to be a long-term program, which, based on the youth’s risk, may include services in a secure facility and/or the community until completion. It is designed to be a part of the Comprehensive Service Plan developed for each youth when they are committed to the Department of Juvenile Justice. The DJJ Sexually Harmful Behaviors Intervention program is a comprehensive approach to treating youth with sexual behavior problems based on the current research and approaches used nationwide to reduce the risk of sexually aggressive and violent behaviors.

Program Requirements

YDC:

The youth will be assigned a Juvenile Sex Offender Certified Counselor upon admission during the development of the Service Plan. If the assigned JSOCC is not the JDC assigned to the youth's housing unit the youth will be assigned a JDC.

Group counseling is the primary modality for motivating the youth to change and implementing task oriented strategies to alter behavior. Groups are comprised of 8-10 participants who meet the minimum of two times per week for approximately one hour each session.

Youth will attend group counseling that focuses on sexually harmful behaviors at least twice each week. Group size should be limited to no more than 10 youth per individual group facilitator. Groups larger than 10 will require a co-facilitator or the creation of another group. At no time shall a facility refuse to accept youth for sex offender treatment when they have the bed capacity without consulting the OPTS RPA and OPTS Director. The Director of OPTS must be consulted any time a facility is asked to accept a youth into their program by the Office of Classification that would cause them to exceed their maximum number of 10 per group.

The JSOCC will provide individual counseling to each youth a minimum of one session per month until the youth has completed relapse prevention. Additional individual counseling sessions are not required for youth in the Sexually Harmful Behaviors Intervention Program (according to DJJ Policy 18.1).

The JSOCC will invite the youth's family to participate in the youth's monthly treatment team meeting to review the youth's progress and discuss family reconciliation. However, if the family is unable to participate in the monthly meeting face-to-face or by telephone/videoconference, the JSOCC will at a minimum, have a monthly telephone contact and document the contact in JTS Communication FP Progress Notes.

The duration of a youth's active participation in the program is dependent on the successful completion of four distinct stages:

Stage 1 Recognize: Begins the process of accepting responsibility for individual actions and exhibiting responsible behavior in group

Stage 2 Learn: Challenges the thinking errors or excuses that allowed the youth to begin and continue sexually aggressive behaviors and begin the process of developing victim empathy

Stage 3 Practice: Youth begins to develop healthy outlets and more pro-social ways to cope with identified high-risk situations

Stage 4 Plan: Youth understands how thoughts, feeling and behaviors lead to offending patterns and develops strategies to avoid and escape high-risk situations after release

Each stage has a set of specific goals and tasks to complete which are presented during the group in order to receive approval for moving to the next stage of treatment. Counselors as well as group members provide feedback to the youth who is presenting his\her assignment. Once all criteria are met within the stage, the youth requests permission from the group to advance to the next stage.

If approved by the group, the youth's request is presented to the Sexually Harmful Behaviors Program Treatment Team for review and final approval or recommendations from the team.

Family sessions occur at least monthly either through face-to-face contact or telephone/video conference contact. These sessions focus on monitoring the youth's progress in treatment and providing family members with information they need to support the program, address placement issues and plan for the youth's eventual transition to the community. The community case manager will also assist in providing parents with educational services that orient parents to the myths and realities of sexual aggression. They also coordinate community-based services that will support and ease the youth's transition back home. In cases where the youth's victim lives in the home, a reconciliation and reunification protocol is implemented by the community case manager, in collaboration with the victim advocate, and the SHBIP staff to determine the feasibility of reunification prior to release.

Each youth determined by the Sexually Harmful Behaviors Treatment Team to be appropriate for placement in the Sexually Harmful Behavior Intervention Program will be placed within 30 days of admission to an YDC.

The following criteria must be met for a youth to be placed in the Sexually Harmful Behavior Intervention Program:

1. The youth has committed one or more of the Sexually Harmful Behaviors outlined in the Department of Juvenile Justice policy 18.23
2. The youth does not exhibit significant disturbances of mood or thought that would prevent him/her from participating in the program
3. The youth is not awaiting transfer to an adult correctional facility due to a Superior Court Sentence
4. The youth meets the definition of a sexually abusive youth per the Sexually Harmful Behaviors Treatment Team

The following programmatic requirements will be met by the intervention groups:

1. Each youth will be placed in a specific group according to information gathered during the initial assessment
2. The youth will attend Sexually Harmful Behavior intervention groups a minimum of twice weekly until completion of the program

3. Each facility will use the JTS-based Sexually Harmful Behaviors Services Module to document and manage the youth status (i.e., awaiting treatment, in treatment, in relapse prevention, and those who have completed treatment)
4. The youth's progress in the program will be documented in the JTS Facility Progress Notes module

The Sexually Harmful Behaviors Intervention Program will use a variety of gender specific workbooks to address the whole child using a combination of the Cognitive Behavioral Model and the Relapse Prevention model as the preferred treatment models (Appendix A). The main focus being addressed is accepting responsibility for sexually aggressive and violent behaviors, and learning how to control them by developing responsible day-to-day behaviors.

Community:

Probated youth will be provided needed sex offender counseling if ordered by the court. Committed youth being supervised in the community will be provided needed sex offender counseling while under community supervision. Preference is for a qualified community provider to provide individual and/or group counseling based on best practices for sex offender counseling. If no community provider is available within a reasonable distance from the Court Services Office, a certified community sex offender supervision specialist may provide group sex offender education services to youth as outlined in this manual.

Group counseling is the primary modality for motivating the youth to change and implementing task oriented strategies to alter behavior. Groups are comprised of 8-10 participants who meet the minimum of one time per week for approximately one hour each session. The duration of a youth's active participation in the program is dependent on the successful completion of four distinct stages:

Stage 1 Recognize: Begins the process of accepting responsibility for individual actions and exhibiting responsible behavior in group

Stage 2 Learn: Challenges the thinking errors or excuses that allowed the youth to begin and continue sexually aggressive behaviors and begin the process of developing victim empathy

Stage 3 Practice: Youth begins to develop healthy outlets and more pro-social ways to cope with identified high-risk situations

Stage 4 Plan: Youth understands how thoughts, feeling and behaviors lead to offending patterns and develops strategies to avoid and escape high-risk situations after release

Each stage has a set of specific goals and tasks to complete which are presented during the group in order to receive approval for moving to the next stage of treatment. The group leaders, as well as group members, provide feedback to the youth who is presenting his/her assignment. Once all criteria are met within the stage, the youth requests permission from the group to advance to the next stage.

The Certified Community Sex Offender Supervision Specialist will assist in providing parents/ legal guardians with educational services that orient parents to the myths and realities of sexual aggression.

The following programmatic requirements will be met by the intervention groups:

1. The youth will attend Sexually Harmful Behavior intervention groups a minimum of once per week until completion of the program
2. The youth's progress in the program will be documented in JTS Case Notes

The Sexually Harmful Behaviors Intervention Program will use a variety of gender specific workbooks to address the whole child using a combination of the Cognitive Behavioral Model and the Relapse Prevention model as the preferred treatment models (Appendix A). The main focus being addressed is accepting responsibility for sexually aggressive and violent behaviors, and learning how to control them by developing responsible day-to-day behaviors.

Sexually Harmful Behaviors Intervention Group Programmatic Guidelines

Assessment Process (YDC and Community):

Youth who may be in need of the Sexually Harmful Behavior Intervention Program are initially identified by court order or the DJJ screening committee through case review activities that occur immediately following commitment. The youth is usually identified on the basis of current or recent sexual offense. However, if a youth has a prior record of sexual aggression and no history of treatment, they may be considered for inclusion in the Sexually Harmful Behaviors Intervention Program. Once they are identified, youth are assessed to determine whether their needs can be served in the community or whether they may require placement out of the community. Assessment tools used to make this determination may include:

The Psychosexual Risk assessment determines relative likelihood that the youth will exhibit sexually aggressive behaviors based on actuarial predictors. The Psychosexual risk assessment may include a number of instruments to measure the likelihood of reoffending sexually, including the JSOAP II, and TNSP.

The Psychological evaluation is a necessary assessment tool since it identifies mental health problems that may influence the youth's behavior and thought process. The psychological evaluation also addresses the intellectual functioning

and specific learning defects that may influence the type of treatment strategies that should be included in the youth's individualized plan.

The DJJ Sexually Harmful Behavior Intervention Program assessment will consist of the following three steps:

1. The Sexually Harmful behaviors Intervention Program will utilize the **Juvenile Sex Offender Assessment Protocol-II (JSOAP-II)** as the primary instrument with which youth will be evaluated for the presence of risk factors associated with sexual and criminal offending. It will be administered to youth who have been adjudicated for sexual offenses, as well as non-adjudicated youths with a history of sexually coercive behavior. The assigned Certified Community Sex Offender Supervision Specialist or assigned community case manager or Assessment Classification Specialist will administer the initial JSOAP II while the youth is in the community. The facility counselor will administer the JSOAP II within thirty days of admission to the YDC when the six months or more have elapsed since the initial assessment was completed.
2. In the YDCs, the Sexually Harmful Behaviors Intervention Program will utilize **The Treatment Needs and Progress Scale (TNSP)** as a secondary instrument for the assessment of dynamic risk factors that have been identified among youth who have committed Sexually Harmful behaviors. The assigned JSOCC will administer the TNSP within thirty days of admission to the YDC to establish the initial baseline to measure progress. Quarterly assessments will be completed to provide information about treatment progress towards identified treatment goals.
3. For YDC youth, The Sexually Harmful Behaviors Intervention Program will utilize the **Clinical Interview** as the third instrument during the initial assessment based of the Ross & Loss (1991) 21 risk factor format. The facility JSOCC will complete the clinical interview within thirty days of admission to the YDC.

Suspension from the Program (YDC):

Any youth who exhibits behaviors that interferes with his\her progress or the progress of the group may be placed on suspension. The decision for suspension is made by the treatment team. Documentation from the treatment team will include the reason for suspension, and types of improvements needed in the youth's behavior. Suspension is limited to 30 days. The youth's space in the group will be reserved during this time. A youth who has been suspended will not receive sex offender specific counseling. However, all counseling will be focused on addressing his\her problematic behavior. After 30 days the treatment team will make a decision to return the youth to the program or continue the suspension.

Sanctions in the Program (Community):

Any youth who exhibits behaviors that interferes with his\her progress or the progress of the group, or who fail to attend, may be sanctioned using the Graduated Sanction process (see DJJ 20.33 Graduated Sanctions).

Monthly Treatment Team Meetings (YDC):

The JSOCC will invite the youth's family to participate in the youth's monthly treatment team meeting to review the youth's progress and discuss family reconciliation. However, if the family is unable to participate in the monthly meeting face-to-face or by telephone/videoconference, the JSOCC will at a minimum, have a monthly telephone contact and document the contact in JTS Communication FP Progress Notes.

Extension of Restricted Custody (YDC):

Youth who are placed in the Sexually Harmful Behaviors Intervention Program and have a court order requiring restricted custody at an YDC must complete the requirements of the four stages of treatment and be able to fully explain his\her progress in the treatment program to the group and treatment team prior to being considered for release to the community. Youth who have not completed the Sexually Harmful Behavior Intervention Program prior to their scheduled minimum release date will be extended for thirty to ninety days to be given the added opportunity to complete requirements. The treatment Team will determine if an extension is warranted. Requests will be prepared by the youth's JSOCC and forwarded to the facility SO Program Coordinator, for routing to the OPTS Regional Program Administrator, who will route it to the Assistant Deputy Commissioner of Support Services and Deputy Commissioner of Secure Facilities for approval. Once approved, the documents will be scanned and emailed back to the Facility SHBIP Coordinator and copy the office of classification.

Release Planning\Aftercare following the Sexually Harmful Behavior Intervention Program (YDC and Community):

Aftercare planning and preparation begin upon admission to the program. Any barriers that may prevent the youth from returning to/remaining in the community and ultimately home are identified at that time along with specific interventions designed to remove those barriers. The youth's family is involved in the aftercare planning process through engagement in family therapy and periodic meetings with program staff and the youth's community case manager. The Certified Community Sex Offender Supervision Specialist or assigned community case manager is responsible for coordinating services for family members and providing follow-up contact to encourage the family to utilize these services.

For youth in YDC, communication between the Sexually Harmful Behavior program staff and the community case manager will occur at a minimum of monthly to review the youth's progress.

The JSOCC will facilitate family reconciliation meetings to discuss details of the Relapse Prevention Plan prior to the youth's release from the sexually harmful behaviors intervention program. The Certified Community Sex Offender Supervision Specialist or assigned community case manager, youth, and parents/legal guardians will be invited to the meeting.

Oversight and Quality Assurance:

The facility Director, in collaboration with the OPTS RPA assigned to oversee the Sexually Harmful Behaviors Intervention Program (SHBIP), will appoint a Coordinator to oversee the program in their facility. The Coordinator should be an Institutional Program Director (IPD) who has completed the DJJ Sponsored Sex Offender Counselor Certification Program. If the facility does not have an IPD, the Director and OPTS RPA will designate an alternate staff person who has completed the certification program and has the experience to provide oversight for the program.

The SHBIP Coordinator will:

- Monitor intervention activities by conducting monthly audits of Facility Case notes for at least 25% of the youth in the SHBIP in the JTS system, utilizing The SHIBIP Case Audit Tool.

The facility Director, in collaboration with the Director of OPTS, the Director of OBHS, and the RPA assigned to oversee the SHBIP will designate a clinician to provide clinical oversight to the SHBIP in each facility. The clinician will serve as the SO Treatment Team Leader, and provide clinical consultation to the JSOCCs and SHBIP Coordinators as needed to insure good clinical practice. At any time the Treatment Team determines that a youth has treatment issues that are prohibiting a youth from moving forward in treatment requiring a higher level of consultation, the Treatment Team Leader will refer the youth to the Behavioral Health Panel for a review.

The OPTS RPA assigned to oversee the SHBIP will provide technical assistance, training, and monitoring of the SHBIP. The RPA will attend at least one SO treatment team meeting per facility each quarter. The RPA will review the monthly reports and quarterly audits submitted by the facility SHBIP Coordinators and utilize that information in combination with information obtained through random JTS audits to provide a summary report each quarter, due 30 days after the date the facility quarterly audits are due. The reports will address all areas of concern and areas identified where progress from previous CAPs has been made. The RPA will distribute the quarterly reports to the facility Director, Treatment Team Leader, SHBIP Coordinator, Director of OPTS, and Director of OBHS.

The RPA will insure that all items identified as areas of concern are addressed by the SHIBP Coordinator in a CAP. All CAP'S will be tracked and monitored by the RPA for correction and sustainability.

Sexually Harmful Behavior Intervention Program Manual Four Stage Program (YDC and Community)

The Sexually Harmful Behaviors Program will consist of “Four Stages of Treatment”.

I. **Stage 1 Recognize:** Begin the process of accepting responsibility for individual actions.

During this phase, the youth will:

- Understand the process of group treatment
- Know Georgia statutes that regulate Sexual Behavior
- Admit to his or her offenses in detail
- Review and understand key aspects of the Prison Rape Elimination Act Of 2000
- Demonstrate the willingness to hold self and other group members accountable
- Demonstrate that he\she accepts responsibility for sexually harmful behaviors

Goals and Requirements

In order to complete Stage I and move to Stage II, a youth must accomplish the following goals and requirements:

- Complete parent session, including the youth’s Certified Community Sex Offender Supervision Specialist or assigned community case manager
 - o Parent will be given, and encouraged to complete, Healthy Families workbook Chapters 1-3
- Complete autobiography & pretest
- Demonstrate knowledge of Georgia State statutes by passing test
- Complete and present to the group the following workbook chapter exercises:

Pathways Youth Workbook

Chapter 1 -- Initial Reactions

Chapter 2 -- Starting the Treatment Process

Chapter 3 -- Disclosing - How do I explain what I’ve done?

(Youth must score at least 80% on chapter tests)

Trauma Outcome Process Workbook

Chapter 2 -- Life Experiences
Chapter 3 -- Bad Things That Happen In Life

- II. **Stage 2 Learn:** Challenges the thinking errors or excuses that allowed the youth to begin and continue sexually aggressive behaviors begin the process of developing victim empathy

During this stage the youth will:

- Explore origins of cycles of offending behaviors
- Learn about healthy and unhealthy fantasies and to evaluate their own as a source for sexually harmful behaviors
- Learn about sexually harmful behaviors patterns and thinking errors
- Further develop empathic ability in order to help motivate the likelihood of pro-social behaviors

Goals and Requirements

In order to complete Stage II and move to Stage III, a youth must accomplish the following goals and requirements:

- Complete parent session, including the youth's Certified Community Sex Offender Supervision Specialist or assigned community case manager
 - o Parent will be given, and encouraged to complete, Healthy Families workbook Chapters 4-6
- Demonstrate increased capacity for victim empathy
- Demonstrate increase in pro-social behaviors
- Demonstrate knowledge of own sexual assault cycle
- Complete and present to the group the following workbook chapter exercises:

Pathways Youth Workbook

Chapter 4 -- Learning about Victims

Chapter 5 -- Understanding Sexual Acting Out

Chapter 6 -- Grooming: Maintenance Behaviors

Chapter 7 -- Understanding the Chain of Events that Lead to my Sexual Behavior Problems

Chapter 10 -- Understanding Sexual Abuse and other Traumatic Life Experiences

(Youth must score at least 80% on chapter tests)

Trauma Outcome Process Workbook

Chapter 4 -- Feeding Violence: Sexual Aggression

III. **Stage 3 Practice:** Youth begins to develop and practice healthy outlets and more pro-social ways to cope with identified high-risk situations

During this stage the youth will:

- Continue to work on understanding his\her behavior patterns
- Have the opportunity to begin developing a Safety Plan that provides strategies for avoiding, escaping and coping with high risk situations specific to youth's own sexual behavior problems

Goals and Requirements

In order to complete Stage III and move to Stage IV, a youth must accomplish the following goals and requirements:

- Complete parent session, including the youth's Certified Community Sex Offender Supervision Specialist or assigned community case manager
 - o Parent will be given, and encouraged to complete, Healthy Families workbook Chapter 7
 - o Community case manager will present the proposed Safety Plan
- Present and explain to the group the Safety Plan
- Complete and present to the group the following workbook chapters and exercises:

Pathways Youth Workbook

Chapter 8 -- Controlling: Expressing Sexual Feelings in Positive Ways

Chapter 11 - Clarification: Making Things Clear and Apologizing for my Behavior

(Youth must score at least 80% on chapter tests)

Trauma Outcome Process Workbook

Chapter 5 -- The Trauma Outcome Process

Chapter 6 - Taking Good Care of Yourself

IV. **Stage 4 Plan:** Youth understands how thoughts, feeling and behaviors lead to offending patterns and develops strategies to avoid and escape high-risk situations after release.

During this stage the youth will:

- Develop his\her Relapse Prevention Plan

- Provide and develop a Safety Plan that provides strategies for avoiding, escaping, and coping with high-risk situations that are not specific to sexual behavior problems
- Be required to participate in Transition Plan work to help the process of returning to the community

Goals and Requirements

In order to complete Stage IV and move to the Relapse Prevention Stage, a youth must accomplish the following goals and requirements:

- Complete an autobiography on the timeline, antecedents, behavior, and consequences of offense
- Complete parent session, including the youth's Certified Community Sex Offender Supervision Specialist or assigned community case manager
 - Parent will be given, and encouraged to complete, Healthy Families workbook Chapters 8-10
- Complete Post assessment tests
- Complete Pathways tests and Relapse Prevention Plan
- Complete and present to the group the following workbook chapters and exercises:

Pathways Youth Workbook

Chapter 9 - Creating and following my Relapse Prevention Plan

Chapter 12 -- Steps to Sex Offender Accountability: Becoming a Responsible Person

Chapter 13 - Completing Treatment by Living a Responsible and Healthy Lifestyle

Chapter 14 - My S.T.O.P. Plan

(Youth must score at least 80% on chapter tests)

Trauma Outcome Process Workbook

Chapter 7 - Becoming the Person You Want to be

Chapter 8 - Pursuing Your Dreams

- V. Accountability Group: Once a youth has completed all four stages of the Sexually Harmful Behaviors Intervention Program he or she will be assigned to an accountability group by the Juvenile Sex Offender Certified Counselor to begin relapse prevention.

Requirements

Meet at least twice per month or more according to the treatment plan for three months then once per month for six months

- Complete and present to the group the following exercises

Review of Georgia Sex Laws

Review of current State of Georgia Sex Offense Laws (see resources under Appendix A)

Trauma Outcome Process Workbook

Chapter 3 - Bad Things Happen In Life

Chapter 5 - The Trauma Outcome Process

Chapter 6 - Taking Good Care of Yourself

Chapter 7 - Becoming the Person You Want To Be

Chapter 8 - Pursing Your Dreams

Appendix A

Workbooks and other Resources

The following is an approved list of suggested resource materials for Juvenile Sex Offender Certified Counselors that may be used during the course of treatment to compliment the required materials. Several of these resources are designed to be used with youth with Developmental Disabilities and are labeled as such.

Workbook for Females with Sexually Harmful Behaviors

Growing Beyond by Susan L. Robinson, LCSW

Workbooks for Youth with Developmental Disabilities

Healthy Choices by Tim Horton and Tracey Frugoli
Footprints-Steps to a Healthy Life by Timothy J. Kahn

Additional Workbooks and Resources:

Stages of Accomplishment Workbooks\for Sexually Abusive Youth
Stage 1, 2, 3, and 4 by Phil Rich Ed.D., MSW
Healthy Families by Timothy J Kahn
Ignorance is no Defense, A Teenager's guide to Georgia Law

Appendix B (YDC only)

Clinical Interview Guide

DEPARTMENT OF JUVENILE JUSTICE SEXUALLY HARMFUL BEHAVIOR TREATMENT PROGRAM SUMMARY

Date of Clinical Interview Summary:

Date of Clinical Interview	Facility Name:	Facility Address:
Interviewer:	Title:	

DEMOGRAPHICS:

Name of Youth:	DOB:	Youth Identification Number:
Commitment Date:	Probation Date:	
Parent/Guardian Name:	Parent/Guardian Address:	Parent/Guardian Phone:

EVALUATION PROCEDURE:

The first stage involved a review of court documents and other records which were located in (display juveniles first name) residential case file. These documents included, but were not limited to, the court order requiring the evaluation and detailing the current conviction and past criminal history, the police investigation report, as well as his monthly progress reviews and disciplinary reports.

The second stage of the evaluation consisted of the numerous interviews and group sessions noted above, conducted from (insert Dates of Interviews field). During these interviews, (display juveniles first name) was asked questions relating to his emotional and behavioral functioning, his relationships, his family functioning, as well as his sexual history, (display juveniles first name) was interviewed alone during the time when he was asked questions regarding his sexual history, specifically when he began to have sexual fantasies, began to realize what sex was, how he learned about it, his own past sexual abuse, and his current sexual behaviors.

IDENTIFYING INFORMATION

PAST SEXUAL OFFENDER CRIMINAL HISTORY

Cooperation with the Assessment Process: Look for youth willingness to pay attention to content and process of the interview and answer questions.

Honesty and Self-Initiated Disclosure: Look at admission of offenses and past history as well as genuine attempts to express thoughts, fantasies and emotions

Degree of Aggression / Overt Violence in Offenses: Look at forms of aggression, usage of weapons, Intent to inflict pain and offenders response to victims distress

Frequency and Duration of Offenses; How often and how much sexually aggressive behavior has been exhibited.

Length, Nature, and Progression of History of Sexual Aggression; This may include a progression of different offenses\types of behaviors or a history of consistent offense types involving a progression of added behaviors.

Offense Characteristics other than Sexual Aggression: The number of secondary offense characteristics that may accompany sexual aggression such as treats of gang retaliation, using objects during offense forcing victim to use drugs or alcohol etc.

Number of Victims in Relation to Amount of Victim: This refers to the number of victims the youth has victimized during his\her history of offending behavior relative to the access to potential victims

Victim Selection Characteristics: This refers to the behavior, physical and personality characteristics of the victim that from the offenders standpoint are criteria for selection

Other ExplanationsVAbusive or Addictive Behaviors: Substance abuse, pornography usage, non-sexual problems and aggression

Personal Responsibility for Offending Behavior: The degree to which the offender accepts responsibility for the offenses charged

The Precipitating factors to the Offenses: Measure of identifiable stressors that may be correlated to the commission of the offense or particular timing

Family System Functioning: Look at intergenerational patterns of sexual abuse or other abuses in family that may contribute to offender's behavior.

School and/or Employment Stability: This refers to the functioning level of the offender in school or at work

Social Relationships: How does the offender work in a peer group setting?

Non-offending Sexual History/Past Victimization: This area helps to understand the degree of normal psychosexual development present in the offenders history

External Motivation for Treatment: Look at the offender's support system and resources outside the offender which will facilitate his involvement in treatment.

Internal Motivation for Treatment: This refers to offenders underlying desire to avoid sexually aggressive behaviors\fantasies and look to new\healthy ways to satisfy needs.

Response to Confrontation: Refers to offenders, psychological, verbal and physical reactions to the interviewers confrontation on any subject during the interview

Treatment History: This refers to nature and extent of offenders past history of intervention by therapists and its impact on him

Criminal Arrests, Convictions, and Incarceration History: Refers to nature and extent of offender's history in the criminal justice system.

Current Degree of access to Current, Past, and Potential Victims: How accessible current past or potential victims are to the offender regardless of intent.

AMENABILITY TO TREATMENT Refers to the therapist impressions based on interview

RECOMMENDATIONS

Sexually Harmful Behaviors Intervention Program Case Audit

Youth ID:
 Sex Offense Charges:
 Current Placement:
 YDC Placement Date:
 Treatment Start Date:
 Current Status:
 YDC Release Date:

Assessment	Compliance	Date	Comment
JSOAPII within 30 days			
Treatment Needs Progress Scale w/in 30 days			
Clinical Interview w/in 30 days			
JSOAPII at completion			
Treatment Needs Progress Scale at completion			
Treatment Needs Progress Scale quarterly			

Treatment	Compliance	# Complete	# Canceled	# Refused	Comment
Individual Counseling twice a month					
Group Counseling twice a week					

	Date	Comment
Relapse Plan Developed (Date)		

Transition Planning	Compliance	# Complete	# Canceled	# Refused	Comment
Family Reconciliation Sessions					

Family reunification meetings prior to program release (Dates)				
JSOC Approval of visitation list (Date)				
Release Review meeting (Date)				

Relapse Prev Plan used for Comm Safety/Supervision Plan	Yes	No	N/A
Trans team recommend extension if yth hasn't completed SHBP	Yes	No	N/A
When victim is in home Com case mgr will seek alternative	Yes	No	N/A
If no plcmt, ait rel home w/ RPP, SSP approved by JSOCC, JPPS, Reg Admin	Yes	No	N/A

SIRs for sexual activity

PY1 Youth on Youth sexual penetration	
PY2 Youth on Youth sexual contact	
PY3 Youth on Youth sexual harassment	
PY5 Lewd or lascivious conduct	

Evidence that SIRs are addressed in tx?

Comments

