New Mexico Standards of Practice

Licensed Mental Health Providers
Offering Services
to Youth Who Have Caused Sexual Harm

Credits

New Mexico Standards
for Assessing And Treating
Youth Who Have Caused Sexual Harm
are adapted in part from
Community-Based Standards
for Addressing Sexual Harm by Youth
(Schladale, Langan, Barnett, Nunez, Fredericks, Moylan-Trigiano & Brown, 2007)

Credits

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Purpose of Standards

- Best practice standard for assessment and treatment of youth
- Provide a template for a comprehensive response
- Focus on protective factors that increase overall health decreases the risk for harmful behavior
- Knowledge about how to identify and manage/eliminate the risk
- Recommendations for specialized training and supervision

Approved by SOMB and NM Sentencing Commission

- A task force of New Mexican professionals collaborated to create these Standards
- Latest research and evidence-based practices
- Standards will be continuously evaluated for accuracy and effectiveness
- Comments can be submitted to New Mexico SOMB and APSHY

Guiding Principles

- **Do no harm:** All services are provided in the least restrictive setting for all involved in a manner that does not cause harm or injustice to any party
- **Every member of a community deserves to be safe:** Victims or potential victims as well as youth who have caused sexual harm must be physically and emotional safe

Guiding Principles

- **Sexual harm hurts people:** Concern for victims and their need for respect, healing, empowerment, and ongoing safety must remain the driving force of care
- **Individualized treatment begins with a thorough assessment that is ongoing and identifies:**
  - risk factors
  - protective factors
  - co-occurring behavioral/ mental health disorders
  - the community's strengths
  - resources and challenges

Guiding Principles

- **Assessment and treatment are culturally sensitive:** Respect for gender, race, ethnicity, sexual orientation, religion, nationality, culture, family structure, financial status

Guiding Principles

- **Co-occurring Serious Mental Illness must be identified and treated:**
  - General functioning, psychological, and psychiatric assessments
  - Specific assessment of sexual behavior issues make prioritization of treatment needs possible
  - Risks associated with psychiatric disorders can be greatly moderated with effective treatment or can significantly increase risk if untreated or undertreated

Guiding Principles

- **Family focus is central to a treatment process aimed at reducing and eliminating sexual harm by youth**: Family of origin members, kinship, and extended network members are identified to support the treatment process
- Positive attachment to care-givers is a protective factor that decreases deviant behavior

Guiding Principles

- **An ecological model incorporates physical, social, psychological, educational, and spiritual life domains:** Focuses on strengths and needs to maximize potential for change in all areas. Each youth and family involved in treatment are part of a larger community, with established institutions and agencies designated to support and assist these youth

Guiding Principles

- **Treatment and supervision of youth requires collaboration from system partners:** Treatment is based upon a team approach
- **Relationships are the basis for change:** Change occurs within the context of positive relationships. Provide youth with genuine and nonjudgmental support, respect, and empathy

Guiding Principles

- **Youth can and do change their behavior:** Service provision is guided by the belief that youth and families can recover and change their behavior to lead productive and fulfilling lives
- **Youth should not be defined by behavior:** Youth who cause sexual harm should be held accountable for, but should not be defined by the harmful behavior

Definitions

- **Alliance to Prevent Sexual Harm by Youth (APSHY)**: multidisciplinary group of professional who provide services or supervision to youth with sexual behavior problems
- **Child**: 12 years of age or younger
- **Core Competencies**: skill domains shown to reduce youth violence

Definitions

- **Intellectually or Developmentally Disabled**: I.Q. of 70 or below, deficits in adaptive functioning, onset before age 18
- **Family**: family of origin or caregivers identified by youth
- **LMHP**: Licensed Mental Health Providers
- **Protective Factors**: that which protects from the development of a disorder (social support, healthy coping strategies)

Definitions

- **Reconciliation**: to make friendly again or bring in to harmony
- **Reunification**: to unify again after being divided
- **Risk Factors**: various deficits that can lead to abusive behavior
- **SOMB**: Sex Offender Management Board

Definitions

- **Sexual Harm**: physical, emotional, or other injury as a result of action committed by a youth with sexual intent
- **Specialized training**: specifically related to providing counseling or supervision to youth who have caused sexual harm
- **System Partners**: people, agencies, governing bodies with vested interest in youth and family

Definitions

- **Youth**: a person 13 to 18 years of age
- **Youth who has caused sexual harm**: youth who through sexual behavior caused physical, emotional, or other injury to another - may or may not be a violation of the law, may or may not be charged for their behavior

Special Populations

- These Standards assume an I.Q. above 70 and chronological age of 13 or older
- Youth with intellectual/developmental disabilities and children need special consideration in assessment and treatment
- Refer to specialized service providers competent in working with these populations

Credentialing for Professionals

LMHP shall have following qualifications:

- Master's or doctoral degree in counseling or counseling-related field
- A current license through a Board of the New Mexico Regulation and Licensing Department

Requirements for Specialized Provider

- 30 hours of specialized training (see Appendix III)
- one year of providing services
- LMHP must have 12 CEUs of specialized training within first 180 days of employment
- 6 CEUs of training per year related to youth who have caused sexual harm

Supervisors

- Must fulfill qualifications of Specialized LMHP
- Maintain independent practice license
- Completed one year of providing services to youth who have caused sexual harm
- Complete 6 CEUs every two years in clinical supervision services

General Tenets of Assessment

- The youth's behavior is influenced by multiple systems
- Protective factors that the youth, family, and community possess must be considered

General Tenets of Assessment

- Thorough assessment includes:
  - gathering data about the antecedents, responses, and consequences
  - the environmental contexts
  - the interactions between all involved parties
  - internal cognitions and emotions of the youth
- Assessment is performed on an ongoing basis

Assessment Elements

The Assessor will:

1. Meet face-to-face with the youth
2. Meet with youth's significant others
3. Consult with relevant individuals
4. Complete collateral contacts
5. Review collateral documentation

Assessment Domains

- A comprehensive psycho-social assessment AND psycho-sexual elements including:
  - Development of sexuality-roles
  - Development of healthy sexuality
  - Inappropriately sexualized environment

Cultural Assessment

- Cultural Factors: race, ethnicity, socioeconomic status, religion, and sexual orientation of the youth, family, and community
- Do any aspects of the individual's culture contribute to or protect from sexually harmful attitudes or behavior?

Assessment Elements: Offense Specific

- Youth's version
- Victim's version
- Family version or level of belief
- Other witness(s)' version(s)
- Age and gender of victim, and relationship of victim to youth
- Evidence of a planned approach to offending behavior
- Use of coercion, threats, force

Assessment Elements: Offense Specific

- Attitudes and beliefs about gender roles, children, sexuality, etc.
- Denial, minimization, rationalization, etc.
- Empathy for and understanding of the impact on victim
- Circumvention of monitoring and supervision
- Extent of obsessive thoughts and behaviors
- Level of supervision at the time of the event
- Consequences to the youth following the event

Static (Unchangeable) Historical Risk Factors

- Heritable characteristics
- Fetal insults/infections/conditions
- Condition at birth
- Permanent disability
- Family of origin/culture
- Developmental differences

Static (Unchangeable) Historical Risk Factors

- Early experiences with caregivers
- History of criminal charges.
- Prior allegations of sexual harm
- Sexual or physical abuse or exploitation
- Exposure to domestic violence
- Exposure to pornography or adult sexual activity

Stable (Less Changeable) Risk Factors

- Temperament
- Conscience：moral development
- Ability to empathize
- Intellectual potential

Stable Risk Factors

- Communication ability
- Physical attributes
- Heritable neurological characteristics
- Traumatic Brain Injury

Dynamic (Changeable) Risk Factors

- Level of supervision across situations
- Communication and social skills
- Problem solving skills
- Stability of youth's living environment/family
- Nature of sexual thoughts

Dynamic (Changeable) Risk Factors

- Thoughts, feelings, and behavior
- Self perceptions
- Impact of traumatic experiences
- Sexualized environment
- Witness to domestic violence/marital discord

Core Elements of Specialized Treatment Approach

- These treatment principles are based on the current research in the field
- Treatment goals are reflective of ongoing comprehensive assessment

Core Elements of Specialized Treatment Approach

- Treat any co-occurring mental, behavioral, or substance abuse disorders
- Tailored to a youth's cognitive ability, experience, and developmental stage

Treatment Elements

- Establish a relationship that is built on mutual respect
- Cognitive Behavioral Therapy & Motivational Interviewing
- Family involvement in all aspects of treatment

Treatment Elements

- Psycho-education of youth and families:
  - laws governing sexual behavior
  - identification of inappropriate/abusive behaviors
  - elements of consensual sexual behavior
  - neuro-biological effects of trauma and attachment
  - aspects of good relationships (sexual & non-sexual)
  - beliefs in regard to pornography & human sexuality

Treatment Elements

- Building of Core Competencies through skills and strengths identification and practice
- Multi-sensorial and experiential exercises
- Management of static or stable risks
- Individualized goals for dynamic risks and skill deficits

Treatment Elements

- Treatment planning is strengths-based and individualized
- The youth and family are central participants
- Ecological approach, e.g., family, school, peers, community
- Address core competences
- Treatment plans evolve to monitor progress/or achievement of goals

Safety Planning

- Proper identification of risk factors in assessment (and ongoing in treatment)
- Static and stable risk factors may need to be 'managed' in treatment objectives

  (Ex: learning/behavioral problems through successful application of IEP and modification of treatment approach)

Safety Planning

- Use functional strengths of youth, family, community, and school
- At the beginning of treatment, safety is ensured by adult supervision by those who express clear motivation to prevent all harm
- As treatment progresses and goals are met, safety planning is supported by youth who were initially resistant or ambivalent about stopping harm

Safety Planning

- Three different functions of safety plans:
  1) To protect the youth from self-harm
  2) To protect the youth from harm by others
  3) To protect others from harm by the youth

Safety Planning Elements

- Collaborative effort including as many partners as possible
- Meet the unique supervision needs of each youth
- Must clearly consider the needs of the victim and/or family members
- Must clearly define the roles and responsibilities of the youth, and other parties involved or providing oversight

Safety Planning Elements

- Evidence that responsible parties have reviewed and understood the safety plan
- Signed by youth, family members, and juvenile probation and parole officer
- Consistent with any legal procedures regarding victim notification
- Reviewed regularly and adjusted if needed

General Tenets of Reconciliation

- Process of youth accountability for his or her past abusive behavior
- Apologize to the victim and/or the family
- Process for victim healing and empowerment
- Process for family education
- Process to aid safety planning by effectively managing the range of emotions and risk factors associated with sexual abuse

General Tenets of Reconciliation

- The youth, the victim(s) and/or their family has to be ready and willing to participate
- Victim and/or family member involved determines the pace of reconciliation
- Communication among all involved is critical
- Utilizes the strengths, protective factors, and cultural perspectives of the youth, victim and/or family to best meet needs for healing

The Youth is Ready When…

He or she demonstrates:

- Appropriate affect regulation
- Accountability for abusive behaviors
- Understand the impact of the abusive behaviors on the victim, the family, and themselves
- Communicate their thoughts and feelings
- Willingness to comply with safety planning

The Family is Ready When…

They:

- Acknowledge that abuse happened without minimization
- Are aware of family context and dynamics contributing to abusive behavior
- Demonstrate appropriate affect regulation
- Display awareness and ability to communicate about risk factors

The Victim is Ready When…

They:

- Have participated in all recommended services
- Demonstrate affect regulation
- Clearly communicate a desire to participate in reconciliation services
- Know they can change their mind and stop the process at any time
- Have clearly articulated support from pertinent adults

Reconciliation Process

- Create a roster of those people willing to consider reconciliation
- Explore solutions to individual or systemic barriers to reconciliation
- Explore how successful family discussions have occurred in the past
- Explore with each individual how a family discussion about reconciliation might go

Reconciliation Process

- Allow each person to imagine questions others will have and how they might best answered
- Create a plan of action for dealing with problematic behavior if it occurs in the meeting
- Prepare all participants to manage difficult affect through multi-sensory self-soothing techniques

Process for Reconciliation

- Family meeting occurs where there is physical/emotional safety and confidentiality
- Not everyone has to participate in every meeting
- Family sets reconciliation goals in first session
- Beginning or following each session, review progress toward the established goals
- After reconciliation goals are met the youth and family may be ready for reunification

Readiness for Reunification: A Victim Driven Process

- When victim(s) lives in the home, participates in family reconciliation, and wants the youth to return home, then family reunification is considered
- When the victim(s) does not live in the home, and the youth and all family members want reunification, the process can begin

Readiness for Reunification: A Victim Driven Process

If:

- the victim(s) are in the home and are not willing to have the youth return home, **or**
- the treatment team (including family members) decide it is not safe for the youth to return home,

Then:

- alternative living arrangements are explored and plans for continued family contact are created

Readiness for Reunification

- All family and treatment team members have knowledge of a youth's risk and protective factors, and plans for continued success
- All family and social support network members are committed to report any potentially harmful behavior to designated treatment team members or local authorities

Readiness for Reunification

- Documented safety plan that includes specific interventions for each identifiable risk and identifies roles/responsibilities for team members
- Safety plan will be updated as risk factors evolve and change

General Tenets of Reunification

- Prior to reunification, there must be successful reconciliation
- Adequate safety planning and monitoring of compliance with the safety plan

Reunification Process

- Safety plan describes risk factors and roles and responsibilities agreed to by all participants
- Responsibility for supervision and monitoring is clearly assigned and documented in safety plan
- Compliance assessed on a continuous basis

If Victim Lives in the Home…

- Reunification should begin only after reconciliation has occurred
- The victim must become engaged in therapeutic support during the reunification process

If Victim Lives in the Home…

A reunification safety plan must be developed and include the following:

- A description of all behaviors and circumstances that make the victim feel physically or emotionally unsafe (these are documented as part of the safety plan)
- How all parties will respond if any one of the parties has a safety concern

If Victim Does Not Live in the Home…

After the youth and his caregivers participate in reconciliation:

1. safety plans are established
2. home visits begin
3. plan can be made for the permanent return of the youth

Discharge/Transition Planning

- Discharge planning begins at assessment
- Transitioning the youth to a lower level of care or discharging a youth from treatment is an important aspect of the treatment process

Discharge/Transition Planning

- Decision and recommendations pertaining to discharge from treatment should always be done in collaboration with system partners
- Recommendations or decisions regarding discharge or transition must be based on treatment progress and include a clear plan for the sustainability of that progress

Transition Planning

- Transitions must be supported by documented evidence that adequate treatment progress has been made
- Discharge/transition plans must include clear information regarding what to do if the plan does not work