Sex Offender Treatment

Location: Any (Home, Office, Community)
Client: Child
Duration: Long Term – One Year
Low Level: 1 hour per week
Average Level: 2 hours per week
High Level: 3 hours per week

Payer: DCS/MCO/MRO

Summary:

Sex offender specific treatment is an intervention carried out in a specialized program containing a variety of cognitive behavioral and psycho-educational techniques that are designed to change offense supportive beliefs and attributions, improve handling of negative emotions, teach behavioral risk management, and promote pro-social behavior. Along with sexual offender specific treatment, containment teams shall be established for each referral in order to ensure consistency in service delivery and decision-making and foster collaboration. Programming will provide services to children and their families who are referred by the Department of Child Services and/or the local Juvenile Probation Department.

All referred cases shall follow a continuum that provides the following:

1) Risk and needs assessment for sexual offenders: (emergency and non-emergency) Assessments must include the following components: Youth, family and community strengths; cognitive functioning; social/developmental history; current individual functioning; current family functioning; delinquency and conduct/behavioral issues; substance use and abuse; psychosexual assessment; mental health assessment; sexual evaluation; community risk and protective factors; awareness of victim impact; external relapse prevention systems including informed supervision amenable to treatment and treatment recommendations. It must also include an assessment of risk using the ERASOR (Estimated Risk of Adolescent Sexual Offender Recidivism).

2) Containment Teams for offenders Traditional supervision practices do not adequately address the unique challenges and risks that sexually maladaptive youth pose to the community. Therefore it is expected that the provider will establish a “network” of family members, friends, teachers, coaches and any other community members or professionals who are committed to the success of the youth, to provide intensive monitoring of the youth in the home, school and community. This monitoring will occur 24 hours a day while the youth receives treatment.

3) Treatment must include individual, group and family components for sex offenders including the following:
a. Case-specific treatment components through individual therapy including addressing personal history of sexual victimization and behavioral techniques designed to modify deviant sexual arousal if appropriate

b. Core treatment modules through group therapy including: psychoeducation about the consequences of abusive behavior; increasing victim empathy, identifying personal risk factors, promoting healthy sexual attitudes and beliefs; social skills training; sex education; anger management and relapse prevention as appropriate

c. Parent components including: engendering support for treatment and behavior change; encouraging supervision and monitoring; teaching recognition of risk signs and promoting guidance and support to their teenager.

d. Relapse prevention if appropriate

e. Polygraph testing if appropriate

f. Family support services

g. Compliance monitoring and reporting