Fairfield County Sexually Aggressive Youth Program
Annual Report 2014
Mid-Ohio Psychological Services, Inc.

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Program Background

According the Center for Sex Offender Management (CSOM), an estimated one in every five girls and one in every seven boys are sexually abused by the age of eighteen. It is also noted that about one in six adult women and one in 33 adult men will experience an attempted or completed sexual assault (CSOM, 2008). The center reports that of those arrested for sex offenses, just under 20% are juveniles under the age of 18. According to statistics in 2008, 2,200 juveniles were arrested for forcible rape and 9,200 juveniles for other sexual offenses. Of the juveniles arrested for a sexual offense, 90% are male. CSOM also noted that juvenile offenders appear to respond better to treatment and are less likely to reoffend than adult offenders. According to CSOM's data, an estimated 10% of juvenile offenders will reoffend with a sexual offense; however, it is noted that juveniles who sexually offend are more likely than the average population to be arrested for a non-sexual offense (CSOM, 2008).

Mid-Ohio Psychological Services, Inc. (MOPS) began treating adolescent sex offenders in 1992. Treatment at that time focused primarily on group counseling services. In order to better meet the individual needs of the sex offender population, MOPS began utilizing individual services in conjunction with group treatment in 2001. MOPS became certified by the Ohio Department of Youth Services as an adolescent sex offender provider in January 2009 and has maintained the certification through the current fiscal year. As will be explained further in the report, the SAY program at MOPS focuses on partnering with community referral sources, schools, and families to provide holistic treatment for participants in the program. MOPS is currently the only outpatient treatment facility in Fairfield County with a certified adolescent sex offender program.

The Sexually Aggressive Youth (SAY) program is an intensive form of counseling that is provided in the Fairfield County office for those who have engaged in sexually abusive behavior with the goal of rehabilitation and possibly reunification. This program is available for all children and adolescents and offers a sliding fee scale for those who are residents of Fairfield County.

The goal of this program is to reduce the risk of sexually abusive behavior occurring again. Due to offenses often occurring within the family system, a secondary focus of the program is working towards possible reunification and family management. This program does work through individual, group, and family sessions. Through individual and possible group work, clients will develop understanding of the abuse event through exploration of the event itself and potential history behind the event. The client then works to develop a plan to reduce the risk of reoccurrence through establishment of healthy relationships, environments and safety/protection plans. Work is also done with the family system, which may or may not include the victim, to discuss safety planning as well as possible reunification.

Treatment services for youth who have engaged in sexually aggressive behavior need to be tailored to the specific needs of the youth, being sensitive to the age, developmental status, intelligence, and unique environment that the youth experiences. Although most youth participate in formal groups, some participants receive treatment only through individual/family

counseling depending on these particular dynamics. No group has more than 12 participants, with at least one facilitator for every 6 youth.

Virtually all participants it the Sexually Aggressive Youth Program are required to complete the following core assignments: Adolescent Autobiography, Why Did I Do It, Victim Impact, Victim Apology Letter, and the Relapse Prevention Workbook. All adolescent assignments are located on the MOPS webpage under Forms → Direct Forms →Handouts → Youth Treatment.

These assignments are modified based on the developmental/intellectual functioning of the youth and the youth's prior exposure to treatment services. For example, young sexually aggressive youth may not fully understand the material in the "Why Did I Do It? Worksheet" and therefore this assignment might be done verbally as opposed to doing it in written format. Further, youth who are coming to our program as an "aftercare" service may have already been exposed to the conceptual material that is addressed by the Autobiography, Victim Impact Worksheet, and Why Did I Do It? Worksheet, and therefore the youth is only required to complete the Relapse Prevention Workbook.

For treatment to be effective, it must be coordinated with other agencies that are involved with the sexual aggressor, including Children Services and the Court. Contact with these other agencies occurs and is documented at least once a month, as needed. Many referral sources require monthly reports of progress that are completed by completing treatment summaries or the Sex Offender Treatment Progress Report.

Treatment

When initiating services for sexually aggressive youth, it is important to attempt to engage the family system in the therapeutic process. To this end, the biological family/foster parents/other caretakers should be provided the Parent Handout, and this document should be reviewed with the appropriate parental figures. Caretakers should be strongly encouraged to meet with the primary therapist at least once a month to ensure coordination of care. More frequent contact should be encouraged.

Prior to initiating the sexually aggressive youth program, the youth and their caretaker must sign the Sexually Aggressive Youth Contract, which attempts to delineate the nature of the program and each person's responsibility while the youth participates in the program.

The primary goal to all intervention with sexually aggressive youth is to create safety within the community to help reduce the risk of future sexual abuse. Upon the initiation of treatment, the concept of safety planning is introduced and reinforced throughout the course of treatment. To help facilitate the skill of safety planning and to help develop appropriate safety planning skills, the Understanding Safety Planning handout is provided to the youth and their caretakers, with the first portions being completed as early in the treatment process as feasible. This handout is completed again any time that a major change in life circumstances occurs for the youth (moving to a different community/home, etc.). The last portion of this handout, "My Specific Safety Plan" is completed any time the youth encounters a new situation that could reasonably be

expected to increase the youth's risk within the community.

When a sexually aggressive youth transitions from one home to another, or one treatment program to another, it is essential that an additional assessment of his risks be conducted and specific safety planning occur. The Understanding Safety Planning handout is completed any time a youth moves from one home to another or otherwise experiences a significant change in their life circumstances.

In virtually all cases, some level of reunification occurs-whether it is simply visiting with non-victimized siblings to fully moving back into the home with the victim. To facilitate the reunification process, the Family Reunification Phases handout is provided to the family and reviewed in detail and the involved clients and family members complete the Family Reunification Contract.

Successful discharge occurs when clients have attained all treatment goals listed on their treatment plans. This typically includes completion of the core assignments and demonstrating application of the skills learned in counseling. Most participants are in the program for two years or more. Successfully completing the program does not guarantee that a future offense will occur. Discharge from the program will occur when the participant has met maximum benefit from the program. Participants who successfully complete the program have evidenced knowledge of personal risky behaviors and have discussed reasons that they would know that they should return to counseling.

Program Participants (Demographics)

During the 2014 fiscal year, the Sexually Aggressive Youth program had 28 participants. Participants included all those enrolled in the program at any time during 07/01/2013 to 06/30/2014. Out of the 28 participants only two were female and the remaining male. As seen in Figure 1, participants ranged in age from 13 to 20 with an average age of 16. Those clients whose ages are above 18 were adjudicated for their offense prior to turning 18. The age reflects their age at the end of the 2014 fiscal year.

Age	# People
13	5
14	3
15	4
16	4
17	4
18	4
19	3
20	1

Figure 1- Age Distribution

The participants were primarily Caucasian (89%), two participants were African American (7%) and one participant identified multiple races (4%).

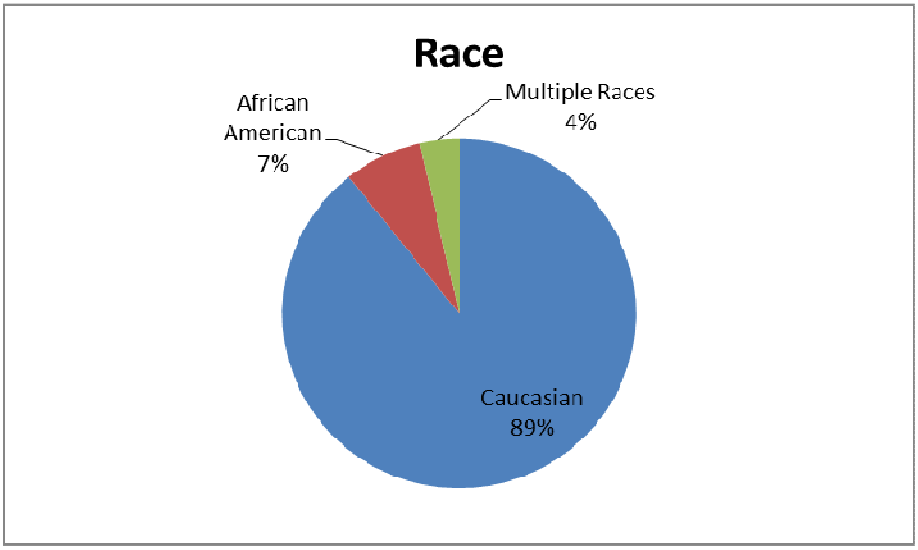


Figure 2- Race Distribution

Clients were referred to the program from several agencies in both Fairfield and Hocking County. Referral source was identified at the time of the intake and noted in the assessment or on the original treatment plan. One referral came from Hocking County Juvenile Court and one from Hocking County Child Protective Services. All other referrals were identified as being from Fairfield County. One client was referred for counseling services by Fairfield Academy, a local group home for boys who have been removed from their previous placement. Eleven clients were referred by the Fairfield County Juvenile Court; two clients were referred by Fairfield County Child Protective Services; three clients were referred by Fairfield County Child Advocacy Center; seven clients were referred by family members; and two clients were referred by an attorney. In Figure 3, both Fairfield and Hocking County have been combined. Child Protective Services and Child Advocacy Center have also been combined as Children Services. Clients who identified a family referral had also noted that they were seeking services prior to court involvement with the understanding that the court system would be referring them to counseling.

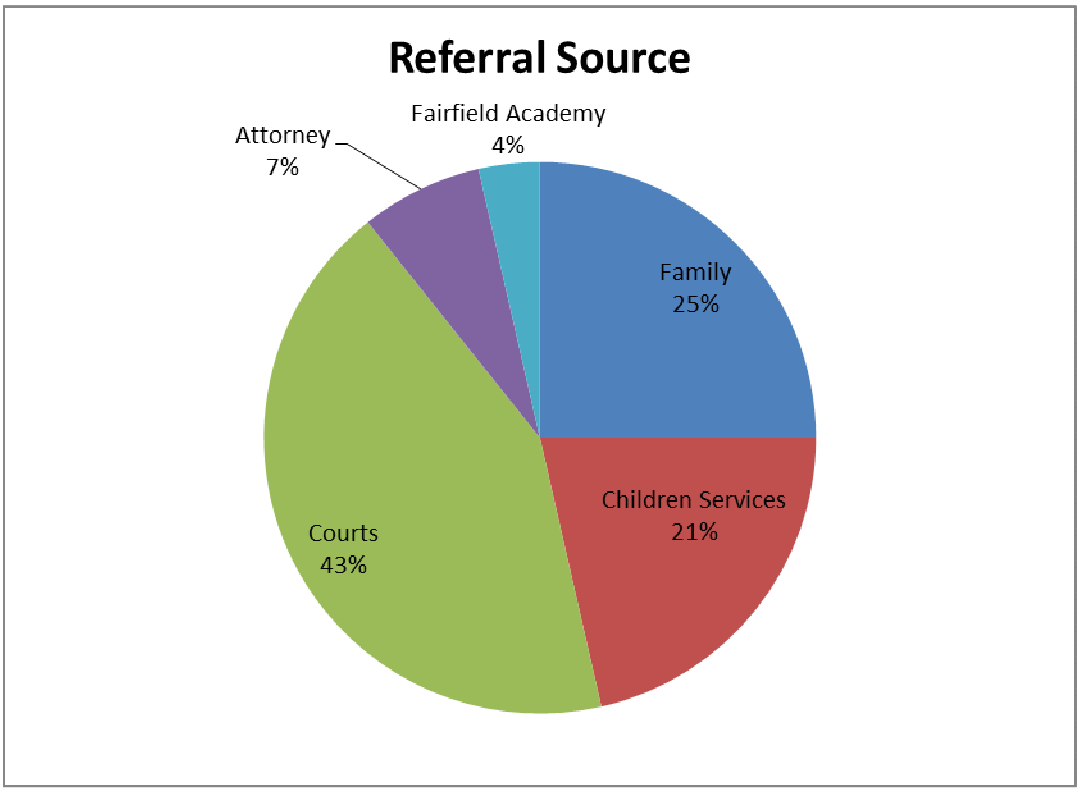


Figure 3- Referral Source Distribution

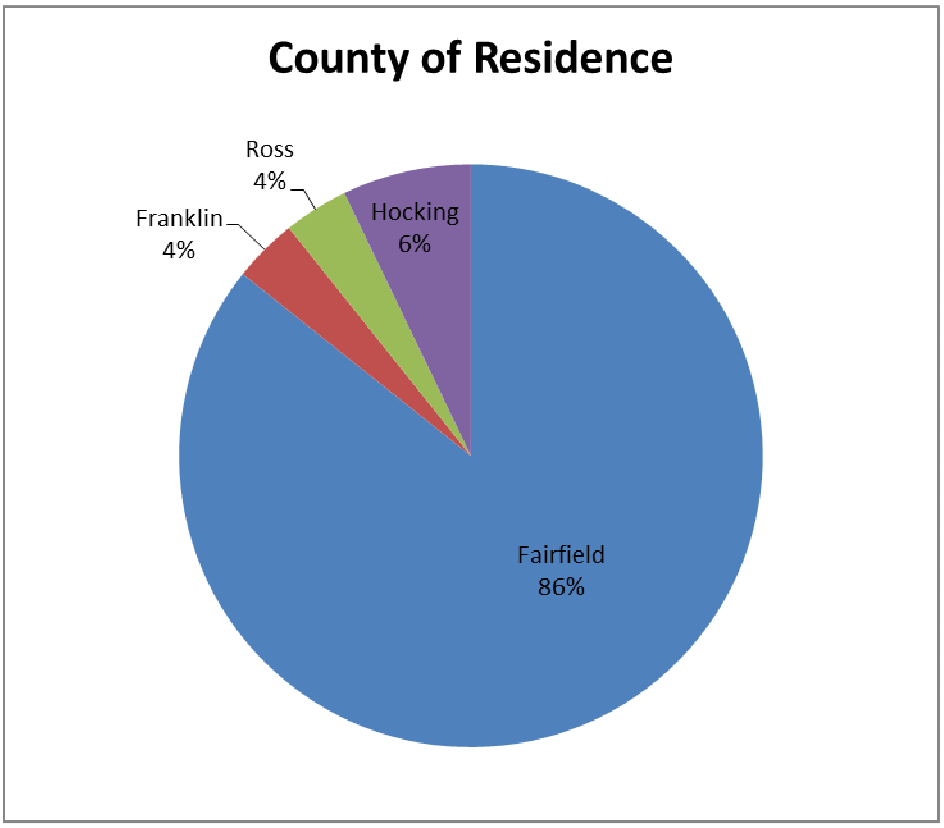


Figure 4- County of Residence Distribution

As seen in Figure 4, 86% of the SAY population were residents of Fairfield County, while two clients resided in Hocking County (6%), one in Franklin County (4%), and one in Ross County (4%). For the purpose of this information, "resided" and "residents" refers to the county in which the client currently lives.

Of the 28, 21 (75%) were estimated to be of average intelligence, with five participants (18%) estimated as below average. Two participants were given Axis II diagnosis for Borderline Intelligence (3.5%) and Mild Mental Retardation (3.5%). See Figure 5.

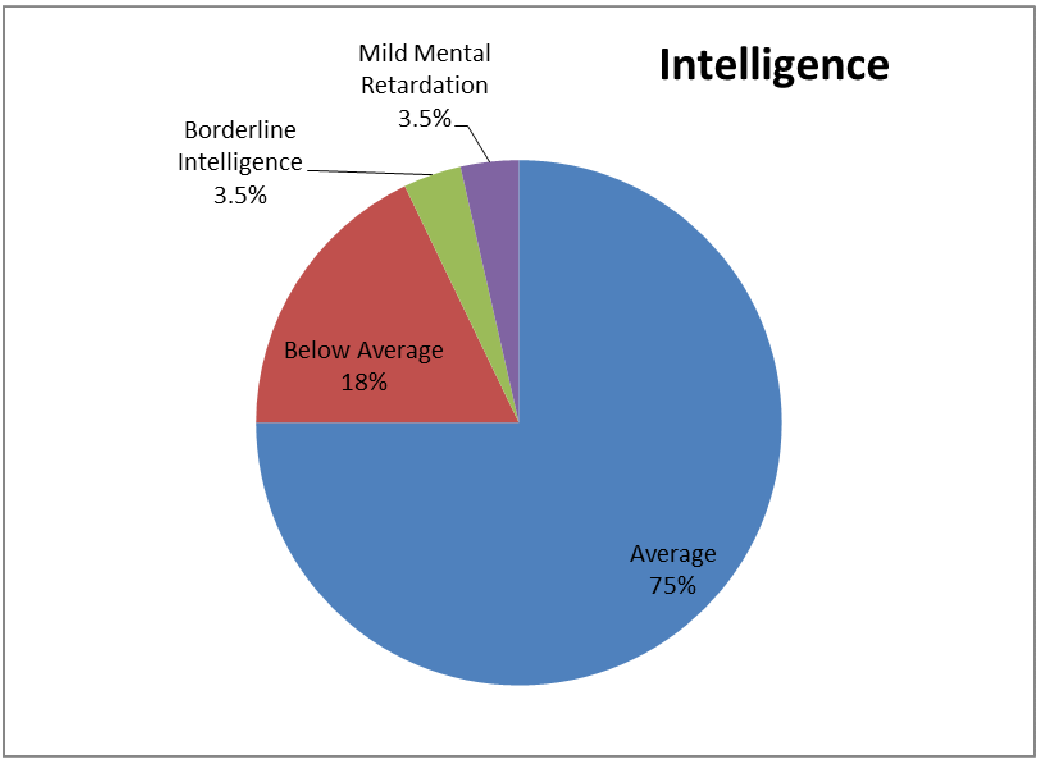


Figure 5- Intelligence Distribution

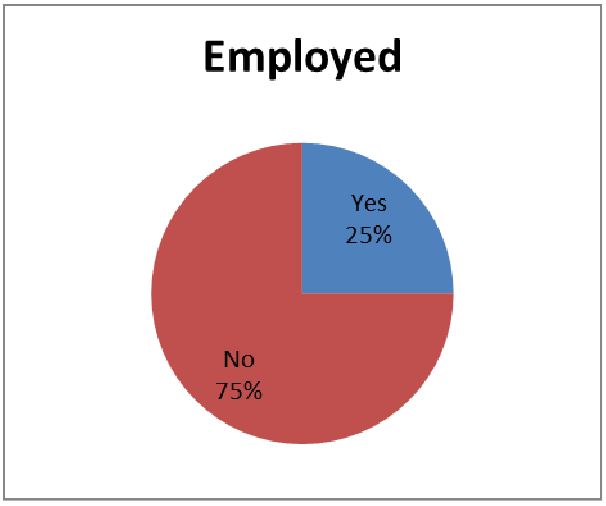


Figure 6- SAY Employment Distribution

As seen in Figure 6, the majority of the 28 participants in the SAY program were unemployed (75%), while 25% of the participants reported employment at the time of this report. In order to better understand the employment rate of participants in the program, participants 15 years old or younger were then dropped from statistics. The results in Figure 7, show that of the 16 participants who were 16 years or older, 7 (44%) were employed at the time of this review, and 9 (56%) were unemployed.

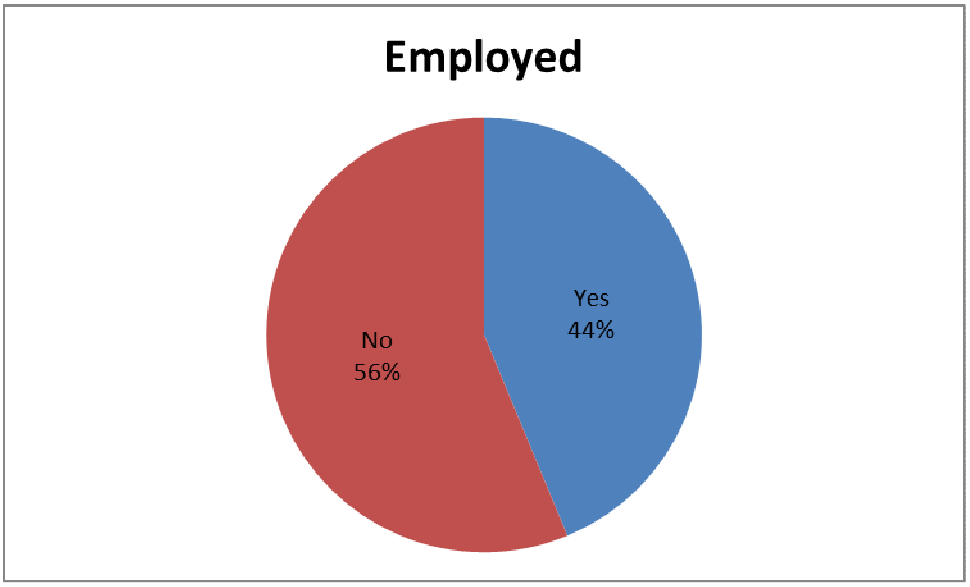


Figure 7-Employment Distribution of Participants 16 & Older

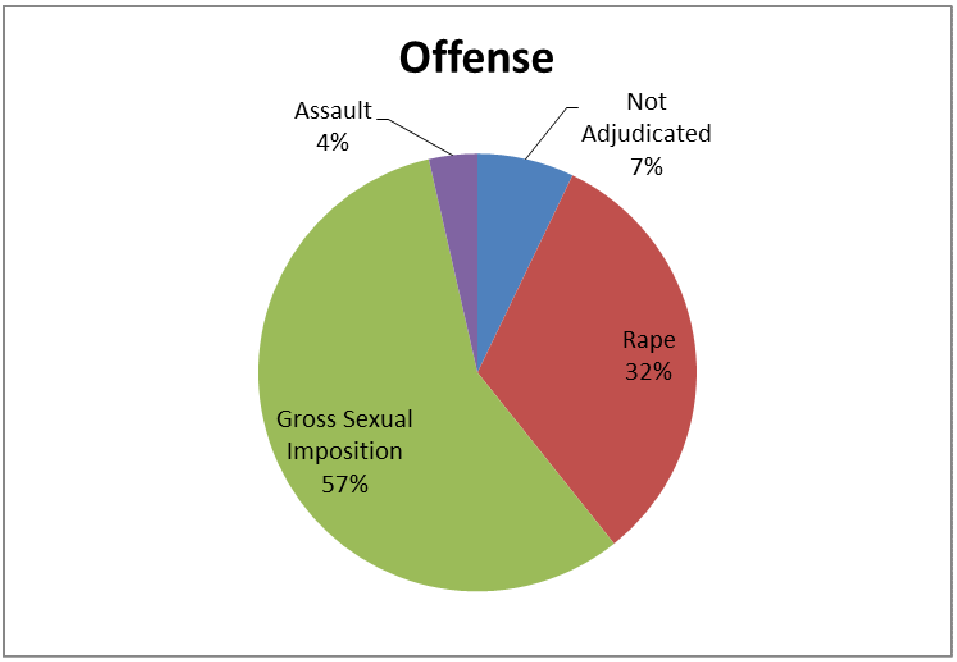


Figure 8- Offense Distribution

As seen in Figure 8, of the 28 participants, 7% were non-adjudicated agressors. Fifty-seven percent were adjudicated for Gross Sexual Imposition and 32% were adjudicated for Rape, while one participant (4%) was adjudicated for an assault charge, which had been pled down from an original sexual charge. The information gathered on offense history was found in initial treatment plans, diagnostic assessments, and documents from the court system, Child Protective Services, and county prosecutor's office. However, not all participants offense history was

documented with collateral information in their charts. The offense listed in their treatment records is then based on self-report from the client or the client's family. This is a limitation to the offense distribution information and reccomendations for correcting this limitation will be offered at the end of this report.

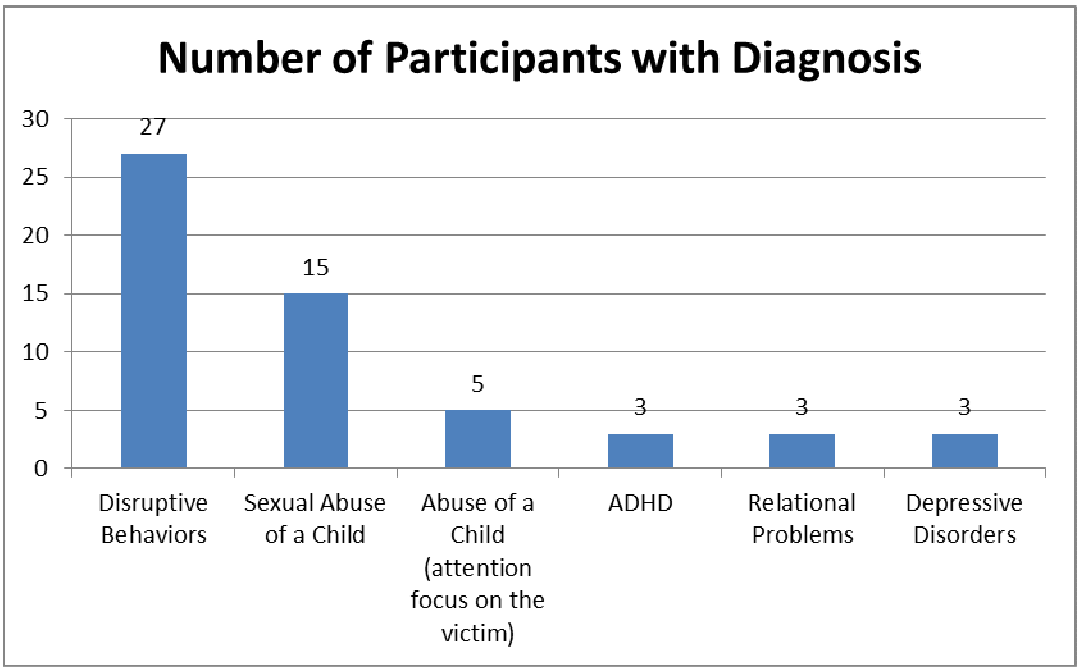
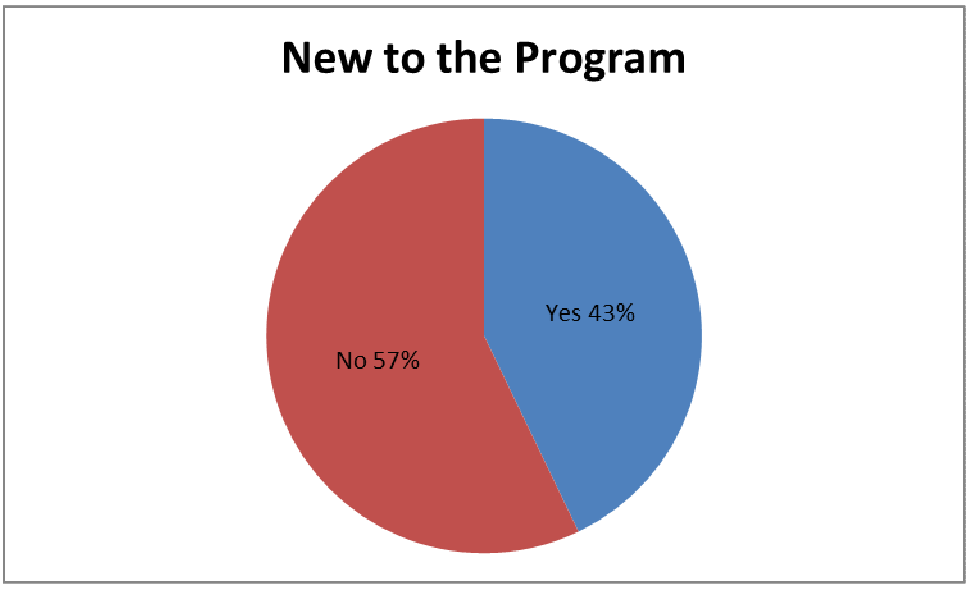


Figure 9- Diagnosis Distribution

As can be seen in Figure 9, of the 28 participants in the SAY Program, 27 of them were diagnosed with a Behavior Disorder, with 26 being diagnosed with Disruptive Behavior Disorder NOS and one participant having an Oppositional Defiant Disorder diagnosis. Fifteen participants were also diagnosed with Sexual Abuse of a Child, 5 participants had a diagnosis indicating experiencing past physical or sexual abuse. Three participants had an ADHD diagnosis. Three participants were diagnosed with a relational problem diagnosis and three particiapnts with some form of a depressive disorder. The information regarding diagnosis was taken from the most recent ISP update prior to the end of the 2014 fiscal year. Upon review of participant's charts, it appeared that a majority of the treatment plans did not have an identified "primary" diagnosis. A review of the most recent diagnosis indicated 4 participants (14%) were victims of sexual abuse. There also appears to be a discrepancy between the number of participants adjudicated for a sexual offense of Rape or Gross Sexual Imposition (89% of participants), and those given a diagnosis of Sexual Abuse of a Child (53% of participants). A more detailed review of the participants' charts, including information about the participants' victims would need to be conducted in order to determine if the discrepancy is based on victim information or clinical error in diagnosis.



Firgure 10-New Referrals

As seen in Figure 10, 12 (43%) of program participants began the program during the fiscal year, with 16 (57%) having been enrolled in the program prior to the start of the fiscal year. Of the 28 participants, only 2 (7%) were succesfully discharged from the program. Implications based on these statistics will be discussed in the Recommendations section.

Service Utilization

The following chart details the service utilization of participants in the SAY program for the 2014 Fiscal Year. Total income for the program was $96,037.43. The largest section of income came through individual counseling services $63,804.60, while case management services had $11,191.42. It should be noted that adult clients in the SAY program only received 3.05 units of case management services, and 0 units of group treatment. Recommendations for increasing this area are listed in the recommendations section.

FY14 Service Income

Services	Youth Units	Adult Units	Rate	Income
Case Mgt Group	170.9	0	39.24	$6,706.12
Case Mgt Ind	128.12	3.05	85.32	$11,191.42
DA	33.78	0	129.99	$4,391.06
Group	251.88	0	39.48	$9,944.22
Individual	567.18	141.76	90	$63,804.60
Psych Testing	0	0	129.99	$0.00

Total Income	$96,037.43

Below is a projected Program Budget for the 2015 fiscal year, based on last year's utilizations and the recommendations for change to the program.

Projected Program Budget

Income			
	Diagnostic Assessment	$5,400.00	4.2%
	Individual Psychotherapy	$63,180.00	49.0%
	Group Therapy	$24,000.00	18.6%
	CSP Services (Coordination)	$22,950.00	17.8%
	Case Manager/Mentor	$12,750.00	9.9%
	Formal Assessment	$555.00	0.4%
Total Income		$128,835.00	
Expenses			
	Payroll	$106,031.21	82.3%
	Occupancy	$12,625.83	9.8%
	Travel	$1,417.19	1.1%
	Professional Development	$773.01	0.6%
	Office Supplies	$2,834.37	2.2%

Communication	$901.85	0.7%
Insurance	$901.85	0.7%
Advertising	$515.34	0.4%
Misc. Expenses	$644.18	0.5%
Bad Debt	$257.67	0.2%
Information Systems	$1,803.69	1.4%
Depreciation	$128.84	0.1%
Total Expenses	$128,835.00	
Net Income	$0.00	

As seen above the projected program budget includes $128,835.00 in Total Income and Total Expenses. This is an increase of $34,588.84 in both Total Income and Total Expenses. The differences in the budget are directly linked to a projected increase in group treatment and case management/therapeutic mentorship services. Income from group therapy is projected to increase by $14,055.78. Income from case management/therapeutic mentorship services are projected to increase by $24,508.58. While these are substantial increases in both group treatment and case management services, it is believed that by following the recommendations outlined in this report that the SAY program is likely to reach those numbers.

Program Outcomes

Participants in the SAY program are required to participate in quarterly treatment updates, which may include changes in treatment goals, collecting updated information, and completing an Outcomes questionnaire. The Outcomes form is utilized to gain an understanding of how the client has been doing in several key areas of their life.

Participants in the program are also required to complete an Independent Review before exiting the program. The Independent Review is completed by a counselor/psychologist employed by MOPS who has not been directly involved in the clinical care of the participant. The reviewer must have a background in the treatment of Sexually Aggressive Youth. The reviewer meets with the participant and asks a set of questions to determine if the client has acquired the appropriate knowledge/information and has demonstrated practical application of the skills learned in treatment. Historically, the questions asked in the review process have been determined by the reviewer. The SAY program coordinator has created a standard independent review questionnaire which is currently being tested by several clinicians completing the review process. Once the questionnaire is finalized it will be used by all clinicians completing reviews and will be utilized in reviewing outcomes of the specific programs.

The overall goal of the SAY program is to prevent future offenses. This is often discussed as a "relapse." Examining relapse for the SAY presents several challenges. The definition of "relapse" is often determined by the researcher and does not currently have universal acceptance for one definition. For example, some researchers identify relapse as a new sexual offense for which the adolescent is adjudicated. Others identify relapse as being charged, but not necessarily adjudicated; while others identify relapse as a charge for any criminal behavior. Based on this information, studies on relapse rates for the SAY population often yield varied results. Another challenge in examining relapse as it relates the SAY program is the difficulty in monitoring behaviors once they complete the program. Juvenile crime information is not made public, which makes it difficult to gather data on new offenses. The participant may also move counties and/or states, which creates more difficulty in tracking relapse.

For the purpose of outcomes in this report, relapse in the SAY program will be viewed several ways; charged and/or adjudicated for a new sexual offense, charged/adjudicated for a new non-sexual offense, and receiving court sanctions. The data for these statistics was collected from the 2014 fiscal year and only participants of the SAY program during the fiscal year were reviewed for these statistics.

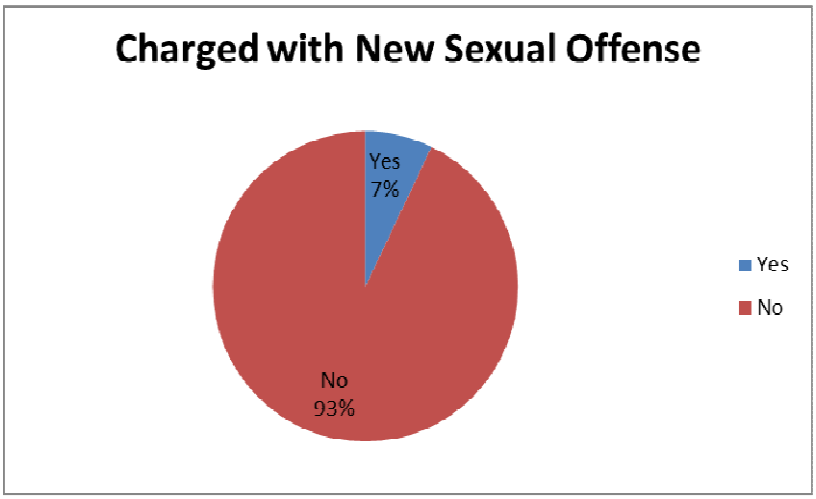


Figure 11- Charged with New Sexual Offense

As seen in figure 11, 2 participants (7%) were charged and/or adjudicated for a new sexual offense during the 2014 fiscal year while they were participants of the SAY program. While this number is slightly below CSOM's reported base rate for re-offense of 10%, it should be noted that the small sample size of 28 participants inflates the statistics for the 2014 fiscal year. Both of the sexual re-offenses occurred during a period when the participant was not being supervised appropriately around younger and/or more vulnerable individuals. All participants and their guardians are given information about safety planning and develop specific safety plans for the participant. Safety plans that are developed must provide accountability, must be able to be followed, and must reduce risk for the participant. It should be noted that with both re-offenses, the participants were being supervised by a guardian/parent who was less active in the treatment process. Further recommendations for reducing risk and making sure that participants and all guardians/care givers are following their safety plans will be discussed in the recommendations section.

None of the 28 program participants were charged/adjudicated for a non-sexual offense, while 10 participants (36%) received court sanctions for their behavior during the 2014 fiscal year. Court sanctions may include the participant being required to spend time at the Multi-County Juvenile Detention Center, complete community service, or be restricted to house-arrest. Reasons for court sanctions also vary greatly, as probation officers may sanction for missing a homework assignment, for failing a drug test, or for behavioral problems at school. The Fairfield County Juvenile Court system also went through a transition of judges during the 2014 fiscal year. Probation officers have been encouraged to sanction juveniles less often and have been given more control over the sanctions. Figure 12 shows the percentage of participants who received court sanctions during the fiscal year.

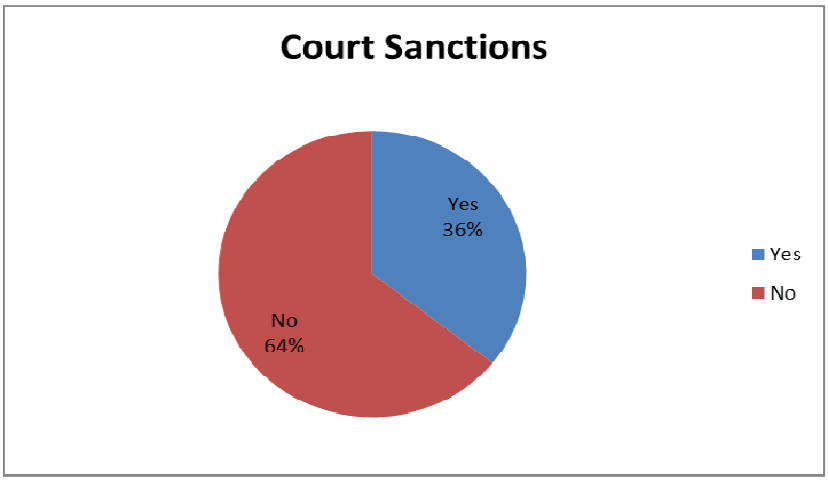


Figure 12- Court Sanctions

Adult Outcomes

The outcomes for the adult participants in the SAY program were based on 4 participants. The number of adults currently enrolled in the program during the 2014 fiscal year was 8, with 2 of those participants completing the program during the 2014 fiscal year. The discrepancy in totals appears to be related to participants not being given the appropriate Standard of Care (SOC) on their treatment plan, and having several participants only enrolled in the Sexually Aggressive Youth SOC and not the SAY (Fairfield County) SOC. Suggestions for correcting this information will be discussed in the recommendations section. Due to the small number of participants and the small sample size, the data from the outcomes should not be viewed as statistically significant. The outcomes can provide information about a small sample of the program participants who have transitioned from adolescence to adulthood while participating in the program, and what areas have improved or decreased during that transitional period. The adult population of the SAY program saw an increase of 20% on the GAF score. While this number is positive, it also is determined based on the clinician's judgment of the participant's functioning. Two other positive differences in the outcomes are in the Friends/Social Supports, which had an increase of 14% and Emotions, which had an increase of 18%. Participants had an average difference of -2% with the Criminal Justice System, -14% in School/Work, -3% in Significant Relationships, -9% in Family, -17% in Housing, and -1% in Health, with a -10% average difference with Overall Functioning. While these numbers on the surface may appear to reflect negative outcomes, it is important to understand the types of transitions occurring in participant's lives while moving from adolescence into adulthood. Participants may have to transition from graduating high school to finding employment, which may lead to feeling that school/work has been more difficult. Some participants chose to seek employment opportunities, move out of the house, and have children, all while completing the program and following probation requirements. While these are positive changes in the participant's lives it may also increase the amount of stress and responsibility of the participant, which could lead to some of the more negative scores. Recommendations for improving the transitional period of adolescent to adulthood through the SAY program will be offered in the Recommendations section.

Youth Outcomes

The Outcomes for the youth participants of the SAY program are based on 20 participants who had completed outcomes forms during the 2014 fiscal year. While it is still a relatively small sample size, the data can be important in understanding trends in the population and areas that can be improved through treatment. These outcomes show only one negative difference, which is in the area of AOD use, with a -10% average difference. Only 4 of the 20 clients responded to this question, suggesting that the other 16 clients selected "Not Applicable." This statistic does not distinguish the reason for the negative difference; however, as participants enter the program, they are likely concurrently being placed on probation and must adhere to a more strict set of rules. Therefore, participants who had previously been engaging in alcohol or drug use, but had not been given clear boundaries may then have a negative reaction to being on probation and being subject to drug screens. The youth outcomes showed a positive change in GAF of 25%. There was a 24% average difference with the Criminal Justice System, a 21% with School/Work, 14% in Significant Relationships, 13% with Parents, 15% with Other Family, 26% with Friends, 5% with Behavior and 16% with Emotions. As mentioned in the Program Background section, participants are encouraged to engage in healthy and age appropriate relationships. While treatment focuses on completion of the core assignments, a large majority of the participants also require attention in learning how to develop and maintain both romantic and platonic relationships. The 14% improvement in significant relationships and 26% improvements in Friends is a positive indicator that the emphasis on relational building skills is being effective. Program participants throughout treatment, and specifically when completing the Relapse Prevention Workbook focuses on developing positive coping skills to deal with theme feelings. The 16% positive change in Emotions appears to indicate the participants' appropriate use of these coping skills. Finally, although the positive change of .58 in the category of Behavior is smaller than some of the other positive changes; it is a good sign to see positive change while participants are being watched more closely by probation and the court system.

Recommendations

In order to facilitate a more cohesive treatment process, provide more accurate and clear outcomes, and continue to grow the Sexually Aggressive Youth Program it is recommended that the Fairfield County SAY program consider implementing the following changes/additions:

- During the course of the review, it was determined that several clients had not been captured during the outcomes reports due to not having the appropriate Standard of Care (SOC). MOPS uses a SOC for unique client populations. While the new SOC of SAY (Fairfield County) was added during this fiscal year, it appears that several clinicians failed to update the SOC, leading to an inaccurate count on the outcomes form. It is recommended that the SAY program coordinator, the Lancaster site supervisor, and other clinical supervisors monitor the SOCs of clients to ensure they are enrolled in the appropriate program. Questions regarding the appropriateness of enrollment in the program should be directed to the program coordinator.

- Clinicians should request collateral reports from the prosecutor's office, county court systems, the local police department, and the child advocacy center. Clinicians should ensure that they have gathered documentation on the participants' original charge and finally the charge they pled to or are adjudicated for. These procedures should be fleshed out on the current Standard of Care to ensure that all clinicians understand the procedure.

- All clinicians working with participants of the program should be encouraged by their supervisors and program coordinator to designate an appropriate primary diagnosis for the participants' treatment plan.

- It will take most participants more than two years to complete the program. During this time participants may go through major life changes, such as graduating high school, finding their own home, and starting a career. Current data seems to indicate that participants may be struggling with these phase of life changes and may need additional support. Currently, only two out of 28 or 7% of the total number of participants are utilizing the Therapeutic Mentor Program (TM). Clinicians should be encouraged to speak with their supervisors about the appropriateness of their client for the TM program. The TM may help clients with the transition from adolescence to adulthood in the form of job and college applications, interviewing skills, budgeting, time management, and looking for housing.

- During the 2014 Fiscal Year, the program coordinator for the SAY program began meeting biweekly with the Fairfield County Juvenile Court probation officers. These meetings were scheduled in order to facilitate better communication with the program's primary referral source and to provide continuity of care. These meetings are primarily captured as case management services and should continue to be scheduled. Case management/Therapeutic Mentorship services are projected to have a substantial increase in FY15 based on these meetings and follow through on the recommendation for more referrals to the TM program.

- Currently, out of the 28 participants, sixteen are 16 years or older. At this time, the only SAY group is made up of younger participants between ages 12 and 15. It is recommended that the program coordinator and Lancaster site supervisor discuss beginning an older adolescent group. This group may also increase positive changes in the transitional phases that the older population may be going through.

- It is currently very difficult to monitor the overall outcomes of the SAY program. There are several reasons for this, namely that it is difficult to gather information on adolescents once they are released from the program. As previously reported, juveniles are also less likely to reoffend for a sexual offense and more likely to be arrested for a non-sexual offense. In order to facilitate a greater understanding of whether participants are gaining the appropriate information and knowledge, it is recommended that participants complete both an initial independent review and then a second independent review once the clinician feels that they are ready. By adding in this first review process, the program coordinator may have a better understanding of all those participants in the program, correct any errors with documentation, and provide recommendations for areas of growth. This initial review may also serve as a way to determine if the participant is appropriate for the program and if the participant would be appropriate for group or the Therapeutic Mentor Program.

- In order to further reduce the risk for relapse, counselors will be encouraged to work with any guardian or caretaker of a program participant. Typically, one caretaker is active in treatment of the participant, while others who may be supervising may not be available to attend the individual appointments of the client. Providers will be encouraged to have both the participating caretaker and the non-participating caregiver review the Understanding Safety Plans worksheet, located on the MOPS website, and to develop their own unique safety plans to be presented to the provider. Providers will also be encouraged to follow up with all caretakers on a regular basis to make sure that the safety plans are being followed. In those cases where it is deemed appropriate to have a Therapeutic Mentor, the TM will also be able to provide extra accountability as to whether or not the safety plans are being followed at home and in the community.

- In order to better track data on re-offenses, court sanctions, and other charges providers will be asked to report to the program coordinator any time one of the participants receives a court sanction or new charge. The program coordinator will also follow up with all providers on a quarterly basis to make sure all of this information is being recorded and reported accurately.

References

CSOM (2008). Fact sheet: What you need to know about sex offenders. Retrieved from http://www.csom.org/pubs/needtoknow_fs.pdf.