

## ***BETTER TOGETHER***

2018 ATSA Conference | Friday October 19 | 10:30 AM – 12:00 PM

**F-15**

### **When You Need to Update Your Programs: Tips and Challenges**

#### **Remodeling: Pitfalls, Pain, and Progress**

Mandi R. Fowler, PhD, LICSW, PIP

Jill R. Beck, JD

The University of Alabama, Youth Services Institute

Numerous programs to provide treatment for youth with problematic or illegal sexual behavior sprang up around the country when our knowledge of what works for youth was based on treatment for adults. In the ensuing years, we have learned a great deal about youth, in general and specifically problematic sexual behavior, that has informed our interventions. We now operate in a period of time where existing programs may have changed some of their practices in response to the research but few have remodeled their program in a systematic manner so that all pieces of the program are evidence based and goal directed. There are significant barriers to beginning a remodeling project. Stopping services is usually not an option, so we have to live in the change process and ask our community partners to be flexible. Resistance to remodeling projects often comes from the community, as well as, those providing the services and administration. Remodeling can be terrifying and painful. Remodeling can also feel as though we are throwing away serviceable component to which we have a longstanding attachment.

Getting started requires a leap of faith and a clear idea of what the program should look like at the end of the process. However, we have to keep taking steps forward, even when it feels as though we are going backwards, when there is resistance, and when we need to re-evaluate the big picture and make some adjustments. You start with a piece at a time, have a blueprint, and communicate. In this presentation, we will describe our remodeling process. We will explain why we began the process, describe some of the pitfalls, setbacks, and progress. We will talk about the lessons we have learned during the process and tools that helped us move forward.

#### **Learning Goals:**

Participants will:

- Understand the importance of a strong foundation that supports the goals of your program;
- Learn about some tips to get started and keep moving forward; and
- Overcoming barriers to the remodeling process.

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**Mandi R. Fowler, PhD, LICSW, PIP:** As the Associate Director of Youth Services Institute (YSI), Mandi Fowler provides clinical oversight for the institute's community based Continuum of Care program that provides treatment services to youth with illegal sexual behavior and children with sexual behavior problems. She also directs many of the institute's research activities, leading program evaluation and remodeling projects. In addition, Dr. Fowler manages a grant that YSI received in 2016 from the Department of Justice through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for YSI's Multidisciplinary Abuse Prevention Service (MAPS) program, which provides trauma-informed treatment to children with sexual behavior problems, their families and victims. Dr. Fowler has been providing treatment to youth involved with the juvenile justice system since 2007 when she began working with YSI. She is currently part of a multidisciplinary team working to bring Trauma Systems Therapy (TST) to the Tuscaloosa community and has developing interests in preventing trafficking of youth and teen dating violence. Dr. Fowler is a nationally certified therapist for youth with illegal sexual behavior, a nationally certified therapist in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), and an Eye Movement Desensitization Reprocessing (EMDR) trained therapist.

**Jill R. Beck, JD** has served as the Director of Youth Services Institute at the University of Alabama's School of Social Work since 2013. She oversees the operation of the Working on Womanhood Program (WOW), an inpatient, trauma-focused juvenile justice facility for girls, as well as an outpatient, therapeutic program in 19 counties across Alabama for children with sexual behavior problems or who have been charged with juvenile sex offenses. YSI's new projects include the Multidisciplinary Abuse Prevention Service Program, which provides trauma-informed treatment to children with sexual behavior problems, their families and victims; a community-wide effort to bring comprehensive trauma-informed services to children in foster care and children at risk for out of home placement; and efforts to establish a statewide system to identify and care for victims of human trafficking.

A 1996 graduate of the University of Alabama, School of Law, Ms. Beck began her career as a Staff Attorney at Legal Services Corporation of Alabama, a civil law clinic for low-income clients. In 2000, she joined the Tuscaloosa County District Attorney's Office, where she served as a Deputy District Attorney specializing in the prosecution of domestic violence, child abuse and sexual assault in adult and juvenile courts.

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### **Swedish National Board of Institutional Care: Guidelines for Assessment and Treatment of Adolescent Sexual Offenders**

Catrine Kaunitz, LSW

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Swedish National Board of Institutional Care

In Sweden youth justice has been seen primarily as a youth-welfare problem. Adolescents involved in criminality therefore constitute a substantial group of the teenagers placed in social services care. Sweden has for some decades had a special category of residential institutions, known as special approved homes which are governed by The Swedish National Board of Institutional Care (SNBIC). This organization is an independent Swedish government agency that delivers individually tailored compulsory care for young people with psychosocial problems such as substance abuse and criminal behavior. The National Board provides care and treatment when voluntary interventions have proved insufficient and compulsory care is necessary. Decisions for compulsory care are made by the Administrative Court on the application of social services. At some of these residential homes, we also care for young people who have committed serious criminal offences and who have therefore been sentenced to secure youth care under the Secure Youth Care Act (LSU). Most of those sentenced to secure youth care are boys and the majority of them have committed serious crimes of violence: robbery, severe assault, rape, manslaughter or murder. Such sentences, which range from fourteen days to four years, are served in special units at the institutions of SNBIC. The admitted juvenile delinquents receive treatment interventions designed to address their criminal behavior. In average the sentence is around 10 months.

#### **Background**

Both adolescents sentenced to LSU because of serious sexual offending and youths placed by administrative courts because of sexual behavior problems are assessed and treated at the SNBIC institutions. For many years sexual abuse-specific treatment has only been given in one special unit. The treatment is an extensive rehabilitation program with a treatment period of about two years. The intensity of treatment is high with at least four structured treatment sessions a week. The program also includes family work. In more recent years there has been an increasing number in juveniles convicted by LSU because of sexual offences, and this growing number raises increasing demands for specialist assessment and treatment to be implemented at several units within SNBIC institutions. Thereto the group has partially changed in the sense of an increasing number of group rapists and challenging circumstances including that some of the convicted juveniles have an expulsion decision, a poor knowledge in Swedish and are placed only for a short time. In the light of the fact that young people who have committed sexual abuse are a heterogeneous group, the treatment needs to be differentiated and interventions need to address the individual's

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responsiveness and life situation. The broad objectives of the current project have been to provide clear and supportive guidelines to the units at the SNBIC institutions, describing how to assess and deliver specific treatment to young people who have committed sexual abuse.

### **The project has the following goals:**

- Design step by step guidelines from assessment and treatment to transition.
- Systematically document and scientifically review the sexual abuse-specific method already used in the specialist unit.
- Develop a shorter treatment manual based on the sexual abuse-specific treatment already in use.
- Implement the guidelines and design an intervention study.

The guidelines contain a review of the research area of young people who commit sexual abuse; target group facts, information about background factors and relapse risk, assessment and treatment methods. In addition, it contains a description of principles of an environment which support treatment and change and step by step guidance from assessment and treatment to transition. SNBIC uses ERASOR (The Estimate of Risk of Adolescent Sexual Offense Recidivism), an empirically guided checklist designed to assist clinicians to estimate the short-term risk of a sexual re-offense for youth aged 12-18 years of age, for assessing the young offenders. The treatment programs (the long and shorter version) have been named *STOPPA* (Start, Theory, and, Practice, Pause, Apply) and *STOPPA Bas* (base). *STOPPA* is the program already in use and it consists of five treatment tracks and five treatment phases. *STOPPA Bas* is a less extensive version. Both *STOPPA*-programs comply with the principles of risk, need and responsivity (RBM). The manuals are based mainly on dialectic behavioral therapy (DBT) and cognitive behavioral therapy (KBT). The technique of Motivational Interview (MI) also constitutes a central part of the programs. One of the basics of DBT is that the staff works in teams around the youth and that the treatment work should not be limited to the formal therapy hours but also form the youth's everyday life in the unit. It is therefore crucial to create a treating environment where the juvenile can practice new skills, experience safe and positive relationships etc.

### **The five treatment tracks of STOPPA (STOPPA Bas = 1, 2, 4 and 5):**

1. Individual therapy led by a psychologist or therapist with knowledge about sexual offensive behavior and skills regarding DBT and KBT.
2. Group therapy led by a frontline staff together with the individual therapist (psychoeducation, skills training etc).
3. Treatment teams consisting of individual and group therapist, the staff working with the family (the aim is to create *one* integrated treatment).
4. Everyday living and learning environment.
5. Cooperation and work with the youth's family and network (education, support, communication).

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### **The five treatment phases of STOPPA (STOPPA Bas has the same):**

1. Start (individual work with the youth in order to prepare him/her for the treatment, teach about behavioral analysis and social learning theory).
2. Theory (create his/her prevention plan from the dynamic risk factors on ERASOR and identified skill needs, give psychoeducation in both individual and group therapy about sexual abuse, feelings, emotional regulation, relational skills etc).
3. Practice (exercise new skills and generalize them outside the institution).
4. Pause (only used when the juvenile is dangerous to himself or others, is actively destroying the treatment).
5. Applicate (the youth is using the prevention plan with support from significant adults around him/her).

STOPPA is an intensive program with a treatment dose of 1.5 - 3 hours of group therapy and 1.5 hour of individual therapy per week for at least 12 months. STOPPA bas is a compressed variant designed to be delivered for 4 to 6 months (20-30 sessions in total). During 2018 SNBIC will implement the guidelines (including STOPPA bas) at all units where juvenile sexual offenders are placed under the Secure Youth Care Act (LSU). The implementation will be followed closely and the longer term goal is also to evaluate if the program have effect on the youth's dynamic risk factors from ERASOR.

### **Learning Goals:**

- Upon completion of this educational activity, learners should be better able to have increased knowledge of the Swedish system for juveniles and compulsory care of young sex offenders.
- Upon completion of this educational activity, learners should be better able to have increased knowledge of how to design guidelines for assessment and treatment of young sexual offenders.
- Upon completion of this educational activity, learners should be better able to have increased knowledge of a swedish rehabilitation programme for young sexual offenders.

**Catrine Kaunitz** is currently a programme officer at SNBIC head office in Stockholm, with responsibility including development of treatment guidelines for secure youth care. Kaunitz has a degree of Bachelor of Science in Social Work and a Licentiate degree in social work. Previously Kaunitz has been a research assistant and analyst officer at The Swedish National Board of Health and Welfare.

**Malin Bergman** is currently a programme officer at SNBIC head office in Stockholm, with responsibility including development of treatment programs. Bergman has a Master degree in psychology and is a Licensed psychologist. Previously Bergman worked as a manager of an open care treatment programme for antisocial youths.

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**Mia Jørgensen** is a therapist at a treatment unit specialized in youth sexual offenders. Jørgensen have along with colleagues developed the sexual abuse specific treatment program called STOPPA. Jørgensen has a Master degree in psychology and is a Licensed psychologist. Previously Jørgensen worked as a therapist at a forensic psychiatry unit.