

Sexually Aggressive Youth Service Matrix

Rev. 6/30/09

Factor	Counseling				Group	Context Therapy		Reunification Treatment
	Client		Family			Client	Family	
	High Frequency	Low Frequency	High Frequency	Low Frequency				
Natural Family Supportive		x	x			x	x	
Natural Family Not Supportive	x			x	x			
Living Out of Family	x			x	x	x	x	
Victim In Home	x		x		x	x	x	
High System Involvement					x	x	x	
High Habituation of Behavior	x		x		x	x		
Low Habituation of Behavior		x		x				
Sexual Socialization Deficits					x	x		
General Delinquency	x				x	x	x	
Coming from Residential					x	x		
Low Cognitive Functioning	x					x		
Young Aggressor			x				x	

x=Factor supports the use of the strategy

Types of Services

Counseling

Counseling is designed to aid clients in learning information, developing specific skills, emotionally process experiences. Counseling may also be utilized to monitor skill acquisition. Counseling is generally augmented with specific homework assignments which may include formal worksheet assignments, activities, or simply thinking about issues.

Client Counseling-- Generally, "client counseling" refers to individual counseling involving a therapist and an individual client. However, "client counseling" may also refer to counseling involving an individual client as well as other members of an individual's family constellation or significant others on an episodic basis. In working with a youth, most session should initiate by consulting with the youths family system for approximately 10 to 15 minutes to clarify what has been going on in the youth's life between sessions and to gain feedback on the progress that has been tamed. The vast majority of the session should be spent individually with the youth specifically providing information regarding human sexuality, developing skills to manage sexual impulses, and/or processing the youth's emotional experiences. Additionally, time and each session should be used to review homework assignments and formulate future homework assignments.

Family Counseling-- "Family counseling" is designed to specifically address the dynamics of the family system that contribute to the offending behavior. In family counseling, the clinician attempts to align with the family system to aid the family in identifying the factors which contributed to the offending behavior, learning information about sexual pathology and healthy sexuality, identifying specific mechanisms to reduce the probability of future inappropriate sexual behavior, and processing barriers to maintaining safety within the home.

High-Frequency-- "High-Frequency" generally means meeting with the individual or family at least weekly.

Low Frequency -- "Low Frequency" generally means meeting with the individual or family once every other week or less.

Group

Group counseling is designed to engage for all more clients simultaneously in addressing issues which contributed to their sexual acting out behavior. Group counseling utilizes the dynamics of peer interaction, modeling, and role-playing as a mechanism to facilitate the acquisition of information, skills development, and processing daily experiences. As with individual counseling, group counseling typically will utilize homework assignments to expedite the therapeutic process. In each group session, time will be spent in reviewing the

youth's current life situations, recent safety issues, utilization of healthy sexuality, and current life stressors. Additionally, each group session will address thematic issues relating to common dynamics which contribute to the participant's sexual acting out.

Context Therapy

Context Therapy is designed to specifically address the contextual elements which facilitated the sexual acting out behavior or which might lead to future inappropriate sexual behavior. Context therapy is a "hands-on" therapeutic technique in which the therapist enters the context in which the youth functions, identifies contextual contributions to sexual acting out, and facilitates specific changes in the context. Context therapy is supervised by a Masters or Ph.D. level therapist and may be implemented by a "trained other".

Client-- At the client level, context therapy involves spending time with the client in their natural environment which may include their school, social activities, and their home in order to identify issues that may impact their ability to manage effectively their sexual impulses and express themselves in a healthy sexual fashion. Context therapy at the client level may include coaching the youth in utilizing appropriate coping mechanisms and identifying specific skill sets necessary in order to cope with their environment. Context therapy may also focus on generalizing the skills and learnings that the youth has obtained while participating in group and/or individual counseling into their natural environment.

Family-- at the family level, context therapy attempts to work with the family in their natural environment to identify the family dynamics and environmental factors within the home which contribute to potential future sexual acting out behavior. Context therapy at the family level may include activities which are generally thought of as "home-based therapy" activities. This may include working with the family while they engage in normal daily activities to address the dynamics that contribute to the acting out behavior. Additionally, context therapy at the family level may include having the family engage in specific exercises to generalize skills learned in the family counseling environment and/or to facilitate specific coping strategies within the home.

Reunification Treatment

Reunification treatment utilizes a specific intervention protocol to facilitate contact between the identified sexual aggressor and the victim. Although in many cases, it is anticipated that the sexual aggressor will live in the same home as the identified victim, reunification treatment is used to clarify what level of reunification will occur as well as identifying and facilitating specific mechanisms to ensure that future sexual abuse does not occur between the identified sexual aggressor and the victim. Reunification treatment is delineated in the *Family Reunification Phases* handout and the *Guidelines For Family Reunification* handout.

Factors To Consider

Natural Family Supportive-- does the natural family provide significant support in the form of acknowledging the sexual acting out behavior, expressing a commitment to changing the dynamics of both the family system as well as issues affecting the sexual aggressor, and is the family physically present to engage in the intervention process?

Living Out Of Family-- the youth lives with someone other than their biological family or extended family system, or with someone whom they are likely to continue living upon termination from the Sexually Abusive Behavior Program.

Victim In Home-- one or more of the identified victims of the sexual aggressor lived in the home where the sexual aggressor currently resides or is likely to reside in the foreseeable future.

High System Involvement-- the youth is involved with the court system, child protective services, or some other entity which provides external monitoring of the youth and who holds the youth accountable for their behavior.

Habituation of Behavior—Habituation refers to how ingrained the sexual behavior is into the person's sexual identity. Habituation can occur either by engaging in a behavior over an extended period of time (more than 6 months), or engaging in a behavior at a high frequency over a relatively short period of time. Habituation can also be thought of as a comparison, as a percentage, of the sexual behavior of concern divided by the person's total number of sexual experiences (ie. sexual pathology/total number of sexual experiences).

Sexual Socialization Deficits-- the youth lacks basic sexual socialization skills such as age-appropriate dating behavior and/or appropriate expressions of sexuality at a developmentally appropriate level. It should be presumed that if a youth has general social deficits that they also experience sexual socialization deficits.

General Delinquency-- the youth has engaged in one or more delinquent behaviors extending beyond the index offense.

Coming from Residential-- the youth is engaging in treatment at this program immediately subsequent to having been placed in a residential treatment program specifically focusing on sexual acting out behavior. This includes placement in a DYS facility where they received sex offender treatment services.

Low Cognitive Functioning-- intellectual functioning and adaptive behavior representing borderline or lower cognitive functioning.

Young Aggressor-- the sexual aggressor is developmentally and/or chronologically younger than 13 years of age at the current time.