

**RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND
FAMILIES**



**Treatment of DCYF Involved Youth
Who Sexually Abuse
Practice Standards**

March 1, 2011

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SECTION ONE - GENERAL PROVISIONS

I. Statement of Intent

The Rhode Island Department of Children, Youth and Families (DCYF) has partnered with families and stakeholders, including private treatment agencies and victim advocates to develop and implement a comprehensive management program for youth who have exhibited sexually abusive behaviors and are involved with DCYF. This rule establishes practice standards to assist sexual abuse specific treatment providers in assessment, evaluation and implementation of services and supports and creates guidelines for the education and training of treatment providers. The Department provides oversight to ensure that these standards assist providers in achieving established outcomes and consistency statewide.

DCYF does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, handicap or socio-economic status. The prohibition against discriminatory practices extends to the agencies, organizations and institutions that contract with the Department.

II. Legal Basis

Rhode Island General Law (RIGL)

- RIGL 40-11, Abused and Neglected Children
- RIGL 14-1, Proceedings in Family Court
- RIGL 42-72-2, Declaration of Policy (DCYF)
- RIGL 42-72-5, Power and Scope of Activities (DCYF)
- RIGL 42-72-5.2, Development of a Continuum of Children's Behavioral Health Programs (DCYF)
- RIGL 11-37.1-3, Sexual Offender Registration and Community Notification

Federal Law

- Adam Walsh Child Protection and Safety Act of 2006 (PL 109-248)

III. Definitions

Adjudication - Process of rendering a judicial decision regarding whether the facts alleged in a petition or other pleading are true.

Aftercare - Support services, commencing while youth is in treatment, that continue subsequent to discharge.

Assessment - Measurement used to test various levels of functioning, including cognitive, neuropsychological, psychiatric, psychological, memory and learning, social and emotional, social stability, family dynamics, academic, vocational/career, sexual, accountability and sexual offense/abuse characteristics and risk factors.

Associate Practitioner - Status approved by DCYF that allows a provider to treat, under the supervision of a Qualified Practitioner, a youth who has committed a sexual offense or has exhibited sexually abusive behaviors.

Caregiver - Parent, guardian or other adult who has a custodial responsibility to care for the youth.

Child Abuse - Maltreatment of a child as defined by RIGL 40-11-2.

Child Dependency - Harm or threat of harm, as defined by RIGL 14-1-3, to a child due to the inability of the parent or guardian through no fault of the parent or guardian.

Child Neglect - Harm or threat of harm, as defined by RIGL 14-1-3, to a child when the parent or guardian fails to provide proper care or supervision.

DCYF Primary Worker - Probation Officer, Family Services Unit Caseworker or Clinical Social Worker employed by the Department.

Delinquent Juvenile - Minor adjudicated by the Family Court for an offense that would constitute a felony if committed by an adult.

Department - Rhode Island Department of Children, Youth and Families, also referred to as DCYF, responsible for child welfare, children's behavioral health and juvenile correctional operations in Rhode Island.

Discharge - Release from treatment due to a variety of factors such as, but not limited to, court order, aging out of the youth system, moving out of the state's jurisdiction or successfully completing all elements of the sexual abuse specific treatment. Discharge may not be an indication of the end of the youth's management needs or the elimination of risk to the community.

Dynamic Risk Factors - Characteristics, variables or conditions that are subject to change and must be addressed in sexual abuse specific treatment and which, when successfully treated, are associated with lowered recidivism rates.

Evaluation - Review and analysis of various assessments and information that result in recommendations for treatment and supervision.

Informed Supervision - Conscientious daily supervision of a youth by a responsible adult.

Intern - Status approved by DCYF that allows an individual to treat, under the direct supervision and in the presence of a Qualified Practitioner, a youth who has committed a sexual offense or has exhibited sexually abusive behaviors.

Licensed Practitioner of the Healing Arts - Doctoral or masters level clinician independently licensed in the State of Rhode Island in the field of medicine, psychology, nursing, social work, mental health counseling or marriage and family treatment.

Needs - Issues to be addressed therapeutically or by specific intervention through the treatment and supervision plan.

Provider - Individual credentialed through DCYF as a Qualified Practitioner, Associate Practitioner or Intern to offer treatment and services to youth who sexually abuse or have exhibited sexually abusive behaviors.

Provider List - Roster established by DCYF of individuals or agencies approved to offer treatment to DCYF involved youth who have sexually abused or have exhibited sexually abusive behaviors.

Protective Factors - Characteristics, variables or conditions present that enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk.

Qualified Practitioner - Licensed Practitioner of the Healing Arts approved by DCYF to offer sexual abuse specific treatment to a DCYF involved youth who has committed sexual offenses or has exhibited sexually abusive behaviors. A Qualified Practitioner may supervise an Associate Practitioner or Intern.

Risk Factors - Characteristics, variables or conditions present that increase the likelihood of an adverse outcome. For the purpose of these standards, these factors are either dynamic or static.

Sexual Abuse Specific Treatment - Comprehensive set of planned therapeutic experiences and interventions to reduce the risk of further sexual offending or abusive behavior by the youth.

Static Risk Factors - Characteristics, variables or conditions that are either unchanging or not subject to change as a result of treatment interventions and may be environmental or based upon other observable or diagnosable factors.

Therapeutic Care - Intervention and nurturance which address treatment goals to increase the youth's potential and competency for successful, normative functioning. May be provided by a caregiver who is an active participant in the treatment process.

Therapeutic Caregiver - Individual responsible for implementing interventions to address goals to be accomplished in a therapeutic care setting.

Transition - Planned movement from one level of care to another.

Wayward Juvenile - Minor who has been adjudicated by the Family Court for an offense which would constitute a misdemeanor if committed by an adult.

SECTION TWO - PROVIDER APPROVAL PROVISIONS

I. Application

- A. Provider applying to offer sexual abuse specific treatment and service interventions for youth involved with DCYF completes the Application for Approval as a Treatment Provider for DCYF Involved Youth who Sexually Abuse in full and submits to DCYF Community Services and Behavioral Health.
- B. The following information must be included with the application:
 - 1. Current resume
 - 2. Professional reference
 - 3. Clinical experience
 - 4. Professional supervision agreement
 - 5. Documentation of training
 - 6. Documentation of active Rhode Island clinical license for Qualified Practitioner applicant

II. Determination

- A. Upon receipt of a completed application packet, DCYF Community Services and Behavioral Health will take one of the following actions within thirty (30) days.
 - 1. Approve applicant for placement on the provider list.
 - 2. Deny applicant's placement on the list and inform applicant of the reason for denial and the right to appeal in accordance with section IV. Appeal/Hearing below.

- B. If applicant is approved and included on the provider list, he or she continues at that approval level in accordance with these standards and is responsible to submit required documentation biannually to the Department in accordance with section III. Renewal of Approval below.

III. Renewal of Approval

- A. Provider must demonstrate continued compliance with these standards to maintain continued DCYF approval.
- B. Qualified Practitioner must submit written documentation biannually to DCYF Community Services and Behavioral Health that the following requirements have been completed within the past two (2) years:
 - 1. One-hundred (100) hours of direct clinical contact with youth.
 - 2. Twenty-four (24) hours of training as described below in Section Three, Provider Requirements, I. Qualifications and Training.
- C. Associate Practitioner and Intern must submit written documentation biannually to DCYF Community Services and Behavioral Health reporting progress toward the next approval level or submit application to be approved as a Qualified or Associate Practitioner.

IV. Appeal/Hearing

- A. Any applicant may appeal any action or decision of a DCYF staff person, supervisor or administrator that is adverse to the status as an applicant or approved provider.
- B. All administrative hearings for appeals will be held in accordance with DCYF Policy 100.0055, Complaints and Hearings.

SECTION THREE - PROVIDER REQUIREMENTS

I. Qualifications and Training

- A. Provider must be culturally and linguistically competent.
- B. The Department recognizes three levels of qualification for providers of sexual abuse specific treatment:
 - 1. Qualified Practitioner
 - 2. Associate Practitioner
 - 3. Intern
- C. A Qualified Practitioner must provide supervision for an Associate Practitioner or Intern.
- D. Provider at any of the three levels of qualification must meet the following criteria:
 - 1. Provider must not have a conviction or a deferred judgment for any offense involving criminal, sexual or violent behavior or a felony that would bring into question the competence or integrity of the individual to provide sexual abuse specific treatment.
 - 2. Provider must comply with generally accepted standards of practice of his or her mental health profession and the Professional Code of Ethics published by the Association for the Treatment of Sexual Abusers.

- E. Provider must meet the following criteria to be approved as a Qualified Practitioner in addition to criteria outlined in C above.
 - 1. Provider must be a Licensed Practitioner of the Healing Arts in accordance with SECTION ONE - GENERAL PROVISIONS, III Definitions.
 - 2. Provider must be a certified Medicaid provider in Rhode Island if requesting payment through DCYF.
 - 3. Provider must have completed within the last five (5) years a minimum of one thousand (1000) supervised hours of clinical experience, specifically in the areas of assessment and treatment of youth who commit sexual offenses or exhibit sexually abusive behavior. At least half of these required hours must have been direct clinical contact.
 - a. Supervision must have been by a Qualified Practitioner.
 - b. Clinical experience may have been obtained while seeking licensure or after licensure.
 - 4. Provider must have completed within the last five (5) years at least sixty (60) hours of documented training to include:
 - a. Thirty (30) hours of sexual abuse specific training.
 - b. Eighteen (18) hours of general topic areas.
 - c. Twelve (12) hours of victim related topic areas.
 - 5. Provider may request credit for training outside of topic areas listed in 3 above by submitting documentation to DCYF Community Services and Behavioral Health demonstrating the relevance to assessment and evaluation, treatment and management of youth who sexually abuse.
 - 6. Provider must complete required continuing education credits.

- F. Provider must meet the following criteria to be approved as an Associate Practitioner in addition to criteria outlined in C above.
 - 1. Provider must possess, at minimum, a master's degree in a behavioral science.
 - 2. Provider must be working toward attaining Qualified Practitioner status.
 - 3. Provider must treat the youth under the supervision of a Qualified Practitioner.

- G. Provider must meet the following criteria to be approved as an Intern in addition to criteria outlined in C above.
 - 1. Provider must be enrolled in a master's or doctorate degree program from an accredited university in a behavioral science.
 - 2. Provider must treat the youth under the direct supervision and in the presence of a Qualified Practitioner.
 - 3. Provider must participate in co-therapy experience with a Qualified Practitioner.
 - 4. Clinical supervision will be determined by the Qualified Practitioner. The clinical supervision will include co-therapy and direct observation of the intern conducting the sexual abuse treatment.

II. Required Notification

- A. Provider must notify DCYF Community Services and Behavioral Health of any changes to contact information, treatment location and professional status or licensure.

- B. Provider must report any known or suspected child abuse or neglect to the DCYF Child Protective Services (CPS) Hotline in accordance with RIGL 40-11-3 and DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect. Any person who has reasonable cause to know or suspect that any child has been abused and/or

neglected or has been a victim of sexual abuse by a parent, third party adult or another child must report that information to the CPS Hotline within twenty-four (24) hours.

- C. Provider will immediately notify the DCYF primary worker of the following:
 - 1. Refusal by youth and/or caregiver to consent to treatment.
 - 2. Violations of the treatment contract including those related to child or community safety or conditions of probation.
 - 3. Reduction in frequency or duration of contacts or any alteration in treatment modality.
- D. DCYF primary worker notifies youth who have been adjudicated on a sexual offense and his or her caregiver that the youth must register with local law enforcement as required. The DCYF primary worker will verify that registration has taken place.
- E. If a violation of probation or revocation of Temporary Community Placement (TCP) is filed by the DCYF primary worker, the provider must be willing to testify and will furnish, when requested, written information regarding the youth's treatment progress. This information must include:
 - 1. Changes in the treatment plan.
 - 2. Dates of attendance.
 - 3. Treatment activities.
 - 4. Youth's progress and compliance with treatment.
 - 5. Any material relevant to the court or revocation hearing.
- F. The provider will discuss with the DCYF primary worker, the victim's therapist, custodial parent, foster parent, therapeutic caregiver or guardian ad litem specific plans for any and all contact of the youth with the victim and family reunification.
- G. The provider will share case information with collateral parties as needed.

III. Confidentiality

- A. The DCYF primary worker will ensure that the youth and the caregiver have signed the DCYF 007A, Authorization to Release Confidential Information and the DCYF 007B, Authorization to Obtain Confidential Information to ensure that the treatment provider and multidisciplinary team have all relevant information required for the assessment and evaluation, treatment and management of the youth.
- B. Sexual abuse specific treatment providers will maintain confidential client records in accordance with Rhode Island law and the professional standards of their individual disciplines on health care records.
- C. Provider ensures that the youth and the caregiver understand the scope and limits of confidentiality.

SECTION FOUR - PROVISION OF SERVICES

I. Pre-sentence Investigation

- A. Court involved youth who have sexually abused or exhibited sexually abusive behaviors are the subject of a pre-sentence Investigation (PSI) which includes a sexual offense specific evaluation.

1. The PSI provides the court with verified and relevant information that it may utilize in making sentencing decisions.
 2. The sexual offense evaluation establishes a baseline of information about the youth's risk factors, amenability to treatment and treatment needs.
- B. Based on the information gathered, the PSI report makes recommendations concerning a youth's amenability to treatment and suitability for community supervision.

II. Multidisciplinary Team

- A. A multidisciplinary team will be convened for the assessment and evaluation, treatment, care and supervision of the youth.
- B. Team members include the caregiver, extended family members, DCYF primary worker, treatment provider, clinical professionals, school personnel, family court and legal advocates, law enforcement, faith-based affiliations, peers, victim therapists, victims, coaches, employers, victim advocates and other identified natural, informal and formal supports.
- C. Informed supervision and behavioral monitoring are the collaborative and cooperative responsibilities of the multidisciplinary team. The team shares information related to risk assessment, treatment and behavioral monitoring, and team decisions are based on individual assessment and evaluation.
- D. Each team is formed around a particular youth and is flexible to include any individual necessary to ensure the best approach to managing and treating the youth.
- E. Permanent reduction in duration or frequency of contact or permanent alteration in treatment modality will be determined on a case basis by the provider and the multidisciplinary team.

III. Assessment and Evaluation

- A. Comprehensive sexual abuse specific assessment and evaluation must be completed for an adjudicated youth who has committed a sexual offense.
- B. Comprehensive sexual abuse specific assessment and evaluation may be completed for a youth involved with DCYF who has exhibited sexually abusive behavior, but has not been adjudicated for a sexual offense.
- C. Assessment and evaluation are comprehensive and serve to:
1. Assess static and dynamic risk factors.
 2. Provide protection for victims and potential victims.
 3. Provide written clinical assessment of a youth's strengths, risks and needs.
 4. Identify and document treatment and developmental needs.
 5. Determine amenability for, or potential barriers to, treatment.
 6. Make recommendations for the treatment, management and informed supervision of the youth.
 7. Provide information which can help identify the type and intensity of community based treatment or the need for a more restrictive setting.

- D. Due to the complexity of evaluating a youth who has committed a sexual offense or exhibited sexually abusive behavior, assessment must include, but is not limited to:
 - 1. Instruments that have specific relevance to the evaluation of the individual youth.
 - 2. Instruments with demonstrated reliability and validity, which are supported by research in the mental health and youth sexual abuse treatment fields.

- E. Assessment and evaluation are ongoing processes that will continue through each transition of informed supervision and treatment.
 - 1. The youth's progress in treatment and compliance with supervision must be assessed on an ongoing basis.
 - 2. Risk and protective factors must be assessed at transition points and include considerations of level of functioning, monitoring and follow-up.
 - 3. Assessment is necessary prior to the youth transitioning to another stage of treatment.

IV. Treatment Contract and Plan

- A. Provider must develop and utilize a written treatment contract with youth prior to the commencement of treatment.
 - 1. The treatment contract will address public safety and must be consistent with provisions of the DCYF service plan.
 - 2. The treatment contract will define the specific responsibilities and rights of the provider and youth and will be signed by the provider, caregiver and the youth.

- B. Provider develops written treatment plan based on the assessment and evaluation of the youth in partnership with the multidisciplinary team.

- C. Treatment plan must be reviewed quarterly, or more frequently as determined by the multidisciplinary team. The frequency of review must be documented in the plan.

V. Sexual Abuse Specific Treatment

- A. Sexual abuse specific treatment is designed to improve public safety by reducing the risk of sexually based offenses and sexually abusive behaviors.

- B. Sexual abuse specific treatment may be provided to a youth adjudicated for sexual offending behavior and a youth who has exhibited sexually abusive behavior, but has not been adjudicated for a sexual offense.

- C. Sexual abuse specific treatment is designed to maximize measurable outcomes and decrease the youth's dynamic risk factors.

- D. Sexual abuse specific treatment methods and intervention strategies must be based on the treatment plan that has been developed in response to the youth's assessment and evaluation.

- E. The provider must advocate for developmentally appropriate assessment and evaluation, treatment and interventions.

- F. Progress reports documenting a youth's attendance, participation in treatment, changes in risk factors, changes in the treatment plan and treatment progress will be submitted monthly to the DCYF primary worker.

VI. Therapeutic Care

- A. Anyone providing therapeutic care for a youth who has exhibited sexually abusive behavior must meet the following two (2) criteria in addition to any other requirements:
 - 1. Is not currently under the jurisdiction of any court or criminal justice agency for a matter that the multidisciplinary team determines could impact his or her capacity to safely serve as a therapeutic care provider.
 - 2. Has no prior conviction for unlawful sexual behavior, child abuse or neglect or domestic violence.
- B. Therapeutic care providers are line staff, counselors, foster parents and day treatment and home-based service staff.
- C. Therapeutic care providers provide corrective care and guidance beyond what is normally expected of a caregiver/informed supervisor to assist the youth in addressing special needs or developmental deficits that impede successful functioning. Therapeutic care providers are responsible for implementing interventions to address treatment goals.

VII. Informed Supervision

- A. The primary caregiver of a youth who has committed sexually abusive behavior has a responsibility to provide informed supervision. If the primary caregiver is unable to perform this role, an informed supervisor can include an advocate, mentor, kin, spiritual leader, teacher, work manager, coach or any other individual identified by the multidisciplinary team.
- B. An Informed Supervision Agreement (DCYF Form #201) must be signed within the first twenty-four (24) hours of placement by the informed supervisor and the DCYF primary worker and is kept in the youth's case record. This agreement establishes the required level of informed supervision.
- C. A designated member of the multidisciplinary team will meet with the informed supervisor within the first five (5) days of community or residential supervision to discuss the elements of informed supervision.

VIII. Victim Clarification and Contact

- A. The victim clarification process is designed to primarily benefit the victim. Through the process the youth clarifies that the victim has no responsibility for the youth's behavior. Issues addressed include the damage done to the victim, family and secondary victim.
- B. DCYF primary worker discusses any plans for contact between the youth and the victim or potential victim with the multidisciplinary team, the victim's therapist/advocate and the youth's caregiver.

IX. Family Reunification

- A. Reunification in families that include the victim must be agreed upon by the multidisciplinary team and the family prior to starting the reunification process.

- B. Reunification must occur subsequent to assessment, evaluation and treatment of the victim, youth and family and all individuals must be deemed ready to begin the reunification process.

X. Discharge From Treatment

- A. The multidisciplinary team must carefully consider victim and community safety before making a determination relating to discharge from treatment.
- B. The reasons for discharge will be documented by the multidisciplinary team noting any potential risk to the community and providing notification to any other necessary parties.