

# New Mexico Standards of Practice

Licensed Mental Health Providers  
Offering Services  
to Youth Who Have Caused Sexual Harm



# Credits

*New Mexico Standards  
for Assessing And Treating  
Youth Who Have Caused Sexual Harm*  
are adapted in part from  
*Community-Based Standards  
for Addressing Sexual Harm by Youth*

(Schladale, Langan, Barnett, Nunez, Fredericks, Moylan-Trigiano & Brown, 2007)

# Credits

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# Purpose of Standards

- Best practice standard for assessment and treatment of youth
- Provide a template for a comprehensive response
- Focus on protective factors that increase overall health decreases the risk for harmful behavior
- Knowledge about how to identify and manage/eliminate the risk
- Recommendations for specialized training and supervision

# Approved by SOMB and NM Sentencing Commission

- A task force of New Mexican professionals collaborated to create these Standards
- Latest research and evidence-based practices
- Standards will be continuously evaluated for accuracy and effectiveness
- Comments can be submitted to New Mexico SOMB and APSHY

# Guiding Principles

- **Do no harm:** All services are provided in the least restrictive setting for all involved in a manner that does not cause harm or injustice to any party
- **Every member of a community deserves to be safe:** Victims or potential victims as well as youth who have caused sexual harm must be physically and emotional safe

# Guiding Principles

- **Sexual harm hurts people:** Concern for victims and their need for respect, healing, empowerment, and ongoing safety must remain the driving force of care
- **Individualized treatment begins with a thorough assessment that is ongoing and identifies:**
  - risk factors
  - protective factors
  - co-occurring behavioral/ mental health disorders
  - the community's strengths
  - resources and challenges

# Guiding Principles

- **Assessment and treatment are culturally sensitive:** Respect for gender, race, ethnicity, sexual orientation, religion, nationality, culture, family structure, financial status



# Guiding Principles

- **Co-occurring Serious Mental Illness must be identified and treated:**
  - General functioning, psychological, and psychiatric assessments
  - Specific assessment of sexual behavior issues make prioritization of treatment needs possible
  - Risks associated with psychiatric disorders can be greatly moderated with effective treatment or can significantly increase risk if untreated or undertreated

# Guiding Principles

- **Family focus is central to a treatment process aimed at reducing and eliminating sexual harm by youth:** Family of origin members, kinship, and extended network members are identified to support the treatment process
- Positive attachment to care-givers is a protective factor that decreases deviant behavior

# Guiding Principles

- **An ecological model incorporates physical, social, psychological, educational, and spiritual life domains:** Focuses on strengths and needs to maximize potential for change in all areas. Each youth and family involved in treatment are part of a larger community, with established institutions and agencies designated to support and assist these youth

# Guiding Principles

- **Treatment and supervision of youth requires collaboration from system partners:** Treatment is based upon a team approach
- **Relationships are the basis for change:** Change occurs within the context of positive relationships. Provide youth with genuine and nonjudgmental support, respect, and empathy

# Guiding Principles

- **Youth can and do change their behavior:**  
Service provision is guided by the belief that youth and families can recover and change their behavior to lead productive and fulfilling lives
- **Youth should not be defined by behavior:**  
Youth who cause sexual harm should be held accountable for, but should not be defined by the harmful behavior

# Definitions

- **Alliance to Prevent Sexual Harm by Youth (APSHY):** multidisciplinary group of professional who provide services or supervision to youth with sexual behavior problems
- **Child:** 12 years of age or younger
- **Core Competencies:** skill domains shown to reduce youth violence

# Definitions

- **Intellectually or Developmentally Disabled:** I.Q. of 70 or below, deficits in adaptive functioning, onset before age 18
- **Family:** family of origin or caregivers identified by youth
- **LMHP:** Licensed Mental Health Providers
- **Protective Factors:** that which protects from the development of a disorder (social support, healthy coping strategies)

# Definitions

- **Reconciliation:** to make friendly again or bring in to harmony
- **Reunification:** to unify again after being divided
- **Risk Factors:** various deficits that can lead to abusive behavior
- **SOMB:** Sex Offender Management Board



# Definitions

- **Sexual Harm:** physical, emotional, or other injury as a result of action committed by a youth with sexual intent
- **Specialized training:** specifically related to providing counseling or supervision to youth who have caused sexual harm
- **System Partners:** people, agencies, governing bodies with vested interest in youth and family

# Definitions

- **Youth:** a person 13 to 18 years of age
- **Youth who has caused sexual harm:** youth who through sexual behavior caused physical, emotional, or other injury to another - may or may not be a violation of the law, may or may not be charged for their behavior

# Special Populations

- These Standards assume an I.Q. above 70 and chronological age of 13 or older
- Youth with intellectual/developmental disabilities and children need special consideration in assessment and treatment
- Refer to specialized service providers competent in working with these populations

# Credentialing for Professionals

LMHP shall have following qualifications:

- Master's or doctoral degree in counseling or counseling-related field
- A current license through a Board of the New Mexico Regulation and Licensing Department

# Requirements for Specialized Provider

- 30 hours of specialized training (see Appendix III)
- one year of providing services
- LMHP must have 12 CEUs of specialized training within first 180 days of employment
- 6 CEUs of training per year related to youth who have caused sexual harm

# Supervisors

- Must fulfill qualifications of Specialized LMHP
- Maintain independent practice license
- Completed one year of providing services to youth who have caused sexual harm
- Complete 6 CEUs every two years in clinical supervision services

# General Tenets of Assessment

- The youth's behavior is influenced by multiple systems
- Protective factors that the youth, family, and community possess must be considered



# General Tenets of Assessment

- Thorough assessment includes:
  - gathering data about the antecedents, responses, and consequences
  - the environmental contexts
  - the interactions between all involved parties
  - internal cognitions and emotions of the youth
- Assessment is performed on an ongoing basis



# Assessment Elements

The Assessor will:

1. Meet face-to-face with the youth
2. Meet with youth's significant others
3. Consult with relevant individuals
4. Complete collateral contacts
5. Review collateral documentation

# Assessment Domains

- A comprehensive psycho-social assessment AND psycho-sexual elements including:
  - Development of sexuality-roles
  - Development of healthy sexuality
  - Inappropriately sexualized environment

# Cultural Assessment

- Cultural Factors: race, ethnicity, socioeconomic status, religion, and sexual orientation of the youth, family, and community
- Do any aspects of the individual's culture contribute to or protect from sexually harmful attitudes or behavior?

# Assessment Elements: Offense Specific

- Youth's version
- Victim's version
- Family version or level of belief
- Other witness(s)' version(s)
- Age and gender of victim, and relationship of victim to youth
- Evidence of a planned approach to offending behavior
- Use of coercion, threats, force

# Assessment Elements: Offense Specific

- Attitudes and beliefs about gender roles, children, sexuality, etc.
- Denial, minimization, rationalization, etc.
- Empathy for and understanding of the impact on victim
- Circumvention of monitoring and supervision
- Extent of obsessive thoughts and behaviors
- Level of supervision at the time of the event
- Consequences to the youth following the event

# Static (Unchangeable) Historical Risk Factors

- Heritable characteristics
- Fetal insults/infections/conditions
- Condition at birth
- Permanent disability
- Family of origin/culture
- Developmental differences

# Static (Unchangeable) Historical Risk Factors

- Early experiences with caregivers
- History of criminal charges.
- Prior allegations of sexual harm
- Sexual or physical abuse or exploitation
- Exposure to domestic violence
- Exposure to pornography or adult sexual activity

# Stable (Less Changeable) Risk Factors

- Temperament
- Conscience: moral development
- Ability to empathize
- Intellectual potential



# Stable Risk Factors

- Communication ability
- Physical attributes
- Heritable neurological characteristics
- Traumatic Brain Injury

# Dynamic (Changeable) Risk Factors

- Level of supervision across situations
- Communication and social skills
- Problem solving skills
- Stability of youth's living environment/family
- Nature of sexual thoughts

# Dynamic (Changeable) Risk Factors

- Thoughts, feelings, and behavior
- Self perceptions
- Impact of traumatic experiences
- Sexualized environment
- Witness to domestic violence/marital discord

# Core Elements of Specialized Treatment Approach

- These treatment principles are based on the current research in the field
- Treatment goals are reflective of ongoing comprehensive assessment



# Core Elements of Specialized Treatment Approach

- Treat any co-occurring mental, behavioral, or substance abuse disorders
- Tailored to a youth's cognitive ability, experience, and developmental stage

# Treatment Elements

- Establish a relationship that is built on mutual respect
- Cognitive Behavioral Therapy & Motivational Interviewing
- Family involvement in all aspects of treatment

# Treatment Elements

- Psycho-education of youth and families:
  - laws governing sexual behavior
  - identification of inappropriate/abusive behaviors
  - elements of consensual sexual behavior
  - neuro-biological effects of trauma and attachment
  - aspects of good relationships (sexual & non-sexual)
  - beliefs in regard to pornography & human sexuality

# Treatment Elements

- Building of Core Competencies through skills and strengths identification and practice
- Multi-sensorial and experiential exercises
- Management of static or stable risks
- Individualized goals for dynamic risks and skill deficits



# Treatment Elements

- Treatment planning is strengths-based and individualized
- The youth and family are central participants
- Ecological approach, e.g., family, school, peers, community
- Address core competences
- Treatment plans evolve to monitor progress/or achievement of goals

# Safety Planning

- Proper identification of risk factors in assessment (and ongoing in treatment)
- Static and stable risk factors may need to be ‘managed’ in treatment objectives  
(Ex: learning/behavioral problems through successful application of IEP and modification of treatment approach)

# Safety Planning

- Use functional strengths of youth, family, community, and school
- At the beginning of treatment, safety is ensured by adult supervision by those who express clear motivation to prevent all harm
- As treatment progresses and goals are met, safety planning is supported by youth who were initially resistant or ambivalent about stopping harm

# Safety Planning

- Three different functions of safety plans:
  - 1) To protect the youth from self-harm
  - 2) To protect the youth from harm by others
  - 3) To protect others from harm by the youth

# Safety Planning Elements

- Collaborative effort including as many partners as possible
- Meet the unique supervision needs of each youth
- Must clearly consider the needs of the victim and/or family members
- Must clearly define the roles and responsibilities of the youth, and other parties involved or providing oversight

# Safety Planning Elements

- Evidence that responsible parties have reviewed and understood the safety plan
- Signed by youth, family members, and juvenile probation and parole officer
- Consistent with any legal procedures regarding victim notification
- Reviewed regularly and adjusted if needed

# General Tenets of Reconciliation

- Process of youth accountability for his or her past abusive behavior
- Apologize to the victim and/or the family
- Process for victim healing and empowerment
- Process for family education
- Process to aid safety planning by effectively managing the range of emotions and risk factors associated with sexual abuse

# General Tenets of Reconciliation

- The youth, the victim(s) and/or their family has to be ready and willing to participate
- Victim and/or family member involved determines the pace of reconciliation
- Communication among all involved is critical
- Utilizes the strengths, protective factors, and cultural perspectives of the youth, victim and/or family to best meet needs for healing



# The Youth is Ready When...

He or she demonstrates:

- Appropriate affect regulation
- Accountability for abusive behaviors
- Understand the impact of the abusive behaviors on the victim, the family, and themselves
- Communicate their thoughts and feelings
- Willingness to comply with safety planning

# The Family is Ready When...

They:

- Acknowledge that abuse happened without minimization
- Are aware of family context and dynamics contributing to abusive behavior
- Demonstrate appropriate affect regulation
- Display awareness and ability to communicate about risk factors

# The Victim is Ready When...

They:

- Have participated in all recommended services
- Demonstrate affect regulation
- Clearly communicate a desire to participate in reconciliation services
- Know they can change their mind and stop the process at any time
- Have clearly articulated support from pertinent adults

# Reconciliation Process

- Create a roster of those people willing to consider reconciliation
- Explore solutions to individual or systemic barriers to reconciliation
- Explore how successful family discussions have occurred in the past
- Explore with each individual how a family discussion about reconciliation might go

# Reconciliation Process

- Allow each person to imagine questions others will have and how they might best answered
- Create a plan of action for dealing with problematic behavior if it occurs in the meeting
- Prepare all participants to manage difficult affect through multi-sensory self-soothing techniques

# Process for Reconciliation

- Family meeting occurs where there is physical/emotional safety and confidentiality
- Not everyone has to participate in every meeting
- Family sets reconciliation goals in first session
- Beginning or following each session, review progress toward the established goals
- After reconciliation goals are met the youth and family may be ready for reunification

# Readiness for Reunification: A Victim Driven Process

- When victim(s) lives in the home, participates in family reconciliation, and wants the youth to return home, then family reunification is considered
- When the victim(s) does not live in the home, and the youth and all family members want reunification, the process can begin

# Readiness for Reunification: A Victim Driven Process

If:

- the victim(s) are in the home and are not willing to have the youth return home, **or**
- the treatment team (including family members) decide it is not safe for the youth to return home,

Then:

- alternative living arrangements are explored and plans for continued family contact are created



# Readiness for Reunification

- All family and treatment team members have knowledge of a youth's risk and protective factors, and plans for continued success
- All family and social support network members are committed to report any potentially harmful behavior to designated treatment team members or local authorities

# Readiness for Reunification

- Documented safety plan that includes specific interventions for each identifiable risk and identifies roles/responsibilities for team members
- Safety plan will be updated as risk factors evolve and change

# General Tenets of Reunification

- Prior to reunification, there must be successful reconciliation
- Adequate safety planning and monitoring of compliance with the safety plan

# Reunification Process

- Safety plan describes risk factors and roles and responsibilities agreed to by all participants
- Responsibility for supervision and monitoring is clearly assigned and documented in safety plan
- Compliance assessed on a continuous basis

# If Victim Lives in the Home...

- Reunification should begin only after reconciliation has occurred
- The victim must become engaged in therapeutic support during the reunification process

# If Victim Lives in the Home...

A reunification safety plan must be developed and include the following:

- A description of all behaviors and circumstances that make the victim feel physically or emotionally unsafe (these are documented as part of the safety plan)
- How all parties will respond if any one of the parties has a safety concern

# If Victim Does Not Live in the Home...

After the youth and his caregivers participate in reconciliation:

1. safety plans are established
2. home visits begin
3. plan can be made for the permanent return of the youth

# Discharge/Transition Planning

- Discharge planning begins at assessment
- Transitioning the youth to a lower level of care or discharging a youth from treatment is an important aspect of the treatment process



# Discharge/Transition Planning

- Decision and recommendations pertaining to discharge from treatment should always be done in collaboration with system partners
- Recommendations or decisions regarding discharge or transition must be based on treatment progress and include a clear plan for the sustainability of that progress

# Transition Planning

- Transitions must be supported by documented evidence that adequate treatment progress has been made
- Discharge/transition plans must include clear information regarding what to do if the plan does not work