

1 OUTCOMES 015

2 ABSTRACT:

(o15) The sexual treatment outpatient program (STOP) assesses for risk to re-offend and offers treatment to children with sexualized behaviours and adolescents who sexually abuse. Identifying both the trajectory of risk level and evaluating the various components of treatment will be accomplished through the administration of the BCFPI at specific STOP treatment intervals (completion of group phase; completion of offense specific phase; and completion of anger management phase etc). The results of these scores will then be compared to the scores obtained by the sexual assessment package (at 6 month intervals) which includes various components such as cognitive, sexual history and fantasy questionnaires, and additional behavioural checklists.

3 SERVICE TYPE:

Assessment and treatment of moderate to high adolescent sexual offenders. For this project, a case is considered a 'sexual offender' when referred to the Niagara's sexual offender program (STOP) via probation, police, or courts.

4 SERVICE DESCRIPTION:

The Sexual Treatment Outpatient Program (STOP) has been assessing and treating children with sexualized behavioural problems and adolescents who sexually abuse since 1995. The program also offers community consultation and education. Treatment consists of a sixteen session offense specific group phase, individual offense specific treatment, family treatment, and additional group interventions. STOP is cognitive behavioural treatment intervention. The program developed and adheres to a group treatment manual and a CD Rom that is utilized for the group phases of treatment.

5 AGENCY CONTEXT: REFERRAL TYPES AND VOLUMES:

NCYS had 81 adolescent referrals for the STOP in 2003. As the youth remain in service for close to two years active treatment numbers at anyone time are approximately 200. There is a waiting list of 27 adolescents. The waiting list began in April 2004.

NCYS had 73 child referrals, for STOP in 2003. Children (11 years of age and younger) typically remain in treatment for 10 months. There are approximately 31 children waiting for service.

6 OUTCOMES SAMPLE TARGET:

60 successive children and 60 successive adolescents attending the STOP program for at least 22 months.

7 DATA GATHERING POINTS AND METHODS:

Programs will be created in BCFPI corresponding to each standard element of the STOP i.e.,

- STOP-General-child or
- STOP-General-youth, and,
 - STOP-Group
 - STOP-Treatment specific for cases involved in sexual misconduct
 - STOP-Family
 - STOP-Anger Management
 - STOP-Social Skills
 - STOP-Self-esteem

- Referral, admission and discharge dates will be entered for each program, for each case. This will support discharge BCFPI data gathering as each group is completed, and assessment of impact of specific groups.
- BCFPI paper FU forms will be distributed to cases by clinician at end of each stage, for on-site completion by parent.
- Forms will be entered into the BCFPI data base using specific **stages** (as recorded on forms by NCYS staff) as follows:

Service event	Form stage	Form Date
Referral to Niag. CYC	Before	Date Referral BCFPI completed.
Referral to STOP	n.a.	n.a.
Completion of STOP Group	D	Date Group FU form completed.
Completion of STOP Offence-specific	X	Date Offence FU form completed.
Completion of STOP Family	Y	Date Family FU form completed.
Completion of STOP Anger Management	Z	Date Anger Man. FU form completed.
Completion of STOP Social Skills	O	Date Soc. SK. FU form completed.
Completion of STOP Self-esteem	P	Date Self. Est. FU form completed.
Completion of STOP	n.a.	n.a.
Discharge from Niagara CYC	After	Date NCYC disch. BCFPI completed.
6 month follow-up	F) 6 mo FU	
12 month follow-up	G) 12 mo FU	

- Contact Niagara will enter this program enrolment and form data on NCYS's behalf for this project in the Contact Niagara BCFPI data base, so that all data will be in a single intact data base. NCYS will arrange for completion of all forms (**'stage' clearly marked**) and enrolment data, and submission of this to Contact Niagara for their entry.
- The course of symptomatology, in relation to completion of service elements, will be explored and described by graphing BCFPI profiles for 'Before' and then for successive stages, as listed above.
- 'Effect size' of the overall STOP programs (child and youth) will be computed by comparing the initial 'Before' scores, gathered at referral to NCYC to 'After' forms upon discharge from NCYC, and then 6 and 12 month Follow-up forms.
- Outside investigators will examine relationships between successive milestone BCFPI profiles and 6 month STOP measures.

8 START DATE: JANUARY 2005

9 QUARTERLY UPDATES

9.1 PROGRESS

9.2 PROBLEMS

9.3 REVISIONS TO PLAN

10 INTERIM AND FINAL REPORT

10.1 REFERRAL, DISCHARGE AND FOLLOW-UP PROFILES

10.2 CLIENT SATISFACTION UPON DISCHARGE

10.3 EFFECT SIZES FOR CASES WITH HIGH 'BEFORE' SCORES

10.4 EFFECT SIZES COMPARED TO AVAILABLE BENCHMARKS

10.5 SERVICE COST

10.6 CONCLUSIONS

11 CONTACT INFORMATION

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