

## ***Psychosexual Assessments***

In addition to targeted treatment services, CCP offers Psychosexual Assessments either in conjunction with a STOP referral or on its own. Psychosexual Assessment referrals are accepted for *both* male and female youth that exhibit problematic sexual behaviors. The Psychosexual Assessment is a trauma informed comprehensive assessment of the youth's risk for sexual recidivism. The assessment process employs research-based tools such as the J-SOAP-II (Juvenile Sexual Offender Assessment Protocol, Prentky et al, 2000) and the ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism, Worling and Curwen, 2001) and tools such as the Abel, Becker & Kaplan Adolescent Cognitions Scale Revised (Judith Becker, Ph.D. and Meg Kaplan, Ph.D.) and the *sexual arousal graphs* (James Worling, Ph.D.) Results from the evidence based tools are combined with the information gleaned from clinical interviews with the youth and his/her parents and information collected from collateral interviews to generate a report that is provided to the referral Social Worker within 2 weeks of the clinical interview.



**Community Care  
Programs, Inc.**

Issues addressed in the Psychosexual Assessment include but are not limited to the following:

- **Psychological functioning** (Examiner does a brief mental health exam and collects information regarding the youth's mental health history and current mental health functioning.)
- **Youth's Trauma History**
- **Information regarding youth's sexual development, values, and beliefs**
- **Developmental history of the youth** (strengths and needs)
- **Youth's view of family, school, and environmental circumstances**
- **Dynamics of the sexual offense**
- **Risk Factors and Protective Factors**
- **Recommendations** regarding placement (if requested), juvenile sex offender registry, safety and supervision planning, and treatment including recommendations regarding reunification of siblings in situations of interfamilial sexual abuse.

### **Referral Contact Information**

To make a referral for a Psychosexual Assessment or the STOP Program, please email **Mary Simon** at [ccp@CommunityCarePrograms.com](mailto:ccp@CommunityCarePrograms.com)

**Community Care Programs, Inc.**  
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## **Community Care Programs, Inc.**

**Wisconsin Certified Outpatient  
Behavioral Health Clinic**



**Sexual abuse  
Treatment &  
Offender Program**

## **Sexual abuse Treatment & Offender Program (STOP)**

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The STOP (Sexual abuse Treatment & Offender Program) program through *Community Care Programs, Inc.* was developed in 1998. The STOP program offers youth and adolescent consumers evidence-based *targeted treatment* that promotes positive outcomes and focuses on risk factor reduction so that sexual recidivism is prevented. As with all of our specialized programs at CCP, the STOP program treatment providers use a trauma-informed holistic approach to treatment. The STOP program combines cognitive-behavioral therapy, motivational interviewing, TF-CBT, DBT and various other evidence based models to meet the individual needs of consumers. This program is not a “one size fits all” program. This weekly program includes individual, group, and family therapy with a strong emphasis on psychoeducation for consumers, their family, and other treatment team members.

It is highly recommended that a youth being referred for the STOP program receive a thorough Psychosexual Assessment prior to treatment so that treatment providers have a baseline understanding of the youth’s strengths and needs with regard to risk and treatment planning. CCP offers Psychosexual Assessments as a stand-alone service. The STOP program treatment providers are highly experienced clinicians who stay current with regard to research and practice with youth that have problematic sexual behaviors.

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The following components are included in STOP programming:

- Disclosure Statement
- Victim Empathy
- Apology/Clarification Letters
- Boundaries
- Psychoeducation regarding legal issues
- Healthy Sexuality
- Trauma History
- Grooming/Maintenance Behaviors
- Relapse Prevention Planning
- Cycle of Abuse
- Healthy Living Plan

### **STOP Individual Therapy**

Consumers participate in weekly, hour-long sessions with a licensed psychotherapist addressing the above components of the program. Programming can be tailored to the individual’s age, gender, and/or cognitive ability. The individual components of the STOP program often take 9 months to 1 year to complete. Length of treatment varies significantly based on the youth’s age, developmental level, cognitive functioning, trauma history and motivation to complete treatment.

### **STOP Group Therapy**

Consumers participate in weekly, 60-90 minutes group sessions with other clients in the STOP program. The group focuses on

- PRAC Skills (Psychoeducation on trauma, Relaxation skills, Affect management, Cognitive coping)
- Correcting Thinking Errors
- Healthy Sexuality
- Safe Media and Technology Use
- Independent Living Skills
- Moral Development
- Healthy Decision Making

### **STOP Sibling Reparative Therapy**

This component of the STOP program is geared towards families in which sibling sexual abuse has occurred. The youth’s individual therapist coordinates co-therapy sessions with the victim’s individual therapist with the goal of promoting and practicing healthy and safe sibling relationships. The youth that has offended prepares and presents an apology to the sibling victim. The sibling victim is then encouraged to ask questions of their sibling offender. The primary purpose of the sibling reparative therapy component is to assist the victim in his/her “healing process”. This element also provides the family with guidance regarding safety and supervision planning. The sibling reparative therapy component is often utilized during the family reunification process after a youth with problematic behavior has been placed outside of the home where the victim(s) resides.

### **STOP Family Psychoeducation**

Active parent participation is strongly encouraged in the STOP program. The youth’s individual therapist incorporates family psychoeducation at a frequency determined by the youth’s individual treatment plan. This component focuses on educating parents on issues such as supervision and safety planning, appropriate technology/media use, recognizing their child’s grooming behaviors, and understanding their child’s cycle of abuse. Parents participate in sessions by actively listening to their child educate them on their sexual acting out and problematic sexual behaviors.