

1. The Guidance Clinic (GC) no longer offers treatment for youth who have encountered the legal system due to sexual offenses. In response, the Alameda County Probation Department (ACPD) contracted with the [Hope Program](#).
2. The HOPE Program, per its website, was established in 2008 and is a distinguished forensic mental health clinic “dedicated to providing comprehensive and compassionate care to adult and adolescent clients.”
3. The HOPE Program’s treatment program for individuals who have encountered the legal system due to sexual offenses is certified by the California Sex Offender Management Board ([CASOMB](#)) and employs cutting edge research to provide services that mitigate the risk of reoffending while enhancing public safety.
4. The HOPE Program’s target population, according to the [California Evidence-Based Clearinghouse](#), are “sexually reactive children,¹ ages 12 and up, and sexually abusive adolescents² and adults through age 25.
5. The HOPE Program treatment model occurs as follows:
 - a. All individuals undergo an initial intake, which is an empirically informed assessment that guides the client's and family's treatment planning.
 - b. Clients are then assigned to an appropriate treatment track (e.g., group, individual and/or family therapy).
 - c. Treatment is guided by the components of the comprehensive evaluation.
6. For sexual offending adolescents, The HOPE Program consists of individual psychotherapy sessions, group sessions (with 7 to 8 clients per group), and family therapy (only if appropriate).
 - a. The recommended duration for treatment is 24 months. Intensity is as follows: Individual psychotherapy, 50-minute weekly session. Group psychotherapy, 90-minute weekly session. Family therapy (only if appropriate), 90-minute session as needed.
7. For sexually reactive adolescents - The HOPE Program consists of individual psychotherapy sessions and family therapy when appropriate.
 - a. Intensity is as follows: Individual psychotherapy, 50-minute weekly session. Family therapy, (only if appropriate), 90-minute session as needed.
8. Treatment goals for a sexually reactive or sexually abused adolescent are age appropriate and take into consideration if family reunification will take place. Pending the outcome of a comprehensive assessment of the sexually reactive child, specific treatment goals could include:
 - a. Engaging youth in the therapy process.

¹ Children who are sexually reactive often have experienced complex or damaging feelings that come from witnessing or experiencing abuse or trauma. These children act out frequently and make sure their behavior is done in the view of adults. The sexual behavior is either self-directed or directed at others including adults. When the sexually reactive child involves other children, it is done without pressure or force and if a child says “no” the problematic child will move on to a different child. Also, there is often a direct connection between an emotional trigger for the child and the appearance of the sexual behavior. This sexually reactive behavior is motivated by the child’s history of built-up confusion, fear, and anxiety about sex. Acting out is their attempt to understand and cope with these uncomfortable emotions. Sexually reactive children represent the largest group of youth displaying sexual behavior problems. Source: [Project Pinwheel](#)

² Children, who molest other children, have intense sexual confusion that is evident in their thinking and behavior. Children in this category display frequent and persistent sexual actions towards others. In general children in this group have generalized behavior problems and tend to display impulsive and aggressive tendencies. Although physical force is uncommon for children who molest, they do rely on pressure such as bribery, trickery, manipulation and emotional or physical bullying to gain participation from their victims. When selecting victims, children who molest look for children all ages that are perceived to be: weak, are mentally challenged/disabled, socially isolated, or have emotional neediness. Once discovered by adults, children who molest need specialized help for many reasons. Source: [Project Pinwheel](#)

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Draft for ACPD re: Hope Program

For SB 823 meeting

- b. Preparing youth and allowing them to express themselves in a safe, non-abusive environment
 - c. Reducing the youth's guilt (overcome self-blame)
 - d. Supporting the youth as he/she comes to terms with the abuse
9. Per the [Clearinghouse](#), the HOPE Program treatment for sexual offending adolescents may consist of the following: Learning about victim impact; recognizing risk for sexual re-offending and learning prevention awareness; enhancing parent-child communication/relationships; developing a support network; enhancing social relationships; addressing intimacy deficits; addressing cognitive distortions (i.e., unhelpful thoughts) supportive of offending; enhancing prosocial sexual attitudes; increasing accountability for sexual offenses; enhancing healthy sexual interests; enhancing affective expression/regulation; enhancing awareness of victim impact; increasing ability to manage impulse control; decreasing compulsive use pornography, when necessary; developing a safety plan/relapse prevention plan
10. The HOPE Program utilizes the support of the court to ensure the safety and well-being of children and family members. This is because sex offender treatment is often shameful for individuals to participate in and therefore utilizing the support of community resources and court can be necessary.
11. The HOPE Program includes a homework component wherein homework is goal-specific and tailored to the youth's individual needs. For example, homework assignments may be to develop a safety plan; identify triggers that lead to acting out; or developing thought records.
12. For any youth participating in the HOPE program, ACPD provides the following:
 - a. (Group and/or individual therapy rooms)
 - b. Access to television and DVGR players
 - c. Whiteboard
 - d. Art supplies
 - e. Treatment videos
13. For any youth participating in the HOPE program, ACPD receives the following:
 - a. A quarterly report detailing the goals for individual sessions; the expectations of the youth participating; diagnostic and clinical impressions; concerns in treatment, if any; plans for the next quarter; a Risk/Need Total score derived from instruments such as The Level of Service/Case Management Inventory (LS/CMI), STABLE-2007,³ and/or Static-99R,⁴ and a summary/comments section.

³ The STABLE-2007 is a measure of 13 risk factors relevant for the treatment and supervision of adult males convicted of a sexually motivated offense.

⁴ The Static-99R is based on static (unchanging) risk factors which predict the potential for sexual re-offending, such as age at release from custody on the sex offense.