



Best Practices for the Treatment of Adolescents Who Have Engaged in Sexually Harmful Behavior

Phil Rich, Ed.D., LICSW
Specialized Consultation and Training
www.philrich.net
phil@philrich.net
413-687-7098

Our Thinking Has Changed

- Over the past 10-15 years, the way we think about young people who have engaged in sexually abusive behavior has changed.
- This includes how we understand the forces that influence and drive adolescent behavior of all kinds, including sexually abusive behavior.



Our Thinking Has Changed

- Smallbone (2006), for instance, conjectures that adolescent sexually abusive behavior is related more to poorly developed social skills than sexual deviance.
- Adolescents who have poorly developed social attachments are not well equipped socially...
... with fewer social and personal resources available to them than other adolescents.



Our Thinking Has Changed

- We recognize also that the environment in which the young person was raised and lives is an *active* ingredient in psychosocial development and functioning, and the development of prosocial skills.
- This includes the development of social connections, self-regulation, and moral/prosocial reasoning and behavior.

(for instance, in their study of juvenile offenders, Docherty, Lieman, & Gordon, 2021, concluded that interventions aimed at improving young people's emotional and self-regulation skills may reduce recidivism)



Our Thinking Has Changed

- This is true, not only in the development of sexually abusive behavior, but also in its treatment.
- That is, it's not simply what young people bring into treatment...
... it's also what they find in treatment.



Our Thinking Has Changed



What's Changed?



And Why?

Major Shifts In... Our Thinking and Sensibilities

- How we think about and frame things.
- How we “feel” about the work – our ability to recognize and respond to social and emotional influences on the attitudes, beliefs, and behavior of children and adolescents.



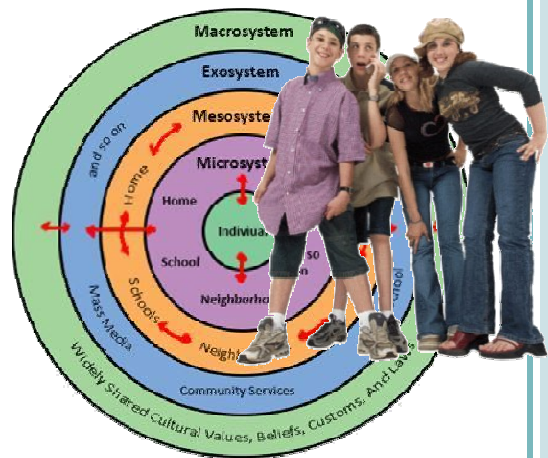
Major Shifts In... How We Think About Our Clients

We understand and think differently about young people who engage in sexually abusive behavior.

- ✓ Developmentally sensitive
- ✓ Adolescents are not simply smaller adults
- ✓ “Less guilty due to adolescence”
- ✓ Social influences
- ✓ The ecology and behavior

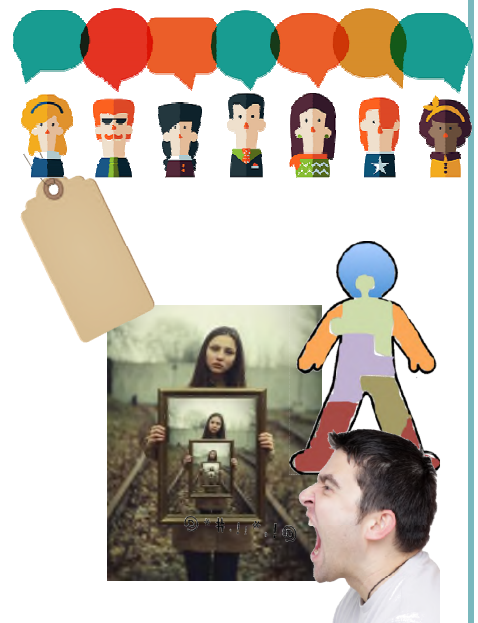


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Major Shifts In... Our Use of Descriptive Language

- Why has the language changed?
- Labeling and identity
- Labeling and consequences
- The wholeness of individuals
- “Person First” language
- The inadequacy of labels
- Language and public perception
- Unnecessary to use harsh terms
- More client-centered
- Changes in our sensibility – how we frame the picture



Major Shifts In... Our Thoughts About Risk Assessment

- What are we assessing? What should we be assessing?
- What does assessment tell us?
- Assessment in context
- Depth of assessment



The Expanding Role of Assessment

- Risk assessment isn't simply about predicting risk for sexually abusive behavior
- It's also about understanding risk, and how to protect against it.
- Similarly, treatment for young people isn't simply about containment, risk reduction, and protecting the public...
... but is also about change and personal growth.



The Expanding Role of Assessment

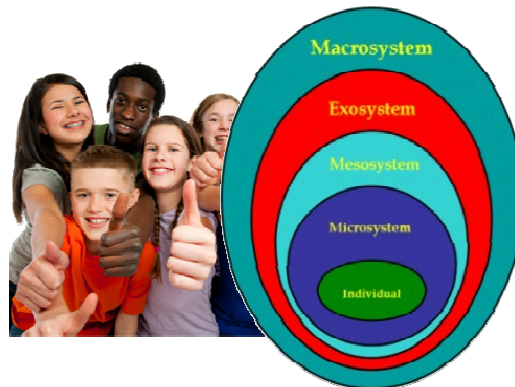


- The contemporary model...
- A more comprehensive, contextually sensitive, and developmentally-informed evaluation process that recognizes the recognition of the difficulties inherent in predicting future sexually abusive behavior, and especially in young people.



The Expanding Role of Assessment

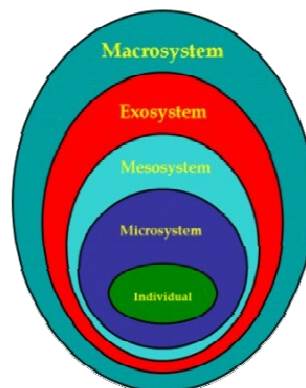
- The use of a risk assessment instrument is but one part of, and embedded within, a larger and more comprehensive process of assessment...
... the purpose of which is to understand the juvenile being assessed as fully and deeply as possible.



Adolescent Assessment is Comprehensive

- Adolescent risk should not be assessed or understood based only on the picture painted by static factors alone.
- “There is a consensus in the field that assessment of risk in juvenile offenders should include a comprehensive assessment of an array of individual and contextual factors.”

-Caldwell & Dickinson, 2009



The Expanding Role of Assessment

- Risk assessment provides an opportunity to assess needs and strengths and assets, as well as risk, highlighting its value as a tool for treatment planning and case management.



Major Shifts In... Our Thoughts About Sexual Recidivism

- Base rates
- Sexual and non-sexual recidivism
- What should we be treating?



Juvenile Sexual Recidivism is Rare

- Relatively few adolescents who have engaged in sexually abusive behavior develop into adult sexual offenders.
- Post-treatment recidivism is most typically reported as somewhere between 5-14%.
- Based on 106 studies involving 33,783 cases of juveniles adjudicated for sexual offenses between 1938 and 2014, Caldwell (2016) described a sexual recidivism base rate of 4.97% over a 62-month follow-up period.
- Longer follow-up times resulted in higher sexual recidivism rates for up to 36 months, but after this did not indicate significantly higher sexual recidivism rates.



Juvenile Sexual Recidivism is Rare

- Caldwell asserts an estimated sexual recidivism base rate between 3 and 10%, with an average of approximately 5%.
- For the 33 studies conducted between 2000-2015, the average base rate was 2.75%. Caldwell suggests that the most current sexual recidivism rate is likely to be below 3%.
- “For the most part, JSOs and ASOs are two distinct phenomenon. The vast majority of JSOs desist from sex offending...”

-Lussier & Blokland, 2014



Juvenile Sexual Recidivism is Rare

- Recidivism for adult and juvenile adjudicated for sexual offenses is significantly higher for non-sexual offenses than sexual offenses.
- This finding is consistent across nearly all studies of juvenile sexual offender recidivism.
-Letourneau & Miner, 2005
- Effective sexual-offense-specific treatment also reduces non-sexual recidivism.
- Kettrey & Lipsey, 2018



Major Shifts In... Our Awareness of Consequences

- Our awareness of the consequences of sexually abusive behavior to the young person him/herself.
- The registry, for instance.
- ATSA has recently published a paper recommending against the registration of juveniles who have engaged in sexually abusive behavior.



The Registry and Young People



Raised on the Registry. Human Rights Watch, 2013. <https://www.hrw.org/report/2013/05/01/raised-registry/irreparable-harm-placing-children-sex-offender-registries-us>

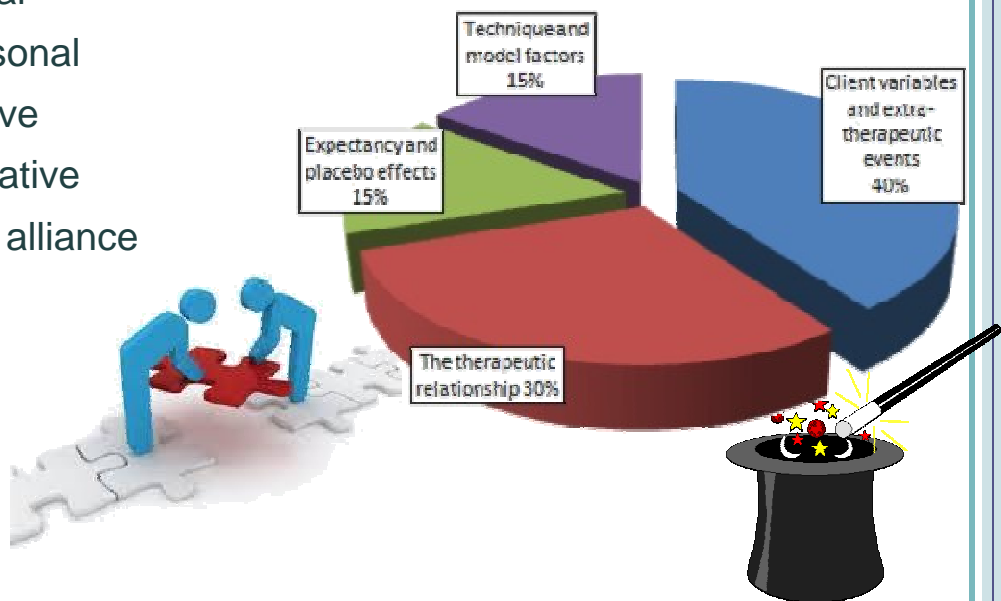
Registering Harm: How sex offense registries fail youth and communities. Justice Policy Institute (2008). http://www.justicepolicy.org/images/upload/08-11_rpt_walshactregisteringharm_ji-ps.pdf



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Major Shifts In... Our Beliefs About Treatment and How It Works

- What drives effective treatment
- Common factors
- Relational
- Interpersonal
- Supportive
- Collaborative
- Working alliance



The Clinician is Active

- Key skills for supporting change in sexual offenders include the ability to convey empathy, respect, warmth, and genuineness...
... and the ability to build treatment relationships based on mutual understanding and agreement.

- McNeill et al., 2005



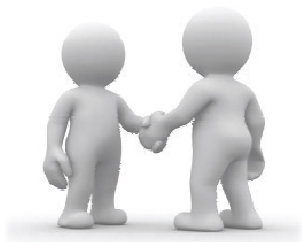
Major Shifts In... The Content of Treatment

- Less emphasis on workbook/psychoeducation
- Healthy relationships and relationship building
- Social skills and competence
- Executive functioning
- Stress management
- Experiential components
- More holistic



Major Shifts In... Our Approach to Treatment

- Introduction and engagement
- Engaging and relational
- Supportive
- Rehabilitative
- Partnership
- Authentic
- We are working on this together



Treatment As Facilitative

- Clinicians do not simply define, structure, and provide treatment
- They also engage their clients in the treatment process.
- They build a working relationship so that the client is an active participant in, and not simply the object of, the treatment process.
- Again, we are working on this together.
- It is through the therapeutic alliance that treatment becomes a joint venture into which the client willingly enters and engages in treatment.



Treatment As Facilitative

- The style and characteristics of the therapist, therapeutic alliance, and treatment climate are each essential to creating a safe treatment environment.
- “Clients learn and practice new skills in an environment in which relationship skills are modeled, experienced, and rehearsed, rather than simply being ‘taught’...
... “within a therapeutic environment that offers an opportunity for true intimacy, trust, and emotional safety.”

-Levenson, 2014



Major Shifts In... Our Thoughts About The Client's Role

- Motivation
- Goal setting
- Feedback
- Collaboration and partnership



The Client's View Counts

- Feedback Informed Treatment emphasizes both collaboration and the need to understand the client's perspective...
... and gather and take stock of the client's experience in therapy.
- Contemporary treatment recognizes the contributions of not only the therapist and the treatment model, but the client as well.



Major Shifts In... Our Thoughts About The Clinician's Role

- The clinician's role, qualities, and behaviors.
- Interpersonal "spirit."
- Not a "disembodied clinician performing standardized procedures."
-Norcross, 2002
- Attuned, responsive, supportive, reliable.
- Concerned, caring, empathetic.
- Engaging.



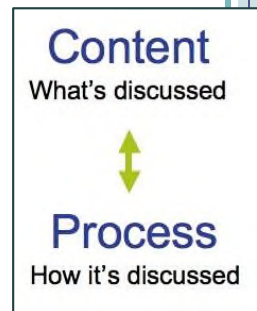
Major Shifts In... Our Thoughts About The Clinician's Role

- The qualities, characteristics, and behaviors introduced into treatment by the treatment provider have a great deal of effect on the outcomes of treatment.
- Marshall, 2005
- Client functioning improves, in part, because of who we are and how we present ourselves.
- The converse may also be true...
... The Motivational Interviewing model holds that therapist style and practice can substantially improve or degrade client outcomes.



Major Shifts In... Our Thoughts About Effective Treatment

- What make treatment effective?
- Rehabilitative and strength building
- Interaction, relationships, attunement
- Support, alliance, and cooperation
- Investment and shared goals
- Motivation is an internal process that cannot be coerced
- Process (how) Versus Task/Content (what)



Major Shifts In... Our Understanding of Risk Factors

- Situationally and contextually dependent
- What they clearly tell us
- What they don't clearly tell us
- Pointers to treatment
- Targets of re-assessment
- Warn us of problem areas
- Empirically weak



Risk Factors, Assessment, And Treatment Planning

- Despite the research focus on prediction, juvenile risk assessment instruments are also intended to help manage risk and plan treatment to prevent re-offense.
- Viljoen et al., 2012, 2018
- Viljoen and colleagues argue that increased attention to the utility of tools for these purposes allows us to move beyond simply predicting sexual re-offense, and toward the prevention of sexual re-offense.



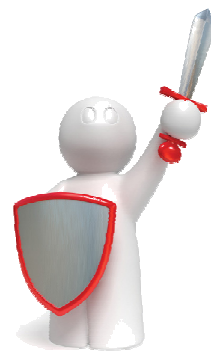
Adolescent Assessment Guides Treatment

- This shift recognizes that the purpose of juvenile risk assessment is not simply that of estimating risk...
... but also and more importantly to help us understand how to treat risk, and how to buffer adolescents against the effects or risky environments.
- An understanding of risk serves as the foundation of a needs and strength based treatment.



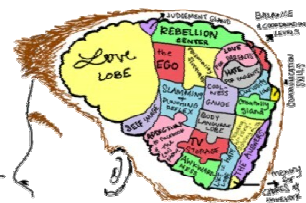
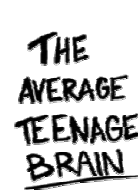
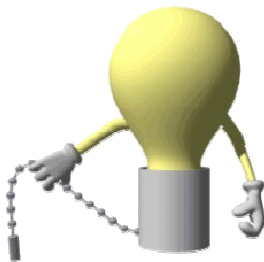
Major Shifts In... Our Recognition Of Protective Factors

- Assessing risk means also assessing protection against risk.
- An increasing recognition of the importance and the power of protective factors as we attempt to build better-informed juvenile risk instruments.
- Worling & Langton, 2015
- Understanding risk also means understanding protection against risk.
- Protective factors also point to targets of treatment



Major Shifts In... Understanding Behavior As Contextual

- Understanding child and adolescent sexually abusive and problematic behavior in context
- Social context and social messages
- Relational context
- Conditions at the time
- Meaning, purpose, and drive
- Developmental sensitivity
- Executive functioning



Major Shifts In... The Individualization of Treatment

- Understanding each young person as an individual
- Heterogeneity
- “Every person is in some ways like all other people, in some ways like some other people, and in some ways like no other people”

-Kluckhohn & Murray, 1953



Heterogeneity: Similarities and Differences

- The same may be said for youths and adults who engage in sexually abusive behavior.
- They are, in some respects...
 - Like all other sexual abusers
 - Like some other sexual abusers
 - Like no other sexual abusers



Case Formulation



- “A hypothesis about the causes, precipitants, and maintaining influences of a person’s psychological, interpersonal and behavioral problems.”
- Eells, 2007
- Simply knowing a youth has sexually offended doesn’t provide much useful information.
- Medoff and Kinscherff, 2006
 - Presenting problems
 - Predisposing factors... Vulnerabilities
 - Precipitating factors... triggers
 - Perpetuating factors... drivers
 - Protective factors

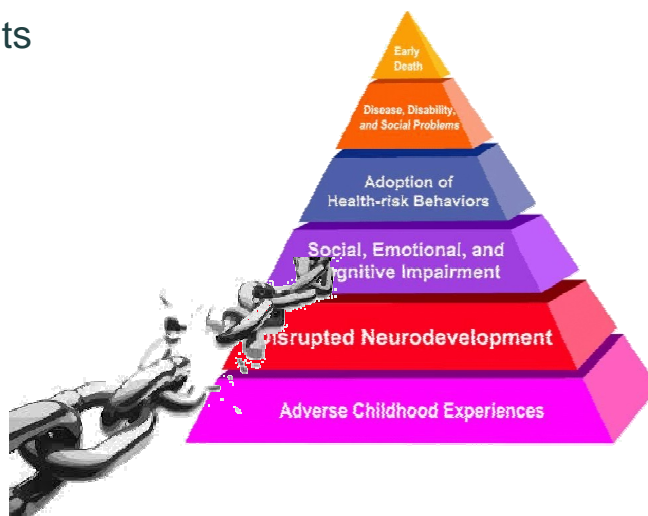
Major Shifts In... Our Understanding of Developmental Experience

- Our understanding that early persistent social experience, and the quality and nature of attachment, shapes and influences emotions, thinking, social interactions, and behaviors throughout life.
- Socially
- Neurobiologically
- Psychologically
- Behaviorally



Major Shifts In... Our Understanding of Developmental Experience

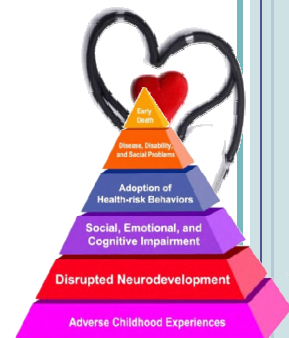
- Adverse childhood and developmental experiences have a potentially adverse effect throughout life, physically, mentally, socially, and spiritually.
- ACEs study
- Damaged attachments



Adverse Childhood Experiences

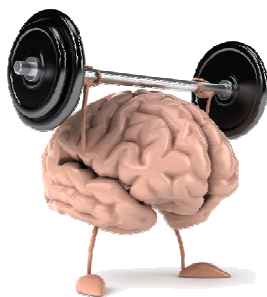
- The contemporary model is built on a recognition that for many clients, adverse childhood experiences have contributed significantly to their development, their behaviors, their relationships, and their social skills.
- The trauma-informed approach moves away from saying “what have you done?” and asking “what’s wrong with you?,” to instead asking “what has happened to you?”...
... seeing clients as “neither sick nor bad, but as injured,” and in turn injuring others.

-Bloom & Farragher, 2013



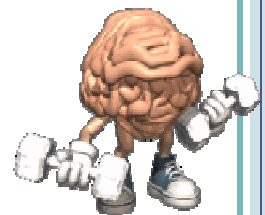
Major Shifts In... Our Understanding Of Adolescent Neurology

- Our thoughts about adolescent brain development
 - Influenced by early experience
 - Shaped by repetition
 - Adolescent brain different than adult brain
 - Plasticity and growth continues through adolescence and into young adulthood
 - Some features of adolescent behavior are explained as normative or expected features of adolescent brain development



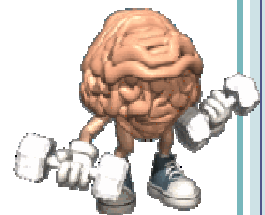
Treatment is Brain-Based

- A relational model of treatment is a brain-based model.
- It recognizes that attachment experiences profoundly affect neurological development in children, and also that neural development continues through adolescence and into young adulthood.
- It recognizes that the experience, and not simply the content, of therapy influences the rehabilitative changes we seek in our clients.



Treatment is Brain-Based

- It is brain-based because...
 - ... beyond what treatment is saying to our clients in words, in workbooks, or in cognitive behavioral and psychoeducational instruction...
 - ... it is what treatment is saying at the experiential and relational level that is of central importance.



Major Shifts In... Ethical Awareness

- Our recognition of ethics in the treatment of young people who have engaged in sexually abusive behavior
- Punishment or treatment
- Paternalistic
- Beneficence vs. malfeasance
- False positives
- Denial in treatment
- First, do no harm



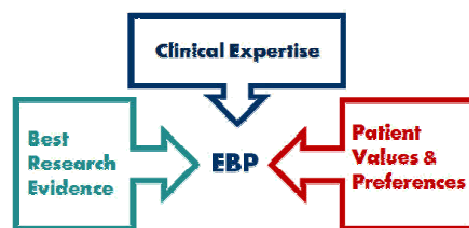
Major Shifts Toward... Evidence-Based Treatment

- Evidence-based and empirically validated treatment
- But - what qualifies as evidence? Of what?
- The “seductive appeal to the idea of having a specific psychological intervention for any given type of problem.”
-Duncan, 2001
- The “quest for the holy grail of exclusively evidence based” practice may create dependency on research alone, precluding clinical expertise and judgment
-Smith & Pell, 2003



Evidence-Based Practice

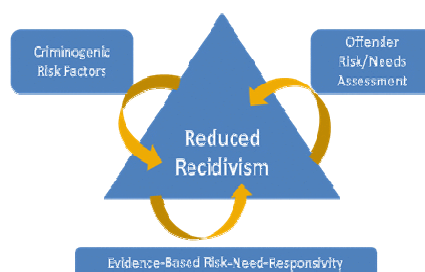
- Empirically-based treatment overlooks limitations in research methods, as well as the variations in each case and the importance of the therapeutic relationship
- Garfield, 1996
- Empirically-based models validate the efficacy of treatments, or technical interventions, rather than the therapeutic relationship or the interpersonal skills of the clinician
- Norcross, 2002



Major Shifts Toward... The Principles of Risk, Need, and Responsivity

- Three principles for case management and treatment planning
- Stratified model
- Take home message...

... Not all offenders requires the same type, content, intensity, duration, or setting of treatment.



Principles to Guide Assessment and Treatment

1. Risk refers to the static, or historical, features of risk assessment.
2. Needs identify dynamic features of risk that can be changed and therefore become possible targets of treatment.
3. Responsivity is tied to treatment by considering the manner in which the individual may respond to treatment, and hence the possible effectiveness of treatment.



Wrapping Up: Pillars of The Contemporary Model



Pillars of Treatment in a Contemporary Model

- Treatment is **holistic**, addressing more than just those aspects that focus directly and only on the sexually abusive behaviors.
- Clients are recognized and treated as **whole people**.
- Treatment is **individualized**.
- The treatment **environment** is important.

Not just what we say, but how it “feels.” Not just the message, but the experience of the message.



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Pillars of Treatment in a Contemporary Model

- Treatment is **rehabilitative**. It involves socializing clients, restraining the capacity for harm, and building social skills.
- Treatment is **collaborative**.
- Treatment is **strength-based** and strength-building.
- Treatment is **person-based**. It is relational.
- The therapeutic relationship is **authentic**.
- **Attachment** counts. Social connections, social interactions, secure and balanced attachments to individuals, families, communities, society.



In Current Practice, We Recognize...



- Our client population is heterogeneous.
- The need for sensitivity to the process and issues of child and adolescent development.
- Different pathways to sexually abusive behavior in each case.
- Juveniles are not simply smaller and less experienced adults.
- Juvenile behavior of all sorts must be understood contextually.
- Juvenile behavior of all sorts must be understood ecologically.

In Current Practice, We Recognize...



- We must provide individualized treatment.
- Treatment must be rehabilitative.
- Treatment must be strength-based.
- Treatment must be collaborative and alliance building.
- Resistance in treatment should be worked with, not against.
- Therapeutic relationships and alliances are central.
- Therapy is curative, not containment or harm-reduction based.

In Current Practice, We Recognize...



- The therapist's attributes, behaviors, and presentation are central.
- Treatment is brain-based – it speaks in the language of the right brain. Therapy is first an “experienced” experience.

Neurological and psychoneurological growth is shaped by experience.

Beyond what treatment is saying in words, in workbooks, or in psychoeducational instruction...

... it is what treatment is saying at the experiential and relational level that is of central importance.

In Current Practice, We Recognize...



- Motivation is an internal process that cannot be forced or coerced but can be prompted and fostered.
- Many things about our clients are not pathological.
- Sexual recidivism is a rare event among adolescents.
- Juveniles who engage in sexually abusive behavior have a higher likelihood of non-sexual difficulties, include non-sexual delinquency.
- Treatment for sexually abusive behavior is not only about eliminating recidivism.



Practice Help

- The ATSA Adolescent Practice Guidelines
- Safer Society Foundation and Press
- ATSA Master Classes
- Global Institute of Forensic Research



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