Overcoming Common Issues in Treating Adolescents Who Have Engaged in Sexually Harmful Behavior

As a result of this training, participants will be better able to:

1. Identify best practices for completing a risk assessment for an adolescent who has engaged in harmful sexual behaviors.
2. Explain best practices for treatment for an adolescent who has engaged in harmful sexual behaviors.
3. Identify best practices for safety planning for an adolescent who has engaged in harmful sexual behaviors.
4. Apply best practices for clarification/reunification for an adolescent who has engaged in harmful sexual behaviors.

It all starts with

The Assessment

Assessments are:

- Assessments are only as good as the information gathered during the interview and record reviews.
- Assessments are ongoing - they are never static! If anything changes; Risk – Need – Responsivity, living space, school, development, family, etc. the assessment should be updated to reflect the changes.
- No matter what, the assessment is only good for 6 months
- For providers, who “only do treatment” – how do you do an assessment?

R-N-R Review

- Risk = factors within the adolescent's environment associated with sexual and/or general abusive behaviors. Treatment should match risk.

- Need = what will reduce the adolescent's risk for sexual or general abusive behaviors? What should be the treatment target?

- Responsivity = effective methods to maximize the adolescent's and his/her family's ability to benefit and learn from rehabilitative interventions; tailored to the individual

ATSA Adolescent Practice Guidelines are based in the empirical framework of the Risk – Need – Responsivity Principles

- How do we go about finding risk?
  - Appropriate assessment = youth's need for structure, supervision, and treatment
- Needs are what?
  - Adolescent's or family dynamic factors (identified in the assessment initially) that can reduce the adolescent's risk for sexual or general reoffending
- Responsivity
  - Effective methods to maximize the adolescent's and family to benefit from treatment and rehabilitative interventions based on what we learn from assessment on risk

Research says

- Caldwell (2016)
  - Quantifying the Decline in Juvenile Sexual Recidivism Rates
  - 33 Studies (2000-2014)
  - 106 Data Sets
  - 20,008 Juvenile Offenders

- Calculated sexual recidivism rate at 2.75%
  - Regardless of the intervention

Assessment Are To

- Inform decisions about the adolescent's care and treatment
- Inform on adolescent's risk, needs, and responsivity factors
- Reviews both sexual and general delinquency risk factors
- Determine adolescent's risk relevant intervention strategies and provide information on factors impacting responses to treatment
- Determine when and if needed more intensive services, no specialized services warranted, or for when services are no longer warranted

Assessments Gather

- Multiple reliable sources of information
- Interviews of youth and caregiver/s
- Information from professional sources ie. School, probation, courts, previous treatment providers
- RNR at that time – as we know these factors change and the adolescent is in a development life stage – therefore we are only speaking of RNR at the time of the assessment
- Assessments should be repeated as an adolescent progresses through treatment, if any major changes happen in home or life, and to determine if youth is ready for discharge.

Assessor – who has it in them?

What should an assessor possess?

- Grounding – engaging demeanor
- Practice within your practice scope – Psychology vs Social work degrees
- Knowledgeable on youth's development on all areas
- Knowledgeable on the range of youth's sexual behaviors
- Unbiased, sensitive, and impartial interviewing skills
- Understanding each youth is different, every time, all the time

But when can you do an assessment?

- Poll: How many of you do assessments?
- When do you do them?
- What is the biggest hurdle in “the process of the when” do you face?

What behaviors are we assessing?

- “Normal” -- Problematic -- Harmful
- How do we define what is the behavior?
- How does trauma impact the sexual behaviors exhibited by youth?

Best Practice of When for Assessments

- Post –adjudication
  - But sometimes we need to do them pre-adjudication

- Pre adjudication considerations
  - Legal Professionals seeking information forward with a plea agreement or to build a plea agreement
  - Judge is seeking information prior to a proposed plea bargain
  - Court is withholding or delaying action on a charge while adolescent is given opportunity for treatment and possible dismissal of the charge

Assessment report should Include, but not limited to the following

- Confidentiality – Limitations
- Family Domain
- Developmental History
- Problematic and Abusive Sexual Behaviors
- Home Environment
- Social and Community
- Risk and Needs Measure
- R – N – R
- Recommendations

- What are your most important things to ask/include in an assessment?

Risk and Need Assessment Measures

- Improvement over unstructured clinical judgement
- Most empirically supported, independent evaluated, sex-offense-specific risk assessment
- Are not meant to stand alone
- Assessor knows the measure, understands literature around the measure, and understands limitations

- But remember that risk data we spoke about?

Pause for a Good Measure chat

Best Practice Assessment Review:

- Assessments are only as good as the information gathered during the interview and record reviews.
- ATSA Adolescent Practice Guidelines are based in the empirical framework of the Risk – Need – Responsivity Principles
- Calculated sexual recidivism rate at 2.75% (Caldwell, 2016)
- Assessments Inform – Not Predict
- Post –adjudication completion
- Utilizing a Risk and Need Assessment Measure

Treatment

Best Practices for Adolescents Who Have Engaged in Sexually Abusive Behaviors

Treatment for Adolescents

- Adolescents in general are diverse such as still developing, learning styles vary. For adolescents who have engaged in sexually abusive behaviors protective factors and risk associated with reoffending are also diverse.
- Therefore, Treatment for adolescents who have engaged in sexually abusive behaviors needs to consider all things adolescent and all things associated with risk of sexual reoffending among adolescents
- Treatment is driven by Assessment

Best Practices for Treatment include:

- A focus on dynamic risk factors
- Promoting safety while assisting with skill development
- Evidence Based Interventions that meet the Risks and Needs
- Include caregiver and/or parent
- Assess risk and protective factors in youth's environments
- Treatment in least restrictive environment
- Treatment is at the adolescent's developmental level
- Addresses both sexual behavior problems and conduct problems

What the Research is saying for Best Practices for Treatment

- Cognitive Behavioral Therapy (CBT)
- MI
- Skills-Based
- Multisystemic Approaches that involve caregivers
- BUT- is that all? Nope!

Treatment is MOST effective when includes principles of RNR

- Risk = intensity of treatment
- Need = focusing on factors related to recidivism; specific to the adolescent
- Responsivity = adapting and adjusting what treatment is used to meet the needs of the adolescent

Treatment on a Continuum

Providers for Treatment for Adolescents who have engaged in sexually abusive behaviors

- Knowledgeable on current research specific to this population
- Possess skills and knowledge on RNR
- Aware of own strength and weaknesses when treating this population
- Collaboration with other professionals in this population

Best Practices in Indiana (USA) for Community Based Treatment Providers

- **Community Based Service providers will only utilize professionals who are specifically trained (CSAYC) and are licensed practitioners.**

  Training can occur through the Indiana Association for Juvenile Sex Offender Practitioners (IN-AJSOP), or an equivalent recognized credentialed authority. (Indiana Department of Child Services, 2018)

- If reunification is the permanency plan, the CSAYC or practicum CSAYC (or equivalent as approved by DCS) working on the case will ensure the victim clarification process is handled within best practices. Victim clarification must be completed prior to reunification. Best practices will ensure safety throughout the clarification process, as well as how safety will be addressed during and after reunification.

Best Practices in Indiana (USA) for Residential Treatment Providers

- **Residential Therapeutic Services must be provided by a CSAYC, or equivalent, therapist on staff.**

  - If reunification is the permanency plan, the CSAYC or practicum CSAYC (or equivalent as approved by DCS) working on the case will ensure the victim clarification process is handled within best practices. Victim clarification must be completed prior to reunification. Best practices will ensure safety throughout the clarification process, as well as how safety will be addressed during and after reunification.

    (Indiana Department of Child Services, n.d.)

Keys to Treatment Best Practice

- Treat the whole adolescent
- Engagement of adolescent and family/caregiver
- Motivate, how can you help the change process?
- Therapeutic Relationship with adolescent
- Assessment drives treatment
- Treatment is needs based that were identified in assessment
- Addressing sexual attitudes
- Includes healthy sexuality concepts
- Social and community supports
- Delinquency
- Social Skills components
- Parent/caregiver relationships

Treatment Concepts that are important

- Social skills
- Cognitive thinking errors
- The “how did this happen” (cycle, chain) connecting thoughts – feelings- behaviors
- Healthy relationships
- Increase in sexual knowledge

Moving to a lower level of care or Discharge from Treatment

- Established in foundations of RNR
- Does not mean DONE, means made progress. Progress on goals established to reduce the risk of sexual recidivism.
- Who is ever done with treatment?
- NOT based on
  - Completion of chapters
  - Completion of manuals
  - Completion of all goals

ATSA Adolescent Guidelines says it all….

10.38 Practitioners recognize and communicate that successful discharge from a treatment program/regimen indicates the adolescent and his/her caregivers, when appropriate, have demonstrated progress related to the goals and objectives of the individualized treatment plan designed to reduce the adolescent's risk to reoffend and increase stability and prosocial behaviors to such a degree that the adolescent's level of risk and needs supports a decrease in intensity of services or the ending of formal treatment. Successful completion does not indicate the individual's risk to reoffend has been eliminated completely.

Safety Planning

Why do we safety plan?

- Why is someone sitting in back?
- Why did you put your seatbelt on when driving?
- Why do we wear football pads and helmets?
- Coffee in am before talking to others?
- Others in normal day?

- Do we call them safety plans?
- Formal? Informal? Written and signed?
- Why do we have them- based on what?

Why- Because it Works!

- Refer back to Caldwell!

Why it works = Brain Development

- Neuroplasticity – allows for the brain to change structurally and functionally related to experiences
  - Use it or lose it
  - Cow path example
- Brain maturity in mid 20's
  - Prefrontal cortex- one of last regions to mature, but significantly grows in adolescents
    - Equates to hope that new things can be learned

What do we safety plan for?

- What does the family/youth/community need?
- Safety planning is for concerning bx, acknowledged bx, ongoing disruptive bx, adjudicated/CHINS bx, and any other harmful bx
- Don’t need courts to tell us to make plans
  - What do we do on a daily basis to keep ourselves safe?
    - Back to the beginning of the presentation- what is safety?

Safety plan is what?

- Current move in treatment to move away from no, can't, don't to do, assist, and keep safe
  - Easy to say no, but let's look at PROTECTIVE factors
    - Examples
  - Our brains like to be told yes, respond and relearn!

Big picture of Best Practice for Safety Planning

- Professionals are aware that best practice models indicate that, with successful treatment, most juveniles who commit sexual offenses do not commit further sexual offenses – and act accordingly every time.

How to plan?

- Practice Guidelines
  - Safety Plans must reflect and accommodate the lifestyles of those affected by them including developmental, co-morbidity, interpersonal skill, coping skill, access to resources, and likelihood of compliance variables – every time.
  - The clinician advocates for the youth and his family and also Community Safety – knowing that both are clients every single time.
  - Safety Planning/Treatment includes consideration and involvement of the family and available systems
  - Safety Consideration is taken into any known or suspected trauma

How to plan continued

- Practice Guidelines continued
  - Safety Planning/Treatment identifies and builds on strengths of the child and family as tools for change
  - Safety planning matches the family's values on sex and sexuality
  - Interventions should require daily effort by the child and family members
  - Interventions are most effective when cognitive and behavioral coping strategies are emphasized toward promoting responsible behavior on the part of family members – skill building.

How to plan continued

- Correcting cognitive distortions (thinking errors) and providing more adaptive attribution options enhances treatment outcomes.
- The Professional is sensitive to his/her own personal and cultural biases in interactions and supervision of the youth and his/her family every time.
- The Professional actively engages with a supervisor to monitor personal bias and to promote best practice standards for the client every time.

But really, how do we do this?

- Let’s chat
  - What is your favorite way to do safety plans?
  - Templated forms or free forms?
  - Family or no family involvement in creating?
  - What do you call them?

What about technology ?

- How is it included in safety planning?
- My favorite, Live like it is 1989 with technology!
- How do you in your practice handle technology use among youth?

Remember -- to look for special exceptions!

- Know about exceptions – or extra rules
  - Is there court orders that have to be obtained – if and when?
  - No contact orders in place?
  - Clarification process – how does safety planning fit into it

How long is a safety plan good?

- Never expires?
- Best by date?
- Updates like software?

Best Practice Safety Planning

- Includes components of the following:
  - Dynamic – fluid- adaptive
  - Reviewed -- updated -- always changing
  - Normal – healthy expectations
  - All parties must be in agreement that safety is a necessity
  - Community safety is a client

Clarification

Clarification in our daily lives looks like?

- Who has sent a wrong text or text to a wrong person?
- Facebook message interpreted wrong?
- Twitter- um, we will skip this one!
- Late for an appointment?
- Burnt dinner or no dinner

Sorry is what?

- When is the last time you said I'm sorry?
    - How did you feel?
    - What was the response?
    - Was it enough?

- Webster Defines as

  1 : Feeling sorrow, regret, or penitence

  2 : Mournful, sad

  3 : Inspiring sorrow, pity, scorn, or ridicule

- Just a thought – for sexual abuse is this enough?

Apology is What?

- When is the last time you apologized?
  - How did you feel?
  - What was the response?
  - Was it enough?
- Webster Defines as:
  - An admission of error or discourtesy accompanied by an expression of regret
  - An expression of regret for not being able to do something

- Just a thought – for sexual abuse is this enough?

Sorry vs Apology

- Is there a difference?
- Thoughts?
    - Sorry – includes feelings
    - Apology – includes regret

What we know …… as Humans

- When bad things happen we want to make things better
  - I’m sorry should fix things, but sometimes does not
  - I’m sorry does not explain why
  - An apology seems empty

What we know …… as clinicians

- Typically the abuser and victim will reunite on some level at some time
- Clarification and reunification processes increase the chances of success significantly over families reuniting independently when an abuser or victim leaves a service system.

Maximizing success requires addressing these issues:

- The engagement and commitment of the family and involvement in treatment planning
- Enhancing the family structure and relationships of all individuals
- Enhancing protective factors among all family members
- Enhancing safety planning
- Enhancing community safety
- Enhancing healthy sexual development

Five Things needed for Best Practice

1. Definition of who is on the team- family driven
2. Open goal oriented communication among all parties
3. Informed supervision
4. Safety planning for all at all times
5. Trained providers to work with youth with sexually harmful behaviors and children who have experienced sexually harmful behaviors

Clarification versus reunification?

- **Clarification Process**

- an ongoing process for family members to talk about the harm caused and the impact on everyone within the family system,

  - Face to face sessions or other available options

  - In a safe environment

  -With professionals to assist in the discussions and safety planning needs

  -Based on all ages of those involved

- **Reunification Process:**

- systematic and therapeutic process of bringing a family back together

  may include one or multiple individuals living outside of the nuclear family

  usually entails incremental visitation, starting with supervised and working towards extended in home visits, prior to a child returning to the primary residence.

So this means what?

- Clarification does not equal reunification
- Reunification does not equal clarification
- ***It is a process- clarify, update safety plan, reunify, update safety plan, clarify, reunify more, update safety plan, reunify more, clarify more, and on and on and on……***

A non negotiable

- Clarification (on some level) must happen prior to reunification
- And why?

Clarification takes on many forms

- Youth with harmful behaviors clarifies in many forms
  - Parents from day of allegation – what did you do?
  - Courts – admitting in court what happened
  - On admit paperwork – questions asked of what happened that they are in treatment
  - Parents asking more questions once treatment starts
  - Providers asking for details as preparation for clarification
  - Youth clarifying with self on beliefs and attitudes
  - Siblings who are not direct victims

Victim Clarification
Overall Process details (America Version)

- Best practices for the process
  - Day one of treatment, all providers sign consents for constant communicate on all parties participation in treatment
  - First treatment team meeting, goals for clarification are set
  - First treatment team meeting, goals for reunification are set
  - Victim Focused – Safety Focused

- Who is involved?
  - Family driven
    - Clear safe – boundaries
    - Understanding of supervision needs
    - Informed Supervisors
  - Do not violate no contact orders from court
  - If split families, all guardians must be in agreement for participation

Victim Clarification
Overall details Continued ….

- Who does what?
  - All parties are communicating to reach same goal – at least bi-weekly
  - Victim therapist- determines when victim is ready to initially begin clarification
    - Trauma symptoms are stabilized
    - Safety is addressed
  - Abuser therapist- determines when harmful youth is ready to initially begin clarification
    - Acknowledgement of harm
    - Understanding of requirements for safety
  - Family- support, answers questions, follows safety plans, completes own clarification if needed

Victim Clarification
Overall details Continued ….

- When does it happen?
  - All parties must be in agreement that all participants are therapeutically ready to begin clarification in a face to face setting
  - Timeframe is set by team – honoring victims needs

- How is safety addressed?
  - By all parties
  - Safety plan for each step of process for both the session and family afterwards
  - No harm – non negotiable

When does Victim clarification Happen?

- Face to face clarification session- may be first time youth see each other since abuse happened – high emotions are expected, here are a few ideas
    - Initial session may need to be a meet/greet supervised visit, then next session is clarifying the harm
    - Letters shared regarding life changes since last seen sibling
    - Pictures shared under supervision to see physical changes

- Activities that can help prepare for face to face clarification session
    - Sharing questions the victim has for the abuser to answer them back in writing or know what to expect
    - Abuser sharing a letter written to victim – addressing harm, planning for safety
    - Pictures – Art – Phone conversations
    - Other ideas?

Victim clarification session looks like?

- What the victim needs!
- At the victim's age/developmental level
- Where the victim chooses. Safety first !
- All therapists are in agreement of the session process
    - Utilization of pre-established questions
    - Utilization of letters
- Structured –
    - Decreases anxiety
    - Roles are known
    - Safety is addressed

Reunification at all levels

- Initially with parents or other support persons
- Safety adherence = increased reunification plans
- Clarification = adding victim into reunification plan
- Safety is ALWAYS addressed

Safety Planning within clarification and reunification

- For sessions, after sessions, and for visits
  - Safety maybe in back of mind as parties are excited of the family together
- Dynamic – fluid- adaptive
- Reviewed -- updated -- always changing
- Normal – healthy expectations
- All parties must be in agreement that safety is a necessity
- Community safety is a client
- Informed supervisors
  - Who can help the family?

Indiana Department of Child Services added in June 2018 Standard update – Community

- If reunification is the permanency plan, the team must have a CSAYC or practicum CSAYC working on the case to ensure the victim clarification process is handled within best practices. Victim clarification must be completed prior to reunification. Best practices will ensure safety throughout the clarification process, as well as how safety will be addressed during and after reunification.
- (1) Reunification and clarification steps/goals should be discussed in all team meetings.

Indiana Department of Child Services added in January 2020 Standard update – Residential

Indiana Service Standard for Residential Services for Treatment of youth with Sexually Harmful Behaviors

- If reunification is the permanency plan, the team must have a CSAYC or practicum CSAYC (or
- equivalent as approved by DCS) working on the case to ensure the victim clarification process
- is handled within best practices. Victim clarification must be completed prior to reunification.
- Best practices will ensure safety throughout the clarification process, as well as how safety will
- be addressed during and after reunification.

- i. When the victim(s) is in the reunification plan, the residential provider is responsible for
- initiating and coordinating clarification with available victim(s) from day of admission.
- This to include consent of information and obtaining releases of information to
- communicate with victim's therapist. If unable to contact the victim(s) therapist or family
- unwilling to sign for release of information, the court must be notified immediately.

- ii. Reunification and clarification steps/goals should be discussed in all team
- meetings. Clarification does not equate to reunification.

Clinical adherence necessary – no matter how human we are

- As we stated at the beginning not all are able to do this, even those that do it, need support and guidance.
- Our personal worlds cannot collide with our professional worlds.
- Keeping a focus on the clinical needs of all involved will help guide and keep us on the proper track.

Combining it all together

- Best practices as each stage, some overlap
- Good quality therapy work goes a long way
- RNR is a base for all that we do
- No specific order on how to do things, it is individualized to each adolescent and family

The End

- Amanda Pryor, MSW, LCSW, CSAYC
- Work email amandap@in-ajsop.org
- ATSA email amandapryor@gmail.com