



Using a Developmental Lens to Promote Prosocial Skills in Adolescent Clients

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- Adolescent Representative, California Sex Offender Management Board
- Neuropsychologist & Epidemiologist
- Formally Coordinator, Sexual Responsibility Program & Alienist Panel Coordinator, Juvenile Court, San Francisco
- Trainer of Trainers, Aggression Replacement Training, California Institute for Mental Health
- Certified Practitioner, Moral Reconciliation Therapy & I Decide curriculums
- Certified trainer, Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II)
- Formerly Associate Clinical Professor at UC Davis School of Medicine, and Biostatistician and Lecturer at UC Berkeley
- Almost forty years of clinical practice with low-income children/teens
- 40+ published articles, books, blogs.
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Publications by Dr. Ralph

- "Prosocial Treatment Models with Juveniles who Sexually Offend." Perspectives, Fall, 2010.
- "Prosocial Models of Treatment with Sexually Aggressive Youth." N. Ralph. In B. Schwartz, Ed., The Sex Offender, Vol. 7, Civic Research Institute, 2012.
- "Evidence-based Practice with Juveniles." ATSA Forum, 2012.
- "Competency Status and Juveniles with Pending Sexual Offense Charges." Perspectives, 2012.
- "A Prosocial Collaborative Model for Juveniles who Sexually Offend." ATSA Forum, 2012.
- "Guidelines for the Assessment and Treatment of Sexually Abusive Adolescents, CCOSO", 2013 (co-author).
- "A Follow Up Study of a Prosocial Intervention for Juveniles who Sexually Offend." Sex Offender Treatment, 2015.
- "A Longitudinal Study of Factors Predicting Outcomes in a Residential Program for Treating Juveniles Who Sexually Offend." Sex Offender Treatment, 2015.
- "An instrument for assessing prosocial reasoning in probation youth." Sex Offender Treatment, 2016.
- "Being a Pro: The Prosocial Model for Problem/Solving", Safer Society Press, 2016.
- "Moral Reasoning in Juveniles Who Sexually Offend". ATSA Forum, 2017.
- "Prosocial Treatment Methods for Juveniles who Sexually Offended." ATSA Forum, 2017.
- "A Validation Study of a Prosocial Reasoning Intervention for Juveniles Under Probation Supervision." Sex Offender Treatment, 2017.
- "Evidence-based practice for juveniles in 2017." Sexual Abuse (Blog), 2017.
- "Practical Prosocial Methods for Assessment and Treatment of Juveniles with Sexual Offending Behaviors." In Sexually Abusive Behavior in Youth: A Handbook of Theory, Assessment, and Treatment. B. Schwartz, Editor, Civic Research Institute, 2017.
- "The Other Recidivism." Sexual Abuse (Blog), 2019.
- "Treatment Options and Outcomes for the Other Recidivism." Sexual Abuse (Blog), 2019.
- "The Utility of the JSORRAT-II." NAPN Blog post, 2019.
- "Neuropsychological and developmental factors in juvenile transfer hearings: prosocial perspectives." Journal of Juvenile Law & Policy. 2019..
- "A Replication of a Prosocial Reasoning Intervention for Juveniles." Sex Offender Treatment. 2019.
- "Developmental perspectives on "lying and manipulation" in juveniles who sexually offended." Sexual Abuse (Blog), 2020.
- "Some reflections on prosocial goals and plans for juveniles who sexually offended." Sexual Abuse (Blog), 2022.
- "Adolescent Guidelines." California Sex Offender Management Board, 2022. (co-author).
- Most are available through my website as downloadable PDFs (norbertralph.com).

Plan for the day

- EST Time Zone
- Program 11:00 AM to 12:30 PM
- Break 12:30 PM to 12:45 PM
- Program 12:45 PM to 2:15 PM
- Questions via Chat welcome.
- I look forward to learning from you & your questions.

Presentation Outline for Today

- Introduction
- Neurodevelopmental Lens
- Neuropsychological & Developmental Research
- Psychosocial Maturity & Delinquency
- Measures of Socio-Emotional Maturity & Prosocial Reasoning
- Practical Prosocial Treatment Methods
- Evidence-Based Treatment for JwSO

Key Developmental Concepts

- Goal of this workshop: Let us put on our developmental glasses and see what this topic looks like through those lenses.
- This workshop promotes evidence-based methods & practical clinical practice.
- (Including presentations with cute babies get higher ratings.)



Welcome!

- Welcome. This training is planned to be supportive for you all and a safe place to ask challenging questions. Our approach here is Prosocial & Collaborative- That is how we roll. An opportunity to practice a prosocial collaborative relationship starts here.
- All attendees are muted upon entry.
- Please send questions in the Q&A box.
- Try to make questions brief & focused. I can answer Q's on the fly, but may hold some to just before breaks.
- This training is being recorded.
- A shout out to attendees: Welcome!
- Why don't you put in Chat where you are from and what your roles are (PO, PD, admin, therapist, etc.).
- David: any other administrative issues?

Honor Your Values & Reactions

- Your Values & Reactions to JwSO are important.
- While all crimes have a social stigma, sexual crimes violate social norms or taboos, and are considered among the most serious.
- Individuals may have reactions to JwSO's who have harmed children and others.
- These reactions will likely shape your actions with these youth and are important to recognize.
- For example, not all mental health clinicians want to work with this population and don't choose to do that. This may not be an option for PD's, DA's, PO's, and Detention Counselors.
- Please feel free to take timeout, or other measures that would be helpful for you. While material isn't likely to be triggering or traumatic, please take care of yourself in this regard.



Limitations of Presentation

- Research by the author is presented and be aware of the “most beautiful baby in the world” effect.
- Some research here, including the author’s, is from small sample of convenience populations, and results need to be replicated.
- A goal of presentation is to make "fuzzy" concepts like evidenced-based practice, brain development, prosocial development & reasoning clear and usable.
- The presentation may be influenced by "confirmation bias" factors reflecting the presenter's perspectives, including his research on prosocial reasoning.

Limitations of Presentation Con.

- Terms "prosocial" and "psychosocial" regarding maturity are used interchangeably.
- In this presentation tests, programs, & books are mentioned but the presenter does not have any financial interest or benefits directly or indirectly from any of these products.
- Much content has been recently added to provide a better presentation, proofread several times, but still may be some rough spots. I also use Dragon Dictate and I'm blaming any typos on that.

Terminology & Limitations of Presentation

- Term JwSO here refers to "juveniles who sexually offended", describes behavior, not the person. Terms and words matter. Don't want to call teens "sex offenders", since it implies a chronic pattern, etc., which doesn't reflect facts. Almost all research & presentation here is about male teens. About 5% of JwSO youth are females, and they are important. Gender identification regarding these terms is important along with biology.
- Some of the material and PPT's are from public domain materials or other sources. References if requested. Reasonably "fact-checked" but levels of evidence vary. Ask me if you need further info. Can provide references to any material presented.



Terminology & Limitations of Presentation Con.

- Do not take any clinical, legal, or other action based on this presentation. Use your usual sources of supervision and consultation.
- I do trainings b/c you all know so much and I learn from you all.
- The brightest "person" in the room is always the audience! That is why I want to hear from all of you.

Key Developmental Concepts

- Important concept from Dr. Harry Stack Sullivan. "Lust dynamism."
- *"Because the lust dynamism is biological, it bursts forth at puberty regardless of the individual's interpersonal readiness for it. A boy with no previous experience with intimacy may see girls as sex objects."* --Theories of Personality, <https://pmhealthnp.com/wp-content/uploads/2019/10/TheoriesofPersonality.pdf>
- Suddenly a 13-year-old male given a high-performance sports car with no experience in driving, rules of the road, and is motivated to drive really, really fast.
- It's one of the vulnerabilities of human biology that these drives emerge when controls and regulation over impulses are lagging behind.

Key Developmental Concepts Con

- Brain & Body development during adolescence create an imbalance. The sudden development biologically of increased sexual drive is coincident with delays in controls related to frontal lobe development and control of decision-making.
- This vulnerability, and even recklessness, may affect vulnerable youth leading to sexually harmful behaviors, but also increase in crimes generally and accidents.
- Help is on the way with improved brain maturation and experience in learning to master these behaviors, but for JwSO after harm has already been done.

Goals of Presentation

- Start with increased sex drive, lack of maturity of control systems, then add in "disruptive" factors, depression/PTSD, ADHD, social skill deficits, access to pornography, access to victims, problems in parenting/supervision, and you may have an "accident waiting to happen."
- If "disruptive" factors are treated, this will likely contribute to decreased recidivism. Many factors increase recidivism yet are treatable.
- Coming into the probation system, although necessary, creates significant stress & challenges for the youth, his self-image, his options for prosocial development, and family functioning.

Goals of Presentation

- Working collaboratively, the goal of the PO & therapist is to work to reduce future sexual and total recidivism, and promote prosocial development.
- It is important to work with the family and youth to promote the prosocial functioning of the youth, helping them develop age-appropriate school and social experiences, and supporting the family. All that while making sure they follow a rigorous Safety Plan and conditions of probation.
- Important for youth/family to know from the therapist & PO "we got this" and we have a structure to deal with this problem. Youth and family need to do the hard work but there is light at the end of the tunnel.
- We will help them get through this process, help the youth develop a positive self-image based on real skills, and hope and skills for a prosocial future.

Development & Treatment Methods

- Many treatment approaches are used with juveniles who sexually offended. CBT, Trauma-focused CBT, DBT, Mindfulness, Good Lives, ART, MRT, and wonderful do-it-yourself "Home-Baked" models. Do they all promote prosocial development?
- All these approaches are likely contribute to increasing prosocial development and psychosocial maturity. Help youth make less harmful choices and live a better life. Just my opinion.
- Probation/detention/therapists are promoting prosocial development in the youth with different methods, but often it's not happening as fast as we want.

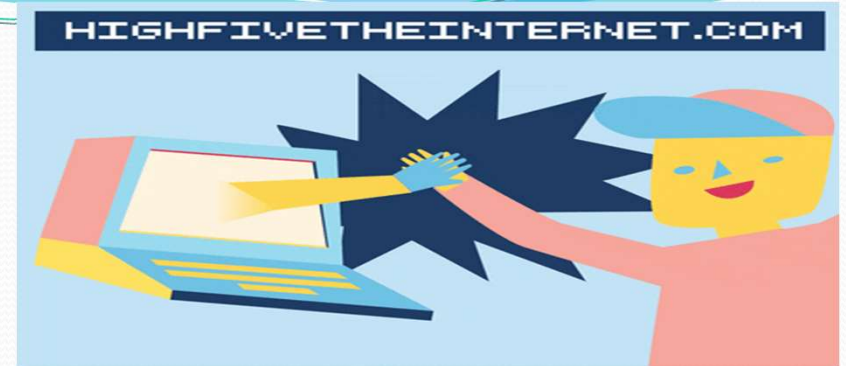


Development & Treatment Methods Con.

- It's important in my view to have this shared developmental model for all of us.
- For many of these youth their prosocial future is still in the balance, and they need help achieving it. Many factors that can throw them "off their game."
- Promote self-efficacy and appropriate developmental goals with teens taking more responsibility for decision-making in their lives.

Quick Points

Before we get started...



• Hi 5 to all.

- Brave: Success in juvenile probation work includes being brave. My guess this is a trait you folks have. Not for the "faint of hearts."
- Had probation and mental health supervisors who were role models for me. They were "real brave" & me "just a little."
- Usually, folks doing this type of work with JwSO aren't doing it for "big bucks", fame or fortune, but to make a better world.
- And to help victims by doing our best to: 1. reduce future crimes and 2. help the youth live a rewarding prosocial lifestyle which helps w/ #1.

Before we get started...

- Always keep a work/life balance and promote self-care.
- This work is not for everybody which is OK. Content here is about sexual harm and take whatever self-care you need to regarding this. this
- Your devotion: Had a PO from a county attended a training who stayed up the night before, had gone out on armed response with Sheriffs to deal with looters and bears from homes damaged by fires.
- I asked him which was the hardest to deal with, looters or bears? I won't include his answer so no party will feel offended. Can anyone top that?

Put on your developmental glasses

- Always important to put on your Developmental Glasses. Understand what the youth did, and the changes you like to see from a developmental perspective.
- When asking 13 y/o teens in treatment about apologies, let's compare them to the average 13 y/o's ability to apologize. Then respectfully help them "up their game," one notch better than they're doing now.
- I always appreciated PO's politely telling me I was expecting too much from this youth and, "Doc, let's go for Progress, not Perfection". Development usually takes place in small steps.
- My guess is most of you have pretty good ideas about this, many can add things to the conversation here.

Put on your trauma informed glasses


- Trauma for youth or families doesn't mean they are exempt from complying w/ conditions of probation & completing counseling. There is the realistic risk of the youth committing future harm as well which needs to be accounted for.
- Adverse Childhood Experiences: youth or parental psychiatric, criminal, or substance abuse problems, sexual and physical abuse, economic insecurity, health problems, ethnic, cultural, or immigration challenges. Our efforts are informed by appreciation of trauma factors, but also, they still must complete the conditions of probation.
- Trauma of treatment: They have earned their way onto probation and harmed others. We usually don't think of trauma going through the probation system.

- Sexual offenses are among the most serious criminal offenses and victims injured, often children. Nonsexual offenses also create victims.
 - Also, ~16%* JwSO victim of sexual abuse, ~31% physical abuse.
- *Population average.



LAW &
ORDER
SPECIAL VICTIMS UNIT

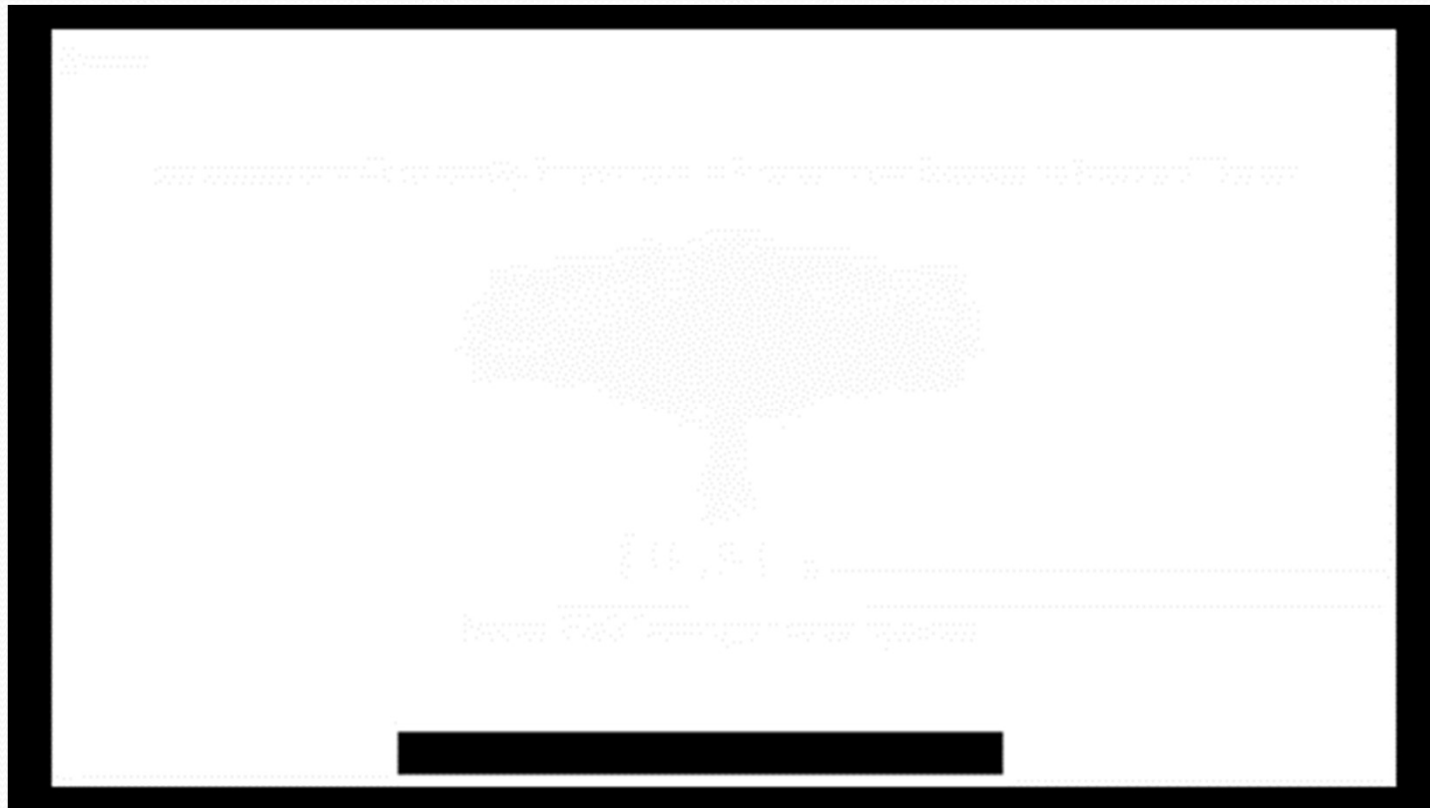
The logo for the Law & Order Special Victims Unit is displayed on a black background. The words "LAW &" are in a blue, glowing font, "ORDER" is in a white, glowing font, and "SPECIAL VICTIMS UNIT" is in a yellow, glowing font.



National Center on the Sexual Behavior of Youth (NCSBY ncsby.org)

The National Center on the Sexual Behavior of Youth (NCSBY) is a part of the Center on Child Abuse and Neglect (CCAN) in the Department of Pediatrics of the University of Oklahoma Health Sciences. In 2001, CCAN was selected by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to establish NCSBY to develop resources and training material for professions from multiple disciplines (probation, mental health, medicine, education, child welfare, law, law enforcement, and the judiciary) addressing youth with problematic or illegal sexual behavior. As part of the initial three-year project, CCAN established NCSBY.org, a web-based resource center for professionals, and a National Advisory Board. The website included curriculum, cataloged assessment instruments, registration law information by states, and fact sheets.

National Center on the Sexual Behavior of Youth (NCSBY)





A Brief History of JwSO Treatment And emergence of developmental perspective

A History of Treatment Approaches

- First JwSO models developed after creation of laws requiring mandatory reporting and services for child abuse.
 - Child Abuse Prevention and Treatment Act of 1974 which provided funding for mandatory reporting laws.
- First treatment models for sexual offending were "made up" w/out research or practice experience because there were none before. They were based on addiction/adult models. (C. Steen, 2001). *Treating Adolescent Sex Offenders in the Community*, Monnette & Steen, 1989.
- One of the first was The Adolescent Clinic of the University of Washington School of Medicine which opened in 1978. Modeled after adult treatment/theories and research for adolescents.

JwSO Treatment History

- 2001 dominant model was Kahn (2001), Steen and Monnette (1989), and Lane (1997), "Sexual Offense Cycle Model."

Sexual Offense Cycle Model	Developmental Model
Based on clinical judgement & extrapolation from adult models.	Based on research and best practices. Based on an understanding of adolescent psychosocial development.
Due to sexual disorder & compulsion.	99% not due to primary sexual disorder. Confluence of rapid sexual development/drive and delayed maturity in judgment. Harmful sexual mistakes, not a disorder
Pedophilic interests high.	99% not pedophilic, chose vulnerable/available victim, not specifically a child.
Criminal thinking errors: lack of empathy, denial of responsibility, lying, minimizing responsibility.	Thinking errors due to developmental delays in social reasoning, judgment. They make developmentally related thinking errors.
Recidivism >10%, but lower than most crimes.	Low recidivism <3%. Because it is developmentally related and most youth "grow out of it."
Need control, sanctions, polygraph, confrontation to break thorough denial.	Need home, school, counseling, and probation experiences to promote normal maturity psychosocial maturity. Also, firm/fair probation supervision/support/ information, educational advocacy, wrap-around services.
Containment, polygraph, sanctions	Collaboration model to promote psychosocial development.



Development of the Field Bonner, 2012.

1970s: Boys will be boys – no problem

1980s: Boys treated same as adult sex offenders – major problem

1990s: Boys recognized as different from adults – need different
treatment

2000s: Boys recognized as having good outcome, low recidivism



B. Bonner, PhD, 2012

- There is no evidence that most JwSO youth have a lifelong, incurable sexual disorder or paraphilia. Early adolescence is a high risk, transitory developmental period for committing illegal sexual behaviors. Developmentally related.
- JwSO youth are a distinct population from adults including having fewer victims, shorter duration of harmful behaviors, and different motivations than adults, less compulsive, and more experimental or curiosity driven behaviors.
- Dr. Bonner notes that after 2000, it came to be generally recognized that JwSO youth had generally good outcomes and low recidivism. Adolescents accounted for 30% of child sexual abuse.



B. Bonner, PhD, 2012

- Dr. Bonner notes that most JwSO youth can remain safely in the community during treatment though a minority require residential treatment. Decisions about placement in residential or incarcerated settings should depend on community safety and treatment needs.
- Pullman and Seto (2012) suggest that the majority of JwSO's are generalist offenders who happen to commit a sexual offense.
 - Youth who steal cars usually aren't considered having a "Car Disorder", they do many impulsive things including car theft.



Why Models Matter

- JwSO have been described as "lying and manipulative" which is presumed to be part of the pattern of behaviors that led to sustained criminal charges and not likely to change.
- Such behaviors might include things like denying or minimizing harmful behaviors and the effects on victims. A developmental perspective can be useful to understand these behaviors.
- Evidence-based models may inform re JwSO. *How I Think Questionnaire* (Barriga, Gibbs, Potter, & Liau, 2001) assesses offense-related thinking patterns based in part on Kohlberg's theory of moral development.

Why Models Matter

- Scales assess developmental immaturity and egocentricity, sometimes described as thinking errors: Lying, Self-Centered, Blaming Others, and Minimizing/Mislabeling.
- These thought patterns are viewed as part of developmental immaturity using Kohlberg's framework for moral development, are often ***modifiable***. Can and do change over time on their own, with the help of probation counseling & also focused mental health treatment helping.
- Research (Ralph, 2015) found in a JwSO residential program, youth on average moved from a level characterized by an egocentric moral reasoning to a rule governed level after 30 sessions of Aggression Replacement Training. Another study (Ralph, 2016) found that without a prosocial intervention in another well structured JwSO program, youth did improve over time in this area. Longer in the program the more they improved.
- N. Ralph (2020), "Developmental perspectives on "lying and manipulation" in juveniles who sexually offended." Sexual Abuse.

Why Models Matter

- You are a PD, DA, PO or psychotherapist starting their career. Imagine two situations. In both situations victims were harmed significantly by sexual violence.
- #1–You are told that JwSO youth are likely to reoffend regarding sexual crimes, have primarily a sexual disorder and compulsion, that they usually lie and minimize, will try to con people, and can't be trusted.
- #2 –You are told that JwSO youth have a low sexual recidivism rate, less than 3%, rarely have a sexual disorder or compulsion, is developmentally related, and make errors regarding rules in many areas that have harmed people & have high nonsexual recidivism.
- How does what you were told affect your dispo/treatment planning and interactions?

California Guidelines-Developmentally Informed

CASOMB's
Guidelines for
Treating and
Supervising Youth
Who Have
Committed a Sexual
Offense

2022



California Guidelines-Developmentally Informed

- Executive Summary:
- Youth, ages 13-17, are significantly different from adults in virtually all aspects of life. For this reason, society restricts their right to drive a car, vote, purchase tobacco, alcohol or marijuana, consent to medical treatment, and serve in the military. Youth are in a developmental stage of life in which rapid changes and maturation processes are affected by many forces, including biological, familial, educational and social. Youth who have offended sexually have a low likelihood of committing a new sexual offense, with estimates as low as 2.75%. Common methods of supervision and treatment used with adult sexual offenders are, for the most part, inappropriate and potentially harmful with youth. The Board strongly recommends that youth who have offended sexually should have services specialized for their needs.
- Full text available online and I was a co-author.

Neuropsychological & Developmental Research

Changes in Brain & Body

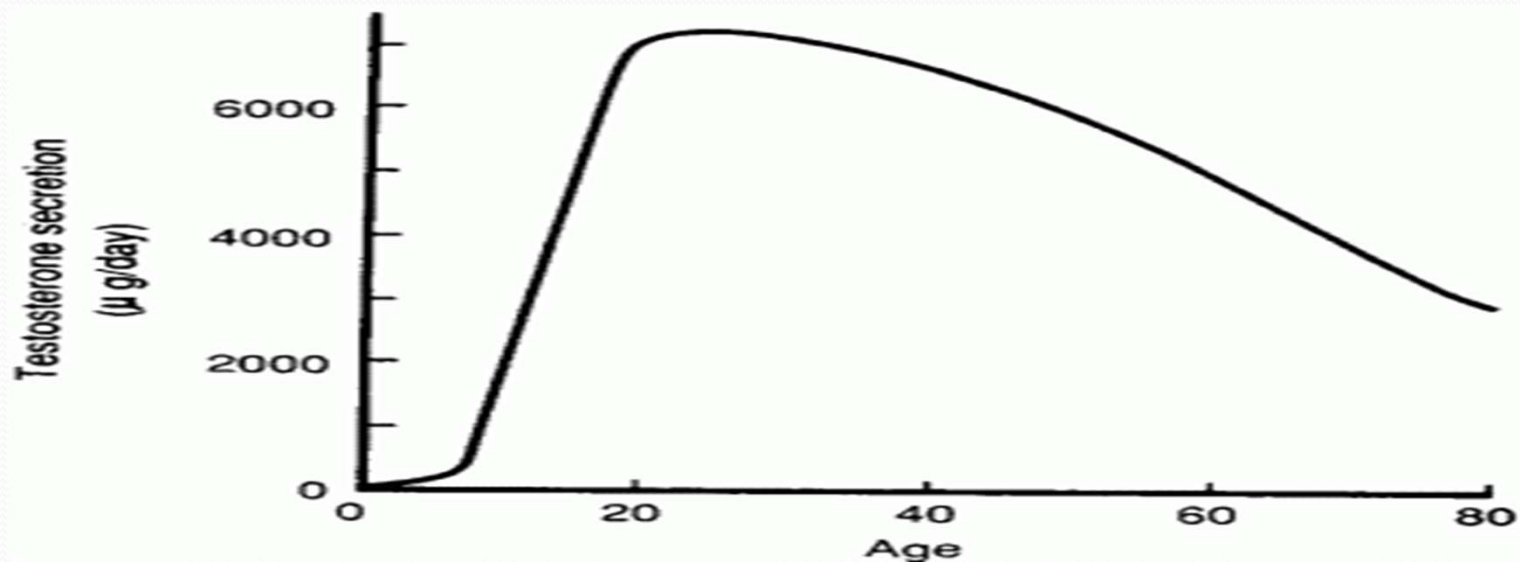
Physical Changes

Weight				Height			
Boys				Boys			
10y	18y	Dif	%Change	10y	18y	Dif	%Change
70	160	90	129%	55	69	14	25%
Weight				Height			
Girls				Girls			
Weight in pounds				Height in inches			
10y	18y	Dif	%Change	10y	18y	Dif	%Change
70	123	53	76%	54	64.5	10.5	19%
Boys				Girls			
Grip strength				Grip strength			
10y	18y	Dif	%Change	10y	18y	Dif	%Change
33	100	67	203%	33	57	24	73%

- Teens literally develop superpowers in adolescence. Boys more than double in weight and more than triple in grip strength.
- Imagine a 10-year-old boy and then separately imagine an 18-year-old boy both telling a 10-year-old girl to do something. Size and strength matter in criminal behaviors.

Adolescent Development

- Testosterone changes in adolescent males.

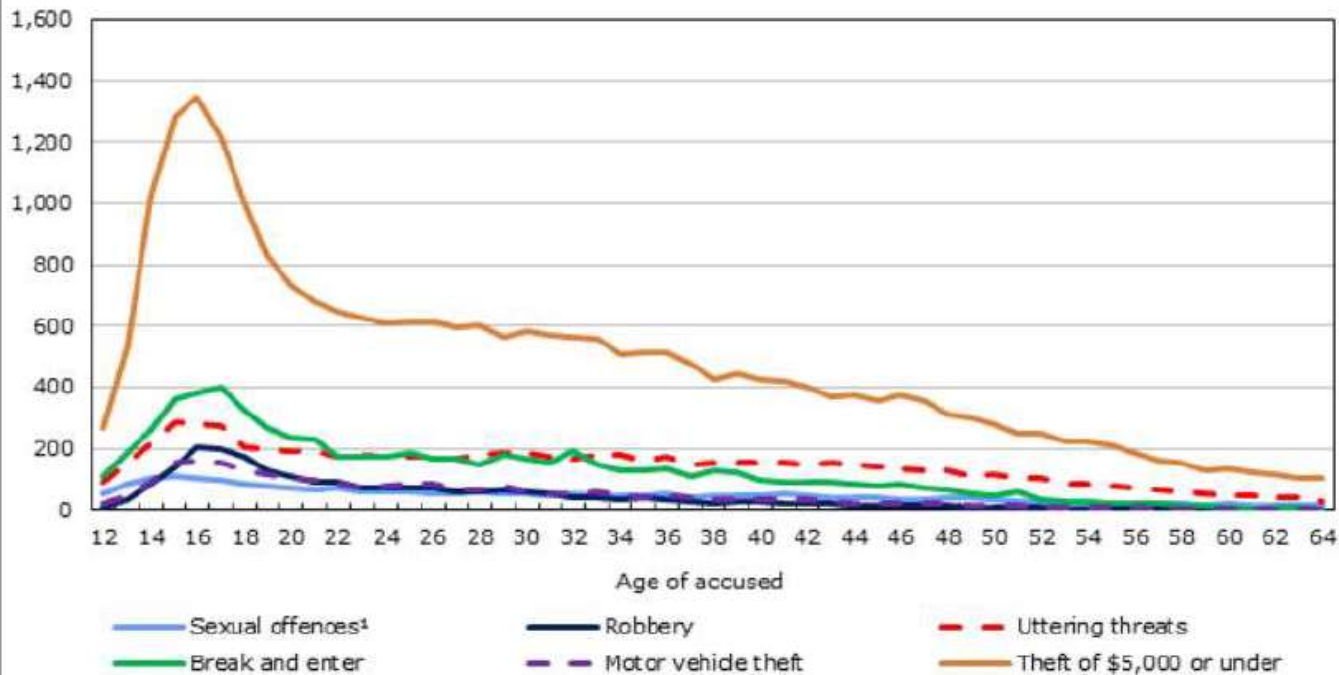


- Testosterone increases dramatically during adolescence.
- Testosterone not only effects physical and sexual growth, but increases aggression, risk taking, and sexual drive.
- Combine that with increased size, delinquent peer group, drugs or alcohol, what could possibly go wrong?

Canadian Rates

Chart 4
Selected offences which peak during youth and decline rapidly with age, 2014

rate per 100,000 population

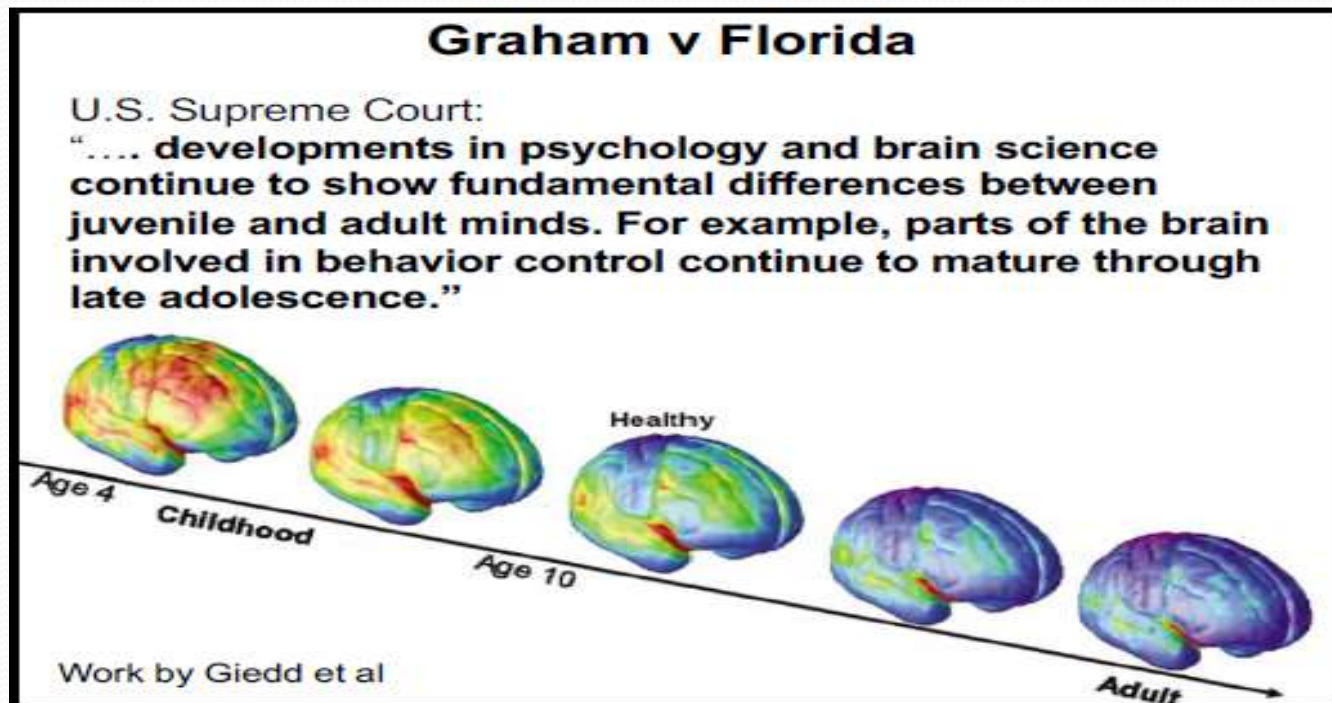


1. Sexual offences include sexual assault (levels 1, 2, and 3) as well as sexual violations against children.

Note: Rates are calculated on the basis of 100,000 population at each age in 2014. Populations are based upon July 1st estimates from Statistics Canada, Demography Division. Accused under age 12 cannot be charged with an offence under the *Criminal Code*.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey, 2014.

Neuropsychological and Developmental Research Graham v Florida, 2010



Limbic system and sensitivity to rewards matures about 13 but frontal lobes connected with impulse control and planning don't mature until about 25.
--Sarah-Jayne Blakemore, *Inventing Ourselves: The Secret Life of the Teenage Brain*, 2018

The “mismatch” in the rates of adolescent brain development

Reproduced with permission: OYCR presentation 9/15/22

Socio-emotional incentive processing system

Heightened during adolescence

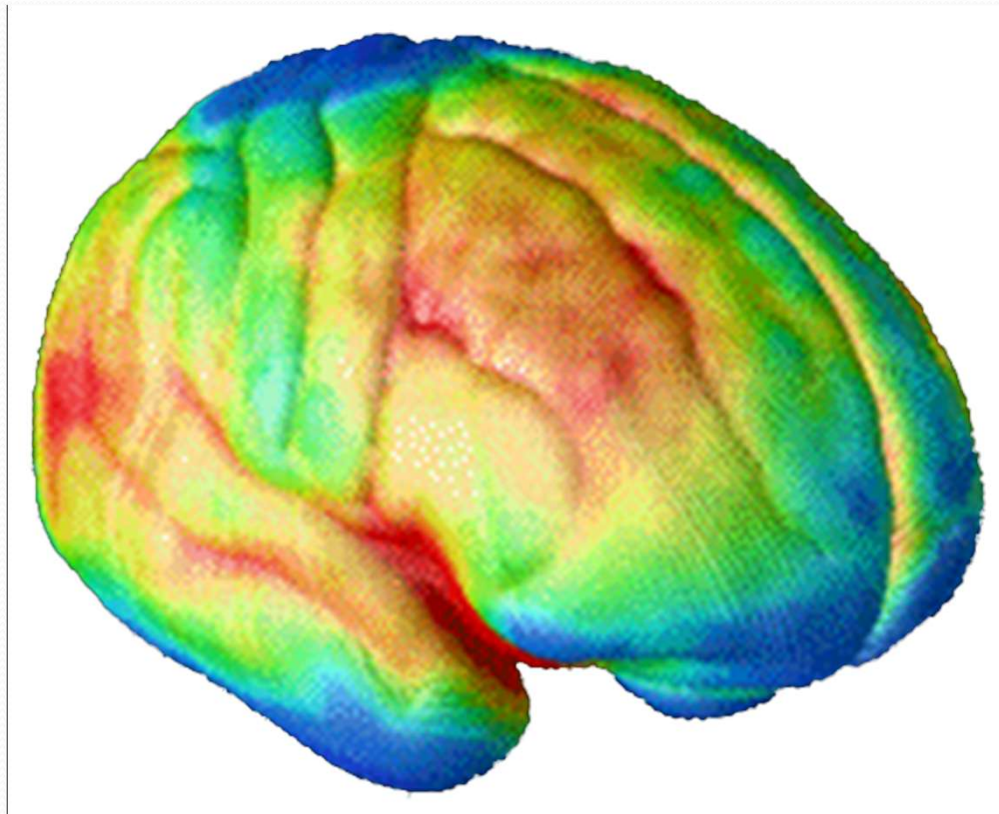
- Sensation seeking
- Sensitivity to rewards
- Impulsivity
- Risk taking
- Sensitivity to peer influence
- Emotional arousal

Cognitive control system

Matures later into adulthood

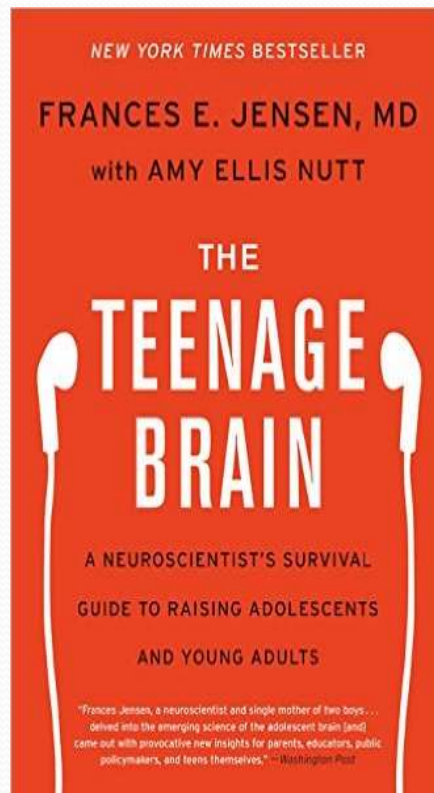
- Consider consequences of actions
- Plan for the future
- Impulse control
- Emotion regulation

Adult & Teen Brains Are Different.



Neuropsychological and Developmental Research

- **Dr. Jensen, a U Penn, Chair, neurologist and mother, describes changes in the teenage brain and their relevance to prosocial development.**



- Age 12 to 25 is a period of major brain development. Some of which continues until age 35 (myelination).
- Major changes in pruning of neuro pathways. Out of the infinite number of connections, some become "burned in" and the "go to" options.
- Decline in gray matter of brain, unmyelinated cells, and increase in white matter.
- The teen brain was described by NIMH studies as only about 80% mature, and **the 20% gap** helps explain adolescent impulsiveness. Being civilized adults in part relates to having brain maturity.
- <https://www.youtube.com/watch?v=Y8sO4tqfUEs>
- https://www.youtube.com/watch?v=2_sHfaY4PoY

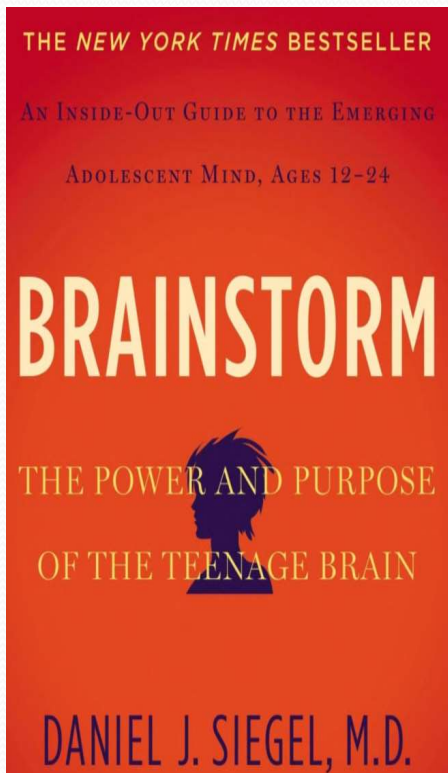


Neuropsychological and Developmental Research



Neuropsychological and Developmental Research

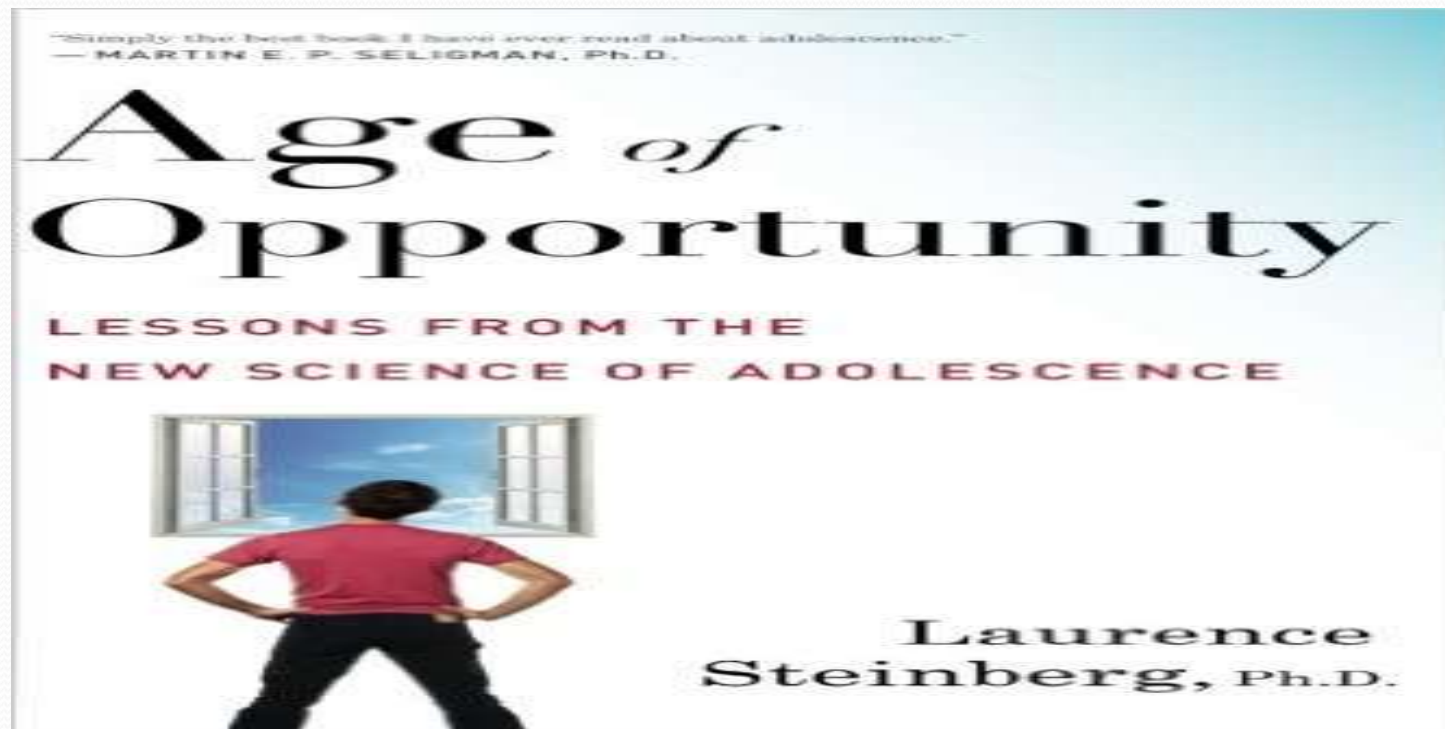
- **Dr. Daniel Siegel, Clinical Professor, Psychiatry, UCLA.**
- Describes a model of brain development during adolescence.
- Adolescence systematically overestimate rewards relative to risks of behaviors.



- Teens seek out novelty and rewarding activities, and likely has a genetic/evolutionary basis.
 - Gene pool isn't enlarged by males who never ventured from home.
- Uses concept "Gist" describing adolescence development in understanding the context of a situation that increases slowly during adolescence.
- Example: In a swimming pool children and teens may be all over the pool, but adults "stay in their lane" and don't intrude on the space of others.
- <https://www.youtube.com/watch?v=ML68872pgi4>

1. Neuropsychological and Developmental Research

- Dr. Steinberg, in "*The Age of Opportunity*" describes adolescence as critical period for prosocial development.
- Important period of brain changes and plasticity relevant to the development of prosocial behavior. Opportunity to develop the skills of a prosocial adult, or alternatively antisocial behaviors.





Neuropsychological and Developmental Research

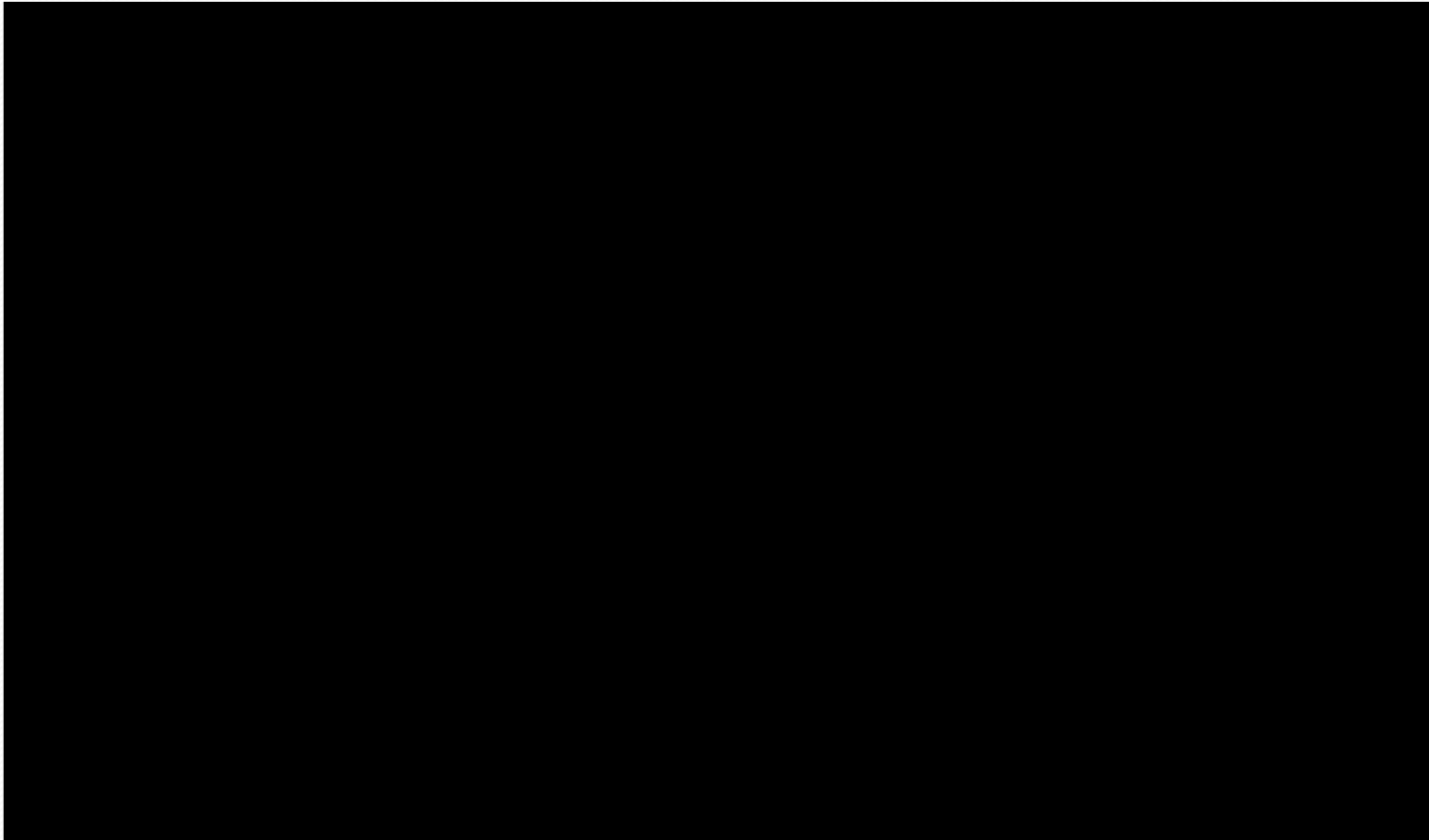
- Steinberg describes the changes in adolescence as an increase in the drive or reward centers of the brain, behaviorally an increase in risk taking in adolescents, and a critical period of development of judgment and control centers of the brain to regulate behavior.
- The youth is simultaneously motivated to pursue rewarding activities, using more risky behaviors to accomplish it, having greater physical/sexual abilities, and under less direct supervision of adults, while also waiting for controls over these behaviors to develop.
- Risk-taking is often the norm in some peer groups, which can be a powerful influence on teens who are often strongly motivated to conform to peer values.

Neuropsychological and Developmental Research Con.

- Physical and sexual abilities are rapidly developing, and the strength of the male's bicep, for example doubles, from ages 12 to 16. Youth literally develop "superpowers" during adolescence.
- Ability for self-regulation/judgment is lagging compared to physical abilities and drives, just when external supervision declines & risk-taking peers increase. Development of brain areas to regulate behavior still developing physiologically until age 25.

Neuropsychological and Developmental Research

Dr. Steinberg, in "*The Age of Opportunity*"



Neuropsychological and Developmental Research



Rates & Stats of Sexual Crimes by Juveniles

Sexual Crimes by Juveniles

- Juveniles account for:
- 15% of arrests for forcible rape
- 18% of arrests for all other sex offenses

FBI Crime Data, 2013

Caldwell 2016 Article

- Caldwell's (2016) article reported among other info recidivism rates since 2000.
- Found a weighted mean sexual recidivism rate since 2000 of **2.75%** for JSO youth, and any recidivism **30.00%**. (Note qualifications in article and by others).
- Caldwell (2016)..
- 73% lower than the rate of 10.3% reported by studies conducted between 1980 and 1995.
- Follow-up for 36 months was adequate to identify recidivism and did not increase rates significantly.

Caldwell 2016

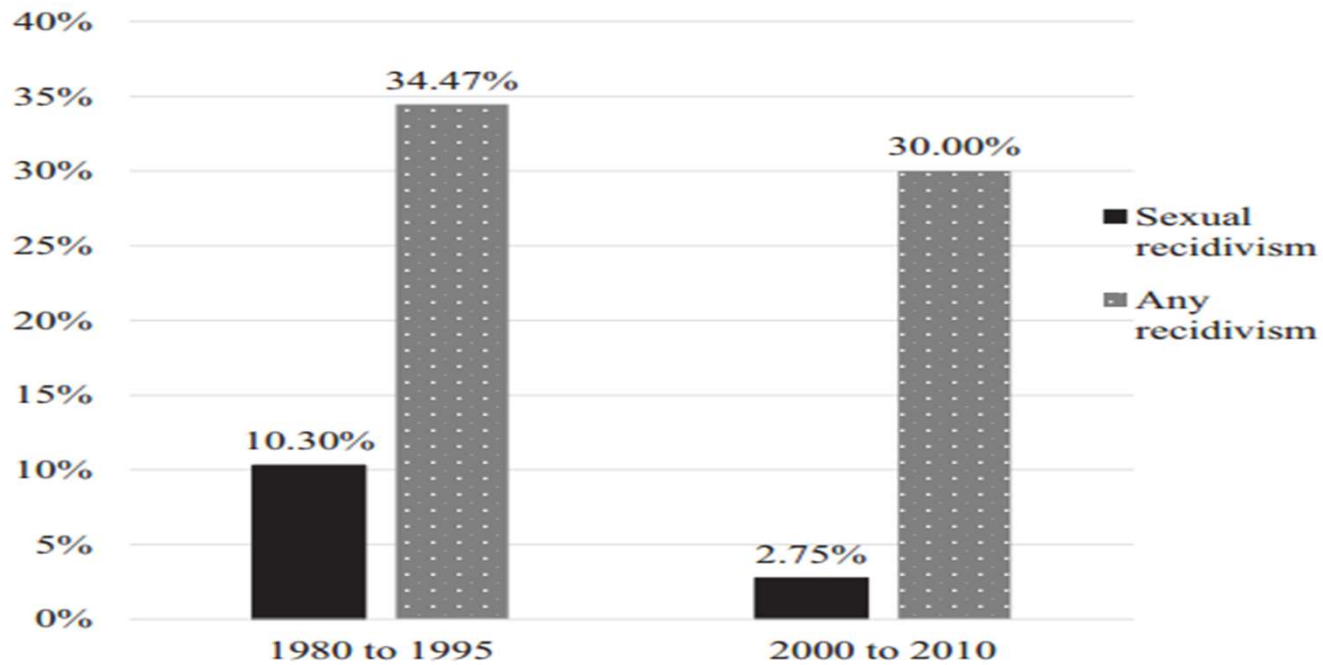


Figure 1. Sexual and general weighted recidivism rates for older studies ($n = 45$), compared with recent studies ($n = 33$). $F(1, 77) = 10.49, p = .002$.

- If sexual recidivism is 2.75% and any recidivism is 30.00%, should we use assessment & treatment methods which target both?

MVA by Age

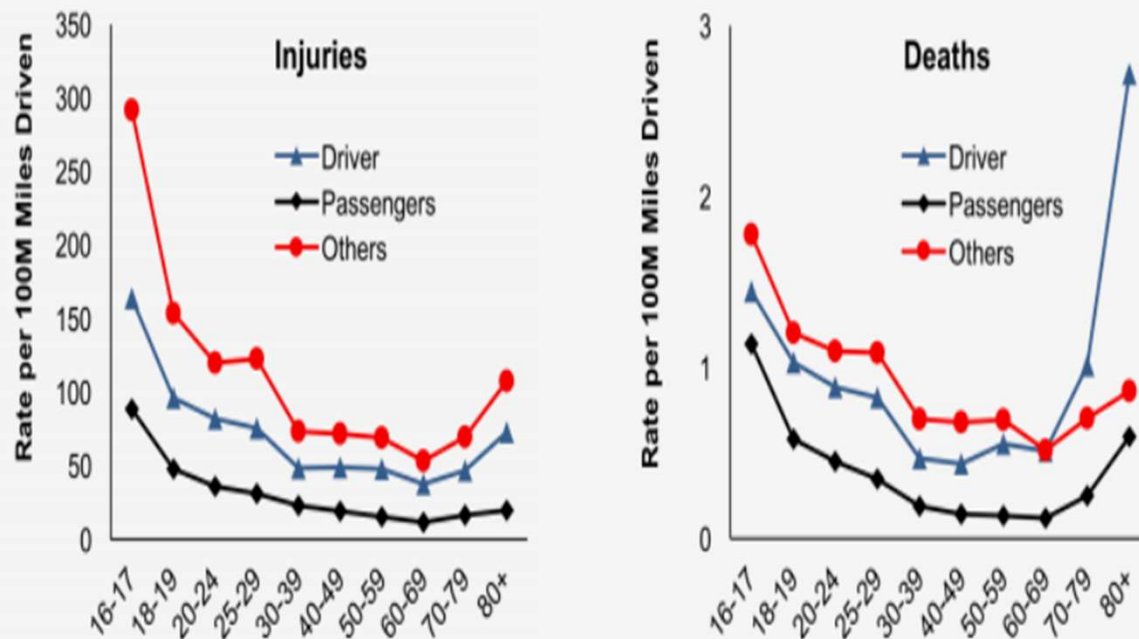
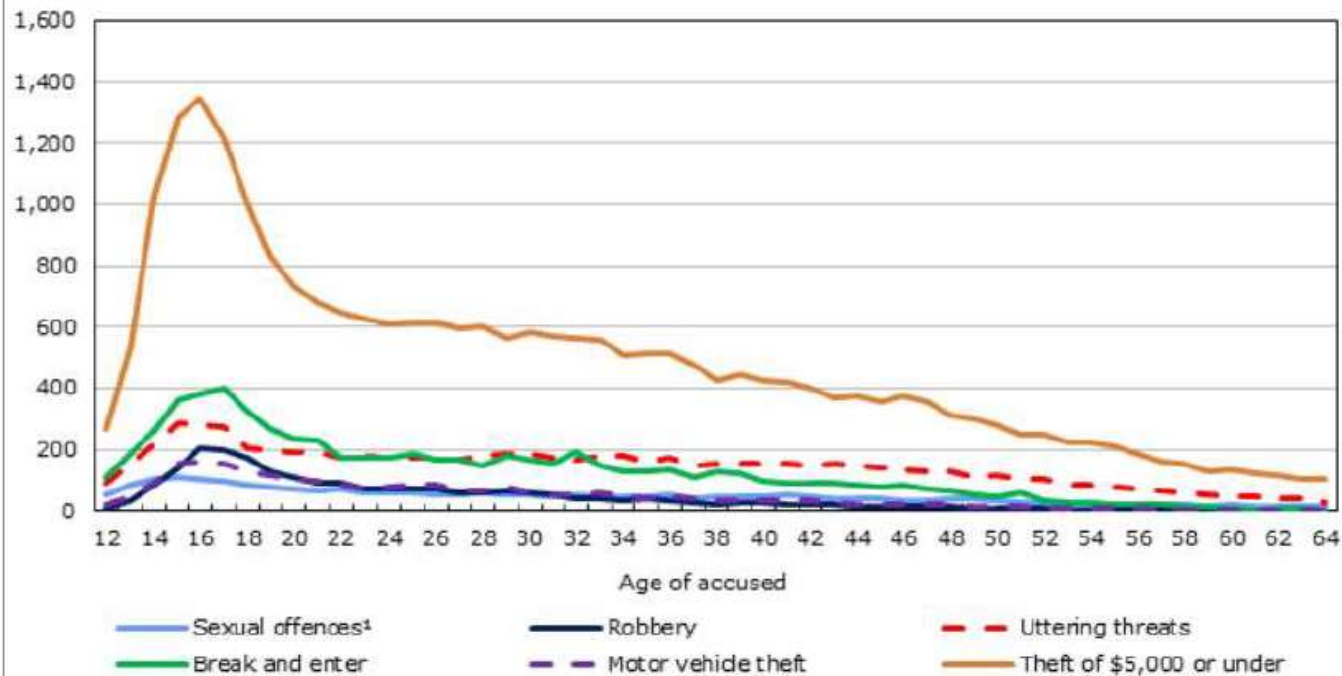


Figure 2. Injuries (left) and deaths (right) in crashes involving a driver of age shown per 100 million miles driven by drivers of that age, by role of person injured or killed, United States, 2014-2015.

Canadian Rates

Chart 4
Selected offences which peak during youth and decline rapidly with age, 2014

rate per 100,000 population



1. Sexual offences include sexual assault (levels 1, 2, and 3) as well as sexual violations against children.

Note: Rates are calculated on the basis of 100,000 population at each age in 2014. Populations are based upon July 1st estimates from Statistics Canada, Demography Division. Accused under age 12 cannot be charged with an offence under the *Criminal Code*.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey, 2014.

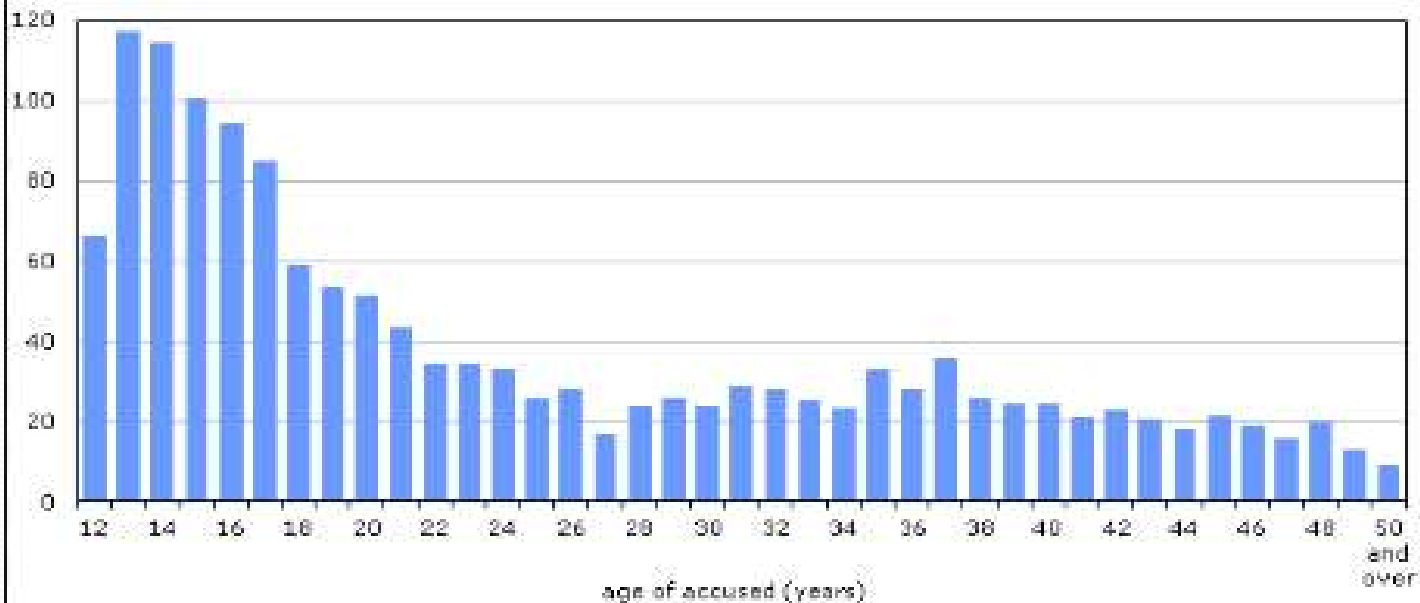
Figure 1: Canadian Sexual Age-Crime Curve, 2012

<https://www150.statcan.gc.ca/n1/pub/85-002-x/2014001/article/14008-eng.htm>

Chart 7

Persons accused of sexual offences against children and youth, by age of accused, Canada, 2012

rate per 100,000 population



Note: The sexual offences in this chart include aggravated sexual assault (level 3), sexual assault with a weapon or causing bodily harm (level 2), sexual assault (level 1), sexual interference, invitation to sexual touching, sexual exploitation, sexual exploitation of a person with a disability, incest, corrupting children, making sexually explicit material available to children, luring a child via a computer, anal intercourse, bestiality (commit/compel/incite), and voyeurism. Includes victims under the age of 18 only. Rates are based on a subset of incidents where there was a single accused person and a single victim. Excludes a small number of victims in Quebec whose age was unknown but miscoded as 0.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey.

Neuropsychological and Developmental Research

- All these factors make adolescence a particularly vulnerable stage of life, both for developing risky behaviors, but also prosocial ones. "Age-Crime Curve" (see Figure 1 above).
- Demonstrates that most crimes, including sexual and other serious ones are committed by adolescents, but drop off rapidly in early adulthood when brain maturation has progressed especially regarding judgment that applies the "brakes" to behavior.
- LA Times: 10/31/19, " Six myths about rattlesnakes, busted."
 - Most commonly, snake bite victims are men between 18 and 25 years old who are intoxicated and "doing something very stupid," like trying to pick up the snake.
 - The snakes usually aren't to blame: "Apparently the real issue is testosterone poisoning or alcohol use, not the snakes themselves."

Prosocial Developmental Factors & Juvenile Justice

Model of Prosocial Development

- Model of adolescent prosocial development based on existing research.
- Likely related to biological/brain but also life experience factors.
- Frontal lobe and related development permits emergence of planning and contingency skills not possible before.
- Development occurs when existing schema are challenged by experience and new schemata are developed.
- Trauma and other factors can disrupt this development.
- Roberts 2 and other research indicates two developmental dimensions:
 - 1. More sophisticated models of understanding social problems: Conflict or problem described with explanation of reasons for feelings and behavior. Description of the prior circumstances, and the internal process is elaborated.
 - 2. More sophisticated models of problem resolution: Process and steps included in constructive resolution of the problem situation. The related feelings are addressed and resolved.

Model of Prosocial Development

- With more sophisticated/powerful model of problems and resolutions, youth can anticipate negative consequences of behaviors better in advance. With better understanding of nature of problems and consequences less likely to engage in problematic behaviors.
- To paraphrase a quote by Yogi Berra, "If you do not know where you are going you may end up somewhere you don't like."
- Siegel's concept of "GIST":
- *"Throughout adolescence, different areas of the brain link together, a process we've discussed called "integration." One outcome of integration is the growth of fibers of cognitive control that ultimately decrease impulsivity. As a result, adolescents are afforded more and more space in the mind to pause and consider other options of response than an initial impulse. Another outcome of this integrative growth is sharpened gist thinking, whereby the adolescent is able to rely more and more on intuition to see the larger picture of a situation and therefore make wiser decisions."* Siegel, 2013.

Prosocial/moral Reasoning & Delinquency

- Stams et al. (2006) in a meta-analysis of 50 studies found lower levels of moral judgment in delinquent youth compared to non-delinquents, and an almost large effect size ($d=.76/AUC=.70$). Effect present controlling for age, gender, IQ, and SES/ethnic factors.
- Effect sizes were larger for male offenders, older adolescents, those with intellectual disability, incarcerated delinquents, & the use of *production/ projective measures*.



- Production/projective measures obtained a sample of the use thinking, in contrast to choosing specific answers or rankings.
- Consider if you have two 16y/o males, alike in every way, except, for moral/prosocial reasoning. If pick one at random, 70% chance one w/ delayed moral reasoning will be delinquent. **It is risk factor for delinquency, but importantly also a treatable risk factor.**
- Adolescents with lower levels of prosocial/moral have a higher likelihood to be on probation.
- Not the **only** thing, one important thing. Also, trauma, learning/ADHD, family factors, sociopathy, etc.
- Replicated Romeral et al. ($d=.713$) (Psicothema 2018).

Psychosocial Development & Juvenile Recidivism

- Steinberg, Cauffman, and Monahan (2015) studied 1,300 serious juvenile offenders for seven years after conviction.
- Less than 10 percent became chronic offenders. Even for juveniles who were high-frequency offenders at the beginning of the study, the majority stopped offending by age 25.
- They developed a measure of psychosocial maturity which included impulse and aggression control, consideration of others, future orientation, personal responsibility, and resistance to peer influences which increased through all subgroups through age 25, consistent with current research regarding brain maturity (Steinberg, 2015).
- Less mature individuals were more likely to be persistent offenders, and even high-frequency offenders who psychosocially mature were more likely to desist from criminal behaviors.

Psychosocial Development & Juvenile Recidivism

- Cauffman, Skeem, Dmitrieva, and Cavanagh (2016) studied 202 male juvenile offenders and 134 male adult offenders, all in secure detention.
 - Using Hare Psychopathy Checklist and a measure of psychosocial maturity.
 - Greater risk of exaggerating psychopathic traits with juveniles compared to adults. They noted that 37% of juveniles who met the cut score for psychopathy continued to meet this criterion **two years later** compared to 53% of adults.
 - False positive errors appeared to be more common among the youngest and least psychosocially mature juveniles.
 - Increased psychosocial maturity, in turn, predicted decreased psychopathy scores in adolescents but not adults.

Psychosocial Development & Juvenile Recidivism

- If we can increase psychosocial maturity, good evidence that we can reduce general recidivism.
- Predicting severe criminality in the future for juveniles with significant reliability is not at present possible.
- Youth sentenced to restrictive (residential or secure) settings where not strictly required, based on research by Lipsey (2009), *is not likely to produce improvement regarding public safety or psychosocial maturity and later prosocial adjustment for the youth, compared to non-residential community treatment if all other factors are equal.*

Models of Prosocial Development in Adolescence

- Prosocial model has optimistic narrative for youth that can become self-fulfilling.
- Key part of the Prosocial model is a neurodevelopmental perspective and how maturity of social reasoning impacts average and separately probation youth.
- Can't have treatment for probation youth w/out theory of how adolescents develop prosocially.
- Adolescence is a key period in the development of prosocial thinking.
- Developmental & social learning models from child development & neuropsychology are relevant.
- Many models shared characteristics including developmental stages, increased complexity, and description of the transformation from child to adult thinking.
- Will review some theories briefly.



Developmental Models Relevant to Prosocial Maturation

Piaget's Stages of Moral Development

- Piaget hypothesized two stages of moral development
- Heteronomous morality (5-9 y/o)
 - They accept that all rules are made by some authority figure (e.g., parents, teacher, God), and that breaking the rules will lead to immediate and severe punishment (immanent justice).
- Autonomous reality (9 y/o – 10 y/o)
 - People make rules and people can change them – they are not absolute and serve a function like ensuring "fair play."

(Mcleod, 2015)

The Psychology of Character Development, Peck, Havighurst et al 1960

- R. F. Peck and R. J. Havighurst, research with 120 children in the Midwest started in 1940's. Tests included projective and sentence completion, and family/school observation/interviews. They found five types of moral behavior:
- Amoral, when you seek only direct personal gratification,
- Expedient, when moral behavior occurs because you perceive some consequent advantage,
- Conforming, when all that matters is not to stand out from the crowd,
- Irrational-conscientious, when you have accepted some moral code and stand by it,
- Rational-altruistic, when you are concerned for the welfare of others and take proper measures to achieve it.

Kohlberg's Stages of Moral Reasoning

- Three levels each w/ two stages (six stages total).
 - Preconventional
 - Conventional
 - Postconventional
-
- Can't use Kohlberg for assessment. Will next talk about practical methods for assessing prosocial/moral reasoning. If you are treating it, you should be able to measure it.

Sullivan, Grant & Grant 's Levels

- Sullivan, Grant & Grant (1958) proposed four levels of interpersonal maturity and interpersonal integration:
- Impulsive, Conformist, Conscientious, and Autonomous.
- Developed with probation youth in California using sentence completion instrument.

Perry and Ralph Models

- William Perry, Intellectual and ethical development during the college years, 1968
 - Nine stages development from dualistic (good/bad) to post-relativistic orientation.
 - Cause of development was exposure to diversity: other cultural, religious, & moral backgrounds.
- N. Ralph, Stages of faculty development, 1978
 - 5 Stages of complexity in faculty role which correlated .87 with Loevinger's and Hy's Model of Ego Development.
 - Development in social sciences greater than natural sciences.
- N. Ralph, Developmental perspectives in learning psychotherapy, 1980
 - Psychotherapist in their own development move from more concrete to relationship-based approaches, consistent with theories of adult development.

Loevinger and Hy's Levels of Ego Development

- The Washington University Sentence Completion Test (WUSCT) uses sentence stems.
- It has valid and reliable methods for assessing ego levels, or interpersonal reasoning levels similar to Kohlberg's model.
- Has "good" psychometric characteristics and can easily be administered.
- Contrasts with Kohlberg's model which doesn't permit clinical assessment.
- Also "grounded" methodology developed from open-ended responses and ratings of sentence stems, rather than theory-based development.
- The theory of "ego development" doesn't spontaneously spring from examination of sentence completions but requires a theory to direct inquiry. Likewise, the responses, in a dialectical fashion, refined the "theory."

Loevinger and Hy's Levels of Ego Development

Name	Level	Impulse Control	Interpersonal Mode	Conscious Preoccupation
Impulsive	2	Impulsive	Egocentric, dependent	Bodily feelings, gratification
Self-Protective	3	Opportunistic	Manipulative, wary	"Trouble", power, control
Conformist	4	Respect for rules	Cooperative, loyal	Appearances, behavior
Self-Aware	5	Exceptions allowable	Helpful, self-aware	Feelings, problems, adjustment

Note: Adapted from Loevinger (1976, 1987).

Loevinger and Hy's Levels of Ego Development: Examples

- Uses sentence stems which teens complete, and ego levels can be measured. Stems like:
- Impulsive responses: Rules are...
 - always broken.
 - never followed.
- Self protective responses: Rules are...
 - stupid at time.
 - senseless.
- Conformist responses: Rules are...
 - not to be broken.
 - for your safety.

Comparison Nonpatients vs. JwSO sample on WUSCT

- Data is available on JwSO youth regarding the WUSCT from several male samples.
- The first was N=14 of youth in a high-level residential program for the treatment of sexual offenses (Ralph, 2015a). The second sample was N=37 of youth in outpatient and residential programs for sexual offenses.
 - The average score for JwSO population was 2.92, and 92.5% of youth were either in Stage 2 or 3.
- A "Normative" sample of 14-year-olds from the USA was identified with N=46. (Westenberg & Gjerde, 1999).
 - The Normative average was 3.85, and 43% of the Normative population were either Stage 3 or 4.
- Ezinga, Weerman, Westenberg & Bijleveld (2008) in a community sample found more delinquent behaviors in youth at the I-2 or I-3 level in contrast to higher levels.
- Findings are consistent with the research above indicating lower levels of ego levels among probation youth.
- Importantly there are interventions to promote psychosocial maturity for this population.

Comparison Nonpatients vs. JwSO sample on WUSCT

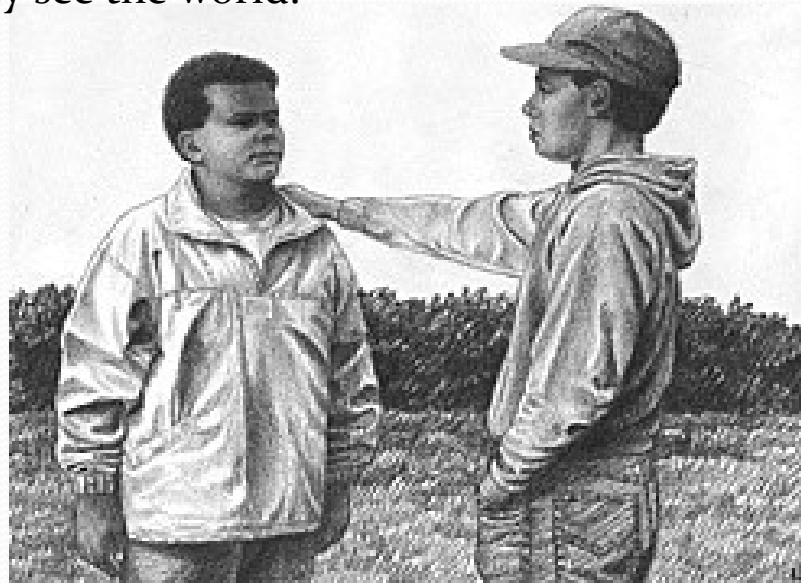
- High-level N=14 JwSO sample, change scores as a result of an intervention, Aggression Replacement Training/ART. Intervention (ART) was to promote psychosocial maturity.
- On average youth went from a I-3 Self-protective to I-4 Conformist level.
- Treatment for JP including JwSO may be viewed as changing from I-2 or I-3 to I4, change from impulse to rule governed (Moral Reconciliation Therapy).



Figure 4: WSCT Pre and Post level scores

Roberts 2

- The Roberts Apperception Test for Children- 2 (Roberts, 2006) is a projective instrument, similar to the Thematic Apperception Test. Youth asked to tell a story about pictures on cards.
- Is well normed, N>1000, "good" psychometric properties, inter-rater reliability, validity issues.
- Samples thinking about interpersonal situations scoring youth's responses from open ended responses.
- Youth tell you how they see the world.



Roberts 2 and Probation Youth

- Unpublished research by Dr. Ralph with the Roberts 2, storytelling task, with 1. probation, 2. outpatient guidance clinic, and 3. “normative” (non-probation) groups.
- Probation youth average 4 years behind in problem analysis and resolution skills compared to “normative” groups. Matched age/ethnic group
- Probation < Outpatients < Normative
- A small sample of JwSO youth (N=10) were even lower than the general probation group
- Predicted out of home placement, but not re-arrests.
- Scores identify probation vs. normative sample correctly (AUC stat):
 - .92 using Problem Identification
 - .88 correctly using Problem Resolution
- ROC very good. T4 levels ID thyroid disease correctly .86, clinical signs ID strep correctly .79

Roberts 2 Research and Social Skills

- The model of prosocial development is different than the Loevinger/Kohlberg model. Doesn't have discrete bumps or stages. Similar to brain research, it identifies greater ability to describe complexity of a situation, which in turn permits more prosocial resolutions.
- Similar to Dr. Daniel Siegel's concept of "Gist" described above and understanding the complexities of social and emotional experiences & situations.
- Prosocial reasoning is just not a stage or perspective, it's possible because you better understand the situation, its antecedents, people's motives, behavioral alternatives, and the likely consequences from behaviors.

Roberts 2 Research and Social Skills

- **Non-probation youth are more likely to use Level 4 Problem Analysis, and Level 4 Problem Resolution.**
- **Problem Identification 4, Definition (PID₄):** Conflict or problem described with explanation of reasons for feelings and behavior. Description of the prior circumstances, and the internal process is elaborated.
- **Resolution 4, Process described resolution of feelings & situation (RES₄):** Process is included and described in the constructive resolution of the problem situation. The related feelings are addressed and resolved.

Roberts 2 Research and Social Skills

- **Probation youth more likely to use Level 1 Problem Analysis, and Level 1 Problem Resolution.**
- **Problem Identification 1, Recognition (PID₁):** Simple recognition of feeling or behavior without preceding factors. A problem is not really defined or articulated.
- **Resolution 1, Simple closure or easy outcome (RES₁):** A simple, easy, elliptic resolution of the problem, no intervening steps. "They lived happily ever after", "Then everything is good", or "Then they were friends."

A Measure of Prosocial Reasoning: Prosocial Reasoning Outcomes (PRO)



Prosocial Reasoning Outcomes

- Prosocial Reasoning Outcomes (PRO) is a new test under development for probation and JwSO youth. Still beta.
- Need N=300 or so normative sample. Stay tuned.
- PRO assesses prosocial reasoning using story vignettes and obtains subjects written responses.
- Developed from: 1. Research with Roberts 2, 2. ART, research including focus group w/ youth, 3. Daily contact with probation youth.
- Could we develop a simpler, more focused, easier to administer than Roberts 2 or Loevinger?
- An inexpensive way (2 cents) to measure brain function, compared to a \$3M fMRI.
- Can be viewed as developmental measure of neuropsychological functioning.
- Related but different than tests of Executive Functioning. Adaptively important area.

Prosocial Reasoning Outcomes: Dilemma

- Juan's Problem
- Juan is a 16-year-old whose parents left him at home for the weekend. His parents will check in with him by phone regularly. The parents told him he could go out with some male friends the parents knew and trusted, but no one else. Nobody could come in or over to the house. After his parents left for the weekend, a girl Juan likes called him. She heard his parents were gone for the weekend and said she was going to drop by at dinner time, just say "hi" and bring a pizza.

Prosocial Reasoning Outcomes Example 1

Question, Response

- *Why would Juan tell her it's OK to come over?*
- To hang out, probably to do stupid stuff, or have sex.
- *How would he feel if he did this?*
- Guilty.
- *What might happen?*
- He would get in trouble and his parents might not trust him.
- *Why would Juan tell her it's not OK to come over?*
- Because he doesn't want to get in trouble and knows it's the right thing to do.
- *How would he feel then?*
- He would feel proud of himself.
- *What might happen then?*
- I don't know.

Prosocial Reasoning Outcomes Example 2

Question, Response

- *Why would Juan tell her it's OK to come over?*
- Because it's probably the girl he likes and doesn't want to say no to her.
- *How would he feel if he did this?*
- He'd feel good because he's hanging out with a girl he likes and having pizza with her.
- *What might happen?*
- They might probably kiss.
- *Why would Juan tell her it's not OK to come over?*
- Because his parents gave him a specific rule and he doesn't want to disobey them.
- *How would he feel then?*
- He'd feel good because he didn't disobey his parents.
- *What might happen then?*
- His parents might trust him more and possibility that he might get a few more privileges than he already has.

Prosocial Reasoning Outcomes: Levels and Scoring.

- 1 Concrete: Simplistic or concrete description of feelings, rules, motives, outcomes, or consequences. Simplistic resolution of problems or feelings (e.g., "He is happy", "OK now"). Gratification of impulses prominent, being overwhelmed, or helpless.
- 2 Normative: Provides some context, contingencies, complexity, or alternatives. Perceiving and acting based on conventional rules, roles, and expectations of general society that are more than peer group values.
- 3 Principled: Clear description of ambivalence, and alternatives, regarding feelings, rules, motives, outcomes, or consequences. Articulates concepts and/or steps regarding prosocial resolutions of problems and/or feelings.

Prosocial Reasoning Outcomes.

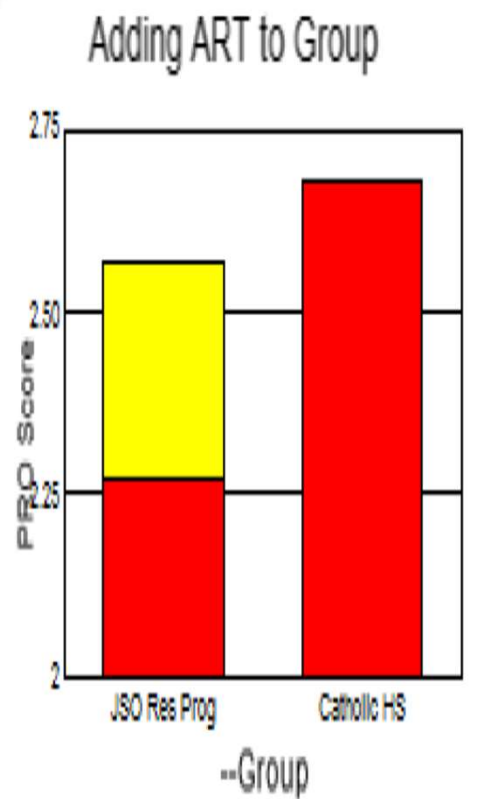
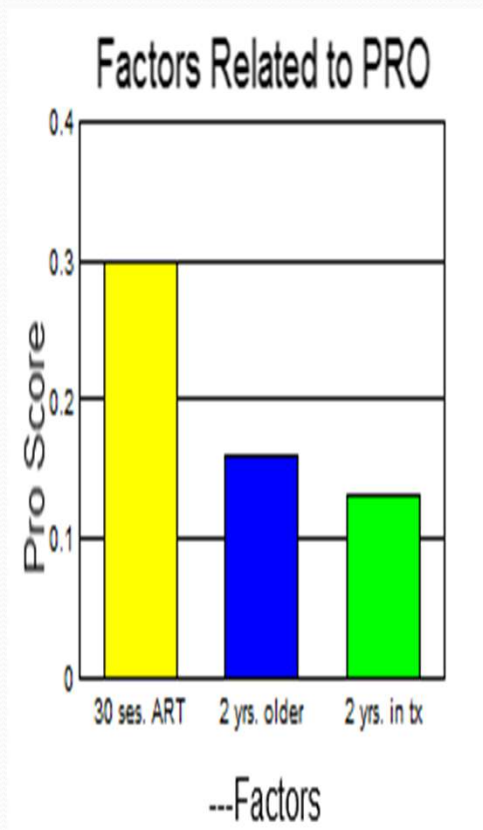
- Research w/ three samples of teens, 2/3 JwSO youth.
- The Prosocial Reasoning Outcomes has characteristics you would expect from a developmental measure of prosocial reasoning:
 - Age Effect: (older kids score higher).
 - Group Effect: Differentiates between average and JwSO (clinical) populations.
 - Treatment Effect: Shows effects of: 1. prosocial treatment and 2. time in treatment.
 - Correlates w/ Measures of Pathology: 1. JSORRAT-II (static factors), 2. GSI (total) score on SCL-90-R (self-report sx).
 - No Gender Effects.
 - Adequate Interrater reliability.

Prosocial Reasoning Outcomes Averages

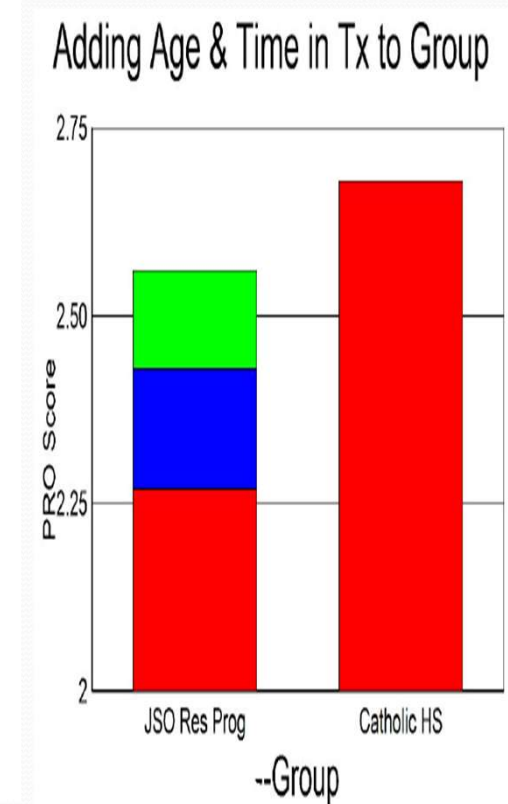
- High Level JwSO Program (Hi) N=14
PRO average=1.74
- Med Level JwSO Res Program (Med) N=30
PRO average=2.27
- Catholic High School (HS) N=30
PRO average=2.68
- Multivariate analysis done controlling for age.
- Showed “ordered” differences between groups; CHS>Med>Hi.
- "Age" effect statistically significant. Older teens across samples score higher on PRO.

Prosocial Reasoning Outcomes (PRO)

May be different ways to promote maturity



JwSO Med Av=2.27



JwSO Assessment Non-Sexual Issues

Executive summary of comorbid factors...

- Significant research that psychiatric factors, trauma, learning problems, ADHD, family factors and conflict, if not treated will likely increase both sexual and total recidivism, and impair prosocial outcomes of these youth.
- Accurately assess & treat these factors. If we don't accurately assess then we can't treat. If we don't treat, we are likely increasing recidivism.
- Many of these factors are "modifiable risk factors" meaning if we treated them youth will have better outcomes.
- Often these factors get missed because the "bright and shiny thing" when this youth hits the door is there sexual offense and possible sexual pathology.
- **Epperson (2015) research shows that if present trauma history, special education status, family conflict, ADHD and similar disorders, mood disorders, family dysfunction, all about triple recidivism and all are treatable.**

JwSO Assessment Non-Sexual Issues..

- Assessment and treatment of JwSO youth have usually focused on problematic sexual elements of the JwSO youth's history and functioning, with good reason, since the offense is sexual. Sexual offenses are among the most serious criminal offenses.
- Contributory factors to original offense, recidivism, and interfering with prosocial development are often nonsexual issues.
- Nonsexual recidivism 10 times as high in some studies, needs to be assessed and treated.
- Psychiatric factors: Mood, anxiety, PTSD, substance abuse, ADHD.
- Learning & neuropsychological factors: Intellectual disability, learning disability, academic delays.
- Delays in prosocial and moral reasoning.
- Family factors: Major factor for recidivism.
- FYI, pedophilic interests are very low in this population, certainly less than 5%.

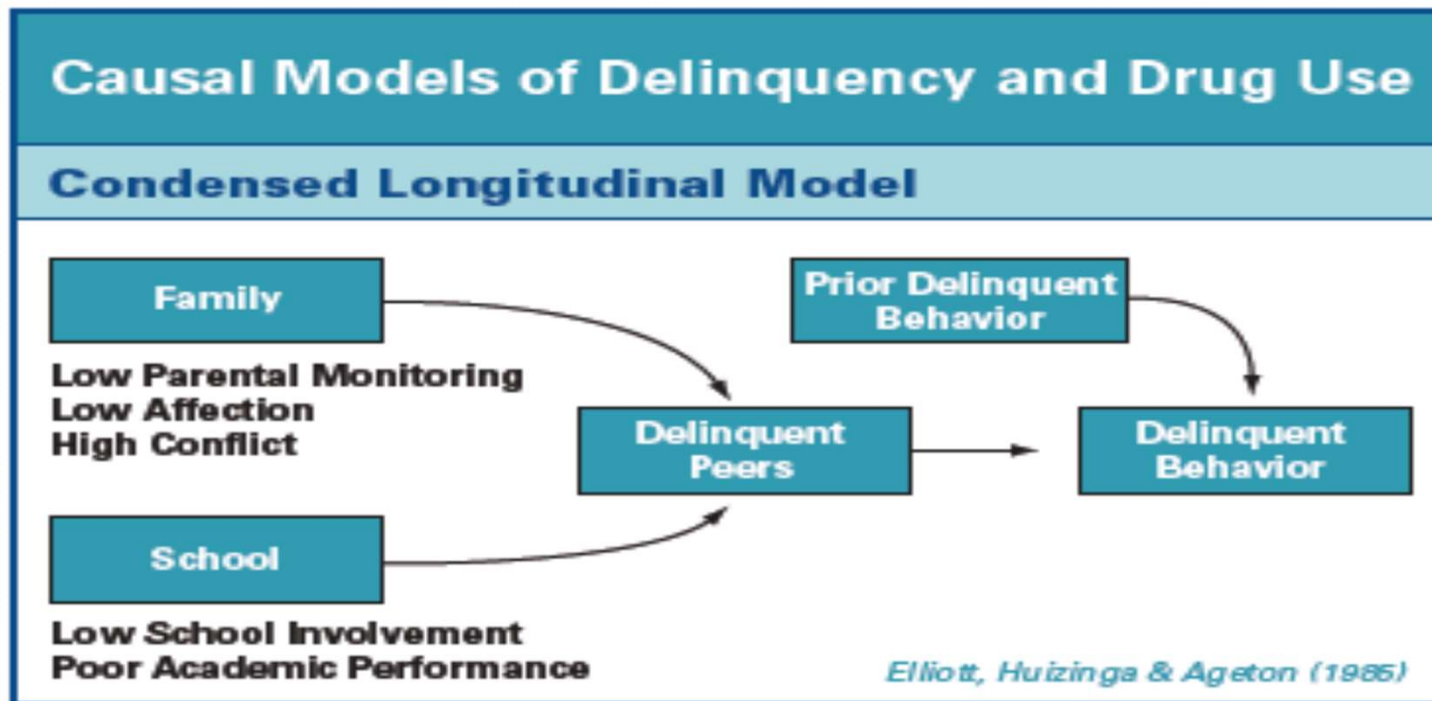
JwSO Assessment

Non-Sexual Issues.

Family/ecological factors: Research from Multisystemic Therapy indicates modifiable criminogenic risk factors for sexual and nonsexual recidivism (Borduin, Schaeffer, & Heiblum, 2009). Includes:

- Family Factors: Low parental monitoring, high conflict, & low affection
- School: Low school involvement & poor academic achievement
- Delinquent peers

JwSO Assessment Non-Sexual Issues.



Evidence-Based Treatment for JwSO

Can we view findings w/
developmental lens?

Development & Treatment

- Why is not a developmental model used more in assessment and treatment? Just some guesses.
- Measurement concerns: The instruments described here have appropriate psychometric and scientific properties to measure development. Have heard the blanket opinion that if it is "projective" that means is not reliable and scientific, which is not correct.
- Time: Time is the most precious of all commodities. Using measurements of prosocial development take longer usually to score and sometimes to administer than checklist fix response measures. Loevinger's sentence completion takes 15 minutes to administer and about 1/2 an hour to score, for example. You also have to think about the results in terms of scores and qualitatively, not just report them using computer generated text, which takes a little more time.

Development & Treatment

- Kim, Benekos and Merlo (2016) studied effect size of treatments for juvenile and adult sexual offending for reducing recidivism.
- Meta-analysis studies, N=11.
- Effect size ***adolescent*** was **-.51**, a medium effect size
- Effect size ***adult*** treatment was **-.14**, less than a small effect size.
- Community vs. institutional programs, had a larger effect size.

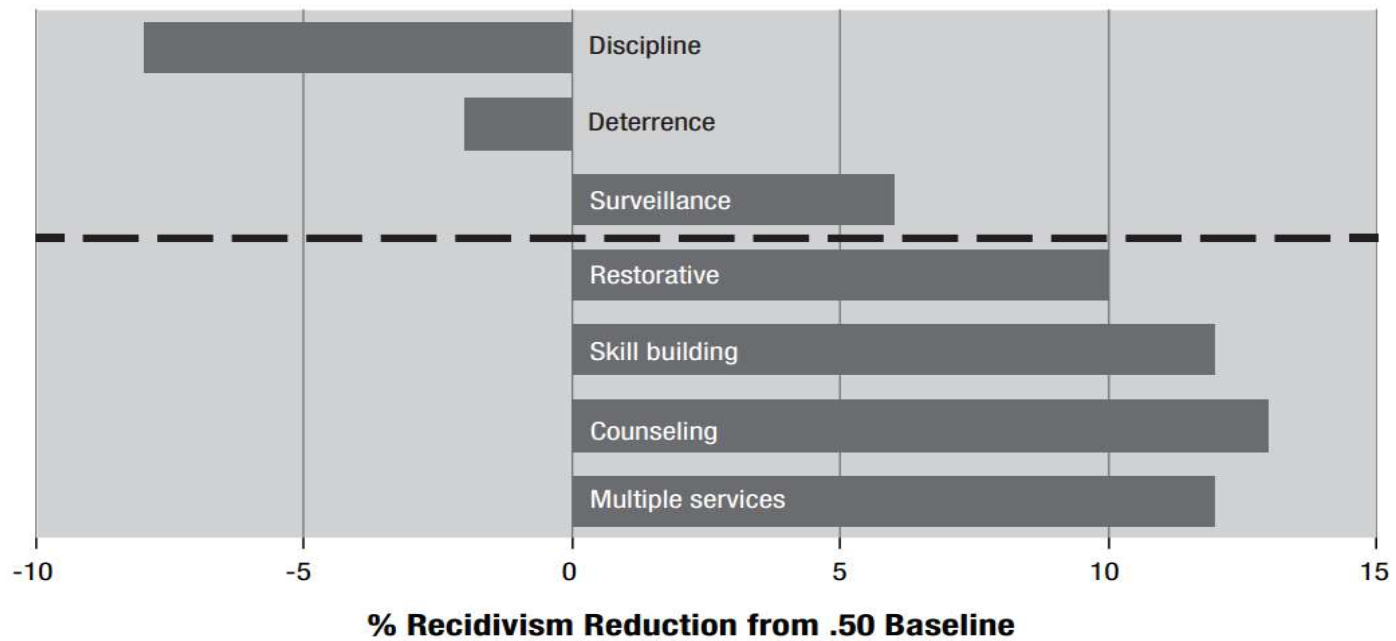
Evidence-based Treatment for Juveniles

- There is a significant body of work that has identified treatment approaches that promote favorable outcomes for juveniles on probation regarding reducing recidivism, increasing prosocial reasoning and moral maturity, and other positive outcomes.
- Lipsey (2009) used 548 different samples studying juvenile probation populations.
- Findings: Interventions with counseling or skill building were more effective than those based on control or coercion.
- Wrap-around & multiple services and rigorous probation supervision/ surveillance were effective.

Evidence-based Treatment for Juveniles

What is Effective for General Probation Youth?

Figure 1. Mean recidivism effects for the program categories representing control and therapeutic philosophies



What is Effective for General Probation Youth? Lipsey (2009)

- Age, gender, or ethnicity did not influence effectiveness.
- Interventions were more effective with youth with higher levels of delinquency.
- More effective if implemented with **high fidelity** and targeted at appropriate youth.
- Not only "**name-brand**", but locally developed "**Home Baked**" programs were effective. Both could be effective.
 - The key factor was are they well-designed, faithfully implemented, and targeted at appropriate youth.
- Separate research by Tennyson (2009) and Goense, et al. (2016) showed program fidelity for juvenile programs was strong associated with positive program outcomes. The better you followed the model, better outcomes.
 - Goense found a medium treatment effect when integrity was high ($d = 0.633$, $p < 0.001$), but no significant effect when integrity was low ($d = 0.143$, ns).

Development & Treatment

- So we know that "skill building & counseling" are the factors most strongly associated with better treatment outcomes for juveniles. Other factors present, of course.
- The question is "Why?"
- Reasonably it seems that because they promote prosocial and problem-solving development which is associated with reduced recidivism. It promotes this "normal" development.
- More effective programs are implemented with fidelity and quality.

Is JwSO Treatment Effective?

- Kettry & Lipsey, 2018. Examined 8 high quality JwSO outcome studies.
- *"Remarkably little methodologically credible research has been conducted on specialized programs for JwSO's despite their prevalence. The best available evidence does not support a confident conclusion that they are more effective for reducing sexual recidivism than general treatment as usual in juvenile justice systems."*
- *"The fact that only a small proportion go on to commit further sexual offenses suggests that few of them are the kinds of specialist sex offenders who would be most likely to benefit from specialized treatment. If most of the JwSO-labeled youth who receive specialized treatment have low risk for further sex offenses to begin with, it is not surprising to find little or no overall effects on such offenses."*

Is JwSO Treatment Effective?

- The treatment effect was even greater on general recidivism than sexual recidivism.
- *Pullman and Seto (2012) suggest that the majority of JwSO's are generalist offenders who happen to commit a sexual offense, whereas a small minority of JwSO's are specialist offenders with elevated risk for further sexual offending. The belief by many policymakers that all JwSO's are specialist offenders who pose a serious threat to the public (Becker and Hicks 2003) gives rise to the idea that specialized treatment is necessary to prevent JwSO's from committing future sexual offenses.*
- **An implication is that JwSO treatment should include "best practices" treatment for general recidivism described by Lipsey et al., including prosocial treatments promoting psychosocial maturity.**

What Kind of Therapy Works With Juveniles Who Have Sexually Offended? A Randomized-Controlled Trial of Two Versions of a Specialized Cognitive Behavioral Outpatient Treatment Program

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Sexual Abuse

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Is JwSO Treatment Effective?..

- 72 JwSO's, randomized trial.
- Swiss German speaking Outpatient treatment.
- Two treatment approaches.
- Treatment I: Based on existing sex offense-oriented approaches adapted from programs for adults who have committed sexual offenses.
- Treatment II: Focused on the enhancement of social/affective and sexual skills (improved mindfulness and control of sexual arousal, coping with problems, improving conflict management, and increasing moral judgment).

Is JwSO Treatment Effective?..

- 1. Therapists' ratings of fidelity and success were high for both programs but a little higher for the sex offense-specific program (Treatment-I).
- 2. Youths' ratings of satisfaction with treatment success were generally positive but lower for the sex offense-specific program (Treatment-I).
- 3. Self-reported internalizing problems declined during both treatment programs, but self-reported externalizing problems declined only during Treatment-II. Externalizing problems did not decline during the offense-specific treatment.
- 4. About half of both groups had some form of general criminal recidivism during the follow up period. No difference in treatment models for effect on general criminal recidivism.

Is JwSO Treatment Effective?..

- 5. Sexual recidivism was much lower after sex offense-specific treatment (Treatment-I). Rates of sexual recidivism were 8.6% after Treatment-I and 31.0% after Treatment-II.
- 6. When case files were reviewed, additional behaviors which could have been charged but weren't, were found. This was considered a recidivism. The rate of these behaviors were higher than those actually charged.
- Important! In one residential setting (Ralph, 2015a) 20.1% of youth had such behaviors, problematic sexual behaviors, not charged.

Is JwSO Treatment Effective?..

- Important to note the study and results have not been replicated. It would be an error to overgeneralize from just one study and make significant policy recommendations.
- Results are consistent with existing research indicating the effectiveness and specific of:
 - Sex offense specific curriculum.
 - General social skills in problem solving component.
 - Both likely promote psychosexual, psychosocial development.
 - Importance of tracking externalizing and internalizing behavioral outcomes, not connected with recidivism.

Practical Prosocial Treatment Methods to promote Prosocial Development

Probation Counseling Methods

- Probation routinely does counseling for these youth. Usually not discussed in trainings.
- From the PO's and detention counselors I have worked with, and a focus group discussing the issue, effective probation counseling methods seem to include:
 - 1. Firm, fair, and timely enforcement of consequences,
 - 2. Close supervision and pointing out transgressions,
 - 3. Keeping the door open to conversation even after enforcing consequences,
 - 4. Keeping their cool and focus,
 - 5. Track what they "do" and not just what they "say" (school attendance, grades, substance use testing, curfew checks, making appts, etc.),
 - 6. Point out "positives" of youth and behaviors.
- Techniques described below may be useful add-ons to routine probation counseling, e.g., Aggression Replacement Training.

Aggression Replacement Training

Aggression Replacement Training

- Aggression Replacement Training (ART) is a prosocial reasoning model validated in numerous outcome studies for decreasing juvenile recidivism (Goldstein, Nensen, Daleflod, & Kalt, 2004).
- Related models are the Prepare Curriculum: Teaching Prosocial Competencies (Goldstein, 1999) and Thinking for a Change developed by Bush, Glick, and Taymans (1997).
- All these models identify delinquency as related to deficits in moral or prosocial skills and reasoning for youth.
- Amendola and Oliver (2010) reported:
 - ART is a "Model Program" for the United States Office of Juvenile Justice and Delinquency Prevention and the United Kingdom Home Office. Classified as a "Promising Approach" by the United States Department of Education.
- Washington State found ART to be the most cost-effective treatment for probation youth (Washington State Institute for Public Policy, 2004).

Aggression Replacement Training

- Just my opinion... If we look at this treatment method with our developmental glasses...
- Aggression Replacement Training when you look at specific components can best be conceptualized as a very sophisticated multi method approach to promoting prosocial development relevant to general recidivism.
- Not just limited to management of aggression.

Comparison Nonpatients vs. JwSO sample on WUSCT

- High-level N=14 JwSO sample, change scores as a result of an intervention, Aggression Replacement Training/ART. Intervention (ART) was to promote psychosocial maturity.
- On average youth went from a I-3 Self-protective to I-4 Conformist level.
- Treatment for JP including JwSO may be viewed as changing from I-2 or I-3 to I4, change from impulse to rule governed (Moral Reconciliation Therapy).



Figure 4: WSCT Pre and Post level scores

Aggression Replacement Training

- ART has three modules: 1. Social Skills, 2. Moral Reasoning, and 3. Anger Control.
- **1. Social Skills:** Modules teaching skills and select based on the youth's level of functioning/developmental level and needs, such as:
 - Listening
 - Asking a question
 - Making a complaint
 - Understanding the feelings of others
 - Dealing with someone else's anger
 - Getting ready for a difficult conversation
 - Keeping out of fights
 - Dealing with group pressure
 - Dealing with an accusation
 - Helping others
 - Responding to failure

Aggression Replacement Training

- **2. Moral Reasoning**
- Presents vignettes in a group discussion format has youth consider one more prosocial choice for them to consider. Examples:
 - Betty has a friend named Wilma. Betty knows Wilma steals clothes from different stores, but she does not approve of stealing. Betty sees Wilma come into class wearing a new outfit and she is sure Wilma stole it.
 - One day A.J. was cleaning out his closet that he shares with his brother Romeo. While cleaning, he found a gun in one of Romeo's shoeboxes. Later that day, he asked Romeo about the gun. Romeo tells A.J. not to worry. He explains that it is only for his protection, and he will only use it if it is necessary. He then asks A.J. not to tell their Mom, because he does not want her to worry.

Aggression Replacement Training

- **3. Anger Control:**
- Triggers (external and internal)—The situation that starts the slide into anger and the self talk that perpetuates it
- Cues—physical signs of becoming angry
- Anger reducers—three (deep breathing, counting backwards, and pleasant imagery) to help reduce or take our mind off of the situation
- Reminders—short positive statements that we say to ourselves to further reduce the angry impulses
- Thinking ahead—Identifying the consequences of our behaviors
- Social Skill—Implementing a pro-social skill into the situation
- Evaluation—Looking back over the use of the anger control chain and evaluating how was implemented

Aggression Replacement Training

- Each module 10 weeks and designed to be complementary.
- Group format 4-8 members, two group leaders, membership has to be stable for all 30 sessions.
 - Hard to have 4-8 kids stable in group for 30 weeks.
- Requires significant prep by leaders before group.
- For general delinquency, not just aggressive teens.
- No built-in fidelity or outcome measures, but some have been developed as add-ons.
- Significant cost in training and start up, but worth it if you can do it.
- Can also use one module, say Moral Reasoning, and figure out on your own without formal training. 10 sessions, and youth can come in and out at any time doing it this way. Not a "standard" administration but is consistent with evidence-based practices described below. Like a "homebrew" program described below.

ART Studies w/ JwSO Youth

by Dr. Ralph

- **2009 Randomized Trial:** Randomized trial in 2010 with N=19, Showed improvement in psychological functioning. Qualitative analysis w/ focus group confirmed finding. ART helped youth reduce emotional reactivity and make prosocial choices.
 - Focus group consensus of what learned from ART, "Check yourself before you wreck yourself."
- **2012 Replication:** The replication study with N=14 was conducted using ART again, in 2012 which had an intervention group only. Improvement after ART intervention on co-morbid psychiatric symptoms and **prosocial reasoning**, confirmed by focus group.
- **2006-2012 Longitudinal Study:** N=129. ART treatment associated w/ 1/4 of risk of sexual acting out in program.
- Only studies of ART and JwSO youth. Includes only randomized study with ART.

ART Studies w/ JwSO Youth

by Dr. Ralph

- Focus group "take-aways" from ART.
- "Yeh, this guy came to me and gave me the middle finger. I decided not to talk back to him or cussing him out I decided to walk away."
- The most recent one was the fact that I got a phone call from my mom. She's struggling with drugs. It's hard for me ? 'Cause I want to be there to help her but I can't because I'm in this program. I was angry but chose to isolate myself because I knew I would take my anger out on others if I was around them. I identified a better solution because I knew what the consequences would be if I took it out on my peers.

ART Studies w/ JwSO Youth

by Dr. Ralph

- A teacher pulled out my paper and crumpled it up in my face and I felt like punching him and walking away. I remembered thought process training so instead of talking to him because it would have got out of hand I decided to write him a letter. I made a choice to not get myself in trouble when an adult was mad. Then he apologized the next day and things were ok.
- There are annoying kids around. It agitates me but I decided to use deep breathing and let it go by instead of getting upset.
- I would say that there was one lesson where showing affection and talking to people you have problems with - I wasn't talking to my dad because I was having problems with him. Finally after talking to my social worker I called him on the phone and started talking to him and we have an ok relationship. ART gave me a couple different ways to use to talk to him. Calmed me down before I talked to him and gave me a few steps.

Being a Pro

Published by Safer Society Press.

A Counselors Workbook, Research and Theory Monographs, & Online training available.



Being a Pro

- Teaches the Prosocial Model which is more likely to lead to positive outcomes. Research shows this fits with how older teens and nondelinquent teens think.
- Based on research with ART, Prosocial Reasoning Outcomes, and Roberts-2. Similar to the Moral Reasoning module of ART.
- Goal is to promote prosocial development in these youth supply focused curriculum that exercises, and role modeling of prosocial counseling relationship.
- Developed to overcome limitations of ART and related models by using simpler workbook-based model, 1-1 sessions, having built in 1.5 hour training and fidelity measures, and shorter duration (10 vs 30 sessions).
- Cheaper, shorter, easier to implement, fidelity easier to achieve, and 2 studies support its effectiveness.
- Prosocial means that all the parties are more likely to have mutually positive outcomes and not violate any rules or laws.



Being a Pro

- A Counselors Workbook
- Research and Theory Monographs
- Online training available
- Currently being implemented statewide in Kentucky and California counties.

The Prosocial Model

- STOP: Stop and think before acting.



- PROBLEM: Figure out what is going on in the situation.



- CHOICES: What are your choices?

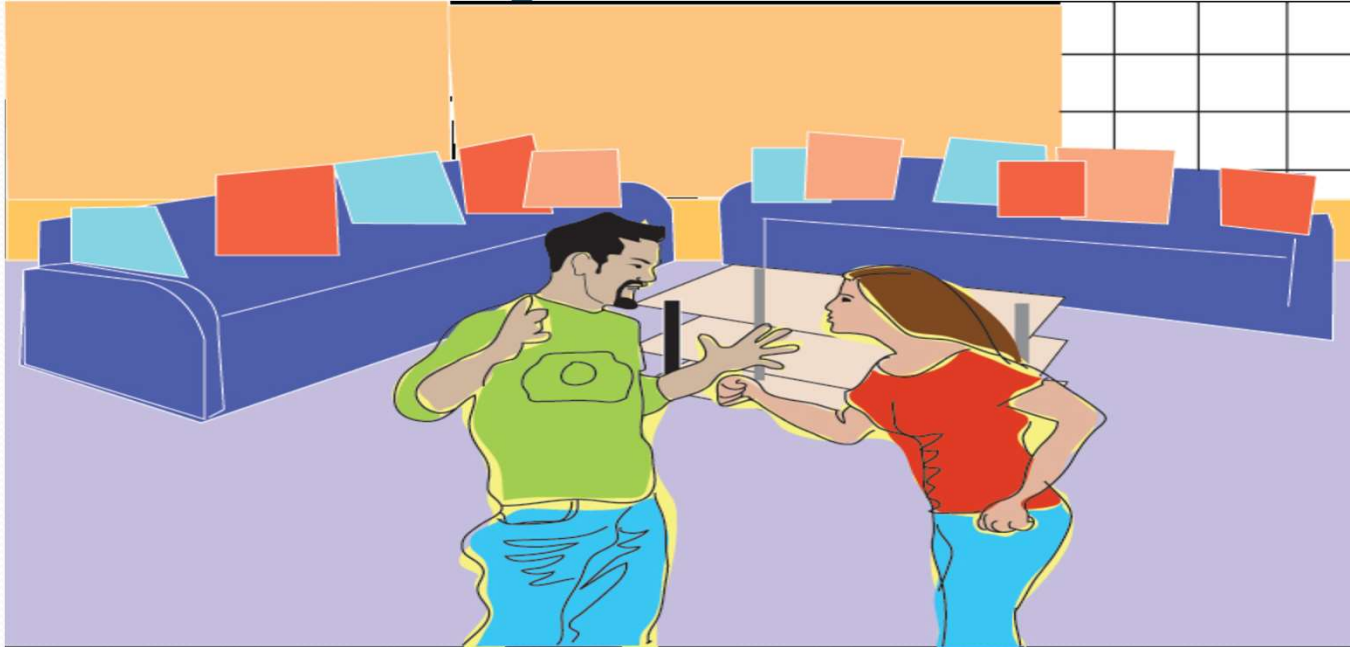


- REVIEW: Review the outcome and look for improvements.

Example of Exercises

- WEEK 4: PROSOCIAL PROBLEMS
- Part 1: Thinking about a Prosocial Problem
- Story 4: Roger's Problem
- **Roger is a 16-year-old who found \$200 in an envelope with a name, address, and phone number on it in front of a bank while walking home from school.**
- Why would Roger want to keep the \$200 and not tell anyone?
- How would he feel if he did this?
- What might happen?
- Why would Roger want to call the people listed on the envelope or police about the \$200.
- How would he feel then?
- What might happen then?

Examples of Exercises



1. What happened before?
2. What was going on?
3. What are people thinking and feeling?
4. Any rules or laws apply?
5. What was the outcome?

Counseling Methods

- Two peer-reviewed published studies, simple Pre/Post test analyses. Samples: n=24, and n=14.
- Samples of youth in outpatient or residential treatment for sexual offenses.
- First trial n=24. Results: 3/3 Counselor measures, 1/1 Youth measures, and 1/2 Performance measures showed change consistent with increased psychosocial maturity.
- Second Trial n=14. Results: Used only Counselor ratings, and 3/3 indicated increase in psychosocial maturity.
 - **Changes found can be summarized as increasing:**
 - **1. Cooperation with adults and rules,**
 - **2. Emotional control and regulation,**
 - **3. Resistance to peer pressure, and**
 - **4. Planning and thinking ahead.**
 - Nearly identical to the Steinberg, Cauffman, and Monahan (2015) model of psychosocial maturity above.
- Limitations Pre/Post methodology but consistent with characteristics of effective programs described by Lipsey and my EBPC model below.

Prosocial Passages

A workbook in progress

Prosocial Passages

- Workbook in progress (flying the plane while building it).
- Currently developing a workbook that incorporates elements from the Swiss study and other interventions to promote development and maturity regarding:
1. Psychosexual, and 2. Psychosocial areas.
- Also promoting efficacy by incorporating methods to promote fidelity and quality.
- Provide model which addresses both problematic sexual thinking and behaviors relevant to sexual recidivism, and general problem-solving strategies to reduce total recidivism.
- One of the chapters describes Prosocial Problem-Solving and includes the Prosocial Problem-Solving Toolkit. These tools can help to have a positive and prosocial life. Here's a chart describing them.

Prosocial Passages

Mind: Thoughts & Feelings	Action: Practical Problem- Solving	Support: Help from Others
Thoughts & Feelings can be changed to help problems.	Actions to solve problems on your own.	Getting help from others.
Things you can do with your mind.	Actions you can take in real life.	Get either practical help or emotional support from others.

Prosocial Passages

- Developed from Roberts 2 (projective storytelling test), and my own and other research which analyzes how juveniles actually solve problems.
- Grounded in observing actual problem-solving, then generating ways to conceptualize that. Different than an approach that is Theory Generated, and then methods developed, e.g., Dialectical Behavior Therapy.
- If you have a treatment method to promote psychosocial and psychosexual development, shouldn't you have a theory of normal development grounded in research and practice and how youth actually mature?

Prosocial Passages

○ **Mind: Thoughts & Feelings Tools:**

You can use your mind to change your thoughts and feelings, which can often help with problems. Changing how you think and feel about a problem is something you can control. We don't usually ask ourselves do we need to feel this bad or have these negative thoughts, and is there a way to feel more positive? In many situations this is possible and can help you manage problems.

○ **Action: Practical Problem-Solving:**

Sometimes, when problems happen, you can figure out better ways to handle them yourself. If you are having problems with a particular subject in school, you can figure out better study habits or ways to learn the material. You might schedule regular a time to do homework or do the work after school in the library. Solving involves actions that you can do and control on your own. Teens can often find positive solutions to a problem if they think about it a little. As teens grow older, it's important for them to take charge of things in their life more.

○ **Support: Help From Others:**

When problems come up, you can often get practical or personal support from others and just talk with them. If you need to meet with friends, can you ask a parent or other adult to give you a ride? If you are having problems with a class at school, is there a teacher you could ask for help? Would it help you to feel better just talking with someone even though that's all they're doing? Sometimes it helps to have someone just listen and have you feel supported.

Prosocial Passages

David is a 15-year-old whose parents both worked hard and often comes home after 8 PM because of their jobs. His parents have told him not to use the family computer without one of them being there. Friends have told him about Internet sites with pornography with sexual pictures and movies.

He has an interest in sexual things and would like to use the family computer to look at those sites. He also knows that his parents don't want him to use the computer when they're not there and they definitely don't want him visiting pornography sites.

What can David do to manage this problem positively? Let's use each of the Prosocial tools in this example.

- Mind: Thoughts & Feelings Tools:
- Action: Practical Problem-Solving:
- Support: Help From Others:

JwSO models & workbooks

Bake your own



- My recommendation is, if you can, use any of these as a **FIRST CHOICE**. Have the best likelihood of good outcomes would be my estimate.
- Multisystemic therapy: Multiple replications and adapted for JwSO. Ongoing fidelity monitoring, adjustment in real time to problem areas, perhaps 2 to 3 times a week for 4-6 months. Have to join the "franchise", start up and ongoing costs. Not adaptable to youth in detention.
- Problematic Sexual Cognitive-Behavioral Therapy, University of Oklahoma Health Sciences Center. Implemented at multiple national sites, including LA County. Not a randomized trial, but significant support of research. A "franchise" system.
- University of Cincinnati, School of Criminal Justice hosted event. Dr. Paula Smith "I Decide: Cognitive Behavioral Intervention to Control Impulses and Create Identity for Adolescents". Being used in the secure detention hub in Fresno.
 - 30 structured group sessions and three individual sessions. Designed to promote healthy sexual attitudes and behaviors, teach cognitive coping and social skills, enhance the capacity for perspective taking, improves emotional regulation, supports the formation of positive identity, and strengthens bonds with caregivers.

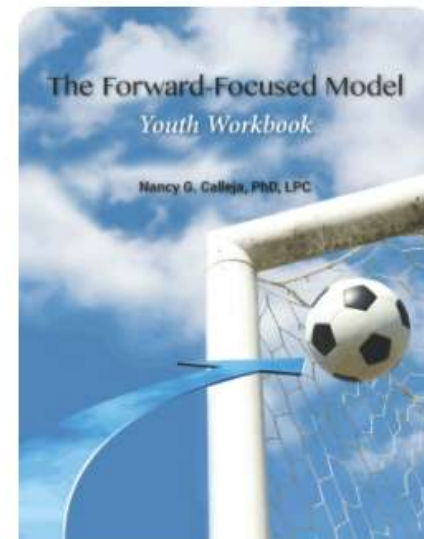
JwSO Workbooks-Safer Society Press



SET OF 4 STAGES OF ACCOMPLISHMENT WORKBOOKS



PATHWAYS, 4TH EDITION



FORWARD-FOCUSED MODEL WORKBOOK

Bake your Own!



- Just as good! Bake your own! That is what I did, see 23 Session Model below.
- Lipsey (2009) identifies that "Bake your Own" works as well as name-brand programs if well-designed, targeted, and implemented.
- More recent research (Baglivio et al. 2018) with residential probation programs found that the quality and fidelity the program was key.
- Also, w/ Total Recidivism 10x higher than Sexual Recidivism, are you targeting general delinquency in your model? Should be considered essential.
- Kettry & Lipsey (2018) that no significant evidence that specialized programs to treat sexual offending's are more effective than programs which target general recidivism.

Bake your Own!/Ready by Monday!



- If you follow my Evidence-Based Program Characteristics model, you could for example get this up and running by Monday.
- If you felt pretty confident working with teens clinically, with these methods, had group supervision, feedback, and tracked outcomes.
- Use *Pathways* by Kahn, and my *Being a Pro*, & additional curriculum regarding healthy sexual practices for teens.
- That would give you about 25 sessions.
- Also do monthly family sessions in order to address promoting the Safety Plan and the Prosocial Plan (discussed below) and use Bonner's Taking Action, of pre-PDF and give to parents.
- Get consultation from someone who had been doing this for a while.

Youth Needs & Progress Scale

Righthand, Worling, Prentky & Kang
(2020)

Youth Needs and Progress Scale – Rating Form

Name: _____ ID # _____ DOB: _____
 1st Assess. _____ Re- Assess. _____ Discharge Assess. _____ No. of sessions this period: _____
 Completed by: _____ Date: _____

Item	No Intervention Need	Possible / Limited Intervention Need	Moderate Intervention Need	Strong Intervention Need	Unable to rate
1. Understanding Appropriate Sexual Behavior	0	1	2	3	
2. Understanding the Consequences of Sexual Abuse	0	1	2	3	
3. Sexual Thoughts - Frequency	0	1	2	3	
4. Sexual Interests - Age & Consent	0	1	2	3	
5. Sexual Attitudes & Beliefs	0	1	2	3	
6. Sexual Behavior Management	0	1	2	3	
7. Compassion for Others	0	1	2	3	
8. Relationships with Peers	0	1	2	3	
9. Emotion Management	0	1	2	3	
10. Social Skills	0	1	2	3	
11. Self-confidence	0	1	2	3	
12. School & Work Commitment	0	1	2	3	
13. Use of Unstructured Time	0	1	2	3	
14. Nonsexual Behavior Attitudes and Beliefs	0	1	2	3	
15. Nonsexual Behavior Management	0	1	2	3	
16. Client View of Primary Caregiver Relationship	0	1	2	3	
17. Client View of Supportive Adult Relationships	0	1	2	3	
18. Family Functioning	0	1	2	3	
19. Living Situation - Safety & Stability	0	1	2	3	
20. Involvement in Community Resources	0	1	2	3	
21. Mental Health Management	0	1	2	3	
22. Participation in Interventions	0	1	2	3	
Tally ratings endorsed per column: (Number of 0's, 1's, 2's, 3's & unable to rate)					

Total Need Score: (Sum of all 1's, 2's, and 3's): _____

I-Decide Model

A CBT/Skill-building/Mindfulness Evidence-based program

The I-Decide Program



I DECIDE...

**Cognitive Behavioral Intervention to Control Impulses
and Create Identity for Adolescents**

- Paula Smith, PhD
- School of Criminal Justice University of Cincinnati
- smithp8@ucmail.uc.edu

- Lisa Ann Peterson, PhD
- lisapetersonphd@yahoo.com

The I-Decide Program

- Is an evidence-based group model for treatment of juveniles who sexually offended.
- Its structure and content is consistent with what I described as above as EBPC.
- Outcome research with the model is pending and in process. Initial research looks favorable but not yet published in peer review journals.
- 30 sessions and three individual sessions which can be done once or twice a week.
- One to two group leaders.
- Can be adapted to individual and also telehealth sessions.

The I-Decide Program

- Cognitive Behavioral Therapy/CBT for I-Decide Model
 - Behavioral interventions
 - Cognitive Restructuring & Cognitive Coping Skills
 - Modeling & Structured Skill Building
 - Mindfulness, Motivational Interviewing & Relapse Prevention
- Similar to Aggression Replacement Training in terms of being a structured, curriculum heavy model, but in a workbook type easier to use format.

I-Decide: Risk-Needs-Responsivity Model

<u>Risk</u>	<u>Needs</u>	<u>Responsivity</u>
Level of services to address risk level.	What risk factors or "criminogenic needs" should be addressed.	Services adapted to characteristics of patient.
Use of assessment tools for sexual and nonsexual recidivism. Described as appropriate for youth with moderate to severe need for treatment.	Address deficits in knowledge, social skills, social problem-solving, relapse prevention, psychosexual education.	Adaptations of the model to patient's needs, but generally works well for most.



The I-Decide Program

- Session 1 Keep an Open Mind (and Participate)
- Session 2 Build Healthy Relationships
- Session 3 Define What Is Important to Me
- Session 4 Set Goals and Make a Plan (MAP)
- Session 5 Develop a Plan to Control Urges
- Session 6 Understand Life History and Lifestyle Factors
- Session 7 Identify Risky Situations
- Session 8 Pause and Breathe
- Session 9 Observe Thinking
- Session 10 Name Feeling

The I-Decide Program

- Session 11 Consider Purpose
- Session 12 Use Coping Strategies
- Session 13 Explore Core Beliefs About Relationships
- Session 14 Manage Emotions
- Session 15 Understand the Perspective of Others
- Session 16 Build Trust in Relationships
- Session 17 Set and Respect Boundaries
- Session 18 Build Healthy Peer Relationships
- Session 19 To Resolve Conflict with Others
- Session 20 Solve Problems

The I-Decide Program

- Session 21 Build Resilience
- Session 22 Engage in Healthy Sexual Behaviors
- Session 23 Say No
- Session 24 Express Interest and Ask Permission
- Session 25 Be Response-ABLE
- Session 26 Embrace a Healthy Identity
- Session 27 Identify SUDS
- Session 28 Identify Social Supports and Ask for Help
- Session 29 Disclose Personal Information
- Session 30 Feel Good About Making Healthy Decisions

Questions from Participants?

