

NARRATIVE RISK FORMUALTIONS OF YOUTHS WHO HAVE SEXUALLY HARMED (YSH)

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"Assessments of risk are valuable to the extent that they can improve legal or clinical decisions... The only way risk assessors can influence decisions is by effectively communicating the findings to the legal and clinical actors whose decisions they wish to influence."

Heilbrun, Dvoskin, Hart and McNeil (1999)

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THE RNR MODEL & CURRENT RISK ASSESSMENT

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RISK ASSESSMENT TERMS

- **Risk Factor**
 - *Anything that is associated with an increased risk for reoffending*
- **Two Types of Risk Factors**
 - *Static = historical – doesn't change*
 - *Dynamic = changeable*
- **Protective Factors (Strengths)**
 - *Factor that can buffer some risk factors or used to promote overall healthy development*

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LATEST VERSION OF THE RNR MODEL INCLUDES 15 PRINCIPLES (BONTA, 2023; BONTA & ANDREWS, 2024)	
Overarching Principles	Core RNR Principles & Key Clinical Issues
1. Respect for the Person and the Normative Context	4. Introduce Human Service
2. Psychological Theory	5. Risk
3. General Enhancement of Crime Prevention Strategies	6. Need
	7. General Responsivity
	8. Specific Responsivity
	9. Breadth (multimodal)
Organizational Principles	10. Strength
13. Community-based	11. Structured Assessment
14. GPSL-based staff practices	12. Professional Discretion
15. Management	

Core RNR Principles & Key Clinical Issues
4. Introduce Human Service
5. Risk
6. Need
7. General Responsibility
8. Specific Responsibility
9. Breadth (multimodal)
10. Strength
11. Structured Assessment
12. Professional Discretion

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TO BE EFFECTIVE, RISK ASSESSMENT SHOULD BE PAIRED WITH CORE RNR PRINCIPLES

<p>The "Who"</p> <p>Risk Principle</p> <p>Match the intensity of the intervention with one's level of risk for re-offending</p>	<p>The "What"</p> <p>Need Principle</p> <p>Target dynamic or changeable risk factors and only those factors (<i>criminogenic needs</i>)</p>	<p>The "How"</p> <p>Responsivity Principle</p> <p>Match the mode & strategies of services with the individual</p>
How Much To Do	What To Do	How To Do It

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DYNAMIC RISK FACTOR DOMAINS MOST STRONGLY PREDICTIVE OF VIOLENT RECIDIVISM

Risk/Need Areas

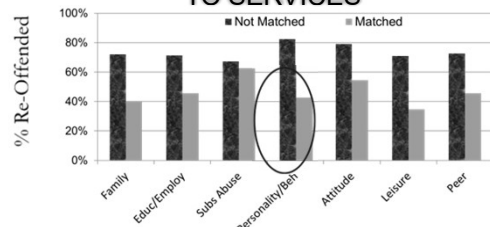
1. Disruptive Behavior Problems
2. Attitudes Condoning Violence
3. Delinquent peers
4. Substance Use
5. Family/Parental Monitoring
6. Education
7. Emotional Stability



<https://www.umassmed.edu/lawandpsychiatry/law-and-psychiatry-research/NIJ-Youth-Protective-Factor-Study/> (Vincent et al., 2024)

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NEED PRINCIPLE: MATCH DYNAMIC RISKS TO SERVICES



Individualize case planning to target the changeable risk factors that appear to be driving this youths' offending/violence; reduces reoffending better than one-size fits all planning

Peterson-Badali, Skilling, Haqanee (2015)

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A FEW CRITICAL POINTS

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When implemented well – and consistent with RNR principles – case planning informed by structured risk/needs assessment tools results in lowered recidivism (Drawbridge et al., 2019; Vincent et al., 2019)

2

Matching services to prioritized dynamic delinquency risk factors is critical to an effective risk reduction (and strengths building) approach (Viljoen et al., 2019; Vincent et al., 2021)

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In general, we know a lot about application of the risk principle, and the needs principle, but far less about how to effectively address the responsivity principle

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RESPONSIVITY PRINCIPLE

- Characteristics of individuals or their environment that may affect response to programs
 - May be internal or external barriers
 - May also be strengths
- Essential for planning programming but not used to estimate risk level. Goal to match the mode of program delivery to these characteristics when needed. Examples:
 - Learning disabilities
 - Culture Gender
 - Motivation or readiness to change
 - Transportation issues/homelessness
 - Drug/Alcohol problems (also a risk factor)
 - Mental health issues (e.g., PTSD, bipolar, psychosis)
 - Trauma-related symptoms

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RESPONSIVITY PRINCIPLE

- How intervention services are structured and delivered to achieve risk reduction and ensuring service delivery is individualized (e.g., takes into account characteristics of the youth and their environment)
- Specific Responsivity Factors are:
 - Characteristics of the youth or their environment that are not directly related to delinquent behavior but may affect their response to treatment and services; factors need to be considered in case planning and case management
 - May be internal or external
- General Responsivity Factors are:
 - Characteristics of the intervention or treatment (e.g., cognitive-behavioral, family therapy)
 - Characteristics of the providers delivering the treatment (e.g., gender, professional background, training).

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Take Home Messages:

DO NOT treat mental health/trauma without also addressing risk/needs

Evaluate influence of substance use

- Mental Health and Trauma-Related Symptoms Important Because....
 - May exacerbate existing dynamic risk factors/need areas
 - Clearly can interfere with the ability to benefit from services related to criminogenic needs
- Clinicians need to assess the severity of the mental health concern and its association to youth's delinquent behaviors (violent & non-violent)
 - This is also true for substance use

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**IN ADDITION TO THE CENTRAL 8 -
CONSIDER COMMON NEEDS PRIORITIZED FOR YSH**

- Youth General Functioning
 - Enhance Social Skills & Competencies
 - Enhance Identification and Understanding of Emotions
 - Enhance Emotion Regulation (including Anger Management)
 - Enhance Impulse Management (including Aggression Management)
 - Substance Abuse
- Youth Sexual Functioning
 - Healthy Sexual Knowledge
 - Healthy Sexual Interests and Behaviors
 - Healthy Sexual Drive
 - Cognitive Distortions & Attitudes
 - Healthy Masculinity
 - Victim Awareness
 - Insight into Past Sexual Aggression
- Family Functioning
 - Enhance Healthy Family Relationships (especially caregiver-client relationships)
 - Enhance Parent Management Skills
 - Develop Stable and Low-Stress Family Environment
 - (If Appropriate) Family Reconciliation / Reunification
- Peer Functioning
 - Positive and Prosocial Peer Relationships

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**IN ADDITION TO THE CENTRAL 8 – CONSIDER
COMMON RESPONSIVITY PRIORITIZED FOR YSH**

INITIAL ENGAGEMENT

Environment Limiting Opportunities to Re-Offend Sexually (Safety Planning)
Client Motivation and Engagement in Treatment
Caregiver Support of and Engagement in Treatment

COMMUNITY

Positive Engagement in School and Motivation to Succeed
Positive Community Supports and Involvement

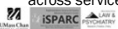
RISK MANAGEMENT

Positive Network of Adult Supports Aware of Risks and Needs
Risk Management Plan with Practiced Skills and Strategies

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WHAT ABOUT STRENGTHS?

- Relevance within the RNR model
 - Increase likelihood of success (i.e., no recidivism), especially in higher risk cases
 - Can be leveraged to increase successful engagement in services (general and PSB specific)
 - Work towards turning risk factors into strengths (e.g., negative peers to having prosocial supports) – but remember the absence of a risk is not the same thing as a strength!
 - Risk and Strength can co-exist (consider substance use).
 - Leveraging strengths changes up initial engagement and supports collaboration across service delivery



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PROTECTIVE FACTORS MATTER!

- Prosocial Identity
- Prosocial Engagement
- Social Support
- Self-control & Self-Efficacy

KEY Finding (Vincent et al., 2024)

Across three states – all four factors protected against recidivism with strongest evidence for the Self-control & Self-Efficacy

<https://www.umassmed.edu/lawandpsychiatry/law-and-psychiatry-research/NIJ-Youth-Protective-Factor-Study/>



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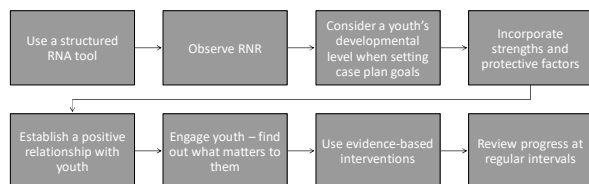
A FEW CRITICAL POINTS

Mental health problems, inclusive of trauma related problems, are considered responsivity factors via the RNR model (see Hoge, 2016)

Failing to carefully consider the range of responsivity factors will result in a case plan that fails to achieve the goals of supporting improved functioning and risk reduction

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CASE PLANNING RECOMMENDATIONS (HOGE, 2016)



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RISK ASSESSMENT OF YOUTH WHO HAVE SEXUALLY HARMED

- Risk Assessment of Adults with Sex Offenses
 - Measures first appeared 35 years ago
 - Actuarial (e.g., STATIC-99R)
 - Structured Professional Judgment (e.g., RSVP-V2)
 - Hundreds of published studies
- Risk Assessment of Youth who have Sexually Harmed (YSH)
 - Measures first appeared in last 25 years
 - Few published studies

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YSH RISK ASSESSMENT TOOLS

- **2001:** Estimate of Risk of Sexual Offense Recidivism – Version 2.0 (ERASOR-2)
- **2003:** Juvenile Sex Offender Assessment Protocol – Second Edition (JSOAP-II)
- **2006:** Juvenile Sexual Offense Recidivism Risk Assessment Tool – Second Edition (J-SORRAT-II)
 - **2000:** Juvenile Risk Assessment Tool (J-RAT)
 - **2006:** Juvenile Risk Assessment Scale (JRAS)
 - **2006:** Multiplex Empirically Guided Inventory of Ecological Aggregates (MEGA)

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YSH RISK ASSESSMENT META-ANALYSIS

VILJOEN, MORDELL & BENETEAU (2012)

- ERASOR, JSOAP, J-SORRAT & Static-99
 - 33 studies of 31 separate samples
 - 13 published, 20 unpublished
 - 6,196 adolescents
- Predicting Sexual Re-Offense:
 - Small correlations (.12 - .20)
 - Low to Moderate "Area Under Curve" (.64 - .67)
- Comparing Tools
 - No one tool outperforms any other; all equal

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THE TAKE HOME

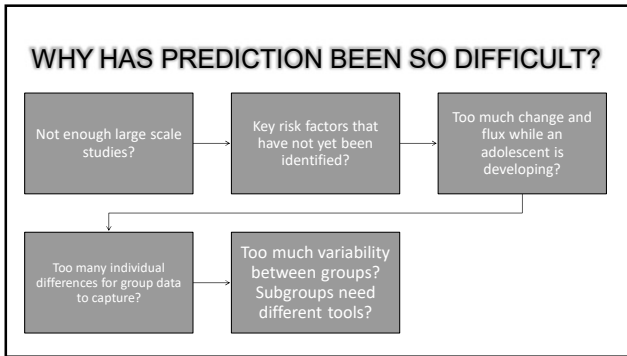
VILJOEN, MORDELL & BENETEAU, 2012

- YSH Risk Assessment Tools:
 - Predict sex recidivism risk better than general tools (e.g., PCL:YV)
 - Perform better than individual risk factors
- However:
 - Do not predict future sexual offending as well as juvenile violence risk assessment tools predict future violence
 - They do not work well consistently when used in different settings with different types of youth
 - Do not predict recidivism well enough for "high-stakes decisions"

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WHY HAS PREDICTION BEEN SO DIFFICULT?

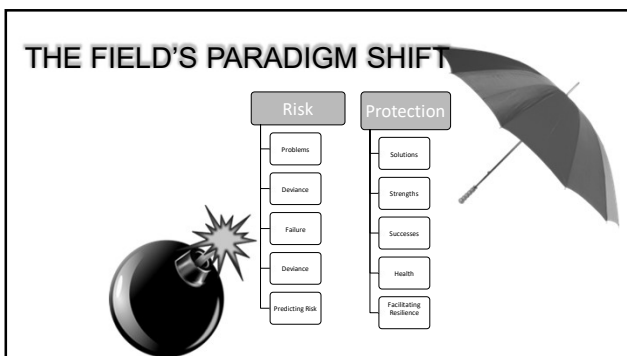
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SECOND GENERATION YSH "NEEDS ASSESSMENT" TOOLS



- Rationale:
 - Better integrate protective factors into assessment
 - Emphasize intervention planning over risk prediction
 - Emphasize dynamic over static factors
 - Allow for monitoring treatment progress
- Protective and Risk Observations for Eliminating Sexual Offense Recidivism **PROFESOR**
- Youth Needs and Progress Scale **YNPS**

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THE PROFESOR




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PROFESOR

- Development:
 - Systematic review of risk factor literature
 - Clinical experience of author
- Structure
 - 20 bipolar items
i.e., both protective and risk characteristics
 - ALL are dynamic

PROTECTIVE <input type="checkbox"/> Hopefulness regarding healthy sexual future <input type="checkbox"/> Respectful and age-appropriate sexual beliefs and attitudes	RISK <input type="checkbox"/> Hopelessness regarding healthy sexual future <input type="checkbox"/> Abuse-supportive sexual beliefs and attitudes
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PROFESOR

For:

- Youth with history of illegal or abusive sexual behavior (adjudicated or not adjudicated)
- Ages: 12 – 25 (adolescents and emerging adults)

To:

- Help identify and summarize protective and risk factors to assist with planning interventions that can help individuals enhance their capacity for sexual and relationship health and, thus, eliminate sexual recidivism

Not To:

- Predict recidivism
- Assess risk

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RISK FACTORS –
COMMON DOMAINS OF DYNAMIC/NEEDS

Sexual Functioning

Family Context

Social Functioning

School-Based Functioning

Behavior, Coping, Personality Traits

Attitudes, Values, Beliefs

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SEXUAL FUNCTIONING

Sexual Interests (Focus)

- Respectful/age-appropriate vs. Abuse-supportive

Sexual Interests (Frequency)

- Balanced vs. Preoccupied/obsessive

Awareness of laws and procedures to facilitate respectful sexual relationships

- Good vs. Poor

Awareness of consequences of sexual offending

- Good vs. Poor

Use of reasonable strategies to prevent sexual offending

- Appropriate use vs. Lack of use

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FAMILY CONTEXT

Sexual Environment

• Respectful vs. Abuse-supportive

Feelings about relationship with parent/caregiver

• Feels close to/supported by vs. Feels distant/rejected by

Parents/primary caregivers provide warmth and appropriate structure

• Provide vs. Fail to provide

Current living arrangement

• Feels stable/secure vs. Feels unstable/insecure

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SOCIAL FUNCTIONING

Emotional intimacy and close friendship with prosocial peer(s)

• Present vs. Lack of

Commitment to and engagement in organized leisure activity

• Strong vs. Weak

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SCHOOL-BASED FUNCTIONING

• Commitment and engagement in school and/or work

• Strong vs. Weak

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**BEHAVIOR,
COPING,
PERSONALITY**

Feelings toward others

- Compassionate/caring vs. Callous/uncaring

Self-regulation

- Good vs. Poor

Problem-solving

- Good vs. Poor

Response to reasonable guidance and support

- Responsive vs. Rejecting

Self-esteem

- Healthy vs. Unhealthy

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**ATTITUDES
, VALUES,
BELIEFS**

Attitudes toward healthy sexual future

- Hopefulness vs. Hopelessness

Sexual beliefs and attitudes

- Respectful & age-appropriate vs. Abuse-supportive

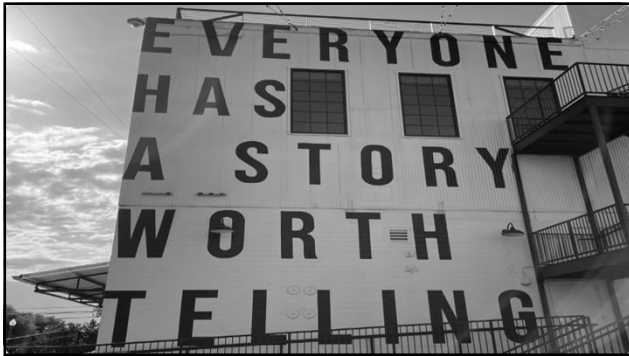
(General) Values and attitudes

- Prosocial vs. Antisocial

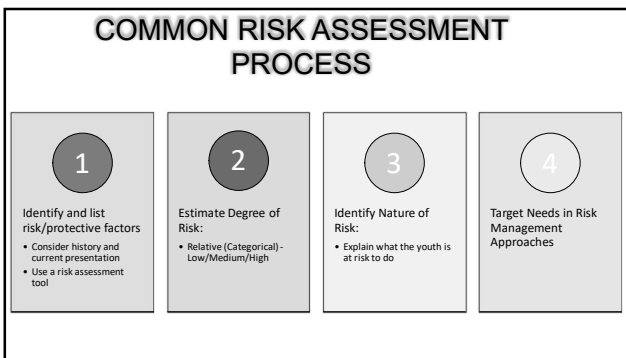
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**WHY USE THE
NARRATIVE
FORMULATION
APPROACH?**

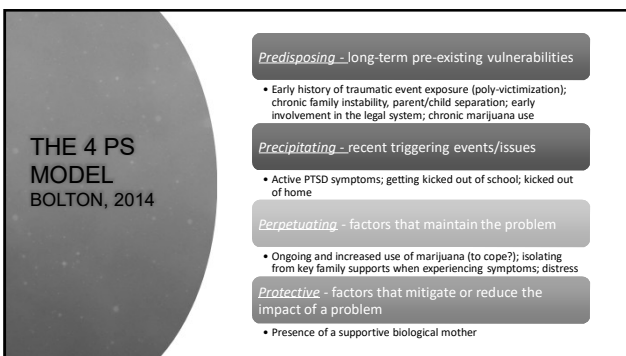
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AN
INTEGRATED
MODEL:
RISKS

Each May Be:

- Predisposing – Long-term pre-existing vulnerabilities
- Precipitating – Recent triggering events/issues
- Perpetuating – Maintain the problem

Each May Be:

- Empirical – Empirically known to increase likelihood of behavior
- Idiographic – Increase likelihood of behavior; unique to individual/case

Each May Be:

- Static – Unchangeable; facts of youth's history
- Dynamic (Need) – Changeable; targets for risk reduction interventions

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AN
INTEGRATED
MODEL:
STRENGTHS &
RESPONSIVITY

Each Strength May Be:

- Protective – Empirically known to decrease likelihood of behavior
- Idiographic – Decrease likelihood of behavior; unique to individual/case

Each Responsivity Factor May:

- If unaddressed, can reduce likelihood of success
- If addressed, can increase likelihood of success

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**FORENSIC FORMULATION
DEFINITIONS AND
DEFINING
CHARACTERISTICS**

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GOALS OF TRADITIONAL CLINICAL CASE FORMULATION

- Using available contextual and diagnostic information in developing a treatment plan informed by the individual's cultural and social context (DSM-5)
- Collaborative synthesis of a client's history, experience and strengths with theory and research to produce an original and unique account of the client's presenting issues (Kyukun, Padesky, & Dudley (2008)

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NARRATIVE FORENSIC FORMULATION

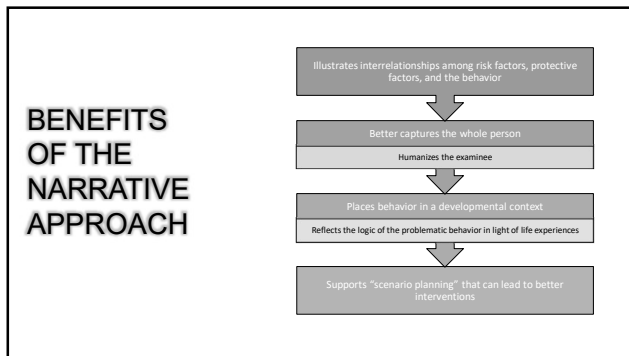
The process of gathering and integrating diverse information to develop a concise account of causal associations among relevant variables that will guide decision making (Watt, 2017)

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NARRATIVE FORENSIC FORMULATION: CLARIFYING THE DEFINITION

- A narrative story that synthesizes the facts that describe the youth and family
- Integrates personal, family, school, community and other contextual/situational factors
- Identifies the most fundamental issues driving the problem behaviors
- Explains the evaluator's theory about what is causing the youth to offend
- The product of this narrative is:
 - A clear identification of 'What Needs to Change.'
 - and/or
 - B. The identification of data gaps or lingering questions that need to be answered (such as through referrals for consultant evaluations) before 'What Needs to Change' becomes clear

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PRINCIPLES OF FORENSIC FORMULATION

(Hart, Sturmey, Logan, & McMurran, 2011)

Definition	Process (data-gathering) and Product (how you communicate the information in the report)
Inferential	Not just descriptive but speculates about future outcomes (Objective/What Needs To Change)
Action-Oriented	Lays out how you see the problem and then how you prioritize, plan, and implement a treatment and management plan
Theory-Driven	Guided by or embedded within a particular theory
Individualized	Theory driven but also linked into the data reflecting the individual' experience

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PRINCIPLES OF FORENSIC FORMULATION

(Hart, Sturmey, Logan, & McMurran, 2011)

Narrative	Providing a story that unifies and connects individual elements into the central purpose leading to action.
Diachronic	Explains and links past, present and future
Testable	Explicit enough to generate hypotheses that can be tested. Implement and see what happens. Should make things better.
Ampliative	Not just a summary but produces new knowledge or a new perspective about the individual. Clarifies the issues.

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GRANT

- 16-year-old male from a small city on east coast
- Admitted to multiple juvenile court charges:
 - Criminal Sexual Act, First Degree
 - Sexual Abuse, First Degree (2 counts)
 - Sexual Misconduct, First Degree
 - Sexual Abuse, Second Degree
 - Endangering the Welfare of a Child (2 counts)
- While at their father's home, Grant (at age 15) forced his 11-year-old step-brother (diagnosed with ASD) to view pornography, to perform oral sexual conduct, and to engage in anal sexual conduct on multiple occasions
- Grant told the victim to keep their activity secret

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GRANT

- Parents never married, now separated
 - Lived with mother, her boyfriend, and maternal grandmother until time of offenses
- Honor roll student who played on volleyball team and was in JROTC
- Premature Sexual Exposure
 - Began viewing porn at age 10 – “couldn’t believe what I saw”
 - At age 11, 19-year-old he met online convinced him to send nude photos of himself.
 - By age 12, masturbating near daily – by 15 daily. Self-described “addiction”
 - By age 14, exchanging naked photos and masturbation videos on social media
- Recognition of Same Sex Attraction
 - Significant worry about how would be received by men in his family
 - Signs of anxiety and depression, including suicidal threatening
 - Maladaptive coping – daily cannabis abuse and “gaming addiction”

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GRANT

- No history of conduct problems or prior juvenile offenses
- After offenses disclosed:
 - Assaulted by stepfather; sent to live with father
 - Highly restrictive situation – but still poor online monitoring
- Began treatment for PSB subsequent to disclosure of offenses
 - Good attendance and participation at the few initial sessions

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GRANT'S PROFESOR RISK FACTORS

- Abuse-Supportive Sexual Environment
- Abuse Supportive Sexual Beliefs/Attitudes (*IMPROVED*)
- Preoccupied/Obsessive Sexual Interests
- Poor Awareness of Laws and/or Procedures to Facilitate Respectful Sexual Relationships (*IMPROVED*)
- Poor Awareness of Consequences of Sexual Offending (*IMPROVED*)
- Unhealthy Self-Esteem
- Lack of Emotional Intimacy and/or Close Friendship with Prosocial Peer
- Weak Commitment to and/or Engagement in Organized Leisure Activity
- Feels Unstable and/or Insecure in Current Living Arrangement

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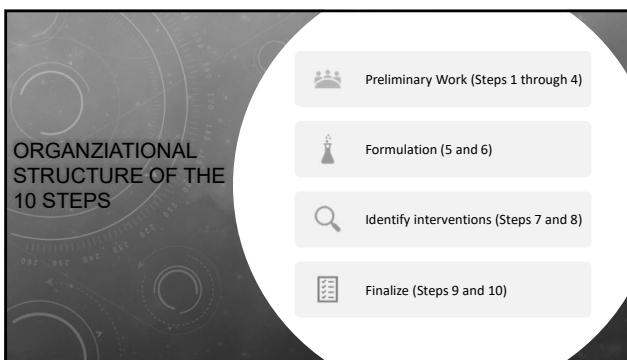
GRANT'S PROFESOR PROTECTIVE FACTORS

- Hopefulness Regarding Healthy Sexual Future
- Compassionate and Caring Toward Others
- Prosocial Values and Attitudes
- Responsive to Reasonable Guidance and Support
- Feels Close to and Supported by a Parent/Caregiver
- Strong Commitment to and Engagement in School and/or Work

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10 STEPS TO BUILDING THE FORENSIC FORMULATION

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PRELIMINARY STEPS



Step 1. Identify the
target behavior



Step 2. Organize the
data (across all sources)



Step 3. Detect key risk
signals among the noise
(develop hypotheses
about key drivers)



Step 4. Detect key
protective signals
(develop hypotheses
about key buffers)

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**STEP #1:
IDENTIFY THE
TARGET
BEHAVIOR**

What is the specific functional behavior (hands-on offending; accessing CSEM) you are focusing on?

A reasonable approach is to focus on problematic sexual or general behavior – what is going to keep the youth involved with the court/future arrests?

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GRANT'S TARGET BEHAVIOR

- Target Behavior:
 - Hands on sexual coercion and/or aggression

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**STEP #2:
ORGANIZE
THE DATA
(ACROSS
SOURCES)**

Organize into separate lists your thoughts on:

- Predisposing, precipitating, & perpetuating factors
- Identify risks and needs
- Strengths
- Identify protective factors

Underline the factors within each category that you see as having the greatest *relevance*

- (Hint: these are the factors that link together to tell the story about how the problem has developed)

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Predisposing	Precipitating	Perpetuating	Protective
Sexual exploitation at age 11		Sexual Environment	Compassionate & Caring
Early Exposure to Porn			Prosocial Values & Attitudes
Recognition of Same-Sex Attraction			
	Poor Knowledge of Laws/Procedures		Responsive to Guidance/Support
	Poor Knowledge of Consequences of Sexual Offending		Close to/Supported by Caregiver
	Sexual Beliefs/Attitudes		Commitment and Engagement in School
	Preoccupied Sexual Interests	Preoccupied Sexual Interests	Hopefulness Regarding Healthy Sexual Future
	Unhealthy Self-Esteem	Unhealthy Self-Esteem	
		Lack of Prosocial Peers	
		Weak Commitment to Organized Leisure Activity	
		Unstable/Insecure Living Arrangements	

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STEP #3: DETECT KEY RISK SIGNALS: WHAT RISKS/VULNERABILITIES ARE DRIVING THE BEHAVIOR?

- 3a: How are risk factors related to the behavior?
 - Clustering effect – several factors may represent a similar overarching problem
 - Root cause – an underlying factor that is driving lots of other factors
 - Gateway vulnerability – factor that creates a domino effect (activates other problems and contributes to a negative outcome)

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GRANT

- Gateway Vulnerability:
 1. Early exposure to pornography and sexual victimization at age 11 (when developmentally unprepared to make sense of it), creating low self-esteem and negative emotions
 - >
 2. Contributed to distorted beliefs about victimization (victims don't mind it) and preoccupation with sexuality (sex feels good and brings relief from negative emotions)
 - >
 3. Sexual assaults of younger step-brother
 - >
 4. Now living with father which has added new vulnerabilities (social isolation and additional negative emotions) and has not resolved pre-existing vulnerabilities (beliefs have been changing but preoccupation remains)

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STEP #3: DETECT KEY RISK SIGNALS:
WHAT RISKS/VULNERABILITIES ARE DRIVING THE BEHAVIOR?

- 3b: Why do these factors influence the behavior?
 - Motivate – factors that serves as a motivating force for the behavior
 - Destabilize – factors that destabilizes current functioning and make the problem behavior more likely to happen
 - Interfere – factors that interfere with the youth's motivation to refrain from the behavior

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GRANT (AT TIME OF SEXUAL HARM)

- **Motivating Factors**
 - Preoccupied Sexual Interests
- **Destabilizing Factors**
 - Unhealthy Self-Esteem
 - Poor Knowledge of Laws and Procedures; Poor Knowledge of Consequences of Sexual Offending
- **Interfering Factors**
 - Sexual Attitudes and Beliefs

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GRANT (SINCE SEXUAL HARM)

- **Motivating Factors**
 - Preoccupied Sexual Interests
- **Destabilizing Factors**
 - Unhealthy Self-Esteem
 - Lack of Prosocial Peers
 - Weak Commitment to Organized Leisure Activity & Unstable/Insecure Living Arrangement
- **Interfering Factors**
 - Offense-Supportive Sexual Environment

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STEP #4: DETECT KEY PROTECTIVE FACTORS
WHAT FACTORS COULD BUFFER AGAINST THE BEHAVIOR?

- 4a: How are the strengths related to the behavior?
 - Clustering effect – several factors may represent a similar overarching strength
 - Root cause – an underlying factor that explains periods of stabilization or helped youth achieve an important goal
 - Gateway strength – factor that creates a domino effect (activates other strengths and contributes to a positive outcome)

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GRANT

- Clustering Effect:
 Overarching Positive Home Environment Supporting Positive Functioning
 Includes:
 - Compassionate & Caring
 - Prosocial Values & Attitudes
 - Responsive to Guidance/Support
 - Close to/Supported by Caregiver
 - Commitment and Engagement in School
 - Hopefulness Regarding Healthy Sexual Future

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STEP #4: DETECT KEY PROTECTIVE SIGNALS
WHAT FACTORS COULD BUFFER AGAINST THE BEHAVIOR?

- 4b: Why do these factors influence the behavior?
 - Motivate – factors that serves as a motivating force for positive behavior
 - Stabilize – factors that stabilize current functioning and makes a problem behavior less likely to occur
 - Improve – factors that facilitates the youth's motivation to refrain from the behavior

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GRANT

- Motivating Factors
 - Compassionate & Caring
 - Prosocial Values & Attitudes
- Stabilizing Factors
 - Responsive to Guidance/Support
 - Close to/Supported by Caregiver
 - Commitment and Engagement in School
- Improving Factors
 - Hopefulness Regarding Healthy Sexual Future

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GRANT

- **Leveraging Strengths**
- Motivating Factors
 - Compassionate & Caring
 - > Emotional barrier to harming others; will benefit from good understanding of the harm caused
 - Prosocial Values & Attitudes
 - > Seeks to do the right thing and succeed in the right ways, can support prosocial sexual beliefs, attitudes and behaviors
- Stabilizing Factors
 - Responsive to Guidance/Support
 - > Likely to learn and increasingly apply better strategies
 - Close to/Supported by Caregiver
 - > Home-based changes needed and more likely
 - Commitment and Engagement in School
 - > Can be helped to direct energies to prosocial goals rather than staying at home viewing pornography
- Improving Factors
 - Hopefulness Regarding Healthy Sexual Future > Provides clear, positive goals to work toward.

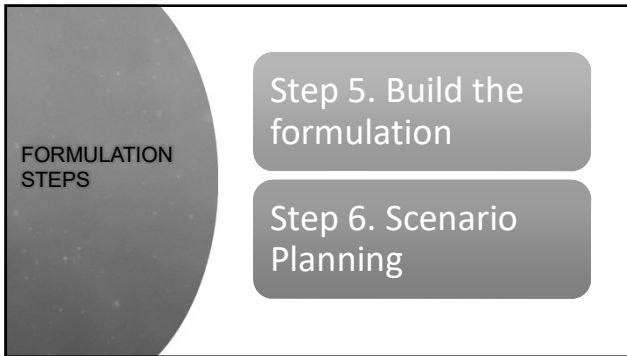
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ENDPOINT:
STEPS 1
THROUGH 4

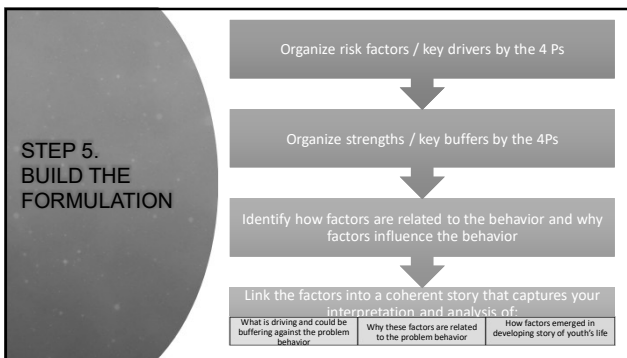
Summary of the problem behavior, the relevant risk(s)/vulnerabilities that are viewed as driving the problem behavior

Summary of strengths and how these strengths can be used to leverage against the key drivers (buffering effect) or the problem behavior (direct risk reduction)

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GRANT – INTRODUCTORY STATEMENTS

Concern about Grant's potential future court involvement is focused on his Inappropriate Sexual Behavior. His current key treatment needs include the elevated frequency of his sexual interest, his low self-esteem, his abuse-supportive sexual environment, his unstable living arrangement, his lack of emotional intimacy and/or close friendship with a prosocial peer, and his weak engagement in organized leisure activities.

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GRANT – NARRATIVE FORMULATION

Grant was first exposed to pornography at age 10 and reportedly felt overwhelmed by what he saw. At 11, he was sexually exploited while online by an apparent adult. By age 12 or 13 he recognized his same-sex attraction and worried how he would be viewed by the men in his family. He suffered with low self-esteem and other symptoms of depression and anxiety. He began using substances soon after he was exploited and was eventually using cannabis daily in an apparent effort to cope with his emotions and his questioning. Excessive online gaming also became a coping strategy. He also continued to masturbate to pornography online unchecked by his caregivers and said he eventually became "addicted," viewing pornography "any chance I could get." Sex became associated with relief and he became overfocused on it.

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GRANT – NARRATIVE FORMULATION

The frequency of his sexual thoughts and its association with relief from negative emotions and low self-esteem led to strong sexual desires. His distorted belief that younger children would enjoy sexual contact with someone older was stronger than his concern about the wrongfulness of the behavior. Likely rooted in his own experience of victimization and reinforced by his pornography viewing, he was also naïve about healthy sexuality and how society responds to sexual harm, causing lack of clarity around his sexual decision making, as well. These factors all contributed to the sexual abuse of his young step-brother.

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GRANT – NARRATIVE FORMULATION

Following the identification of Grant's inappropriate sexual behavior, he experienced "an emotional breakdown" that included a suicide attempt. Adding to Grant's confusion, his parents have suggested that the victimized child was partially responsible for what happened.

Since the incident came to light, Grant has been living with his father and an adult male cousin. He is not certain how long he will stay there and the uncertainty has created new anxiety. His father has placed tight restrictions on his access to friends such that he now has a lack of offline peer contact. Not wanting to invest in activities that he may soon move away from, he also has a lack of organized social activities and has been spending much of his time online, including continuing to masturbate to pornography daily. Grant seems to have addressed the knowledge gaps that contributed to his offending in treatment and from other supports, but his parents are reinforcing unhealthy sexual attitudes he has also been moving beyond.

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GRANT – NARRATIVE FORMULATION

Grant presents with numerous strengths that can help to mitigate his identified risk factors. He is hopeful regarding achieving a healthy sexual future, providing clear and positive goals that his providers can help him work toward. The focus of his current sexual interests seem to be healthy given his interest in consensual encounters with age-peers, also providing positive goals that treatment can be geared to helping him achieve. He is compassionate towards others, providing a foundation for helping him to develop both cognitive and emotional empathy for the experience of sexual abuse victims. His prosocial value and attitudes suggest he is likely to work toward implementing risk reduction strategies he is taught, which is also supported by his strong responsiveness to guidance and support. The close relationship he senses with his mother provides an important foundation for the family-level work that will be needed to address problematic sexual attitudes in the home and permissive online access. Additionally, his strong commitment to and engagement in school demonstrates his ability to commit to prosocial activities and persist even when challenges arise.

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EVALUATING YOUR FORMULATION

(Hart et al. 2011)

External coherence?

- Tracking the story line and informed by context and theory

Factual foundation?

- Key data is included and provides clear evidence supporting the account

Internal coherence?

- Is the "plot" cogent, consistent, and without contradiction?

Explanatory?

- Does the plot tie together all key information anchors?

Diachronicity?

- Does the formulation tie together information about past, present, and future?

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EVALUATING YOUR FORMULATION

(Hart et al. 2011)

Simplicity?

- Is the story free of unnecessary detail, propositions, and assumptions?

Reliability

- Would other professionals provide a similar account?

Generativity?

- Does the account provide useful knowledge or a new perspective?

Accuracy?

- Do the predictions based on the plot actually occur (or seem feasible)?

Acceptability?

- Would this story be accepted by the youth? The family? The court?

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MANAGING PROBLEMS
DEVELOPING THE FORMULATION

Reasons:

- Missing information about risk factor(s)
- Competing hypotheses about primary risk factor(s)

Possible Solutions:

- Need more data or more focused data
- Need specific questions answered (e.g., diagnostic)

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STEP 6:
SCENARIO PLANNING

Now that you have developed a coherent, explanatory story of how the problem behavior has developed, you consider potential future scenarios

How will the key drivers (risk/vulnerabilities and strengths) play out over the next two to three months?

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STEP 6:
SCENARIO PLANNING

How is the problem behavior expected to play out over the next two to three months?

Good scenario planning is context and situation specific

Repeat Scenario – youth engages in future behavior that mirrors past behavior

Twist Scenario – youth engages similar behavior, but the plot or sequences changes somewhat

Escalating Scenario – youth engages and escalates the behavior leading to greater problems and increased risk

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GRANT – SCENARIO PLANNING

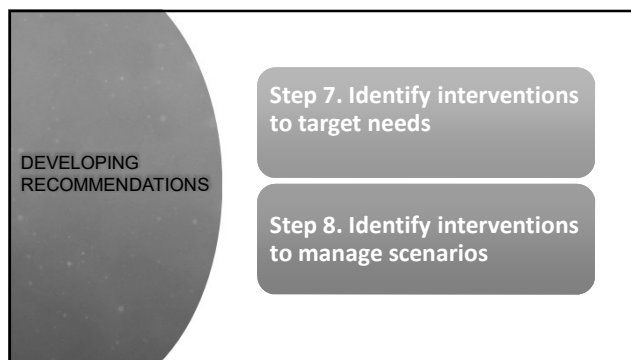
Repeat Scenario

Grant continues to be socially isolated and uncertain about his future, retreating unmonitored into his online world, focused on pornography, to cope with his boredom, feelings of low self-worth, and negative emotions. His preoccupation with sex continues. When a younger relative visits, his sense of desperation for sexual contact overrides his new awareness of laws and harm, driving him to engage in behaviors that parallel the abuse of his step-brother.

Twist Scenario

Grant continues to be socially isolated and uncertain about his future, retreating unmonitored into his online world, focused on pornography, to cope with his boredom, feelings of low self-worth, and negative emotions. His preoccupation with sex continues. Remembering his own experiences at age 11, he begins to engage a young child online. As a part of building towards meeting the child, Grant asks him to send nude photos of himself. The exchange is detected by Federal Agents and he is charged with possession of CSEM.

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DEVELOPING RECOMMENDATIONS STEPS

- Given what is now known about what led to the behavior and, then, what needs to change, what steps are most likely to successfully address those needs and hopefully reduce recidivism risk?
- Consider a full range of options:
 - Psychoeducation
 - Environmental changes, changes to routines, supervision, safety planning, etc.
 - Formal programs
 - Other mental health/medical/psychosocial interventions
 - School-based and educational services
 - Vocational training and opportunities

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PRINCIPLES TO ASSESS RECOMMENDATIONS

(Borum & Verhaagen, 2006)

- Apply the most intensive monitoring and supervision to the highest risk cases.
- Target key criminogenic needs (i.e., dynamic risk factors driving the behavior) for intervention.
- Plan interventions based on what has been proven to work.
- Treatment is sensitive to individual differences and changes as the child develops.
- Continually monitor and reassess the plan.

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STEP 7: IDENTIFY INTERVENTIONS TO TARGET NEEDS

- What interventions are needed to alter or change needs/vulnerabilities?
- What interventions are needed to build or enhance (leverage) strengths?
- Refer back to the formulation – target the relevant vulnerabilities and strengths

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STEP 8: IDENTIFY INTERVENTIONS TO TARGET SCENARIOS?

- What other safety and management plans should be put into place?
- Strategies should be individualized and context-specific!
- Good scenario planning will lead to better likelihood of a youth responding to treatment and successfully managing behaviors!

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GRANT – RECOMMENDATIONS INTRODUCTION

Grant recently began weekly individual therapy with a provider experienced in assisting youth who have sexually harmed. He has responded positively to these services thus far. However, Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) provides more intensive services, including weekly family-level intervention. Given the importance of family-intervention toward addressing Grant's needs and the level of care needed to support his mental health stability, the MST-PSB program represents a better fit with his needs. He was only just beginning to develop the therapeutic relationship with his current therapist and given his interest in services and overall ability to engage with others, the transition to a new provider is not expected to be overly disruptive. However, if MST-PSB is not feasible for some reason (e.g., waiting lists), his current therapist can also focus work on the following treatment targets.

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GRANT – PRIORITIZED RECOMMENDATIONS

1. Decrease sexual preoccupation: Grant acknowledged a past "addiction" to masturbation with pornography and continues to masturbate to pornography daily, which includes intrusive thoughts about the child he victimized. He will need to be taught better awareness of the potential for problematic outcomes resulting from this level of focus, strategies for better coping with urges as they arise, and achieving a more balanced life that supports a healthier de-emphasis on sexuality.

2. Improve self-esteem: Grant has struggled with low self-esteem and symptoms of anxiety and depression that seem rooted in his own sexually exploitative victimization at age 11 and in his grappling with his sexual orientation. The current offense has brought greater shame that reached the point of suicidal actions, which should be monitored on an ongoing basis. His chronic negative emotions have not been addressed in treatment in the past and, in a trauma-informed manner, should be a focus of services now toward helping him to develop a more positive outlook and positive self-view. In addition to psychotherapeutic efforts in that direction, consideration should be given to referring Grant for a psychiatric assessment to consider whether psychopharmacological interventions might support these efforts. Within this context, Grant's regular use of marijuana for coping should be monitored and targeted.

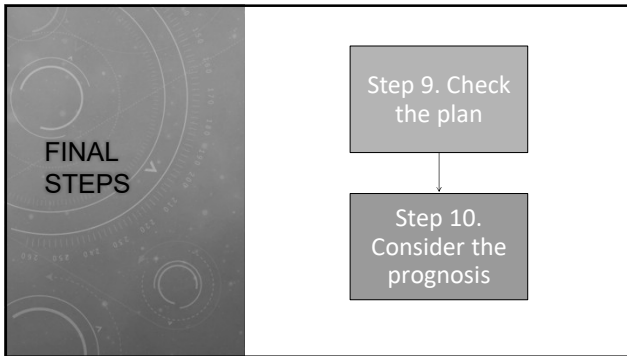
95

GRANT – PRIORITIZED RECOMMENDATIONS

3. Provide a home environment free of offense-supportive attitudes and including caregiver practices that monitor online activity and support healthy peer connections. MST-PSB family-level work should directly address the parents' beliefs that Grant's step-brother has some responsibility for the victimization by helping them to see the errors in this thinking and the reasons Grant needs to be free of such thinking errors. The family-level work should also support his caregivers in age-appropriate monitoring of and healthy boundaries around his online activity to also externally reduce his over-focus on sexuality and masturbating to pornography. Monitoring of his interactions with younger children should also be initiated. Also, caregivers should be helped to see the critical role of intimate friendships in supporting age-appropriate activities and attitudes that promote sexual health better than forced isolation.

4. Stabilize the living arrangement and enhance engagement in organized leisure activities: Grant currently is uncertain about where he will be living in the near future. Resolving this uncertainty should be targeted as soon as possible so that Grant can both accept the situation and create a healthy lifestyle in that location. The latter includes greater involvement in organized activities. He has significant interests in various opportunities but has not been motivated to pursue them in what may be a temporary living situation. However, these activities are another important element in developing a life that includes healthy sexual balance and control.

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STEP 9: CHECK THE PLAN

- Once you have identified your plan (recommendations), check your work:
 - Is the plan appropriate for meeting this youth's risk?
 - Are the identified needs able to be addressed?
 - Do these interventions adequately address the needs?
 - Do these interventions capitalize on and enhance strengths?
 - Can the plan be improved?

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STEP 10: CONSIDER PROGNOSIS

- The Prognosis
 - Given everything that is known about the youth and his/her family, their needs, and the services and interventions available to them, what is the likelihood that the proposed plan will yield success?
 - What are the most likely impediments to success?
 - Needs that are difficult to address?
 - Strengths that are difficult to leverage?
 - Responsivity factors expected to cause difficulties?

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GRANT – PROGNOSIS

In addition to targeting Grant's recidivism needs, it will be critical to target his mental health needs, including anxiety, depression, and hopelessness that seem rooted in his childhood online victimization and have been compounded by various life circumstances since that time. Overall, Grant and his family are amenable to interventions. His needs are within the realm of what can be reasonably accomplished in treatment and they are balanced by an array of protective factors that can be leveraged. He is an empathic youth who is able to connect well with others. Moreover, he has generally maintained a prosocial life and sexual health goals that provide him with innate motivation to do things differently in the future. Additionally, although his caregivers also present with certain needs (e.g., eliminating offense-supportive attitudes; asserting proper boundaries around online behavior), they have in other ways provided appropriate parenting and Grant experiences a positive, supportive relationship with his mother. Given these amenability issues, Grant's prognosis for addressing his current needs is good.

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"The story of why someone did what they did in the past can tell you what they might do in the future, and it is the story that is going to help you prevent it from happening."

Watt (2017)

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Q&A

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