Assessing and Treating Emerging Adults Who Have Sexually Abused:

Navigating the Boundary Between Adolescence and Adulthood

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Why Us?

Candice Waltrip, PsyD

- ➔ About 20 yrs working in the sex offense world
  - ◆ Juveniles & Adults
    - Corrections
    - Hospitals
    - Community
    - Research
  - ◆ Treatment
  - ◆ Evaluation
  - ◆ Policy - SOMB/SOMAC/PPC
- ➔ Noticed it was more than juveniles vs. adults
- ➔ Questioned approaches to both assessment and treatment

Michele Leslie, PsyD

- ➔ Decade working with the Criminal Justice Population
  - ◆ Treatment
  - ◆ Evaluation
  - ◆ Policy
- ➔ Concerns with policy surrounding a number of areas within the sexual offense population
  - ◆ Strictly juveniles vs. strictly adults
- ➔ Noticed there was a “third” age category

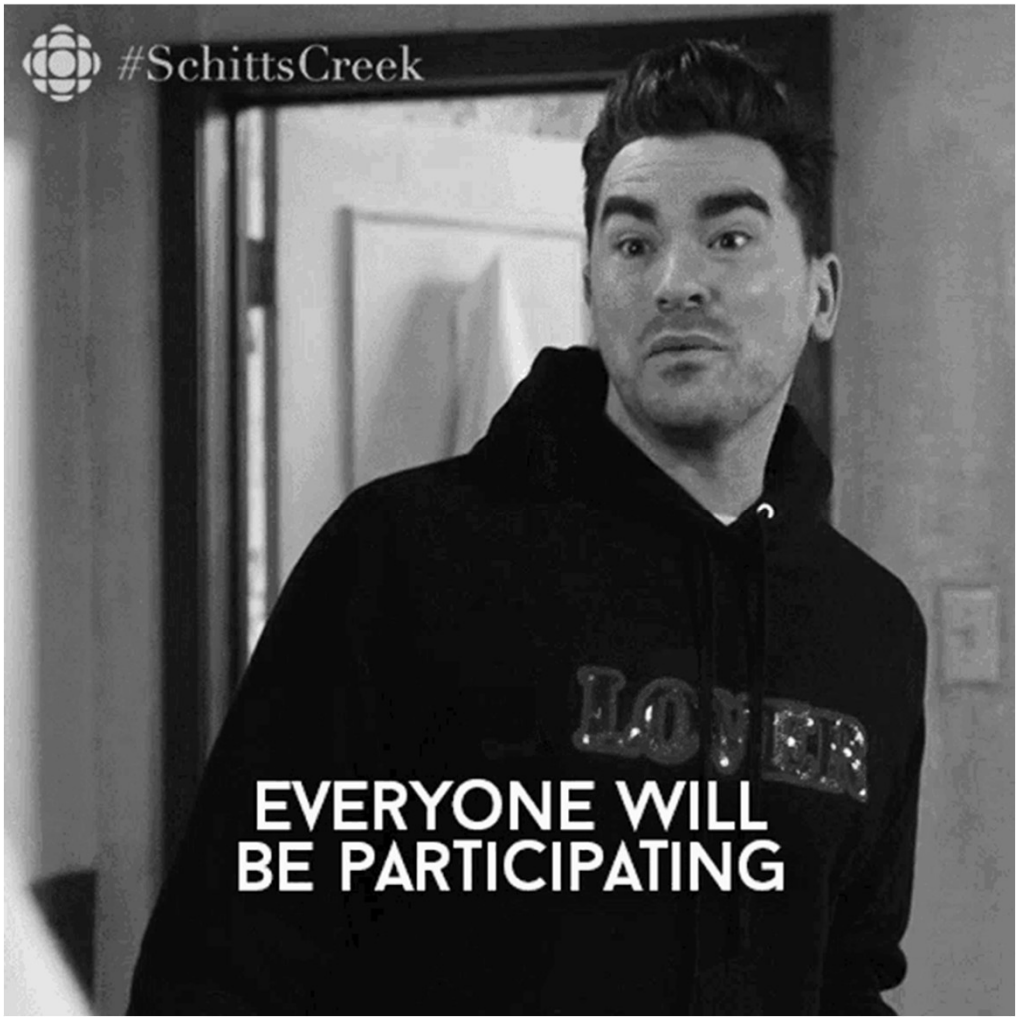
What Are We About to Get Into?

- ➔ Defining “Emerging Adults”
  - ◆ Outside the criminal justice system
  - ◆ Within the criminal justice system
- ➔ What we Know
  - ◆ And what we DON’T
- ➔ Assessment
- ➔ Treatment

Disclaimer

As this is a rather under researched and understood population, especially in the sexual offense world, we will NOT know all the answers. However, we are here to provide what IS known, and engage in discussions throughout the presentation.

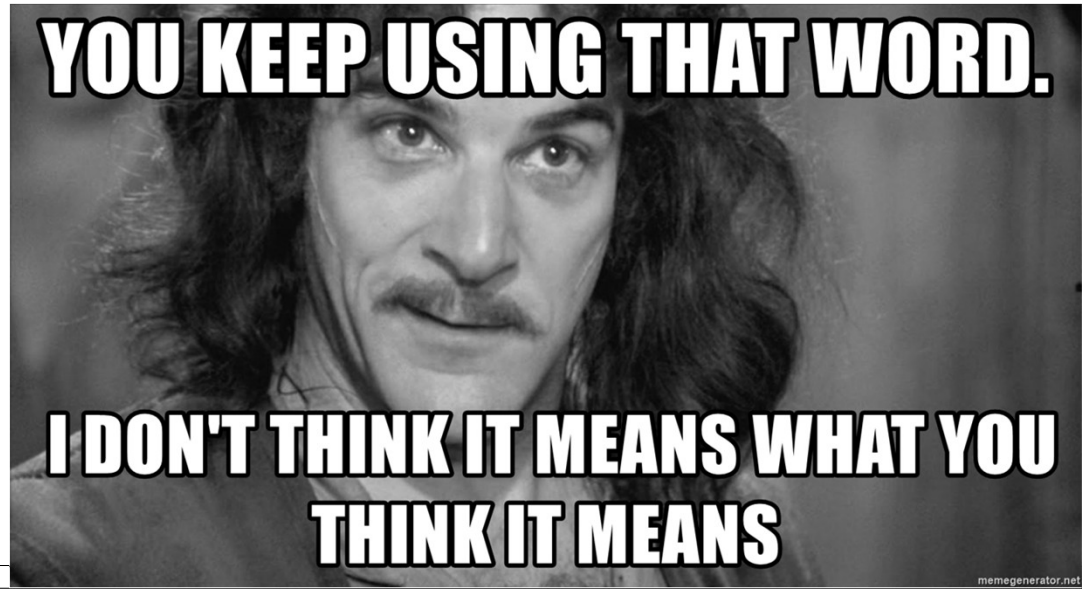
Thank you for going on the journey of being human with us.

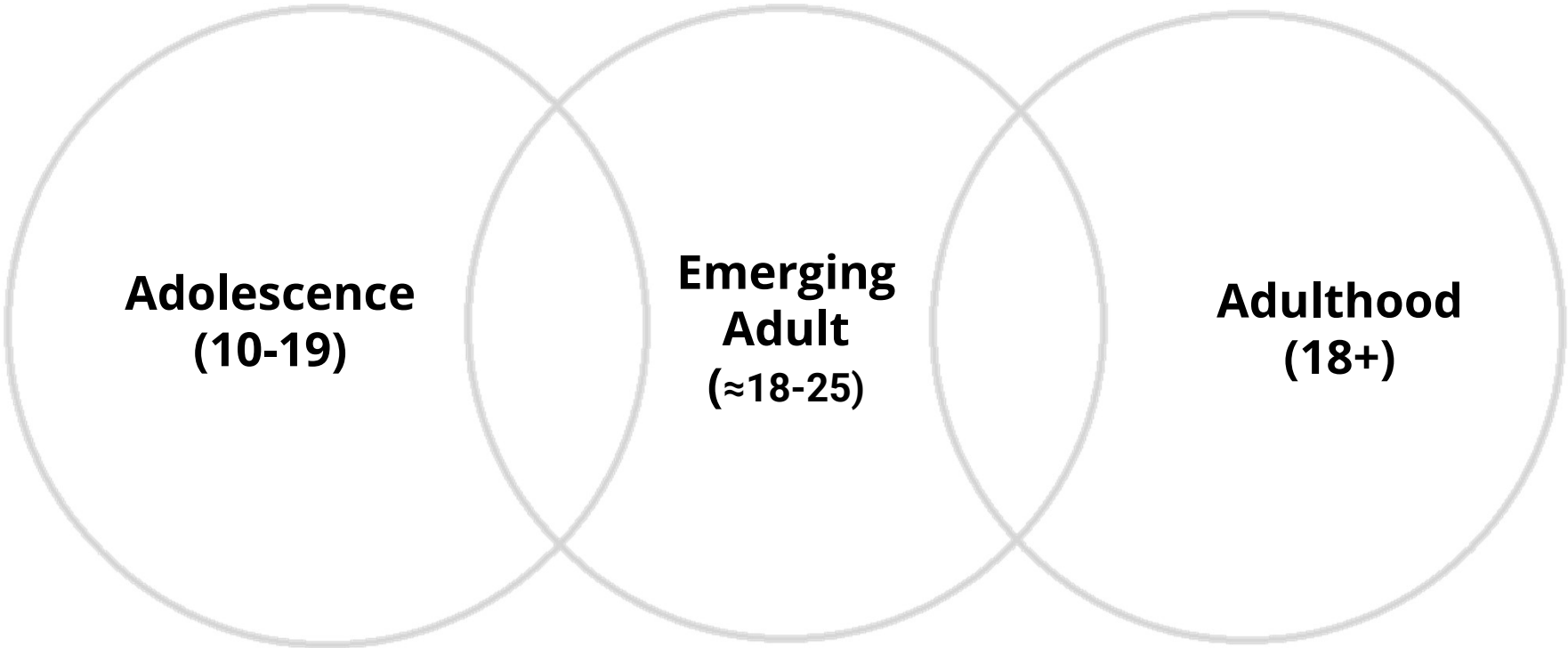

#SchittsCreek
LONER
EVERYONE WILL
BE PARTICIPATING

What you do think of when you hear the term “Emerging Adult?”

What Does it Mean to Be a “juvenile” or “adult,” anyways?

- ➔ Developmental?
  - ◆ Physical
  - ◆ cognitive
- ➔ Societal?
- ➔ Legal?
- ➔ Something else?





(World Health Organization, 2024)

Emerging Adulthood On the Grand Scale

- ➔ The “bridging” life stage between adolescence and adulthood
- ➔ Movement towards autonomy
  - ◆ While not fully independent
- ➔ Finding an identity
  - ◆ While fulfilling the requirements of others
    - School, work, relationships
- ➔ Gaining a footing in life
  - ◆ While feeling instability
- ➔ Many (most) individuals navigate this transition to adulthood
  - ◆ For those who have a sexual offense during this time period…

Emerging Adults in the Criminal Justice System

- ➔ Balancing all the new roles while also:
  - ◆ Meeting requirements established by the justice system
  - ◆ Completing sexual offense-specific requirements
    - Treatment, specialized supervision, registry
  - ◆ Potentially transitioning from the juvenile system to the adult system
    - Probation, incarceration, etc.
- ➔ Exposure to:
  - ◆ Antisocial attitudes
  - ◆ Unhealthy peers
  - ◆ Added (new) criminal behavior
    - Can potentially increase recidivism risk
- ➔ Potential removal from support system

How One Can “Fit/Not Fit” in The Emerging Adult Framework

- ➔ Commit a crime as a juvenile
  - ◆ Over the age of 18
  - ◆ Remain in juvenile custody
- ➔ Commit a crime as a juvenile
  - ◆ Certified as an adult
- ➔ Commit a crime as a juvenile
  - ◆ Still a juvenile
- ➔ Commit a crime as a juvenile
  - ◆ Discovered and tried as an adult
- ➔ Commit a crime as an 18, 19, 20 year old
  - ◆ Placed in the adult system.

Impact of the "Sex Offender" Label

- ➔ No matter the age, being labeled as a "sex offender" can greatly impact an individual's self-perception and resulting success in the community setting
- ➔ For Emerging adults:

Previously identified changes + "sex offender" =

- Decreased self-worth
- Feeling of rejection
- Impacted social support
- Added hurdles to establishing adult milestones

impact on recidivism

Impact of Trauma

- ➔ Understanding offending behavior through a trauma lens
- ➔ Most individuals don't "wake up a sex offender"
  - ◆ Growing up in an environment of
    - Maladaptive Coping
    - Unhealthy beliefs about power, control, healthy relationships, role of men vs. women
    - Role models and overlooking behavior
    - Development of distortions
  - ◆ Being a "sex offender"

ACEs and Sexual Offending

(Levenson et al., 2014)

ACE Questions:	Sex Offenders (n = 679)	General Population (n = 7,970)	Odds Ratio
Verbal abuse	53.3%	7.6%	13.88
physical abuse	42.2%	29.9%	1.71
child sexual abuse	38%	16%	3.22
emotional neglect	37.6%	12.4%	4.26
physical neglect	15.9%	10.7%	1.58
parents not married	54.3%	21.8%	4.26
DV in home	24%	11.5%	2.43
Substance Abuse in home	46.7%	23.8%	2.81
Mental illness in home	25.9%	14.8%	2.01
Incarcerated family member	22.6%	4.1%	6.83

****Higher ACES score associated with higher risk score****

(Schroeder & D'Orazio, 2023)

ACEs and Sexual Offending (cont.)

ACE SCORE	Distribution
0	15.6%
1	13.7%
2	12.8%
3	12.3%
4+	45.7%

Mean Ace Score: 3.5

ACEs and Sexual Offending (cont.)

- ➔ Compared to the non-offending population:
  - ◆ HIGHER prevalence of early trauma
  - ◆ MORE likely to have experienced ACEs
    - 38% reported childhood sexual abuse
- ➔ Higher ACE scores correlated to:
  - ◆ Young victims
  - ◆ Contact offenses
  - ◆ Higher nonsexual arrests
  - ◆ Violence/aggression
- ➔ There is a link between ACE score and risk factors for recidivism

(Levenson et al., 2014; Reavis et al., 2013; Widom & Maxfield, 2001)

How do you balance a successful transition into adulthood with effective intervention?

- ➔ The feeling of being “in-between”
  - ◆ Justice systems
    - Juvenile and adult
  - ◆ Assessment measures
    - “Under 18”/juvenile assessment
    - “Over 18”/adult assessment
  - ◆ Services
    - Treatment
    - Services
    - policies

We now know the
“WHO.”
Onto the
“WHAT’
And
“HOW.

Disclaimer

- ➔ Limited information/research/data
  - ◆ Common practice of “over/under” 18 as the “cutoff”
    - Makes sense! (especially when it comes to research)
  - ◆ Limited longitudinal studies across the juvenile and adult criminal justice systems
- ➔ Limited demographic information
- ➔ Statistics are very few
  - ◆ Can be a struggle with juvenile AND adult populations as well

What we DO know

- ➔ Based upon available research within the juvenile and adult populations
  - ◆ Variability IS found:
    - Juvenile research
      - 16-18 year olds vs. 15 and younger
    - Adult research
      - 18-25 year olds vs. 26 and older
- ➔ Juvenile offending does NOT mean adult offending
  - ◆ Adult offending does NOT mean juvenile offending
    - **This is often overlooked...why?**
- ➔ Impact on brain development
  - ◆ Brain not fully developed until mid-20s
    - Commonly 25
  - ◆ Role of frontal lobe (prefrontal cortex)
    - Responsible for decision making

What We DO Know (cont.)

What We DO Know (cont.)

- ➔ What might this mean?
  - ◆ CAN conclude these transitory ages represent a diverse group in terms of:
    - Offenses, psychosexual functioning, risk factors, treatment needs, recidivism risk

So, where should this population go?

Let's Discuss

- ➔ There really are 4 options:
  - Manage *exclusively* in the juvenile system
  - Manage *exclusively* in the adult system
  - Manage in *both* the adult and juvenile system
  - Manage in a *different* system
- ➔ What are the pros/cons of each?

Consider this

- ➔ One does not magically turn into an adult at midnight on their 18th birthday
  - This isn't Cinderella...
- ➔ "Get Tough" policies have shown to be ineffective at reducing recidivism and increasing public safety

A Little Side Study to Add to the Excitement

Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders

- November 2000 - April 2010
  - 1,354 juvenile offenders
    - 14-17 at the time of the offense
    - 184 females; 1170 males
  - Philadelphia and Phoenix
- Interviewed regularly for approximately 7 years post “adjudication/guilty” of a serious crime
  - All felony offenses
  - Excluded:
    - “Less serious” property crimes
    - Misdemeanor weapons offenses
    - Misdemeanor sexual assault
  - Interviews took place anywhere between 45 days and annually, depending on where the individual was at in the process
    - Ex: within 45 days of adjudication; annually after the first three years post adjudication/guilty

High Level Findings

****Just because an individual commits an offense as a juvenile does not mean adult offending is imminent****

- ➔ Many youth who committed felonies reduced their recidivism over time, regardless of the intervention
  - ◆ 91.5% reported decreased illegal behavior during the first 3 years
- ➔ Longer stays in juvenile institutions did NOT reduce recidivism
- ➔ Community-based supervision was shown to be effective
- ➔ Two factors which distinguished “desisters” from “persisters”
  - ◆ Decreased Substance Use
  - ◆ Greater stability of daily routines
- ➔ Of note:
  - ◆ Role of self-reported offending behavior

Assessment with the Emerging Adult Population - Juvenile

- ERASOR
- J-SOAP-II
- JSORRAT-II
- PROFESOR

"Lower end" of emerging adulthood could be included

Assessment with the Emerging Adult Population - Juvenile (cont.)

JSORRAT-II

- ➔ Examines static risk
  - ◆ 6 items sexual offending - related
  - ◆ 6 items non-sexual offending - related
- ➔ Actuarial tool to assess risk of juvenile sexual recidivism
- ➔ 12 - 18 years old at the time of the index sexual offense

Assessment with the Emerging Adult Population - Juvenile (cont.)

J-SOAP-II (Clinically Guided)

- ➔ Identifying risk factors associated with sexual and criminal offending
  - ◆ For use as part of a comprehensive assessment/evaluation
    - Not recommended for use in isolation for determination of risk
      - Predictive validity studies still being conducted
- ➔ 12-18 years old
  - ◆ **offense occurred prior to the age of 18**

ERASOR (Clinically Guided)

- ➔ Guided checklist to estimate short-term risk of a sexual reoffense
- ➔ 12 - 18 years old
  - ◆ NOT recommended for individuals over the age of 19

****Impact of juvenile criminal behavior trajectory on "determining" recidivism risk****

Protective and Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR)

- ➔ Structured Checklist
  - ◆ Identify, comprehend, and communicate
    - Risk and Protective Factors
      - 20 items
    - 12-25
- ➔ Intervention Planning
  - ◆ Does NOT predict risk
  - ◆ “Bridging Tool”
    - A guiding document to “bridge the gap” between juvenile and adult

Assessment with the Emerging Adult Population - Adult

- ➔ STATIC-99R
- ➔ STABLE-2007
- ➔ VASOR-2
- ➔ ACUTE-2007
- ➔ SOTIPS
- ➔ CPORT
- ➔ SAPROF-SO

Assessment with the Emerging Adult Population - Adult (cont.)

Stable - 2007

- ➔ Dynamic risk
- ➔ Adult, male, convicted of sexual offense
  - ◆ Child, non-consenting adult, CSEM

Structured Assessment of Protective Factors Against Sexual Offending (SAPROF-SO)

- ➔ Structured Risk Assessment Guideline
  - ◆ Protective factors
    - Presence of factors correlate to mitigation of risk

Child Pornography Offender Risk Tool (CPORT)

- ➔ Risk Assessment Tool
  - ◆ Predict *any* sexual recidivism for adult males who have a conviction for CSEM
    - CSEM, non-contact or hands-on offense
    - Five-year fixed follow-up

Assessment with the Emerging Adult Population - Adult (cont.)

Static-99R

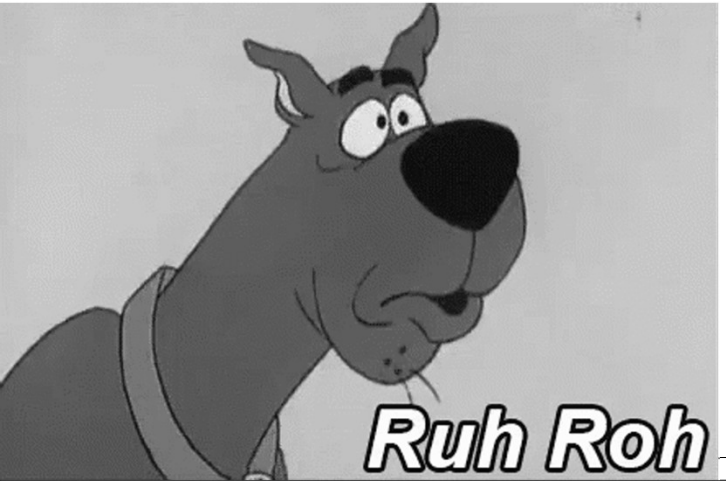
- ➔ Static risk
- ➔ For use with adult males (18+) who have been charged or convicted of a sexual offense*
  - ◆ Prostitution, pimping, sex in public places with consenting adults, statutory rape, CSEM
- ➔ Not recommended for:
  - ◆ Females
  - ◆ Internet-only offenses
  - ◆ “Young offenders”
    - Under the age of 18 at the time of release

Say a little more about that…

- ➔ The ONLY time when used with juveniles and WITH CAUTION:
  - 1. Released from the most current offense at age 18 or older
  - 2. Was 17 years old at the time of the offense
  - 3. AND the offense “appears similar in nature to typical sex offenses committed by adult offenders.”
- ➔ What’s interesting…
  - While it can be used with much of the emerging adult population, two of the items are potentially problematic
    - 1. Age
    - 2. Lived with a lover (for 2+ years)
  - WHY?

Because of what we already talked about!

- ➔ These two items are DIRECTLY characteristic of the emerging adult population
  - Resulting risk estimates may be inflated...

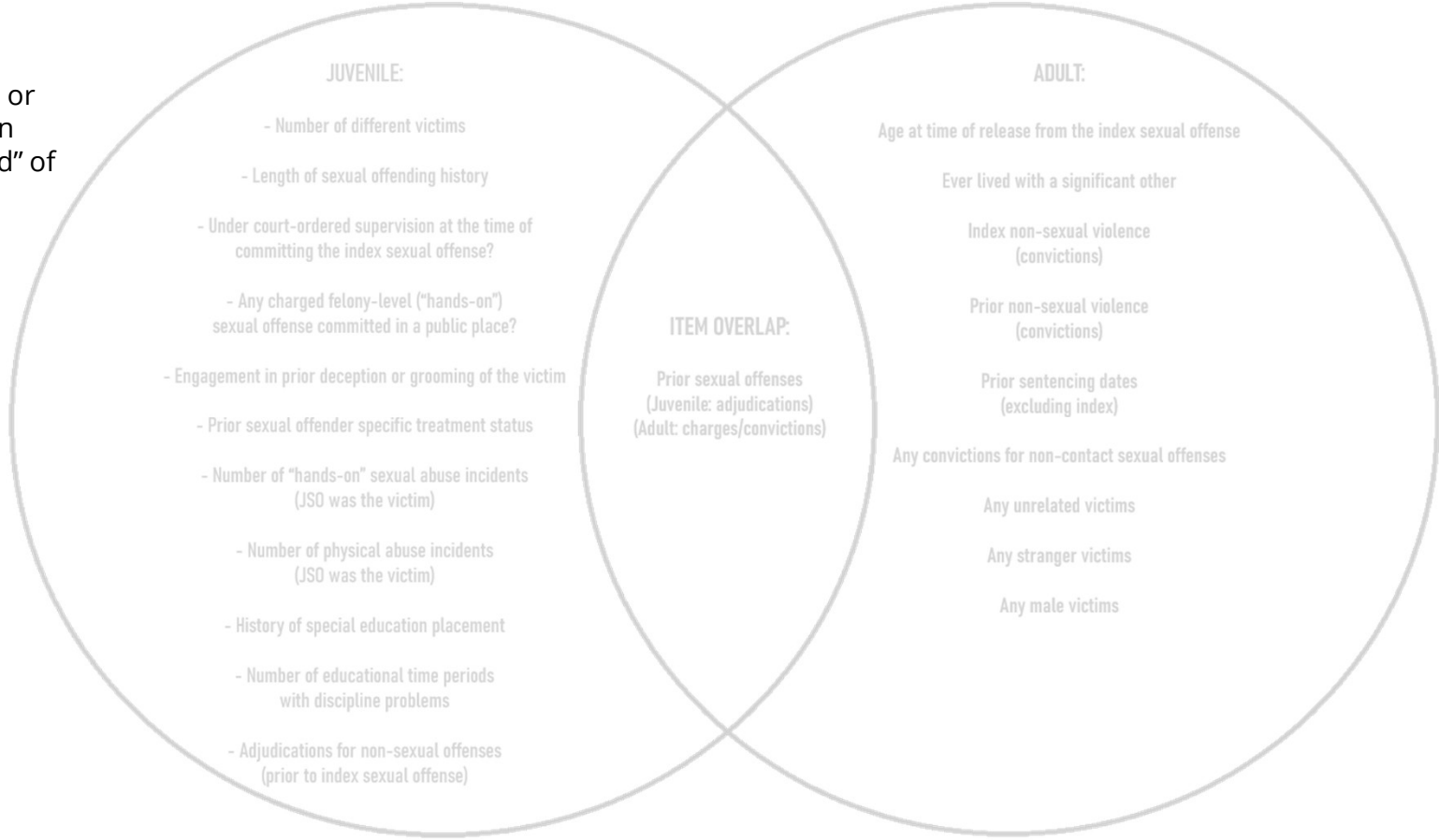


Assessment with the Emerging Adult Population - Adult (cont.)

Static Risk:
- ➔ Factors which are historical or only change in one direction
- ➔ Contribute to the "likelihood" of future offending behavior

Juvenile Static Risk:
- ➔ JSORRAT-II

Adult Static Risk:
- ➔ Static-99R
- ➔ VASOR-2



Assessment with the Emerging Adult Population - Adult (cont.)

Dynamic Risk:

- ➔ “Changeable” areas which impact a decision to offend
- ➔ Stability in these areas are associated with a decrease in recidivism
- ➔ Why would dynamic risk be of particular importance with emerging adults?

Juvenile Dynamic Risk:

- ➔ ERASOR
- ➔ J-SOAP-II

Adult Dynamic Risk:

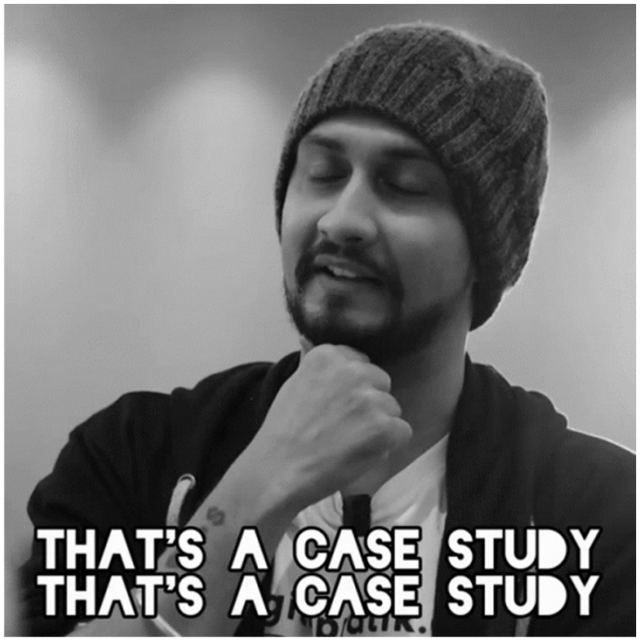
- ➔ STABLE-2007
- ➔ ACUTE-2007
- ➔ SOTIPS

Yet Again, What does this ALL MEAN?

- ➔ Risk assessment with the emerging adult population are potentially providing an inaccurate picture.
  - ◆ However, understandable…
    - The “need” to designate, assign, label, treat, etc. is very strong within the criminal justice system
- ➔ So what can be done?
  - ◆ REALLY examine dynamic risk factors
  - ◆ EXPLAIN the nuance of the emerging adult population in the recommendation
  - ◆ Utilize an adult AND juvenile assessment measure
    - 18-21
- ➔ Remember, emerging adults are NOT strictly juveniles OR adults
  - ◆ They present with a mix of factors
  - ◆ research increasingly concluding adults and adolescents who commit sex offences are meaningfully different


Assessing Transition-Aged Individuals who have Committed Sex Offenses: An Illustrative Example
J-SOAP-II or ERASOR
YLS/CMI 2.0
J-SOAP-II, Static-99R
YLS/CMI 2.0 or LSI-R
STABLE- and ACUTE-2007
SOTIPS
Static-99R
LSI-R
STABLE- and ACUTE-2007
SOTIPS
Adolescence
Emerging Adulthood
Adulthood

Time to Practice...



Case Example

- ➔ Client is 24 y.o. Cis male, referred for psychosexual evaluation
- ➔ Charged w/10 cts Agg Sex Exploitation of a minor (F1), 10 cts sex exploitation of a minor (F2) and 1 ct entice a minor (F3) → convicted on 3cts agg sex exploitation of a minor (F2)
- ➔ PSE involved psych instruments: WRAT-5, WAIS-IV, BRIEF-A, MMPI-3 and MCMI-IV
- ➔ No criminal hx
- ➔ 1 intimate relationship that ended in a traumatic fashion
- ➔ Lives with parents but has lived independently (good relationship with parents - healthy)
- ➔ Minor substance use hx
- ➔ Learned about sex/porn at age 12. Watched porn regularly, masturbated often, “gooning”
- ➔ Coped via isolation, walking, eating, meditation, masturbation. Typically a

Static-99R – TALLY SHEET

Assessment date: _____ Date of release from index sex offence: _____

Item #	Risk Factor	Codes		Score
1	Age at release from index sex offence	Aged 18 to 34.9 Aged 35 to 39.9 Aged 40 to 59.9 Aged 60 or older		1 0 -1 -3
2	Ever lived with a lover	Ever lived with lover for at least two years? Yes No		 0 1
3	Index non-sexual violence - Any convictions	No Yes		0 1
4	Prior non-sexual violence - Any convictions	No Yes		0 1
5	Prior sex offences	Charges 0 1,2 3-5 6+	Convictions 0 1 2,3 4+	 0 1 2 3
6	Four or more prior sentencing dates (excluding index)	3 or less 4 or more		0 1
7	Any convictions for non-contact sex offences	No Yes		0 1
8	Any unrelated victims	No Yes		0 1
9	Any stranger victims	No Yes		0 1
10	Any male victims	No Yes		0 1
	Total Score	**Add up scores from individual risk factors**		

Nominal Risk Levels (2016 version)	Total	Risk Level
	-3, -2,	I - Very Low Risk
	-1, 0,	II - Below Average Risk
	1, 2, 3	III - Average Risk
	4, 5	IVa - Above Average Risk
	6 and higher	IVb -Well Above Average Risk

There [was, was not] sufficient information available to complete the Static-99R score following the coding manual (2016 version). I believe that this score [fairly represents, does not fairly represent] the risk presented by Mr. XXXX at this time. Comments/Explanation: _____

_____ _____ _____

(Evaluator name) **(Evaluator signature)** **(Date)**

STABLE-2007 – TALLY SHEET

Subject Name: _____

Place of Scoring: _____

Date of Scoring: _____ **Name of Assessor:** _____

Scoring Item	Notes	Section Total
Significant Social Influences		
Capacity for Relationship Stability		
Emotional ID with Children	(Only score if he has victimized a child less than 14 years old)	
Hostility toward women		
General Social Rejection		
Lack of concern for others		
Impulsive		
Poor Problem Solving Skills		

Poor Problem Solving Skills		
Negative Emotionality		
Sex Drive Sex Preoccupation		
Sex as Coping		
Deviant Sexual Preference		
Co-operation with Supervision		
Sum for Final Total (Out of 24 for those without a child victim, see Tab 8, page 36 for definition of a "child")		**26**

Deviant Sexual Interests in Possible Remission

1) Is the offender in an age appropriate, consensual, sexual relationship of at least one year's duration while "at risk" in the community? **Yes / No**

2) Is there an absence of behavioural indicators of Deviant Sexual Interest for 2 years? **Yes / No**

If both questions have been answered "Yes", award a "-1" in this box and reduce the total score by one point as long as the Deviant Sexual Interest score is greater than zero.

Note: The "over-ride" has not been validated and does not count in the total score entered above. The adjusted score can be recorded for future empirical validation. However, the original unadjusted score should be reported and should be used when combining the STABLE-2007 score with Static-99R.

Revised Total Taking "Deviant Sexual Interests in Possible Remission" into Account	

Density of Criminogenic Needs: 0 – 3 = Low, 4 – 11 = Moderate, 12+ = High

Coding sheet SAPROF-SO – *Version 1*

For use in conjunction with sexual recidivism risk assessment instruments

Name:	**Date:**
DOB: **Ethnicity:**	**Sex:** ❑ Male ❑ Female ❑ Gender diverse
Current context: **Future context/s (optional):**	
Name assessor(s):	

		Score (0,1,2,3,4)	
Resilience		**Current**	**Future[1]**
1.	Adaptive schemas		
2.	Empathy		
3.	Coping		
4.	Self-control		
5.	Attitudes towards rules and regulations		
	Resilience Total		
	Resilience Average *(Total/5)*		
Adaptive Sexuality			
6.	Sexual self-regulation #1= #2= #3= #4=		
7.	Prosocial sexual interests		
8.	Prosocial sexual identity		
9.	Intimate relationship		
	Adaptive Sexuality Total		
	Adaptive Sexuality Average *(Total/4)*		
Prosocial Connection & Reward			
10.	Goal-directed living		
11.	Work		
12.	Leisure activities		
13.	Social network		
14.	Emotional connection to adults		
	Prosocial Connection & Reward Total		
	Prosocial Connection & Reward Average *(Total/5)*		
	TOTAL SAPROF-SO SCORE		
	AVERAGE SAPROF-SO SCORE *(Total/14)*		

Professional Risk Management (optional items)			Current	Future[1]	Long-term[2]
P1.	Sexual offence-specific treatment	❑ N/R			
P2.	Therapeutic alliance	❑ N/A			
P3.	Motivation for managing risk	❑ N/A			
P4.	Medication	❑ N/A			
P5.	Supervised living				
P6.	External control				
	Professional Risk Management Total				
	Professional Risk Management Average *(Total/applicable items)*				

[1] Optional ratings for proposed future context/s

[2] Complete when sentence conditions, supervision/case management, and/or group home level care will continue for at least 3 years

PROTECTIVE + RISK OBSERVATIONS FOR ELIMINATING SEXUAL OFFENSE RECIDIVISM

PROFESOR

Name of individual_____ Age_____ ID number_____

Name of evaluator_____ Date (mm/dd/yyyy)_____

	Protective	Protective	Neutral	Risk	Risk
1	Hopefulness regarding healthy sexual future	P	N	R	Hopelessness regarding healthy sexual future
2	Respectful sexual environment	P	N	R	Abuse-supportive sexual environment
3	Respectful and age-appropriate sexual beliefs and attitudes	P	N	R	Abuse-supportive sexual beliefs and attitudes
4	Respectful sexual interests in age-appropriate partner(s)	P	N	R	Abuse-supportive sexual interests
5	Balanced sexual interests	P	N	R	Preoccupied/obsessive sexual interests
6	Good awareness of laws and procedures to facilitate respectful sexual relationships	P	N	R	Poor awareness of laws and/or procedures to facilitate respectful sexual relationships
7	Good awareness of consequences of sexual offending	P	N	R	Poor awareness of consequences of sexual offending
8	Appropriate use of reasonable strategies to prevent sexual offending	P	N	R	Lack of use of reasonable strategies to prevent sexual offending
9	Compassionate and caring towards others	P	N	R	Callous and/or uncaring towards others
10	Prosocial values and attitudes	P	N	R	Antisocial values and attitudes

11	Good self-regulation	**P**	**N**	**R**	Poor self-regulation
12	Good problem-solving	**P**	**N**	**R**	Poor problem-solving
13	Responsive to reasonable guidance and support	**P**	**N**	**R**	Rejecting of reasonable guidance and support
14	Healthy self-esteem	**P**	**N**	**R**	Unhealthy self-esteem
15	Emotional intimacy and close friendship with prosocial peer(s)	**P**	**N**	**R**	Lack of emotional intimacy and/or close friendship with prosocial peer
16	Feels close to and supported by a parent/caregiver	**P**	**N**	**R**	Feels distant from and/or rejected by parents/caregivers
17	Parents/primary caregivers provide warmth and appropriate structure	**P**	**N**	**R**	Parents/primary caregivers fail to provide warmth and/or appropriate structure
18	Strong commitment to and engagement in school and/or work	**P**	**N**	**R**	Weak commitment to and/or engagement in school and work
19	Strong commitment to and engagement in organized leisure activity	**P**	**N**	**R**	Weak commitment to and/or engagement in organized leisure activity
20	Feels stable and secure in current living arrangement	**P**	**N**	**R**	Feels unstable and/or insecure in current living arrangement
Total					

Category 1	Category 2	Category 3	Category 4	Category 5
Predominantly Protective	**More Protective Than Risk**	**Predominantly Balanced**	**More Risk Than Protective**	**Predominantly Risk**
Fewer than 10 neutral **AND** 80% or more of non-neutral are protective.	Fewer than 10 neutral **AND** more protective than risk by at least 3, **AND** less than 80% of non-neutral are protective.	10 or more neutral **OR** Fewer than 10 neutral **AND** difference between protective and risk of less than 3.	Fewer than 10 neutral **AND** more risk than protective by at least 3, **AND** less than 80% of non-neutral are risk.	Fewer than 10 neutral **AND** 80% or more of non-neutral are risk.

Next Stop: Treatment Interventions

What does treatment mean with the sex offense population?

Ok, now, what does it mean for that treatment to have been successful?

“Successful” Treatment

- ➔ No recidivism
- ➔ Public perception
- ➔ Building and maintaining internal motivation for change
- ➔ Becoming a productive member of society
- ➔ Building a strong self-image
- ➔ Increase in empathy
- ➔ Comprehensive understanding and appreciation of themselves as a whole person
- ➔ Feels like a human and not less than or unworthy

More Treatment Intervention Questions

- ➔ Why would someone successfully completing treatment be important information to know?
- ➔ What might it mean if someone did not successfully complete treatment?
- ➔ Who do you think you would say needs **more** treatment, someone who is older and who has been offending longer undetected by authorities or someone who is younger and their first offense is pretty egregious by most standards?

Let's Discuss

- ➔ It "checks the box"
- ➔ Perception of increased public safety
- ➔ Completing treatment shows they changes
  - ◆ Not necessarily…and maybe?
- ➔ Maybe they are in denial….so they would be higher risk!
  - ◆ …not necessarily
- ➔ They do not care about victims
- ➔ Falls in line with the community's expectations of failure
- ➔ Confirms the image of dangerousness and fear surrounding their integration into society after detection

More on Treatment Interventions

- ➔ Juveniles are no longer considered “mini adults” and the emerging adult has its own uniqueness to consider
- ➔ Can we standardize treatment across jurisdictions?
  - ◆ Unfortunately, no, there is no gold standard treatment program, per se.
  - ◆ Therapeutic alliance still greatly impactful and most fundamental component of successful treatment
  - ◆ Just because someone is engaging in sex offense specific treatment, does not mean they are addressing all of their lifestyle and life history factors that contribute directly or peripherally to their presenting problem
- ➔ Confounding variables impacting amenability to treatment
  - ◆ Mental health - Gender Dysphoria
  - ◆ Developmental/cognitive functioning
  - ◆ Trauma
  - ◆ Active/unresolved substance use issues (even in a controlled environment)

Risk Factors, where do they fit?

Juveniles:

- ➔ Personal history: Previous convictions for sex offenses, history of victimization, and antisocial behavior
- ➔ Social factors: Social isolation, negative peer influences, and relationship difficulties
- ➔ Mental health: Impulsivity, poor cognitive problem solving, and dysfunctional coping
- ➔ Treatment: Lack of treatment success and response to treatment
- ➔ Other factors: Deviant sexual interests, childhood abuse, and maladaptive personality traits

Adults:

- ➔ Antisocial attitudes
- ➔ Antisocial peers
- ➔ Antisocial personality pattern
- ➔ History of antisocial behavior
- ➔ Family and marital factors
- ➔ Lack of achievement in education or employment
- ➔ Lack of pro-social leisure activities
- ➔ Substance abuse

Risk Factors: Overlap

- ➔ Remember, quality of Relationships, social support, pro-offending attitudes and beliefs, self-regulation difficulties, and cooperation and management skills are the common threads between adults and juveniles.
  - ◆ Wait, so where do the emerging adults fit in when it comes to treatment interventions?
    - Don’t worry, we’re almost there…

Juvenile Vs. Adult Treatment in Utah

Juvenile

Based largely in Good Lives Model (GLM)

Multisystemic Therapy

Creating buy-in

Multilevel system for treatment intervention and potential out of home placement based on modus operandi/egregiousness of offenses

Most youth are levels 1 and 2 and need psycho-education

Adult

Based in Risk-Needs-Responsivity (RNR)

Skills Development and Practice

Accountability vs Responsibility

Elements of GLM

Relapse Prevention

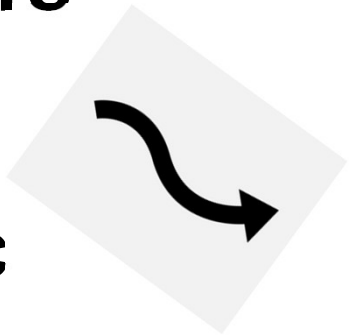
Protective Factors

Challenging errored thinking

Providing perspective on problematic or deeply entrenched behaviours.

Developmental Manifestation of Problematic Sexual Behaviors

Naïve Experimenters



Opportunistic

Planful

RNR Unraveled

- ➔ Risk Needs and Responsivity is a model or framework that can be applied to adult men and women within the criminal justice system for general criminality, including those with sex offense convictions.
- ➔ It helps us determine which factors are most salient for the individual in front of us so we intervene at the right time with the proper interventions
  - ◆ Low vs High risk - cross contamination?
    - Treat together?
    - Does age matter?
    - Cognitive functioning?
    - Male vs Female vs Transgender?
  - ◆ Treatment while incarcerated vs in the community - dosage?
  - ◆ Where do the emerging adults fit in this puzzle

RNR Unraveled cont.

- ➔ Pros and cons of mixing risk levels? Age ranges? Cognitive functioning? Male and female?
- ➔ Pros and cons of treating lower risk individuals in a higher security setting like prison?
- ➔ Over versus under pathologizing...where does it start and end?
- ➔ Dosage for lower risk individuals = **< 100 hours** of sex offense specific treatment interventions
- ➔ Average risk = **100-200 hours**
- ➔ Above avg and higher = **200-300+ hours**

Developmental Stage Matters

- ➔ Ultimately, the question here is, what about the individual's developmental stage?
  - ◆ Great question!
  - ◆ What we are moving toward in the Utah State Correctional Facility
    - Diversifying caseloads to address unique population characteristics
    - Increased training to ensure well rounded perspectives
    - Fine tuning risk instrument scoring to account for developmental underpinnings and mitigating factors
- ➔ What do we know about behavioral control and younger individuals?
  - ◆ Did you know that the first year post incarceration is the riskiest for an individual?
    - What if they are ALSO in this emerging adult range?
- ➔ What do we know about crime as we get older, regardless of the charge?

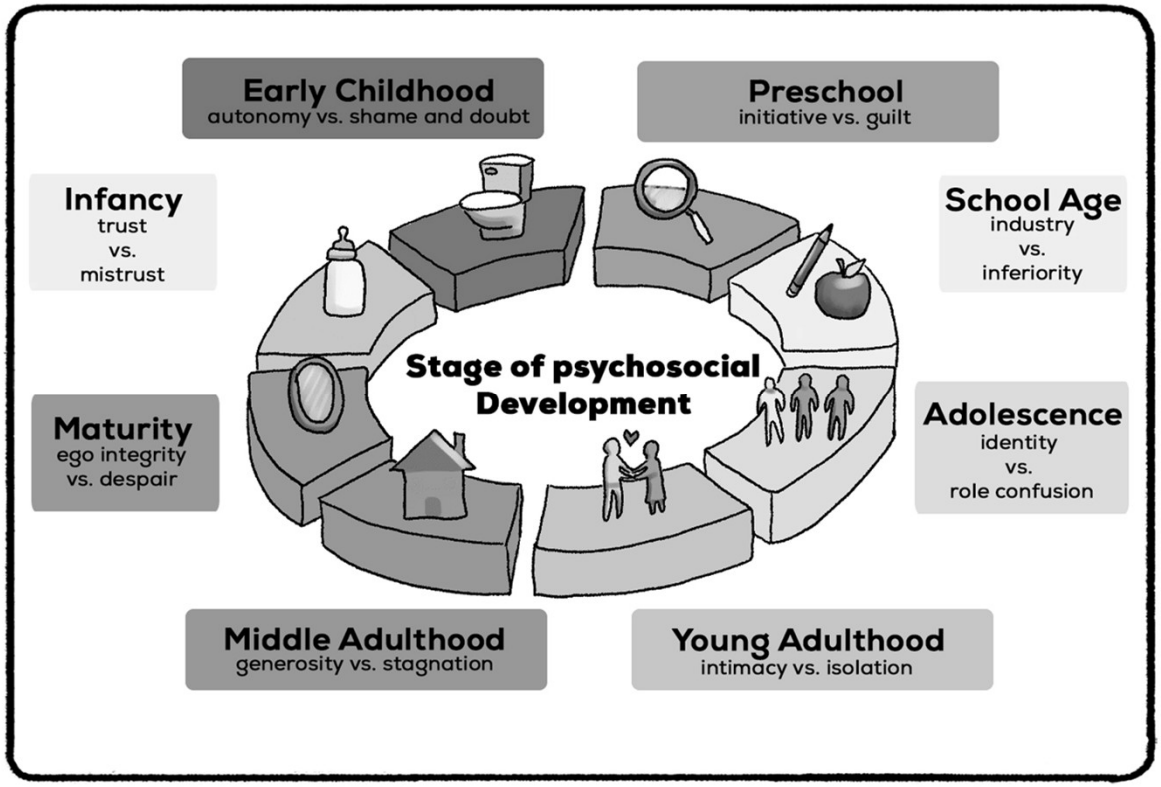
Developmental Stage Matters Cont.

➔ Younger individuals tend to be more risk taking and impulsive
➔ They do not think through the scenario completely compared to older cohorts

****Could there be codependence with any parent/caregiver?****

➔ As we age, crime goes down….just get tired…this is universal in the research

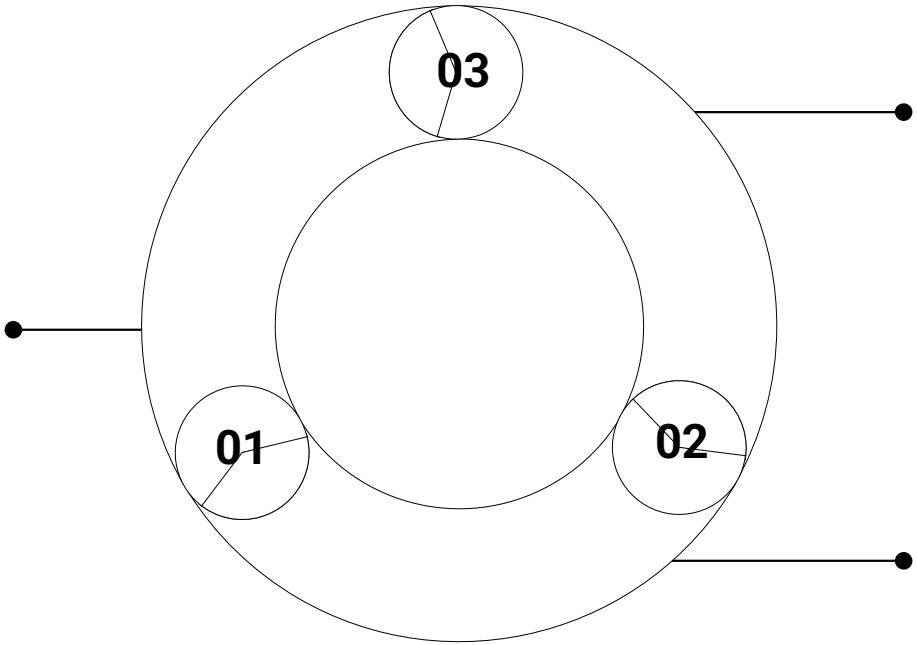
Developmental Stage Matters Cont.



Effective Approach for Emerging Adults

Developmental Stage

Evaluate cognitive functioning, social/adaptive functioning, family support, knowledge fund regarding interpersonal effectiveness, etc.



Treatment Needs

Using your assessment of their current functioning and risk for reoffending, what can you recommend or provide to fill in the gaps to help them be more effective thinkers and problem solvers?

Recidivism Risk

Be sure to utilize the appropriate sex offense specific risk tools available to you and include protective factors instruments to evaluate the whole person. Building on strengths and providing remediation for skills deficits.

Emerging Adults and Treatment

- ➔ The most effective approach is considering developmental stages alongside risk and treatment needs.
- ➔ This may look like strongly aligning RNR with GLM, DBT (Dialectical Behavior Therapy) and MST to intervene with emerging adults.
  - ◆ Emphasizing Effective relationship building with **clear boundaries** vs **codependency** (interpersonal effectiveness)
  - ◆ Emphasizing realistic goals and barriers to those goals to problem solve ways in which to achieve them
  - ◆ Emphasizing the importance of positive social support - quality over quantity
  - ◆ Managing Expectations about their prospective futures and how they can still engage in a fulfilling life - even drilling down to what is “healthy” or “appropriate” pronography use vs problematic (Hentai or Vor porn versus consensual peer sexual contact) - context is super important! Curiosity versus specific interest...
  - ◆ Understanding and drilling down their media consumption from video games, to AI, to VR, etc, given the immense impact on social attachments, roles and expectations - complex

So, what does this mean?

- ➔ No, we are not asking you to be family systems therapists.
- ➔ Yes, we are asking that parents/guardians/caregivers are involved in treatment planning and that buy-in is created for both the caregiver and client for an added layer of _____?
- ➔ There is research to support that focusing on positive future goals helps to mitigate risk of reoffending because the client is no longer **ONLY** focused on what they can or cannot do while under community supervision
- ➔ Accountability vs. Responsibility

Therapeutic Intervention Ideas

Dialectical Behavior Therapy

- ➔ Skills for life
- ➔ Focuses on four main areas of functioning
  - ◆ Mindfulness,
  - ◆ Distress Tolerance,
  - ◆ Emotion Regulation, and
  - ◆ Interpersonal Effectiveness
- ➔ You do not necessarily need to be certified in the DBT model to facilitate these skills as you are unlikely to do the model to fidelity in this capacity
- ➔ However - you should take a training on an overview/introduction to the model and skills so you practice within scope

Multisystemic Therapy

- ➔ One of the most effective interventions for juvenile offenders
- ➔ Pros:
  - ◆ seems like a wraparound service to help the client feel supported and thus have an increased chance of “success”
  - ◆ Effective with buy-in from multiple sources about treatment planning
- ➔ Cons:
  - ◆ can be costly and every jurisdiction may not have MST type services available for emerging adults like they would juveniles.
  - ◆ Can be difficult to build rapport with family or create the appropriate level of buy-in necessary to help the client

Good Lives Model

- ➔ Often used in the juvenile realm
- ➔ Can be used with adults
- ➔ Research is mixed on the effectiveness of reducing recidivism overall for sexual offending
- ➔ Good premise and goals for treatment planning
  - ◆ Focuses on primary goods and ways in which individuals choose to fulfill those primary goods in their life
  - ◆ 11 primary goods foundational for well-being
- ➔ Essentially, understanding how a person pursues the primary goods and potential barriers, can help with individualized treatment targets to promote distancing from criminal activity and thinking - our clients are humans who are struggling in key areas of their lives with perhaps little to no prosocial influences

Parent Management Training

- ➔ Traditionally used with Juveniles with antisocial behaviors or oppositional defiance
- ➔ Diminished Responsiveness to Tx:
  - ◆ Child (client) factors:
    - greater severity and duration of the disorder being treated,
    - presence of 2 or more psychiatric disorders,
    - poor reading achievement (should assess during psychosexual assessment...from wholistic and trauma informed interventions),
    - school dysfunction (social and academic).

Parent Management Training

- ➔ Diminished Responsiveness to Tx:
  - ◆ Parent:
    - parent psychopathology (past and present),
    - parent stress or perceived stress,
    - poor family relations (marital conflict few shared family activities),
    - adverse child rearing practices (harsh punishment, poor monitoring)
      - Contextual factors - lower family income or on public assistance,
      - lower socio-occupational-educational status,
      - poor living accommodations (run down neighborhood or inadequate living space)

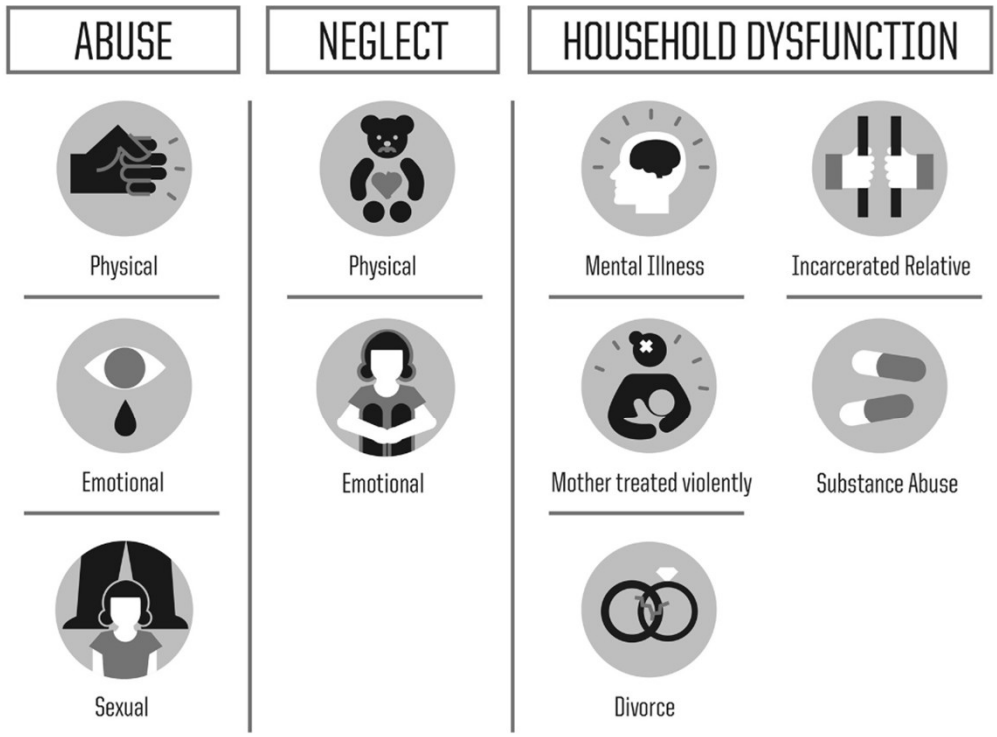
What does this all come back to?

It is unsurprising that a lot of therapeutic interventions are often “repackaged” from an earlier version of interventions and modified for a particular population….

BUT (AND?)

What do a lot of these therapeutic interventions in forensic work aim to address at their core? What is one of the phenomena we initially screen for whenever someone comes into the justice system regardless of age?

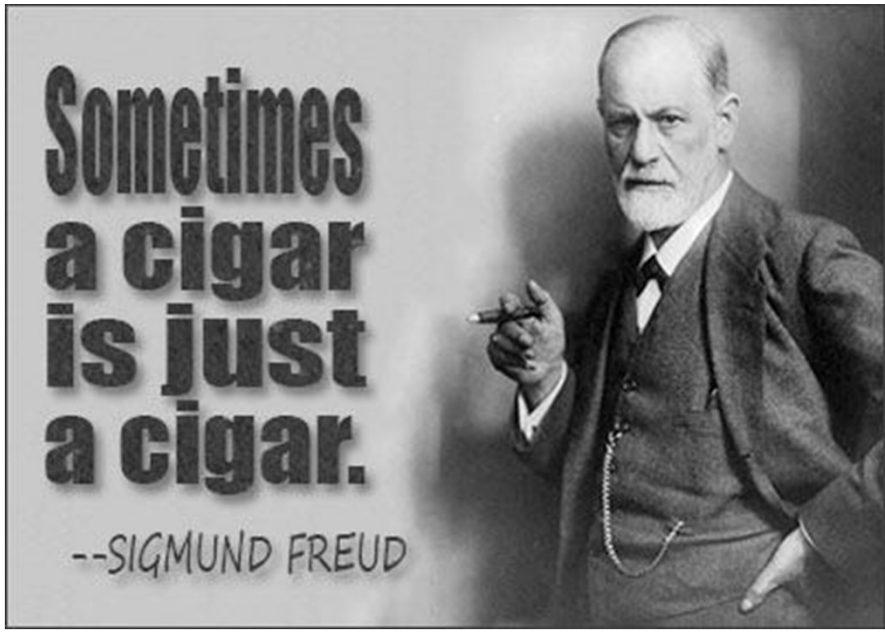
Yup, you guessed it, ACE's



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

Ethical & Legal Implications



- ➔ Under vs Over pathologizing
- ➔ How do you create buy-in and motivation for with enmeshed family dynamics
- ➔ Legislative policy and funding
- ➔ Public Messaging and what does this mean for and victims
- ➔ Under vs Over treating
- ➔ Clinicians need to have good ego strength, confidence and competence in forensic work to simultaneously confront someone while maintaining warmth
- ➔ Acknowledge what you don't know and take steps to learn
- ➔ Intergenerational impact of treatment - current emerging adults might be becoming parents as well
  - ◆ how will treatment affect their perspective on parenting?
- ➔ Intergenerational trauma (parent may be triggered by a benign behavior because of their own experiences)

Time to Practice…
again…

Case Example

- ➔ What level of supervision might he have? (incarceration, probation, plea in abeyance, etc.)
- ➔ What amount of dosage do you think would be appropriate?
- ➔ What treatment targets are present?
- ➔ Who would you recommend be involved in his treatment planning?
- ➔ What therapeutic approach might you consider with this individual?

Bringing it home! Further Considerations…

- ➔ It's not only about WHERE Emerging Adults are placed (juvenile vs. adult), but WHAT happens and HOW they are treated in their environment
- ➔ We NEED to have a "seamless transition" to whatever the next step for each individual is:
  - ◆ Juvenile system to adult system
  - ◆ Juvenile system to community
  - ◆ Community to adult system
  - ◆ Community to community
- ➔ What about those who DO continue offending?
  - ◆ Go from juvenile to adult sexual offending?
    - Do they represent yet another "type" of sexual offender?
    - Is it related to the services provided as a juvenile?
- ➔ Anyone want to volunteer to run some research?
  - ◆ You can coin a new subpopulation

Questions?

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