


**Psychosocial Maturity and Neurodevelopment in Adolescents with Harmful Sexual Behaviors**

Safer Society Foundation  
When: 1/6/26  
Time: 11:00 am-2:15 pm ET

**Norbert Ralph, PhD, MPH**



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**Presenter:**

**Norbert Ralph, PhD, MPH**

- \* Clinical psychologist, Neuropsychologist, & Epidemiologist
- \* Fellow, Association for Treatment of Sexual Abusers; Board Member CalATSA
- \* Juvenile Treatment Representative, California Sex Offender Management Board
- \* Transformative Leadership Vanguard Program, University of Cincinnati Corrections Institute (2025).
- \* Formally Associate Clinical Professor, Family Practice, UC Davis
- \* Formally was psychologist working for Fresno Head Start, teen substance use program, and ADHD clinic in Modesto w/ UC Davis.
- \* Formally Coordinator, Sexual Responsibility Program & Alienist Panel Coordinator, DPH, C&C of San Francisco
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- \* Contact information: Ph: 510-403-1830/Email: norbert.ralph@norbertralph.net
- \* Information presented has been "fact checked" but levels of evidence vary. Contact the presenter for additional information. Don't take action based on this presentation; use usual sources of consultation and supervision. Content is relevant primarily to males, reflecting most research in the field. Presenter's research & perspectives used.



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**Introduction**

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"Every morning one should wake up and ask oneself whether what one believes is really true." — Konrad Lorenz

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### Evidence Levels in Am Ac Peds Guidelines

Level	Evidence Quality	Typical Study Types	Example	% of AAP Recs
A	High	- Systematic reviews- Well-designed RCTs	Meta-analysis showing vaccines reduce pediatric hospitalization	10.6%
B	Moderate	- RCTs with flaws- Multiple consistent cohort/observational studies	Cohort studies showing helmet use reduces TBI in youth	47.5%
C	Low	- Single or inconsistent observational studies- Studies with major limitations	One study linking sugary drinks to behavior issues	27.1%
D	Very Low	- Expert opinion- Case reports- Theoretical reasoning	Recommendation based on pediatric expert panels	6.4%
X	Exceptional Circumstances	- Research not possible- Strong clinical consensus due to ethics or logistics	CPR for children in cardiac arrest	8.5%
(NR)	Not Rated or Unclear	- Evidence not graded or omitted from guideline	Background or explanatory statements in guidelines	

(Antommaria et al., 2025)

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### Adolescence & Justice System

- The first juvenile court was created in Chicago in 1899. Why do we have juvenile courts?
- Juvenile courts were created to reflect the understanding that youth are developmentally different from adults — they are more impulsive, more responsive to peer influence, but more capable of change.
- This system was designed to emphasize rehabilitation over punishment, recognizing that adolescents' behavior is shaped by ongoing brain development and environmental factors. And, adult type sanctions/punishment are counterproductive for juveniles and conflict with rehabilitation goals.
- Adolescents less "guilty" or culpable because of their age, immaturity, opportunities for further development.
- In the US, all states, territories, and tribal nations have juvenile courts or the equivalent.

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### Before We Get Started...

- o Always keep a work/life balance and promote self-care.
- o This work is not for everybody which is OK. Content here is about sexual harm and take whatever self-care you need during this session.
- o This work requires not only being smart but sometimes "brave." I had four supervisors, coincidentally all women, were great role models for this, and "way braver" than me.
- o Your devotion & courage: Had a PO from a mountain County attend a training who stayed up the night before, had gone out on armed response with Sheriffs to deal with looters and bears at homes damaged by fires. I asked him which was the hardest to deal with, looters or bears? You can guess his answer.
- o Does anyone have a story to top that?



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### Limitations of Presentation

- Some research here, including the authors', is from small sample of convenience populations, and results need to be replicated.
- The presentation may be influenced by "confirmation bias" factors reflecting the presenters' perspectives, including research on prosocial reasoning.
- In this presentation tests, programs & books are mentioned but the presenters do not have any financial interest or benefits directly or indirectly from any of these products.
- Most research described here relates to males who are ~93% of youth adjudicated for sexual behaviors. Female population is important, but not much research (Finkelhor et al., 2009).
- Race and ethnicity important in assessment and treatment always.



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### Key Developmental Concepts

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



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**Two paths?**

- What is our model working with youth with problematic sexual behaviors?
- Is it the **Risk Model**? Is this approach a carryover from adult work?
- Is it a **Developmental Model**? Are we child development experts?



- Can we integrate both approaches that look at:
- Risks to public safety.
- Developmental factors: Both disruptive and positive & how to promote positive development?
- Two are related: Having no future law violations will promote positive development & positive development will minimize future problems with the law.
- Be a child development expert & one who looks at public safety risks.
- Reasonable research supporting this concept.

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**Juvenile Justice & Neurodevelopment**

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**Adolescence & Justice System**

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**Juvenile Policy and Development**

- 2022 Youth Guidelines: California Sex Offender Management Board Guidelines: Core Goals:
  - 1. Promote public safety by reducing both sexual and general recidivism among youth.
  - 2. Support the prosocial development of youth to improve emotional, interpersonal, and occupational functioning.
- Alignment with California Juvenile Court Goals
- California Welfare & Institutions Code (§§ 202, 2024) and Judicial Council guidelines emphasize:
  - 1. Promoting positive development of youth
  - 2. Ensuring community safety
  - 3. Holding youth accountable in a fair and developmentally appropriate way
- Texas laws and regulations which are similar (Texas: Family Code: Title 3. Juvenile Justice Code, Chapter 51. General Provisions.)
- Developmental Approach to Justice
  - Rehabilitation is prioritized over punishment.
  - Punitive measures must support, not hinder, positive growth.
  - The goal is to help youth become responsible, self-sufficient adults.

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**Juveniles vs Adults**

- JWSO are developmentally different from adult offenders in their cognitive capabilities, capacity for self-management and regulation, susceptibility to social and peer pressure, and other factors related to judgment, criminal intent, and the capacity to regulate behavior (SMART, n.d.).
- Juvenile sexual recidivism is estimated to be 5% (Lussier, et al., 2024). In California counties the rate is estimated less than 3%. Adult rates range 5%-24% (Leversee, 2015).
- Juvenile offenders more likely to "grow out" of crime than adult offenders, and they may benefit from interventions that address their specific developmentally related needs and risk factors (Ralph, 2020).
- Juvenile offenders are more often victims of sexual, physical, and emotional abuse than adult offenders, and this may influence their offending behavior (Leversee, 2015).
- In California, juveniles at present can't be placed on sexual offense registries. However, presently there are 2600+ on California's sex offender registry for "juvenile only" sexual crimes because of older policies (California Sex Offender Management Board, personal communication, September 19, 2024).
- No research supporting the efficacy of juvenile registration regarding public safety (California Sex Offender Management Board, 2025a, 2025b). Research shows its negative impact on prosocial development.

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## Development & Sexual Behavior in Youth

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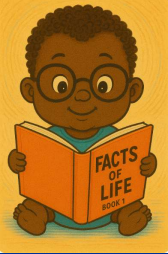
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### Normal Sexual Exploration



- Infancy- Nerve endings are already formed and functioning at birth
- Children are curious about their bodies and explore
- Sensorimotor learning- learn by touching
- Masturbation is normatively present
- Can infant males can have erections?
  - Yes- This is a normal physiological reflex that can occur even before birth. Ultrasound studies have shown fetal erections in late pregnancy, and newborns commonly have brief spontaneous erections.

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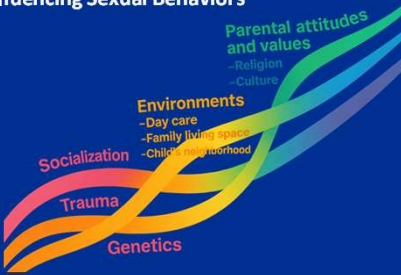
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### Factors Influencing Sexual Behaviors

- Genetics
- Socialization
- Trauma
- Environments
  - E.g., Day care
  - Family living space
  - Child's neighborhood
- Parental attitudes and values
  - Religion
  - Culture



Interactions between all of the above

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### Development of Sexuality Over Childhood

\*Piaget's Stages of Cognitive Development plus developmental social psychology: (Bernstein & Cowan, 1975, 1981)

Age	Piagetian Stage	Typical Understanding	Clinical/Forensic Approach
3-5	Preoperational	Magical/external explanations: babies come from cabbage patch; no grasp of biology	May imitate observed behavior without understanding its meaning; risk of sexualized play or inappropriate touch due to exposure
6-8	Concrete Operational (early)	Vague biology (e.g., mommy and daddy 'love each other'); emerging empathy, aware of pregnancy but unclear on mechanics	May minimize harm, misunderstand consent, or confuse sexual and nonsexual affection; rigid thinking about right/wrong; limited empathy
9-11	Concrete Operational (late)	Beginning to understand intercourse, pregnancy, birth; knows men/women roles	Better grasp of consequences, still needs structure; potential for genuine remorse and victim empathy work; may have curiosity without accurate judgment
12+	Formal Operational	Abstract understanding of sex, contraception, puberty, and social/emotional implications	Capable of full moral reasoning but may be impacted by cognitive distortions, peer influence, or trauma-related dysregulation

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### Adolescent Cognitive Development (Ages 12–18)

- **Younger Adolescents (12–14)**
  - Limited ability to understand consequences of behavior, including sexual behavior.
  - May act without fully recognizing harm to others, legal or family consequences, or conflicts with family values.
  - Difficulty connecting current actions to future outcomes.
- **Older Adolescents (15–18)**
  - Increasing ability to understand consequences and impact on others.
  - Improved long-term planning and emotional regulation.
  - Better able to follow explicit and implicit social rules.
- My own formulation based on developmental theory and clinical experience.

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### Developmental in Romantic Relationships (Ages 12–18)\*

- **Younger Adolescents (12–14)**
  - Immediate, concrete, status- or attention-focused
  - Impulsive; strongly influenced by peers
  - Limited awareness of partner's feelings
  - Guidance Needs: Clear rules, supervision, explicit boundaries
- **Older Adolescents (15–18)**
  - Reciprocal, emotionally complex
  - Improved planning and emotional regulation (If-Then)
  - Better understanding of partner's perspective
  - Guidance Needs: Collaborative discussion, shared decision-making, age-appropriate supervision
- My own formulation based on developmental theory and clinical experience.

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### Developmental Considerations

- Do not overestimate a youth's moral maturity.
- The offense may have occurred when developmentally less mature than they are now.
- Many youth enter treatment years after the offense (e.g., offense at 12, treatment at 15½).
- Don't use adult benchmarks or expectations.
- Base expectations on developmental stage, not chronological age, or adult benchmarks.
- Youth is a different person now.

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## Neuropsychological Developmental

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Neuropsychological and Developmental Research  
Graham v Florida, 2010

**Graham v Florida**

U.S. Supreme Court:  
 "... developments in psychology and brain science continue to show fundamental differences between juvenile and adult minds. For example, parts of the brain involved in behavior control continue to mature through late adolescence."

Work by Giedd et al

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### The "mismatch" in the rates of adolescent brain development

Reproduced with permission: OYCR presentation 9/15/22

<p><b>Socio-emotional incentive processing system</b></p> <p>Heightened during adolescence</p> <ul style="list-style-type: none"> <li>• Sensation seeking</li> <li>• Sensitivity to rewards</li> <li>• Impulsivity</li> <li>• Risk taking</li> <li>• Sensitivity to peer influence</li> <li>• Emotional arousal</li> </ul>	<p><b>Cognitive control system</b></p> <p>Matures later into adulthood</p> <ul style="list-style-type: none"> <li>• Consider consequences of actions</li> <li>• Plan for the future</li> <li>• Impulse control</li> <li>• Emotion regulation</li> </ul>
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## 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.
- Steinberg (2015)



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## Neuropsychological and Developmental Research

**1**

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.

**2**

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.

**3**

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.



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## Plasticity: Neuropsychological and Developmental Research

- The large "treatment effect-size" observed in the juvenile delinquency literature regarding prosocial treatment methods is presumably related to this plasticity.
- Effect size **sex offense treatment**: Adolescent (-.51, Medium) vs. Adult (-.14). (Kim et al., 2015). A **meta-meta-analysis** study. This supports the hypothesis that adolescents have greater brain plasticity & treatment can be more effective.
- Greater brain plasticity means youth are more treatable or "stretchable."

**Prosocial Gym**  
Up your game



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## A Developmental Model

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### Why a Developmental Model

- McKibbin et al., 2024, in Pathways to Onset of Harmful Sexual Behavior (HSB) in an extensive literature review identifies developmental factors.
- They propose a developmentally oriented model:
  - (1) Driver – the psychosocial experience that sets a child on a path toward HSB onset.
  - (2) Flow – the movement over time of a child propelled by a driver.
  - (3) Amplifier – a risk factor that can increase the likelihood of HSB onset.
  - (4) Tipping point – situations or opportunities for HSB to occur in combination with an unconscious or conscious decision-making process or impulse.
  - (5) Onset – the moment in time when a child or young person first displays HSB.

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### Why a Developmental Model

- McKibbin et al., 2024, continued:
- They identify 10 Drivers:
  - Child sexual abuse victimization
  - Physical and emotional abuse
  - Living with domestic and family violence
  - Disrupted attachments
  - Sexual arousal
  - Antisociality
  - Pornography use
  - Inadequate sexual boundaries
  - Sexual attraction to children
  - Hypermasculinity

No scale developed to assess drivers.

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### Developmental Challenges

- Why a Developmental Model?
- Epperson & Ralston (2015), in statewide samples identified "Disruptor" factors which are high prevalence in youth with problematic sexual behaviors & about **TRIPLED** recidivism.
  - ADHD & related
  - Sexual abuse
  - Mood disorders
  - Physical abuse
  - Sibling conflict
  - School discipline
  - Parent conflict
  - Prior delinquency
  - Special ed
- Most successfully can be treated & risk for problematic sexual behaviors (PSB) presumably would be lowered.
- Assessing all major factors related to development. Why is a comprehensive developmentally-oriented model recommended?
  - In part because the only way to assess what got the youth off course developmentally and what might get them on course.

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### Pathways

- Disruptors to Prosocial Psychosexual Development



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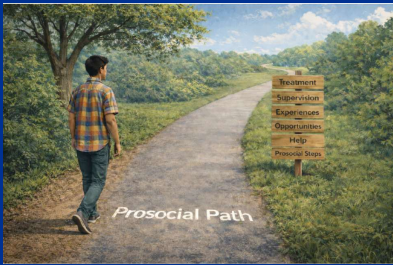
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### Prosocial Paths

- Remediators: Treatments, protective factors/strengths, practical help, prosocial experiences & interests--- to get youth back on a Prosocial Path.



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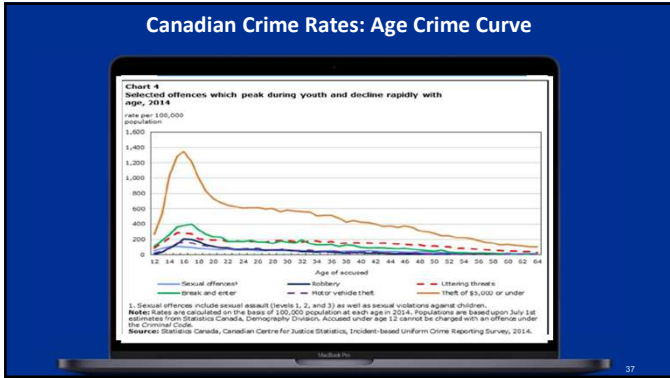
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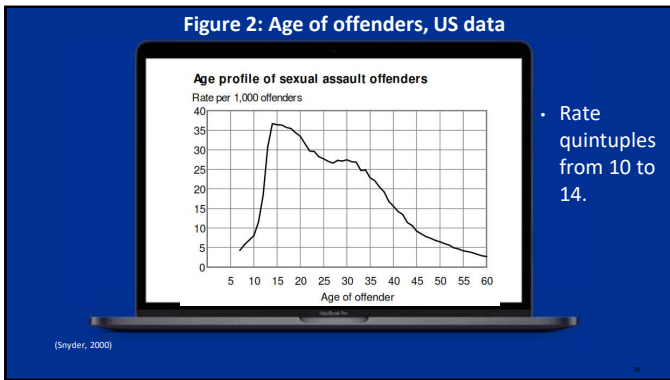
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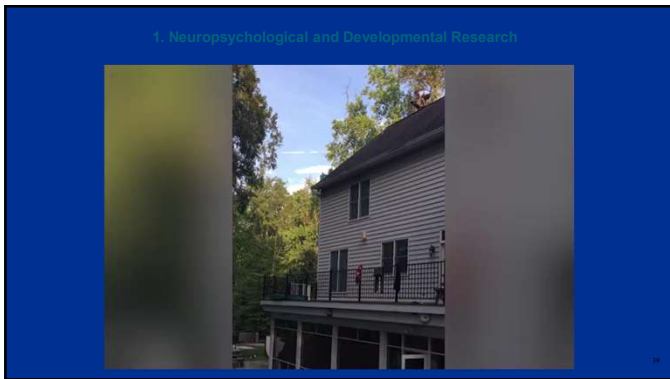
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### Neuropsychological and Developmental Research

LA Times: 10/31/19, "Six myths about rattlesnakes, busted." (Rubin, 2019)

- 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."



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### Developmental Approaches

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### Physical Changes: The Rise of Super-Powers

- Teens 10-18 develop superpowers in adolescence. Boys more than double in weight, triple in grip strength. (Tanner, 1962; Malina et al., 2004).
- Testosterone levels in males increase 30-fold from ages 10 to 18
- "Link between testosterone and aggression, but not with other behaviors or moods." (Duke et al., 2014, J of Adoles Health).
- Imagine a 10-year-old boy and then separately an 18-year-old boy both telling a 10-year-old girl to do something. Size and strength matter.
- Educate youth in the interpersonal impact of these changes.



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Developmental Maturation of Female vs Males		
Key Differences:		
Domain	Females	Males
Developmental	Puberty (10–11 yrs); menarche (~12–13 yr); more visible; self-consciousness, sexualization	Begins later (11–12 yrs); spermarche (~13–14 yrs); later visible markers; peer pressure for sexual performance
Cognitive	Earlier executive functioning (e.g., inhibition, planning); earlier development of empathy, theory of mind, and relational thinking	Later executive function; higher impulsivity; more concrete reasoning; slower development of emotional insight; affective empathy may decline in early-mid adolescence
Neurological	Cortical areas mature earlier, especially prefrontal cortex; greater sensitivity to social evaluation and approval; earlier coordination between cognitive control and emotional regulation	Limbic system (reward/emotion) activates earlier than prefrontal cortex; greater sensitivity to novelty, excitement, and sexual stimuli; later integration leads to a mismatch between drives and self-control

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### Adolescent Sexual Interest Development

- Important concept from Dr. Harry Stack Sullivan. "Lust dynamism." A major change in how relationships are viewed, from Platonic to the possibility of erotic.
- "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." (Manshani, 2019)
- Sullivan's concept of "lust dynamism" refers to the emotional and interpersonal changes that occur during adolescence, particularly in relation to the formation of romantic and sexual interests.
- Last graph, rate of sexual assaults for young children about quintuples (5x) between age 10 and 14.

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### Sexual interest and behavior changes in adolescence

**Age & Sexual Behaviors**  
 One study reported in 18–19 year-olds, 63% of males and 64% of females reported vaginal sex at least once during their lifetime. For ages 14 to 15 90% of males and 88% of females had never engaged in such sex. (Surén et al., 2013)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3752192/>

**Sexual Fantasies**  
 In one sample 6% of 9–10 year old boys reported sexual fantasies, increasing to 66% among 13–14 year olds. Less than 2% of 9–10 year old boys express an interest in having sexual intercourse, but this is 12% among 13–14 year olds. Among 511 American 6th, 7th, and 8th graders, 56% reported at least one current crush, with larger proportions of girls (61%) than boys. (Surén et al., 2013)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3752192/>

**Age & Masturbation**  
 An article in the Journal of the American Medical Association notes information about masturbation across adolescent age groups, more males (73.8%) reported masturbation than females (48.1%). Among males, masturbation increased with age. At age 14, 62.6% of males reported at least one prior occurrence, whereas 80% of 17-year-old males reported ever having masturbated. Recent masturbation also increased with age in males: 67.6% of 17-year-olds reported masturbation in the past month, compared with 42.9% of 14-year-olds. (Robbins et al., 2011)  
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/1107656>

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### Zone of Proximal Development (ZPD)

- The ZPD refers to the range between what a youth can do independently and what they can achieve with guidance (Vygotsky, 1962). Goldilocks principle.
- Learning occurs most effectively when youth are supported just beyond their current developmental level (Wood et al., 1976).
- Scaffolding—temporary adult or peer support—is key. It must be intentional, responsive, and gradually withdrawn as mastery develops (Rogoff, 1990).
- Development within the ZPD is relational: Progress depends on positive interpersonal interactions with adults or skilled peers.
- Brain's capacity to change—neuroplasticity—a biological basis for the ZPD.
- Pérez, N. (2020). Neuroplasticity & ZPD. UNESCO

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### Zone of Proximal Development (ZPD)

- Applying ZPD to Justice-Involved Youth
- Youth in justice systems often have delays in moral reasoning and psychosocial maturity (Steinberg & Cauffman, 2000).
- Key traits linked to desistance from delinquency include:
  - Impulse control
  - Future orientation
  - Social perspective-taking
  - Resistance to peer influence
  - Personal responsibility
- Programs like ART, MRT, & Being a Pro promote these traits by targeting youths' ZPD for moral growth (Ralph, 2016).

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### Developmental Milestones

Task	Estimated Average Age
• Handles personal hygiene without reminders	10–12 years
• Makes purchases at a store with own money	12–14 years
• Uses public transportation independently	12–14 years
• Schedules social plans (e.g., meeting a friend)	13–15 years
• Takes daily medication as prescribed	15–16 years
• Writes an appropriate apology letter (e.g., acknowledges mistake, impact, and takes responsibility)	16–18 years
• Uses phone or internet to make own medical appointments	18–21 Years
• Manages a bank account or budget	18–21 years
• Handles missed medical appointments (e.g., follows up, apologizes, reschedules)	18–21 years



Working with teens about PSB it's important in all areas to understand what is appropriate to expect for youth generally, and for a given youth specifically.

Are we expecting too much, too little, or just right? Are we using the Goldilocks Principal?

From a review the literature what can we estimate age appropriate for tasks.

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### Developmental Milestones

- Using the example of a missed appointment what guidelines could we give for managing this, and if we offered a developmentally informed MI technique, Ask-Offer-Ask here's what it would look like.
- Ages 10–14: It is uncommon for individuals in this age group to schedule their own medical appointments.
- Ages 15–17: While some adolescents may start taking on this responsibility, a significant number still rely on parents or guardians.
- Ages 18–19: Less than half of parents believe their teens can independently make a doctor's appointment.
- Ages 20–21: Parental confidence in their youth's ability to manage healthcare tasks.
- (C.S. Mott Children's Hospital National Poll on Children's Health, 2014)

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### A-O-A Strategy: Scaffolded Prosocial Problem-Solving

- Ask-Offer-Ask (A-O-A) + ZPD in Practice= A-O1,2-A
- A-O-A is a motivational technique that aligns with
- Like EPICS, which integrates CBT tools and relationship-building for justice-involved youth.
- A-O1,2-A Sequence with ZPD Principles regarding problem with interpersonal situation, self-management, emotions, relationships, age-appropriate tasks, etc. age-appropriate tests, etc.
  - 1. Ask – Start with open-ended, empathetic inquiry to assess youth's perspective about problem.
  - 2. Offer 1- Ask youth their ideas about solutions- Reinforce youth often have the best ones.
  - 3. Offer 2 – If useful- Provide one developmentally appropriate insight, skill, or strategy (a "ZPD nudge").
  - 4. Ask – Invite the youth to select or modify a next step—reinforcing autonomy and competence.

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### A-O-A Strategy: Scaffolded Prosocial Problem-Solving

- Developmental Scaffolding in Action- Important development is interpersonally supported.
- Match expectations to age and capability (e.g., don't expect 13-year-olds to self-manage appointments).
- Reinforce youth-generated solutions when age-appropriate (e.g., 19-year-old sets reminder after missed session).
- Help youth "upgrade" one level of thinking, feeling, or behavior: from impulsive to responsible, avoidant to assertive. Why? Factors like this often contributed to problematic sexual behaviors reduce future risk.
- Prosocial Takeaway
  - Scaffolded dialogue—grounded in ZPD and A-O1,O2-A—promotes internalization of values, self-regulation, and moral maturity.
  - These micro-interventions support long-term developmental change and reduce recidivism (Rogoff, 1990).

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### Developmental Milestones

Counselor (Ask #1 – Elicit perspective): "Hey, I noticed you missed our last appointment and we didn't hear from you to reschedule. I just wanted to check in—how are things going?" (Open-ended, nonjudgmental inquiry to start the conversation.)

Teen: "Yeah... I just forgot. Then I figured it was too late to call."

Counselor (Reflective listening): "Sounds like you thought about calling but maybe it felt kind of too awkward."

Teen: "Yeah, kinda. I didn't think it mattered that much."

Counselor (Develop discrepancy): "But you're here today, so maybe part of you thinks appointments are important and will help get you off probation."

Teen: "For sure on that so I think I need to make the appointments."

Counselor (Offer1– Elicit Youth's Suggestions First): "I get that this kind of thing can happen—everyone misses things sometimes. Do you have any thoughts on what might help you keep track of appointments better next time?"

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### Developmental Milestones

- Teen: "Yeah... I could probably just set a reminder on my phone. I've never used it but I could figure it out."
- Counselor (Offer2 – Request Permission to Offer More): "That sounds like a solid plan—and it's great that you're thinking already about how to help this. Would it be okay if I added a suggestion that's helped some other teens in similar situations?"
- Teen: "Sure."
- Counselor (Offer2 cont.) – Fill in the Gaps Respectfully: "One thing that can really show follow-through is reaching out to reschedule if something gets missed. Even just sending a quick message shows you're still on board. That's something a lot of people your age are learning to do."
- Teen: "Yeah, I guess that'd help."
- Counselor (Ask) – Return Ownership and Planning: "So you mentioned the reminder, and we talked about reaching out let's try your idea of using your cell phone reminder and anything else you figure out. Let's check-in next session about how this is going."

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### Developmental Milestones

- Other practice examples.
- Saying about a 10-year-old victim, that they were both to blame.
- On a Zoom call they take it with their hair not combed and not wearing a shirt.
- Other examples?
- A-O1,2-A Sequence with ZPD Principles
  - 1. Ask – Start with open-ended, empathetic inquiry to assess youth's perspective about problem.
  - 2. Offer1- Ask youth their ideas about solutions- Reinforce, youth often have the best ones.
  - 3. Offer2 – If useful: Provide one developmentally appropriate insight, skill, or strategy (a "ZPD nudge").
  - 4. Ask – Invite the youth to select or modify a next step—reinforcing autonomy and competence.

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**EPICS-University of Cincinnati Corrections Institute**

EPICS (Effective Practices in Community Supervision) is a structured model used with juveniles and adults developed by the University of Cincinnati to help probation and parole officers use cognitive-behavioral and RNR techniques in supervision sessions.

Four-Stage EPICS Session Structure

- Check-In: Build rapport, address immediate concerns, ensure compliance
- Review: Follow up on previous topics and homework
- Intervention: Address criminogenic needs using CBT tools
- Homework / Rehearsal: Assign tasks for real-life practice

Application for Juveniles

- Focus on high criminogenic needs
- Teaches links between thoughts, feelings, and behaviors
- Emphasizes skill practice and prosocial modeling

Evidence of Effectiveness

- Improved officer skills, reduced antisocial attitudes, and lower recidivism with high fidelity
- (Latessa et al., 2013)

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**Psychosocial Maturity & Delinquency**

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**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
  - Resistance to peer influences
- These traits increased through all subgroups up to age 25, consistent with current research regarding brain maturity.
- Subsequent study found increased psychosocial maturity predicted desistance from crimes and decreased psychopathy scores in adolescents but not adults.

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### Psychosocial Development & Juvenile Recidivism

- Prosocial Attitudes Questionnaire/Counselor (1. All 2. Most 3. Some 4. A Little 5. None/Not)
  - +1. Being OK with parents, teachers, or other adults telling them what to do.
  - +2. Do things their own way instead of following rules.
  - +3. They would rather get in trouble rather than be embarrassed in front of their friends.
  - +4. If they can't get what they want, they just get mad.
  - +5. If someone is annoying or bothering them, they just ignore them.
  - +6. Acting aggressive when someone is aggressive to them.
  - +7. Thinking rules are usually stupid.
  - +8. Plans ahead to avoid problems.
  - +9. What parents or teachers think is more important than what friends think.
  - +10. When others get mad at them, they let things cool off and don't get mad back.
  - +11. When things don't go their way, they can just let it go.
- Ralph (2016) independently developed a scale to measure prosocial attitudes and behaviors in juveniles: Prosocial Attitudes Questionnaire (PAQ).
  - He assessed changes using a treatment method to increase prosocial reasoning using that scale.
  - Statistically significant changes were found as a result of that intervention, that paralleled the dimensions described above by Steinberg and colleagues. The dimensions were:
    - Cooperation with adults and rules
    - Emotional control and regulation
    - Resistance to peer pressure
    - Planning and thinking ahead

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### 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 a 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**.



- 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, substance use, etc.
- Replicated ( $d=.713$ ) (Férriz Romeral et al., 2018).
- Keeping it real: In daily work with these youth I can see the challenges they have in social reasoning, judgment, thinking errors, and can offer them one more prosocial perspective, option, and behavior.

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### Psychosocial Development & Juvenile Recidivism

- If we can increase psychosocial maturity, good evidence that we can reduce general recidivism.
- Predicting severe criminality for juveniles with reliability is not at presently possible.
- Why? Perhaps because it still changeable, developmental, and modifiable by positive experiences/treatment.



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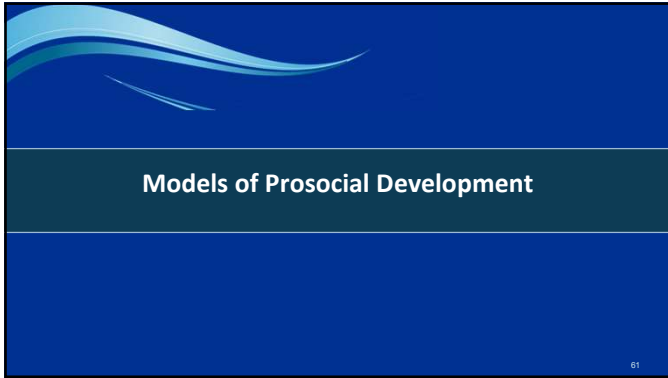
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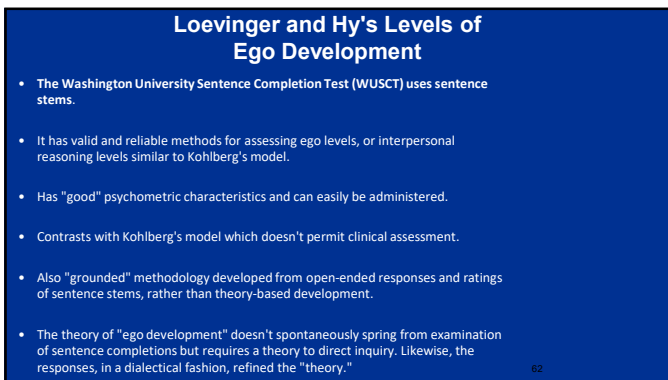
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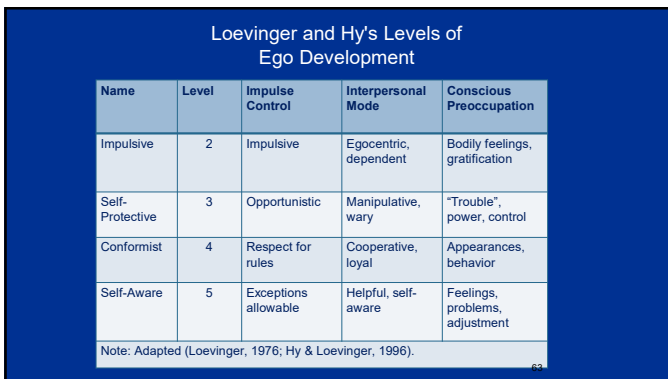
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### Loevinger and Hy's Levels of Ego Development: Examples

- 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.



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### 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, 2015). 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. (Stage 2-Impulsive or Stage 3-Self-Protective)
- 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. (3-Self-Protective or 4-Conformist)

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### Comparison Nonpatients vs. JwSO sample on WUSCT

- 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.

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### 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 probation involved youth, including JwSO, may be viewed as moving from I-2 or I-3, to I-4, change from impulse to rule governed.

Condition	WSCT Level
Pre	3
Post	4

Figure 4: WSCT Pre and Post level scores

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### Roberts 2

- The Roberts Apperception Test for Children- 2 (Roberts & Gruber, 2005) 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.

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### 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 (~84% accuracy)
  - .88 correctly using Problem Resolution (~80% accuracy)

(Hanley & McNeil, 1982)

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**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" understanding the complexities of social and emotional experiences & situations.
- Prosocial reasoning is just not a stage or perspective, it's possible perhaps b/c you better understand the situation, its antecedents, people's motives, prosocial alternatives, and the likely consequences from behaviors.

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**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.

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**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."

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



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**Prosocial Reasoning Outcomes**

- Prosocial Reasoning Outcomes (PRO) is a 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.

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**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.

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### 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.

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### 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.

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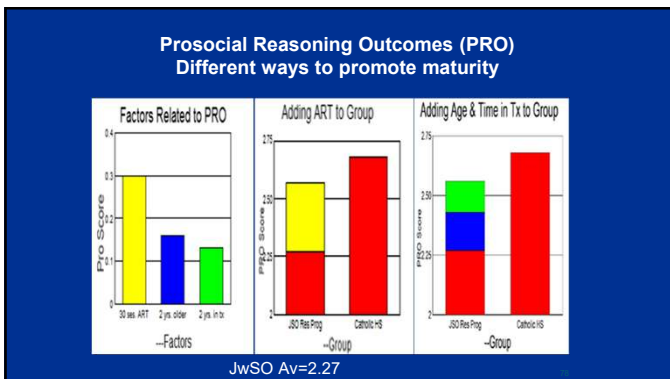
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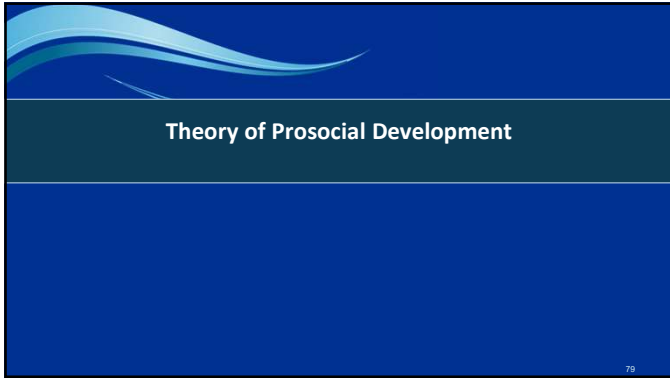
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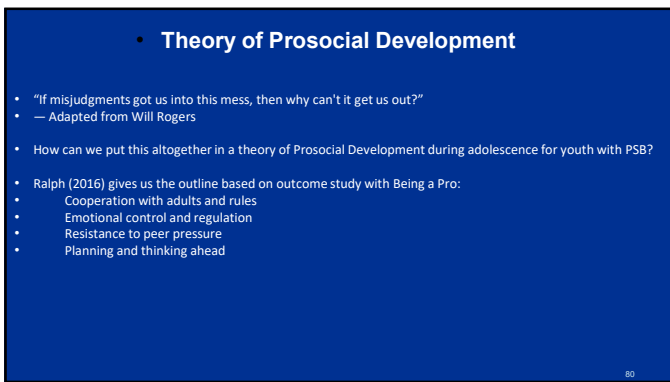
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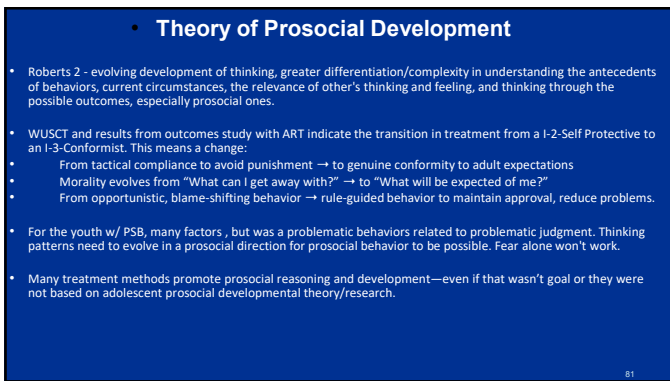
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**• Theory of Prosocial Development**

- We need to help the youth improve their thinking and judgment, in part by stretching their thinking, but also giving them relevant facts, principles, and other tools.
- Scaffolding: Using the counseling relationship as scaffolding to provide the support, coaching, role modeling to take the next step.
- Assessment: Gives us an idea of what the Zone of Proximal Development is for a given youth. What is the next, realistic developmental step for a particular youth.
- So... What are methods they can use to promote this development?

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**Development & Effective Treatment**

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**Treatment Structure, Dose, & Content**

- Assessment First
  - To assess for developmental factors need comprehensive eval. Can't treat what you don't know.
  - Comprehensive psychological evaluation (risk, psychiatric, neuropsychological, developmental, educational)
- Individualized Treatment
  - Depends on offense characteristics and youth needs
- Dose
  - 1-2 sessions/week; average =12 months (range 9-18 months) (Finkelhor et al., 2009)
- Core Content
  - Problematic sexual behaviors
  - General criminality / rule-breaking
  - Prosocial lifestyle and problem-solving skills
- Format
  - Individual therapy + family sessions
  - Group treatment optional

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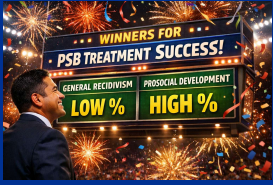
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### PSB Treatment Goals & Effectiveness

Two major goals & outcome evidence.

- Correspond to Risk & Developmental Model.
- 1. Public Safety/ Recidivism/ Risk Model
  - Sexual recidivism: In 3-5% world, not likely to demonstrate effectiveness.
  - Total (general) recidivism: Kettry & Lispey (2018)
- Methods can reduce total recidivism/
- 2. Development Model: Skill-building, healthy decision-making, social-emotional functioning.
  - Using U of Oklahoma PSB CBT- Reasonable evidence treatment improves psychiatric & trauma sx, & sexual attitudes/behaviors.

My view: Focus on risk via Total Recidivism & Developmental goals. Winner & strong argument for treatment.



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### What makes for good treatment?

- Effective therapy? Not a secret.
- Research with adults shows therapist qualities (empathy, collaboration, accurate listening) strongly predict client improvement.
- But relationship skills alone are not enough—effective therapy also requires evidence-based, well-matched treatment content.
- Best outcomes occur when strong therapist qualities and appropriate treatment methods work together.
- Applying this to treatment of youth with problematic behaviors is a reasonable extrapolation but would benefit from research.
- (Miller & Moyers, 2024)



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### What are the Ingredients for a Good Program?

Step 1: "Bake Your Own" or find an off-the-shelf "Name Brand" approach that fits your population.

- Multisystemic Therapy, PSB-CBT-U of Ok. Hi level of research.
- Good Lives, Dialectical Behavior Therapy, Relapse Prevention, Trauma-Focused, etc.
- Bake Your Own can be as good or better than Name Brand. Lipsey et al., 2010.
- Method should include counseling and skill building, and manualized.

Step 2: Make sure you assess & treat the youth for comorbid factors which may disrupt development (PTSD, ADHD, substance use, etc.). Youth was off course already— get them back on course.



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### What are the Ingredients for a Good Program?

- Step 3: Develop a collaborative relationship with therapist, family, the youth, and POI (The PO is the "secret ingredient" for success).
- PS- PD's have superpowers but are too modest to tell.
- Step 4: Implement the program with high quality and fidelity (do QA, train, supervise, monitor fidelity).
- Step 5: Track outcomes for quality improvement (almost never done).



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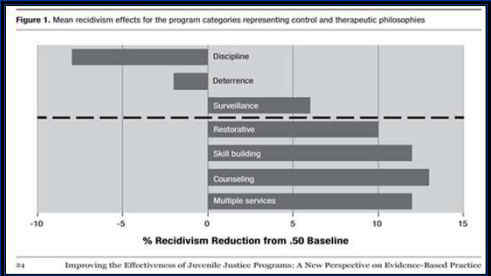
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### Evidence-Based Treatment for Juveniles

What is Effective for General Probation Youth? (Lipsy et al., 2010)



Program Category	% Recidivism Reduction from .50 Baseline
Discipline	-8.5
Deterrence	-2.5
Surveillance	5.5
Restorative	10.5
Skill building	12.5
Counseling	13.5
Multiple services	14.5

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### Defining a Quality Treatment Program

- **Quality of implementation matters:**
  - Baglivio et al. (2018) evaluated 56 residential programs for probation youth in Florida.
  - High quality programs had 33% recidivism and lowest quality programs had 66% recidivism.
  - Youth who received matched services and optimal dosage had significantly lower rates of subsequent conviction compared to those who did not.
- **Specific qualities include:**
  1. adequate therapist training
  2. a manualized treatment protocol,
  3. observed adherence to treatment models
  4. internal fidelity monitoring
  5. corrective action with problem situations
  6. evaluation of the facilitator's effectiveness.

Teaching Spanish requires a positive teaching relationship and role modeling but also a faithfully implemented curriculum.

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**• Prosocial-Targeted Interventions**

- Aggression Replacement Training (ART)  
Teaches social skills, anger control, and moral reasoning; juvenile court studies report ~24% reduction in felony recidivism (Barnoski, 2019).
- Moral Reconciliation Therapy (MRT)  
Guides youth through a sequential moral reasoning enhancement process; shown to lower recidivism in justice-involved adolescents (Little & Robinson, 1988).
- Being a Pro (Ralph, 2016)  
Structured workbook format promotes accountability and prosocial decision-making among youth on probation. Four positive studies showing increase in prosocial thinking and behavior.

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**• Methods to Increase Development**

Other approaches not specifically designed to increase prosocial reasoning or skills but would likely.

- **Functional Family Therapy (FFT)**  
Enhances family communication; studies show 20–35% drops in recidivism among probation youth (Sexton & Turner, 2010).
- **Dialectical Behavior Therapy (DBT)**  
Adapted for justice-involved adolescents; improves emotion regulation, with some evidence of behavioral gains, though limited recidivism data (Turpin et al., 2002; McDonnell et al., 2021).
- **Cognitive Behavioral Therapy (CBT)**  
Strongly supported for reducing reoffending when adapted for justice-involved youth with skill training and fidelity (Lipsey et al., 2007).
- **Good Lives Model (Prescott, 2021)**  
Strengths-based model focused on personal goals and identity; promotes engagement, though outcome data for youth remain limited (Prescott, 2021; Willis et al., 2013).
- **I-Decide Model (Smith, Univ. of Calgary)**  
A structured decision-making model for adolescents who have committed sexual offenses. Promotes self-understanding, agency, and responsibility; promising engagement tool, though peer-reviewed outcome studies are pending (Smith & Peterson, 2022).

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**Summing it Up: What Developmental View Can Do**

- What psychology can do for 3 juvenile justice goals:
- **1. Promote positive youth development**
  - Use comprehensive developmental assessment (CDA) to identify what contributed to PSB and what derailed development
  - Identify current strengths and supports that promote prosocial growth
  - Address barriers with evidence-based methods
  - Use treatment to build prosocial skills and reduce PSB-related attitudes and general delinquency
- **2. Promote community safety**
  - Use CDA to identify factors tied to general recidivism
  - Use prosocial treatment, skill-building, wraparound/case management, and structured supervision to support safety
- **3. Support fair, developmentally appropriate accountability**
  - Use CDA to set realistic accountability expectations (e.g., apology, safety plan, treatment goals)
  - Keep accountability growth-focused and avoid unnecessary restriction

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Questions from Participants?

The only "dumb" question is the one that was never asked.  
-R. Bautista

Don't be afraid to ask the "dumb" question, everyone else will be relieved you had the guts to ask!  
-S. Sandberg

"None of us is as smart as all of us."  
-Multiple sources

"The smartest person in the room is always the audience."  
-D. Prescott



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