Formulating Plans for Risk Reduction and Health Promotion with Adolescents Who Have Sexually Abused

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Agenda

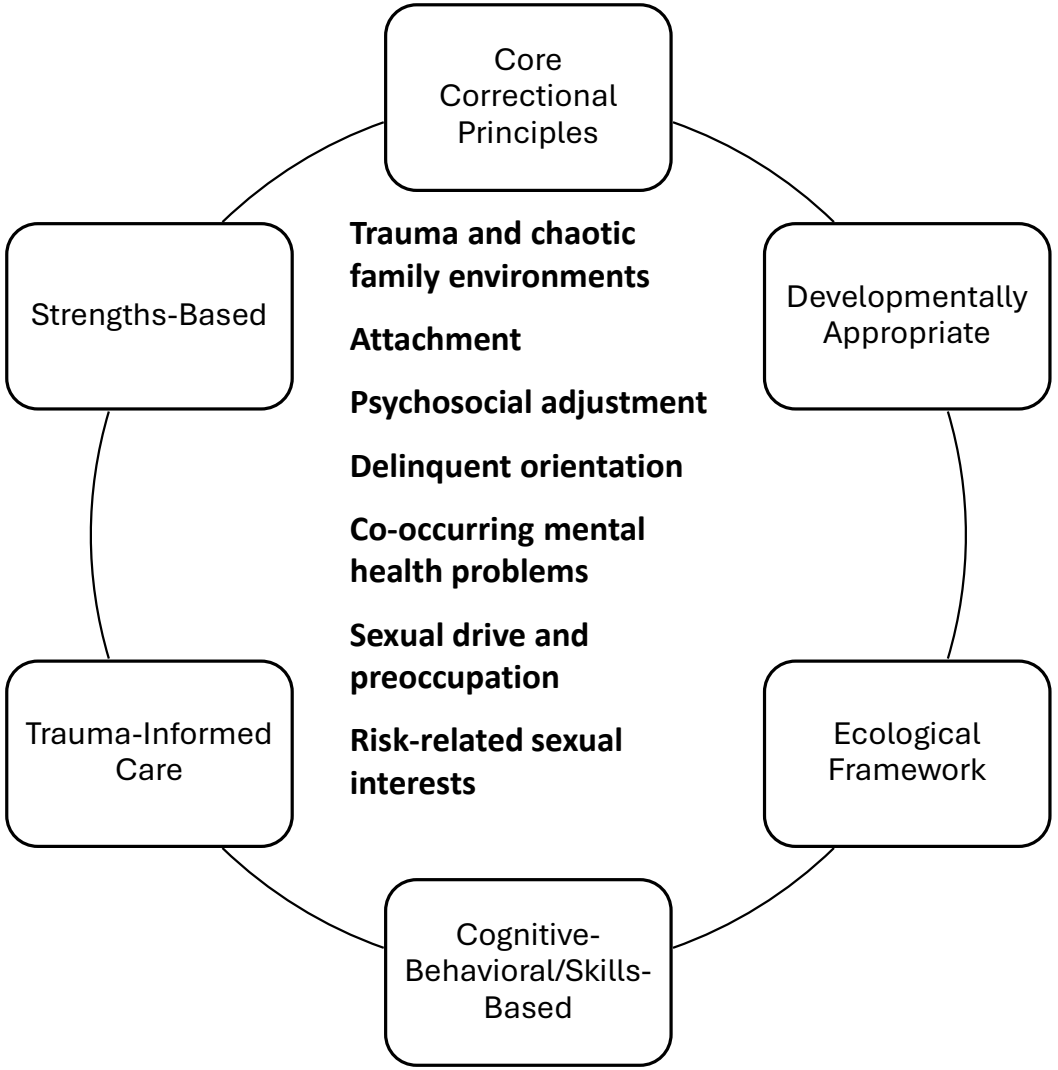
- ***Setting the Foundation- Informing our work***
  - Relapse Prevention →→→ Holistic Risk Reduction/Health Promotion
  - Conceptual Framework for Practice
  - Case Formulation
  - Developmental Pathways/Subtypes
  - Additional Considerations

- ***Risk Reduction/Health Promotion Plan***
  - Components of Risk Reduction/Health Promotion Plan
  - Methods and Rationale- What are we doing and why are we doing it?
  - Case examples

Historical Context
Relapse Prevention Model Limitations

- Insufficient to account for ***heterogeneity*** and *multiple motivations/pathways*
- Not as effective with ***unmotivated individuals***
- Over-reliance on *negative affect* as motivation for offending
- Fails to adequately account for variations in ***degree of planning***
- Overemphasis on ***problem avoidance goals*** (avoid offending, consequences, and high-risk factors)
- Minimal emphasis on ***life enhancing, approach goals*** and ***strengths-based concepts*** that tap ***intrinsic motivation*** for change and engagement in treatment

Evidence Based Holistic Framework



Developmental Life Course perspective on offending
(Guerra et al., 2008)

- Integrates ***risk and protective*** factor framework
- Emphasizes ***individual development over the life-course***
- ***Trajectories/Pathways*** of offending
    - ***Onset***- analysis of predictors of early sexually abusive behavior and general delinquency
    - ***Course***- length of delinquent career (duration), increases or decreases in delinquency over time (escalation or de-escalation)
    - ***Desistance***- moving away from sexually abusive behavior and general delinquency

Pathways Model

(McKibben et al., 2023)

Pathway Model Concepts	Pathways to Harmful Sexual Behavior
Driver – psychosocial experience that sets child on path toward HSB onset ⇩ ***Flow*** – movement over time of child propelled by a driver ⇩ ***Amplifier*** – risk factor that can increase likelihood of HSB onset ⇩ ***Tipping point*** – situations or opportunities for HSB to occur in combination with an unconscious or conscious decision-making process or impulse ⇩ ***Onset*** – moment in time when child or young person first displays HSB	Child sexual abuse victimization Physical and emotional abuse Living w/ domestic & family violence Disrupted attachments Sexual arousal “Antisociality Pornography Inadequate sexual boundaries Sexual attraction to children Hypermasculinity

Foundational Points

(ATSA, 2017; Ward et al., 2008)

- Interventions ***evidence-based, holistic, and individualized*** according to each youth's risk, needs, developmental level, family support, and protective and responsivity factors

- Treatment incorporates ***caregiver/family-involved*** model that promotes ***community safety, and healthy and prosocial adolescent development***

- Achieving and maintaining behavioral change needs to be embedded within notions of ***personal well being, personal identity,*** and ***positive lifestyle***

Foundations of Effective Service Delivery

(Leversee & Powell, 2017)

- Positive Therapeutic relationship
- Promote hope and optimism
- Identify strengths, interests, and passions
- Meet basic human needs

Risk Reduction/Health Promotion Plan

(Leversee & Powell, 2017)

Vision/Goals for the Future

- ***Long-term goals***
- ***Short-term goals***
- ***Motivation to achieve prosocial future (0 -10)***
- ***Confidence to achieve prosocial future (0-10)***
- ***Obstacles to achieving goals***
- ***Fears, worries, and concerns***

Personal Strengths and Talents

Community Protective Factors

- ***Positive support network***
- ***School, work, and community positive resources***
- ***Positive places, activities, and interests***

Internal Risk Factors

- ***Risky beliefs, thinking, and attitudes***
- ***Risky feelings***
- ***Risky behaviors/risk to react***

External Risk Factors

- ***Risky people***
- ***Risky situations***
- ***Risk factors in the environment***
- ***External triggers***

Risk Reduction/Health Promotion skills

- ***New thinking to reduce risk***
- ***Coping responses/behavioral management skills***
- ***Skills building for health promotion***
- ***Healthy sexuality/Healthy gender identity***
- ***Social skills, living skills, etc.***

Broad/Holistic/Integrated
Additional *considerations that inform our work*

- ***Diversity*** of adolescents who engage in sexually abusive behavior
- ***Recidivism*** Research- low for SO- more likely non-sexual delinquency
- ***Typology/Developmental Pathways*** Research
- Guided by ongoing assessment and ***evolving case formulation***
- How we ***define offense-specific treatment***

Case Formulation

- Formulating and articulating ***what factors are and how they interact with each other***

- ***Provides lens for reviewing history*** to understand how earlier experiences have influenced development and contributed to current problems (Davies, 2011)

- Identify ***cognitive-emotional processes*** that underlie abusive and maladaptive behavior (Dodge & Pettit, 2003):
  - Relational and self-schemas
  - Social norms
  - Social information processing patterns

The science of therapy and the art of therapy

- ***Science of therapy-*** evidence-based, research-driven foundation—its theories, validated techniques, and measurable outcomes

- ***Art of therapy-*** intuitive, relational, creative skill of applying those techniques to a unique human being in a unique moment

Therapy only works when both are present

Evidence-Informed Developmental Pathways/Subtypes

Associated Treatment Targets/Skills

Evidence-Informed Pathways/Subtypes

(Leversee, pre-print)

- Specialists/Sex Only/Psychosocial Deficit
- Generalist/Sex Plus/Antisocial
- Direct Path from Childhood Sexual Abuse
- Low Treatment Need/Typical Teen-Restricted/Normal Personality Profiles

Subtypes/Developmental Pathways
Additional Considerations

(Leversee, pre-print)

- Abuse-Supportive Sexual Interests
- Attachment
- Executive Functioning
- Limitations- limited research on females and factors related to race-ethnicity, and gender diverse population

Specialist/Sex Only/Psychosocial Deficit

- Psychosocial deficits, social isolation, and attachment anxiety
- Pre-occupied/fearful attachment style
- Demonstrated pattern of withdrawing from social encounters with peers
- Greater deficits in romantic relationships. Less sexually experienced
- Victims more likely children
- More schizoid, avoidant, and dependent

Specialist/ Psychosocial Deficits

Intervention

- Address deficits in self-esteem, self-efficacy, and social competency
- Skills based interventions
  - Beginning and intermediate social skills
  - Skills for dealing with feelings
- Identify and Remediate Barriers to Interpersonal Intimacy- Social Anxiety
  - Addressing maladaptive cognitions
  - CBT- Exposure therapy- age-appropriate relationships
- Healthy sexuality and masculinity
- Engage family and other microsystems
- Antidepressants, if needed

Specialist/Psychosocial Deficits

Skills Needs

Making new friends

Assessing social situations

Joining in

Participating in activities

Making positive self-statements

Advocating for oneself

Dating skills

Generalist/Sex Plus/Antisocial

- Sexual offending part of ***broader pattern of general delinquency*** and problematic behavior
- ***Diverse antisocial profile***. Not substantially different from other delinquent youth
- ***Victims*** more likely ***peer age/older***. Higher levels of aggression in offenses
- Offending related to ***sexual behavioral control*** as opposed to interpersonal functioning
- More peer age friends. Less likely to be socially isolated
- More likely interpersonally exploitative, dismissive attachment

Risk and Needs Factors

Juvenile Delinquents

(Latessa, 2005)

- Antisocial/procriminal attitudes, values, beliefs, and cognitive-emotional states
- Procriminal associates and isolation from anti-criminal others
- Temperamental and personality factors conducive to criminal activity
- Familial factors- includes criminality and variety of psychological problems in family of origin
- Low levels of personal educational, vocational or financial achievement

Generalists- skills

- Using Self-Control
- Managing Impulses
- Managing Emotions
- Understanding the Feelings of Others
- Dealing with Group Pressure
- Choosing Appropriate Friends
- Accepting Decision of Authority

“Direct Path” from Childhood Sexual Abuse

- Research- understanding ***nature and characteristics*** of child sexual abuse experiences
  - Younger age at time of abuse
  - Longer period of abuse
  - Inappropriate caregiver responses to sexual abuse
  - May have experience other forms of abuse and multiple perpetrators

- Childhood sexual abuse significant predictor for early onset sexually abusive behaviors

- ***Classical Conditioning*** and “***victim to victimizer***” etiological theories
  - Sexually abusive behavior= ***reenactment*** or ***reactive, conditioned, and/or learned behavior pattern***

“Direct Path” from Childhood Sexual Abuse

- Greater sexual preoccupation, greater impulsivity, and more severe antisocial conduct
- Earlier onset of masturbation
- Higher prevalence of consensual sexual behaviors
- More likely to offend against male victims and younger victims
- Higher risk of sexual recidivism
- More likely to have symptoms of major depression and PTSD
- More likely to have received psychological treatment and prescribed psychotropic medication.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

(Worling & Langton, 2017)

- ***Identify and regulate distressing affect*** connected to their trauma
- Participate in ***gradual-exposure exercises***—such as completing a ***trauma narrative***—to reduce cognitive symptoms such as intrusive reminders
- ***Alter thinking errors*** resulting from traumatic experiences
- Learn and practice ***personal safety strategies***

Trauma-Informed Treatment Targets
(Levenson, 2017)

- Relational and Self-Efficacy Deficits
- Attachment Disruption & Distorted Schema
- Self-Regulation Difficulties
- Maladaptive Coping

Additional Treatment Targets- Sexually Abusive Youth

Include but not limited to:

(ATSA, 2017; Worling & Langton, 2017)

- Accountability and Responsibility for past offending
- Attitudes Supportive of Abusive Behavior
- Parent-Adolescent Relationships
- General Self-Regulation
- Healthy Sexuality Including Sexual Self-Regulation
- Social and Community Supports

Outcomes Related to Increased Health

(CSOMB, 2026)

- Demonstrates pro-social relationship skills and able to establish closeness, trust & assess trustworthiness
- Improved/positive self-image and able to be separate, independent and self-advocate
- Able to resolve conflicts and make decisions; is assertive, able to negotiate and compromise
- Able to relax, play and able to celebrate positive experiences
- Consistently seeks out and develops appropriate relationships with prosocial individuals who can act as positive support/supervision contacts

Outcomes Related to Increased Health

(CSOMB, 2026)

- Ability to plan for and participate in structured pro-social activities
- Has identified family and/or community support systems
- Has an adaptive sense of purpose and future
- Defines characteristics of healthy sexuality/healthy gender identity
- Develops and maintains stable prosocial lifestyles characterized by stable and appropriate living arrangements and educational and leisure activities

RR/HP Plan- Practice Considerations

- Focus and Scope of the plan consistent with risk/need profile of youth
- Start **early** in treatment- approach as **dynamic** document that is enhanced as treatment progresses
- How do we make it a **real, dynamic document** that youth **embraces**?
  - Use their **own words**- more **real**, helps in ownership, creates a **mirror**
  - **Use** artistic **talent**, other writings, whatever makes it real
  - If it's not feeling real, **step back**
- Past and current patterns inform the plan
- **Share** with caregivers, external support system, supervision staff

Vision/Goals for the Future

Why start with prosocial vision/goals?

- ***Life enhancing approach goals***- I know who I don't want to be (avoidance) but who do I want to become (approach)
- Taps into ***intrinsic motivation*** to change
- ***Enhanced therapeutic relationship***
- Leads to ***enhanced engagement*** in treatment
- ***Increases hope*** and begins to ***address sense of "futurelessness"*** that some our more maltreated youth may experience
- Provides ***vision*** for ***more normative path*** of development and positive sense of self
- ***Informs case formulation and treatment planning-*** To what degree are goals prosocial, well thought out, realistic and achievable? Degree of motivation and confidence?

Prosocial Vision and Goals

- Short and Long-Term Goals (provide list of "domains" for reference)
  - Treatment, educational, vocational, relationships, intimate relationships, financial, physical, spiritual/religious, living arrangements, legal, leisure time, repairing the harm, other
- Motivation to achieve prosocial future (0-10 scale)
- Confidence in ability to achieve prosocial future (0-10)
- Obstacles/barriers to achieving goals/prosocial future
- Fears, worries, and concerns

What if youth can't envision prosocial vision for future?

- ***Past experiences of trauma and chaos*** creates difficulty in imagining different kind of future

- Post-traumatic stress hyperarousal, "futurelessness", etc. Lack of feeling safe in present moment…no "psychic energy" to project into future

- **Maslow's hierarchy of needs**…"don't tell me about the Good Life, I'm just trying to survive". This could be reflective of economic hardship, violent neighborhoods, etc.

- Vision for future= in prison or dead- behaviors need to "pad resume" to survive in prison

What if youth can't envision prosocial vision for future?

- ***Skills deficits***
- ***Low self-esteem/self-efficacy***
- ***Hopelessness***
- ***Lack of motivation/ambivalence*** about changing antisocial/abusive beliefs, attitudes, values, and behaviors
- Lack of ***external supports***
- What else?

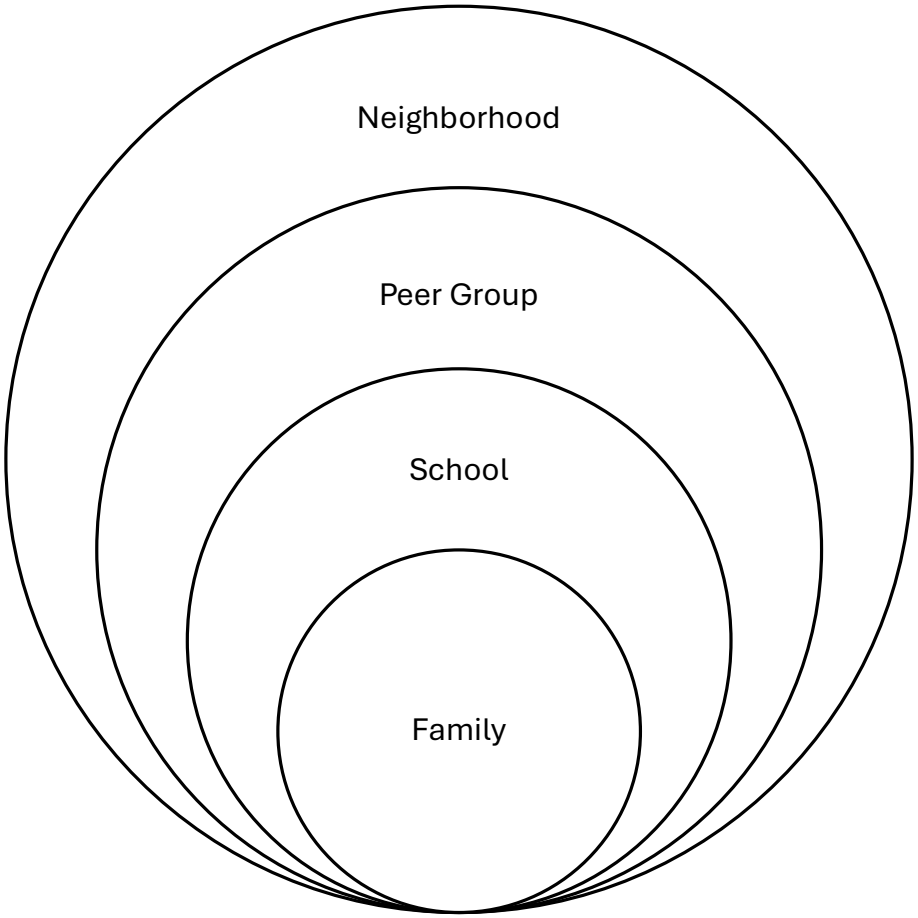
Case Examples

Strengths and Talents/Protective Factors

Personal Strengths and Talents

Personality	Intellectual (mind)	Social	Physical/Athletics
Educational	Vocational	Music/Arts	Hobbies/Interests
Other			

Community Protective Factors



Enhance Community Protective Factors

(ATSA, 2017; Leversee & Powell, 2017)

- ***Social-ecological model-*** Interventions are ***multi-systemic*** to address family, school, community, and peer group

- Facilitate adolescents to ***develop appropriate relationships with prosocial individuals*** who can act as positive support/supervision

- Encourage family members, support persons, and involved community practitioners to ***actively participate in treatment process***
  - Primary care givers are trained as ***"informed supervisors"***

- Develop and maintain stable prosocial lifestyles characterized by stable and appropriate ***living arrangements*** and ***educational and leisure activities***

Community Protective Factors

- ***Positive support network***
- ***Positive school, work, and community resources***
- ***Positive places, activities, and interests***

<u>Sources of information</u>

- Formal assessment (YASI, YLS-CMI, PROFESSOR, etc.)
- Youth and family report
- Supervising officers, mentors, etc.
- Other

What type of people belong on my positive support network?

- People who follow the norms and laws of society
- People who care about me and are there for me when I need them
- People who can help me cope and support me so that I'm able to continue the changes I've made
- People who will provide me with positive social pressure
- People who are willing to give me honest feedback
- People who will confront me when I demonstrating high risk factors
- People who won't let me slide when I'm at risk

Identification of Internal and External Risk Factors

Risk Reduction/Health Promotion Plan

(Leversee & Powell, 2017)

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Driver – psychosocial experience that sets child on path toward HSB onset ↓ ***Flow*** – movement over time of child propelled by a driver ↓ ***Amplifier*** – risk factor that can increase likelihood of HSB onset ↓ ***Tipping point*** – situations or opportunities for HSB to occur in combination with an unconscious or conscious decision-making process or impulse ↓ ***Onset*** – moment in time when child or young person first displays HSB	Lifelines/Listening to youth's stories/coherent narrative/making meaning out life's experiences Identifying static vs dynamic risk factors • Distal- historical contributing factors • Proximal- recent precipitating factors Core beliefs, thinking, and attitudes Cognitive-emotional processes Offense-supportive beliefs and attitudes Offense-chains

Internal Risk Factors



Risky Beliefs, Thinking, and Attitudes



Risky Feelings



Risky Behaviors

"Internal" Factors- What are we looking for?

- ***Basic/core beliefs-*** self, others, relationships, ecology
- ***Cognitive-emotional processes, etc.*** that underlie abusive and maladaptive behavior
  - Relational and self-schemas
  - Social norms
  - Social information processing patterns
- ***Offense chain***- understand the unique pattern of situations, environmental/internal cues, thoughts, feelings, physical responses, and behaviors that contributed to past decisions to commit sexual crimes
- ***Offense-supportive beliefs and attitudes***
- ***Abuse-Supportive Sexual Interests, if applicable***

Identification of internal Factors
How do we get there?

- Informed by ***research and best practice***
- ***Formal evaluation*** protocols and processes
- ***The art of clinical work, therapeutic relationship, clinical interviewing skills***
- ***Eliciting coherent narrative-*** Explore origins in developmental/family/social history. Beliefs, thinking, attitudes ***Embedded*** in youth narratives.
  - Sexual history interviews, sexual offense disclosures, and non-sexual delinquency disclosures, checklists, surveys, etc.
  - Evolving case formulation guides exploration
- ***Approach with cultural humility-*** Meaning constructed within cultural, familial, & social contexts
  - "Owning my "white male privilege". Seek to listen, learn, understand and validate first
- Take good notes. Direct quotes increase clarity, impact, and ownership

Offense Disclosures/Analysis

(Thornton ATSA listserv, 2020)

Identify ***offense precursors*** that adolescent should learn to manage

What was going on in life prior to offending, from series of decisions made on day of offense, and what they did during offending

Reconstruct ***motives***, ***thoughts*** and ***feelings***, and ***choices*** made, along with context, and role of triggers and opportunities to offend

Identify ***primary human goods*** that the adolescent was seeking during offending

Emotional precursors/triggers

- Identify ***emotional triggers/precursors***

- Explore the ***etiological/developmental pathways***
  - Emotional “autobiography”

- In what ways does that emotion ***manifest behaviorally***?
  - Sexual behavior problems
  - Non-sexual delinquency/conduct
  - Maladaptive behavior

Case Examples

Cognitive-Emotional Precursors
(Risky Thinking/Risky Feelings)

Behavioral Patterns/Precursors

- ***Evaluation and ongoing assessment*** includes sexual, non-sexual, and maladaptive behavior patterns
- ***Differentiate*** risk-related vs. normal adolescence
- Differentiate ***adaptive behavior*** from ***internalized norms***
- Use of ***checklists*** can be helpful to facilitate the process
  - Isolating, power struggles, fighting and other aggressive behavior, using drugs & alcohol, manipulation, masturbating to abusive fantasies, placing myself in high-risk situations, self-harm, defensiveness, compulsive behavior, seeking negative attention, associating with negative peers, intimidating others, viewing pornography, not accepting responsibility, acting selfishly, lying, other

External Risk Factors

Risky people

Risky places/situations

External Triggers

Ecological considerations driving general delinquency

Living within an "Ecology of Danger"

(Fagan & Wilkinson, 1998)

Expectations of violence are high-
Behavior is guided by that knowledge

Creates **ecology of danger** where "social interactions are perceived as threatening and lethal, and where individuals are seen as harboring hostile intent..."

What is motivating/driving the behavior?

- **Internalized norms**
  - Stable dispositional traits, personality disorder traits, antisocial/delinquent orientation
  - Behavior relatively consistent across settings/contexts
- **Adaptive behavior**
  - Transient and changeable situational factor
  - Behavior adapted to setting/context
- **Differential diagnosis**
  - How consistent are the cognitive, emotional, and behavior processes and patterns across settings?
  - Evaluate both Individual and ecological factors

Risk Reduction/Health Promotion Skills

New Thinking to Reduce Risk

Coping Responses/Behavior Management Skills

Skills Building for Health Promotion

Evidence-Informed Resources

- Manuals and Workbooks
- Dialectical-Behavior Therapy
- Skillstreaming the Adolescent
- Strengths-Based Curriculum
- Thinking for a Change
- Aggression Replacement Training
- Multisystemic Therapy & Functional Family Therapy
- Life Skills Curricula
- Trauma-Focused CBT
- Healthy Sexuality resources
- Mentors
- Other

Thinking for a Change

(Bush et al., 2011; Ward et al., 2008)

- Cognitive Self-Change
- Problem Solving Skills
- Social Skills
- Yes, and →→→ Achieving and maintaining behavioral change needs to be embedded within notions of ***personal well being, personal identity,*** and ***positive lifestyle***

Offense Prevention Planning

(Worling & Langton, 2017)

- Move from a reliance on external controls to the regular use of internal controls
- ***Develop and practice healthy, goal-oriented alternatives*** for each step in the chain
- Importance of targeting ***approach goals*** as well, i.e., goals related to achieving future relational and sexual health.

Develop & practice skills for healthy, sexual relationships

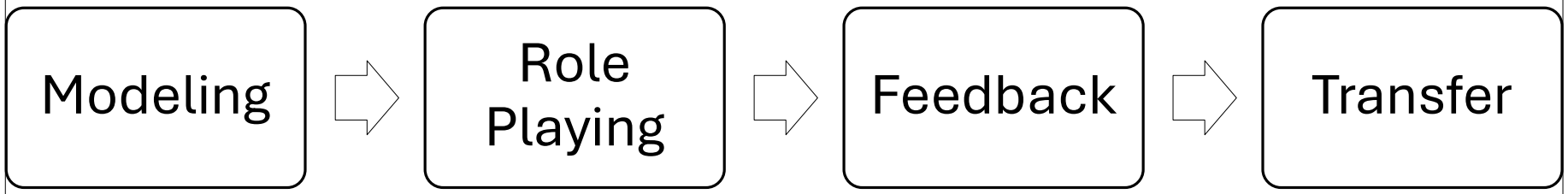
(Worling, 2012; Worling & Langton, 2017)

- Communication skills, decision making, positive sexual knowledge, positive sexual attitudes, interpersonal boundaries, and affective regulation
- ***Create opportunities*** for learning appropriate social, courtship, and dating skills, and assisting youth in overcoming social anxiety
- If applicable, identify and ***remediate barriers to interpersonal intimacy*** *such as social anxiety*
  - Cognitive-behavioral approach to address social anxiety
- For some adolescents, future sexual health may depend on ***reducing their preoccupation with sexual thoughts and behaviors***
  - Find highly rewarding alternative behaviors

Skill Train with Directed Practice

(Goldstein & McGinnis, 1997)

Skill practice engages the youth's milieu/ecology in the mastery of skills



Enhancing Healthy Sexual Interests

(Worling & Langton, 2017)

- Enhancement of healthy sexual interests will be a treatment goal for only a ***minority*** of adolescent clients
- When applicable, ***minimize contact with persons/situations*** that evoke or increase sexual interests or arousal to children, coercion, and force
- ***Lack of empirical evidence*** that there are any techniques that can directly alter the sexual interests of adolescents
- ***Mindfulness-Based Cognitive Therapy***
- Develop and practice skills for ***healthy sexual relationships***

Healthy Gender Identity

What does it mean to be a _____? What is my definition of healthy _____?

- I'm going to ask you to look into the future and think about what kind of _____ you want to be. We will discuss and define your definition of healthy _____

- Think about the past. Who in your life were examples of healthy _____? Describe their personality and traits and what ways that you may want to be like them

- What about currently? Who in your life are role models for healthy _____? Describe their personality and traits and what ways that you may want to be like them

Sexually Healthy Beliefs and Behaviors

(adapted from SIECUS website)

Go through each of the bullets below and discuss the following:

- What does this mean?
- What would be some examples of how this would look in a relationship?
- Is this something that would be important to you? If yes, how would you put this into your own words?

Sexually Healthy Beliefs and Behaviors

- No sex activity without consent. Do not commit or accept abuse in relationships
- Don’t use sex as an escape or a weapon
- Talk to your partner about the past, present and future, limits and expectations
- Sex is an extension of a relationship of friendship, trust, respect, and mutuality
- Sex is not casual; it has meaning
- Sex is not love and love is not sex
- Take responsibility for your sexual actions
- Respect the desires and opinions of your partner
- Be trustworthy and honest in relationships
- Do not make sexual decisions under the influence of drugs and alcohol
- Have a variety of intimate relationships but limit sexual relationships
- Appreciate one’s own body
- Interact with all genders in respectful and appropriate ways

Sexually Healthy Beliefs and Behaviors

- Enjoy sexual feelings without necessarily acting on them
- Express one's sexuality while respecting the rights of others
- Demonstrate skills that improve personal relationships
- Practice effective decision-making
- Develop critical-thinking skills
- Make informed choices about family options and relationships
- Seek further information about reproduction as needed
- Use contraception effectively to avoid unintended pregnancy
- Avoid contracting or transmitting a sexually transmitted disease, including HIV
- Communicate effectively with family, peers, and romantic partners
- Seek new information to enhance one's sexuality
- Affirm one's own sexual orientation and respect the sexual orientations of others
- Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality

Probation/Parole Practices
Evidence Informed + Promote Positive Youth Development
(Caldwell, 2020)

When does treatment and supervision result in unintended consequences that create obstacles to the successful application of the RR/HP to the community?

- Eliminate blanket, offense-driven approach to ***condition setting***. Limit use of restrictions to those needed based on assessed level of risk and intervention needs

- ***Reframe case plan goals and probation conditions*** to support skill building, positive youth development, and successful, transition to adulthood