

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

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Guidelines Background

- Assembly Bill 145 was signed in June 2021.
- Expanded the California Sex Offender Management Board (CASOMB) to include adolescent expertise to facilitate future policies.
 - Added two new members:
 - 1. Treatment provider with juvenile expertise.
 - 2. Director of Office of Youth & Community Restoration (OYCR).
- Guidelines Goal: Evidence-based document for legislation & policies for youth who have committed a sexual offense (YwSO).
- Certification programs/providers, pending legislation.
- The passing of SB 823 initiated the realignment of all juvenile offenders to local county care. As of June 30th 2023 all DJJ facilities will be closed.
- Juvenile registration is triggered by placement at DJJ, therefore, this requirement will end.
- 58 Counties doing own programs.

Guidelines Background

- Counties looking for best practices.
- Also, in many counties, there had been a conscious shift:
 - Reducing number of youth entering probation system & detained.
 - Reducing the length of stay in detention.
 - Residential treatment, final option, short as possible.

Guidelines Background

- **Guidelines influenced by changes in research, practice in last 20 years, including:**
 - Developmental models, skill building and problem-solving.
 - Less use of adult-derived models, e.g., relapse-prevention.
 - Research has limits, but medium effect size for assessment/treatment.

Guidelines Background

- **More Changes:**

- **Developmental perspective:**

- Adolescent brain development till 25.
- Supreme Court Graham v. Florida (2010).
- Low sexual recidivism: 2.75% (Caldwell, 2016).
- Highest rates of sexual offenses ages 13 & 14.
- General recidivism is 10X high as sexual recidivism.
- Assessment & treatment methods for general probation population useful for YwSO.

Guidelines Background

- **More Changes:**
- Treatment trauma-informed.
- 1/6 YwSO males were physical or sexual abuse victims (Epperson & Ralston, 2015).
- Ethnic/cultural sensitivity a priority.
- Collaborative Model for YwSO distinct from Containment Model for adults.
- Collaborative Model emphasizes development and desistance from all crimes.
- Collaboration between family, PO, & youth essential.
- Work with family, school, and others to promote prosocial behavior.

Guidelines Background

- Consistent with existing published guidelines.
 - California Coalition on Sexual Offending (CASOMB), 2013.
 - Association for Treatment of Sexual Offenders (ATSA), 2017.
- CASOMB's Juvenile Committee started work in the Spring of 2022.
- CASOMB staff, board, staff from OYCR collaborated.
- Guideline drafts reviewed by Board, presented at public meetings.
- Posted in 11/2022 after board vote.

Guidelines- General Goals

- **Guidelines Influences & Goals:**

- For YwSO:

- 1. Public safety and reduced recidivism.
- 2. Promoting the prosocial development of youth.

- High rates of comorbid psychiatric/family challenges.

- Emphasis on Developmental & Collaborative perspectives.

- Included Risk-Need-Responsivity (R-N-R) principles.

- **Assessment:** Include comorbid psychiatric, family, and neuropsychological factors.

- **Treatment:** Emphasize skill building, problem-solving, trauma-informed, and culturally sensitive.

- Tailored to the youth's style of learning and needs.

Guidelines- Treatment Program/Providers

- Adequate education, experience, and training for YwSO providers/programs.
- Supervision: At least weekly face-to-face supervision for those without independent practitioner status.
- **The agency guidelines are organized into several key areas:**
 - 1. Implementation of the Collaborative Model
 - 2. Placement of Youth
 - 3. Use of Polygraph
 - 4. Informed Consent Paperwork
 - 5. Assessment
 - 6. Treatment Plan
 - 7. Treatment Modalities
 - 8. Treatment Completion
 - 9. Other Documentation

1. Implementation of the Collaborative Model

- Development related to family, school, peer experiences.
- Collaboration of parties to promote that is essential.
- Desistance of sexual and nonsexual offending related to increased prosocial development.
- Collaborative model more appropriate than Containment model.

1. Implementation of the Collaborative Model

- The Collaborative Model of youth supervision:
- "... is used in several ways and mirrors characteristics of many of the systems with which the youth interacts. It is intended to create an optimal relationship between the youth, his or her family, probation, and treatment providers."
- The Collaborative Model emphasizes a team approach and promotes the youth's prosocial behavior while promoting public safety.
- The Collaborative Model relies on open and consistent communication between the probation officer and treatment provider.
- Communication should occur at least once a month, and regularly scheduled meetings are encouraged.

1. Implementation of the Collaborative Model

- The Collaborative Model relies on open and consistent communication between the probation officer and treatment provider.
- Regular meetings allow the treatment and supervision team to share information in a comprehensive, coordinated, collaborative approach to identify, manage, support and supervise youth adjudicated for sexual offending behaviors.
- Additional meetings and communication should occur with the Case Management Team (CMT).
- The CMT should include the probation officer, the treatment provider, the youth, and other key stakeholders involved in the youth's life.
- The goal of the CMT communication is to collaboratively work with the youth and individuals in their life to promote a comprehensive, holistic plan for the youth's success.

1. Implementation of the Collaborative Model

- Risk Assessment: Use of instruments to assess sexual recidivism.
- Community Supervision: Parts of supervision and disposition planning based on needs of youth and assessments.
- Specialized Caseloads & Training: Where feasible, have a select number of probation officers with appropriate experience and training.

2. Placement of Youth

- Placements: Least restrictive environment consistent with public safety goals. Lipsey (2010) identified no benefit to more restrictive or secure placements.
- Regardless of placement, youth should have access to a full continuum of educational and treatment resources and family contact.
- If youth changes placement, important to individualize treatment plan, not just repeat past assignments.
- Juvenile Court Transfer: Only in extraordinary circumstances.
 - A CDC study found an increased risk of crimes for youth transferred to adult court.

3. Use of the Polygraph

- ATSA Guidelines (2017), use of polygraph with juveniles has not been shown to "... improve treatment outcomes, reduce recidivism, or enhance community safety."
- Some experienced clinicians find it useful & CCOSO Guidelines (2013) notes controversy and its inclusion as "provisional."
- CASOMB Guidelines recommend only be used in rare cases, because of significant community safety issues.
 - Not used for youth less than 16.
 - Not be used to decide family reunification or reincarceration.

4. Informed Consent, Confidentiality Waiver, Release of Information, & Treatment Contract

- Forms at 4th-grade reading level.
- Translation services available.
- Details of a consent form are described including:
 - Type
 - Frequency
 - Duration
 - Risks
 - Benefits
 - Responsibilities youth/family
 - Consequences of refusal
 - Waiver of confidentiality necessary
 - Other factors.

5. Assessment

- Various special populations require specialized treatment.
- Females:
 - 5-8% females.
 - Females more likely to be victims of sexual abuse.
 - Higher levels of depression, anxiety, and suicidal behaviors.
- Comorbid Psychiatric Conditions:
 - Higher rates than general population.
 - Require appropriate type and frequency of services.
- Intellectual Disability & Autistic Spectrum:
 - Require specialized assessment and treatment methods.

5. Assessment

- **Risk assessment:**

- Sexual Recidivism Risk Measures:
 - Measures can assess static and dynamic risk factors.
 - Medium effect size; comparable to adult measures.
- Using the JSORRAT-II, the highest risk level for recidivism is 6.28% (Ralph, 2017).
 - No juvenile high-risk, using adult criteria.
- Total/Nonsexual Recidivism: Various actuarial measures: YLS/CMI, YASI, OYAS, etc.
- Reassessment: Dynamic factors impacting recidivism.
 - Factors can change dramatically, due to development & treatment.

6. Treatment Plan

- Treatment plan completed within 60 days and updated regularly.
- Should be consistent with R-N-R principles.
- Treatment dose or amount based on risk level. High-risk youth receiving a higher dosage of treatment.
- Treatment methods for the general probation population are usually appropriate in part to reduce the risk of general recidivism.
- Inclusion of strength-based principles.
- Include factors contributing to sexual and separately nonsexual recidivism.
- Evidence-based methods and modalities based on the client's needs and responsivity issues.

7. Treatment Modalities

- **Many factors including:**
 - Self-regulation.
 - Prosocial problem-solving and behaviors.
 - Family counseling.
 - Individualized Safety Plan.
 - Identify criminogenic needs.
 - Victim empathy.
 - Groups less than nine.
 - Cultural awareness.
 - Healthy sexuality & courtship.
 - Individualized to fit youth.
 - Reunification, only to serve victim needs, using rigorous criteria.

7. Treatment Modalities

- Various special populations require specialized treatment.
- Females:
 - 5-8% females.
 - Females more likely to be victims of sexual abuse.
 - Higher levels of depression, anxiety, and suicidal behaviors.
- Comorbid Psychiatric Conditions:
 - Higher rates than general population.
 - May need to prioritize psychiatric condition until stabilized.
- Intellectual Disability & Autistic Spectrum:
 - Requires specialized assessment and treatment methods.
- Emerging Adults, age 18-25:
 - Modified approach is needed.

8. Treatment Content and Completion

- Treatment should target factors affecting sexual and nonsexual recidivism.
- Advocacy for appropriate educational modifications. 504 and IEP.
- Trauma informed & culturally sensitive.
- Emphasize skill-building, problem-solving.
- Inclusion of methods for treating general recidivism should be considered (Kettry & Lipsey, 2018).
- Locally developed programs can be effective as well-known models.

8. Treatment Content and Completion

- Most effective programs include:
 - Skill-buildings & counseling.
 - Quality implementation delivered with fidelity.
- Strength-based.
 - Worling & Laughton (2015) found increased strength predicted decreased sexual recidivism.
 - Strengths might include:
 - Interpersonal strength
 - Family involvement.
 - School functioning
 - Emotional strength.

8. Treatment Content and Completion

- Healthy Sexuality:
 - ATSA Adolescent Guidelines (2017) recommends:
 - Interventions to support healthy sexual expression and regulation.
 - Promote healthy dating and courtship.
- Treatment strategies to address problematic sexual arousal and behaviors.
- Step-Down: Youth should be step-down to less restrictive settings when clinically appropriate.

Appendices

- **A. Brain, Behavioral, and Physical Development of Adolescents:**
- **Development:**
 - Brain development, until age 25, increased myelination, pruning pathways.
 - Frontal Lobe development: Increased understand of social nuances, having risk estimate influence behaviors regarding stimulating or rewarding activities.
 - In males, weight doubles and grip strength triples.
 - Development of sexual drive, characteristics & abilities.
- **Adolescence as risky age:**
 - Highest rate of accidents including MVA.
 - Highest rate of nonviolent crimes is ages 16 & 17.
 - Highest rate of harmful behaviors towards children is 13 & 14 in US and Canadian data.
- **Development and desistance:**
 - Youth who psychosocially mature are less likely to recidivate (Steinberg, Cauffman & Monahan, 2015).

Appendices

- **B. Recidivism, Typologies & Co-occurring Conditions:**
 - For YwSO sexual interest in children does not persist into adulthood.
 - Bonner (2012): Early adolescence high-risk, transitory developmental period for harmful sexual behaviors.
 - Seto (2012): Most YwSO are "generalists" offenders (variety of delinquent behaviors), rather than "specialists" (primarily sexually harmful behaviors).
- **C. Juvenile Court Transfer:**
 - Should be exceedingly rare and must follow criteria that importantly include the youth's capacity for rehabilitation.

Appendices

- **D. Defining Scientifically Valid Instruments**

- Sexual recidivism and total risk measures:

- Scientifically valid instruments assessing sexual recidivism should be included.

Characteristics of valid instruments include:

- 1. adequate interrater reliability,
- 2. a structured curriculum to train individuals in their use,
- 3. the ability of instruments to predict recidivism with at least a moderate effect size,
- 4. multiple replications with large sample sizes, and
- 5. replication by researchers other than the authors of the instruments

Appendices

- **E. Importance of Government Case Tracking:**
- Tracking of case information on state and county level is recommended as an important management and policy tool.

Appendices

- **F. 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 programs had 66% recidivism.
- **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.

Public Comment & Future Plans

- Guidelines are public document and available for comment.
- Several public comments have been received and carefully considered. Comments are welcome to improve the content and process related to the guidelines.
- The board will consider what "next steps" are appropriate for the guidelines.

Questions from Participants?



CASOMB- Working to make California safer.