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

Updates & Plans

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2022

https://casomb.org/pdf/CASOMB_Guidelines_for_Youth_2022.pdf

Presentation Outline

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- History & background of 2022 Youth Guidelines
- Survey of Probation Departments
- Future plans and outlines for CASOMB certification of providers and programs for youth

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Part 1: History & background of 2022 Youth Guidelines

Guidelines Background

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- Assembly Bill 145 was signed in June 2021.

- Expanded the California Sex Offender Management Board (CASOMB) to include adolescent expertise to facilitate future policies. Certification programs & providers was future consideration.
  - Added two new members:
    - 1. Treatment provider with juvenile expertise.
    - 2. Director of Office of Youth & Community Restoration (OYCR).

- Certification programs/providers will require legislation. Stay tuned!

- Guidelines Goal: Evidence-based document for legislation & policies for youth who have committed a sexual offense (YwSO).

- The passing of SB 823 initiated the realignment of all juvenile offenders to local county care. As of June 30th, 2023, all DJJ facilities closed. Related to changes in view of how best to manage juveniles. Counties began using regional hubs, for example Contra Costa, using the Sonoma County hub.

- Juvenile registration regarding a sexual offense was triggered only by placement at DJJ, therefore, new registration has ended. Let us know if this is still happening.

Guidelines Background

- 58 Counties doing own programs including regional hubs.
- Counties looking for best practices. Guidelines were hoped to provide useful ideas to them. Guidelines were envisioned to give a model for management of all youth with sustained sexual offenses, not just the population that would be referred to DJ J.
- Also, in many counties and statewide, 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 juvenile assessment/treatment methods. Juvenile assessments & treatment as effective as adult counterparts.

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 8-10X 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 prosocial development and desistance from all crimes.

  - Collaboration between family, PO, & youth essential.

  - Collaboration with family, school, and others to promote prosocial development.

Guidelines Background

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

Guidelines- General Goals

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- 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 supervision for those without independent practitioner status.

- **The Guidelines has these sections:**
  - 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 for youth 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 and also 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

- Regular meetings allow the treatment and supervision team to share information in a comprehensive, coordinated, collaborative approach to identify, manage, support and supervise YwSO.

- Additional meetings and communication should occur with a 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 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 assessments.

- 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.

5. Assessment

- **Assessment areas:**

- Assessment of general criminal recidivism using a validated instrument.
- Prior delinquent behavior.
- Comprehensive assessment of co-occurring psychiatric factors, including mental health issues, substance use problems, adverse childhood experiences, trauma history, and family factors.
- Given the high rate of learning and cognitive disorders for this population, assessment of cognitive and academic functioning is necessary.
  - Formal cognitive and academic testing which has been recently completed, by schools or associated organizations can be integrated into assessment findings.
- Social and familial relationship history.
- Pertinent medical history.
- Factors which impact engagement, motivation and amenability to 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 plan should incorporate Goldilocks Principle, not too much and not too little.
- Treatment methods for the general probation population are usually appropriate in part to reduce the risk o 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 areas recommended 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.
- Completion of treatment should be a collaborative decision with probation involving communication.

8. Treatment Content and Completion

- Most effective programs include:
  - Skill-buildings & counseling.
  - Quality implementation delivered with fidelity.

- Strength-based.
  - Worling & Laughton (2015) found increased strengths of youth 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

- **<u>D. Defining Scientifically Valid Instruments</u>**
- 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

- **<u>E. Importance of Government Case Tracking:</u>**
- 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

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- 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.
- Currently beginning work on revisions with updated research and also incorporating feedback.

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Part 2: Juvenile Committee Survey of Probation Departments, 2024

Background

- Based on important issues identified in CASOMB Youth Guidelines to provide a basis for possible future policy. Conducted focus group surveys initially to develop questions.
- CASOMB policies should be based on the best evidence available, and sources, methodology, and limitations should be transparent.
- Population targeted was youth who sexually offended (YwSO).
- Forwarded to CPOC with a follow-up to increase responses.
- 43/58 counties responded, 74.1%
- Using Census data these counties were an estimated 46.8% of California's population. Subsequently used estimate of total California population of YwSO.
- Methodological limitation include no reliability checks, possible problematic responses, and extrapolations from sample to total population.

Q2

- **Q2 As of September 30, 2023, what is the total number of youth adjudicated for a sexual offense that are currently being supervised by your county?**

- Total number reported, 442.

- Estimated total California population would be 994, almost 1000.

- If **944** number used, this would be **3.2%** of youth supervised by probation and state using available data. Compares to **3.1%** reported by by Finklehor, et al. (2009).

- **994** is similar to **1004** reported in ATG Report, 2022 Juvenile Justice in California. Convergence gives greater confidence in total number of YwSO in state.

- To Do's: Repeat this poll every two years and refine it to get more accurate numbers. Consider legislation having this information reported routinely and systematically with data checking. Give us some confidence in the numbers and level of resources needed.

Q3

- **Q3 As of September 30, 2023, what is the total number of youth who have sexually offended and have been placed in secure settings such as juvenile halls or secure youth treatment facilities, which are currently being supervised by your county? (Include those who have been sent out of your jurisdiction for placement).**

- Total of **181** reported in secure settings. **41.0%** of total YwSO in California. Number may be too high, reflecting some interpretation problems which would benefit from follow-up with individual counties.

- Extrapolation to total state would be **387** youth in secure settings.

- Considerations:
- No benefit: For youth matched in risk level, outcomes in secure settings are not better than youth placed in the community (Lipsey, 2010).

- Cost: Median daily cost of detention in secure setting is **$710** (BSCC, 2019). The monthly cost would be $710 x 30= $21,300 (Using per session cost, individual=$150, group=$60).
- The cost of one month in a secure setting could fund:
  1. 355 youth in weekly group outpatient,
- 2. 142 in weekly individual, and
- 3. 101 in both weekly individual & group.

Q4

- **Q4 Of the youth who are placed in sex offense specific treatment and counseling what type of provider is used most frequently by your county?**

ANSWER CHOICES	RESPONSES	
	Percent	N
Individual practitioners in private practice	41.86%	18
Community and non-profit agencies	16.28%	7
County-employed mental health practitioners	16.28%	7
Other (Describe)	25.58%	11
TOTAL	43	

- Discussion: Different categories of providers requires likely different methods regarding contracting, payment, finance, training, quality assurance, and collaboration and coordination of services.

- Would a statewide system of providers and payment source, rather than County-based be helpful.

Q5

- **Q5 How are treatment and counseling services for juveniles who sexually offended financed?**

ANSWER CHOICES	RESPONSES	
	Percent	N
County pays for all services or provides services without charge	58.14%	25
County pays for some services but uses Medi-Cal or private insurance	41.86%	18
County pays for no services and uses Medi-Cal or private insurance	11.63%	5
Youth/Family pays for all services	13.95%	6
Total Respondents: 43 Multiple responses possible.		

- Discussion: 58.14% counties, almost 3/5 pay for all. Answers below indicated there were advantages to this option and Ralph (2023) described insurance or private pay options creating a barrier to effective care.

Q6

- **Q6 Are any of the following barriers to youth starting sex offense specific treatment and counseling in a timely manner?**

ANSWER CHOICES	RESPONSES Percent	N
Problems with finding treatment providers in your area	72.09%	31
Treatment provider does not respond in a timely manner	20.93%	9
Treatment provider does not have appointments that accommodate the youth	20.93%	9
Problems with finding Spanish language treatment providers	16.28%	7
Problems with finding other non-English language treatment providers	9.30%	4
Telehealth services are not available	11.63%	5
No problem or disruption in providing treatment and counseling services	23.26%	10
Total Respondents: 43 Multiple responses possible.		

- Suggested way to increase providers:
- Provide standardized or certified training and curriculum to increase the numbers of providers.
- Develop CASOMB or CalATSA list of providers who would take juveniles and are ATSA members which requires references.
- Would a statewide system of providers and payment source, rather than County-based be helpful?

Q8

- **Q8 Are telehealth services for the counseling of youth who have sexually offended used in your county?**

ANSWER CHOICES	RESPONSES Percent	N
Yes	51.16%	22
No	34.88%	15
Unknown	13.95%	6
TOTAL	43	

- Discussion: Suggests need for specialized curriculum and training in telehealth services for JwSO. Presently no methods or training are readily available. Major shift in treatment since before 2020. Research indicates telehealth is as effective for some populations as face-to-face and may have advantages for juveniles (Sugarman and Busch, 2022). APA and other organizations provide telehealth training which may be adapted to JwSO.

Q10

- Q10 What resources would help you address the needs of youth who have sexually offended? (Best to read all individualized responses. A summary is below.)

- Flexible options for those not charged, less than full programs.
- Transportation help, Spanish-language providers, greater appointment flexibility, improve communication.
- Housing for 18+ youth and homeless.
- Having statewide YwSO CASOMB provider list or other list of recognized providers.
- Training for new PO's.
- Individualized treatment rather than solely workbook or group treatment.
- Having a voucher system available rather than contracting with one provider.
- Funds for more telehealth technology and training options and equipment including in juvenile hall and probation offices.

Q10

- Q10 What resources would help you address the needs of youth who have sexually offended?
- More outpatient and out of home placement options including STRTP's.
- Aftercare options for youth who completed a STRTP.
- More TAY and also alcohol and drug programs.
- Specialized training for mental health staff working with youth in detention.
- Specialized foster families for YwSO and services for reunification.
- Services for YwSO should be mandated and funded and remove barriers.
- Providing local treatment since currently clients have to travel 2.5 hours each way.
- Training for mental health clinicians to work with detained youth and also in local STRTP.
- Training for treatment of adults under Juvenile Court supervision.
- Parenting and sex education classes, sex offender counseling in schools, guidelines for responding to sexual behaviors, resources/tools to help prevent youth from sexting, and one-on-one therapy in schools.

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Part 3: Future certification of providers and programs for youth

Possible future certification

- Certification of juvenile programs will require legislation. Stay tuned.

- Enabling legislation will be drafted by CASOMB staff, available for public comment, and finalized by the CASOMB Board.

- Input and suggestions from "stakeholders", including treatment providers and probation is encouraged and necessary.
  - The public is encouraged to attend CASOMB and its Juvenile Committee meeting.

- Presently 41 states have registration for juveniles with adjudicated sexual charges, which presumes state oversight. California would have oversight of treatment providers, and there will be no registration for juveniles. (https://smart.ojp.gov/SOMAPI-brief-juvenile-registration).

Next Steps

- The following are educated guesses about the "shape" of juvenile certification.

- Process will parallel adult model but be adapted especially for juvenile populations.

- Key difference: use of the Collaborative Model, not the adult Containment Model.
  - Goals are: 1. Public safety. & 2. Prosocial development and outcomes for adjudicated youth.

- Provider certification: Independent, Associate, Student
  - Requiring background check and adolescent relevant CE course work.
  - Mental health license or license eligible.

- Program certification
  - Adapted to adolescent treatment.
  - Collaborative Model.
    - Collaboration between probation, treatment, and youth/family.
  - Comprehensive assessment.

- Tracking outcomes of: Youth under treatment, treatment outcomes (graduated, discharge, terminated), time between referral and initiating treatment, length of treatment, etc.

Questions from Participants?

CASOMB- Working to make California safer.

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