

ATSA Adolescent Practice Guidelines are based in the empirical framework of the Risk – Need – Responsivity Principles

- How do we go about finding risk?
 - Appropriate assessment = youth's need for structure, supervision, and treatment
- Needs are what?
 - Adolescent's or family dynamic factors (identified in the assessment initially) that can reduce the adolescent's risk for sexual or general reoffending
- Responsivity
 - Effective methods to maximize the adolescent's and family to benefit from treatment and rehabilitative interventions based on what we learn from assessment on risk

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Logistics of Risk Assessment

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Risk Assessments are:

- Risk Assessments are only as good as the information gathered during the interview and record reviews.
- Risk Assessments are ongoing - they are never static! If anything changes; Risk – Need – Responsivity, living space, school, development, family, etc. the assessment should be updated to reflect the changes.
- No matter what, the Risk assessment is only good for 6 months

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For the Assessment a MUST is Documentation

Examples

- Summary of allegations
- Previous testing
- Treatment plans
- Other relevant historical information
- Goal of the referred assessment- what can be learned?

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Risk Assessment are

Appropriate for

- Sexual risk assessment for youth ages over 12 years old and youth involved with the juvenile or CHINS legal system

Not Appropriate for

- Assessment for youth under 12 years old who engaged in sexually reactive behavior, risky to self, or harmful behaviors

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Sexual Risk Assessment for youth over 12 years old

When an assessment should be done:

When there is definitive information that the adolescent engaged in sexually abusive behavior. This includes, but is not limited to the following:

- (1) The agency responsible for investigating allegations of sexually abusive behavior determined the behavior occurred and substantiated the findings of such.
- (2) The behavior has been substantiated by the appropriate jurisdictional investigative agency.
- (3) The adolescent has been adjudicated by the court on a sex-abuse related offense.
- (4) The sexually abusive behavior was directly observed by a reliable, responsible, source.
- (5) The youth admits to having engaged in sexually abusive behavior.

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Assessment for youth under 12 years old who engaged in sexually reactive behavior, risky to self, or harmful behaviors.

Focus is to assess if behaviors are trauma related or there is a risk for ongoing sexual behaviors

More to come on this later

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When to do the Assessment

The preferred practice to complete the Risk Assessment is post-adjudication; however, there are situations that warrant consideration of a pre-adjudication assessment, such as:

- All the legal professionals involved in the case are seeking information to assist in formulating a plea agreement or to support moving a plea agreement forward.
- The judge is seeking additional information prior to accepting to a proposed plea agreement.
- The court is withholding the charge, providing the adolescent an opportunity for treatment, resulting in no formal action on the offense.
- Diversion Cases

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Assessor should:

Know the adolescent's current legal status and the ways in which that status may influence the nature, scope, or validity of the assessment.

Recognize assessments *cannot prove or disprove that sexual abuse* has occurred, that it is not the role of an assessment, and an assessment cannot predict with certainty whether such behavior will or will not reoccur.

Educate referral sources accordingly. This will happen more than you think!

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Assessor – who has it in them?

What should an assessor possess?

- Grounding – engaging demeanor
- Practice within your practice scope – Psychology vs Social work degrees
- Knowledgeable on youth's development on all areas
- Knowledgeable on the range of youth's sexual behaviors
- Unbiased, sensitive, and impartial interviewing skills
- Understanding each youth is different, every time, all the time

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What sexual behaviors are we assessing?

- “Common/Healthy” -- Problematic -- Harmful
 - ALL of them
- How do we define the behavior?
 - How does the youth define behavior
 - How does the caregiver define the behavior
- How does trauma impact the sexual behaviors exhibited by youth?

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What is IN the Assessment?

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At a minimum, the sexual risk report should include sections on the following:

- A statement of informed consent
- A minimum of one (1) collateral contact shall be completed in order to collect information regarding the client's sexual behaviors and past trauma
- Youth, family, and community strengths
- Cognitive functioning
- Social/developmental history
- Current individual functioning
- Current and historic family functioning
- Delinquency and conduct/behavioral issues
- Substance use and abuse
- Sexual Assessment (including sexual interests)
- Mental health assessment
- Sexual history
- Trauma history
- Community risk and protective factors
- Awareness of victim impact
- Quality and availability of informed supervision
- **Risk/Need estimate utilizing an appropriate tool**

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Notice the Risk Tool Bullet Point

- It is only one (1) piece of the many parts to the report
- Narrative sections + Risk tool discussion= Risk Assessment
- Risk assessment cannot exist without narrative AND Tool Discussion

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Conclusion of the Risk Assessment Report to always include:

- Statement of risk for continued sexually abusive behavior by environments (at least home, school, and community)
- Recommendation concern level of restrictiveness for the youth
- Statement of amenability to interventions of the youth and family of protective factors
- Statement of needs for youth and family
- Recommendations for intervention to address the needs of youth and family
- Recommendations of critical individuals in the family and community to support interventions
- Statement of specific responsivity factors
- Recommendations for strategies to address responsivity factors

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Risk Tools – more to come later

- Practitioners who conduct risk and needs assessments of youth who have sexually abused must use one or more of the most empirically supported, independently evaluated measures in addition to structured clinical judgement.
- Clinicians who administer and interpret results must meet the qualification of the testing tools being utilized.

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Specialty Sections of the Risk Report

- We all know how to do the bio-psycho-social sections, but let's break down specialty sections of the risk report
 - Informed Consent
 - Collateral Information
 - Cognitive Functioning
 - Sexual Assessment
 - Sexual History
 - Victim Impact
 - Denial
 - Consent

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Assessment Domains – Sexual Contacts/ Problematic Behaviors/Abusive Behaviors

- Move on to asking questions for Sexual component in any order
 - Make sure youth and evaluator are on same page of definition for sexual terms
 - Sexual History
 - Contact vs. Non-contact
 - Girlfriends vs. sexual encounters
 - Pornography – Naked Pictures
 - Technology for sexual purposes
 - Sexting, Tik Tok, Snapchat, other apps?
 - Masturbation
 - Sexual Behaviors with animals
 - Fantasies
- Documented offense
 - Youth's version
 - Attitude to include sexual attitude regarding offense

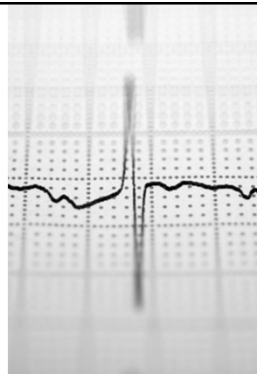
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Denial During the Assessment

- How to look at it differently ...
 - Why say what I did, when person who hurt me is not taking responsibility
 - How to respond?
- Okay, it happened, but I am NOT talking about it to anyone!
 - Okay, what should we do?
- Embarrassed, Shame, Guilt
 - Normal?
- What was wrong, he/she wanted it?
 - Consent, consent, consent!
- Denial = plans to prevent from being accused again

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Polygraph Guidance



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Assessment Measures - Polygraphs

In 2017, the Association for the Treatment and Prevention of Sexual Abusers (ATSA) published the *Practice Guidelines for Assessment, Treatment and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior*. The *Practice Guidelines* provide guidance to practitioners and others who work with adolescents who have sexually abused or are at risk to abuse.

ATSA Practice Guideline Regarding the Use of Polygraph

- The *Adolescent Practice Guidelines* recommend against the use of polygraph with juveniles.

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Assessment Measures - Polygraph - Implications for Practice

- ATSA members state commitment to guidelines, but guidelines do not necessarily reflect or replace local and/or applicable statutes, provisions, requirements, and other standards that may govern or shape practice
- The *Guidelines* require practitioners "to take steps to achieve an appropriate resolution in cases where a conflict between these guidelines and legal and professional obligations occur."

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How Risk Statements are Connected Registry Decisions



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Registry Issues

- Research does not support that there is a significant effect
- Risk assessment cannot predict beyond 6-12 month
- Some evidence exist that it does harm
 - Developmental opportunities
 - Living situations
 - No difference despite initial differences in risk levels
- Some support that it allows faster apprehension

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ATSA Position

- It is the position of ATSA that Sex Offender Registration and Notification laws are not appropriate for children and adolescents adjudicated or convicted of sexually abusive behavior, and the application of such practices should be eliminated.
- Efforts should focus on evidence-based interventions that will prevent re-offense, facilitate healthier lives for these youth, and result in healthier and safer communities.

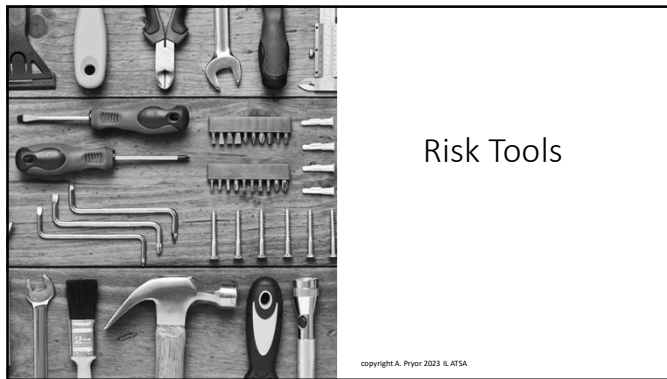
Advocacy and Training Alliance supports and accepts this position

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ATSA Recommendations

- End policies that subject children or adolescents to sex offender registration and notification requirements and related residence, education, and employment restrictions;
- Implement primary prevention interventions;
- Offer specialized treatment programs grounded within developmentally appropriate research, informed practices that incorporate trauma-informed practices and adhere to the principles of risk, need, and responsivity;
- Offer sexual education programs that address consent, healthy sexuality, and boundaries offered in an age-appropriate manner throughout childhood development;
- Offer treatment and other interventions that are sensitive to and address the adverse childhood conditions often experienced by at-risk youth (Adverse Childhood Experiences);
- A focus on protective factors that increase emotional, behavioral, and educational stability; and
- Engage family members and community support persons in an effort to maximize success in programs and promote stability and prosocial behaviors.

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Risk Assessment Tools

- Improvement over unstructured clinical judgement
- Most empirically supported, independent evaluated, sex-offense-specific risk assessment
- Are not meant to stand alone
- Assessor knows the measure, understands literature around the measure, and understands limitations

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Assessment: Review of Statistics

*Empirically supported, independently evaluated
Worling, 2018

How to interpret an "AUC" value—Area Under the receiver operating characteristic (ROC) Curve:

The probability that a randomly selected person with the condition (e.g., **recidivist**) will have a higher score than a randomly selected person without the condition (e.g., **nonrecidivist**).

ranges from 0	(100% incorrect)
through 0.5	(50%, or chance)
to 1.0	(100% perfect)

AUC of .56-.63 "small" effect size
AUC of .64-.71 "moderate" effect size
AUC of >.71 "large" effect size

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AUC Review on Assessment Measures

Hanson & Morton-Bourgon, 2009 *Psychological Assessment*, 21, 1-21

Meta-analysis of risk assessment accuracy

All actuarial tests

81 studies
24,089 males (primarily ADULT)
average **AUC= .68** ($d = .67$)

Static-99

63 studies
20,010 males (primarily ADULT)
average **AUC= .68** ($d = .67$)

Miccio-Fonseca, 2013 [Journal of Family Violence, 28, 623-634] =
AUC= .71 (95% CI: .62-.80)

Viljoen, Mordell, & Beneteau (2012) *Law and Human Behavior*

Risk Measure (# of studies)	AUC (sexual recidivism)	
	Judgment (95% CI)	Total Score (95% CI)
J-SOAP-II (9)	n/a	.67 (.59-.75)
J-SORRAT-II (7)	n/a	.64 (.54-.74)
ERASOR (10)	.66 (.60-.71)	.66 (.61-.72)

Heterogeneity (Q) significant for all tools

Rasmussen, 2018 [International Journal of Offender Therapy and Comparative Criminology, 62, 2937-2953.] = AUC=.67 (95% CI: .52-.82)

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Risk and Needs Assessment Measures

- Unstructured clinical judgement = best guess?
- Adding a tool or two tools = identifies dynamic risk factors = helps facilitates effective treatment = common language

Worling, 2018

Issues With Popular Risk Prediction Tools

1. Research regarding risk prediction accuracy levels
2. 33%-100% of the risk factors are static: adolescents are not
3. Research regarding established risk prediction factors
4. Narrow age range (typically 12-18)
5. Dated language does not reflect changes in the field
6. Most tools not applicable for subgroups (e.g., females, noncontact offenses, bestiality, child abuse images...)
7. Arbitrary risk ratings with some tools (e.g., what does "High Risk" mean? "Moderate Risk?")
8. Only risk factors: ~~no~~ protective factors

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Examples of Tools

1. PROFESOR – Protective + Risk Observations for Eliminating Sexual Offense Recidivism
2. YNPS – Youth Needs and Progress Scale
3. MEGA² - Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing
4. MIDSA Multidimensional Inventory of Development, Sex, and Aggression
5. JSORRAT- Juvenile Sexual Offense Recidivism Risk Assessment Tool-II
6. J-SOAP – Juvenile Sexual Offender Assessment Protocol – II
7. J-RAT – The Juvenile Risk Assessment Tool

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PROFESOR- Protective + Risk Observations for Eliminating Sexual Offense Recidivism

- PROFESOR is a structured checklist to assist professionals to identify and summarize protective and risk factors for adolescents and emerging adults (individuals aged 12-25) who have offended sexually.
 - PROFESOR is intended to assist with planning interventions that can help individuals to enhance their capacity for sexual and relationship health and thus, eliminate sexual recidivism.
 - PROFESOR is not intended to predict risk.
- critical to stress that there is currently no empirical support to suggest that the PROFESOR could inform predictions of future sexual offending.

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YNPS - The Youth Needs and Progress Scale

- A 22-item rating scale designed to help identify risk-relevant intervention needs.
- Used for individuals aged 12 to 25 who have engaged in abusive sexual behavior.
- Assesses nonsexual reoffending and sexually harmful behaviors.
- The scale's focus on dynamic factors makes it valuable for guiding interventions and assessing change.
- Based on the RNR model

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MEGA¹ - Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing

- To be used for sexually abusive children and adolescents, between the ages of 4-19 MEGA² is a scientifically based questionnaire that determines the level of risk for coarse sexual improprieties and/or risk for sexually abusive behaviors
- MEGA² can be applied to both adjudicated and non-adjudicated youth
- MEGA² can be applied to males and females in addition to lower functioning individual

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MIDSA-Multidimensional Inventory of Development, Sex, and Aggression

- MIDSA is a computerized self-report inventory that assesses all domains found important in the treatment and management of sexually aggressive behavior.
- The MIDSA gathers extensive data on the developmental antecedents that contribute to the onset and continuance of sexual and aggressive behavior.
- The MIDSA is a psychological assessment tool that was designed specifically to identify important target domains for therapeutic intervention with individuals who have been sexually coercive. It is intended to serve as a risk management instrument.
- The MIDSA is not a risk actuarial and is not designed to be used for adjudication purposes.
- The MIDSA has a version written specifically for juveniles.; fourth grade reading level can answer; Males and females can utilize the inventory.

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JSORRAT- Juvenile Sexual Offense Recidivism Risk Assessment Tool- II

- JSORRAT-II is an actuarial sexual recidivism risk assessment tool designed for male juveniles between ages of 12-17 who have been adjudicated guilty for a sexual offense.
- The JSORRAT-II may be used experimentally in any state to tentatively inform treatment, programming, and other similar clinical decisions.
- Use of the JSORRAT-II to advise forensic decisions (registration, community notification, and civil commitment) should be limited to states in which it has been validated or is currently being validated.

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J-SOAP- Juvenile Sex Offender Assessment Protocol- II

- J-SOAP-II is a checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending.
- It is designed to be used with males ages 12-18 who have been adjudicated for sexual offenses, as well as non-adjudicated youth with a history of sexually coercive behavior.

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J-RAT- The Juvenile Risk Assessment Tool

- The J-RAT is an instrument designed to shape structured professional judgement (SPJ) in assessment the risk of a sexual re-offense in adolescent males, ages 12-18 who have engaged in prior sexually abusive behavior.
- It is not designed to be used to evaluate younger children, adults, or females.

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Revisit - Conclusion of the Risk Assessment Report to always include:

- Statement of risk for continued sexually abusive behavior by environments (at least home, school, and community)
- Recommendation concern level of restrictiveness for the youth
- Statement of amenability to interventions of the youth and family of protective factors
- Statement of needs for youth and family
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- Recommendations of critical individuals in the family and community to support interventions
- Statement of specific responsivity factors
- Recommendations for strategies to address responsivity factors

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Let's Review our Predictions

- What time will we be done for today?
- The weather today?

What did people say?

Did anyone change plans based on what someone said about time or weather?

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