Treating JWSBP Pre-Adjudication

Assessment and Treatment
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• Current Licenses and Certificates:
  – Licensed Clinical Social Worker (LCSW)
  – Licensed Sex Offender Treatment Provider (LSOTP)
  – Clinically Certified Forensic Counselor
  – Certified Master Forensic Social Worker
  – Clinical Member of ATSA
Introduction

• The juvenile system’s principal function is to protect and rehabilitate a delinquent child, while it can be argued that the main goal of the adult system is to punish a guilty offender.

• Even the terminology created for the Juvenile system is one based on civil rather than criminal standards.
• A juvenile is referred to as a respondent, not as a defendant.
• A juvenile is alleged to have committed a delinquent act rather than a criminal offense.
• A juvenile is generally not charged by an indictment or information; he or she is brought before a juvenile court by the filing of a petition.
• A juvenile is not arraigned in court at his or her first appearance, but instead held to appear for a detention hearing.
• While a juvenile is detained and adjudicated, an adult is arrested and convicted.

• While a juvenile convicted for committing a sexual offense is considered a “juvenile with a sexual behavior problem” an adult is considered to be a “sex offender.”

• The majority of convicted juveniles is not placed under registration while nearly all of the convicted adults are placed under registration.
Juvenile Courts Main Objective

• The juvenile courts main objective is to focus on the best interest of the child in determining what services or protections are needed to benefit the juvenile, while the criminal court generally focuses on invoking a punishment proportionate to the crime.
RULE § 810.65
Assessment and Treatment Standards for Juveniles with Sexual Behavior Problems
Licensees shall subscribe and adhere to the following tenets regarding juveniles with sexual behavior problems:
1) Licensees shall recognize that some children before age 10 begin displaying sexually inappropriate behavior with others and children may duplicate sexual behavior they have witnessed on the part of other children, older siblings, and/or adults;
2) Licensees shall recognize that the onset of sexual behavioral problems in juveniles can be linked to numerous issues related to their experiences, exposure, and/or developmental deficits;

3) Licensees shall recognize that juveniles are distinct from their adult counterparts;

4) Licensees shall recognize that sexual arousal patterns of juveniles appear more fluid and less firmly established than those of adult sex offenders and relate less directly to their patterns of offending behavior.
5) Licensees shall recognize that juveniles who display sexually abusive behavior are heterogeneous; juveniles are children first with developmental needs, but also have special needs and present special risks related to their abusive behaviors.

6) Licensees shall recognize a holistic approach when treating juveniles with special behavior problems.
• §810.63. General Assessment Standards (Adults and Juveniles).

a) The assessment shall focus on the strengths, risks, and needs of the client, and identifying factors from social and sexual history, which may contribute to sexual deviance. Assessments shall provide the basis for the development of comprehensive treatment plans and shall provide recommendations regarding the intensity of intervention, specific treatment protocol needed, amenability to treatment, as well as the identified risk the adult sex offender and/or the juvenile with sexual behavior problems presents to the community.
Why treat prior to adjudication?

The accused person and his or her parents need information to protect all their children.

A. Provide details of the process about to happen when their child has been accused.

B. Let them know their choices regarding the legal process and treatment choices.

C. Start treatment while everyone is motivated and concerned.
D. Continuous assessment of client and family during treatment.

E. Acquire any past assessments such as actuarial assessments (Screening Scale for Pedophilic Interest [SSPI]), Abel Assessment, Monarch 21 penile plethysmography (PPG), Psychological evaluations, and others.

F. Begin with a diagnostic impression with special attention to symptoms of Autism Spectrum d/o, impulse control d/o and anxiety d/o.
Interview with juvenile and family

• What agencies have been or are involved? Is the alleged abuser isolated from younger children? Get outcry/offense document.
• Have they admitted the crime to anyone?
• Was the outcry victim a family member?
• Ask for names and ages of direct or indirect victims.
• Document all family members involved by age and relationship.
• Gather information about accusers family, if known.
• Question what medical and mental health issues exist, both present and by history.
• Determine mental health status of the accused.
• Know if there are past accusations or other legal issues such as past arrests.
Treatment Planning

• Address payment issues, overall expenses, private pay vs. managed care. Address confidentiality. In most cases clients are experiencing anxiety, guilt, shame, anger, frustration, or depression. A cognitive behavioral approach such as Rational Emotive Behavior Therapy can accomplish a reduction in emotional extremes and irrational sexual thoughts and behaviors.
Treatment Planning

• 1\textsuperscript{st} session: Read and explain the laws regarding sexual behavior of the United States, your state, county, and city regarding sexual behavior. Teach the language used in offense charges such as “sexual assault”. Test their knowledge.
• **2\textsuperscript{nd} session:** define coercion, consent and factors required for “True Consent.”
  – Close intellectual, emotional and actual age.
  – Understands your intentions.
  – Permission to say no without negative outcome.
  – Mutual affection and respect.
  – Honesty
  – Test their understanding
• **3\textsuperscript{rd} session:** determine knowledge and understanding of sexual anatomy, functions, and routes of infection. Fill in gaps or instruct from sperm+egg to how it happens. Ensure an understanding of cause and effect.

• **4\textsuperscript{th} session:** review male and female anatomical drawings. Question and assure clear knowledge. Discuss STD’S to assess knowledge.
• **5th session:** Cognitive Distortions  
  – An explanation of how irrational thinking leads to negative emotions and behaviors provides an introduction to how “cognitive distortions” are used by people to avoid or escape taking responsibility for their actions.  
  – Use your favorite lists, from 9 to 20.

• **6th session:** continue with “Thinking Errors”  
  – Devise or use workbook exercises to assure knowledge and understanding (minimum 70%).
• **7th session:** Empathy. Definition and derivation (pathos). Assure understanding of the “Golden Rule,” perspective taking, “walking a mile in my moccasins.” Victim empathy exercises recommended.

• **8th session:** Grooming, dating, contributing negative behaviors (maintenance behaviors). Introduce Power and Control vs. Equality Wheel. Begin relapse prevention training. Avoidance and escape.
TEEN EQUALITY

COMMUNICATION:
Willingness to have open and spontaneous dialogue. Having a balance of giving and receiving. Problem solving to mutual benefit. Learning to compromise without one overshadowing the other.

NEGOTIATION AND FAIRNESS:
Seeking mutually satisfying resolutions to conflict. Accepting changes. Being willing to compromise.

NON-VIOLENCE

NON-THREATENING BEHAVIOR:
Talking and acting so that she feels safe and comfortable expressing herself and doing things.

RESPECT:
Listening to her non-judgmentally. Being emotionally affirming and understanding. Valuing her opinions.

TRUST AND SUPPORT:
Supporting her goals in life. Respecting her right to her own feelings, friends, activities, and opinions.

HONESTY AND ACCOUNTABILITY:

SHARED POWER:
Taking mutual responsibility for recognizing influence on the relationship. Making decisions together.

SELF-CONFIDENCE AND PERSONAL GROWTH:
Respecting her personal identity and encouraging her individual growth and freedom. Supporting her security in her own worth.
Treatment Planning

- **9th session**: Relapse prevention techniques, negative imagery, explore past issues.

- Explain classical conditioning (Ivan Pavlov) and masturbatory fantasies. Explain the “nucleus accumbens,” food, sex and dopamine release.
INSTRUCTIONS FOR IMPULSE CHARTS

What are sexual impulses? .................................................................

Sexual impulses and fantasies are your sexual thoughts and feelings toward other persons. When you identify your sexual impulses and fantasies, you will better understand your thoughts and feelings and you can work on your sexual behavior.

Instructions: Make 50 copies of the Impulse Chart on the next page. You will turn in your Impulse Chart every week with your daily writings. Be sure to include all the information below.

When you notice someone or have a sexual thought, think about this:

R-- Recognition: You notice someone (I see).

I-- Impulse: You notice someone's body parts (I like).

F-- Fantasy: You start thinking of that person, what it would be like to meet them, what they are like, how much you'd like them (I wish).

P-- Plan: You start thinking of what you can do to meet them, how you can get to know them (I will).

O-- Outlet: You do something to be sexual with that person, any sexual behavior including having sex with your partner, masturbation, etc. (I did).

You can control your deviant thoughts and feelings using the following methods:

Look away: When you start having sexual thoughts about someone without their permission, or toward a child, look away to distract yourself.

Aversive scene: Think about consequences for your behavior if you do what you are thinking:

Like: My wife will leave me.

I can go to jail for touching a child.

People may call me a pervert in front of my children.
IMPULSE CHARTS

How many times did you have sexual impulses this week? ____________

How many impulses were toward children? ____________

How did you control your impulses?

- Look away
- Aversive scene
- Rubber band/clip
- Thought stopping

Other method

Where did your impulses occur?
- At home
- At work
- In the car
- In a restaurant

Another place __________________________________________

What sexual activity did you have this week? __________________

________________________________________

________________________________________

Other activity __________________________________________

________________________________________
Rubber band or clip: Use a rubber band and pull it hard when you have deviant thoughts or feelings. This will remind you of the people you might hurt if you continue having deviant thoughts and feelings. Use a paper clip on your shoe laces to remind you that you need to rethink and pay attention to your thoughts to be a citizen.

Thought stopping: When you realize you are having deviant thoughts, like thinking someone wants to have sex with you when they smile at you, think of a stop sign, say, “Stop! Stop! Stop! Remember people smile to be polite, they don’t necessarily want to have sex”. Think about the possible consequences. Think like a citizen.
• **10th session**: Final exam: determine retained knowledge and application. Complete or extend as necessary.

• Write completion letter with recommendations for further treatment as needed.

• Explain the use of an Abel Assessment as an aid in sentencing determinations.
Questions or Comments