

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
 - ATSA-Clinical Member

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 are 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.

Texas Administrative Code

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.

The Abel Assessment for Juveniles

1. Helps determine true sexual interest by age and gender.
2. Will reveal cognitive distortions that need to be addressed.
3. Provides a "Social Desirability" score that tells us if he or she is unable to admit to violations of normal social mores.
4. By self report, if they admit to a past sexual abuse to themselves, it has scores to help assess the impact of the abuse.
5. By self report, it details alcohol and drug use or abuse.

Initial Assessment

Patient Name: _____ Date: _____
 Date of Birth: _____ Age: _____ Gender: M/F
 Referral Source: _____ Grade/Occupation: _____
 Time In: _____ Time Out: _____
 Chief Complaint: _____

 History of Complaint: _____

 Family/Social History: _____

 Developmental History: Normal _____ Delays _____
 (Please Explain): _____

 Medical History: _____

 Psychiatric History: _____

Current Medication(s): _____

Family Psychiatric History:

Physical, Sexual, and/or Emotional Abuse: _____

Substance Use History:

	Current	Past
Tobacco		
Caffeine		
Alcohol		
Cannabis		
Cocaine		
Other		

Legal History: (Patient or Family Members) _____

Mental Status Exam: (Circle one or more items)

Appearance: Normal/ well groomed/poorly groomed/ other _____

Mood: Euthymic/depressed/anxious/fearful/apathetic/angry/confused/silly/withdrawn/Other _____

Affect: Congruent/incongruent/blunted/flat/labile _____

Sensorium: Oriented to Person/Place/Time _____

Rate of Speech: Normal/slow/pressured/spontaneous/non-spontaneous _____

Intellectual Functioning: (estimated) Average/below average/above average _____

Thought Process: Logical/coherent/goal-directed/other _____

Thought Content: Suicidal ideation; present /not present/other _____

Homicidal Ideations: Present/not present/other _____

Auditory Hallucinations: Present/not present/other _____

Command Hallucinations: No/Yes if yes, elaborate: _____

Visual Hallucinations: Present/ not present/other _____

Diagnosis:
 Axis I: _____

Treatment Plan Goals: |

Recommendations for Treatment: _____

Therapist Signature

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 accuser's 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. Give them hope.

Treatment Planning

- **1st 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.

- **2nd 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

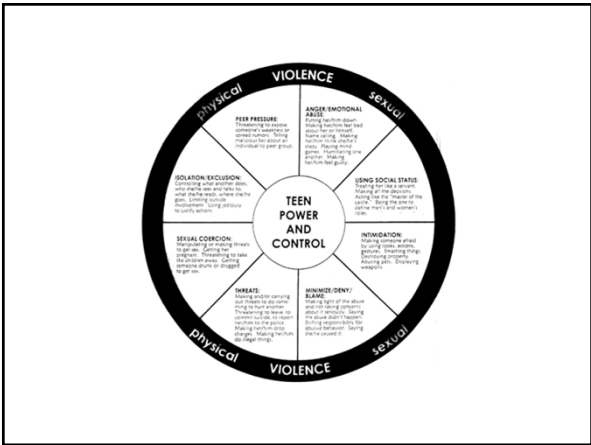
- **3rd session:** determine knowledge and understanding of sexual anatomy, functions, and routes of infection. Fill in gaps or instruct from sperm+egg to how it happens. Ensure an understanding of cause and effect.
- **4th session:** review male and female anatomical drawings. Question and assure clear knowledge. Discuss STD'S to assess knowledge.

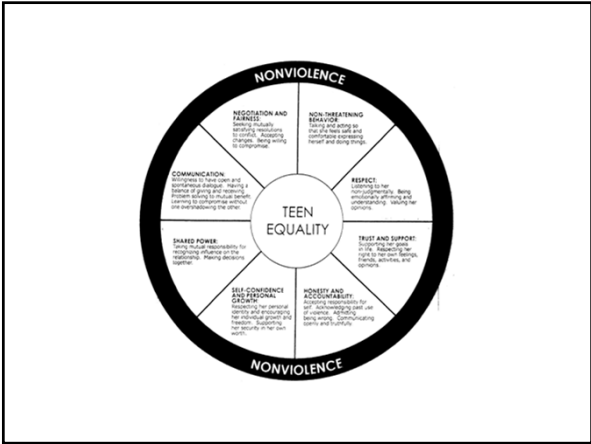
- **5th session:** Cognitive Distortions
 - An explanation of how irrational thinking leads to negative emotions and behaviors provides an introduction to how “cognitive distortions” are used by people to avoid or escape taking responsibility for their actions.
 - Use your favorite lists, from 9 to 20.
- **6th session:** continue with “Thinking Errors”
 - Devise or use workbook exercises to assure knowledge and understanding (minimum 70%).

thou shalt not commit logical fallacies

- strawman**: Exaggerating someone's argument to make it easier to attack.
- false cause**: Assuming that because one event follows another, it was caused by it.
- appeal to emotion**: Making an argument based on feelings rather than logic.
- the fallacy fallacy**: Assuming that just because someone is using a fallacy, their entire argument is invalid.
- slippery slope**: Claiming that a small first step will lead to a chain of related events culminating in a large (usually negative) effect.
- ad hominem**: Attacking the person making the argument rather than the argument itself.
- tu quoque**: Responding to an accusation with a counter-accusation.
- personal incredulity**: Claiming that something is false because you cannot understand or believe it.
- special pleading**: Making an exception to a general principle or rule for a specific case or person.
- loaded question**: Asking a question that presupposes a controversial or unproven assumption.
- burden of proof**: The obligation to provide evidence for a claim.
- ambiguity**: Using a word or phrase that can be understood in more than one way.
- the gambler's fallacy**: Believing that if something happens more often than expected, it will happen less often in the future.
- bandwagon**: Claiming that something is true or right because many people believe it.
- appeal to authority**: Claiming that something is true because an authority figure says so.
- composition/division**: Assuming that what is true of the parts is true of the whole, or vice versa.
- no true scotsman**: Making an exception to a general rule to avoid a counterexample.
- genetic**: Claiming that something is true or false because of its origin.
- black-or-white**: Presenting two options as the only possibilities, when in reality there are many more.
- begging the question**: Making an argument that assumes the truth of what it is trying to prove.
- appeal to nature**: Claiming that something is good or bad because it is natural.
- anecdotal**: Using a single personal story or example to support a general claim.
- the texas sharpshooter**: Claiming that a pattern exists because of a coincidence.
- middle ground**: Assuming that the truth is always halfway between two extremes.

- **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.





Treatment Planning

- **9th session:** Relapse prevention techniques, negative imagery, explore past issues.
- Explain classical & operant conditioning (Ivan Pavlov & BF Skinner), and masturbatory fantasies. Explain the “nucleus acumbins,” 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 hen 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, to spend time with 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 feeling 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

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, authorize:

YOUR NAME, PHONE AND ADDRESS

To disclose and release information to:

The information was obtained as a result of professional services rendered to _____ (child / patient name) and will include the following information:

- PSYCHOLOGICAL TESTING
- DIAGNOSIS
- MEDICAL, SOCIAL, EDUCATIONAL AND ANY / ALL CLINICAL INFORMATION

The above professionals and / or agencies will release information only to each other.

The purpose of this information is to ensure continuity of care.

The signing of this form waives the above mentioned professionals and / or agencies from liability re: from the release of these records.

Photocopies of this completed consent form are to be considered as acceptable and binding as the orig

Signature of Patient Guardian _____ Date _____

Relationship to Patient _____

Witness's Signature _____ Date _____

YOUR NAME, PHONE NUMBER AND ADDRESS

Forensic Counseling Agreement

In the event that I request or subpoena _____ for any legal testimony, in or outside of a court of law, or consultations with my attorney, I agree to pay _____ at the rate of \$150.00 per hour for all services rendered including travel time.

If I wish to have _____ testify as an expert in any hearing or trial, the cost of the time required for that testimony would be \$600.00 per half day. If the trial or hearing is set for the morning, the fee will be \$1200.00 with the understanding that if the trial or hearing is concluded prior to noon, \$200.00 will be refunded. If the trial extends beyond 2:30 p.m., the full fee shall be due and payable for the afternoon.

_____ is willing to be on-call for court to help control costs.

All fees for services are due and payable at the time of service with the exception of expert witness fees. These are due and payable 72 hours prior to the scheduled court time. If court is rescheduled with less than 24 hours notice to the office of _____, one half of the fee will be forfeit since the scheduling required him to clear his/her calendar and not schedule patients.

Signed: _____

Consent to Treatment for Minor

Name of minor: _____

Age: _____ years, Birth Date: _____

I, _____, am the legal custodian of the above-named minor.

Please check one.

I have full legal authority to consent to treatment of the minor without obtaining consent or approval of another person.

I have joint custody of the minor pursuant to a decree that requires both my consent and the consent of another person.

I hereby authorize _____ to provide counseling to the minor in connection with sexual abuse, mental health and/ or other personal problems.

Parent or Legal Guardian _____

Date: _____

Witness: _____
