Relapse Prevention Safety Planning With Juvenile Sexual Offenders

Virginia Department of Juvenile Justice

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Stuff We Know

• Youth who sexually abuse are “more likely to reoffend non-sexually than sexually” (Caldwell, 2010; 2016) and “have many characteristics similar to youth engaging in non-sexual delinquent behavior” (Seto & Lalumiere, 2010).

More Stuff We Know

• Most juveniles stop their sexual offending behavior before adulthood, and most adult offenders start their registered criminal behavior after adolescence. Studies of juvenile and adult offenders show that after 59 months, the percentage of repeated sexual offenses among juveniles is between 7 and 13 percent (Caldwell, 2010; Reitzel & Carbonell, 2006; Harris & Hanson, 2004).

DJJ Sex Offense Rearrest Rates

FY2013-2016

<table>
<thead>
<tr>
<th></th>
<th>All Releases</th>
<th>Releases W/ Sex Offender Treatment Need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any Reoffense</td>
<td>Sexual Reoffense</td>
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<tr>
<td></td>
<td></td>
<td>Total Juveniles</td>
</tr>
<tr>
<td></td>
<td>52.6%</td>
<td>2.5%</td>
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<tr>
<td></td>
<td></td>
<td>1790</td>
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<tr>
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<td>33.5%</td>
<td>4.3%</td>
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<td></td>
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</tbody>
</table>

• 4.3% of juveniles released from direct care with a sex offender treatment need between FY 2013 and 2016 were rearrested within 12-months for a sexual offense.
  • Sample excludes blended sentences
  • Sexual reoffenses include Virginia Crime Codes (VCCs) with RAP, SEX and/or OBS headers
  • Excludes OBS-3712-M4 (E.g., drunk in public, profane language)

Relapse Prevention Definition

• “A cooperative effort between the treatment provider and the client that makes extensive use of both internal self-monitoring and external provider monitoring; as well as family members, probation or parole officers, and others who can observe changes in behavior which might precede relapse” (Pithers, 1983; Marshall, Laws, and Barbaree 1990).

Pure RP Plan VS. Safety Plan

A Relapse Prevention Plan is More **Offender Based**
Focus On Offender’s:
• Triggers / Behavior Chains / High Risk Factors / Etc., and
• Ability to use learned coping skills / supports / resources

A Safety Plan is More **Everybody Based**
It focuses on the creation of:
• Instructions / Boundaries / Rules to maximize safety and success
Pre-Safety Planning Stuff

In the equation, but not limited to, you will need:
• Knowledge of the offender’s relapse prevention plan
• Risk assessment for static and dynamic risk factors
• Protective factors
• Knowledge of the lay of the land
  – Community placement options
  – Family dynamics
  – Victim situation
  – Who are the players
  – Who are not players
  – Offender input

Safety Plan Design Roles

• Family / Guardians
  – Support system
  – Enforcing / Providing
    • Instructions
    • Skills
    • Boundaries
    • Limits
    • Etc
  – Treatment Providers / Other professionals
    • Invited to collaborate where necessary

Start Broad

• Safety plans should be developed with the broad philosophy that decision making is based on:
  – Risk-Needs-Responsivity
  – An individualized, case-by-case basis

Who Needs to Know?

• Everyone involved needs to be aware of the safety plan
  – Victim in home or community (as applicable)
  – Other children in the home
  – Parents / guardian who accept responsibility for implementation of the plan when they agree to have the offender in their care
  – Other caretakers / responsible adults who may supervise the youth (as appropriate)

Safety Plan Design Roles

• The PO is the Driver behind the plan
  – Liaison amongst the court, resident, family, treatment providers, education, etc.
  – Has ability to authorize placements, referrals, etc.
• SO Treatment Providers Navigate
  – Primary Safety Plan architect
  – Act as liaison for the treatment team
  – Creates the language that identifies how risk factors are to be addressed
  – Sort risk assessment / treatment experience / other variables
• Resident
  – Most important individual in the process
  – Goal setting / feedback
  – “Buy in”

Is it Doable?

• Safety plans need to be reasonable, understandable and measurable.
• Developmentally appropriate*
• The family should have skills to generalize the safety plan within a variety of situations.
• Could you do it?

  *e.g., television / reading
Some General Guidelines

Safety Planning Should…
- Consider well-being of victim(s) when placing offender back in community, school, home, etc.,
- Consider caregiver’s ability to ensure safety of all youth in their care
- Start at the onset of treatment and be refined as the process continues
- Be realistic

More General Guidelines

Safety Planning Should
- Be reviewed periodically to ensure compliance and need for adjustment(s)
- Be subject to the idea that the plan is an experiment. Everyone should be open to the concept that a safety plan will be adjusted at some point depending on the following:
  - Progress / Goals met
  - Ineffectiveness

Boiler Plate Process

Pros
- Don’t have to recreate the wheel
- Gives us automatic boundaries
- Gives us consistency
- Some are dynamic (multiple choice / pick one or the other)
- Have some history - Tried and True (maybe?)
- Convenient (for the writer)

Cons
- Not individualized / for the masses / dime a dozen
- Overused and abused
- Require minimal / limited thought and creativity
- May not account for risk levels
- Square peg in a round hole

Spectrum Of Choice

Limits, boundaries & situations are conditional.
If this, then let’s do that…
When it’s here, we do this… OR, if it’s not there, let’s allow for this…

Most Restrictive
- Limits, boundaries are absolute, rigid with little to no room for individuation.
- Do this… OR, Don’t do that…

Least Restrictive
- Limits are issued by variables that are measured to account for successes & challenges based on individualized goals & protective factors.
- When successful at this, we allow more of this… OR less of that…

Popular Safety Plan Domains

- Supervision
  - Reunification
  - Younger children
- Technology
- Vocational Recommendations
- Hobbies and Activities
- Drugs and Alcohol
- Treatment Experience
- Protective Factors
- Legal
- General Compliance

(cheat sheet on page 20)
Reunification (Clinically Speaking)

Reunification between offender and victim should only be attempted:
- When there is clinical approval from a QMHP who is qualified to assess sexual abuse / trauma on behalf of the victim, AND provide documentation of such on official letterhead (beware of agendas)
- When there is clinical approval from the treating QMHP for the offender
- When the victim is a family member
- When family dynamics allow
- When the court allows

Reunification (Logistically Speaking)

Decision making about the reunification process SHOULD be based on:
- A collaborative exchange that prioritizes the victim’s experience and needs over everything else

Decision making about the reunification process SHOULD NOT be based on:
- Parent’s agenda / pressure to reunite the family (*phone)
- Placement deadlines
- Financial issues
- Failure to acquire a QMHP for the victim / family
- Jurisdictional traditions

Preferred Supervision

Suggest safety planning that is based on sustainable, practical contexts rather than worst case scenarios

- For younger sibling cases with low to moderate risk offense history:
  - No babysitting
  - No placement in positions of authority over children
  - Having responsible adult supervision / presence when around children (of a targeted age range / vulnerable population)

- Recommendations of extreme, limiting prohibitions should be reserved for higher risk population with:
  - Established / developed patterns of age specific deviant arousal
  - Predatory behavior (as opposed to opportunistic)

Supervision

Recommendations regarding limitations / supervision around younger children should take into consideration:
- History / Pattern / of offense(s)
- Victim selection
  - Age of victim(s)
  - Access to victim(s)
- Sexual arousal / preoccupation to a given population

Computer / Tablet

Suggested Language

Computer / Internet use shall be used for:
- Homework
- Vocational applications / purposes
- Approved software / Apps
- Approved Email

*Recreational use shall be defined and only allowed:
  - At (insert time frame)
  - With (insert supervisor)

All computer use shall be monitored by:
- Who?
- Under what conditions (At the kitchen table?)

* e.g., music, sports, arts, hobbies, other leisure subject matter, etc.
Chats and Gaming
Suggested Language

- Chat rooms and community groups shall be off limits.
- If video-gaming is allowed, it shall be supervised and limited to participation with only known peers if gaming is internet-based.

Vocational Interests

Consider safety planning that provides realistic views of what is practical, achievable and hopeful within a career interest when balanced against social and/or legal consequences

- On the Registry
  - Not looking good for a career in teaching, mental health or law enforcement
- Not on the Registry
  - More things are possible
  - Keep an open mind, but mindful of access to vulnerable populations (e.g., Pool Life Guard if there is power / control issues, sexual preoccupation, history of predatory behavior)

Smart Phone
Suggested Language

Smart phones shall be used for:
- Communication with parent's / guardians
- Approved “contacts”
- GPS / travel
- Approved apps

Graduated / Earned Use

Hobbies / Leisure Activities

Encourage developmentally appropriate and structured activities where applicable.

- Adolescents are drawn to:
  - Art
  - Reading
  - Music
  - Sports
  - Fitness

Social Media / Other Tech
Suggested Language

Facebook, Instagram, or other social media use should:
- Not be allowed until…
- Be monitored and only allowed at…
- Limited to…

Texting shall be limited to only the following approved contacts… and only under the following conditions…

Hobbies / Leisure Activities

Trouble shoot where there is trouble

- Photography
  - History of sexting, collecting / trading / possession of child porn, or other behavior that red flags an interest with photography.
- Graphic Novels / Anime
- Fitness centers / Public Pools / Parks
- Community / Religious youth forums
Drugs & Alcohol

NO illegal Drugs
No alcohol under the age of 21

- To drug test or not?
  - Is there a history of drug and/or alcohol use?
  - Is there a DSM V Substance Use Disorder?

Legal

Registry
- Does language account for guidance within the legal realm as much as it does to follow the rules?
  - Beware the public eye
- How to navigate do’s, don’ts & boundaries?
  - Who
  - When
  - Where
  - How
  - (“Next Door” social media)

Treatment Experience

<table>
<thead>
<tr>
<th>Treatment Experience</th>
<th>Low Risk (Static)</th>
<th>High Risk (Static)</th>
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<tbody>
<tr>
<td></td>
<td>Few Victims / Opportunistic / Used manipulation / No evidence of deviant sexual arousal / Few or no distortions</td>
<td>Pattern of offending / Predatory / Used force, threats / Deviant sexual arousal / Sexual Preoccupation / Indiscriminant victim selection / Distortions, defensive</td>
</tr>
<tr>
<td>3. Antisocial / shallow / minimized or denied offenses / no or low empathy / suspensions / problematic behavior</td>
<td>4. Antisocial / shallow / minimized or denied offenses / no or low empathy / suspensions / problematic behavior</td>
<td></td>
</tr>
</tbody>
</table>

General Compliance

- Maintaining appointments
- Keeping log books
- Curfew
- Peer group
- Complying with rules / what are the consequences if you don’t?
  - Are these…
    - Realistic & Doable?
    - Understood?
    - Collaborative?
    - Developmentally appropriate?
    - Measurable?

Protective Factors

What will buffer & diminish the likelihood that a risk factor will influence offending?

- Safe and desirable place to live
- Positive structure
- Appropriate & consistent supervision
- Access to education, vocation, recreation
- Positive people / family / peer group / social streams
- Consider supports that are trainable / coachable

Polygraph / Phallometry

DJJ will follow resource guidelines set forth by the Association for the Treatment of Sexual Abusers (ATSA)

- The ATSA Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior, 2017
- The ATSA Practice Guidelines for Assessment, Treatment, and Management of Male Adult Sexual Abusers, 2014
What Does the Association for the Treatment of Sexual Abusers Say?

- Polygraph is a physiological measurement designed for adults. Its use was extended to adolescents and younger children without establishing scientific validity.
- Extended to adolescents without consideration for potential harm.
- No research with controlled evaluations with relevant comparison groups.
- There are no norms which to compare measurement results.
- It has not been shown to improve treatment outcomes, reduce recidivism or enhance community safety.
- It is not used regularly outside of the US.

Ethically Speaking…

- There is the potential for coercion, engendering fear, shame, and other negative responses in adolescent clients.
- There are concerns related to the prospect of basing impactful decisions on a measurement that is not empirically based such as:
  - Legal restrictions
  - Family Reunification

ATSA Recommends against using Polygraphs with anyone under the age of 18

P & P For Juveniles

“DJJ shall not endorse the use of polygraph or phallometry with individuals under the age of 18, and further, shall not make recommendations of such on its risk assessment, agency reports, etc., nor refer any of its committed, probationed, or paroled youth to clinical partners or agencies who will utilize polygraph and/or phallometry for assessment, treatment or supervision purposes outside the scope of ATSA's current guidelines.”

P & P For Adults / 18 Up

“DJJ cautions the use of polygraph and/or phallometry with its committed, probationed, or paroled individuals who are 18 years or older. Use of polygraph and/or phallometry for DJJ involved individuals, 18 years or older, shall take into consideration ATSA's practice guidelines and shall consider the individual's emotional intelligence, maturity and any intellectual disability or developmental delay. Additionally, justification for such use shall be specific to the individual, with particular regard to addressing specific aspects of the individual's offending; and how such use will improve public safety.”

Polygraph - Historically Speaking

During Assessment Phase
Polygraph has been used to:
- Elicit information about:
  - Index offense(s)
  - Additional victims and/or, Additional offenses with known victim(s)

During Treatment & Post Treatment (Re-entry)
Polygraph has been used to:
- Elicit information about:
  - Treatment, Probation and/or Parole Compliance

Addressing Tech

Food for Thought
- Is the issue pornography, technology or both? Then consider the different ways a safety plan could be worded around this topic.
Addressing Tech

Less Dynamic Approach

• Oliver should not be allowed any access to the internet until he is off parole. This includes possessing or using any computer or mobile device, cell phone, etc., for any reason. Access to pornography or sexually explicit images is strictly prohibited.

More Dynamic Approach

• Accessing pornography or sexually suggestive anime is prohibited and any known access should be reported to his therapist and PO.
• Smart phone use shall be limited to only phone calls with limitations on when and where Oliver may have a phone in his possession. The onset of this privilege shall be decided and/or modified at the discretion of Oliver’s support team including his parole officer, therapist and mother.

Addressing Tech

Vague Approach

• Oliver should only have access to a computer if he is assigned homework. His use should be monitored by an adult at all times.

More Dynamic Approach

• Oliver should be supervised / monitored by an appropriate adult (as decided upon by his support system) when using a computer, tablet, etc., for the following purposes:
  – Internet use for educational purposes, homework, school projects, etc.
  – Email from approved contacts and/or media
  – Social media such as Facebook, Instagram, etc., should be restricted until Oliver shows three months of responsible general internet use.
  – Casual browsing on the internet should be limited to 30 minutes a day.

Addressing Contact w/ Victims

Less Dynamic Approach

• Oliver shall not have contact with his victims.
• Oliver shall not have contact with any child or peer unless he is supervised by an approved adult.

More Dynamic Approach

• The following conditions shall be met for Oliver to have contact with his siblings.
  • The treating therapist for both siblings (in tandem with Oliver’s therapist) shall be the primary professional to advocate / endorse reunification therapy with Oliver and his siblings at the convenience and clinical preparedness / readiness of the siblings (to be determined at such an appropriate time) as approved by the courts (if applicable).
Addressing Contact w/ Victims

More Dynamic Approach

- At time of discharge Oliver's placement options shall take into consideration the clinical preparedness of his siblings, reunification process, and their state of safety, trauma and emotional wellness.
  - If placement in the home is preferred by all involved, Oliver shall be supervised at all times when around his siblings.
    - Practical privacy / boundary rules and norms shall be concretely determined and monitored by the family and endorsed by the support team.
    - Any decrease of the supervision / monitoring process between Oliver and his siblings should be discussed amongst all therapeutic professionals and caregivers involved in the reunification / contact process with collaboration of the court (if applicable).

- If placement is in a group home, or with a relative, or another community based home, Oliver’s contact with younger, passive or emotionally vulnerable youth shall be supervised and monitored for sexually aggressive behavior.
- Any contact with siblings should follow supervision guidelines as cited above.

Putting It All Together

- It’s an art form / not an exact science
- It’s a set of instructions for:
  - The youth
  - The family
  - Specific players such as:
    - Treatment providers
    - PO
    - Other people involved in the youth’s life
  - Make it doable
  - Make it measurable

Be a Trailblazer

- Set up your clients to be successful
- Take chances and leaps of faith where applicable
- Be practical, not paranoid
- Coach up / Train up

Resources

- ATSA Practice Guidelines for the Assessment, Treatment and Management of Male Adult Sexual Abusers 2014.