

Resources for the Prevention of Sexual Abuse



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“Development of a Risk/Treatment Needs and Progress Protocol for Juveniles With Sex Offenses”

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THE QUESTIONS

Are the juvenile risk assessment scales currently in use with juveniles with sexual behavior problems (SBPs) capable of measuring risk accurately despite the fact that adolescence is a period of constant change? Rather than using the current practice of predicting risk with juveniles, can we improve their outcomes by developing new assessment protocols focused on risk-relevant dynamic factors to guide us in treating and managing juveniles with SBPs? Can the newly-designed Treatment Needs and Progress Scale reduce recidivism and promote healthy development among juveniles with sex offenses?

THE RESEARCH

The authors begin their article by exploring the 1967 *Gault* decision by the U.S. Supreme Court. This decision held that the Fourteenth Amendment applies to not just adults but juveniles, as well. This ensured them due process in the courts, but brought with it the negative consequence of criminalizing juveniles in the same manner as adults, including the application of risk assessment processes similar to those in use with adult offenders. In fact, decades of research have demonstrated that the risk assessment scales used with juveniles have not adequately addressed the relationship between their developmental immaturity and their criminal responsibility. The authors argue that because adolescence is a time of “significant flux,” accurate risk assessment scales would have to be able to

assess change. Additional deficits of the current tools used with juveniles include, among others, the following issues:

1. The absence of a measurement of the protective factors in a youth's life;
2. The narrow age range to be measured, typically 12 – 17, which excludes older adolescents/young adults aged 18-25, thus making it impossible to perform follow-up assessment with a consistent instrument as a youth ages (and causing these older adolescents to be treated as adult offenders); and
3. The primary focus on reoffense, which is not just methodologically problematic, but detrimental to the youth in its short-term behavior management goals versus a long-range goal of healthy development and behavior.

To address these issues and others, in 2016, the authors began to develop and implement in five U.S. states a new pilot assessment protocol for juveniles with sex offenses, the Treatment Needs and Progress Scale (TNPS). TNPS was designed to assess risk-relevant dynamic factors in order to inform the design of individualized treatment plans by shifting the treatment and management outcome goals from re-offense by the juvenile to mitigation of dynamic risk factors. The TNPS was designed to take into account and address some key factors regarding youth with sex offenses:

1. The known base rates of sexual reoffense for juveniles are low, typically ranging from 3 to 15 percent;
2. Youth with sex offenses are markedly heterogeneous. Each youth has their own risk, prognosis, and clinical needs, thus necessitating individualized assessment;
3. Risk assessment of juveniles needs to focus on dynamic risk and protective factors that allow users to assess change in order to inform the design of interventions; and
4. Because youth with sex offenses are often subject to registries, community notification, and other sex offender-specific management protocols and practices, these youth are often assessed with “built-in” notions of risk and pathology rather than a focus on health, risk management and reduction, and potential for remediation.

As such, the TNPS project has five goals:

1. Develop and test an evidence-informed scale for assessing dynamic risk and protective factors;
2. Develop a user-friendly data entry program for initial assessments, the design of treatment plans, to monitor progress, to perform periodic reassessments, and for assessment of readiness for discharge;
3. Test the scale with 400–500 youth at multiple sites to examine reliability and validity;
4. Revise the scale according to initial results to create a final version; and

5. Train the sites on the final version.

RESULTS AND CONCLUSIONS

The authors completed a test version of the TNPS that included 27 measures to assess dynamic risk and protective factors and treatment response needs covering:

1. Attitudes and beliefs such as criminogenic or positive social attitudes and beliefs;
2. Interpersonal relations and social skill strengths and deficits;
3. Behavior and emotional regulation;
4. Familial/situational factors;
5. Community supports and influences; and
6. Psychological functioning such as problem solving and mental health challenges.

With the creation of the TNPS, the authors have attempted to achieve three central goals:

1. To reverse the prevailing risk assessment practices that focus on risk prediction;
2. To reinforce treatment and remediation as the objectives of effective management of juveniles with sex offenses; and
3. To potentially reduce the number of low-risk youth being assessed as at high risk for re-offense.

The authors see this work as “a structural attempt -- and an opportunity -- to align policy and practice with scientific evidence.”

IMPLICATIONS FOR PROFESSIONALS

Although the measure is still in development, the processes on which it is based should be welcomed by all. For too long, professionals, and often the measures that they've used, have focused on areas that are not necessarily related to risk or need such as denial, or assuming that sexual behavior in childhood or adolescence indicates a long-term propensity towards that behavior in adulthood.

Professionals have seen for years that our risk-focused measures have often resulted in more questions than answers. Although measures examining risk were an essential aspect of our field's development at a time when little research existed to guide professionals, the efforts of these authors will doubtless be helpful to uncountable numbers of young people and those who care for them.

IMPLICATIONS FOR THE FIELD

Previous attempts to develop measures for assessing risk and need have not produced the results that many would like, and often haven't answered the concerns that professionals have had. The goals of the TNPS that the authors discuss in this article, including steering towards a more holistic view of adolescents, although discussed at

professional conferences for many years, will be crucial to influencing policy and practice in numerous jurisdictions.

Our field has, thankfully, moved beyond simple questions such as “how risky is this youth” to “how can we best help this youth and his or her family reach their full potential and achieve the goals they’ve set out for themselves?” Under the right conditions, the second of these questions can subsume the first.

ABSTRACT

With the post-*Gault* trend toward the criminalization of the juvenile court, the demand for risk prediction assessment scales took on newfound importance. The past several decades of research have underscored the limitations of these scales. To address these limitations, and to shift the focus from current and future risk to least restrictive management strategies and effective treatment, we have developed and implemented a new assessment protocol that relies on risk relevant dynamic factors to inform and individualize treatment interventions as a vehicle for reducing recidivism and promoting healthy development among juveniles with sex offenses—without focusing solely on risk prediction. This Treatment Needs and Progress Scale (TNPS) is currently being pilot tested in five states. This article reviews the methodological problems of the extant risk assessment scales, discusses the development of the TNPS and how this protocol seeks to address many of these problems, including shifting the outcome target from reoffense to mitigation of risk factors through treatment and healthy growth and adjustment. We conclude with discussing how the TNPS may improve decision making regarding the management of juveniles with sex offenses, inform public policy and law, and facilitate healthier outcomes.

CITATION

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