



# CASOMB'S GUIDELINES FOR TREATING AND SUPERVISING YOUTH WHO HAVE COMMITTED A SEXUAL OFFENSE

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## CSOMB'S AUTHORITY

- In statute has authority over 290's
- Certification of adult programs
- Legislation in 2021 expanded the board to include two juvenile members.
- Did not give authority over juveniles who does not have a 290
- CSOMB's recommendation in the last two annual reports is to have legislation to give them authority.
- Guidelines were developed to help provide guidance to probation, providers and courts on evidence based programing for juveniles with sexually abusive behavior.

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## EXECUTIVE SUMMARY

- Background information about this population
- Speaks to collaborative model vs containment model
- Standards for the basis for specialized training
- CSOMB's recommendations regarding authority and SARATSO

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## DEVELOPMENT

- Given the goal of CASOMB, this document was intended to be consistent with the document develop regarding certification.
- Currently, there aren't requirements for providers to be certified
- Should this change, the agency requirements would become part of the certification process.

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## YOUTH WHO HAVE COMMITTED A SEXUAL OFFENSE

- Sexual recidivism estimates as low as 2.75%
- Treatment works with this population
- General recidivism around 50%
- What works with other youth are just as important for these youth

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## COLLABORATIVE MODEL

- Term used in CSOMB's Juvenile Recommendations (2019) policy paper.
- Intended to create an optimal relationship between the youth, their family, probation, and treatment providers.
- Relies on open and consistent communication between probation officer and treatment team provider.
- Involves all stakeholders and key individuals in the juvenile's life.
- Three key components: Risk assessment, supervision decisions guided by Evidence-Based Standards, and specialized caseloads and training.

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## RISK LEVEL ASSESSMENT

- With the closure of DJJ, there is no longer a mandated requirement through SARATSO.
- Risk Assessment is important and key to program placement decisions and treatment planning.
- A comprehensive assessment is recommended.

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## RISK ASSESSMENTS

- JSORRAT
- Estimate of Risk of Adolescent Sexual Recidivism (ERASOR)
- LS/CMI
- YLS/CMI
- Static
- Stable
- Structured Assessment of Violence Risk in Youth (SAVRY)

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## SUPERVISION DECISIONS

- Based on a comprehensive assessment
- Made by the collaborative team
- Methods appropriate and consistent with public safety and accountability of youth

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## SPECIALIZED CASELOAD AND TRAINING

- When feasible recommending specialized caseloads
- Allows for specialized training
- Adolescent brain development, this population and the Collaborative Model
- Effective methods for communicating with the treatment provider agencies, and caregivers.
- Challenges of working with this population.

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## PLACEMENT OF YOUTH

- Out of Home Placements
- Juvenile Court Transfer

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## USE OF THE POLYGRAPH

- Should not be the norm
- Should be rarely used only when justified on a case-by-case basis
- Limited to youth age 16 or 17
- Pages 7 and 8 detail what to consider before using the polygraph

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## IMPORTANT COMPONENTS TO ALL TREATMENT

- Informed Consent
- Waiver of Confidentiality
- Release of Information
- Treatment Contract

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## ASSESSMENT

- Recommending a comprehensive psychological assessment
- Post-adjudication and Pre-disposition (Page 11 recommended elements)
- General criminal recidivism measures
- Mental health needs
- Cognitive, academic, and neuropsychological factors
- Reassessment

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## TREATMENT PLAN

- Initial within 60 days and shall not exceed 120 days
- Should be periodically reviewed and updated
- Quarterly reviews is a standard practice
- Goals and evidence based interventions

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## TREATMENT PLAN

- Follow RNR principles
- Youth should collaborate in planning and identification of goals
- Evidence-based approach so it is supported to reduce recidivism and promote prosocial functioning and development of the youth
- Pages 13-14 lists possible areas for youth to address.

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## TREATMENT MODALITIES

- Individual vs group
- If appropriate for group guidelines are given
- Family therapy determined on a case-by-case basis
- Sensitivity to cultural diversity
- Procedures for modifications to modalities when working with individuals who have unique or special needs.
- Victim reunification considerations should be guided by the best interest of the victim.

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## SPECIAL POPULATIONS AND TREATMENT CONSIDERATIONS

- Females
- Mental Health Issues
- Intellectual Disability
- Emerging Adults, age 18-25
- Family Therapy and Parenting
- Reconciliation

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## TREATMENT CONTENT AND COMPLETION

- Demonstrated sufficient progress in meeting the goals and objectives of an individualized treatment plan
- Treatment for sexual recidivism
- Treatment for general recidivism

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## OTHER COMPONENTS

- Strengths
- Healthy Sexuality
- Step-Down
- Documentation

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