TEXAS JUVENILE JUSTICE DEPARTMENT

TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

Treating Sexual Behavior Problems: Treatment Concepts and Interventions within TJJD's Secure Settings

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Training Objectives

- Are individuals who commit sexual offenses chronic offenders, unresponsive to treatment?
- How to respond to sexual acting out?
- How do we assess risk for sexual offending?
- How are TJJD SBTP Programs working to make youth and the community safer?

Poll

- Are juvenile sex offenders equal to, or higher risk than adult sexual offenders?

Common Myth

- Research on adult sexual offending does not apply to juveniles.
  - Institutional interventions are seen as less effective than community-based treatments (Kim, et. al., 2016).
  - Harsher sanctions and restrictive treatment programs are not correlated with lower recidivism rates (Letourneau & Miner, 2005).

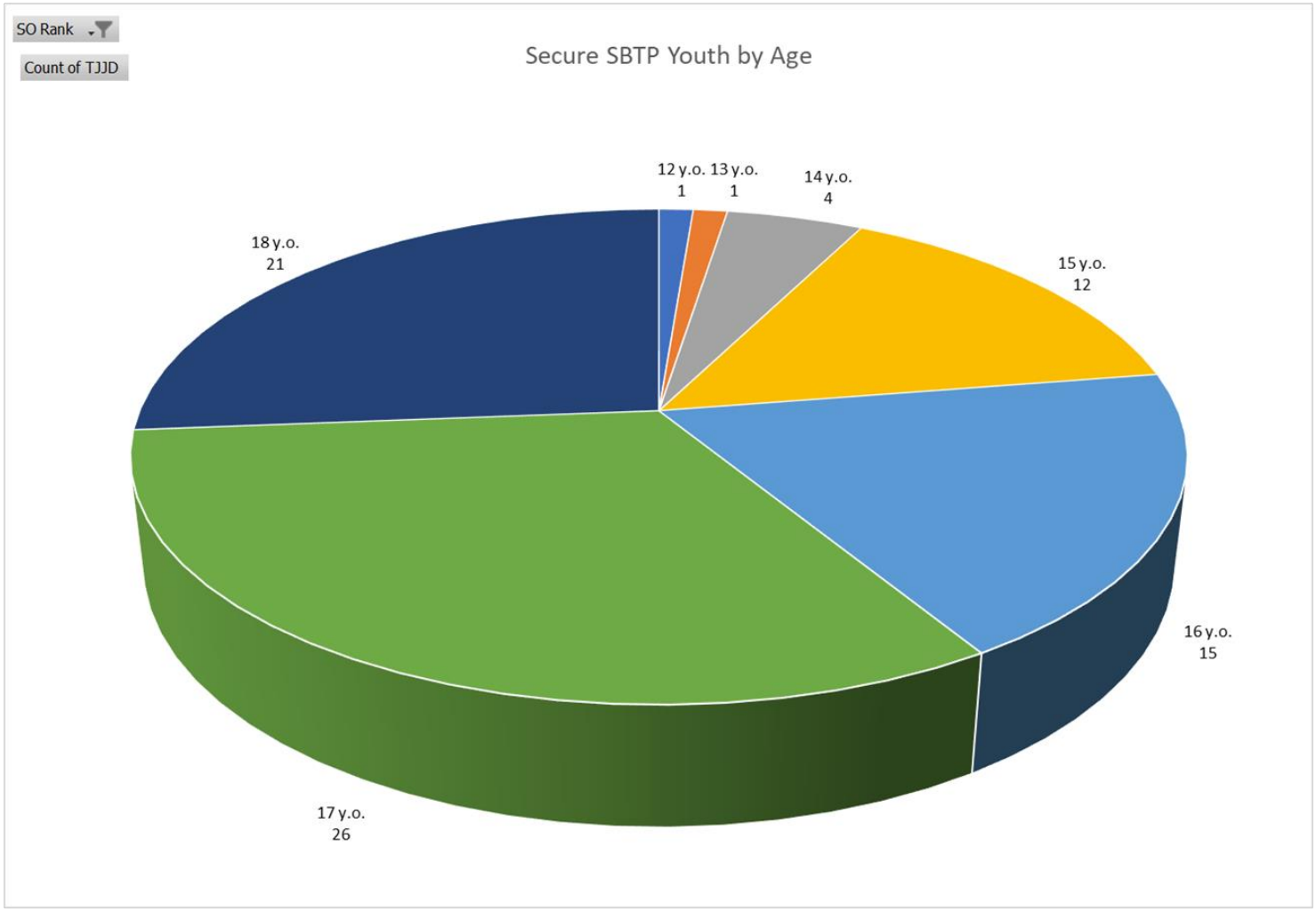
TJJD Recidivism Rates

Number of Youth Enrolled by Treatment Level			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
2019	High	73	18	24.7%	6	8.2%	4	5.5%
	Moderate	41	18	43.9%	6	14.6%	1	2.4%
2018	High	103	26	25.2%	8	7.8%	8	7.8%
	Moderate	30	13	43.3%	6	20.0%	1	3.3%
2017	High	90	21	23.3%	5	5.6%	4	4.4%
	Moderate	43	11	25.6%	2	4.7%	5	11.6%
2016	High	80	18	22.5%	2	2.5%	2	2.5%
	Moderate	32	10	31.3%	1	3.1%	2	6.3%
2015	High	73	15	20.5%	3	4.1%	6	8.2%
	Moderate	44	13	29.5%	5	11.4%	4	9.1%
2014	High	63	10	15.9%	0	0.0%	3	4.8%
	Moderate	54	13	24.1%	3	5.6%	2	3.7%
Total	**High**	**482**	**108**	**22.4%**	**24**	**5.0%**	**27**	**5.6%**
	Moderate	**244**	**78**	**32.0%**	**23**	**9.4%**	**15**	**6.1%**

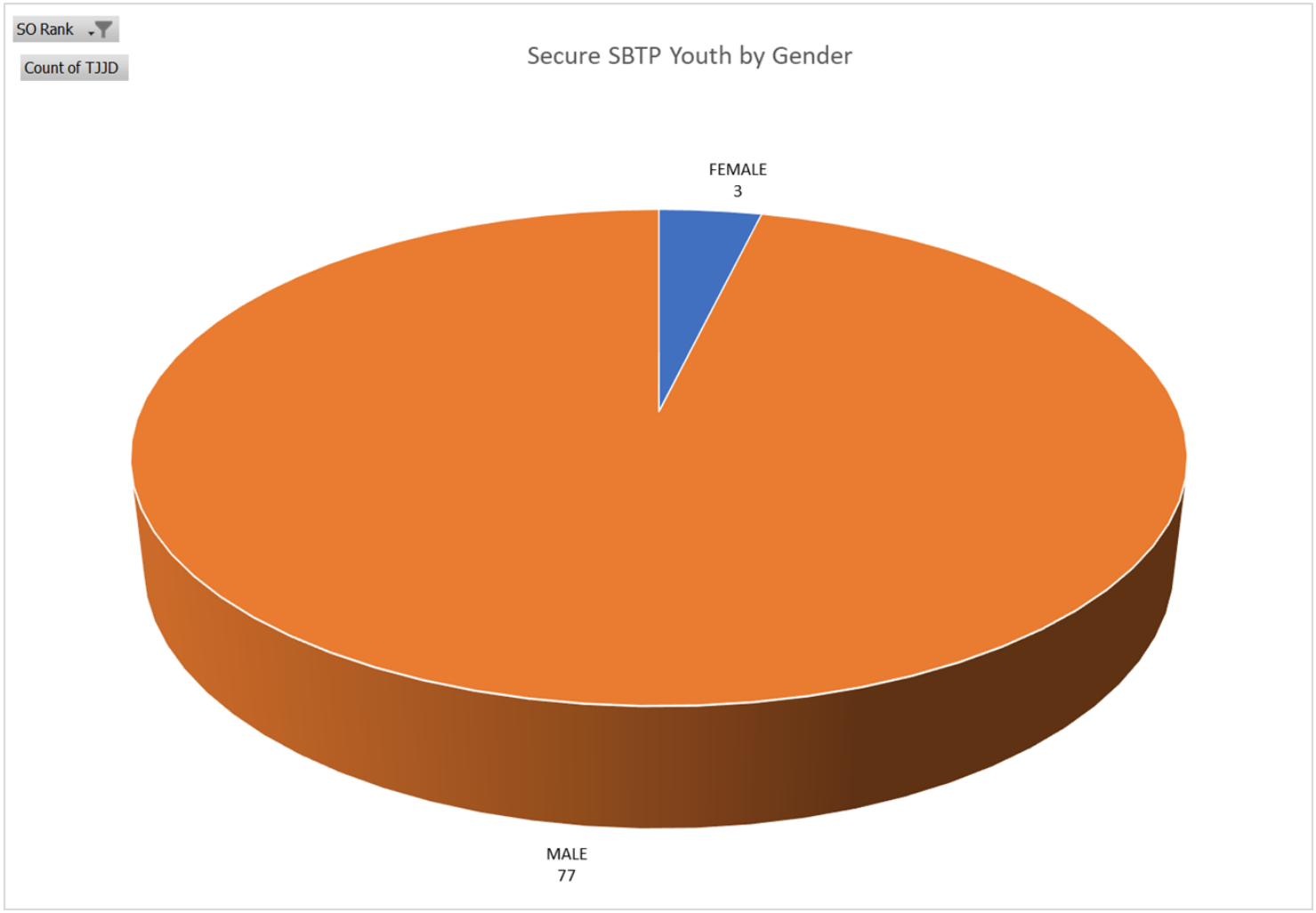
Demographics

- Age, offenses, risk factors, registration status etc.
- Committing counties
- Mental health dx
- DSO vs indeterminate
- Previous SBTP programs (most have) often failed at other programs

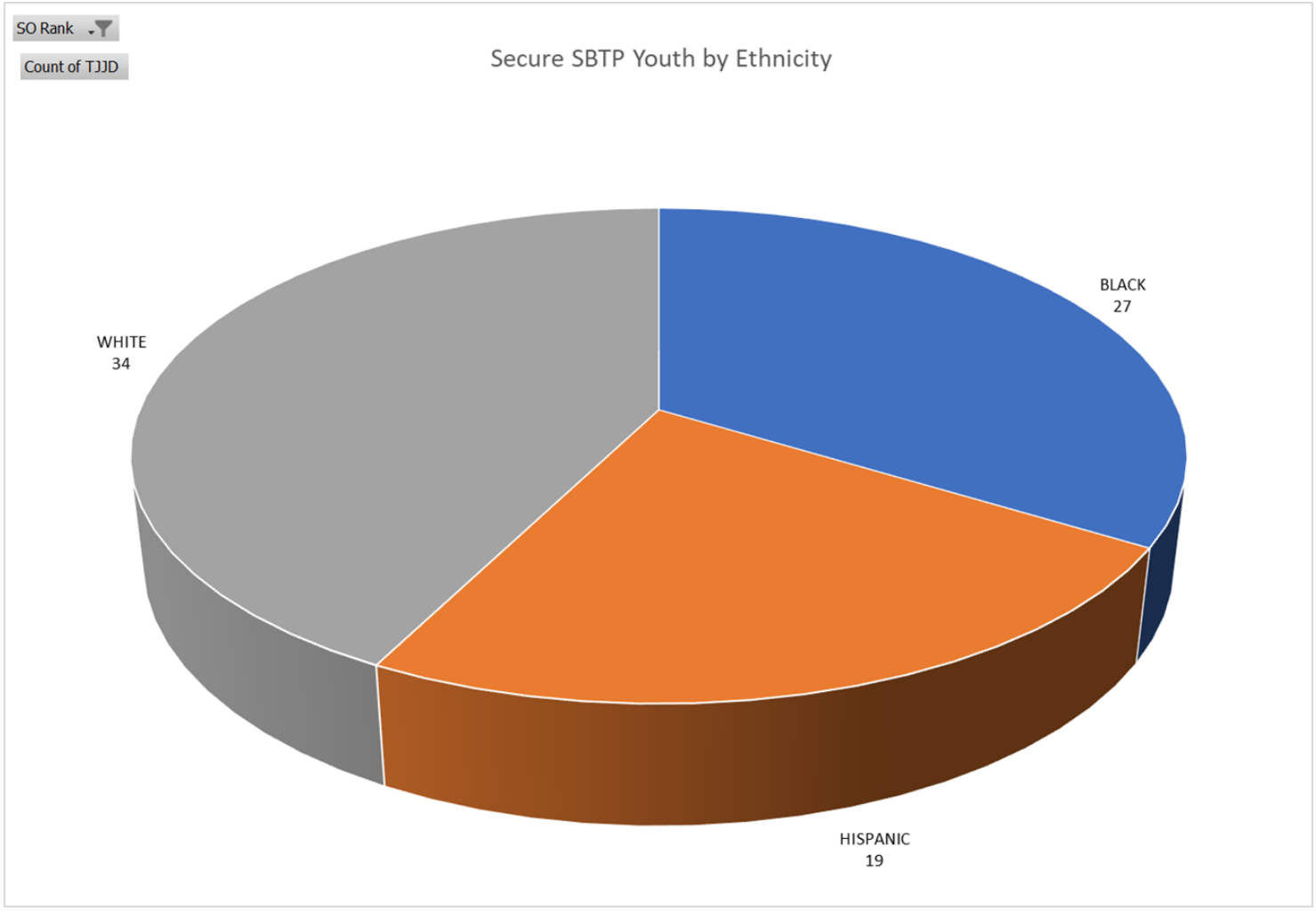
Youth by Age


SO Rank
Count of TJJD
Secure SBTP Youth by Age
12 y.o.
1
13 y.o.
1
14 y.o.
4
15 y.o.
12
16 y.o.
15
17 y.o.
26
18 y.o.
21

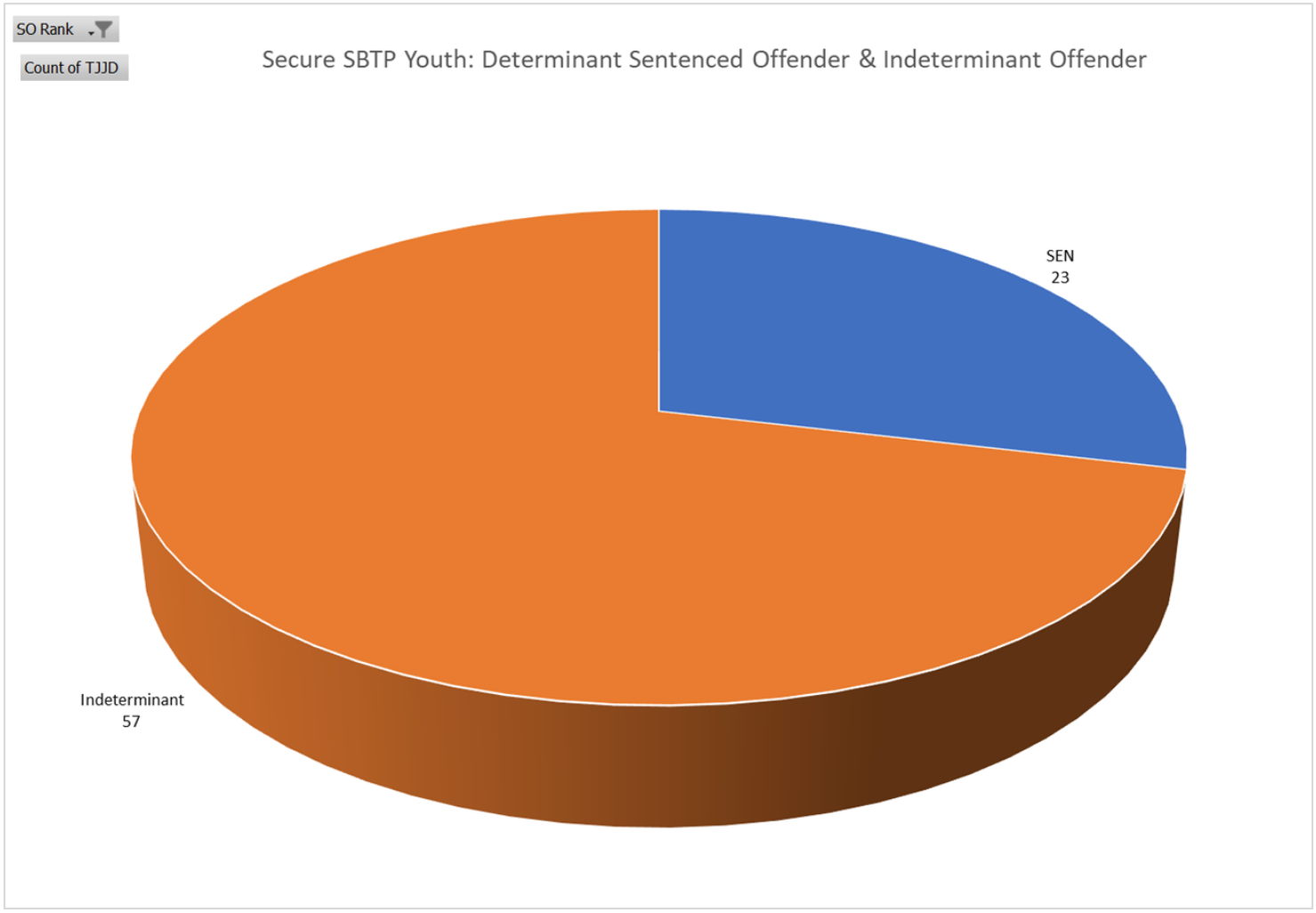
Youth by Gender



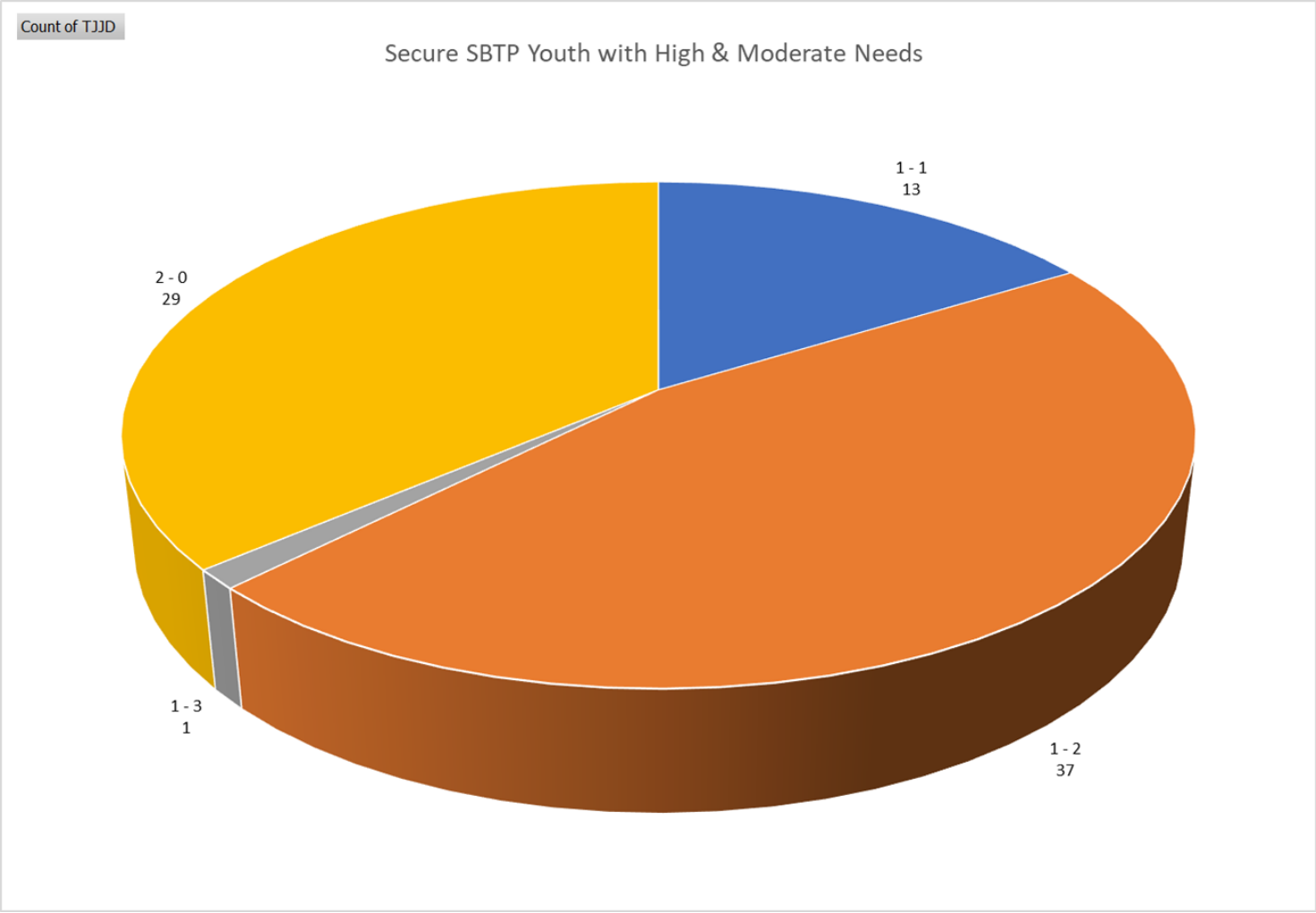
Youth by Ethnicity



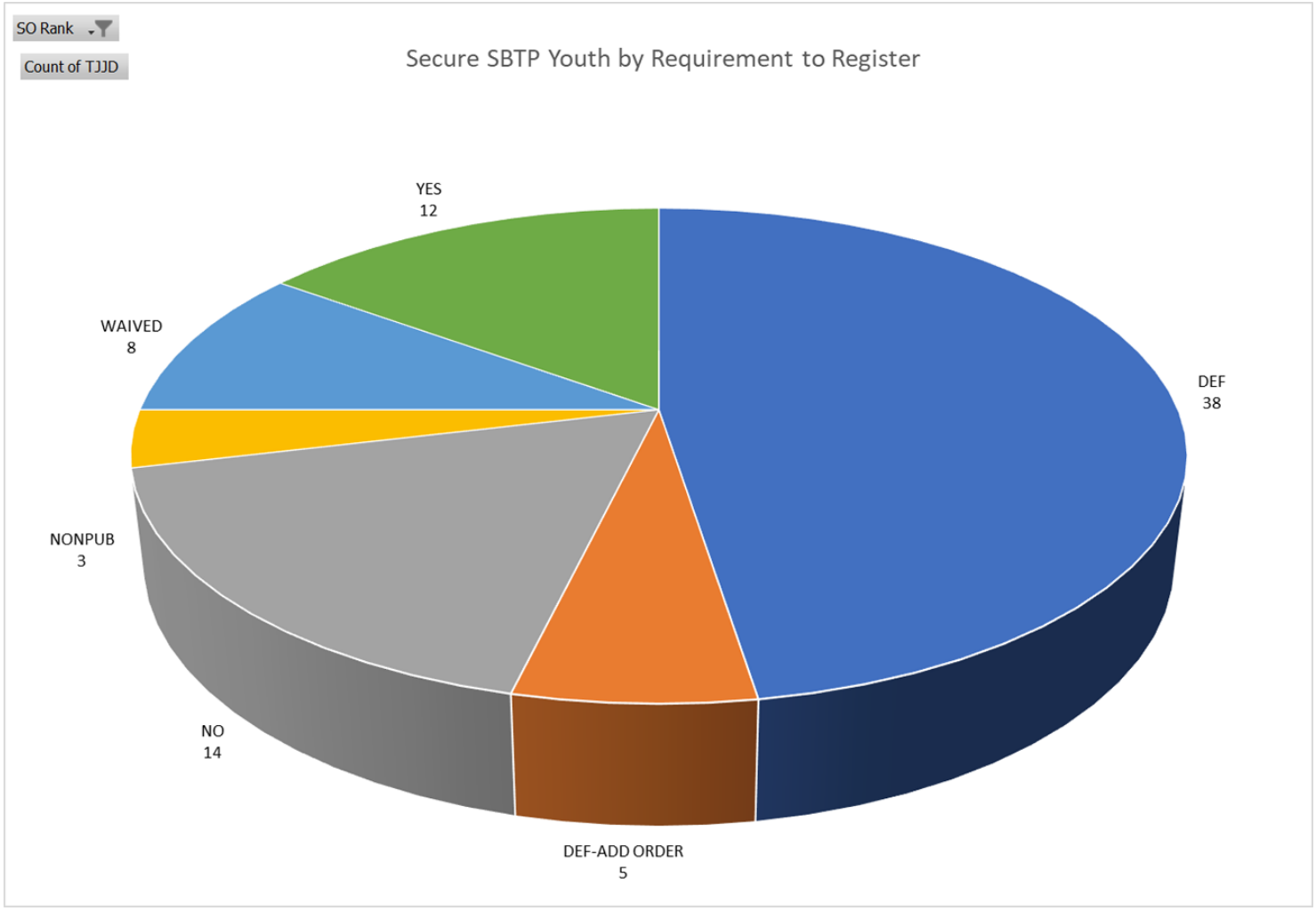
Determinant Sentenced Offender vs. Indeterminant Offender



Youth with High & Moderate Need



Youth Required to Register



Committing Counties

ANGELINA	1
BELL	2
BEXAR	1
BOWIE	2
BRAZOS	1
CAMERON	1
CAMP	1
CHILDRESS	1
COLLIN	1
COMAL	2
COOKE	4
DALLAS	1
DENTON	4
ECTOR	2
FAYETTE	1
FORT BEND	2
GALVESTON	2
GUADALUPE	2
HARRIS	3
HARRISON	1
HIDALGO	1
HILL	1
JEFFERSON	1
KERR	1
LEE	1
MCLENNAN	1
MIDLAND	2
MONTGOMERY	6
NACOGDOCHES	1
PARKER	1
POTTER	3
RUSK	1
SMITH	3
TARRANT	8
TAYLOR	4
TOM GREEN	1
TRAVIS	2
WASHINGTON	1
WICHITA	5
WOOD	1

Poll

- Sexual offending is increasing each year.

Another myth is that sexual offense rates are higher than ever and continue to climb when, in fact, despite the increase in publicity about sexual crimes, the actual rate of reported sexual assault has decreased slightly in recent years (Letourneau & Milner, 2005).

TJJD's High Restriction Programming

Youth with greater family involvement were almost three times more likely to complete treatment successfully (Yoder et, al., 2015)

Recent (8/11/22) email received from a parent of a student in sexual behavior treatment:

To: Briana Eoff, MS, NCC, LPC-Associate, ASOTP (Program Therapist)

“I just wanted to reach out to you and let you know that I've noticed a huge difference in Youth. I think before he lacked confidence and was unsure of himself , but after today's session. I've noticed a huge change ! He's more confident when speaking , the way he's accepted responsibility for his actions and just all around more aware of his conduct. So , I can't thank you enough for the job you've done with him. I think you deserve a lot of credit for that as well. I think maybe some parents might take your work for granted and I want you to know that I appreciate everything you have done not only for Youth. But us as parents as well. Helping us become more aware of certain behaviors that we should look out for. You've done an amazing job with him , so thank you ! We can't wait to get him back home. Youth was never a bad kid , he just made some bad decisions. Anyway , I just wanted to thank you for everything you've done for us all ! Thank you !“

Common Myth: Juvenile sex offenders are life long, chronic offenders.

- Despite the myth that sex offenders frequently reoffend sexually, decades of research indicate that sexual recidivism of youth is generally very low. One recent large study (N=33,000) of adjudicated juveniles found less than 3% recidivated with a sexual offense (Caldwell, 2016). Another myth is that sexual offense rates are higher than ever and continue to climb when, in fact, despite the increase in publicity about sexual crimes, the actual rate of reported sexual assault has decreased slightly in recent years. Another myth is that juvenile sex offenders typically are victims of child sexual abuse and grow up to be adult sex offenders. In fact, multiple factors, not just sexual victimization as a child, are associated with the development of sexually offending behavior in youth. Treatment for sex offenders is ineffective is another myth. In fact, treatment programs can contribute to community safety because those who attend and cooperate with program conditions are less likely to re-offend than those who reject intervention. (paraphrased from the Center for Sex Offender Management, CSOM)

TJJD Treatment Continuum

- **Triage**
  - At the intake and orientation facility, all youth are evaluated for treatment needs including possible sexual behavior treatment.
  - The Intake and Assessment Unit determines whether youth are assigned to a residential and more intensive sexual behavior program of 9-12 months duration or a moderate sexual behavior treatment program of 6 months duration.
  - The programs are similar except for the duration of the program and frequency of group treatment sessions.
  - Students in the residential treatment program attend groups 3 times weekly and those in the moderate program attend groups twice weekly.
  - However, some students in both programs require more or less time to successfully complete based on individual differences and progress.

TJJD Treatment Continuum

- **Training, milieu management**
  - Most TJJD students with sexual offenses are placed at the Gainesville State School where there are eight CSOT-licensed therapists.
  - In addition, TJJD also has CSOT-licensed therapists at the Mart and Giddings facilities.
  - The sexual behavior treatment program at the Gainesville State School has the capacity to serve 70 youth.
  - Students are housed in four dormitories specializing in sexual behavior treatment.
  - Correctional staff who work at the dormitories also receive additional training to monitor for potential grooming behavior by the youth in treatment so that the behavior can be confronted and addressed.
  - Following recurrent boundary violations, a student may be placed on a safety plan to increase supervision and separate him from potential targets.
  - Training for Juvenile Correctional Officers includes language and concepts used by treatment providers including consent, thinking errors, boundaries, empathy, offense chain, clarification, seemingly unimportant decisions, high risk situations, impulse control, maintenance behaviors, relapse prevention, barriers and effective communication.

TJJD Treatment Continuum

- **Young Offenders**: The Gainesville State School has a young offenders' program for youth from 10-15.
- **Female Offenders**: The McClennan County State Correctional Facility has a small program for females whose charges include sex offenses.

TJJD Treatment Continuum

- **Core concepts aimed at risk reduction**:
  - Teaching about consent, impulse control, arousal control, understanding the offense chain, considering others' welfare in decision making (empathy), relapse prevention planning, identifying a support group, chaperone training if requested, building barriers to prevent relapse, managing maintenance behaviors
- **Risk assessments**:
  - Clinical Interview, JSOAP-II, STATIC-99R (2016), TJSORAI-2, YNPS

TJJD Treatment Continuum

Most students in the sexual behavior treatment program were previously placed in other sexual behavior treatment programs where they failed or later relapsed following completion. Most students in the program have deferred sex offender registration.

The program is based on Cognitive Behavior Therapy in addition to elements of applied behavior analysis and relapse prevention. Adjunct therapies available to students in the program include treatment for substance use, trauma, anger management, and aggressive behavior. In addition to the ASOTP or LSOTP providing sexual behavior treatment, most students in the program have a licensed mental health professional to address other mental health and/or family issues and a Case Manager to coordinate services. Core assignments of the SBTP (Sexual Behavior Treatment Program) that students must finish prior to completion include an offense description, autobiography, offense chain, clarification letters to the victims and their parent/guardian/s, a relapse prevention plan and a summary of the knowledge, skills, and abilities gained during treatment emphasizing their plan to prevent relapse following release or discharge. Students must also complete a 366 page treatment workbook titled "*Pathways*" by Timothy Kahn MSW. Program Therapists emphasize the importance of internalizing and demonstrating the daily application of treatment concepts in addition to simply understanding concepts. Following successful treatment completion, and release to Parole Supervision, program participants are referred to an LSOTP under contract with TJJD for aftercare services which typically involves the student attending at least ten additional counseling sessions.

TJJD Treatment Continuum

- Continuity of service delivery is critical to successful community reintegration and minimizes relapse (Hunter, 2012).

Sometimes Encountered in Treatment

- **Denial**
  - It's not uncommon for students to initially deny all or part of the sexual offense for which they were referred to the treatment program. Most students eventually accept personal responsibility for their sexual offense/s. However, some students consistently deny accountability for their sexual offenses and/or sexual misconduct. Program therapists expect students to accept personal responsibility for the preponderance of their sexual offense and/or sexual misconduct. If students persist in denying their personal responsibility for the sexual offense or misconduct, they likely fail treatment but may be allowed to resume treatment during a second or third treatment episode.

Sometimes Encountered in Treatment

- **Mental Health**
  - Some students engage in Non-Suicidal Self Injury and/or make suicide attempts. They are provided counseling by licensed mental health professionals who consult at least monthly, or as-needed, with a psychiatrist.
- **Behavioral**
  - Some students' behaviors are gang-related and/or violent. SBTP therapists work closely with other treatment team members to monitor students' behavior during hours students are not in counseling sessions with licensed personnel. Program therapists expect students to apply treatment concepts like impulse control, empathy, and seemingly unimportant decisions in their daily life in addition to their time in group or individual counseling sessions. The agency provides a continuum of programs for behaviorally challenging students.
- **Treatment Readiness - Refusal to engage**
  - Some students are already required to register as sex offenders and resist or refuse to engage in treatment because they see no benefit to participating. Other students are 'waived into' treatment without a court order and sometimes refuse to participate because they don't have a court order and no duty to register. This sometimes results in an extension of their minimum length of stay because they are required to complete all specialized treatment programs identified as being needed during the intake process.

Questions?

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