

To cite this article:

Miccio-Fonseca, L. C. (2022, April). Are we really recalibrating? *Perspectives: CCOSO's Quarterly Newsletter*, 1, 8-12, 19. *California Coalition on Sexual Offending*. Available: <https://ccoso.org/>

Are We Really Recalibrating?

L.C. Miccio-Fonseca, Ph.D.

Caldwell contended, "...it may be prudent to periodically revalidate risk assessment methods with updated samples" (2016, p.8). Taking such recommendation would be wise. Deeply integrated for humans, no matter where they live on the globe, are sociological and anthropological variables navigating the human condition. COVID-19 with its variants (i.e., Delta, Omicron), has completely restructured paradigms at *all levels* in humans' lives all over the world; sociological and anthropological structures have been completely revamped. Paradigms then, particularly for assessing, "treating", monitoring, supervising youth who are sexually abusive, also need to change. Historically, interventions have been anchored in applying convicted adult male sex offender research studies to youth (who in many cases have *never* been arrested, charged, or adjudicated).

COVID-19 is the global crisis of the century. The Omicron variant infected millions of Americans in a "viral blizzard" of cases during winter of 2021-2022. We have yet to fully comprehend the all-encompassing extent and depth of impact of COVID-19 on the sociological and anthropological variables influencing human development (physically and psychologically). "New norms", are *still* being established; benchmarks and goal posts on achievements in different phases and areas of human development are profoundly influenced and affected. In fact, changes were occurring in the society *prior* to COVID-19. A growing number of U.S. adults are neither married nor living with a partner. An October 2021 study found 4 in 10 (38%) of adults (ages 25-54) were unpartnered, a sharp increase from 29% in 1990. The variable of not being married, or not having lived with a romantic partner for two years, has been found in past research to be a risk factor for adult males who are sexually abusive and assessed for sexual recidivism. Recidivism researchers must consider reexamining this variable, given this increasingly growing cultural trend of choosing to remain unpartnered.

Having less children is another changing cultural trend. In a 2018 survey of non-parents ages 18 to 49, 37% said it was not too, or not at all likely that they will have children someday; that number increased to 44% in 2021 (Schaeffer, 2021). The majority cited the reason was they just didn't want to have children. Families with children have been profoundly impacted by the COVID-19 pandemic. Childcare is most challenging for families; for many, work environments have morphed into working at home due to closure of childcare facilities. The above research findings speak to paradigm changes in relationships, family planning, gender roles, and the employment world, the fabric of our society.

The COVID-19 pandemic tremendously impacted education and the social networks of youth. Absence of exposure to same age gender peers' psycho-social-sexual ambiance robs the youth from learning a multitude of sociological, anthropological, and psychological facets kernel and specific to their social age-gender cohort. The lack of encountering and interacting interpersonally, face to face, lends itself to negative consequences, such as becoming "psychological social dwarfs" (author's term). That is, a proportion of their psychological stature is atypical, disjointed, out of the norm. Limited or paucity of experiences with same age social gender cohorts in social interactional encounters leaves the youth poorly equipped, possibly experiencing social discomfort when faced with the company of same age interpersonal relationships, particularly the intimate and/or sexual ones. These are important variables related to intimacy and protective factors (Miccio-Fonseca, 2019).

Changes are occurring across societal systems as the impact of the COVID-19 virus becomes more apparent over time (i.e., the "long haulers" living with the long-term negative effects of the disease). This century will be recognized for the complete reconstitution and restructuring across the globe of societal

To cite this article:

Miccio-Fonseca, L. C. (2022, April). Are we really recalibrating? *Perspectives: CCOSO's Quarterly Newsletter*, 1, 8-12, 19. *California Coalition on Sexual Offending*. Available: <https://ccoso.org/>

norms, customs, traditions, societal systems and practices, along with protocols and practices of most professions. The field of working with youth who are sexually abusive is not isolated from such revamping; the silver lining of it all is the opportunity to re-build paradigms that are more age and gender appropriate for youth. Such paradigms must be divorced from the mixing of convicted adult male sex offender research findings on risk assessment tools (actuarial predictive tools) in risk assessments and treatment with youth, particularly when referenced for policy and guidelines. It is an opportune time to improve paradigms by being guided by scientifically based well-designed robust research studies. But *how* will this recalibration *really* be done?

Early steps to recalibrate reveal continued fossilized deficiencies. The calcified posture, of mixing convicted adult male sex offender research findings when assessing risk and treating youth is still blatantly apparent, continuing to abort and stifle advancement in the field. For example, the conference of the Association for the Treatment of Sexual Abusers (ATSA), a nationally recognized organization, is touted to be a wellspring of state-of-the-art research findings and trends. Theoretically, it is *the go-to place*. Professionals, new and seasoned, wanting to learn about current methods and practices in risk assessment and treatment of individuals who are sexually abusive and/or offensive, can purportedly obtain such important contemporary and scientifically anchored professional information and ethical practices. However, as an attendee at last year's annual conference (2021), this author was astounded by the significant absence of crucial up-to-date research and information provided in some of the workshops on adolescent assessment and treatment. In presentations on adolescents by professionals in the field (e.g., Ralph, 2021; Worling, 2021), there was a demonstrable absence of attention and accordance to current scientific research and findings, a *colander approach* (Miccio-Fonseca, 2021). Remarkably the presenters' workshops neglected to address, or even mention, several potent factors and variables needed to be considered when interviewing and intervening with today's youth. One was the impact of COVID-19; strangely, it was as though we were not in a pandemic as there *was absolutely no mention of COVID-19!* There was absolutely no consideration, or guidance as to what adjustments needed to be made and considered in terms of how the pandemic affects the overall development of the youth (i.e., physically and psychologically), or what adjustments professionals need to make in their assessments and/or treatment practices.

Presenters of the workshops also failed to mention the differences regarding forensic evaluations and non-forensic evaluations. *Adjudicated youth* and *non-adjudicated youth*, according to age and gender, were not differentiated; rather youth were lumped together and referred to as "juvenile with sex offenses", suggesting there were no distinctions, thus misleading professionals. Mental health professionals are not the Trier of Fact, nor acquainted with the Penal Codes on specific sex crimes to tie the youth's behavior to a criminal Penal Code. Accurately referring to a youth as "a sex offender", or their behavior as "sex crimes" means the youth *must be sanctioned*, adjudicated, True Found on charges levied, as defined by statute. Referring to youth who were *never* charged, or never *arrested*, or detained, or held in custody, and *never* adjudicated, as "juveniles with sex offenses" is erroneous and discriminatory. Youths with sexual criminal histories are distinctively different than youth who have never had contact with law enforcement.

There was also absolutely no mention, or considerations of the most dangerous of youth; those who are sexually violent and predatory sexually violent. *Zero*, was offered to the professional regarding guidance as to variables and/or factors to consider in assessment, risk assessment, treatment, and/or for monitoring and supervision of such dangerous, predatory youth, who fortunately are atypical. This incomprehensible lack of attention is evident in the field, noticeable by the dearth of studies and failure to consider in policies the needs of youth who may be sexually violent, and/or predatory sexually violent. For example, ATSA's (2017) *Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who*

To cite this article:

Miccio-Fonseca, L. C. (2022, April). Are we really recalibrating? *Perspectives: CCOSO's Quarterly Newsletter*, 1, 8-12, 19. *California Coalition on Sexual Offending*. Available: <https://ccoso.org/>

Have Engaged in Sexually Abusive Behavior do not address these youth, nor does ATSA's (2020) policy paper on registration and community notification.

The old, calcified patterns stifling advancement in the field can also be seen in the funding of research projects that are poorly scrutinized, supervised, and monitored by unknowledgeable professionals, predictably resulting in a significantly substandard product. An example is a recent U.S. federally tax funded 1-million-dollar project to psychologists that aimed to create a new risk/needs assessment tool for youth. Close examination of the final report to the funding source revealed substantial deficiencies (see Miccio-Fonseca, 2020, 2021). The research design reflected a *colander approach* to assessment, that is, a demonstrable absence of attention and accordance to current scientific research findings. The review of research literature in the final report was myopic and incomplete. Most concerning was the lack of reliance on empirically supported and validated tools, including the failure to adhere to expected *basic* psychological standards for constructing psychometric measures per American Psychological Association (APA) and American Educational Research Association (AERA). Researchers who examined the deliverables from the project (Rasmussen & Fagundes, 2021) found it cumbersome to implement the published tool, particularly when attempting to apply it to assess one of its stated target populations (i.e., transition-age youth ages 18 to 25).

Calcified posture is also evidenced in the tendency in the field to use the term "treatment" generically, largely ignoring the importance of the idiosyncratic treatment needs of youth according to their age, gender, and level of intellectual functioning. For psychologists, APA has established and approved various professional practitioners' guidelines and criteria to provide guidance to psychologists for prevention and treatment, regardless of theoretical orientation, clinical presentation, or treatment setting. These "*Professional Practice Guidelines*" encompass multicultural practice, in areas of specialty (i.e., forensic psychology), or treatment of various populations (e.g., boys and men, girls and women, transgender, gay, lesbian, and bisexual individuals) (APA, 2021). These guidelines attempt to clarify and extend in psychology APA's standard of evidence-based practice. Thus, prevention and treatment are seen as inherently *different*. The field of working with youth who are sexually abusive has not incorporated such differentiation. "Treatment", is loosely applied to *all* youth, whether they have clinical symptoms or not. Not all youth who are sexually abusive need "treatment", since not all have clinical symptoms of a mental health disorder. Presuming that youth need "treatment" pathologizes the youth.

Recommendations for treatment or prevention for youth who are sexually abusive generally lack *any* differentiation of the needs for populations other than adjudicated male adolescents. This includes youth with low intellectual functioning, the younger youth (under age 12), and females and other genders. Not uncommon, there is no specific mention of the clinical diagnostic process or criteria determining need for clinical treatment. Rarely mentioned or differentiated when formulating "treatment plans" is the type of treatment modality, duration, and/or dosage and/or frequency. Is the treatment modality the same for non-adjudicated youth who *have never been arrested, charged, or adjudicated? Would it not be different?*

There is a dearth of empirically anchored peer reviewed studies that compare the various *treatment modalities* and their effectiveness in outcomes regarding mitigating and/or reducing sexually abusive behaviors according to age and gender. There are no long-term outcome studies of treatment modalities on *large representative samples*, differentiating age and genders. Robust scientifically sound research is needed. Research studies with sizable samples (i.e., 300-500 subjects for each age groups and gender) are essential to have confidence in the findings; those experienced in research know this is the expected standard for generalizability. The larger the sample, the greater the findings can be generalized. Some researchers claim to have large samples; yet closer examination shows the samples are "pancaked". That is, the data are taken from different study designs and locations, collected from subjects at different points and psycho-social/anthropological times (often using various modalities of instruction, collection, forms,

To cite this article:

Miccio-Fonseca, L. C. (2022, April). Are we really recalibrating? *Perspectives: CCOSO's Quarterly Newsletter*, 1, 8-12, 19. *California Coalition on Sexual Offending*. Available: <https://ccoso.org/>

etc.). Such studies are not generalizable to specific age and genders not to mention the significant limitations inherent from the convoluted methodology. Those few outcome studies available and published in peer reviewed journals have very small samples, seriously limiting generalizability of the findings, yet are informative.

The risk assessment and treatment paradigms in the field working with youth who are sexually abusive historically are rooted in an adult male criminal justice paradigm, extracted from risk (predictive) assessment tools and treatment programs for adult convicted male sex offenders. The paradigm is archaic its inception and application to youth, dating to the previous century and the work of the National Task Force on Juvenile Sexual Offending (1993). More recently the Risk-Needs-Responsivity (RNR), a long-standing adult model supported by decades of empirical studies (Andrews & Bonta, 2010) and employed worldwide on convicted adult criminal offenders, has appeared appealing to those who work with youth who are sexually abusive. However, though the RNR model *intuitively* looks encouraging in its application with *adjudicated* male juveniles, overlooked are developmental variables and gender differences. Adult male criminals lead criminal lifestyles, distinctly different from youth who typically have an absence of long histories of law enforcement involvement (i.e., arrests, charges, convictions), or judicial commitment or constraints (i.e., sentenced to correctional facilities such as jails, prisons, or placed on probation and/or parole).

Intuitively, the variables for younger youth, even older youth with criminal records, would seem to call for an entirely different approach that is aligned more with considerations for the genders and the developmental variables. Youth who are sexually abusive should not be studied as a homogenous group but instead, researchers need to examine *distinct developmental categories* of youth who are sexually abusive, separating out youth *according to age and gender*. Factors related to the youth's criminal offense pattern need to be differentiated and examined (e.g., severity of the crime, the age and gender of the victim, and victim's relationship to the offending youth). Treatment paradigms for youth who are sexually abusive derive their components from the study of *adult* male sex offenders and treatment, which is viewed as medical or psychosexual-pathological condition in the paradigm of "sexual deviancy". Such a posture is inappropriate for the developing young human.

Needed, at all levels of intervention, is the discerning of youth who have never been arrested, charged, or adjudicated, differentiating them from those who have such histories. Enhanced risk assessment, treatment, monitoring, and supervising youth who are sexually abusive may begin by implementing an approach sensitive to age and gender and *dissociated from the mixing of adult male convicted sex offender research findings*. Recalibration means moving away and leaving behind the paradigm of blanket "treatment" for all youth without any diagnostic distinction, to a more suitable model that is idiosyncratic according to age, gender, and intellectual functioning, not tied to a criminal and/or psychiatric paradigms.

An ad hoc template for differentiating sexually abusive youth "according to ad hoc categories (related to sex crimes or non-sexual crimes committed)" (Miccio-Fonseca & Rasmussen, 2014, p. 3) can be helpful in this regard. Categories delineated on page 3 include: (a) non-delinquent youth, (b) non-adjudicated delinquent youth, (c) non-adjudicated sexually abusive youth, (d) adjudicated sex offenders whose crime history is predominantly composed of sex crimes and/or sexually related sex crimes, and (e) adjudicated non-sexual offenders whose crime history is predominantly composed of non-sexual crimes. Non-delinquent youth and non-adjudicated, delinquent youth have had no contact with law enforcement, whereas youth in the other categories "have come to the attention of law enforcement in some fashion and/or have gone through proceedings in juvenile or adult court systems" (p. 3). The template offers a way for research studies to be more definitive in operationally defining the sample studied.

To cite this article:

Miccio-Fonseca, L. C. (2022, April). Are we really recalibrating? *Perspectives: CCOSO's Quarterly Newsletter*, 1, 8-12, 19. *California Coalition on Sexual Offending*. Available: <https://ccoso.org/>

Benefits would be gained if practitioners and programs distinguished between “treatment” and “prevention”. “Treatment”, is related to therapy, therapeutics, medication; all, related to care and remedy. “Prevention”, is related to forestalling, thwarting, anticipation, precaution, and deterrence. Treatment and prevention are interventions. “Intervention”, is related to interference, involvement, arbitration, mediation and conciliation. A gigantic step forward in the field would be to use these terms precisely, rather than enveloping all interventions for youth who have coarse sexual improprieties and/or sexually abusive behaviors as “treatment.”

A viable option for the needed recalibration is the empirically supported trauma-informed model, Trauma Outcome Process Assessment (TOPA – Rasmussen, Burton, & Christopherson, 1992; Rasmussen, 1999, 2001, 2012). TOPA is not a criminally anchored paradigm, rather, a user-friendly model that provides pliable and versatile concepts that are practical useful *intervention strategies and not necessarily “treatment”* (i.e., one does not need a diagnostic category for intervention strategies). TOPA is more catholic in its approach and implementation, applicable to individuals of all ages, genders, intellectual capacities, and judicial status. Rasmussen’s TOPA model, focuses on the *outcomes of abuse trauma* (generically), conceptualized as emotional (e.g., affect dysregulation), cognitive (e.g., cognitive distortions), and behavioral. *Behavioral outcomes* are viewed as three distinct possible responses. Two are maladaptive: *Self-victimization* and *Abuse*, associated with self-destructive and abusive responses respectively. The third, *Recovery and Integration*, deals with an adaptive response enabled by self-awareness and a safe environment for recovery (Rasmussen, 1999, 2012).

The recalibration of the paradigm dealing with youth who are sexually abusive is monumental. It means extricating the decades’ old calcified anchored template and practices of reporting myopic (cherry picking) research findings and mixing convicted adult male sex offender research studies in risk assessment and treatment with youth. The recalibration demands that researchers, practitioners, administrators, and policy makers maintain intellectual honesty in fundamental methodological scientific standards of ethical and clinical practices, to be *currently* informed, forthright with the literature and research findings. It is particularly incumbent of clinical psychologists, involved in treatment, research, and creating psychometric measures, to strictly follow the APA ethical standards for clinical and research practices (APA, 2021). This historically has been notably absent regarding tools that assess a youth’s risk level and treatment needs related to sexually abusive behaviors and youth. The lack of adherence to the APA ethical standards by psychologists must be called out, for continued silence likely contributes to the lack of replication studies (or inconsistent findings).

Recommended approvals and endorsements of appointments to policy boards and/or committees are expected to be invested in sustaining the highest standard of practice in the field versus attempting to legitimize either outdated practices or creating illusions of “new” practices that have no (or limited) empirical support or published peer reviewed studies. Giving blinded endorsements to those affiliates, allies, and advocates (who may in fact lack the specific expertise), contributes little. Without having fair independent robust peer review examination of qualifications by those with in depth experience in selected areas, the appointments are nothing more than gatekeeping, an ailment long existing in the field of “treatment” and risk assessment of youth who are sexually abusive. Expected of researchers and clinicians are objectivity, candidness, and the awareness of their own limitations. These are standards of practice, hallmarks of scholarship and research.

The fossilization of a paradigm for assessing, treating, and otherwise intervening with youth who have coarse sexual improprieties and/or sexually abusive behaviors is most concerning. We may be missing a golden opportunity to recalibrate our interventions in a fashion that does not criminalize or pathologize these youth.

To cite this article:

Miccio-Fonseca, L. C. (2022, April). Are we really recalibrating? *Perspectives: CCOSO's Quarterly Newsletter*, 1, 8-12, 19. *California Coalition on Sexual Offending*. Available: <https://ccoso.org/>

L.C. Miccio-Fonseca, Ph.D., Clinical Psychologist and Researcher, Clinic for the Sexualities, San Diego, CA

References

American Psychological Association (2013). Specialty guidelines for forensic psychology. *American Psychologist*, 68(1), 7–19. <https://doi.org/10.1037/a0029889>

American Psychological Association. (2021). *Professional practice guidelines for evidence-based psychological practice in health care*. Retrieved from <https://www.apa.org/about/policy/evidence-based-psychological-practice-health-care.pdf>

American Educational Research Association (AERA), American Psychological Association (APA), & National Council on Measurement in Education (NCME). (2014). *Standards for educational and psychological testing*. AERA.

Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16(1), 39–55. <https://doi.org/10.1037/a00162>

Association for the Treatment of Sexual Abusers. (2017). *Practice guidelines for assessment, treatment, and intervention with adolescents who have engaged in sexually abusive behavior*. Author. Available at https://www.atsa.com/Public/Adolescent/ATSA_2017_Adolescent_Guidelines_TOC.pdf

Caldwell, M. F. (2016, July 18). Quantifying the decline in juvenile sexual recidivism rates. *Psychology, Public Policy, and Law*. Advance online publication: <http://dx.doi.org/10.1037/law0000094>

Miccio-Fonseca, L. C. (2019). Family Lovemap and erotically related protective factors. *Special Issue on Risk Assessment of Sexually Abusive Youth Journal of Child Sexual Abuse*., 27(8), 901-917. <https://doi.org/10.1080/10538712.2018.1494655>

Miccio-Fonseca, L. C. (2020). *MEGA[®]* tool: An analysis of “Risk/Treatment Needs and Progress Protocol” by Kang, Beltrani, Manheim, Spriggs, Nishimura, Sinclair, Stachniuk, Pate, Righthand, Prentky, and Worling (2019), *Journal of Child Sexual Abuse*. Published online 05 Mar 2020. DOI:10.1080/10538712.2020.173316

Miccio-Fonseca, L. C. (2021) A critical assessment of the Youth Needs and Progress Scale. *Journal of Child Sexual Abuse*, 30(7), 765-784, DOI: 10.1080/10538712.2021.1914260

Miccio-Fonseca, L. C., & Rasmussen, L. A. (2014). *MEGA[®]*: Empirical support for nomenclature on the anomalies: Sexually violent and predatory youth. *International Journal of Offender Therapy and Comparative Criminology*, 1–17. Published online 2 May 2014. doi:10.1177/030624X14533265\

National Adolescent Perpetrator Network (1993). The revised report from the National Task Force on Juvenile Sexual Offending. *Juvenile and Family Court Journal*, 44(4), 5-120. First published: November 1993 <https://doi.org/10.1111/j.1755-6988.1993.tb00929.x>

To cite this article:

Miccio-Fonseca, L. C. (2022, April). Are we really recalibrating? *Perspectives: CCOSO's Quarterly Newsletter*, 1, 8-12, 19. *California Coalition on Sexual Offending*. Available: <https://ccoso.org/>

Ralph, N. (2021 September 28-October 1). *Neurodevelopmentally-based practical assessment and treatment methods for juveniles who sexually offend*. ATSA conference, Our new reality: Resilience & reconnection 2021. Virtual conference.

Rasmussen, L. A. Lee & Fagundes, M. (2021). A critique of the Youth Needs and Progress Scale and its applicability to individuals ages 18 to 25 with sexually abusive behavior. *Journal of Aggression, Maltreatment & Trauma*. Published online 01 Oct. 2021. DOI: 10.1080/10926771.2021.1983682

Schaeffer, K. (2021, December 17). Striking findings from 2021. *Pew Research Center*. Retrieved from: <https://www.pewresearch.org/fact-tank/2021/12/17/striking-findings-rom-2021/>

Worling, J. R. (2021, September 28-October 1). *Introduction to the assessment and treatment of adolescents who have sexually offended*. ATSA conference, Our new reality: resilience & reconnection 2021. Virtual conference.