

YOUNG ADULT MODIFICATION PROTOCOL

Young Adult Modification Protocol

The SOMB recognizes that due to responsivity¹ issues and the unique needs of some young adults, applying the Adult Standards without flexibility can be problematic. A different approach may be needed when addressing the unique challenges a portion of this population poses.

Neurobiological research gives us a deeper understanding of adolescent and young adult brain development. This research (Teicher, 2002; Siegel, 2006; Perry, 2006; Burton, 2010) indicates that the brains of many young adults, ages 18 to 25, are still developing thus it is imperative for CST/MDT members to assess and treat this population and consider allowing exceptions according to each individual regardless of where they are in the criminal justice system.

Offenders, ages 18-25 may be more inclined to make poor decisions. This may or may not be related to risk for recidivism. It is important for the CST/MDT to evaluate an offender's problematic behavior, specifically, when responding to violation or rule breaking behavior, to best determine whether or not it signifies an increase in risk and if so, what needs exist and what response best addresses those needs and manages risks. Such assessment should include strengths and protective factors². The nature and severity of the behavior and the degree which it relates to risk should be commensurate with the appropriate interventions. Risk of harm to others must not be ignored and should be balanced when assessing impulsive behavior typical in adolescence versus criminal, anti-social characteristics which are indicative of risk.

Many young adults may present more like an adolescent rather than an adult. Research indicates over responding to non-criminal violations with this population can cause more harm than good for both the offender and the community (Teicher, 2002).

Guiding Principles:

The following guiding principles, in addition to the guiding principles in the Adult Standards, are for Community Supervision Teams (CSTs)/Multi-Disciplinary Teams (MDTs) considering a recommendation of making exceptions to the Adult Standards for a specific Young Adult population.

1. Victim and Community Safety are paramount. See Guiding Principle #3 in the Adult Standards and Guidelines for further detail.
2. Victim self-determination regarding involvement and input. See Guiding Principle #7 in the Adult Standards and Guidelines for further detail.
3. Sexual offenses cause harm.
4. Psychological well-being of victims is critical.

¹ The Responsivity Principle means that correctional services are more effective when treatment and management services use methods which are generally more effective with offenders and when these services are individualized in response to the culture, learning style, cognitive abilities, etc. of the individual.

² Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

5. Focus needs to be on promoting strengths/health to reduce risk.
6. Emphasis on developing pro-social support systems.
7. Ensuring offender accountability for offending behavior.
8. Treatment planning includes development of social/interpersonal skills.
9. Treatment planning takes into account stages of brain development.
10. Not to minimize the impact to the victim but to improve/creating pathways for more effective treatment.
11. Collaboration of CST/MDT and review factors 1-10.

Exclusionary Criteria:

(If previous records indicate or current testing establishes that one of the following is true)

- Primary sexual interest/arousal in pre-pubescent individuals.
- Clear documented pattern of sexual sadism
- Sexually Violent Predator
- Psychopathy
- Meets criteria for mental abnormality (Millon)

Protective Factors:

1. In school/stable employment
2. Living in a home and receiving developmentally appropriate supervision
3. Pro-social support system
4. Maturation
5. No substance abuse
6. No delinquent lifestyle
7. Absence of severe MH-Axis I or II
8. Compliance with treatment and supervision expectations
9. Amenable to treatment, willingness to engage
10. Lack of known multiple offenses

CSTs and MDTs are encouraged to look at young adult offenders, and develop individualized treatment plans and containment efforts based on the maturation and risk of the individual. Independent living skills, risk and protective factors should be discussed by CSTs/MDTs and factored into programming for the offender. CSTs/MDTs should consider consulting with other experienced adult or juvenile practitioners to assist in the development of effective treatment and supervision as well as to identify possible resources that may aid in information gathering. In some cases it may be appropriate to use juvenile risk assessments with this population for informational purposes only, and with the understanding that using a juvenile risk assessment instrument on an individual over the age of 18 is not a validated assessment of risk. The

CST/MDT based on a unanimous decision, is empowered to make exceptions to specific standards as needed and changes shall be clearly documented. After conducting a thorough evaluation in accordance with section 2.000 of the Standards, evaluators should document any recommendation to vary from, or waive a Standard with the appropriate rationale for such.

Risk in young adults will likely be best mitigated by ensuring the CST/MDT pays close and careful attention to risk, need, and responsivity principles³ as well as dynamic and static risk factors and ensures all of these are assessed and addressed as major treatment targets.

“Treatment should use methods, and be delivered in such a way as to maximize participants’ ability to learn. To achieve this, treatment programs should selectively employ methods that have generally been shown to work. Further, participants’ response to treatment will be enhanced by effortful attendance to their individual learning style, abilities and culture.”
(Andrews and Bonta, 2006)

It is important for CSTs to consider Section 5.7 in the Adult Standards when addressing issues of sibling/child contact. Standard 5.780 specifies circumstances when parts of 5.7 may be waived with unanimous decision of the CST. This might allow contact with adolescents in unique situations. CSTs/MDTs are encouraged to review young adult situations, and make decisions that help the offender be successful while maintaining community safety.

³ The Risk Needs Responsivity (RNR) model indicates that the comprehensiveness, intensity and duration of treatment provided to individual offenders should be proportionate to the degree of risk that they present (the *Risk* principle), that treatment should be appropriately targeted at participant characteristics which contribute to their risk (the *Need* principle), and that treatment should be delivered in a way that facilitates meaningful participation and learning (the *Responsivity* Principle). DOC SOTMP Evaluation, 2012, Central Coast Clinical & Forensic Psychology Services

YOUNG ADULT MODIFICATION PROTOCOL

CRITERIA CHECKLIST

Instructions:

This form should be completed by the CST/MDT and serves as documentation for the client file. As new information becomes available, the CST/MDT should re-evaluate the inclusionary and exclusionary items to determine if there has been any change. An offender who meets criteria for the Young Adult Modifications at one point in treatment, may not meet the criteria at subsequent points in treatment, and therefore any modification to the Standards should not be considered automatic grounds for future modifications.

Protocol for determining if the Individual meets criteria for Young Adult Modifications

Inclusionary Items: If you select YES to any of the following item, continue to Exclusionary Items.

- Yes___ No___ Individual is aged 18-21 and adjudicated delinquent for a sex crime that occurred prior to the age of 18, subsequently convicted of a non-sex crime as an adult while remaining in the DYC.
- Yes___ No___ Individual is aged 18-25, convicted as an adult for a non-sex crime with a history of a sexual offense.
- Yes___ No___ Individual is aged 18-25, convicted of a sex crime that occurred prior to age 18.
- Yes___ No___ Individual is aged 18-25, convicted as an adult for a sex crime (includes failure to register).
- Yes___ No___ Individual is under the age of 18, charged and convicted as an adult for a sex crime and sentenced to YOS.

Exclusionary Items: If you select YES to any of the following items, the individual will not meet criteria for Young Adult Modifications, and the applicable Standards shall be followed.

- Yes___ No___ Primary Sexual Interest/arousal in pre-pubescent individuals.
- Yes___ No___ Clear and documented pattern of sexual sadism.
- Yes___ No___ Sexually Violent Predator as determined by the SVPASI.
- Yes___ No___ Psychopathy (as determined by the PCL-R)
- Yes___ No___ Meets criteria for mental abnormality as referenced in C.R.S. 16-11.7-103(4)(c.5) and determined by the SVPASI.

Treatment Provider Signature

Date

Supervising Officer Signature

Date

YOUNG ADULT MODIFICATION PROTOCOL CRITERIA FLOW CHART

Individual is convicted or adjudicated of a sexual offense.

Yes

Is the Individual between the ages of 18-25 (or under the age of 18, charged and convicted as an adult)?

No

Follow applicable standards

Yes

Is any of the following True?

1. Aged 18-21 adjudicated delinquent for a sexual crime that occurred prior to age 18, subsequently convicted of a non-sex crime as an adult while remaining in the DYC.
2. Aged 18-25, convicted as an adult for non-sex crime with a history of a sex offense.
3. Aged 18-25, convicted of a sex crime that occurred prior to age 18.
4. Aged 18-25, convicted as an adult for a sex crime (includes failure to register).
5. An individual under the age of 18, charged and convicted as an adult for a sex crime and placed in YOS.

No

Follow applicable standards

Yes

Previous records or, if indicated, current testing establishes that one of the following is true;

1. Primary sexual interest/arousal in pre-pubescent individuals.
2. Clear documented pattern of sexual sadism.
3. Sexually Violent Predator (as designated by SVP instrument)
4. Psychopathy (as determined by PCL-R)
5. Meets criteria for mental abnormality as referenced in C.R.S. 16-11.7-103(4)(c.5) and determined by the SVPASI

Yes

Follow applicable standards

No

Refer to Appendix K of the Adult Standards or Appendix L of the Juvenile Standards and Guidelines for information regarding best practice for the CST/MDT, evaluation and treatment planning.