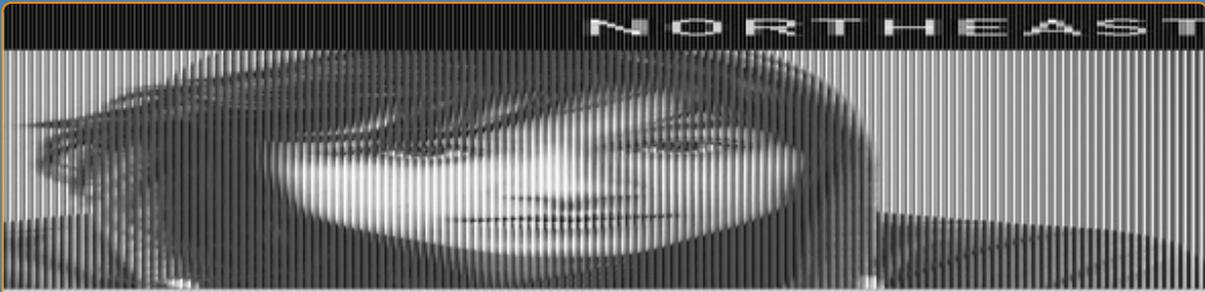


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Dear Colleague:

For this month, the NEARI Press newsletter article recognizes the dynamic factors in the assessment of adolescents who have sexually abused. The article confirms that adolescent risk is indeed dynamic. And contradicting our expectations, the authors found that a large improvement (measured by different risk assessment scales) was not associated with lower rates of re-offending once the teen leaves a residential treatment program. The results suggest that environmental factors, the home, school and community to which an adolescent may return may have an dramatic impact on the safety of that teen and those around him or her.

We hope this short article will open your eyes to new ways of thinking of change in a teen's life and possible directions both for your work and for our field.

As always, if you have any other questions or suggestions for future newsletter topics, please don't hesitate to contact us.

Sincerely, Joan Tabachnick and Steven Bengis

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## **The Importance of Dynamic Changes in Risk During Adolescence**

by Steven Bengis, David S. Prescott, and Joan Tabachnick

### **The Question**

If risk factors in adolescents are significantly decreased through treatment, are adolescents less likely to reoffend sexually?

### **The Research**

Although most would agree on the importance of examining dynamic risk factors in adolescents, Jodi Viljoen, Andrew Gray, Catherine Shaffer, Natasha Latzman, Mario Scalora, and Daniel Ullman note that there has been little research on the changes in risk assessment scores in response to treatment. To explore this question further, Viljoen and her colleagues compared scores on the J-SOAP-II (Juvenile Sex Offender Assessment Protocol – II) and the SAVRY (Structured Assessment of Violence Risk in Youth) at both admission and discharge for 163 adolescents in a residential cognitive-behavioral treatment program. The study used the SAVRY and J-SOAP-II to measure change over the course of treatment and explore the question – whether adolescents who improved in their assessment scores were less likely to reoffend.

Given that risk factors and protective factors are often dynamic and can vary widely in adolescents, the SAVRY and J-SOAP-II were developed in part to measure these. 43% of the J-

SOAP-II items and 67% of the SAVRY items are dynamic factors. Dynamic risk factors are modifiable (e.g., anger management difficulties, limited parental supervision, and therefore excellent targets for treatment. Historic (also called static factors) are those that cannot change or be undone such as past offending behaviors.

One would expect that decreases in an adolescent's risk scores during treatment would be predictive of lower recidivism. This is certainly true for high risk adult sex offenders who showed greater reductions in risk scores related to lower recidivism. However, statistically significant change was not achieved when looking at low risk adult offenders. This difference among adult offenders also points to the importance of looking at the different developmental trajectories in adolescents.

The study did indeed find substantial changes in risk ratings on both the SAVRY and J-SOAP-II from admission to discharge. But despite the overall improvement by many adolescents during treatment, the lower risk ratings at discharge were no more predictive of re-offense than the risk ratings at admissions. One exception was that significant decreases in risk factors on the J-SOAP-II Intervention Scale (e.g., empathy) significantly predicted lower sexual offending.

The authors suggest a number of reasons for the results of this study. First, is a recognition that these assessment tools may not be tapping into all of the relevant dynamic risk and protective factors in adolescents. Second, dynamic risk factors are truly dynamic and that once released from a residential setting and returned to a risky home environment, may reverse some of the benefits of a treatment environment. Third, those with higher risk scores were likely to receive more supervision, more restrictive living environments, and fewer opportunities to easily offend again. It is clear that further research is needed particularly studies that would also study a cohort of adolescents both during and after treatment, when these youth return to the community.

**Bottom Line:** Adolescent risk is indeed dynamic, and often depends on environmental factors. Contradicting expectations, high improvement during treatment was not associated with lower rates of offending.

### **Implications for Professionals**

As we work towards research based and developmentally appropriate approaches to intervention with individual youth who abuse sexually, this article raises more questions than it answers. First, low base rates for sexual recidivism makes any definitive predictions of future actions based on protective or other intervention factors extremely difficult. However, rather than focusing on predictive validity, this study points to the complexity of the issue and the value of this information in refining treatment plans for each individual adolescent. Furthermore, the substantial changes in scores over the course of treatment reinforces the recommendation that clinicians do need to reassess each individual at various points in time; fortunately, other measures are available for measuring treatment progress and no assessment should rely on a single instrument. With a focus on using assessment to improve treatment interventions and then taking the time to reassess as the child or teen grows, increase the likelihood that each youth will live a better life.

### **Implications for the Field**

The lack of a clear correlation between developmentally oriented treatment planning and sexual re-offense "prediction" complicates the search for sexual re-offense guidelines to offer to the public safety debate. The field needs to support further research to better understand either the true variables that will impact on sexual (or non-sexual) re-offense in a variety of settings. In the interim, it is time to ensure we are asking the right questions, and working with researchers to craft studies likely to produce the data needed across ages, behaviors and placement options.

### **Abstract**

Although the Juvenile Sex Offender Assessment Protocol–II (J-SOAP-II) and the Structured Assessment of Violence Risk in Youth (SAVRY) include an emphasis on dynamic, or modifiable factors, there has been little research on dynamic changes on these tools. To help address this gap, we compared admission and discharge scores of 163 adolescents who attended a residential, cognitive-behavioral treatment program for sexual offending. Based on reliable change indices, one half of youth showed a reliable decrease on the J-SOAP-II Dynamic Risk Total Score and one third of youth showed a reliable decrease on the SAVRY Dynamic Risk Total Score. Contrary to expectations, decreases in risk factors and increases in protective factors did not predict reduced sexual, violent nonsexual, or any reoffending. In addition, no associations were found between scores on the Psychopathy Checklist: Youth Version and levels of change. Overall, the J-SOAP-II and the SAVRY hold promise in measuring change, but further research is needed.

#### Citation

Viljoen, J.L., Gray, A.L., Shaffer, C., Latzman, N.E., Scalora, M.J., & Ullman, D. (2015). Changes in J-SOAP-II and SAVRY Scores Over the Course of Residential, Cognitive-Behavioral Treatment for Adolescent Sexual Offending. *Sexual Abuse: A Journal of Research and Treatment*. 1–33. DOI: 10.1177/1079063215595404.

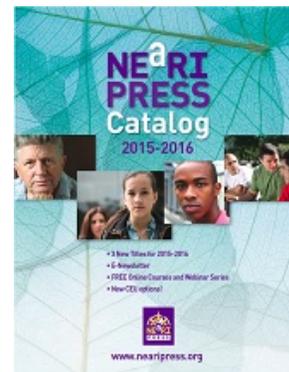
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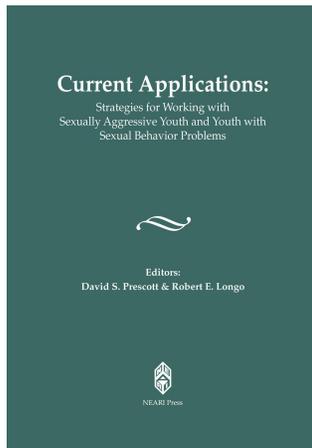
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