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2018 ATSA Conference | Friday October 19 | 1:30 PM – 3:00 PM

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The Final “R” in the RNR Model: An Empirical Blueprint

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The RNR model of rehabilitation has been identified as a useful, meta-theoretical model for framing intervention efforts to treat illegal sexual behavior in adolescent populations. The core principles of the RNR model assert that risk for sexual offending can be reduced through the identification and appropriate satisfaction of criminogenic needs. Successful responsivity to these needs replaces sexual offending patterns with a non-offending, prosocial identity (Andrews, Bonta, & Hoge, 1990). Although a central component of the RNR framework, responsivity is the least developed of the model’s three principles (Polaschk, 2012). A conceptual gap exists between the identification of salient risk factors for sexual offending and the theoretical resources needed to translate these factors into intervention designs. The underdevelopment of the responsivity principle has important consequences for the rehabilitation of adolescents who sexually offend.

Adolescents with illegal sexual behavior possess criminogenic needs that are tied to disruptions in psychosocial development (Burk & Burkhart, 2003). According to Maslow, unfulfilled needs interfere with the development of higher-order processes and potentiate engagement in maladaptive behavior patterns. Adolescents cannot attain a more developed state without first satisfying basic needs for safety, affiliation, and mastery. Through this theoretical lens, illegal sexual behavior can be conceptualized as a maladaptive attempt to satisfy unmet developmental needs. Although research has provided an empirical framework for identifying sexual risk and need factors in adolescent populations, less is known regarding developmentally appropriate responsivity techniques to reduce adolescent sexual recidivism. The present symposium hypothesizes that successful recidivism prevention lies in the responsivity to unmet needs for security, affiliation, and mastery, as well as adequate management of criminogenic risks. The following presentations provide an overview of the intervention strategies designed to target these unmet needs in a long-standing treatment program (ABSOP) for adolescents who have been adjudicated for sex offenses. Empirical data regarding the effectiveness of these strategies and clinical implications for adolescent populations are discussed.

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Trauma-Informed Treatment: Fostering Safety in a Maximum-Security Environment

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Even though surrounded by barbed wire fences, residential treatment programs may not be safe environments for adolescents with illegal sexual behavior. Upon program admission, youth are inundated with unfamiliar sights, sounds, and routines that signal impending risk for harm. Sensitivity to danger is often exacerbated by emotional reactivity to personal trauma cues. Adolescents with illegal sexual behavior report exposure to approximately 10 different types of interpersonal victimization and over 5.5 Criterion A events over their lifetimes (Harrelson et al., 2017; Newman & Pyle 2016). Over half of adjudicated adolescents meet PTSD diagnostic criteria at the beginning of residential treatment, with an additional 44% reporting sub-clinical posttraumatic stress symptoms (Newman & Pyle, 2016). Conditioned to anticipate harm, these youth channel cognitive and emotional resources to survival at the sacrifice of engagement in treatment for illegal sexual behavior. Thus, risk for sexual recidivism must be addressed by first fulfilling unmet needs for security.

The current presentation outlines ABSOPs responsivity to unmet security needs across residential and therapeutic settings. Residential security includes the segregation of same-aged residents, individual bedrooms, and dormitory staff who are trained in trauma-informed care (Burk, Falligant, & Cook, 2017). Therapeutically, adolescents receive Trauma-Focused Cognitive Behavior Therapy (TF-CBT; Cohen et al., 2012) to process childhood trauma and promote adaptive strategies to manage distress. These trauma-informed intervention strategies have been found to reduce emotional arousal in ABSOP residents and increase engagement in treatment for illegal sexual behaviors (Newman & Pyle, 2016). Procedures for trauma-informed assessment and treatment, as well as best practices for program implementation, will be discussed.

Learning Goals:

- Outline the prevalence of childhood trauma and posttraumatic stress in adolescents with illegal sexual behavior.
- Present findings regarding the success of trauma-informed treatment in ABSOP.
- Provide overview of trauma-informed program implementation and integration of TF-CBT into treatment of adolescents with problematic sexual behaviors.

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Applied Behavior Analysis: Developing Skills for Social Acceptance

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Adolescents adjudicated for illegal sexual behavior may receive different types of psychological treatment directly related to their offense. Many of the evidence-based treatments directly target behaviors and attitudes of the individual towards their offense. Although these treatment options have varying levels of empirical support (Dopp, Borduin, Rothman, & LeTourneau, 2017), adolescents receiving treatment may engage in other overt behaviors that interfere with their ability to effectively access treatment in the first place. Some of these overt behaviors include non-compliance, verbal aggression, disrespect towards authority figures, and poor academic performance. Applied Behavior Analysis (ABA) is a field that has a successful history of targeting these types of behaviors in a diverse range of populations. One population that has not yet been broadly exposed to behavior analytic treatment, but that may experience large benefits, are adolescents adjudicated for illegal sexual behavior.

The Auburn ABA program has worked with the ABSOP team over the past three years to develop a variety of treatments targeting a diverse set of problematic behaviors commonly encountered when working with adolescents adjudicated for illegal sexual behavior. We evaluated the effects of these treatments using visual analysis for single subject designs and the addition of statistical analysis when appropriate. Results indicate that we have developed effective treatments for a variety of common referrals including teaching adolescents to appropriately respond to staff directives, using contingency contracts to manage problematic behavior, determining highly preferred items to use as reinforcers in treatment, increasing self-control behaviors, decreasing inappropriate sexual arousal, and increasing a variety of academic skills. These results indicate that ABA may be a highly efficacious addition to the treatment of adolescents adjudicated for illegal sexual behavior. Clinical implications of our findings of ABA with this population are discussed.

Learning Goals:

- Provide an overview of ABA programs implemented at ABSOP.
- Present data related to ABA-facilitated problem behavior reduction in adolescents with illegal sexual behavior.
- Discuss clinical implications of ABA programs on treatment for illegal sexual behavior.

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Adolescent Culture: Cultivating a Prosocial Identity Through Affiliation and Mastery

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To effectively mitigate risk for sexual recidivism, treatment must shift an adolescent's identity from that of an offender to that of a prosocial member of society. Youth who engage in illegal sexual behavior are characterized by poor self-esteem, low self-concept, and limited self-mastery (Marshall, Marshall, Serran, & O'Brien, 2009). Adolescent sexual offending patterns often correspond to unmet needs for social acceptance and competence (Reckdenwald, Mancini, & Beauregard, 2014). For example, the identity of an "adolescent sex offender" corresponds to youth who use force to attain sexual gratification because they are unable to meet this need through socially acceptable channels (Marshall et al., 2009). Offender identities are exacerbated by negative self-perceptions forged during childhood through externalizing behavior problems, invalidating households, and academic difficulties (Seto & Lalumiere, 2010). Thus, correcting illegal sexual behavior alone is insufficient to ameliorate a "sex offender" identity. Rather, this maladaptive self-concept must be replaced by a prosocial identity characterized by perceived mastery over developmentally appropriate social goals.

This presentation outlines ABSOPs responsivity to unmet needs for affiliation and mastery within a residential setting. ABSOP cultivates prosocial identities through mandatory therapy groups and developmentally appropriate adolescent activities (Burkhart et al., 2017). Therapeutic groups promote affiliation through interpersonal development. Adolescents learn social, anger management, and empathy skills that enable them to maintain positive social relationships. Other groups facilitate mastery through skill acquisition. Youth create tangible products through sewing, gardening, music, creative writing, cooking, theater, and dance that can be replicated and shared with others outside of treatment. ABSOP youth who complete treatment report an increase in prosocial relationships and self-efficacy at post-treatment (Burkhart et al., 2017; Harrelson, Alexander, & Burkhart, 2015). ABSOP also fosters engagement in developmentally appropriate activities within the residential setting to reinforce prosocial adolescent behaviors (Burkhart et al., 2017). Activities include a teen club, karaoke lounge, movie screenings, fall festivals, holiday meals, and campus-wide sporting events. Procedures for program implementation will be discussed.

Learning Goals:

- Outline group treatment procedures used at ABSOP.
- Present data related to perceptions of group treatment and group treatment success in ABSOP adolescents.
- Discuss best practices and potential barriers for program implementation.

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Megan Harrelson is a doctoral candidate in the clinical psychology program at Auburn University. She received her B.A. in Psychology from Wake Forest University in 2014 and her M.S. in Clinical Psychology from Auburn University in 2016. Her current research interests focus on the impact of childhood victimization on long-term psychological adjustment and externalizing behavior problems in both clinical and nonclinical populations. She has also provided assessment and treatment services to youth who engage in problematic sexual behaviors across both residential and outpatient settings.

Barry Burkhart received his B.S. in Psychology from Florida State University in 1970 and his Ph.D. in Clinical Psychology in 1974, also, from Florida State University. He completed his internship in Clinical Psychology at University of Southern California-Los Angeles County Medical Center. Currently, he is Professor, and former Chair of the Auburn University Department of Psychology, where he has been on faculty since 1974. He has broad research interests in assessment and treatment of problems resulting from violence and victimization. Since 1999, he has been the co-director and, currently is, director of the Accountability Based Sex Offender Program, a treatment program for adolescents with sexual behavior problems. This program has become nationally recognized as a model for the provision of services to juvenile offenders and as a model of a public partnership involving universities and a state agency. In all of these activities, he has engaged students from Auburn University in roles as volunteers, psychological interns, and researchers.

Kristen M. Brogan is a doctoral student in the Cognitive and Behavioral Sciences program at Auburn University. She earned a Master's degree in Applied Behavior Analysis from Auburn University in 2017 and became a Board Certified Behavior Analyst shortly thereafter. Her research interests include the application of behavior analytic treatments to adolescents who have been detained.