

NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.



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Dear Colleague,

For anyone working with kids, September is a time to explore directions for the coming year and discuss what worked (or did not work) from the last year. For the NEARI E-News, we have only heard great feedback for the short one-page summaries that David Prescott has crafted. We now have nearly 1,500 people signed up for the newsletter and are pleased with the high number of "click-throughs" (e.g., the number of you who actually open the email!)

In the coming months, we hope to focus the articles and the resources on looking at the whole child in treatment. We continue to acknowledge the need for specialized interventions. But the research is showing how important it will be to assess and treat the multi-dimensionality of the children and adolescents with whom we work. We hope that you will find the series of articles as interesting and challenging as we have found when we discuss the key points and the implications for clinical practice.

Warmly,
Steven Bengis and Joan Tabachnick
www.neari.com

Featured Tool

Form titled "Treatment Progress Inventory for Adolescents Who Sexually Abuse (TPI-ASA)" with fields for Name, Address, Phone, Email, and a table of 12 items with Likelihood of Change, Social Competency, and Risk Prevention Awareness columns.

Item	Likelihood of Change	Social Competency	Risk Prevention Awareness
1. Motivation to Change			
2. Healthy Sexuality			
3. Social Skills			
4. Cognitions Supportive of Sexual Abuse			
5. Attitudes Supportive of Sexual Abuse			
6. Victim Awareness			
7. Affective/Behavioral Regulation			
8. Risk Prevention Awareness			
9. Positive Family Caregiver Dynamics			
10. Responsible Behavior			
11. Peer Relationship Support			
12. Peer Relationship Support			
13. Peer Relationship Support			
14. Peer Relationship Support			

A New Tool Helps Assess Treatment Progress

by David S. Prescott, LICSW

Summary

This article presents the initial psychometric properties of a treatment planning and progress inventory for adolescents with sexual behavior problems. The Treatment Progress Inventory for Adolescents Who Sexually Abuse (TPI-ASA) was designed to monitor common elements of specialized treatment for youth with sexual behavior problems. The TPI-ASA measures nine dimensions relevant to the evaluation and treatment of adolescents with sexual behavior problems (inappropriate sexual behavior, healthy sexuality, social competency, cognitions supportive of sexual abuse, attitudes supportive of sexual abuse, victim awareness, affective/behavioral regulation, risk prevention awareness, and positive family caregiver dynamics). Members of the Association for the Treatment of Sexual Abusers completed the TPI-ASA with 90 male adolescents with sexual behavior problems as part of a psychosexual evaluation. The preliminary findings provided support for the internal consistency and convergent and discriminant validity of the dimensions. Suggestions are offered for additional research on the TPI-ASA and its potential as a clinical tool.

The Issue

Professionals working with adolescents who have sexually abused need broader tools in addition to recidivism rates to assess their progress in sexual abuse-specific treatment.

The Research

Brent Oneal, Leonard Burns, Timothy Kahn, Phil Rich, and James Worling have developed the *Treatment Progress Inventory for Youth who Sexually Abuse* (TPI-ASA). They report their preliminary findings in the June 2008 edition of *Sexual Abuse: A Journal of Research and Treatment*.

This new progress inventory (TPI-ASA) measures nine dimensions in the evaluation and treatment of adolescents with sexual behavior problems. These include:

- inappropriate sexual behavior
- healthy sexuality
- social competency
- cognitions supportive of sexual abuse
- attitudes supportive of sexual abuse
- victim awareness
- affective/behavioral regulation
- risk prevention awareness
- positive family caregiver dynamics

In developing the TPI-ASA, the authors' goal was to identify specific items that assist treatment planning and assessing progress. Rather than focus only on stopping the

Sue Righthand's Juvenile Sex Offense Specific Treatment Needs & Progress Scale, is another helpful instrument. You can download this PDF at no cost at www.csom.org/ref/JSOPProgressScale.pdf.

About the Author: David S. Prescott, LICSW



[David Prescott website](#)

A nationally recognized expert in the field of sexual abuse assessment, treatment, management, and prevention, Mr. Prescott has published numerous articles and authored, edited, and co-edited books on risk assessment, interviewing, and providing residential treatment to youth. He is the President of ATSA and is currently the Treatment Assessment Director at the Sand Ridge Secure Treatment Center in Mauston, WI.

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abusive behaviors, the tool expands the focus to include helpful assets, such as healthy sexuality and social competency. The authors have taken care that the wording for each item in the inventory is positive and strengths-based.

As is always the case, new advances bring fresh questions. The authors are the first to admit that no one study, tool, or other contribution can answer every question. They make the important point that except for stopping the sexual behaviors, no single treatment goal necessarily applies to every adolescent. Finally, the article emphasizes a strength-based approach but does not include strengths relevant to understanding an adolescent's progress such as academic performance or employment success.

Implications for Professionals

The TPI-ASA will:

1. Expand many professionals' ideas about treatment planning and assessing treatment progress.
2. Provide professionals with common features to examine as they consider the progress of an adolescent with an emphasis on client strengths. Although most professionals understand the importance of a strengths-based approach, it can be easy to lose sight of these and revert to a deficit-based perspective in daily practice.
3. Establish a common language for professional dialogue across agencies and their departments. It enables professionals in one situation to understand better the work a young person has done in a variety of settings.
4. Offer a degree of objectivity to the difficult task of assessing treatment progress. This tool is based upon the expertise of many leaders in the field from both the literature and the practice of seasoned clinicians.

Obviously, the TPI-ASA is not a stand-alone instrument; there are always factors specific to each individual adolescent. All professionals have an obligation to obtain a comprehensive understanding of the young people they serve. However, as one of only a handful of approaches in this area (see Featured Website), it stands out as a welcome contribution to reducing the harm of sexual abuse and assuring safer futures for young people.

Implications for the Field

There are clearly many areas for consideration that fall outside the scope of the current study and the TPI-ASA itself. However, the authors' contributions will undoubtedly inspire further discussion. For example, the TPI-ASA raises questions about the desired outcomes in treatment. Certainly, refraining from harmful behavior (reducing recidivism) is an obvious goal, but how can our treatments better produce the changes in thought and behavior that create safety, success, happiness, competence, inner peace, and a sense of belonging?

The authors suggest that future research should consider the differences between youth in outpatient treatment versus residential care. Beyond the fact that some of the dimensions of the TPI-ASA are community-based, this observation highlights the need to integrate a meaningful holistic understanding of youthful clients as they enter into treatment and not simply evaluate them through a generic-desired outcome. The authors touch upon the fact that although the TPI-ASA does contain items related to family and community functioning, the tool cannot take into account the complexities of each individual's home environment. The TPI-ASA cannot take into account the thought processes and behavior that contribute to the young person's success or failure, nor the client's intelligence, learning style, neurodevelopmental delays, sensory issues, or other characteristics that contribute to an adolescent's ability to benefit from treatment. The TPI-ASA does not address each individual's trauma history. Ultimately, we must understand our clients' starting points as well as their expected accomplishments.

The TPI-ASA is a valuable addition to the field. Its best contribution may be to spur the development of approaches that better account for the complexities of the young people we serve.

Reference

- Oneal, B.J. Burns, G.L. Kahn, T.J., Rich, P., & Worling, J.R. (2008). Initial Psychometric Properties of a Treatment Planning and Progress Inventory for Adolescents Who Sexually Abuse. *Sexual Abuse: A Journal of Research and Treatment*, 20, 161-187.

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