

5: Therapeutic Treatment Orders: Adolescents aged 15-Under 18



All SABTS services who currently work with 10-14 year olds under the Therapeutic Treatment Order (TTO) legislated framework should be working with older clients aged 15-under 18 years, under TTO legislation.

The legislation that applies to the current client group of younger adolescents will also apply to the older adolescents. Some legislation will require consideration for change, given that an adolescent aged over 16 years who is given a TTO which is then extended, will be aged over 18 before the extension is finished. Currently Child Protection clients cannot be aged 18 years.

Assessment and treatment of adolescents 15-under 18

Key points:

- Older adolescents are able to be assessed in the same way as current clients,
- All current risk assessment instruments, such as the ERASOR and the J-SOAP apply to older clients,
- Developmentally, older clients fall into the developmental category of youth aged 13-18, and present to SABTS services in similar ways to clients that services already work with,
- Treatment progresses in similar ways as with younger clients,
- *Identified dynamic risk factors* are the treatment targets with this cohort, as with any other cohort.

Issues that may be different for this older client group

(Courtesy of Bruce Young: MAPPS)

Peers can be more significant than family

- This will have implications for treatment – both in terms of content of treatment and inclusion of family (essentially parents) in the treatment room,
- Some older youth may not have lived with parents for some time,
- Some may live or have lived independently, and many will live in residential settings.

Older adolescents are more mature

- Sexual identity and behaviours in general, including sexual behaviours, are more mature,
- Older youth have greater capacity for perspective taking and moral development. For some youth treatment content can be more complex,
- There will be more cases where youth are sexually experienced in consenting sexual relationships. Some may be parents. Sex and intimacy in relationships is different in later adolescence, and treatment must recognise this and accommodate it.

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- If problematic patterns in sexual interest have been laid down in early adolescence, these will be more concerning in late adolescence for several reasons, including that the behaviours may present more of a fixed pattern,
- These clients are approaching independence, or are already independent. This means we are working with young adults rather than adolescents,
- If dysregulation around violence is present, this is also different for older adolescents. This can have a great impact on the therapeutic provider and a negative impact on the treatment potential (see the tip sheet on exclusionary criteria).

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