

# Ethical Issues and Practical Considerations when Working with Justice-Involved Youth

JESSICA GAHR, MA  
 SENIOR SAFE CLINICIAN  
 SAFETY CLINICIAN

1

## The SSU/SAFE Collaborative Program

### Western Psychiatric Hospital Staff:

*SAFE/SAFETY Program Director:* David Kolko, PhD  
*Medical Director:* Kristen Eckstrand, MD, PhD  
*Program Manager:* Eunice Torres, MS  
*Senior Clinician:* Jessica Gahr, MA  
*Clinician:* Caroline Barenfeld, MA  
*Clinician:* Michelle Hernandez, LSW  
*Clinician:* Patrick McCormick, MA

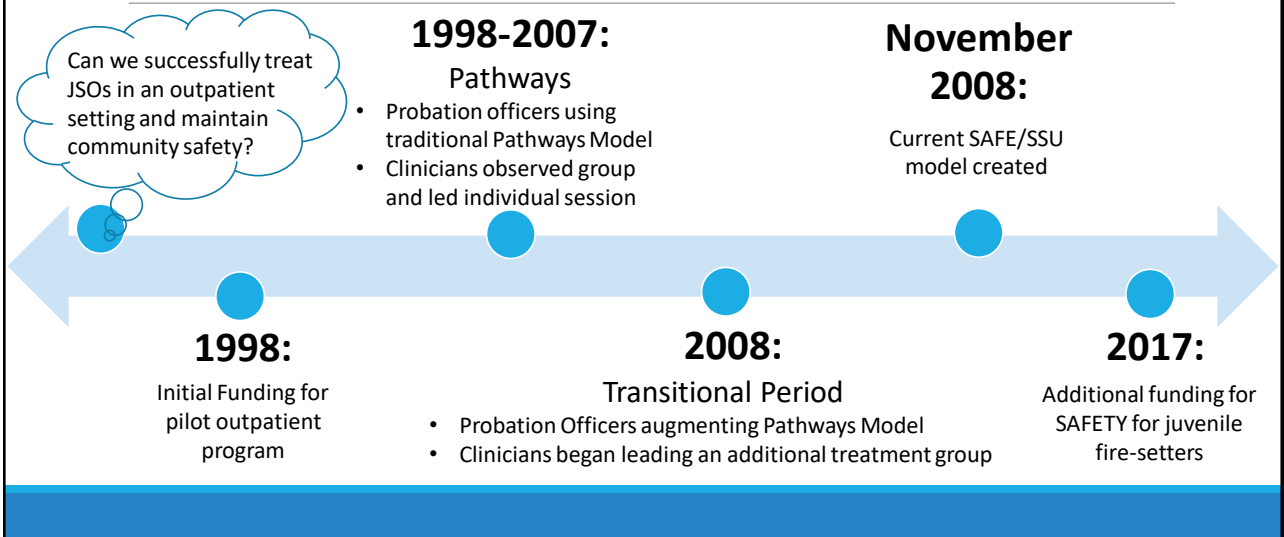
### Allegheny County Juvenile Probation, Special Services Unit:

*Supervisor:* Angela Wyman, MS  
*Probation Officer:* Clyde Schneider, BA  
*Probation Officer:* Christopher Waltz, BS  
*Probation Officer:* Melissa Whitenight, BS



2

## SAFE, SAFETY, and the SSU: 22 Years of Collaboration



3

## Learning Objectives

1. Discuss special considerations to limits to confidentiality when working with juvenile justice-involved youth.
2. Discuss practical techniques to discuss limits to confidentiality with juvenile justice-involved youth while maintaining therapeutic rapport.
3. Identify the potential advantages and disadvantages of being an active participant on a multi-disciplinary team.

4

## Ethical Considerations

---

- Informed Consent and the therapeutic relationship
- Limits to Confidentiality
- Boundaries with clients and other professionals
- Respect the process
- Model thoughtful decision-making

5

## Common Language and Definitions

---

**Adjudication**- That portion of the hearing wherein the judge or Hearing Officer determines if the juvenile committed the crime or any portion of the crime with which he or she is charged.

**Age of Culpability**- 10 years

**Consent Decree**- An order of the Court which suspends the delinquent proceedings against the juvenile and places youth under voluntary supervision in his or her own home, under terms and conditions negotiated with the probation department and agreed to by all parties affected.

**Cross over or dual-status youth** – youth who are involved with juvenile justice and child welfare systems

**Probation** – When a juvenile defendant is found by the Court to be delinquent (guilty) of a crime and is ordered to be under supervision of a Probation Officer. The conditions (rules) imposed by the Judge and probation department must be followed.

6

## Common Language and Definitions

---

**Probation Officer** – Neutral Court staff officer who supervises a juvenile during his or her probationary period or other Court ordered supervision (such as Consent Decree, placement, day treatment, etc.) and who enforce the terms and conditions imposed by the Judge and the probation department.

**School Based Probation Officer** – Probation Officer assigned to provide Court supervision to all juveniles active with the Court and attending a specific school.

**Special Services Unit (SSU)** – A division within the Juvenile Probation department that addresses the special treatment needs of sex offenders.

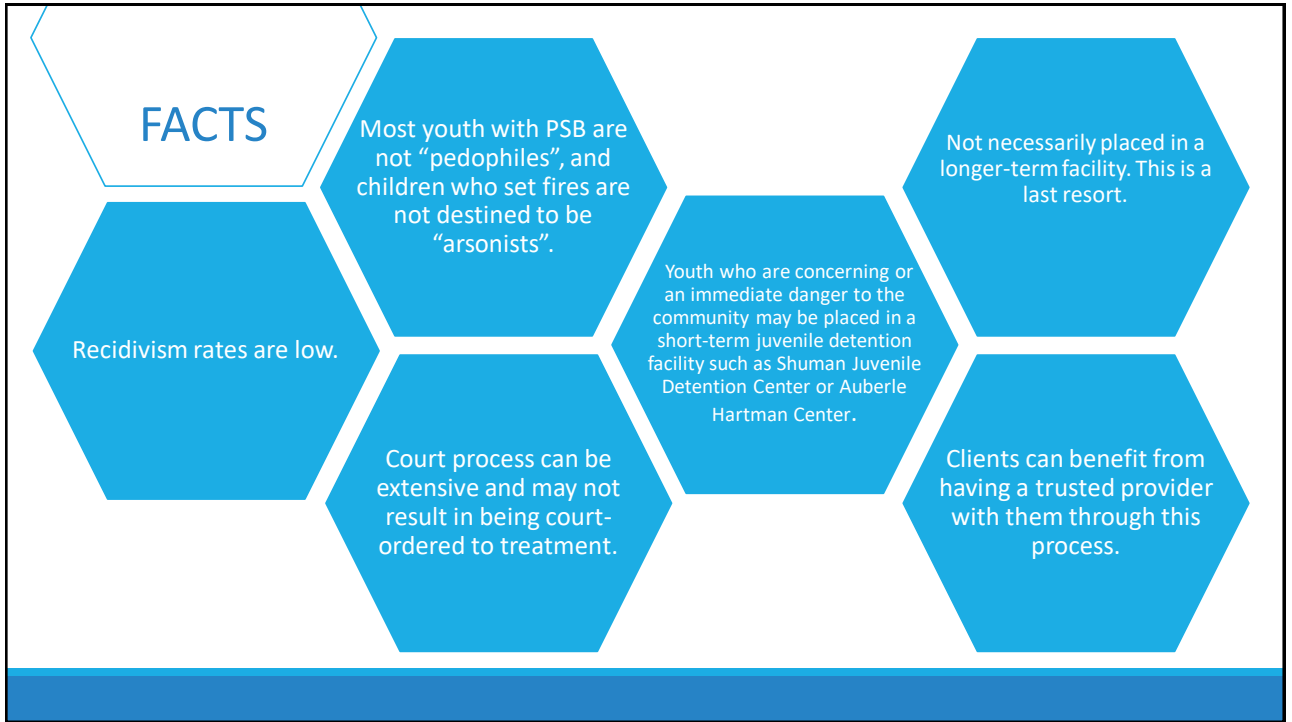
7

## Common Assumptions

---

- Children involved in juvenile justice will not be involved with outpatient, community treatment.
- They must be dangerous or unsafe.
- Aren't they just going to get placed?
- Probation Officers are just there to provide consequences and punishment.
- I should not talk to the probation officer. That will hurt therapeutic rapport.
- If juvenile probation or the court is involved, I will have to testify.
- If they're going to a specialized provider, I can/should discharge them from my care now.

8



9

## Coordination of Care and Potential Collaborators

---

10

## Multi-Disciplinary Teams (MDT)

---

May include:

- Probation Officer
- OCYF Caseworker
- In-patient providers/evaluators from detention facility
- School (IEP meetings, behavior management)
- Lawyers, including Guardian ad Litem
- Mental Health providers
- Resource Coordinator
- Youth Support Partner/Family Support Partner

11

## Questions to Ask

---

Title and Organization

Role with the client

Purpose of asking for information

Level of contact with the client/family

What resources can this person offer?

How often are you expecting me to collaborate?

What form would you like that to take?

Set limits with what you are willing to share or not share

Can/should the information be shared with the family?

12



## Pros and Cons of MDTs

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>- Learn valuable information regarding risk and safety for client</li> <li>- Models how to navigate difficult conversations or decisions</li> <li>- Help prepare the client</li> <li>- You may know the client's needs and strengths</li> <li>★ Educate others and advocate for a broader understanding</li> </ul> | <ul style="list-style-type: none"> <li>- Negatively effect rapport and trust</li> <li>- Unclear how the information could be used</li> <li>- Potential request for testimony or records</li> <li>- Difficult to navigate with time and level of understanding</li> </ul> |
|---|--|

13

## Balanced and Restorative Justice (BARJ)

---

### Community Protection

- Safety for others, the victim, and justice-involved child

### Accountability

- Victim Restoration

### Competency Development

- Youth redemption

14

## SSU Conditions of Supervision

---

### **Community Protection Conditions**

- Do not commit another crime
- Adhere to curfew, no firearms
- Do not access pornographic or sexually explicit material/incendiary devices

### **Accountability Conditions**

- No contact with victim or victim's family
- No possession or consumption of substances
- Submit to urinalysis testing as required

### **Competency Development**

- Attend all group and individual treatment sessions
- Attend school or seek employment

15

# Navigating Limits to Confidentiality

---

PRACTICAL CONSIDERATIONS AND THE IMPORTANCE OF  
TRANSPARENCY

16



# Limits to Confidentiality: The Importance of Transparency

## Standard Limits to Confidentiality:

- Safety Concerns
- Mandated Reporting (SI, HI, child abuse)

## ★ Special Considerations when working with justice-involved youth:

- **Violations of Probation**
- Intake/Discharge Summaries
- Progress Updates
- **Progress Summaries as requested by the Court (Court Letters)**
- Disclosure of the index sexual offense and additional offenses

17

FACILITY/PERSON ADDRESS

for the purpose of (PROVIDE A DETAILED DESCRIPTION): **treatment coordination and case management**

**Parts 1 and 2 must be completed to properly identify the records to be released.**

1. Type of records to be released **and** approximate date(s) of service (check all that apply):

Inpatient       Emergency Dept      Dates: \_\_\_\_\_  
 Outpatient       Physician Office/Clinic

**I authorize the release of: (check all that apply)  Mental Health Information  Drug and Alcohol Information, contained in the records indicated above.**

2. Specific information to be released (check all that apply):

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Consults                       | <input type="checkbox"/> Medical History & Physical Exam | <input type="checkbox"/> Physician Orders                          |
| <input checked="" type="checkbox"/> Discharge Summary/Instructions | <input type="checkbox"/> Medication Records              | <input type="checkbox"/> Progress Notes                            |
| <input type="checkbox"/> Laboratory Reports/Tests                  | <input type="checkbox"/> Operative Report                | <input checked="" type="checkbox"/> Psychiatric/Psychological Eval |
| <input type="checkbox"/> Mammography Report                        | <input type="checkbox"/> Pathology Report                | <input type="checkbox"/> Radiology Report                          |
| <input type="checkbox"/> Emergency Dept. Report                    | <input type="checkbox"/> EKG Report(s)                   |  |

Other: **Any violation of probation, disclosure of illegal behaviors & progress summary as requested by the Court.**

**HIV-related information contained in the parts of the records indicated above will be released through this authorization unless otherwise indicated.  Do not release**

I understand that this Authorization is effective for a period of 90 days from the date of the signature, unless otherwise specified below. No time frame may exceed one year from the date of signature. I understand that I have the right to revoke this authorization at any time by sending a written request to the entity/person I authorized above to release the information. **See side two of this form for additional patient rights and responsibilities.**

If applicable, specify other expiration date/event here: \_\_\_\_\_ until: discharge or termination from the SSI//SAFE Program

18

## Establishing the basics:



“What’s your understanding of privacy or limits to confidentiality?”

You may have heard this many times by now, but your safety and the safety of other people is important to me. I’m going to ask that you listen carefully and understand what I’m saying. At the end, I’ll ask you to summarize it, so I know we’re on the same page.

I’m mandated to tell someone if you’re at risk of hurting or killing yourself or someone else. I’m also mandated if I learn that someone else is hurting you (SI, HI, child abuse). Even if I wasn’t mandated, it’s important that we figure out how to keep everyone safe. You deserve to be safe too, no matter what you may or may not have done.

Because we work with probation, it’s important you understand what will go to your probation officer. I’ll discuss it in more details later.

Overall, they’re most interested to know if you’re showing up, participating, and making progress. They won’t know all the details of your session.”

19

## Clinical decision-making when violations of probation are disclosed by the client:

---

Is this a safety issue?

Is this a clinical issue that needs to be addressed immediately?

How is the environment contributing?

Is this trauma-related?

Can I use this to discuss the skills taught?

20

## Review Hearings and Court Letters

---

**Requested by POs for hearing: review, violation of probation, revocation of Consent Decree**



### **Content Includes:**

- Attendance
- Progress
- Behaviors
- Implementation of Skills
- Recommendations
  
- We are happy to include reports from other providers such as school counselors, teachers, other therapists

21

## Topics for prevention and preparedness

---

- Importance of parental supervision, including online activity
- Informed Consent and developmentally appropriate sexual health education
- Routine assessment for safety and exposure to experiences that make them uncomfortable or confused
- Actions have consequences
- Practicing social skills and having a voice even when speaking to adults

22

## Contact Information

---

Jessica Gahr, MA

*Senior SAFE Clinician*

*SAFETY Clinician*

412-246-5902

[gahrjl@upmc.edu](mailto:gahrjl@upmc.edu)

23

## Contact Information

---

**Website:**

<http://www.safessu.pitt.edu/index.html>

<http://www.safetyssu.pitt.edu>

**Address:**

*Services for Adolescent & Family Enrichment (SAFE) at WPH*

*Services Aimed at Fire Education and Treatment for Youth (SAFETY) at WPH*

3811 O'Hara Street

Bellefield Towers, Room 513

Pittsburgh, PA 15213

David Kolko, PhD

*Program Director*

412-246-5888

[kolkodj@upmc.edu](mailto:kolkodj@upmc.edu)

Eunice Torres, MS

*Program Manager*

412-246-5286

[torreb@upmc.edu](mailto:torreb@upmc.edu)

24

## References

---

The Annie E. Casey Foundation (2018). Transforming juvenile probation: A vision for getting it right [PDF]. Baltimore, MD: The Annie E. Casey Foundation. <https://www.aecf.org/resources/transforming-juvenile-probation/>

Axelson, D., Birmaher, B., Zelazny, J., Kaufman, J., Gill, M.K., Brent, D., 2009. K-SADS-PL 2009 working draft.

Briere, J. (1996). *Trauma Symptom Checklist for Children: Professional manual*. Odessa, FL: Psychological Assessment Resources, Inc.

Fanniff, A.M., Kolko, D.J. (2012). Victim age-based subtypes of juveniles adjudicated for sexual offenses: Comparisons across domains in an outpatient sample. *Sexual Abuse: A Journal of Research and Treatment*, 24 (3), 224 – 264. <http://dx.doi.org/10.1177/1079063211416516>

Friedrich, W. N., Luecke, W. J., Bielke, R. L., & Place, V. (1992). Psychotherapy outcome of sexually abused boys: An agency study. *Journal of Interpersonal Violence*, 7, 369-409.

Kolko, D. J., Baumann, B., & Bukstein, O. G. (1999). *Community-based, wraparound mental health services for juvenile sex offenders, grant*. Pittsburgh, PA: Western Psychiatric Institute and Clinic.

Kolko, D.J., Noel, C., Thomas, G., & Torres, E. (2008). Cognitive-behavioral treatment for adolescents who sexually offend and their families: Individual and family applications in a collaborative outpatient program. *Journal of Child Sexual Abuse*, 13 (3 – 4), 157 – 192. [http://dx.doi.org/10.1300/J070v13n03\\_09](http://dx.doi.org/10.1300/J070v13n03_09)