

**NOTICE OF PUBLIC MEETING
ARIZONA SEX OFFENDER MANAGEMENT BOARD
JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE**

Pursuant to Arizona Revised Statutes (A.R.S.) § 38-431.02, notice is hereby given to the members of the **Arizona Sex Offender Management Board Juvenile Guidelines and Standards Subcommittee** (the “Subcommittee”) and to the general public that the Subcommittee will hold a meeting, open to the public, on **October 22, 2026**.

The **October 22, 2026**, Subcommittee meeting will be a hybrid access meeting. This means that the public has the opportunity to participate in person or virtually. Information on how the public may attend is outlined below.

Please note the location of the **October 22, 2026**, Subcommittee meeting:

Thursday, October 22, 2026, 2026 1:30 p.m. – 3:30 p.m.
Arizona State Capitol
1700 West Washington Street (**Second Floor** Conference Room)
Phoenix, Arizona

Virtual Meeting Access, Microsoft Teams Meeting:

<https://teams.microsoft.com/meet/266031580678212?p=nuvTIHGNC9ANZ25Mlo>

Meeting ID: 266 031 580 678 212

Passcode: Gs2Ue7po

Dial in by phone: [+1 480-536-7328,,700239645#](tel:+14805367328700239645)

Phone conference ID: 700 239 645#

The boardroom will be open to members of the public at 1:15 p.m.

A copy of the meeting agenda is attached. The Subcommittee reserves the right to change the order of items on the agenda.

Pursuant to A.R.S. § 38-431.02(H), the Subcommittee may discuss and take action concerning any matter listed on the agenda.

Pursuant to A.R.S. § 38-431.03(A)(2), the Subcommittee may vote to convene in executive session, which will not be open to the public, for discussion or consideration of records exempt by law from public inspection.

Pursuant to A.R.S. § 38-431.03(A)(3), the Subcommittee may vote to convene in executive session, which will not be open to the public, for legal consultation and advice concerning any item on the agenda.

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting Ms. Ashlesha Naik at 602-223-2611 or via email at AZSOMB@AZDPS.GOV. Requests should be made as early as possible to allow time to arrange the accommodation(s).

DATED AND POSTED this 15th Day of October 2026.

By *Jenna G. Mitchell*

Major Jenna G. Mitchell
AZSOMB Program Manager

**ARIZONA SEX OFFENDER MANAGEMENT BOARD
JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE
THURSDAY, OCTOBER 22, 2026
Regular Session**

1:30 PM

ALL ITEMS ON THIS AGENDA ARE OPEN FOR DISCUSSION AND POSSIBLE ACTION, INCLUDING REPORTS AND ACTION ITEMS.

THE AGENDA AND BACKGROUND MATERIAL ARE PROVIDED TO BOARD MEMBERS ELECTRONICALLY (WITH THE EXCEPTION OF MATERIAL RELATING TO POSSIBLE EXECUTIVE SESSIONS) AND POSTED ON THE ARIZONA PUBLIC MEETING WEBSITE AT <https://publicmeetings.az.gov/>. ADDITIONALLY, A HARD COPY OF THE AGENDA IS AVAILABLE AT 2222 WEST ENCANTO BLVD., PHOENIX, AZ. PLEASE EMAIL AZSOMB@AZDPS.GOV TO INSPECT THE DOCUMENTS.

REMINDER: As required by Open Meeting Law, please refrain from engaging in conversations, texts, emails and other forms of communication with individual board members. All questions, comments, deliberations and decisions should be stated to the public body as a whole in open session.

1. ROLL CALL

2. MATTERS FOR DISCUSSION AND POSSIBLE ACTION

- a. Old Business:
 - i. Discussion and Potential Adoption of Definitions for Multi-Disciplinary Team and Problematic Sexual Behavior
 - ii. Discussion and Potential Recommended Adoption of Revised Juvenile Guiding Principles
 - iii. Discussion of Framework and Format for PsychoSexual Evaluation Reports
- b. Review and Adoption of Juvenile Guidelines and Standards Subcommittee 2027 Calendar
- c. Call for Future Agenda Items (Deadline to Submit – November 4, 2026 @ Noon)

3. THE SUBCOMMITTEE MAY VOTE TO CONVENE AND ENTER INTO AN EXECUTIVE SESSION FOR ANY REASON AUTHORIZED BY A.R.S. § 38-431.03 including personnel matters, confidential records, legal advice, litigation, contract negotiations, employee salary discussions, and international or tribal negotiations. (To do so, the public body must first vote publicly to enter executive session, specifying the reason, and no legal action or final decisions can be made during the session. All motions and voting must be conducted after return to the public session.)

4. ADJOURNMENT

NEXT MEETING: November 12, 2026, 1:30 p.m. - 3:30 p.m.



BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

October 22, 2026

PROPOSED DEFINITIONS OF MULTIDISCIPLINARY TEAM (MDT)

Multidisciplinary Team (MDT)

The Multidisciplinary Team (MDT) is a collaborative group formed after a juvenile has been adjudicated or given a deferred adjudication and referred to probation, parole, or out-of-home placement. The team is built around each individual juvenile and may change over time as their needs evolve. Core members typically include the supervising officer, treatment provider, DHS caseworker, victim representative, school personnel, parents or caregivers, and the juvenile, with additional members added when necessary—such as polygraph examiners, therapeutic providers, or specialists supporting developmental or intellectual disabilities. Each member contributes unique information and perspectives to support a coordinated approach to evaluation, treatment, supervision, and accountability.

A Multidisciplinary Team (MDT) for youth with problematic sexual behaviors is an integrated, collaborative group of professionals from diverse fields alongside the youth and their family, who pool specialized expertise to assess, plan, and deliver a unified treatment and supervision response.

- **Core Purpose:** To collaboratively develop, coordinate, and reach consensus on the type and intensity of care required to address problematic sexual behaviors in children and youth, including those who are juvenile justice-involved or wards of the state.
- **Team Composition:** Includes the child/youth and their parents or legal guardians, alongside key professionals such as therapists, caseworkers, and juvenile probation officers. Input from additional specialists—such as school staff or psychiatric providers—is included as needed.
- **Collective Accountability:** Members share mutual responsibility for assisting the youth and family in reaching treatment goals through a highly coordinated, integrated response.



BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

October 22, 2026

PROPOSED DEFINITIONS OF PROBLEMATIC SEXUAL BEHAVIOR (PSB)

Proposed Definitions Regarding Juvenile Behavior

Problematic Sexual Behavior (PSB) refers to actions involving sexual body parts in children and youth under 18, both adjudicated and non-adjudicated, that exceed typical, age-appropriate sexual development (such as standard curiosity or "playing doctor") and cause—or carry a risk of causing—harm to the individual or others. Said youth are a diverse population who engage in such behavior for a variety of reasons.

Key Characteristics

- **Developmental Inappropriateness:** Manifests as intrusive, frequent, or persistent behaviors that do not align with typical developmental stages and do not respond to standard parental guidance or intervention.
 - **Coercion & Power Imbalances:** Involves aggressive or intrusive actions, non-consensual behavior, or interactions between youth of significantly disparate ages, sizes, or developmental abilities.
 - **Harmful & Non-Consensual Acts:** Encompasses non-consensual sexual acts, sexual behavior with someone substantially younger, excessive pornography consumption, and the viewing, sending, or sharing of nude photographs of oneself or another minor.
 - **Underlying Complexities:** Rarely occurs in isolation; it is frequently tied to broader emotional or behavioral challenges within a diverse population of youth.
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Sexual Conduct Requiring Intervention (SCRI)

Sexual Conduct Requiring Intervention (SCRI) refers to sexual conduct by a child or youth under 18 that, based on specific and documented circumstances, requires an individualized response to address safety, harm, coercion, exploitation, violations of sexual boundaries, or an inability to meaningfully agree to the conduct. Such conduct may involve youth who are adjudicated or non-adjudicated and may occur in a variety of developmental, relational, environmental, or other circumstances.

Intervention may be warranted when sexual conduct involves force, threats, intimidation, coercion, exploitation, abuse of authority or trust, a significant disparity in the capacity to understand or participate in the conduct, or actual or reasonably foreseeable harm to the youth or another person. Differences in age, size, developmental ability, or social power should be considered in context and should not, by themselves, establish that conduct is abusive or requires intervention.

Determinations that conduct requires intervention shall be based on observable behavior, the circumstances in which it occurred, the developmental capacities of the individuals involved, and the nature and severity of any identified safety or well-being concerns. Sexual curiosity, developmentally expected exploration, or behavior that differs from prevailing social or cultural expectations shall not, by itself, constitute Sexual Conduct Requiring Intervention.

A youth's sexual orientation, gender identity, gender expression, sex characteristics, disability, neurodivergence, or other individual characteristics shall not constitute evidence that sexual conduct requires intervention. The framework shall be applied consistently to comparable conduct, regardless of the identities or characteristics of the youth involved.

Identification of Sexual Conduct Requiring Intervention does not, by itself, establish criminal conduct, abusive intent, a diagnosis, or a predetermined level of risk. Intervention shall be individualized, developmentally appropriate, proportionate to the conduct and circumstances, and focused on safety, education, support, skill development, and accountability when warranted. The response shall consider whether a youth has experienced coercion, exploitation, or other harm and shall distinguish youth who have been subjected to harmful conduct from youth whose conduct has harmed others.

Adolescents Who Have Engaged in Sexually Abusive Behavior [Report of the ATSA on Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior (2017)]

The ATSA Adolescent Practice Guidelines apply to practitioners who manage and treat adolescents (youth ages 13 through 17) who have engaged in sexually abusive behavior or may be at risk to engage in sexually abusive behavior. This includes adolescents involved in the child welfare and/or juvenile justice systems.

The descriptor “adolescents who have engaged in sexually abusive behavior” has been purposefully adopted by ATSA to describe the population covered by these guidelines. Although terms such as “juvenile sex offender” and “adolescent sex offender” are commonly used, these kinds of descriptors, which characterize a young person based on his/her behavior, imply that the behavior is long lasting, intractable, or permanent. These notions are contraindicated by current research, which finds that problematic sexual behaviors in the vast majority of youth are transitory. In addition, the term “sex offender” fails to make a distinction among the continuum of behaviors broadly described in legal and popular contexts, which can range from voyeurism to violent sexual assault.

Although the term “juvenile sex offender” implies a legal status in some juvenile justice

systems, these kinds of labels have the potential to negatively shape a young person's identity and self-concept during an important developmental period through which he/she might otherwise successfully navigate. Such labels are misleading, unhelpful, and at times harmful to the youth, his/her family, and/or the treatment process. ATSA selected the term "abusive" to refer to sexual conduct that is interpersonally harmful to distinguish it from other sexual behaviors that may be potentially problematic but do not harm another person. Finally, the term "adolescents who have engaged in sexually abusive behavior" describes rather than labels, and denotes that this is a past behavior rather than a current or future one, which helps the adolescent, practitioner, and public expect correction of the youth's harmful behavior.

Children with Sexual Behavior Problems [Report of the ATSA Task Force on Children with Sexual Behavior Problems (2006)]

Children with sexual behavior problems are defined as those aged 12 and younger who initiate sexualized behaviors that are developmentally inappropriate or potentially harmful to themselves or others. The phrase "sexual behavior problems" does not refer to a medical or psychological condition or a particular diagnosable disorder. Instead, it encompasses a range of behaviors that can be directed at oneself or directed toward others and that fall outside of acceptable societal limits. These behaviors could also be associated with technology or social media apps.

The range of behaviors involved is wide and can vary in terms of severity and potential to cause harm. Although the term "sexual" is used, the intentions and motivations for these behaviors are multifaceted and could be related to curiosity, anxiety, imitation, attention seeking, self-calming, sexual stimulation, or other reasons (Chaffin, 2006; Silovsky & Bonner, 2003)



BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

October 22, 2026

DRAFT JUVENILE PSYCHOSEXUAL RISK
ASSESSMENT FRAMEWORK

PROVIDED BY

MR. SCOTT NAEGELE,

CHAIRMAN, JUVENILE SUBCOMMITTEE

Here is the structured outline for a Juvenile Psychosexual Risk Assessment, organized by the required evaluation components and the available testing instruments within each category.

Juvenile Psychosexual Risk Assessment Framework

I. Cognitive, Intellectual Testing & Mental Status (Must choose one of the following)

- Kaufman Brief Intelligence Test, Revised (KBIT-2)
- Shipley-2
- Wechsler Abbreviated Scale of Intelligence II (WASI-II)

In addition, evaluators may also choose one or more of the following when deemed indicated on a case by case basis to assess intellectual functioning, academic achievement, cognitive processing, and visual-motor integration.

- Bender Gestalt Visual Motor Test with Recall
- Wide Range Test of Achievement, 5th Edition (WRAT-V)

II. Assessment of Risk & Protective Factors (Must include the following)

- PROFESOR (Protective + Risk Observations For Eliminating Sexual Offense Recidivism)

In addition, must include at least ONE of the following from this domain to evaluate offense-specific recidivism risk and identify protective factors.

- Juvenile Sex Offender Assessment Protocol, 2nd Edition (JSOAP-II)
- Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRATT-II)
- The Estimate of Risk of Adolescent Sexual Offense Recidivism (The ERASOR)

III. Psychological Assessments (Personality, Depression, Trauma, & Neuropsychology) (Must include one of the following)

- Millon Adolescent Clinical Inventory, 2nd Edition (MACI-II)
- Minnesota Multiphasic Personality Inventory (MMPI-A)
- Personality Assessment Inventory-Adolescent (PAI-A)

In addition, evaluators may also choose one or more of the following when deemed indicated on a case by case basis to assess broad psychological functioning, personality traits, emotional distress, trauma symptoms, and neuropsychological status.

- Beck's Depression Inventory
- Beck's Depression Inventory for Children
- Incomplete Sentences
- Repeatable Battery for the Assessment of Neuropsychological Symptoms (RBANS)

- Reynolds Intellectual Assessment Scales, Second Edition (RIAS-2)
- Trauma Attachment Beliefs Scale (TABs)
- Trauma Symptom Checklist for Children (TSCC)

IV. Sexual History, Interest & Arousal Testing (Must include one of the following)

- Abel Assessment of Sexual Interest (AASI-2)
- LOOK Assessment for Sexual Interest

In addition, evaluators may also choose any of the following when deemed indicated on a case by case basis from this domain to evaluate sexual interest, cognitive distortions, sexual attitudes, fantasies, and sexual history.

- Abel, Becker, and Kaplan Adolescent Cognitions Scale - Revised
- Abel & Becker Adolescent Interest Card Sort
- Adolescent Sexual Interest Card Sort (ASIC)
- Bumby Cognitive Distortions Scale: Molest & Rape (*for use in older juvenile cases only*)
- MSI II-J
- Multidimensional Inventory of Development, Sex, and Aggression (MIDSA)
- PHASE Sexual Attitudes Questionnaire
- Sexual History Polygraph (*post-adjudication, case-specific, and supported by court directive*)
- Wilson Sexual Fantasy Questionnaire

V. Non-Sex Offense Risk Assessments, Tools & Instruments

Evaluators may also choose any of the following when deemed indicated on a case by case basis from this domain to evaluate general behavioral problems, general violence risk, anger/aggression, and general delinquency risk factors.

- Adolescent Behavior Checklist (Parent)
- Aggression Questionnaire – Youth Form (AQ)
- Folstein Mental Status Exam
- How I Think Questionnaire (HITQ)
- Structured Assessment of Violence Risk in Youth (SAVRY)
- Suicide Risk Screening Tool
- Youth Level of Service Inventory 2 (YLS-2)



BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

October 22, 2026

UPDATED DEFINITION OF PROBLEMATIC SEXUAL
BEHAVIOR(PSB) AND FRAMEWORK

V:OCT 2026

PROVIDED BY

MR. SCOTT NAEGELE,

CHAIRMAN, JUVENILE SUBCOMMITTEE

This updated definition and framework is inclusive of all submitted entries:

Problematic Sexual Behaviors (PSB)—also referred to clinically as **Sexual Conduct Requiring Intervention (SCRI)** or **Sexual Behavior Problems**—encompasses a broad range of sexualized actions initiated by children and youth under age 18 that exceed typical, age-appropriate developmental exploration (such as standard curiosity or "playing doctor") and cause, or carry a significant risk of causing, harm to themselves or others.

This population includes both adjudicated and non-adjudicated youth. Importantly, "sexual behavior problems" is a descriptive classification rather than a formal medical, psychological, or psychiatric diagnosis. The behavior exists along a wide continuum of severity, can be self-directed or directed toward others, and increasingly involves digital spaces, technology, and social media platforms.

Age-Specific Distinctions & Terminology

Clinical standards distinguish between younger children and older adolescents to ensure responses are developmentally appropriate and non-stigmatizing:

- **Children Aged 12 and Younger (ATSA 2006 Standards):** Children aged 12 and under who initiate sexualized behaviors that fall outside acceptable societal limits or developmental expectations. Although the conduct is sexual in nature, underlying intentions are rarely purely sexual. Motivations frequently stem from developmental curiosity, anxiety, imitation of observed behaviors, attention-seeking, self-calming mechanisms, trauma responses, or sexual stimulation.
- **Adolescents Aged 13 through 17 (ATSA 2017 Standards):** Professional guidelines specifically adopt person-first phrasing—"adolescents who have engaged in sexually abusive behavior"—over permanent labels like "juvenile sex offender." Research shows these behaviors are overwhelmingly transitory. Framing the conduct as a *past behavior* rather than a defining trait fosters an expectation of correction and growth for the youth, their family, and the community. Furthermore, descriptive terms provide critical clinical precision, distinguishing general sexual boundary violations from interpersonally abusive behaviors that directly harm others.

Core Characteristics & Identifying Factors

Determining whether conduct requires formal intervention is based on observable actions and contextual circumstances:

1. **Developmental Inappropriateness:** Intrusive, unusually frequent, or persistent behaviors that do not align with typical developmental stages and fail to respond to standard parental guidance or discipline.
2. **Coercion & Power Imbalances:** Actions involving aggression, force, threats, intimidation, exploitation, non-consensual behavior, or significant disparities in age, size, developmental ability, or social power.

3. **Harmful & Non-Consensual Conduct:** Includes non-consensual sexual acts, sexual behavior involving substantially younger peers, excessive pornography consumption, and the generation, viewing, sending, or sharing of nude media.
4. **Contextual Evaluation:** Disparities in age, size, or ability must be evaluated in context—they do not, on their own, prove abusive intent. Conversely, individual characteristics such as sexual orientation, gender identity or expression, disability, neurodivergence, or cultural background must never be used as evidence that conduct requires intervention.

Framework for Intervention & Support

The primary goal when addressing problematic sexual behaviors in minors is safety, skill-building, and rehabilitation:

- **Non-Diagnostic & Non-Criminal:** Identifying conduct as requiring intervention does not automatically imply criminal intent, abusive motive, a mental health diagnosis, or a fixed risk level.
- **Individualized & Proportional Responses:** Interventions must match the youth's developmental capacity and specific circumstances, focusing on education, safety planning, skill development, therapeutic support, and accountability where appropriate.
- **Distinguishing Roles:** Assessment frameworks must explicitly distinguish between youth who have subjected others to harm and those who have themselves experienced coercion, abuse, or trauma.



BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

October 22, 2026

PROPOSED DEFINITION OF
MULTIDISCIPLINARY TEAM (MDT)

V: OCT. 2026

PROVIDED BY

MR. SCOTT NAEGELE,
CHAIRMAN, JUVENILE SUBCOMMITTEE

A **Multidisciplinary Team (MDT)** is an integrated, collaborative group composed of the youth, their parents, caregivers, or legal guardians, and professionals across diverse disciplines—such as supervising officers, treatment providers, DCS caseworkers, school personnel, and specialized clinicians. Formed following adjudication, deferred adjudication, or referral to probation, parole, or out-of-home placement (could include dependent/DCS involved youth), the MDT pools specialized expertise to evaluate, plan, and deliver a unified, highly coordinated response for justice-involved youth or wards of the state, including those with problematic sexual behaviors or developmental/intellectual needs.

The team's primary purpose is to reach consensus on the specific type and intensity of care required. Because it is built directly around the youth, team membership adapts over time as individual needs evolve, with all members sharing mutual accountability for delivering coordinated evaluation, supervision, treatment, and ongoing support.

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BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

October 22, 2026

PROPOSED SUBCOMMITTEE MEETING DATES FOR
YEAR 2027



ARIZONA SEX OFFENDER MANAGEMENT BOARD

2027 Juvenile Guidelines and Standards Subcommittee Meetings

Date: January 6, 2027

February 3, 2027

March 10, 2027

April 5, 2027

May 5, 2027

June 2, 2027

July 7, 2027

August 4, 2027

September 8, 2027

October 6, 2027

November 3, 2027

December 8, 2027

Time: 9:30 a.m. - 10:30 a.m.

Location: ***Subject to availability***
Arizona State Capitol (Executive Tower)
1700 West Washington Street
Phoenix, Arizona.