

**THE ILLINOIS DEPARTMENT OF CORRECTIONS'
JUVENILE SEX OFFENDER TREATMENT PROGRAM:
THE FINAL REPORT
OF THE PROGRAM EVALUATION**

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This final report covers findings from the first two years of the evaluation project, January 1997 through January 1999. The Sex Offender Treatment Unit has grown from an outpatient residential treatment program to a viable therapeutic environment residential treatment program.

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Note: The general structure of this report was taken from the authors' original proposal. Some of the introductory and general outlining sentences are direct quotes from that proposal. The quotation marks have been eliminated for readability.

FREQUENTLY USED ACRONYMS

CCJPD	Cook County Juvenile Parole District
ICJIA	Illinois Criminal Justice Information Authority
IDOC	Illinois Department of Corrections
ITP	Individual Treatment Plan
IYC	Illinois Youth Center
IYC-H	Illinois Youth Center in Harrisburg
JFS	Juvenile Field Services
JSO	Juvenile Sex Offender
RU	Reception Unit
SOTP	Sex Offender Treatment Program; SOTU plus CCJPD
SOTU	Sex Offender Treatment Unit; located at IYC-H
SOU	Sex Offender Unit (at CCJPD)
TC	Therapeutic Community

EXECUTIVE SUMMARY

The Illinois Criminal Justice Information Authority (ICJIA) identified juvenile sexual offenders as a significant problem several years ago. In recognition of this problem, ICJIA, through federal Anti-Drug Abuse Act funds, supported a treatment program in the Illinois Department of Corrections (IDOC) and issued a request for proposals for a program evaluation. In 1996 ICJIA granted funds to IDOC to develop a sex offender-specific treatment program inside the Department of Corrections' juvenile facility in Harrisburg and follow-up care and supervision for youth paroled to Cook County, jointly referred to as the Sex Offender Treatment Program (SOTP). The program was implemented in October 1996 and continues to be refined and improved. The Authority also granted funds to evaluate the implementation process and program outcomes. Most of the implementation process was documented in the June 1998 interim evaluation report, which is briefly summarized and frequently referred to in this report (Smith, et al., 1998). A brief summary of that report is included where appropriate in this report. However, to fully understand the process, the stumbling blocks, and the resulting solutions to these stumbling blocks, the reader is advised to review the interim report in addition to this final report. This final report briefly summarizes the interim report, completes the implementation evaluation, discusses the process evaluation, and presents preliminary outcome data.

The evaluation includes both qualitative and quantitative data collection and analyses. Chapter Two discusses the observation methods employed and the multi-perspective data collection strategy used throughout the study. It also identifies and describes the various data sources.

The Implementation Evaluation

The primary goals of the implementation evaluation are to document the pre-program environment from which the program developed, to document the implementation process in a way that will guide its continued improvement and refinement, and to document the

operationalized program as it currently exists. The Sex Offender Treatment Unit (SOTU) at the Illinois Youth Center in Harrisburg (IYC-H) is now fully operational, providing treatment services in two residential wings that include sex offender-specific treatment and other programming in a therapeutic environment. The Sex Offender Unit (SOU) is also operational, providing post-release treatment, case management, and support services at an intensive level to identified sex offenders who are paroled to Cook County. The implementation process has demonstrated effective use of resources and enhanced communication and cooperation among staff and between agencies.

Process Evaluation

The process evaluation focused on three levels: system impacts, program impacts, and individual impacts.

System Impacts

The system impact of the SOTP is evaluated in terms of two goals. First, the preservation of public safety and second, the improvement of inter- and intra-agency communication.

Preserve public safety

It is not yet possible to determine whether the SOTP preserves or increases public safety in the community, because only three SOTU youths have been recently released to parole in Cook County. As a result, recidivism data for program youths are not yet available. In order to evaluate whether SOTP has reduced the rate of sexual offending by juvenile sex offenders, existing recidivism rates for comparable youth who did not receive this treatment need to be determined. It will also be necessary to have accurate information on the components of the SOTU treatment program that each youth completed and whether or not he was judged to have completed them successfully.

Based on the data available, the SOU component of SOTP appears to have contributed to public safety by increasing the level and range of services provided to youth paroled to the community and by increasing the intensity of the supervision that they receive. Existing literature on the treatment of juvenile sex offenders suggests that the process of transition to the community is essential, and that the provision of intensive aftercare is an important element in the success of that transition (see, for example, Goldsmith, 1988). In the past, youths who were committed to IDOC on sex offense charges were often released to a residential sex offender treatment program. Offenders who “maxed out” before release or while in a treatment program received no specialized assistance from IDOC Juvenile Field Services in adjusting to the community. Those who were paroled to the community were usually assigned to a standard parole agent.

Improve inter-and intra-agency communication

Intra-agency communication has been affected in several ways. The presence of the treatment units and the process of assigning youths for treatment and supervision has required increased communication and cooperation. There has been considerable improvement in the amount and flow of information among the various staff who interact with SOTU youth, and between SOTU and staff assigned to other activities at IYC-H. The SOU now has two staff members who share information about youth and provide assistance to one another. Other CCJPD staff have provided assistance in identifying youth with sex offenses in their history and have shared information about these youth. Because communication is a living process, continuing attention and flexibility will be needed to maintain and build on the achievements to date.

Inter-agency communication has also been positively affected. As the SOU staff become more involved with the youth on their institutional caseload, communication has increased between IYC-H and SOU. Staff members communicate frequently on an informal basis to obtain

and share needed information, and generally provide the information needed to investigate possible parole placements in a timely fashion. It should be noted that as more IYCs are assigning most identified sex offenders to one or two correctional counselors, communication and information exchange is improving with all facilities.

Program Impacts

As indicated previously, this research project has a bifurcated focus because the two components perform very different services. This section reviews areas of program impact assessment for the two components, IYC-H and CCJPD. The goal of public safety can be achieved at the component level through appropriate programming within SOTU and during parole, and careful attention to the transition process.

IYC-H

The impact of the program at IYC-H is evaluated in terms of three goals. First, the appropriate offenders must be identified. Second, the offenders must be properly assessed for their treatment needs. Finally, treatment needs must be met through appropriate programming components.

Identify appropriate offenders for SOTU

All male offenders are received at the St. Charles facility when committed to IDOC. The criteria used to determine the facility to which each offender is ultimately assigned include the individual's security and risk levels, criminal record and crime sophistication, as well as bed availability. Youths who have a history of sexual offending and are assessed as needing sex offender treatment are frequently assigned to IYC-H.

Information on committing offenses was only minimally available for youths at IYC-H. However, a statistical group profile of differences between the SOTU youth and other sexual offenders who are assigned to IYC-H indicates the youths in treatment are somewhat more in need of sexual offender-specific treatment than those who are not in treatment. The youths have

been physically and sexually abused more often, have greater clinical needs, are more likely to have a sexual offense in their history, demonstrate a higher escape risk, and are more likely to have considered harming themselves. There is insufficient information to assess whether potential victims are appropriately identified and protected from likely offenders. However, the SOTU program has offenders who have been identified as both potential victims and offenders.

Assess treatment needs of offenders

Currently, SOTU is relying on clinical interviews to assess offenders. SOTU is in the next step of planning for the use of objective assessments as well. A reasonable balance between objective tests and available therapist time should be able to be reached with the assistance of the additional full time social worker planned in the third year of funding. Documentation of treatment progress and program activities is limited at this time. Program data collection and materials are now manually collected and entered into traditional computer programs by the SOTU secretary. Desktop computers for the correctional counselors and the therapists would automate this cumbersome process, and encourage the routine documentation of other aspects of the treatment process.

Provide appropriate program components

All of the treatment components specified in the grant funding document have been provided during the last year to SOTU youth. Youth are assigned to all treatment elements, with individual issues addressed primarily through individual counseling. As the program develops, SOTU needs to determine whether all youth have equivalent need for all program elements, or whether more individualized treatment plans can be devised to allow youth to concentrate on particular treatment needs. SOTU has not fully implemented an assessment process to evaluate youth when they enter the program, which would assist in needs assessment and treatment individualization, nor has an exit assessment process been implemented. Progress through the various SOTU phases also needs to be documented more completely.

Completion of the program manuals is an important first step, but more needs to be done to develop manuals which will fully document the program and provide needed guidance to therapists seeking to initiate or revise a program based on their contents. In particular, materials initially designed for use with adult sex offenders need to be carefully revised and adapted to a juvenile sex offender population. SOTU also needs to focus on ways in which the information and insights identified in the manuals and learned through treatment can be integrated with life changes to encourage actual behavioral changes. Continued attention to the inclusion of all staff into the therapeutic environment, whether they are mental health professionals, Youth Supervisors, leisure activity specialists, employers, or educators, will provide a natural learning environment (instead of an artificial environment) for the treatment process.

Information on specific elements of the SOTU treatment program indicates that SOTU has not yet developed a means of adequately documenting the treatment that is provided and the youths who have participated. While unit treatment providers provide overall impressions of the participation of youth in treatment, more specific and objective information is required to document the amount and kinds of treatment that each youth received. Review of program attendance data maintained within SOTU indicates that the two units have provided significantly different mixes of treatment at times.

CCJPD

Staffing issues for parole

The caseload pressures that have affected CCJPD as a whole, and which are documented for 1997 and 1998 in this section, have also influenced SOU. By late 1998 the SOU parole agent was carrying a caseload of almost 40 parolees in Cook County and another 30 identified sex offenders committed to IYC facilities. The special demands of SOU parole, which include contact with the institutionalized youth and, where possible, their families while they are committed, and close supervision and monitoring of all paroled youth, makes this a high

caseload for this unit. Although many SOU youth are likely to be discharged from parole in the next year, both the institutional and the parole caseload have grown as IDOC improves its ability to identify sex offenders and assign them to the specialized unit. SOU will need an additional parole agent if it is to continue to provide intensive supervision and services to all or most of its parolees.

Provide sufficient support to insure offenders obtain treatment services

The SOU casework supervisor carried a substantial parole caseload for about 18 months made up of both sexual and non-sexual offenders. Until recently, none of these were parolees who had participated in the SOTU treatment program. A review of parole files covering current and some recently-discharged youth indicated the difficulty of confirming the volume of parole contacts and the level of supervision provided based on file information alone. However, SOU has succeeded in developing a source for on-site, sex offender-specific group treatment and individual counseling, and has documented that all SOTU youth are receiving appropriate treatment. Youth participate in treatment an average of 2-3 times a week when first released, with the possibility of diminishing on-site therapy as each youth's needs are assessed and individualized support systems are established. SOU plans to develop additional treatment groups, preferably on-site, as more youth in need of sex offender-specific treatment are paroled to Cook County.

Individual Impacts

As discussed earlier in the report, the ability of the program to achieve system level impact is determined by program impacts, which ultimately are defined by individual level effects. The SOTP seeks to effect change in the behavior of offenders through the use of the therapeutic environment process and the provision of intensive support in an aftercare program. This portion of the impact analysis considers the impact of the program on the individual youths who receive this treatment and support.

IYC-H

Sex offender characteristics

Information on sex offender characteristics was developed through intensive file review during this research project and is summarized in this section. The common characteristics of youth currently receiving treatment in SOTU and those not in treatment were identified. This information will help in developing baseline data on the characteristics of sex offenders and in redefining the program development goals into goals focused on individual change.

IYC-H

Change behavior of sexual offenders

Although information was gathered on several relevant measures, the lack of baseline institutional data makes it difficult to determine the extent to which SOTU youth have experienced behavioral changes beyond those that typically occur in institutional settings. Interviews indicate that SOTU youth appear to be more in control of their own behavior and more willing to engage in discussion after completing several months in treatment, but these data are largely impressionistic and anecdotal.

Successful completion of the phases

There is little evidence on the issue of treatment phase completion, and no agreed upon criteria by which the progress of youths is judged. Although the SOTU manual states that offenders should complete the Orientation Phase and Phase I in four months each, documentation of completion is currently lacking. SOTU has not clearly established what a youth must do beyond completing homework assignments to reach completion. On-going charting or documentation of progress, using both objective and subjective assessment tools, would provide opportunities to evaluate progress in treatment on a regular basis.

CCJPD

Assure individualized attention to assist in maintaining treatment effectiveness

Juvenile sex offenders released on parole to CCJPD under SOU supervision appear to receive the individualized attention needed. The cooperative relationship that has been established between SOU and IYC-H means that information is readily shared. Only three SOTU youths have been paroled to Cook County recently. Therefore, it is not possible to evaluate the long-term success of the SOU program in reducing the number of parolees who commit additional offenses. Individualized support systems have been developed and put in place for all SOTU parolees. However, more service providers and residential placements that can provide the appropriate level of supervision for sex offenders need to be identified in Cook County.

Future Research

Further research on SOTP is necessary to guide future development. Considerable thought should be given to data collection during this process. If sufficient data are not collected, the last two years of hard work cannot be fully evaluated when the offenders are released. Fortunately, SOTU is in a positive position. So little research has been conducted and documented in the literature on the long-term outcomes of juvenile sexual offenders, that even if the program participants fail, it is a positive stride in the research process of developing adequate sexual offender treatment for juveniles. At the very worst, we will know what does NOT work, which is certainly more than we have today.

One further issue should be examined. The program and policy makers should discuss the policy of placing youth in residential treatment upon release or holding youth in corrections until their maximum date. Both of these practices ultimately place youth in the community without the intense supervision of parole. An analysis of the impact of these decisions should be included in future research.

CHAPTER 1: STATEMENT OF THE PROBLEM

The Illinois Criminal Justice Information Authority (ICJIA) identified JSOs as a significant problem several years ago. In recognition of this problem, ICJIA through federal Anti-Drug Abuse Act funds, supported a treatment program in the Illinois Department of Corrections (IDOC) and issued a request for proposals to guide development and evaluate the treatment program. In 1996, ICJIA granted funds to IDOC to develop a sex offender-specific treatment program inside the IDOC juvenile facility in Illinois Youth Center in Harrisburg (IYC-H) and follow-up care and supervision for youth paroled to Cook County. The program was implemented in October 1996 and continues to be refined and improved. The ICJIA granted funds to evaluate the implementation process and program outcomes. Most of the implementation process was documented in the interim evaluation report, which is briefly summarized and frequently referred to in this report (Smith, et al., 1998). This report will summarize the interim report, complete the implementation evaluation, discuss the process evaluation, and present initial outcome data.

Several problems exist with the development and subsequent evaluation of a juvenile sex offender (JSO) treatment program because relatively little information is available about JSOs or about the most effective and appropriate treatments. The authors of this report recently conducted a comprehensive literature search and found fewer than 260 peer reviewed journal articles written about JSOs within the last fifteen years (<http://ojjdp.ncjrs.org/juvsexoff/sexoffender.html>). Of the articles identified, only three discussed the theory of JSOs in any significant way (Bandura, 1991, Becker & Kaplan, 1988, Sermabeikian & Martinez, 1994). Obviously, a theoretical foundation for this research has not been developed.

The second problem is the lack of standards for residential treatment programs of JSOs. The National Offense-Specific Residential Standards Task Force has developed minimum standards in draft form and has requested the feedback from professionals in the field (NOSRS Task Force, 1998). While these standards represent a consensus based on considerable

experience with sex offender-specific residential treatment programs, the ability of these standards to guide the development of effective treatment programs has yet to be demonstrated.

The interim report discussed the theoretical foundations related to various treatment components found in the literature and identified as standards for state of the art treatment. However, the literature focuses on the individual treatment components rather than on identifying those that should be combined to create a comprehensive treatment program. Little research has been conducted to verify which component will successfully change the behavior of which offender. Mark Weinrott (1996) suggests that little research into juvenile sexual offending and the treatments available has been methodologically sound or conducted with large enough samples to provide reliable results.

The following research should contribute significantly to the literature by assisting others in the development of correctional residential treatment programs for JSOs. However, this evaluation, as well as most of the research literature, lacks community or long-term outcome data with control groups that clearly demonstrates the positive impact of the treatment components that are proposed, implemented, and evaluated.

IDOC reported that approximately 100 of the 1,600 juveniles committed to their facilities were identified as sex offenders (IDOC Grant Proposal, 1996). In 1996, it was believed that sex offenders represented a relatively small proportion of the juvenile population in IDOC. Regardless of actual numbers, they are a highly publicized population whose existence stimulates safety concerns in the community. Given recent changes to expand juvenile sentencing and civil commitment options, JSOs are likely to absorb a high volume of correctional resources if their behaviors do not change. The researchers have not conducted incidence or prevalence studies to determine the number of JSOs in Illinois. However, in the course of this project, the researchers discovered the 100 juveniles reported by IDOC in 1996 appear to represent only those juveniles with a current committing sexual offense and are flagged in the

Juvenile Tracking System (JTS). A review of documented sex offenders in selected areas indicates there may be as many as 100 additional juvenile offenders who have one or more sexual offenses in their history but who were committed on non-sexual offenses.¹ For example, at the close of 1997, 28 unflagged JSOs were residing at IYC-H who were identified through the clinical interviews.

There is no way of knowing exactly how many JSOs are at IYC-H. However, based on interviews, the staff believe that many more JSOs were sent to IYC-H after the program opened. Therefore, it would be incorrect to assume that this number of “unidentified” sex offenders exist in the whole system, but it is an indication that many sex offenders are not officially flagged in the data system.

Although the media often exaggerates the risk posed by JSOs by focusing on atypical cases, many therapists believe that adolescent sex offenders often go on to become sexually offending adults. There is minimal support for this in the literature (Benoit & Kennedy, 1992), but there is a lack of research in this area. IDOC has responded to these concerns by increasing its capacity to provide structured treatment to identified sexual offenders. While this response places demands on already strained resources, effective treatment programs could prevent further offending and reduce the impact that such recidivism has on the corrections system and the community. Unfortunately, the program evaluated in this report is too new to provide the basis for an assessment of its overall effectiveness because at the time of this writing, only three sex offenders have been released from the program. However, the following report provides baseline data, which can be used later to evaluate the impact of the program on sex offender recidivism.

¹ The IDOC JTS file that provides information on the number of youths with a sexual offense in their delinquent history was not received. However, it would not have included youths who have an unreported offense.

The existence of a growing JSO population raises a number of policy issues and concerns. As identified in the original proposal, we conducted this research for three major reasons. First, JSOs represent a resource intensive population in an era of scarce resources. Limited resources need to be used in the most effective manner possible. Second, there is little empirically based knowledge about JSOs. This program evaluation adds significantly to the existing body of knowledge. Finally, improvement in sex offender treatment will have a desirable impact on both the individuals being treated and the community to which they return.

The study detailed in the following pages evaluates the Sex Offender Treatment Program (SOTP). SOTP consists of two components; the Sex Offender Treatment Unit (SOTU) at IYC-H and the specialized Sex Offender Unit (SOU) located in the Cook County Juvenile Parole District (CCJPD), which provides post-release supervision, case management, and treatment services. Additionally, the evaluation results provide recommendations for policy and program enhancements of SOTP. These results should be helpful to other jurisdictions considering enhancement or development of JSO treatment programs.

According to the ICJIA Request for Proposals, SOTP was designed with the goal of preserving “public safety by improving treatment outcomes for youth who have exhibited sex offending behavior” and the two program components should work together “to provide effective programs and services that ensure positive treatment outcomes and divert youth from re-offending” (p.2). While the two components are directed toward the same general goals, they are located at opposite ends of the state and offer different types of services. Consequently, this evaluation had a bifurcated focus; the institutional program (SOTU) and the aftercare component (SOU). While each component was examined separately, the evaluation also examined the program as a continuum. The focus of this evaluation was on the services provided, on intra-institutional cooperation, and on communication between components, not on comparing which aspect of the program is more effectively implemented.

While the Interim report documented the implementation of the sex offender treatment program at IYC-H, this report documents further implementation and discusses the areas of need and recommendations for change that were presented in the earlier interim report (Smith, et al., 1998). This report compares the treatment program as implemented in IYC-H to the treatment recommendations available in the research and treatment literature.

The SOTP treatment elements and client characteristics are presented to develop the baseline necessary for future evaluation of program effectiveness. This summary of available elements also demonstrates the need to systematically collect the same data for every offender. Unfortunately, the research literature is not fully developed to guide this data collection. Finally, this report examines a continuation of the treatment program from IYC-H to CCJPD.

EVALUATION

Introduction

The purpose of this report is to complete the evaluation process of SOTP. The original purpose of the entire two-year project was to conduct implementation, process, and impact evaluations through the following processes:

- Document the pre-program environment of the IYC-H facility and the CCJPD to set the stage for the implementation of the program.
- Document the implementation process of the program by identifying key chronological events, identifying changes from the original program conceptualization, and discussing the personnel resources available to the components. This included a discussion of the effects of communication, collaboration, co-operation, accommodation, and decision-making on program activities and on the ability to achieve recognized goals.
- Document the operationalized program by examining the history of the program participants, describing the intake unit process, describing the sex offender treatment

wing at IYC-H, discussing aspects of transition from residential confinement in IYC-H to parole, and describing the management of offenders in the community.

- Identify and report any outcome measures of effectiveness. This was a three-fold process. First, the implementation process results were to determine whether there was better use of resources and enhanced interaction between and among staff. Second, the operationalized program results would enable a profile of participants to be developed, provide the framework for a viable sex offender treatment program and increase correctional treatment availability for sex offenders. Finally, this project was to document the program implementation to provide guidance to others who may be undertaking similar projects, as well as to enhance the criminal justice research literature on various aspects of JSOs.

The interim report released in June 1998 began this documentation process (Smith, et al., 1998). A brief summary of that report is included where appropriate in this report. However, to fully understand the process, the stumbling blocks, and the resulting solutions to these stumbling blocks, the reader is advised to review the interim report in addition to this final report.

Implementation Evaluation

Specifically, this implementation evaluation will address the following issues identified during the evaluation period:

- Document the pre-program environment by summarizing the interim report and providing any updated information gathered during the second year.

- Document the implementation process to guide refinement by identifying the chronological events, the changes from the original conceptualization, and the effect of communication, collaboration, cooperation, accommodation, and decision-making on program activity and goal accomplishment. This section will include a discussion of the personnel resources.
- Document the operationalized program by describing the sex offender population, the intake unit process, and SOTU; and discussing the aspects of transition from placement in IYC-H to CCJPD. This section will include a description of the management of offenders in the community.

Process Evaluation

The process dimensions of the evaluation include a description of the intake unit process, the movement to IYC-H, selection and movement into the sex offender treatment wing, and the transition process during release. The interim report focused on the process evaluation and is described fully in that text.

Impact Evaluation

The impact evaluation is restricted because of the few numbers of participants who have been released. However, the literature on JSOs is limited and we can substantially add to that body of knowledge with the information gathered to date. Also, this report will lay the necessary foundation for a full impact evaluation in two to three years.

There exists two separate components, SOTU and SOU, that require impact evaluations on three levels; system, program, and individual levels. At the system level, this evaluation attempts to evaluate the preservation of public safety by answering the following three questions:

1. What is the rate of recidivism of sex offenders in and out of treatment?
2. What is the level of supervision during release into the community?
3. What is the local media coverage regarding the JSO treatment program at IYC-H?

Secondly, at the system level this evaluation examines the inter- and intra-agency communication by answering the following question:

1. Have the programs affected the communication and cooperation between system agencies?

The program level evaluation includes the two components of SOTP; SOTU (at IYC-H) and SOU (at CCJPD). This evaluation identifies appropriate offenders for SOTU by answering the following questions:

1. Do offenders in SOTU have more serious sexual offenses than other offenders not admitted to SOTU?
2. Does the program protect prey from predators?

This evaluation discusses the assessment process and the treatment needs of the SOTU offenders by answering the following question:

1. How does SOTU assess and document treatment needs?

This evaluation identifies the appropriate program components of SOTU by answering the following questions:

1. What treatment elements are available for the offenders?
2. Do the elements match the individual needs of the offenders?
3. How does SOTU assign individuals to treatment elements?
4. What are the completion rates, removal rates, and length of time in the program to date?
5. Did IYC-H develop a comprehensive, intensive treatment environment that supports life, cognitive and behavioral skills building?
6. What are the program components, the frequency of program sessions, and the number of offenders participating in each session?

This evaluation discusses staffing issues for parole (CCJPD) by answering the following questions:

1. How many parolees are assigned to each parole officer?
2. What is the average length of parole?
3. How many potential parolees could be released within the next year?

Next, this evaluation discusses whether the SOU provides sufficient support to insure offenders obtain treatment services by answering the following questions:

1. What is the number of contacts per week?
2. How many parolees are attending which treatment services?

The following section outlines the evaluation at the individual level. This evaluation describes the individual characteristics of sex offenders by answering the following question:

1. What are the sex offender characteristics compared to the control group?

This evaluation describes the changes in behavior, during the SOTU portion of the program, of sexual offenders by answering the following questions:

1. Have the residents at SOTU changed behaviors? Does the change in behavior correlate with the movement through the phases?

This evaluation describes the successful completion of the phases by answering the following question:

1. Have offenders successfully completed phases in a timely manner during the inpatient portion of the program?

This evaluation describes the following processes and responds to the corresponding questions at the SOU on the individual level:

- Assure individualized attention to assist in maintaining treatment effectiveness
 1. Has the transition to parole been successful at the individual level?
 2. Has reintegration into society been successful at the individual level?

3. Has SOU built a sufficient support system for offenders, specifically for each offender?

Only limited impact evaluation can be provided at this time. However, this report will provide the baseline necessary for ICJIA to request a full impact evaluation in two to three years. Recommendations are included for strengthening standardized data collection to assist in this evaluation. The evaluation results of the program will permit officials to assess how well the program has been implemented and the impact the program has had on their stated goals of preserving public safety and improving treatment outcomes for JSOs. It may be true that we have protected or preserved public safety in the short-term by keeping offenders securely confined or closely supervised for a longer period of time. However, we cannot yet know whether this program will have a long-term positive impact on sex offender recidivism and community safety.

CHAPTER 2: METHODS

This program and impact evaluation includes both qualitative and quantitative data collection and analyses. This chapter begins by discussing the observation methods employed. Next, it discusses the multi-perspective data collection strategy (triangulation). Finally, it identifies and describes the various data sources.

OBSERVATION METHODS

One researcher went to SOTU to observe the treatment program for approximately three consecutive weeks. The original purpose of the observation was to document the treatment components in operation. A three consecutive week observation was planned because the program was originally conceived as a therapeutic community (TC). The TC is a closed system and “outsiders” hamper the treatment process. The researcher needed sufficient time for the offenders to become comfortable with the intrusion. Although SOTU is not a TC, the three-week observation period permitted was lengthy enough to allow the researcher to observe all treatment components and youths’ activities at least once in each of the two program wings. The observer followed the youths to every treatment activity, including school. Narrative qualitative data were collected and sociograms were used to document interactions during group therapy.

The youths were quite concerned at first when the researcher began to observe and to record data. They frequently asked about the purpose and goal of the researcher’s presence. The response was consistent: “I am here to see if you are receiving the treatment you are supposed to receive.” Soon the youths on Wing L tired of asking such questions and appeared to go about their usual activities. However, some of the youths on Wing K did not tire of asking the same questions. Wing K youths were keenly aware each time the researcher recorded an observation or made other written notes. As a result, the researcher began writing constantly

throughout each eight-hour observation shift to desensitize the youth to her activities. One youth was so aware of the researcher's activities, he noticed that she was changing hands and writing first with one and then with the other. The youth on Wing K were considerably more active and more willing to act on their curiosity. This attention to the researcher's presence and activities may have introduced a reactivity effect into the observation, resulting in some distortion of normal behavior and interaction patterns. However, the length of the observation period and the gradual acceptance of the observer's presence suggest that such distortions were unlikely to have continued throughout the entire three weeks.

The research team assured staff prior to the visit/observation that the purpose of the observation was to document treatment activities and not to evaluate their job performance. Despite these assurances, staff were concerned about the researcher's presence and wanted daily feedback on the perceived quality of their performance. During the course of the observation, however, they eventually appeared to relax. The observation was helpful in providing the research team with a contextual background for the subsequent analysis.

SAMPLING TECHNIQUES

The IYC-H mental health assessment personnel assess the needs of each youth as he enters the institution, and seek to identify all youths who have a committing sexual offense or a sexual offense in their history. A list of those youths is maintained in the SOTU files, and is used to identify youth who may be appropriate for transfer to SOTU when space becomes available in one of the wings. This list of identified sex offenders was used to supplement the list of sex offenders in treatment, prepared as part of the monthly reports created for ICJIA, for the last two years. Since little is known about juvenile sexual offenders and how they differ from the general population, the researchers hoped to gather information on JSOs and on other delinquent youth in IYC-H. The research team gathered information from the group of sex offenders who were receiving treatment and from the larger group of sex offenders who were not assigned to the SOTU treatment program. A random sample of sexual offenders in treatment (n=74) and sexual

offenders at IYC-H but who were not in treatment through SOTU (n=50) was selected from the comprehensive list of sexual offenders. Five additional sexual offenders were selected, but their files were unavailable because they had been transferred to another IYC facility.²

The master files and treatment files were collected for youth selected as part of this sample. Unfortunately, there is not a standardized or even agreed upon set of data that should be collected about juvenile sexual offenders. The heterogeneity of the JSO population makes the collection of standard data elements even more difficult. In consequence, the researchers collected extensive data from a variety of sources and worked diligently to find common measures of the variables identified or believed to be important.

DATA COLLECTION STRATEGY

A variety of data collection strategies were used to obtain the information needed to explore the research questions posed in this evaluation. In some instances the research team had to rely on program documents and the recollections of interviewed individuals for information about events that took place before the evaluation began. Since recollections and perceptions may differ, multiple data sources were used to increase the validity and reliability of findings. By using a variety of program documentation, interview information, and on-site program observation by the research team, the accuracy of information was cross-checked. These strategies are described below.

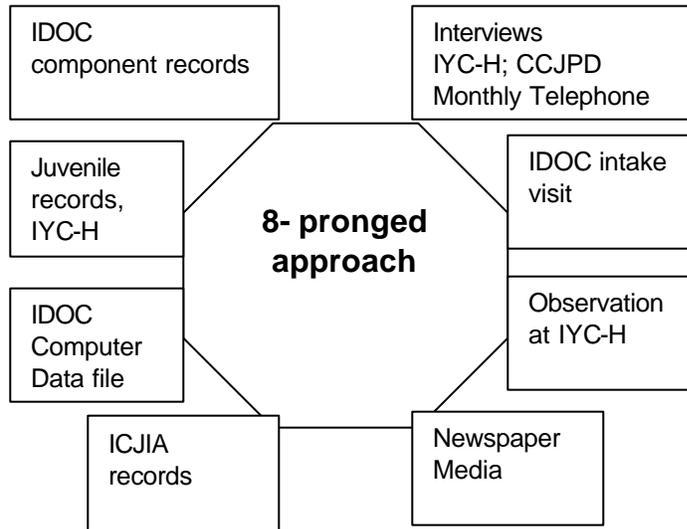
Data Sources

The data collection strategy consisted of an eight-pronged approach for data sources. Figure 2.1 depicts the eight data sources used in this study. The first three sources on the left consist of the various records gathered and maintained by the IDOC. The first three sources on

² A small matched sample of non-sexual offenders (n=13) was identified and some data collection did occur. Unfortunately, there was not sufficient money and time to continue with this option. The JTS data file received supplies only limited information to compare the two groups. Unfortunately, preparation for Y2K interrupted the collection of a more comprehensive data file.

the right represent verbal communication between the researchers and individuals involved in IDOC programs. The fourth data source on the left included the ICJIA records. The final data source, news media, adds a public perspective to the study.

Figure 2.1 Eight-pronged data sources



Additionally, the research team used the expertise of an advisory group, which was beneficial in its recommendations and review of the study and products. The advisory group itself was not a data source. Within each section of the findings of this report, the data sources will be identified to enable the reader to understand which data sources were used to gather and verify the data.

Advisory group

An Advisory Group was established by ICJIA. The members of the Advisory Group included IDOCs' personnel, a service provider who also served as a consultant on the grant, two professors experienced in conducting adult sex offender research, a representative from Illinois Coalition Against Sexual Assault and ICJIA staff. This group identified key issues, research questions, and procedural considerations. It was an interesting and rewarding experience to

have representatives of the programs being evaluated serve as advisors on the grant.

Cooperation from staff was outstanding, and should be commended.

Interviews – IYC-H, CCJPD & Monthly Telephone

Key officials, including component administrators, wing staff, educators, mental health professionals, substance abuse specialists, counselors, clerical support, leisure time specialists, caseworkers, and Harrisburg staff identified as having impacted program development and/or operation were interviewed in the first and second years. The SOU officers were interviewed only in the second year because no youth were released to CCJPD during the course of the first year. Telephone interviews were conducted every two weeks with the therapists of the SOTU sexual offender treatment wings, while the supervisors were interviewed on a monthly basis.

Information needed to respond to research questions centering on the operation of the program after its inception was obtained from semi-structured personal interviews with key officials. Among the key officials interviewed were component administrators, intake assessment personnel, staff trainers, wing staff, educators, mental health professionals, substance abuse specialists, counselors, clerical support, leisure time specialists, parole officers, caseworkers, Harrisburg staff, and others identified as having impacted program development and/or operation. Interview protocols were developed after the research team studied their initial collection of program documentation.

Interview subjects were identified from the original program documentation collected and through a “snowball” process, where initial interview subjects are asked to identify other appropriate subjects to be interviewed. When possible and deemed appropriate, each person identified as an appropriate subject for interview was interviewed at two stages during the evaluation. The interviews took place in the first and second years. Interviews conducted in the first year focused on obtaining information regarding the initiation context, and initial program features and procedures. Interviews conducted in the second year focused on identifying

changes and significant events that had occurred in the program, early assessments of the operation and impact of the program, and views regarding continuation of the program.

(Note: To protect the confidentiality of interview subjects, interview responses will not be identified in this report as obtained through staff interviews or telephonic interviews, specifically.)

Information was gathered from a series of interviews with 35 IDOC employees associated with SOTU in July, 1998. Individuals who were interviewed in 1997 were re-interviewed, as well as employees who had replaced individuals interviewed in 1997 or who held comparable positions.

Telephone interviews with the SOTU social workers and the program director were not conducted from January, 1998 through May, 1998 at the request of ICJIA, while the IDOC and ICJIA resolved concerns identified in the interim report. Unfortunately, considerable program evaluation data was lost as memories faded and energy was expended on a focused effort to respond to all the recommendations and enhancements of the interim report in a brief period of time. Biweekly telephone interviews with the SOTU social workers and the SOTU program director resumed in June, 1998. The social workers' interviews continued on a biweekly basis until data collection was completed in August, 1998. The program director was interviewed sporadically from September, 1998 through December, 1998 to keep the research team abreast of continuing SOTU developments.

IDOC intake visit

The IDOC Reception/Classification Unit gathers considerable information during the intake assessment process. These records (i.e., drug assessment instruments, social history, academic achievement scores, sex offending and victimization histories, and mental health screening), placed in the master file, were used to profile the sexual offender population and to determine whether the intake process correctly identifies the targeted population. Intake supervisors explained internal procedures and assessment process documents were collected.

Youth files

The master and treatment files of youths were used to create a program participant profile, to document program interventions provided (i.e., education, group/individual counseling, program violations/discipline, etc.), to document post-release services provided, including case management (including number/type of contacts between staff and participants), and post-release planning procedures.

There are numerous forms completed during the intake process. Almost all youth files contain these forms. However, there is a considerable number of forms that have been discontinued (i.e. Strategies for Juvenile Services) or are used intermittently to document less frequent issues / concerns. As a result, the n's of many data elements are so small that the results are not generalizable.

Observation at SOTU

During the site-visits, research team members attempted to observe and document the program operations as much as possible. These observations were used to supply additional descriptive information about the program's functioning not contained in program documents and to provide a cross-reference to information collected from other sources. The researcher observed for three consecutive weeks and documented the program operations and participant involvement.

Newspaper Media

The *Harrisburg Daily Register* was reviewed beginning January 1996 to August 1998. Articles discussing sexual offending, sexual offenses, legal issues, and other topics of interest about sexual offending were collected and analyzed to determine if the local media influenced the local public about sexual offenders. The researchers reviewed other area newspaper (i.e, Marion), but no data were obtained from these sources.

ICJIA records

Grant proposals submitted by the target components, program reports and documentation, and other pertinent information were utilized to determine pre-operational expectations and context, as well as program impact and performance.

IDOC computer data file - Juvenile Tracking System (JTS)

A cross-sectional sample of all youths in IDOC on December 31, 1997 was requested at the end of October 1998. The file was never received. Various events may have interrupted this process, but Y2K testing was the most likely delay. This lack of information prevented the research team from comparing IYC-H youth to other IDOC youth, from creating a comparison group of systematically collected data elements, and most importantly obtaining detailed criminal histories. Unfortunately, the research team did not have access to files for youths not at IYC-H for comparison and did not collect extensive criminal history information on youths at IYC-H because those data are fully automated. This lack of information limits the information available for the profiles of sex offenders and non-sex offenders.

IDOC component records

Internal reports and other documents were utilized to obtain data regarding component development, staff, and interaction. For example, implementation dates and key stages data were extracted from the reports. Also, individual participant files and aggregate component records were utilized to document a variety of program, staff, and participant performance factors including interaction between wing staff and parole staff, decision-making techniques, component development, component implementation, staff training, staffing requirements, and administrative involvement.

Finally, a major source of data were documents, grant applications, and working papers/reports of the program staff and management of the SOTU and CCJPD. Such documentation was essential to the description of the program's initiation context, initial design,

and procedures. Other important documentation was retrieved from the intake unit at St. Charles, IL.

CHAPTER 3: FINDINGS

This chapter will follow the general outline provided in the researchers' proposal (see Appendix A for Figure 2.5). First, the topic and research question for each section are introduced. Then, the data sources used to respond to the question are identified. Third, a narrative description of the results from the data sources is provided. Finally, a summary integrating all the findings concludes each goal section.

THE IMPLEMENTATION EVALUATION

Scope of Implementation Evaluation

As reflected in the *Request for Proposals*, the ICJIA identified three principal objectives for the implementation portion of the evaluation project: 1) to assess the extent to which program implementation is conducted in accordance with pre-operational expectations; 2) to guide the refinement of the program in the future; and, 3) to guide similar undertakings by other agencies in the future (RFP, p.4). The first SOTU treatment wing began operation in October 1996. The program has continued to change and develop since then, in part in response to input from the interim report (Smith, et al., 1998). This report documents changes from the original conceptualization that were not included in the interim report and moves forward from that time.

Implementation and development of new programs follow a spiral format of identifying a problem, initiating research and development, testing a pilot version of the program, receiving the initial assessment and feedback, rethinking/redesigning, fully implementing the revised plan, re-assessing, fine tuning, assessing each component, and fine tuning each minor problem (See Figure 3.1). The program research and development begins at the widest part of the spiral, forming a firm foundation upon which to build the program. Frequently the initially conceived program has components that cannot be implemented or are unnecessary. This paring down process defines the program more specifically. Each successive spiral is smaller and more

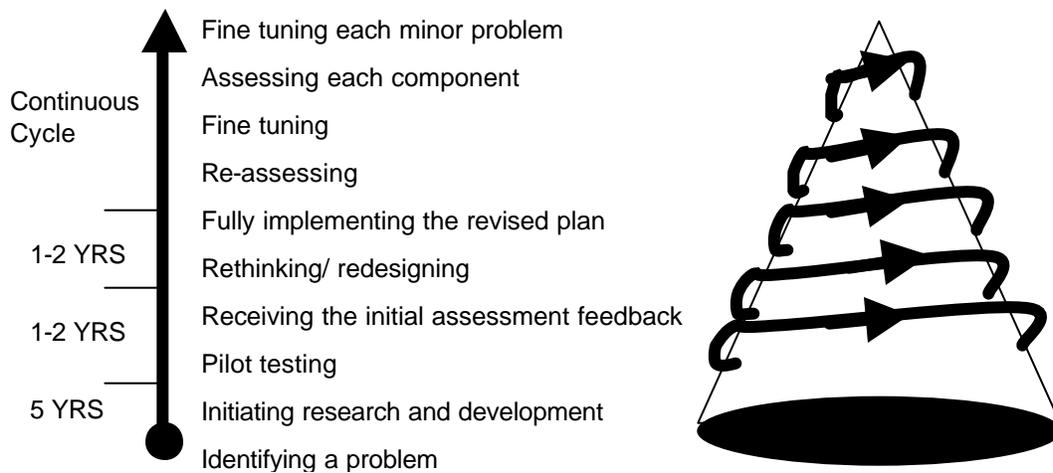
focused, representing the fine tuning of the various remaining elements of the program.

Rethinking and continual assessment is necessary for several reasons:

- 1) Offenders and personnel change over time. Personnel require new training and offenders' needs must be met.
- 2) The impact on the participants and costs should be improved (Rossi & Freeman, 1993).
- 3) Dropouts should be minimized (Rossi & Freeman, 1993).

Programs must either grow and change or risk dying out.

Figure 3.1 Spiral of Program Development Model



How SOTP fits the Model

The Sex Offender Treatment Program (SOTP) was first conceived and designed in the proposal stage. Researchers and evaluators frequently participate in this phase of the program (Rossi & Freeman, 1993), a process that allows the research design to be incorporated into the program design. In this instance, researchers were included in the program evaluation following the initial implementation, which restricted the research design and corresponding data availability. Next, leaders in the field of program evaluation suggest programs be implemented in stages or pilot tested in one area (Rossi & Freeman, 1993). The IYC-H SOTU was implemented

in a single living wing in the host facility and one year later was expanded to a second living wing. As residents began to be released into the community, the SOU began its operations.

Researchers prepared the first year evaluation of the program's components at the end of 1997 and offered suggestions for further implementation and refinement of SOTU (Smith, et al., 1998). SOTU spent several months rethinking/redesigning the program components as they prepared their responses and programmatic changes between January and June 1998. They presented those changes in a report to the ICJIA. Next, the program was fully implemented when the second wing was opened and the changes were incorporated into the test pilot project of the first wing. This report assesses that full implementation and includes a presentation of the reassessment stage. In the spiral model suggested previously, SOTP will be ready for the fine tuning process after receipt of this report. Fine-tuning is an ongoing process that evaluates each program component annually. We suggest the SOTP components create a rotating evaluation schedule and conduct a self-evaluation on each component annually or when personnel changes occur, particularly focusing on the changing nature of the population and their needs.

During its first year SOTU was operating to some extent more as an outpatient type of treatment program located within a correctional setting than as a fully realized intensive therapeutic environment. By this we mean that although individual treatment elements were in place, there was not a consistent, continuing, mutually reinforcing program of treatment that extended throughout the day. SOTU youth attended sex offender-specific treatment groups and then returned to their normal life within the correctional center, much as someone in an outpatient treatment program might attend a treatment group. The individual treatment elements consisted of the following: initial assessment by mental health professionals, sex offender-specific treatment consisting of group therapy and "homework" assignments, some individual counseling, Violence Interruption Process (VIP) groups, didactic sessions on sex education and substance abuse, structured leisure time activities, and unstructured recreation. During the past year these elements have been refined and improved in ways that are discussed below, and some additional treatment elements have been incorporated into the overall program.

More importantly, SOTU has consistently worked to establish a therapeutic environment in which all elements of the youths' correctional setting are incorporated into the overall treatment program. While SOTU does not operate as an independent and self-regulating therapeutic community, treatment goals are now being pursued in a much wider range of settings and correctional staff are more fully integrated into the treatment process. Treatment expectations are being formally recognized and reinforced in a wider range of youth activities, and SOTU youth are expected to apply what they learn in treatment groups to other areas of daily life. While this is an on-going process, significant progress has been made during the final year of this evaluation. Specific developments are discussed in more detail in later sections of this report.

Document the pre-program environment

Summary of the interim report

The implementation evaluation interim report provided a brief description of the Illinois correctional system, as it related to juvenile sexual offenders, prior to the initiation of the SOTU at the IYC-H facility. There was only one recognized treatment program for JSOs, located at the IYC at Valley View and utilizing a combination of group and individual counseling and treatment. In addition to this organized group program, several other IYC facilities reported providing some form of specialized mental health services for identified sex offenders, through individual and/or group counseling, based primarily on the assessment and treatment recommendations of the Reception Center at St. Charles and their individual placement advisory committees. The IYC-H provided mental health services to JSOs, but did not have a specialized group treatment program in place prior to the establishment of SOTU.

During the years prior to the establishment of SOTU, IYC-H experienced many of the trends that were common to IDOC as a whole. Its end-of-year population count steadily increased, from 352 in FY 1993 to 454 in FY 1996. Its staff-to-resident ratio remained among the

lowest in the IDOC Juvenile Division, leading to high caseloads for correctional counselors, who work with an assigned caseload of youths within the correctional facility and for mental health service providers. The increasing residential population posed a number of challenges for IYC-H, including the need to assign more residents to shared rooms. In November 1995, almost two-thirds of the youths at IYC-H were double-bunked. Incoming youth were screened by staff for both committing offense and charge history in order to determine whether single-bunking was recommended, but youth were not publicly identified as sex offenders within the institution. A flow diagram was created for the interim report showing the paths of offender processing and key decision points, and provided insight into linkages within the system and the corresponding communication points (Smith, et al., 1998). (See Appendix B). While sex offending youth were not systematically assigned to a single mental health counselor or correctional counselor, some staff received more of these assignments and began to develop expertise from these experiences.

Juvenile Field Services (JFS) is responsible for the supervision of youths who are released on parole. During the last ten years the IDOC Juvenile Division has experienced a gradual shift in the county of origin of its inmates away from Cook County. In FY 96 only 41% of the youths were committed from Cook County, down from 57% in FY 87. The difficulties of coordinating parole services for Cook County youth assigned to IYC-H and other facilities in southern Illinois continue. For example, families are generally less able to visit IYC-H youth on a regular basis because of the time and cost involved in traveling from Cook County. This limits family participation in treatment, which is believed to be important for the success of JSO treatment. Similarly, correctional counselors are restricted to telephone contact with facilities providing services in Cook County. In the past, IYC and JFS staff did not work closely together until the last few months before an administrative review date (ARD) where a parole recommendation was anticipated. Some changes have been made in recent years to increase

the ability of correctional counselors and parole agents who are geographically separated to work together more effectively, but little has occurred to help the families join the treatment process until release.

Parole agents carry an institutional caseload as well as an active parole supervision caseload. Parole agents complete a Placement Investigation Summary shortly after each youth arrives at the IYC and is assigned to their institutional caseload. This summary identifies issues that will need to be addressed, such as educational requirements or substance abuse problems. Parole agents also travel to each IYC twice a year to meet with correctional counselors and other appropriate staff and to work with youth who are close to their ARD. The IYC staff prepare an Institutional Progress Report (IPR) for each youth on an annual basis. The IPR reviews such things as the youth's background, family situation, and institutional progress, as well as any pending court issues, and makes a parole recommendation. IPRs, which may recommend parole, also include placement and parole condition recommendations. The IPR is discussed when the parole agent visits the facility, so that the recommended placement level can be verified and the agent can develop specific placement recommendations.

Because of the unanticipated loss of several parole agents in late 1996, the casework supervisor carried a general parole caseload for about a year. This gradually developed into a more specialized sex offender caseload, made up primarily of youth who had been committed on other charges but had a pattern or history of sex offending. During this time the casework supervisor became familiar with standard expectations and procedures within IDOC Juvenile Field Services, and began to develop relationships with service providers in Cook County. This period also allowed for needed education within CCJPD about the nature of the specialized wings and about the importance of providing specialized intervention for youths with sex offenses in their background.

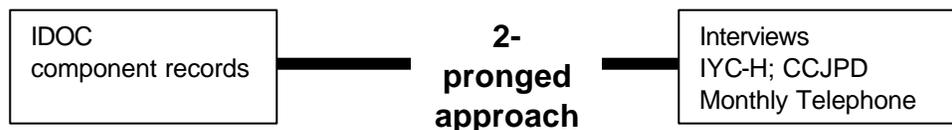
Implementation process to guide refinement

The information regarding the implementation process was collected from the various data sources identified in Chapter 2. The analysis of these data are divided into three sections: 1) a description of the chronological events; 2) an evaluation of changes from the original conceptualization; and 3) an evaluation of personnel resources.

Description of key chronological events

This portion of the evaluation seeks to describe the developmental process of the two components during implementation. The research team accumulated information from SOTU and SOU component records and interviews about the distinctive features of each component and tracked implementation dates, milestones, and key stages of program development (See Figure 3.2). The final analysis includes information about the ways in which SOTU responded to the recommendations and suggested enhancements that were presented in the interim report (Smith, et al., 1998).

Figure 3.2 Two-pronged data sources



The interim report included a timeline of the implementation of SOTU beginning in early 1996 and ending in December 1997 (Smith, et al., 1998). Changes in the program director position and the delay in opening the second treatment wing significantly impacted the implementation of the treatment program during the first year of evaluation, as documented in the interim report (Smith, et al., 1998). The first program director was hired in June 1996 and resigned in October 1997. A new program director was hired in December of 1997. The first treatment wing (L Wing, with a capacity of 18 residents) opened in September 1996, and a second treatment wing (K Wing, with a capacity of 20) opened in October 1997. The correctional counselor for L Wing was assigned the responsibility for K Wing youths as well when that wing opened, which eliminated the necessity of selecting and training a new correctional counselor at that time, but limited the per offender time. This timeline begins in December 1997, with two treatment programs open, both social workers in place, and a new program director with many years of management experience.

Numerous written documents respond to the interim report recommendations (Smith, et al., 1998). The timeline offers a logical place to include a presentation of when and how the program addressed many of these concerns. Therefore, the corresponding page of the recommendation or proposed enhancement in the interim report is presented as a footnote to the event on the timeline. (See Appendix C for a copy of the Recommendations and Enhancements from the interim report).

A Correctional Parole Agent I (CPA I) was initially hired in June 1998 but was subsequently reassigned within JFS and was replaced by a CPA I who had some general parole experience. Much of the casework supervisor's parole caseload was formally assigned to this CPA I in early fall of 1998, leaving her with direct responsibility for a relatively small number of serious offenders who had been released on parole (see caseload figures in Table 3.1). However, the casework supervisor and the CPA I continue to consult frequently and to work together on much of the SOU caseload.

Table 3.1 Caseload Count for Sex Offender Unit, CCJPD

Month and Year	Casework Supervisor	CPA I
May 1997	14	
June 1997	33	
July 1997	30	
August 1997	29	
September 1997	29	
October 1997	30	
November 1997	29	
December 1997	23	
January 1998	21	
February 1998	21	
March 1998	19	
April 1998	15	
May 1998	18	
June 1998	19	
July 1998	16	30
August 1998	12	31
September 1998	10	33
October 1998	11	32
November 1998	12	37

Chronological events

The implementation of SOTP during the second year of operation includes the following:

December 1997: **Monthly Wing Staff Meetings**

SOTU begins monthly wing staff meetings attended by security, education, correctional counselors, leisure time activities staff, and anyone who has routine contact with SOTU. The purpose of these meetings is to supply information about SOTU to program personnel, to

address any concerns SOTU personnel may have, and to form informal working groups to develop responses to problems as identified.³

December 1997: **CCJPD Caseload**

Casework supervisor for SOU in CCJPD has been in place one year, developing a specialized parole caseload including juveniles committed on a sex offense charge and juveniles committed on other charges but with sex offense charges in their history.

February 1998: **Monthly Treatment Plan Reviews**

The program manager convenes monthly treatment plan reviews with a multidisciplinary approach. The reviews are attended by as many representatives as possible from the SOTU staff, educational staff, leisure time activity staff, and security.⁴

March 1998: **Goals and Objectives**

SOTU revisits the goals and objectives for the program wings. Members who have contact with the youth are involved in adopting the original goals, but enhanced them with itemized objectives.

March 1998: **Own Adjustment Committee**

SOTU begins its own adjustment committee for disciplinary issues. The chairs of the committee are the program director and the SOTU wing social workers.⁵

March 1998: **Individual Treatment Plans**

SOTU begins revising treatment plans to make objectives geared more

³ Enhancement 6, from the interim report

⁴ Enhancement 10, from the interim report

⁵ Recommendation 7, from the interim report

March 1998: toward “why youth is in SOTU in the first place”. These Individualized Treatment Plans (ITPs) outline specific treatment plans for each youth.
Revised Treatment Plan Meetings

SOTU implements a review of revised treatment plan meetings to make sure ITPs stay on course. Attending these meetings are SOTU personnel, and representatives from security, education, and leisure time activities.⁶ Staff expresses a desire to develop goals, objectives, and treatment methods for use by future treatment provider that still need to be addressed with the youths when they leave.

March 1998: **Documentation of Youth Participation**

There is concern that documentation used for recording youth participation in the program can be used to document “inefficiencies” in staff. This has serious policy and program evaluation implications and should be addressed.

March 1998: **Training**

Training funds for consultants are requested for training of SOTU staff members. Some training materials (videotapes) are ordered.

March 1998: **Security Staff**

Internal documents indicate group therapy is occasionally occurring in the wing where other youth have the opportunity to interrupt and overhear.

March 1998: **Sex Offender Orientation to Educators**

SOTU therapists provide one hour in-service of sex offender orientation to the educators.

⁶ Enhancement 10 and Enhancement 6, from the interim report

March 1998:

Assessments

There is some concern that cumbersome assessments may detract from quality treatment time.

April 1998:

Training in Lisle, IL

Both SOTU social workers, the SOTU correctional counselor and two SOTU security staff members attend Association for the Treatment of Sexual Abusers training in Lisle, Illinois.⁷ The seminar stresses the importance of having a male and female co-facilitator in JSO treatment. SOTU implements this suggestion immediately and security staff begins assisting in groups.⁸

April 1998:

Training at IDOC Academy

Five SOTU security staff members (regular post and regular relief) attend training at the IDOC Academy in Springfield. The training included presentations from Juvenile Field Services (parole), as well as the institutional side of DOC.⁹

April 1998:

Goals and Objectives

Revised Goals and Objectives are in final format.

April 1998:

CCJPD Counseling

CCJPD begins to provide on-site individual and group counseling for paroled sex offending youths by a licensed psychologist. SOU Casework Supervisor co-facilitates groups.

April 1998:

Attendance Records for all Therapeutic Activities

SOTU staff begins keeping attendance records for all therapeutic

⁷ Recommendation 2, from the interim report

⁸ Recommendation 2, Recommendation 4, and Enhancement 8, from the interim report

⁹ Recommendation 4 and Enhancement 5, from the interim report

activities. This is an on-going process to develop the best means of documenting treatment provided to SOTU youths. In June 1998, SOTU switches to separate attendance reports prepared and submitted by each treatment provider, linked to individual sign-in sheets for youth.

Spring 1998:

Goals

Statement of SOTU goals included in control room notebook, and posted next to the correctional counselor's offices on L and K Wings.

Spring 1998:

Weekly Youth Meetings

The program director begins conducting weekly youth wing meetings to discuss the issues and concerns of SOTU youth.¹⁰

Spring 1998:

Drop Boxes

Drop boxes are placed on both SOTU wings for SOTU youths to anonymously record and submit issues or concerns they are not comfortable bringing up during wing meetings.¹¹

Spring 1998:

General Education About SOTU Provided to IYC-H

Orientation and general education about SOTU is provided to all IYC-H staff by the SOTU leisure time activity specialist and social workers.¹²

Spring 1998:

Fitness and Exercise Program Resumes

Fitness and exercise program for all SOTU youth originally initiated in 1997 is resumed through cooperative efforts of leisure time activity specialist.

Spring 1998:

Formal Probationary Notice

SOTU initiates more formal probationary notice to youths who are not

¹⁰ Recommendation 7, from the interim report

¹¹ Recommendation 7, from the interim report

¹² Recommendation 6, from the interim report

fulfilling treatment program obligations, providing warnings that they may be removed from the program. Youths who are removed have the opportunity to work their way back into the program through maintenance of Level I behavior and completion of required assignments.

May 1998:

Sex Education

A third social worker, reassigned within IYC-H, is assigned half-time to SOTU to conduct sex education groups and didactic groups associated with the orientation phase of sex offender treatment. These groups are held separately from therapy, allowing the first two SOTU social workers to focus on other therapy needs.

May 1998:

Treatment Deficiency Forms

SOTU initiates “Treatment Deficiency Forms” to track and address problems in meeting established treatment schedule.

May 1998:

Youth Begin Attending Monthly Youth Staffing

SOTU youth begin attending and actively participating in their respective monthly youth staffing.¹³

May 1998:

Special Wing Leisure Time Activity Position

The week-day half-time special wing leisure time activity position is filled after the earlier leisure time activity staff resigned. (This position is split between SOTU and the Substance Abuse Program.)

May 1998:

Discuss Appropriate Assessment Tools

One researcher and a sex offender specialist consultant meet with program administrators in IYC-H to discuss appropriate assessment tools for the participants.

¹³ Recommendation 7 and Enhancement 10, from the interim report

May 1998: **Two Hour Training**
A two hour training on the therapeutic community concept was conducted. Representatives from various fields of study associated with SOTU were in attendance.

May 1998: **CCJPD Parole Agent Visits IYC-H**
CCJPD parole agent with specialized sex offender caseload comes to IYC-H, meets with SOTU personnel and youths on caseload to review progress toward parole readiness and to discuss placement possibilities.

June 1998: **Family Group Sessions Begin**
Family group sessions begin. These small groups, conducted in the evenings by an leisure time activity staff, allow SOTU youths to discuss issues and concerns and to learn the appropriate channels in which to deal with these issues and concerns. Family groups offer youths the opportunity to choose their “family leaders” and to problem-solve as a “family”. Because these groups run in the evenings, they provide additional structure to SOTU’s evening activities.¹⁴

June 1998: **Manuals**
Design of all SOTU treatment group phase programs completed. Preparation of manuals for the SOTU Treatment Program (including both Orientation and Treatment phases), the Sex Education didactic group, and the VIP group completed.

June 1998: **Additional Security Staff**
Since security began assisting in groups, SOTU recognized the need for additional security staff on the Wing. When two groups are running at the

¹⁴ Recommendation 12, from the interim report

same time, all SOTU activities must be adjusted because there is not enough security staff available to cover both treatment and security issues.

June 1998: **VIP Groups**

Schedule permitting more frequent and consistent VIP groups for SOTU youths developed; VIP groups conducted on a more regular basis.

June 1998: **Modified SOTU Point System**

A modified SOTU point system is put into place, reducing the number of behavior levels from three to two. The total number of points per day is increased, as points may be earned by youths for such things as attending groups, preparing assigned homework on time, maintaining personal hygiene, and having clean rooms or clean clothes.¹⁵

June 1998: **Correctional Parole Agent I**

CPA I hired to complete grant-funded SOU at CCJPD.

June 1998: **All Tickets Considered Major**

The SOTU Adjustment Committee begins classifying all tickets on SOTU "major".¹⁶

June 1998: **Training**

Training is approved and is to include philosophy of treatment, treatment considerations and techniques for treatment. Considerable time and energy was expended in numerous responses to obtain this approval. The process is very cumbersome.

¹⁵ Enhancement 9, from the interim report

July 1998:

Security Staff Assisting SOTU Treatment Groups

Security staff are now regularly assisting with SOTU treatment groups. SOTU needs at least one additional staff member to allow more than one group to be held simultaneously. SOTU begins “recruiting” security staff. If a youth supervisor is interested in working on SOTU, he or she is invited to sit in on staff meetings and training to learn more about SOTU.¹⁷

July 1998:

Correctional Counselor Caseload

Youth who are removed from SOTU but remain at IYC-H are transferred to a different correctional counselor, to control the rising caseload of the SOTU correctional counselor; efforts are made to return youths to their original correctional counselor where possible.

July 1998:

Program Manager Runs Groups

The K-Wing social worker takes a ten-day vacation. The program director runs groups in her absence.

July 1998:

Civilly Committed Youth Joins SOTU

The first juvenile convicted as a “Sexually Dangerous Person” joins SOTU. This youth is a civil commitment, carried out under a 1939 law. A current SOTU participant is removed from SOTU to make room on the wing for the youth committed as a “Sexually Dangerous Person”.

July 1998:

First K Wing Youth Completes SOTU

The first K-Wing youth has completed all treatment workbooks and materials after eleven months on SOTU, but is still attempting to offend.

July 1998:

Senior SOTU Youth Help Younger SOTU Youth

K-Wing begins using senior SOTU youth to help junior SOTU youth in

¹⁶ Recommendation 7, from the interim report

¹⁷ Recommendation 4, from the interim report

therapy. For example, an advanced youth may help a youth new to SOTU with flashcards.

July 1998: **K Wing and L Wing Youths Mix for Sporting Events**

Youth on both wings of SOTU join to have gym together and mix for sporting events such as basketball and baseball.

July – Aug. 1998: **Research Team Conducts Observations / File Reviews**

Research Team conducts the second year observations of SOTU and intense file reviews of SOTU youth and the control group.

Summer 1998: **Staff Consistency**

Increasing consistency in assignment of relief and weekend staff on shifts 1 and 2.

August 1998: **Training**

Sex offender training provided for all staff providing services for SOTU at IYC-H.¹⁸

August 1998: **Assessments**

Further discussions continue regarding the assessments for the incoming youth. There is concern that the trained personnel do not have sufficient time to administer the tests and untrained personnel are not sufficient.

September 1998: **First SOTU Youth Paroled to CCJPD**

First youth from SOTU paroled directly to Cook County; parole conditions combine supervised residential placement and out-patient sex offender treatment.

September 1998 : **Security Staff**

Regular day shift security staff go on vacation; importance of IYC staff

¹⁸ Recommendation 2, Recommendation 6, and Enhancement 8, from the interim report

to treatment program is confirmed, as SOTU youth are “bouncing off the walls”.

September 1998: **CCJPD and SOTU Meeting**

Regular quarterly meeting with SOU personnel from CCJPD; casework supervisor and CPA I meet with SOTU personnel and with youths on caseload to review progress toward parole readiness and to discuss placement possibilities. SOU reports being impressed with youths' treatment progress in the IYC treatment program and their preparation and willingness to participate in community treatment programs.

September 1998: **Sunday Movies for Level 1 Youth**

Movies are shown on Sundays for Level 1 youth.

September 1998: **Peer Pressure Used in Treatment**

L Wing begins using peer pressure on youths to make them work harder in treatment and to hold them accountable.

September 1998: **Training**

Juvenile sex offender training is provided at IYC-H. The training was mandatory for SOTU personnel, but personnel from Clinical Services and Mental Health, and two shift commanders, attended voluntarily. Topics discussed included characteristics of JSOs, identifying JSOs, clinical interviews, and assessment tools.¹⁹

Sept. – Oct. 1998: **New Board Games for Youth**

SOTU purchases new games for the youth. One youth will be responsible for checking the games in and out on the Wing, as a way of building both responsibility and accountability on SOTU.

¹⁹ Recommendation 2, Recommendation 6, and Enhancement 8, from the interim report

- Sept. – Oct. 1998: **SOTU Groups Becoming More Treatment Sophisticated**
- SOTU groups are becoming more treatment sophisticated. There is more confronting behavior within groups, which has received a positive reaction from most SOTU youth.
- Sept.-Oct. 1998: **Year 3 Funding Submitted**
- The SOTU grant proposal and budget request are submitted to ICJIA for Year 3 funding. Budget request includes funding for a third social worker; this position would allow more intensive therapeutic activities on both wings.
- October 1998: **Social Worker Resigns**
- Social worker assigned to didactic groups in SOTU resigns.
- October 1998: **Youths Attend Monthly Progress Meetings**
- SOTU youth are asked to take a more active role in their monthly progress review meetings by coming to the meetings ready to discuss how they are doing in treatment, in school, and on the wing. In preparation for these meetings, each youth is given a set of guidelines. If a youth has an issue or concern, various staff members are in attendance to discuss these problems as a group. In attendance at these meetings are SOTU staff, treatment staff, and teachers. It is hoped by bringing these issues up for discussion that youths will take more responsibility for their actions and treatment.²⁰
- October 1998: **Second Correctional Counselor Reassigned**
- A second correctional counselor is reassigned for SOTU. The person in this position begins taking all new SOTU youth caseloads on Wing K,
-

allowing the original correctional counselor to continue with her original caseload.

October 1998: **IDOC Training**

VIP instructor, the L Wing social worker, and the two correctional counselors attend IDOC training in Springfield. One day of the training was specifically sex offender training.²¹

November 1998: **Secretary to Program Manager Resigns**

The secretary to the program manager leaves SOTU to take a new position within IYC-H. A new secretary is reassigned for SOTU.

Nov. – Dec. 1998: **Weekend / Relief Security Staff Increasingly Consistent**

Weekend and relief security staff has been assigned to SOTU in an increasingly consistent manner.

Nov. – Dec. 1998: **Extra Security Person Assigned**

An extra security person is assigned to SOTU to cover the existing security staff now assisting in groups. This extra security position is a “voluntary post”, meaning if something else comes up, it takes priority over SOTU. This voluntary post is covered at least 50% of the time on the second shift, but not as consistently on the first shift. If this post is covered or not is purely driven by the number of security on staff on a given day.

December 1998:

.....**Aw**
aiting Year 3 Funding

Awaiting Year 3 funding approval from ICJIA. All SOTU fiscal-related requests (i.e. computers) are on hold until funding is approved.

²⁰ Recommendation 7, from the interim report

²¹ Enhancement 3, from the interim report

December 1998: **Additional Training in 1999**

SOTU to have additional sex offender staff training before Spring, 1999²²

December 1998: **Program Manager on ACA Panel**

The program manager is invited to serve on an American Correctional Association panel in Nashville. January, 1999

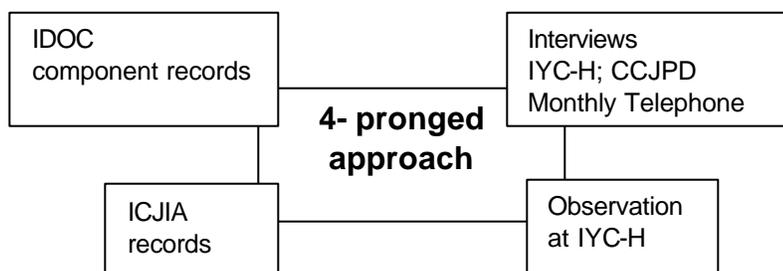
Changes from the original conception

The second section of the implementation process considers changes or expansions from the original conceptualized program. Specific research areas that allow for the description and assessment of program change include the following:

- 1) identification and description of changes in the program elements, in key actors involved in its development or delivery, or in service providers involved with the operation of the program;
- 2) changes in program goals during or after implementation, and
- 3) deviation from original design in the composition of program elements.

Data for this section of the report were collected from various sources (See Figure 3.3).

Figure 3.3 Four-pronged data sources



Changes

The major event during the second year of this program evaluation has been the design and completion of the SOTU manuals, which fully document the elements used in treatment.²³

²² Recommendation 2, Recommendation 6, and Enhancement 8, from the interim report

²³ Enhancement 11, from the interim report

Prior to the preparation of the manuals, it was difficult to determine whether the program was implemented according to its original design because there was little documentation to compare against the actual practice of the program providers. The second key change in the program was the hiring of the new program director, who had many years of management experience. The program director prepares monthly notes for internal use and quarterly reports as formal documentation of the program' progress. Also, an IYC-H social worker was reassigned on a part-time basis to SOTU to provide sex education.

SOTU goals

The interim report analyzed the initial stages of program implementation in terms of the original conceptualization of SOTU, as recorded in the grant application submitted by IDOC (Smith, et al., 1998). The development of the SOTU program was presented through an examination of goals, structure, function, and system resources.

The following four goals were identified in the interim report as having been established for SOTU in the original grant application (Smith, et al., 1998). Two were modified slightly during the revisiting process mentioned previously (noted below in brackets). (See Appendix D for SOTU Goals and Objectives)

1. "Conduct assessment and classification evaluations so youth can be effectively prioritized for treatment services.

[To identify youth who are in need of sex offender specific treatment.]
2. Establish a comprehensive, intensive treatment environment that supports life, cognitive and behavioral skills building.
3. Establish a system of post-release treatment, case management and support services that will support program graduates during their return into the community.
4. Establish process and outcome evaluations" (IDOC, 1996a, p. 4).

[To establish and maintain data systems that facilitate tracking youth who participated in the program, evaluating program processes and outcomes, and program planning.]

The revision of the fourth goal demonstrates the desire or spirit of commitment to documentation. Progress has now been made in each of these four areas, although none of them can yet be considered fully operationalized. This is not surprising, since these general goals are designed to provide guidance and structure to SOTU as it develops.

The interim report examined only the first two goals that had been identified for SOTU in the grant application, leaving the other two for the final report (Smith, et al., 1998). The research team found that assessment and classification processes (SOTU Goal 1) had been developed and put into operation. Progress toward the second goal was more difficult to assess. Although treatment needs of JSOs had been well researched by the treatment staff and an extensive treatment program at least partially designed, the extent to which SOTU had been able to establish an intensive and comprehensive treatment environment had been only partially documented by the end of 1997. The interim report also recommended that SOTU take steps to clarify the relationship between goals, objectives and outcome measures, and to reach agreement on common goals and objectives for the program.

A number of changes in key personnel in the fall of 1997 provided an opportunity for SOTU to re-examine its goals and objectives and, where appropriate, to modify or change them. Once goals had been revised in discussions that included most facility staff who regularly interacted with SOTU, they were widely publicized. Program goals, which were not substantially changed as a result of these discussions, were posted on the SOTU wings and in staff offices, and were included with other key documents in the control room notebook available to all SOTU security staff.

The interim report provided a preliminary profile of a sample of youth initially assigned to SOTU, identifying the nature of the sex offenses that led to their assignment to the treatment wing and documenting the variable nature of the sex offender population at IYC-H (Smith, et al., 1998). The processing path for sex offenders after they were assigned to IYC-H, including the roles played by the program assignment committee and the mental health coordinator, was also described.

System resources during the first two years of the SOTU program were also reviewed in the interim report. Although the grant agreement provided funding for five full-time and two half-time positions associated with the SOTU, difficulties in recruiting personnel with the specified educational and experiential qualifications led to numerous delays in filling these positions. As a result, one treatment wing was opened in September 1996, while the second was not opened until October 1997. A new program director was hired in December 1997 after much of the interim report had been written.

Deviation from original design

.....Early in 1998 the program manager established a regular monthly meeting of all staff working with SOTU. This group included: the Social Worker IIIs providing treatment on the SOTU wings, the Correctional Counselor III providing VIP treatment to SOTU youth, the Correctional Counselor II assigned to SOTU youth, any leisure time specialist who works with SOTU youth, all security staff (Youth Supervisor IIs) regularly assigned to K and L Wings during the daytime shifts, security supervisors (Youth Supervisor IIIs) for the same shifts, an Educator who provides services in the B-Building school (initially different teachers attended, but gradually one teacher became the recognized representative), grant-funded office staff, and any other staff who work regularly with SOTU youth even if they aren't officially assigned to the wing. These meetings were scheduled near shift change, so that security from both day-time shifts could attend.

The meetings provided an informal arena for brainstorming about problems (the agenda section on "What's Not Working?") and areas where improvements might be made (the agenda section on "Things That Are Working [but maybe could be better]"), as well as recognizing positive achievements and formally providing for the distribution and exchange of information.

Once a problem was identified at a meeting, specific people were designated to develop or monitor a proposed action plan and specific target dates were identified, creating clear expectations for actions to be taken. Staff were pleased to be included as equals in the treatment wing discussions, and were extremely positive about the new administrative approach. “He’s very positive,” said one interviewee. “He’s interested in focusing on what works, on how we can identify what works and have more of it.” “There’s no issue you can’t take to him,” noted another. The monthly meetings have provided a setting within which general goals can be refined and specific activities can be designed and implemented.

SOTU implemented a monthly staffing for each youth, which consists of the multidisciplinary team including security, education, mental health, and other personnel from SOTU.²⁴ During the year, this process has been perfected. First, the social worker and correctional counselor of each wing took an active role in preparing and presenting the monthly evaluation to the youths and other SOTU personnel. However, as time progressed the youth was given more responsibility to participate in his own treatment and assessment by making him responsible to prepare and present his own monthly progress.

A selection process to prioritize youth for treatment services (SOTU Goal 1) was developed and put into operation at IYC-H during the first years of the program, and was further refined in 1998. The selection criteria include the following:

1. “Youth’s committing offense is a sex offense.
2. Youth is identified as a predator, sexually dangerous person, sexually violent person, or victim.
3. Youth has recommendation(s) for treatment as a sex offender from psychiatric/psychological evaluations and/or treatment facilities.
4. Youth has a documented history of sexually offending.

²⁴ It is recommended to more fully include the education staff in these team meetings.

5. Length of stay is sufficient to complete treatment.
6. Self-report of sexual offending supported by documentation.

7. Results of testing/assessment that support need for treatment.” (IDOC internal document, Revised 6/25/98)

The nature of the treatment environment for youths assigned to SOTU (SOTU Goal 2) is now much better documented than it was at the time of the interim report, and programming is in place to promote life, cognitive and behavioral skills building. Specific actions taken during 1998 to build a stronger therapeutic environment are discussed later in this report.

SOTU staff and the CCJPD SOU have cooperated in establishing a post-release system of services to support sex offenders as they return to the community (SOTU Goal 3), but this goal is not yet fully achieved. Although this goal anticipates SOTU youth completing the treatment program before being released on parole, most of those released to date have not graduated from the program. Youths who are approaching their mandatory discharge date have been released prior to program completion in order to provide some period of transition back to the community. In other cases youths may be released from IYC-H prior to completing the SOTU program in order to be accepted into a residential treatment program for sex offenders where treatment can be continued in the community.

SOTU treatment staff originally anticipated a three-stage treatment program for sex offenders made up of the following: (1) treatment in SOTU while committed to IYC-H; (2) parole from IYC-H to a sex offender-specific treatment program in a residential facility; and (3) community placement with out-patient treatment services (or a mix of residential and out-patient services). Some youth are difficult to place in residential treatment programs by the time they are ready for parole. In these cases, appropriately intensive treatment and supervision must be developed outside a residential program. Youth who are paroled to a residential treatment facility must be placed outside Cook County, because there are no sex offender-specific residential treatment programs in Cook County. Any youth who is placed in a facility outside Cook County must be transferred from the parole agent to whom he has been assigned

to a new agent in the appropriate geographic district. The SOTU and CCJPD responses to these and other problems are discussed in more detail later in this report.

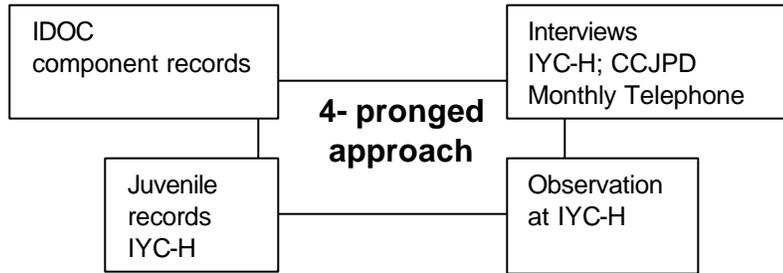
The fourth general goal was to establish process and outcome evaluations. While SOTU has substantially improved its documentation of the treatment process, outcome evaluations are still being refined. Outcome evaluations are primarily carried out through on-going clinical judgments by the social workers who provide individual and group treatment and who have general responsibility for the SOTU Program. During this year SOTU treatment providers worked to develop individual treatment plans that supplemented the common treatment objectives of the program and addressed specific needs of individual youths. The program manager took the lead in establishing monthly staff meetings on each youth and, later, monthly meetings with each youth to assess progress and develop specific behavioral and treatment goals. These developments in the treatment progress are discussed in more detail later in this report.

Personnel resources

This area of analysis will address personnel resources in both components as they relate to the program from conception through the operationalized status of the program using four data sources (See Figure 3.4). Inherent to this discussion is the interaction between the various personnel, which will be discussed in detail later in the communication section of this report. The evaluation identifies the topic areas and documents staff training since the interim report. This report discusses the availability of resources to carry out desired functions of the components if the program has significant growth. This section closes with recommendations regarding staffing adjustments.

A significant portion of the interim report's recommendations and enhancements focused on obtaining training for the personnel in SOTU (Smith, et al., 1998). This was partially explained in the interim report by understanding the impact of placing a very specific program in

Figure 3.4 Four-pronged data sources



a very rural area where numerous trained professionals in such a specific area of study are not likely to reside. The IDOC has addressed these issues in various ways.

Considerably more training was provided to the personnel, both security and treatment personnel, at IYC-H and the management at IYC-H should be applauded for their diligent efforts. However, it was at no small expense of the director's time. The state procurement process to obtain training is extremely cumbersome and time-consuming. Due to the limited number of trainers available in this highly selective field, sole source procurement was required. As the field of study of juvenile sexual offenders grows, training should become easier to obtain.

As noted in the interim report, neither of the Social Worker IIIs hired as treatment wing therapists for SOTU had substantial background or prior training in sex offender-specific treatment programs (Smith, et al., 1998). The first Social Worker III hired had some experience providing individual mental health services to JSOs at IYC-H, but no formal training in sex offender-specific programming. This person designed the SOTU program based on observation of other treatment programs, collection of information on treatment activities and approaches used elsewhere, and specialized training obtained through IDOC and through professional and community resources. During the first year she worked closely with the Correctional Counselor II assigned to the treatment wing to implement and refine the treatment program. Several other correctional counselors and at least one casework supervisor also contributed time and effort on a volunteer basis to the developing program.

When the second Social Worker III was hired and the second treatment wing opened, it became necessary to coordinate treatment activities in a way that had not previously been required. Assigning the same Correctional Counselor II to both treatment wings helped to promote comparable approaches. However, the correctional counselor was unable to participate in treatment activities on both wings at the same level as she had at the beginning of SOTU. Over the course of the second year, as youths began to exit the program, the parole-related work of the correctional counselor also began to increase. Because many of the youth were required to complete additional residential treatment, and most of them were unable to return home due to the nature of their offenses, placement plans took longer to investigate and prepare.

The interim report encouraged the continuing involvement of the Correctional Counselor II in the SOTU treatment activities (Enhancement 2). Because of the activities required for a caseload of sex offenders, however, it was not possible for the correctional counselor to maintain the level of involvement in treatment activities that characterized SOTU during its first year. In October 1998, the clinical services supervisor assigned a second correctional counselor to SOTU and divided the responsibility for identified sex offenders in treatment between them. The second correctional counselor made a gradual transition by taking only new admissions to SOTU, allowing the initial correctional counselor to continue working with the youths already on her caseload and to follow them out of SOTU if necessary. This addressed problems that had been created by the need to reassign sex offenders who were dismissed from the SOTU wings. However, as a result, the second correctional counselor will have a caseload that is divided between the two wings and is less likely to become intensely involved in treatment groups on either wing.

The development of SOTU's treatment program entered a new stage with the hiring of the second Social Worker III and the opening of the second SOTU wing in the Fall of 1997.

Rather than a single program administered by a single mental health professional, there were now two versions of the same treatment program operating on somewhat different schedules and administered by social workers with different backgrounds and preparations. The new Social Worker III had a background in substance abuse treatment, primarily with out-patients, and did not have experience with sex offender-specific treatment. Because youth were assigned to the second SOTU wing at about the same time that the second Social Worker III was hired, it was not possible for her to observe treatment activities in the existing wing before beginning treatment activities with her own caseload.

Treatment manuals documenting the objectives and treatment activities for each phase of the SOTU program in an organized fashion had not yet been completed. The program manager made this a priority, in order to provide the second Social Worker III with more complete information about the treatment elements that had been implemented to date. The two treatment specialists also attended training together, although that did not happen until about six months later. Despite these efforts, the treatment programs delivered on the two wings developed somewhat different identities. Although they included the same basic exercises and were based on a comparable approach to the treatment of JSOs, the program on each wing also reflected the different backgrounds and skills of the treatment providers and the different mix of youths receiving treatment. Because of these differences, it is very important for the treatment wing therapists to document programmatic activities as they occur and to chart the progress of each youth in a systematic way. A standardized automated system would help institutionalize this process. The variation in treatment approaches and youths served is discussed in more detail later in this report.

Midway through 1998 an additional mental health professional (MSW) voluntarily agreed to an internal reassignment to SOTU to assist with the introductory psychoeducational components of the treatment program. Each youth in SOTU participated in a series of weekly

sex education classes, based on a curriculum developed earlier by volunteer interns from the Social Work program at Southern Illinois University at Carbondale. Although this new MSW was also assigned to provide mental health services, those responsibilities were carried out in the general population. For reasons not associated with her SOTU assignment, this MSW left IYC-H after approximately six months. Fortunately, the planned sex education curriculum had been completed by this time.

The most significant change during the past year came in the area of security staffing. The original grant proposal did not provide for additional security resources. Most general population wings have a capacity to house 35-40 youths, and correctional security is provided by two youth supervisors. The wing population moves as a whole, accompanied by the two staff members. Individual youths with special assignments apart from the wing are usually allowed to move on their own, although on occasion special arrangements may be made to escort them. The two-wing SOTU wing was originally staffed by a total of three youth supervisors: one assigned to each wing, and one "in-between" moving between the two wings as necessary. It was assumed that because the SOTU wings were single-bunked and had half the capacity of regular wings, this would be satisfactory.

Unfortunately, this arrangement did not take the intensive treatment environment or the physical limitations of B-Building into consideration. Youth on each wing are divided into three smaller treatment groups for group therapy and VIP activities, and into two subgroups for treatment-oriented educational activities. The only areas available for small-group activities are physically isolated and, in some cases, on a separate floor at the end of a staircase or in the hall between the wings. Basic security requires that a youth supervisor accompany the therapist and group to these locations. The area between the wings was used frequently for sex education groups. Frequent interruptions were observed as youth supervisors and youths from various posts walked through the hall between the facilitator and youths. One group had 12

interruptions in the 60 minute session, which was only slightly more frequent than usual. This poses two issues. First, a large percentage of the youths are learning disabled or attention deficit disordered. These interruptions make learning nearly impossible. Secondly, the youths need privacy for emotional security to discuss personal issues. Additional security is needed to prevent this situation and maximize treatment.

Even if IYC-H had alternative security arrangements that could reduce this need, the therapeutic environment is strengthened by the presence of the security staff who are regularly assigned to the wing. The limited number of staff members assigned to the wings restricts SOTU's ability to schedule group activities or to have more than one activity going on at any one time. In some cases the remainder of the wing can be scheduled for recreation or gym activities, but this requires a detailed schedule which reduces the flexibility otherwise available to other wings.

In an effort to address this constraint, the program manager has requested that an additional security staff be assigned to SOTU when treatment-related activities are scheduled. IYC-H has cooperated in making this a high priority assignment that must give way as needed to internal priorities. The presence of this additional staff allows regular security staff to be involved more consistently in group therapy and treatment activities. By late-1998 this fourth security position was covered at least half the time during second shift, but less consistently on first shift. Because the IYC-H school schedule shifts back and forth between morning and afternoon classes, it is not possible to schedule all treatment groups during a single shift.

IYC-H continued to assign regular (5-day-a-week) security staff to SOTU on a continuing and predictable basis, and also made progress in assigning relief staff on a more consistent basis. The consistent staff presence allowed youth supervisors to take a more active role in group treatment, and helped to create a sense of safety that allowed groups to engage in more active challenges and confrontation. The importance of all staff to the developing therapeutic environment was emphasized by the decision to include security staff in special training on JSOs provided through Illinois Association for the Treatment of Sexual Abusers. Staff were

energized and motivated by this two-day training seminar, returning with a better sense of what to do and confirmation of how important their contributions were.

In general, all SOTU staff were challenged to increase both the intensity and overall amount of programming during the last year. Staff cooperated to develop schedules which maximized treatment activities, and groups appeared to meet on a more regular and predictable basis. Although youth sometimes complained about the number of activities in which they were expected to participate, staff generally agreed that implementing a consistent program schedule was a positive aspect of the overall treatment program. On the basis of recent schedules, treatment providers appear to be fully active. Any treatment schedule must allow treatment providers to balance their multiple responsibilities: delivering programming, charting and assessing the progress of individual youth, preparing appropriate internal documentation, and devising new treatment activities.

CCJPD

The casework supervisor, who was hired in December 1996, had a background in victim services and therapeutic intervention for victims of rape and sexual assault rather than in parole services or offender treatment. This victim-oriented background was an asset in recognizing patterns of sex-offending and victimizing behavior and in identifying and intervening with JSOs who were committed to IDOC on other charges. The casework supervisor attended numerous specialized seminars and training sessions on JSOs and offender management, both in the community and in-house through IDOC and Cook County juvenile parole. From the beginning the casework supervisor enjoyed a cooperative relationship with staff members at Cook County juvenile parole services, which was very helpful in the development of needed expertise.

During 1998 SOU negotiated a contract with a licensed Psychologist to provide a range of assessment and treatment services on site. This allows SOU to provide and monitor intensive out-patient services, and to receive immediate feedback from the treating psychologist. Treatment is provided at the JFS office and groups are co-facilitated by the casework supervisor. Therefore, SOU is

immediately aware of missed appointments or resistance to treatment. The on-site location also promotes more frequent face-to-face meetings with all youth.

Effect of communication, collaboration, cooperation, accommodation, and decision-making on program activity and goal accomplishment

Issues regarding communication and collaboration within the program are an essential part of this study. The research team collected data to determine the effectiveness of the communication processes within each of the major program components (SOTU and the Cook County SOU) and between the two components. This section of the evaluation considers the following three general categories of communication: 1) interaction between personnel; 2) effects of collaboration on the program; and 3) decision-making processes.

Interaction Between Program Personnel (SOTU)

Personnel interaction is divided into the following three areas: 1) offender-specific; 2) within each component and its host facility; and 3) between components. Offender-specific communication is an essential element of a successful treatment program. Individualized treatment plans cannot be developed and implemented without a common understanding of an offender's needs and progress to date. In the early stages of SOTU, this communication was primarily informal. Treatment notebooks were kept on each SOTU youth which contained initial assessments and evaluations, a selection of treatment "homework" (including such things as the youth's autobiography and a letter to the victim acknowledging his offense and its impact on the victim), and some notes on treatment progress by the treatment wing therapist (Social Worker III). Informal discussions between the social worker and the correctional counselor assigned to SOTU youth occurred on a variable schedule. On occasion the social worker might consult with other mental health professionals about specific treatment issues, but there was no regular provision for this. Monthly progress reports were prepared by the social worker, but were limited to a few phrases or sentences. Only these monthly progress reports were included in the youth's official IYC file.

During 1998, SOTU staff began to prepare more specific, individualized treatment plans which provided the basis for more informed communication about youths receiving treatment. SOTU also established a practice of regular monthly staffings to review each youth's progress and to identify areas of treatment focus. Staff attending these meetings included the program manager, the social worker responsible for treatment and the Correctional Counselor II assigned to the youth, as well as representatives from security and educational staff. These monthly reviews emphasized the importance of the total therapeutic environment and acknowledged security, educational and leisure time staff as important components of SOTU. These meetings also allowed staff to share specific information and observations about the youth and his situation. The monthly staffing reviews have evolved to include the SOTU youth as active participants. Youth are expected to prepare for each month's meeting and to take more responsibility for planning and carrying through on treatment activities.

As security staff have become more active participants in the treatment programming of SOTU, they have taken a number of steps to share information about wing residents among themselves informally. In some cases staff enter notes into the control room logbook, which is regularly reviewed by staff on other shifts. At other times staff have taken the time to pass information along to the replacement youth supervisor at shift change. As the new behavior-related point system evolved during 1998, staff were asked to write a brief explanation each time a youth did not earn a point as expected. Although these explanations were not always provided, they did help to identify problem areas and to promote communication about the youths' behavior.

Communication within each treatment component and its host facility was also examined. Data were collected to analyze the level and nature of communication processes within each of the components. Under the current program manager for SOTU, communication within the treatment component and with the host facility appears to be active and open. All

communication from IDOC and from the IYC-H management is widely distributed and posted, and discussed at monthly SOTU meetings. The program manager often prepares for or follows up SOTU discussions with an internal memo clarifying the application of an IDOC policy to the treatment wing or explaining its purpose. To ensure that all staff members have access to this information and can review it as they wish, written material and memos are frequently posted in the control room or included in a notebook there for reference.

The program manager has adopted a very active SOTU presence. He visits the program wings several times a day, and makes a point of speaking to staff and youths. Several staff reported that they could “talk to him about anything,” that there was “no question that couldn’t be asked.” There was widespread appreciation of his commitment to follow-up and respond to each comment. As one interviewee noted, the program manager virtually always got back to staff within the day, even if the only response available was to report that there was no response yet. This same approach characterized the monthly meetings that the program manager initiated. Almost all items brought up for discussion have led to the creation of a working group with a specific assignment and a specific response date. Few items are allowed to carry over more than one month before agreement is reached on at least a tentative response.

There appears to be relatively good communication between the SOTU treatment providers and the rest of the staff who are part of the therapeutic environment. This level of communication has been enhanced by management’s commitment to including security staff and other staff who interact with SOTU youth in training activities, both off-site and at IYC-H. Staff are developing a shared understanding of JSOs and their treatment and supervision needs that promotes more open and effective communication and cooperation within SOTU. These processes are relatively informal, however, and are at risk when staff perceive themselves as overworked or begin to experience “burnout.”

The program manager has instituted a number of feedback mechanisms which provide information and contribute to effective communication within SOTU. Requiring attendance sheets helps SOTU to track the programming in which youth participate and to identify any pattern of treatment avoidance or failure to participate more readily. In an effort to develop and adhere to a workable treatment schedule, staff were asked to complete brief explanations whenever they had to deviate from the agreed schedule. These forms helped to identify problem areas and were used to make necessary adjustments in the schedule from time to time. Forms were also devised to provide feedback on structured aspects of the treatment program, including VIP sessions, didactic groups, and some treatment phase activities. Minimal data have been collected to date, but eventually this will be useful. In order for feedback procedures like these to contribute to improved communication, they must be perceived primarily as informational activities rather than as supervisory controls.

SOTU operates in the correctional environment. Correctional environments breed a sense of secrecy and the need for hyper alertness by necessity. The literature documents that staff in correctional treatment programs replicate the dysfunctional secrecy of the offenders (Goocher, 1994). Law-enforcement and correctional staff are frequently held to a high standard of accountability and responsibility. This type of environment sets the stage for hyper awareness of possible future problems.

SOTU management implemented a process that would ease the documentation of program participation by offenders. Each SOTU staff member was to adhere strictly to the schedule. If a deviation was necessary, the staff member simply completed a form explaining what had caused the problem. Using this technique, evaluators could assume that each resident had participated in his or her treatment component at the appointed time based upon the schedule unless a deviation slip was prepared. Management could use the slips to determine what interfered with treatment and could adjust the schedule or the competing activity

to make things flow more smoothly. However, personnel expressed concern the slips would be used to document staff ineffectiveness or inability to do their job.

Unfortunately, the positive results of this method could not be obtained. Instead, program management developed a form where each program staff member must document each individual's attendance at each treatment component. The system is far more cumbersome and time-consuming. As a result, it is believed that some personnel resorted to marking each individual's sheets according to when treatment should have occurred without giving thought to whether or not the individual attended the session.

Because the two SOTU wings were established at different times and under somewhat different circumstances, communication between the two Social Worker IIIs who direct these programs has not been as extensive as might be desired. This situation would have been improved if it had been possible to have the treatment specialists work together to develop the treatment program. Establishing a period of structured observation and training for the second Social Worker III would also have helped bring the two programs and their treatment providers together. Other programs have also indicated that the hiring process creates barriers to efforts to recruit staff and to bring them through training and program orientation as a group. The research team noted that both Social Worker IIIs tended to communicate through the program manager and at SOTU meetings rather than on a direct basis. This appears to have contributed to the development of two somewhat different treatment programs rather than a single program being offered on two different schedules.

Communication has also improved between SOTU and the host facility as management becomes more aware of the program elements and of the treatment consequences of institutional policies. For example, IYC-H wings are normally called to the medical unit or taken to the dining hall on a schedule that varies from day to day and which responds primarily to security concerns and readiness for movement. This unpredictability made it difficult to

schedule treatment groups or other elements of the SOTU program on a consistent basis. As management became more aware of the impact of their practices, they have been able to develop a more consistent and predictable schedule for the SOTU wings.

Line staff and service providers report satisfaction with the level of support they are receiving from IYC-H management. Several staff noted in interviews that there is a general perception that management wants this program to be successful, and is supporting it both with resources and with needed flexibility. Examples of this include the schedule changes discussed above, the recruitment of security staff within IYC-H who are willing to play an active role within the SOTU therapeutic environment, the efforts to provide a fourth security staff member to SOTU, and the involvement of staff from several shifts in special training activities. SOTU has also been authorized to develop its own point system, and to operate an Adjustment Committee to make decisions on disciplinary charges entirely within the wing.

Special program staff often experience isolation from the hosting facility, which may have consequences on staff morale or effectiveness. The location of SOTU in a separate building, and the effort to establish and maintain a separate therapeutic environment, contribute to the potential for such isolation. The research team explored this issue in interviews. Interview data and observation indicates that the program is generally perceived to be valued by the larger institution. When SOTU first started there were some problems with IYC-H staff outside the program making denigrating comments about the youth in SOTU and the offenses they had committed, or allowing youth under their supervision to do so. Interviewees indicated that these problems have gradually diminished as staff have become familiar with SOTU and the youth who are in the program.

Several of those interviewed said that some IYC-H staff still did not fully understand the SOTU model, focusing on the apparently “lighter” caseload and not acknowledging the requirement for more careful and intensive supervision. As a result, substitute staff sometimes

fail to enforce SOTU standards or respond to the behavior of the youths in ways that are not helpful. Although this was seen as a problem for the program as a whole, it was not interpreted as evidence of isolation or rejection of SOTU. It was noted that the general environment at IYC-H, variously described as being like a family or a small town, made it difficult for staff in any single program to feel isolated or separated from the larger facility.

Interaction Between Program Personnel (CCJPD)

The CCJPD is a much smaller unit. The specialized supervision units, consisting of SOU, the Substance Abuse Unit, and the Violent Offender Unit, represent about half of the active field agents. The SOU casework supervisor reports directly to the Cook County district supervisor. There seems to be a very positive and supporting relationship in place. During the two years that SOU has been in existence the regular parole agents have become increasingly aware of the importance of identifying JSOs, and have been willing to transfer them to the SOU caseload. When assistance has been needed in handling situations in the field, it has been provided by general parole agent staff. The district supervisor has also provided the support necessary to establish two treatment groups for JSOs in the CCJPD office, along with space for individual counseling sessions.

Although CCJPD would like to reduce the number of parolees assigned to all parole agents, agents in the special units now have somewhat smaller caseloads than do regular parole agents. The purpose of the smaller caseload is to allow a more intensive level of supervision and more frequent contact with placements, program providers, and parolees. If the overall workload comes to be seen as significantly different, however, this could become a source of conflict within CCJPD. This does not appear to be a current problem, as regular parole agents understand the demands associated with supervising a specialized caseload distributed over a wider geographic area. As the units continue to develop, however, the possibility needs to be kept in mind.

An important benefit of the process of developing new strategies to deal with problems that affect a variety of agencies in the criminal justice system is the potential for better cooperation and communication among those agencies. This, in turn, builds the capacity for the system to adjust to changing conditions and to solve new problems in the future. As offenders transition from the IYC-based program to the aftercare program with JFS, a close working relationship will enhance the transition and improve the ability of SOU to provide appropriate assistance and supervision. To date only a small number of youths identified as sex offenders have been released to parole in Cook County from IYC-H. In the two cases that were examined in detail, a relationship which contributed to a successful transition to parole was established by SOU staff with the youth while he was at IYC-H. The communication that occurred prior to release between the correctional counselor and SOU, as well as during the initial period of authorized absence, was also positive and made it possible to develop appropriate placements within Cook County.

Based on program design, the relationship between the in-patient treatment and the aftercare (parole) program is crucial to maximize offender rehabilitation and change. Consequently, this research team observed personnel interaction and collected data to identify communication situations that specifically relate to the offender. Offender-specific communication between SOTU and SOU occurs both formally and informally. Parole agents receive copies of the monthly progress reports on each youth completed at the IYC, as well as the annual review documents. However, as noted earlier, the monthly reports do not provide detailed information on a youth's behavior or progress. SOU staff have supplemented this information in several ways. Copies of the most recent social history prepared by the Cook County probation office,²⁵ if any, are routinely provided, and other information from probation

²⁵ Frequently, a social history is prepared as part of the information package presented to the judge prior to adjudication or sentencing.

files, such as psychological evaluations or reports from treatment programs, may be obtained on request.

Soon after a youth arrives at the IYC the SOU parole agent meets with the youth's family or guardian in Cook County to gather information on treatment and placement needs. SOU prepares a placement investigation summary which documents family and community issues that will need to be addressed. This early contact, well before parole is approved, helps SOU to gain a better understanding of the youth and to make better informed decisions about parole. Information is shared with the IYC-H correctional counselor through frequent telephone calls. Most IYCs are beginning to assign sex offending youth to a single identified correctional counselor, which is leading to improved communication at other IYCs.

SOU made three visits to IYC-H to meet with the youth on their case load (now all identified sex offenders) in 1998, and is working toward establishing a regular schedule of quarterly visits. SOU staff met with all youths regardless of the proximity of the annual review date or their anticipated institutional release date. The IYC-H site visit consists of individual interviews with each youth and case management conferences with the SOTU staff. Most of this communication is through the correctional counselor. Although the SOU staff do not observe treatment sessions, they may discuss the youth's treatment progress with him and test the extent to which he is acknowledging and taking responsibility for his offenses. SOU also meets with the SOTU social workers, although they do not discuss the status and progress of each youth in detail.

These regular visits allow SOU and SOTU staff to share perceptions and to provide consistent messages to youth in treatment. They also provide opportunities to discuss the kind of treatment that will be required during parole and to explore ways in which it may be provided. These visits appear to promote long-term parole planning, and should facilitate the process of arranging programming and verifying placements when parole is approved.

In the past, most of the interaction between the correctional counselor at the IYC where the youth has been committed and the parole agent to whom the youth has been assigned typically occurred during the last few months before the youth’s annual review date and anticipated parole. The SOU has instituted several changes intended to encourage more cooperation between the IYC and CCJPD throughout each youth’s period of institutional commitment. These will be discussed specifically in terms of IYC-H, although it is important to note that the SOU is working to establish comparable relationships at the other IYCs as well.

Operationalized program

Once the program has been fully implemented, it is important to examine the program as it actually operates. This portion of the analysis will be divided into the following three sections: 1) description of the juvenile sexual offender population in IYC-H, 2) description of the intake facility and process, and 3) description of the operationalized program components (See Chapter 4 for a discussion of the components. See Appendix E for a summary of the manuals.)

Description of the sex offender population (SOTU)

Some individual level data were collected from JTS (the IDOC computer system) records to provide a description of the participants who are available to be placed in SOTU²⁶ (e.g., demographics, history of child abuse, prior treatment experiences, levels of substance abuse, and history of delinquency).

Table 3.2 Identification of JSOs in IYC-H to JSOs in IDOC population

Date	JSOs in population at: n (percent)		JSOs in population with sex offense as current crime		JSOs in with sex offense only in history	
	IDOC	IYC-H	IDOC	IYC-H	IDOC	IYC-H
12/31/98	162 (7.3)	51 (10.3)	151	47	11	4

²⁶ The research team requested a data file including all IDOC youth on any given date including demographics, child abuse history, treatment experience, substance abuse history, and delinquent history variables. Unfortunately, we received only youths from IYCH and limited variables. Consequently, we are unable to place IYCH youths in the greater context of IDOC. Unfortunately, the limited number of variables supplied also significantly restricted other areas of analysis.

Table 3.2 identifies the number of JSOs in IDOC and in IYC-H according to the JTS as of December 31, 1998. The JTS indicated 162 (7.3%) of the general population were identified sexual offenders in IDOC, of which 151 had a sex crime as a current offense. The other 11 youths identified as JSOs had a sex offense in their history. Comparatively, the JTS indicated 51 (10.3%) youths in the juvenile population were identified as sexual offenders in IYC-H, of which 47 had a sex crime as a current offense. The researchers caution use of these statistics because a comparison of the JTS numbers and a manual count of offenders at IYC-H identified discrepancies. The JTS indicates 51 JSOs in the population at IYC-H, but a manual count indicates 53 JSOs living in the two wings and waiting list. Although this is a small error, we found a larger error in December 31, 1997 data. The JTS indicates 32 JSOs in IYC-H, but the wing residents and waiting list totaled 60 JSOs. This change in accuracy may be explained by the increased attention to JSOs in the IDOC or because some JSOs are not identified until the clinical interview and the JTS system is not up-dated.

IDOC has two sex offender programs; one at IYC-Valley View and one at IYC-H. Although the differences between the programs are unknown to the researchers, the primary determinant in youth placement is security level. IYC-Valley View is a low/medium security facility and IYC-H is a high/medium security facility.

Twenty identified sex offenders from Cook County were located at IYC-H in November 1998. Twelve of these youths (60% of the total) had been committed on a sex offense charge; the remaining eight had been convicted on other charges, but had a sex offense charge in their juvenile history. Six of the twelve youths committed on sex offense charges were currently receiving sex offender-specific treatment through SOTU. The number of identified sex offenders at IYC-H has remained relatively constant during 1998, although individual youths have moved. Of the 19 youths present at IYC-H in July of 1998 only nine were still present in November. Four

of the ten were released to parole in Cook County. The other six, including all three who were released from SOTU, were not accounted for on the Cook County Sex Offenders Report; in most cases this was due to a residential placement outside of Cook County. However, the November 1998 report shows eleven new identified sex offenders at IYC-H, three of whom have been assigned to SOTU.

Intake unit process

The intake facility serves as the gatekeeper to the other institutions. Consequently, this research effort assessed the awareness of personnel at the intake facility of the SOTP and its rehabilitative elements. This section describes the intake assessment procedures, referral process, and orientation process using observation and interview data from a visit to the intake unit.

All youth enter the IDOC Juvenile Division through the Reception Unit (RU) at IYC-St. Charles. Youth are expected to stay at the RU for no more than thirty days while an institutional assignment is made, although this period may be longer under some special circumstances. Youth arrive with their most recent social history provided by the Cook County Juvenile Probation Department and a complete criminal record that includes the current committing charge, past adjudications, and other criminal charges. Minor police encounters (stationhouse adjustments) and child welfare investigations that were not handled as delinquency matters may be missing from the youth's criminal history, but are usually documented in their social history documents. A mental health evaluation is complete at the RU, and a more complete psychological evaluation can be done as needed. Juvenile court judges are increasingly requiring a psychological evaluation when a youth is committed on sexual offense charges.

Assignment to a specific youth center is made by the RU staff based on a variety of factors, including: security and public safety risk factors (including escape risk and supervision needs); the youth's criminal history; the youth's perceived aggressiveness and "street-wise"

sophistication; the youth's identified mental health and treatment needs; any previous IDOC commitments; and available housing capacity in IDOC youth facilities. The staff identify any issues that might indicate the need for a youth to be placed in a single cell (i.e., prior abuse of another cell mate) and determine whether or not the youth requires single-bunking while at the RU. However, that issue is reconsidered and an independent determination is made by the receiving facility. Staff also determine whether a youth requires identification as a likely "predator" or as vulnerable "prey" while in IDOC, in accordance with established IDOC policy.

Some juvenile court judges now order a youth being committed on sex offender charges to receive sex offender treatment, while others leave treatment determinations to IDOC discretion. In either case, decisions about what kind of sex offender treatment to provide, under what conditions, and when during the youth's period of commitment (while in confinement or as part of parole) to provide treatment remain with IDOC. In cases where a judge has ordered sex offender treatment, or where the RU has determined that it is appropriate, efforts are made to assign the youth to a youth center where sex offender treatment is available. In addition to the two IYCs where there is a sex offender-specific treatment wing, counseling services and intervention that are considered to be sex offender treatment are available in several other IYCs. Although the provision of sex offender treatment is a recognized assignment priority, security needs are normally given the highest priority within the IDOC Juvenile Division.

Once a preliminary assignment decision has been made, RU checks with the IYC to determine whether there is a specific reason why the youth should not be assigned to that facility. Although RU has the final responsibility for the assignment of youth to IYC facilities, the RU staff will take these concerns into account and respond to them as population capacity and security requirements allow. A review of Cook County and IYC-H records indicates that recognized sex offenders, particularly those who are committed to IDOC on sex offense

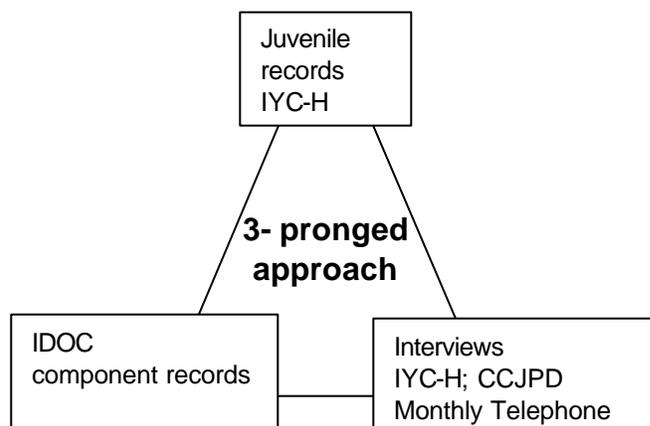
charges, have an increased probability of being assigned to an IYC with a sex offender specific treatment wing.

A decision by the Reception Unit to place a youth at an IYC with a sex offender-specific treatment wing does not guarantee that the youth will be assigned to that wing by the mental health staff at the host facility. IYC-H makes a separate assessment of the youth's needs after he arrives. On the basis of that assessment the youth may be placed directly in SOTU, identified as a SOTU-eligible youth and placed in the general population or elsewhere in B-Building until space is available within SOTU, or recommended for mental health services on an individual basis.

Aspects of transition from residential placement in IYC-H to CCJPD

The transition from incarceration to parole in the community is a difficult process in which staff from two separate divisions must coordinate efforts to identify an appropriate placement and obtain approval for the youth to be placed there. Because the first few days or weeks on parole set a pattern which becomes more difficult to change over time, SOTP has emphasized the need for cooperation and is intended to allow staff on both sides to develop specialized expertise which will improve the transition process. This section describes important aspects of the transition process, including the early identification of sex offenders and the more intense relationship between SOU and IYC staff based on various data sources (See Figure 3.5).

Figure 3.5 Three-pronged data sources



Youth supervised through SOU have been identified as sex offenders, generally either because they are committed to IDOC on a sex offense charge or because there is a sex offense charge in their history. Youth who have a sex offense committing charge are given priority into the program. However, during the two years that the SOU casework supervisor has been employed parole agents have become increasingly aware of the importance of identifying youth with sexual offense issues and risk factors even when their committing charge is not a sexual offense. IDOC now identifies juvenile offenders with sex offense charges through the Juvenile Tracking System (JTS), and prepares a regular report. Most of the Cook County offenders on the list are now supervised through the SOU. In some cases CCJPD staff may identify a youth as appropriate for assignment to the SOU even when no sex offense charge has been filed: for example, due to actions taken by child welfare authorities (primarily by DCFS), or as a result of a mental health assessment or diagnosis. Since the SOU was established, several youth have also been referred for services because they were victims of sexual assault.

As noted earlier, parole agents carry an institutional caseload as well as an active parole supervision caseload. See Table 3.3 for a summary of the distribution of the SOU caseload between institutionalized youth and youth on parole.

Table 3.3 SOU parole caseload components

SOU Staff Member	July 1998		November 1998	
	On Parole	Institutionalized	On Parole	Institutionalized
Casework Supervisor	12	46	12	46
Parole Agent	31	48	37	39

Parole agents complete a Placement Investigation Summary shortly after each youth is assigned to their institutional caseload. This report identifies issues that will need to be addressed at placement, such as family and treatment. Because sex offenders often have victimized family members or relatives, early contact with the family is particularly important; these youths are likely to require alternative residential placements away from potential victims,

and families need to accept the reality of the youth's offenses. SOU staff have expended considerable effort in some cases to make family contact early on so that the family is aware of requirements that must be met before the youth will be eligible for parole. SOU has expressed interest in establishing an educational and therapeutic group for family members, particularly those who still deny the reality of the sex offense with which the youth has been charged, but this has not been initiated.

Parole agents normally travel to each IYC twice a year to work on parole arrangements for youth who are close to their ARD. SOU staff are working to establish a regular quarterly schedule for site visits, particularly at IYC-H. SOU staff meet with every youth on their institutional caseload each time, regardless of how close they are to parole, as well as with the assigned Correctional Counselor II and, where appropriate, IYC-H treatment staff. The purpose of these visits is to integrate the parole agent into the institutional treatment process, and to provide early notice to the youth of the kinds of parole requirements and conditions he will have to meet. Interview data confirm that the SOU casework supervisor and CPA are actively working with the SOTU correctional counselors and treatment providers while on site and have increased the regularity and frequency of communication with IYC staff between visits. This allows SOU staff to be more knowledgeable about the institutional treatment process and about each youth's behavior and progress in treatment. However, an IYC-H case file review found that only 10 of the 127 files reviewed had a transition plan in the master file. This suggests that transition plans may not be formally prepared until shortly before the youth is scheduled to be discharged to parole.

SOU staff now meet each youth several times before final planning for their placement and parole begins, and in most cases are able to establish a personal relationship that continues as the youth shifts from institutional commitment to parole status. For youth who are paroled to Cook County, this helps to provide a basis for the intensive supervision and monitoring that is

part of the SOU intervention during the first few months of parole. Cook County youths who must complete additional treatment in a residential sex offender program after release from IDOC do not have this continuity. Since there are currently no sex offender-specific residential treatment programs in Cook County, these youth are reassigned to a parole agent in the appropriate JFS District. While information is shared informally between parole agents, any personal relationship that may have been established cannot be transferred in a similar fashion.

Management of offenders in the community

Specifically for the CCJPD component, data were collected regarding the case management and post-release planning process through face-to-face and telephonic interviews. The process utilized for pre-release preparation, release/integration, and post-release services are identified and discussed.

All sex offending youths are placed on the highest supervision level when they are first released to parole and are closely monitored, with the SOU agent making contact at least once a week. Although standard high level supervision requires only one contact per month, SOU initially makes contact at least weekly. This contact level can be increased to a higher level if needed, or gradually decreased as the youth demonstrates a willingness to meet parole requirements. Appropriate residential and community placements are an essential part of a sex offender's individualized relapse prevention plan, and close supervision is necessary to make sure that the youth is complying with parole conditions and to monitor the level of support that he is receiving through family or community resources. Similarly, although contact with service providers is required on a monthly basis, SOU has been proactively initiating contact to monitor youth participation and receive timely notice of missed appointments.

The casework supervisor has divided the SOU caseload so that she retains responsibility for most youths committed to IDOC on a sex offense, while the CPA's caseload is made up primarily of youth who have one or more sex offense charges in their history but are not committed on such a charge. (See Table 3.4).

The Casework Supervisor works primarily with youth who have a formally-documented pattern of juvenile sex offenses and who are most likely to require additional sex offender-specific treatment,

sometimes in a residential facility. Because of their pattern of offenses these youth are assumed to be at high risk for reoffending, and therefore require a more intensive framework of community services and support and close supervision. Youth who are committed on a non-sexual offense pattern are likely to present other behavioral and psychological problems that must be addressed as part of their parole plan, but may not require the same level of intense sex offender-specific treatment.

Table 3.4 Caseload distribution for SOU as of November 1998

	Total No. of JSO Parolees	Sex Offense as Committing Charge	Sex Offense in Criminal History
CCJPD Total	144	53 (37%)	91 (63%)
Institutionalized	100	45 (45%)	55 (55%)
On Parole	44	8 (18%)	36 (82%)
SOU Total	118	50 (42%)	68 (58%)
Casework Supervisor caseload	54	45 (83%)	9 (17%)
Parole Agent caseload	64	5 (8%)	59 (92%)

SOU staff face-to-face and telephonic contacts with the youth, the youth’s family, residential placement, treatment providers, and community services are documented in the chronological log maintained in each youth’s file. A review of a sample of SOU files indicates that while the generally enhanced level of supervision and service provision is well-documented in these files, routine contacts are not always logged in a consistent and systematic way. SOU is taking steps to obtain more and better information about the interactions service providers have with youth and the actual services that are provided, but at present many of these do little more than document the dates on which services were provided. The monthly reports provided by the on-site psychologist provide an admirable model of the way in which these reports can contribute to improved understanding of a youth’s progress or problems.

Many sex offending youth are at high risk of re-offending -- either sexually or otherwise -- before being discharged from parole. In recognition of this risk SOU attempts to provide “wrap-around services,” to make sure that youth are tightly wrapped in a network of community

services that will help them overcome the risks and temptations they face. It is common for youths to be receiving various services from several different providers. Rather than relying exclusively on the parole agent to coordinate these services, SOU has experimented with setting up regular youth “staffings” that bring all the major service providers for a single youth together. These meetings provide an opportunity for agencies to pool their experiences with the youth and work together to deliver services in a way that is mutually supportive and avoids unnecessary conflict or overlap. While these efforts have not been entirely successful, the goal of coordinating activities provided separately by multiple agencies is an important one. We encourage JFS to explore ways of encouraging contractual service vendors to include time for such meetings as a part of the service contract in cases where youth are receiving services from multiple providers.

SOU has also been moving toward more proactive intervention with alternative placement providers who are interested in providing services to the sex offender population. Sometimes these are family members or other relatives; other alternative placements have accepted youthful offenders before, but are not necessarily aware of the special needs of sex offenders. Although these placements are not responsible for providing treatment services, they need to know how to monitor and supervise these at-risk youth appropriately. SOU has provided training and support on appropriate supervision, and has made more frequent contacts with alternative placement providers to check on any problems that may be emerging. Information is also provided on the youth’s target groups and warning signs of possible relapse risk. Placement providers are encouraged to intervene or to bring potential problems to the attention of SOU. For example, in one case a grandmother who was providing housing was unaware that her grandson should not be permitted to babysit young children.

Juvenile field services has been successful in recruiting people with a mix of personal skills and characteristics for the SOU during the first two years of this program, and the casework supervisor has also made efforts to expand the range of available support service vendors in Cook County. The SOU is currently made up of one female and one male, and the casework supervisor hopes to hire another CPA I who will bring additional ethnic diversity to the

SOU. This diversity provides important advantages in dealing with sex offenders and their families, who often justify their denial on the basis of cultural misunderstandings or misinterpretations. In addition, the general mix allows the on-site treatment program to be co-facilitated by a joint male-female team, which is generally recognized as being useful in dealing with male sex offenders.

During the next year of the program the SOU will be working to assess all youths with a sex offense or sex abuse charge in their history as they are released to parole. This will facilitate more consistent assessment and evaluation of these youth, regardless of the IYC placement, and will help SOU to determine the appropriate level of treatment services for each youth. SOU hopes to establish a weekly group that will focus on anger management, social skills, and appropriate sexual behavior while they are assessed. Regular group activities will also help to prepare them for participation in more intensive sex offender-specific treatment programs when these are needed.

SUMMARY OF CHAPTER 3

This chapter identifies and reports outcome measures of the effective implementation of SOTP. The results of implementation include a better use of resources and enhanced communication, cooperation, collaboration, and accommodation among staff. The operationalized program results provide management with a profile of offender participants (See Chapter 4), documentation for a viable JSO treatment program, and increased treatment availability for JSOs. The outcomes from the evaluation include the following: 1) document program implementation to provide guidance to others undertaking similar projects; 2) guide refinement of the program; 3) improve JSO treatment efforts; and 4) increase research on JSOs.

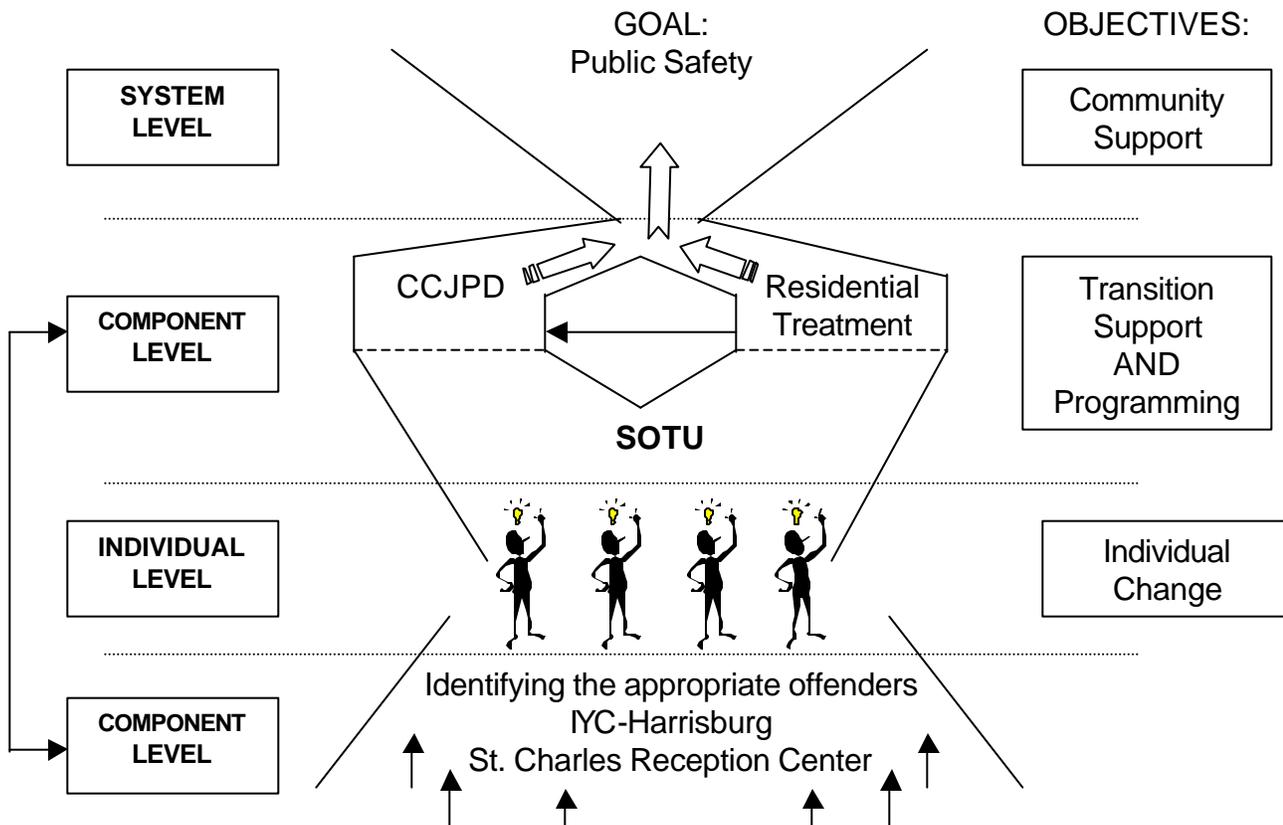
CHAPTER 4: FINDINGS

THE IMPACT EVALUATION

Scope of the Impact Evaluation

The effectiveness of the SOTP may be assessed in three tiers: 1) the system level; 2) the component level; and 3) the individual level. Figure 4.1 demonstrates the program's objectives and the corresponding levels of assessment. The overarching goal of the program in this evaluation is at the system level -- to preserve public safety (IDOC, 1996). Inside the treatment program, SOTU restates this goal in individual terms: "No More Victims." In order to achieve the goal of preserving public safety, it is necessary that the program be effective in preventing future victims. Program success requires that each component cooperatively be successful. The component level consists of the identification of JSOs and the assessment

Figure 4.1 Levels of evaluation



of their treatment needs to identify appropriate offenders for SOTU treatment and aftercare services through SOU (the specialized Sex Offender Unit in CCJPD). In turn, the program cannot be successful unless individual change occurs. The entire process is achieved by identifying the appropriate offenders, promoting individual change, completing the inpatient portion of the program successfully, transitioning to parole, reintegrating the offender into society, and building the correct support systems and programming along the way, which in turn keeps the community safe. To provide policy-makers and program officials with a cohesive review of the impact of this program, this portion of the evaluation examines each level of impact.

System Impacts

The overall desired impact is to preserve public safety. Two goals were identified at the system level: 1) to preserve public safety, and 2) to improve intra-and inter-agency communication. The following discussion measures progress to these goals.

Preserve Public Safety

What is the rate of recidivism?

Originally, this evaluation was designed to assess the impact of SOTP by comparing the recidivism rates of a matched sample of juvenile sexual offenders who were released 12 months prior to the implementation of the program to the first cohort out of the program. However, program records indicate the first three Cook County offenders receiving treatment through SOTU were not released into the community until recently. Because of the low number of parolees and the limited time those offenders have spent in the community, there has been little opportunity to evaluate whether offenders completing the SOTU program are more or less likely to re-offend. Therefore, this analysis will focus on other measures. Refer to Chapter 5 for more information.

There are two possible explanations for the low number of offenders being released. First, opening of the second treatment wing was delayed by one year because of the limited

number of trained sex offender therapists in the rural area (see details included in the interim report, Smith, et al., 1998). Second, SOTU therapists initiated the program believing that most offenders should be released to a residential sex offender-specific treatment program when leaving SOTU as an essential part of their continuing treatment. As a result, most offenders either remained in the program until their 18th birthday when they were released from IDOC custody and supervision or were paroled to an inpatient residential treatment program. We do not know if this policy is effective at reducing recidivism, nor do we know at this time if the SOTU treatment program is effective at reducing sexual reoffending. Future research should be conducted to determine these issues (see Chapter 5).

What is the level of supervision during the term of parole in the community?

A second approach to preserving public safety is to supervise the offender after release on parole. This research project examined the amount of supervision and services an identified JSO receives while on parole. Information on the number of parole contacts and services utilized by the offenders were collected through interviews with Juvenile Field Services staff and through review of offender parole files (See Figure 4.2).

Figure 4.2 Two-pronged data sources



A sample of youth assigned to the SOU for parole supervision were selected for file review to gather information on the level of supervision being provided and the kinds of activities which were being carried out by SOU agents. A total of 20 current or recently closed SOU files were selected for review with the distribution shown in Table 4.1. These cases included the two SOTU youths who had been released to parole in Cook County at that time.

Table 4.1 SOU parole files in review sample

	Youth committed to IYC-Harrisburg	Youth committed to other Illinois Youth Centers
Institutional caseload only	5	0
Active parole caseload only	2	7
Both institutional & parole supervision	2	4

File data indicate that the SOU staff completed two field visits to IYC-H in 1997 (in May and October) and two in 1998 (in June and October). SOU is moving toward a schedule of quarterly site visits. SOU visits to the other IYCs are also documented in the files, occurring on approximately the same schedule, with more frequent visits made to nearby IYC-St. Charles.

Files of youths on SOU caseloads were reviewed. The documentation in the files of the seven youths who were or had been in IYC-H indicated the youths were on the SOU institutional caseload for an average of eight months and were visited at IYC-H by SOU staff on the average of once every four months. At the time of review, only two of these youths had been released to parole in Cook County; the other five remain at IYC-H and on the SOU institutional caseload. The files of the four youths at other IYCs were on the SOU institutional caseload for an average of 8.75 months, and were visited at the respective IYC an average of once every three months. These data indicate that SOU staff are actively involved with IYC-H youths on their institutional caseload, but are not visiting IYC-H JSOs more frequently than those committed to other IYCs.

The research team was not able to gather accurate and comparable information on the level of supervisory contacts by SOU staff based on their initial review of parole files because the files do not contain consistent documentation of all contacts with youths and collateral service providers. However, a review of the files of the two SOTU youths who have been released to parole in Cook County did reveal a pattern of intensive supervision and monitoring combined with the provision of a variety of services.

The transition from institutional commitment to parole is particularly difficult for sex offenders because they must apply for admission to the treatment and service programs they need, and are sometimes rejected by a service provider as unsuitable. As a consequence, the parole agent must begin the process of seeking an approved placement much earlier, and be more proactive in pursuing the placement. SOU received proposed placement packets from IYC-H at least six months in advance of the date when the placement might begin for each of the SOTU youths, and took about four months to arrange and confirm an approved placement. In both cases the youths were initially released on authorized absence status to make a final judgment about the adequacy of the placement and the youth's ability to manage his behavior on parole.

Once a youth arrived in Cook County, contact was made through frequent home visits and face-to-face office meetings. Parole files record an average of one home visit and four face-to-face office visits each month for the first four months of placement, combined with a substantial number of telephone conversations with the youths, their residential placements, and their treatment providers. Each SOTU youth received services from at least three separate providers: supervision and support from a structured residential placement; sex-offender specific treatment, both individually and as part of a treatment group; and educational services to obtain a G.E.D. and to assist in seeking employment.

Cook County presently does not have any approved sex offender-specific residential treatment programs. Therefore, youths who are paroled to Cook County are served by combining a structured, supervised residential placement with an out-patient treatment program. Although some sex offenders have been placed with family members or relatives, this is often problematic due to the nature of their offense and was not possible for either of the SOTU youth. Although they are not therapeutic treatment providers, the residential placements provide a

structured living situation and are able to supervise and monitor the behavior of their residents. These placements also assist youths in making the transition to independent living.

Although there were several support service providers under contract in Cook County to provide counseling services, none of them specialized in sex offender-specific treatment. In 1998, IDOC approved a contract with a licensed psychologist who was experienced in treating JSOs and children who have had exposure to sexual activity and materials at an unusually young age, including sexual abuse. This contract increased the ability of SOU to obtain current psychological evaluations of sex offenders and assessments of their specific treatment needs, and also allowed SOU to offer intensive sex offender-specific therapy at the JFS office in Chicago. Each of the SOTU youth began parole by attending both individual and group therapy for a total of two or three times a week. After several weeks each youth made the transition to group treatment, which continued on a twice-weekly schedule until the therapist recommended a change. Parole file records showed that the two SOTU youths respectively averaged 4 and 4.5 treatment sessions a month over the initial four-month period.

The ability to offer on-site treatment has several advantages. First, it allows the casework supervisor to co-facilitate groups, providing frequent contact with sex offender parolees as well as regular consultation with the treating psychologist. Second, it increases the number of face-to-face office visits, because youths can meet with their parole agent before or after scheduled treatment. Third, it enables SOU to monitor treatment attendance and participation on a daily or weekly basis and to respond to problems as they emerge. Where youths have missed scheduled groups due to transportation problems or miscommunication with their residential placement, these problems can be addressed and resolved quickly.

JSOs from other IYCs have also been placed in the on-site treatment program. In each case the youths initially received individual therapy to assess their readiness for group therapy and to provide necessary preparation before joining the group. SOU plans to initiate a second

sex offender-specific treatment group in 1999 for “treatment-sophisticated” youths who have more experience with group processes and with sex offender treatment programs. Such offenders are often older and may have failed in one or more treatment programs, making them difficult to place in residential sex offender treatment programs. Although IDOC may have the ability to keep such youths confined until they are no longer under the jurisdiction of the juvenile division, public safety may be better served by releasing them into the community under the conditions of close supervision that SOU can provide.

What is the local media coverage regarding the juvenile sexual offender treatment program at Harrisburg?

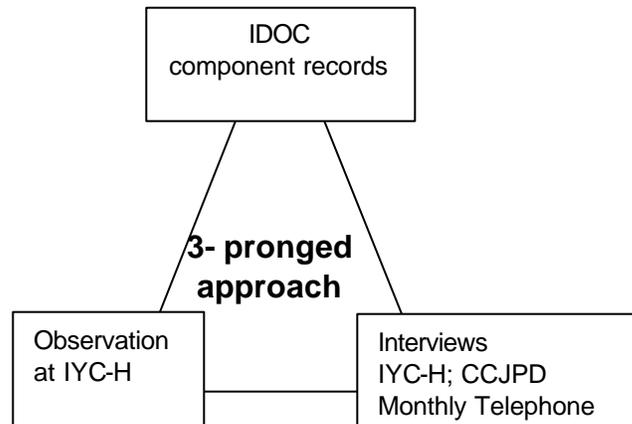
A review of the local newspaper in Harrisburg, *The Daily Register*, was conducted to determine if any publicity was associated with the sexual offender treatment program being placed in this rural community. Two concerns motivated this search. First, we were interested in determining if the local residents were alarmed. Second, we were interested in determining if publicized local perceptions of JSOs had an impact on the daily caregivers for these juveniles. Newspapers were reviewed beginning six months prior to the opening of the program until August 1998. No articles were identified dealing specifically with the sexual offender program. There were some articles applauding various efforts of the Harrisburg facility personnel, but no mention of the sexual offender treatment program. Twelve articles discussing sexual offenses or offenders were identified. Four of the articles discussed sex offender registration issues, two articles discussed legislation, two articles discussed supervision, and four articles were about sex offenses. One strength of the SOTU program lies in the fact that the local media have not taken the opportunity to negatively influence local residents’ opinions of sexual offenders. This has saved IDOC management from having to do damage control with its personnel.

Improve inter- and intra-agency communication

Have the programs affected the communication and cooperation between system agencies?

Three data sources were used to respond to this question (See Figure 4.3).

Figure 4.3 Three-pronged data sources



Numerous examples of correspondence between the various components at IYC-H were found in a review of program documentation collected from February through August 1998. The mere presence of a specialized wing forces intra-agency communication. The spirit of that communication is the issue under examination. Successful implementation of an intensive treatment program requires cooperation of the entire facility. Implementing the intensive treatment program does not concern only one or two wings, but requires the cooperation of the entire facility and personnel at all levels. For example, the SOTU wings frequently receive preferential treatment from the dining staff. Frequently, both in written and oral communication (as observed during the three-week observation) program staff requested a specific dining time to accommodate the treatment programming sessions. This means the dining staff has to change their routine of traditional order. Other wings may be either hurried or delayed, disrupting their plans as well. This process has improved over time as the coordinating parties work out methods of communicating needs.

Similarly, both written and oral communications to schedule additional security staff were observed between the security staff and program staff. Correctional facilities operate on tight budgets. They do not have extra staff available waiting to be called for extra duty. Therefore, when the established schedule is disrupted, alternating schedules are considerably more difficult because of the need to have security staff available at all times, especially during treatment when a youth might be more stressed. In the ideal world, a master schedule closely followed would accommodate all of these issues. However, in the real world it is impossible to predict the numerous disruptions that inevitably occur in the correctional setting. Even events in a non-program wing may detain the designated security staff, which in turn disrupts the programming. The management and program staff frequently expend considerable effort insuring coverage for the programming wings. This process appears to be cooperative and without any obvious disagreements.

To improve communication the new director instituted monthly SOTU meetings, which include personnel from various disciplines and departments (security, education, clinical services, leisure time services, health services, and program staff). Minutes of these meetings indicate the flow of ideas from all participants. One example, of many, was the collective approach used to re-examine SOTU program goals. After considerable discussion, goals and objectives were drafted, circulated, commented on, and revised collectively. Ideas generated independently by various people can be found in the final version of the goals and objectives. This process demonstrates management's openness to ideas and their willingness to implement them regardless of their origin.

Many interagency changes have occurred and are documented in Chapter 3. The changes have resulted in improved communication between IYC-H and CCJPD. Parole officers are visiting the institution more frequently and see all sex offenders when they visit, not just the youths who are ready for release. There has been substantial communication between the two

elements to set up authorized absences for youth to visit various placement options to establish placement possibilities. In the near future, the casework supervisor for SOU plans to attend the parole board hearings of sexual offenders when possible to be better informed.

IYC-H staff reported the desire to have the parole agent available and involved during the preparation for transition from the inpatient program to the community. Program staff also requested more information about community resources, available services, and specific information about intensive treatment providers. Parole officers deal almost exclusively with the correctional counselor, not the treatment therapists or other program staff. As a result, the other program staff may not receive the necessary information to help prepare the youth for the available placements. One possible inexpensive solution is to have the parole personnel provide a brief training for all SOTU staff during one of their visits, including brochures and program information available on the various treatment programs in the community. Other communication can occur during monthly youth staffing meetings.

Component Impacts

As indicated previously, this research project has a bifurcated focus because the two components perform very different services. This section reviews areas of program impact assessment for the two components, IYC-H and CCJPD. Figure 4.1 demonstrates that the goal of public safety can be achieved at the component level through transition support and appropriate programming. There are two transitional points, as the resident moves from the treatment wings at IYC-H into 1) a community residential treatment program, or 2) an outpatient treatment facility under the supervision of JFS. Some offenders leave the model at this point because their time of adjudication expires.

Program Impact – IYC-H

The impact of the program at IYC-H is evaluated in terms of three goals. First, the appropriate offenders must be identified. Second, the offenders must be properly assessed for

their treatment needs. Finally, treatment needs must be met through appropriate programming components.

Identify appropriate offenders for SOTU

Do offenders in SOTU have more serious offenses than other offenders not admitted to SOTU?

One proposed assessment of program participant selection includes the program's ability to properly identify those offenders with serious sex offending behavior and other high risk behaviors. Another assessment is to compare other offense related variables of JSOs in the program to those on the waiting list and to non-JSOs. All offense data came from IDOC's JTS computer files. The following table (Table 4.2) compares characteristics of youths in L Wing, K Wing, JSO waiting list, and all other residents at IYC-H. These data come from a snapshot of the youths at IYC-H as of December 31, 1997. (Data from 1998 was examined, but not included in this report. The 1997 data were used because the research team stopped

Table 4.2 Offense Characteristics

Characteristics	L Wing Participants (N=16) Percent (n)	K Wing Participants (N=25) Percent (n)	JSO Waiting List (N=35) Percent (n)	Non-JSO IYCH Residents (N=408) Percent (n)
No time added or subtracted for positive or negative behavior	68.8 (11)*	48.0 (12)*	25.7 (9)	29.2 (119)
High supervision level & escape risk	6.3 (1)*	8.0 (2)*	5.7 (2)	2.5 (10)
Youths from Cook County Parole Division	12.5 (2)*	32.0 (8)	34.3 (12)	44.1 (180)
Active gang member	87.5 (14)	84.0 (21)	91.4 (32)	92.6 (378)
No prior criminal arrests	68.8 (11)*	60.0 (15)	31.4 (11)	40.2 (164)
No prior criminal petitions	31.3 (5)*	24.0 (6)*	11.4 (4)	9.3 (38)
Maximum sentence <2 years but > 1 year	87.5 (14)*	36.0 (9)*	34.3 (12)*	16.9 (69)
Holding offense is a sex crime	100.0 (16)	48.0 (12)	5.7 (2)	Na
Crimes classified as violent	100.0 (16)*	72.0 (18)*	71.4 (25)*	42.4 (173)
Crimes classified as forcible felonies	93.8 (15)*	80.0 (20)*	82.9 (29)*	58.8 (240)
Age at first arrest <14	40.0 (2)	10.0 (1)	8.3 (2)	13.5 (33)
Age at first petition <14	27.3 (3)	5.3 (1)	13.3 (4)	11.7 (41)

* Statistically significant (p<.05) compared to non-JSO residents.

collecting data in August 1998.) The results should be interpreted carefully because the sample sizes are so small.

More than 90 percent of the residents at IYC-H are medium security level. Significantly more of the offenders in the treatment wings require a high level of supervision than offenders in the general population and than those JSOs on the waiting list. This is one indication the correct offenders are being placed in the treatment wings.

There is little difference between the four groups on several variables. None of the youths in the treatment wings have been denied parole. Similarly, more than 94% of the institution population has not been denied parole. The program participants in Wings K and L have not had time added or subtracted from their sentence, which is statistically different from the other two groups. This may be correlated to positive behavior in the program and the lack of willingness to grant earlier release to sex offenders or it may be related to positive behavior and time subtracted to the comparison groups. However, further research would be necessary to make this determination. There is no difference between the groups in age at first arrest or age at first petition.

All youths in Wing L have sex crimes as the holding offense. However, Wing K has 16 different crimes with sex crimes accounting for only 12 of its 25 youths. The remaining 13 youths were identified as requiring sex offender treatment during their clinical interview. This is not an indication that these youths have committed lesser crimes, but indicates only that the current offense is not a sex offense. Only one youth must register as a sex offender upon release.

It is predicted that Wing L will see a significant change in its population characteristics during 1998/1999 because only two of its residents have more than one year left to stay at IYC-H. The characteristics of the waiting list offenders are much more like the general population and Wing K (i.e., only three of the 12 categories of JSO waiting list residents compared to non-

JSO residents in Table 4.2 are statistically different). Youths in Wing L are have significantly fewer prior criminal arrests and prior criminal petitions than the other groups. Additionally, Wing L has significantly fewer participants from Cook County than the other groups. These differences are probably because of the selection process used when the treatment program was originally opened. Although there is some indication that the offenders in Wing L are very different from the other residents at IYC-H, we must take into consideration all the differences. For example, 100% of the residents of Wing L have crimes classified as violent and 93.8% are classified as forcible felonies. The other sex offenders at IYC-H have a statistically significantly lower percent of residents classified as violent, but similar in forcible felonies.

The treatment program design can continue to consist of a minimum of one year residential treatment at IYC-H and still allow for the youths to be released on parole with significant supervision because most (68.2%) of the youths on the waiting list have a sentence over one year. JSOs have significantly longer maximum sentences when compared to non-JSOs at IYC-H.

In addition to the offense characteristics, we examined other characteristics of the juvenile sexual offenders in the two SOTU wings compared to sex offenders who reside at IYC-H but are not in SOTU to determine if SOTU is selecting the offenders most in need of intervention. Selected variables are presented in Table 4.3. As discussed in Chapter 2, the individual files contained various forms and were inconsistent for our data collection needs. This does not necessarily indicate problems in IDOC's documentation process. Rather, it is an indication that the field of juvenile sexual offender research has not reached agreement on the types of information that should be collected to improve understanding. In other words, workers and researchers in the field do not yet agree on what things we need to know about juvenile sexual offenders in order to provide adequate treatment.

Table 4.3 Characteristics indicating seriousness of the need for treatment

Domain	Characteristics	n	L Percent (n)	K Percent (n)	SOTU – L+K Percent (n)	Waiting List Percent (n)
1	Demographics • Race (African American)	76	18.8 (3)*	44.0 (11)	34.1 (14)	51.4 (18) +*
2	Victims Need to collect some measure in this domain					
3	Prior Treatment • Drug treatment	71	8.7 (2)*	5.6 (1)*	7.3 (3)*	33.3 (10)*
4	Modus Operandi Need to collect some measure in this domain					
5	Level of Denial Need to collect some measure in this domain					
6	Assessments • Moderate or urgent clinical needs	87	62.5 (15)*	50.0 (14)*	55.8 (29)*	22.9 (8)*
7	Family Need to collect some measure in this domain					
8	Abuse History • Physical Abuse • By parents • Non-parental abuse (may include sexual abuse) • Abuse reported • Sexual Abuse reported • Alco/Drug Abuse (measures from various sources): • Offender frequently uses • Polydrug use • Used alcohol ever • Used drugs ever • Drug use “daily to monthly”	52 53 71 71 54 69 102 102 108	23.1 (3) 57.1 (8)* 26.1 (6)* 43.5 (10)* 28.6 (4)* 9.5 (2)* 62.1 (18) 65.5 (19)* 45.2 (14)*	25.0 (3) 58.3 (7)* 44.4 (8)* 27.8 (5)* 63.6 (7)* 27.8 (5)* 67.7 (21) 64.5 (20)* 42.4 (14)*	24.0 (6) 57.7 (15)* 34.1 (14)* 36.6 (15)* 44.0 (11)* 17.9 (7)* 65.0 (39)* 65.0 (39)* 43.8 (28)*	14.8 (4) 7.4 (2)* 6.7 (2)* 2.0 (3)* 67.9 (19)* 43.3 (13)* 85.7 (36)* 88.1 (37)* 72.7 (32)*
9	Social Competence Need to collect some measure in this domain					

Domain	Characteristics	n	L Percent (n)	K Percent (n)	SOTU – L+K Percent (n)	Waiting List Percent (n)
10	Education Need to collect some measure in this domain					
11	Employment					
12	Delinquency History • nature of offense history is medium or maximum	92	70.4 (19)*	44.4 (12)*	58.5 (31)	34.2 (13)*
13	Sex Offense Background • sex offense history -- none	91	7.7 (2)*	7.4 (2)*	7.5 (4)*	44.7 (17)*
14	Risk behaviors Need to collect some measure in this domain					
15	Relapse issues Need to collect some measure in this domain					
16	Mental Status / Medical Status • Past suicide ideation	100	44.8 (13)*	30.0 (9)*	37.3 (22)*	16.7 (7)*
17	Peer relationships Need to collect some measure in this domain					
18	Violence/ Aggression History Need to collect some measure in this domain					
19	Pre-offense information Need to collect some measure in this domain					
20	Institutional Concerns • Medium or maximum escape risk	92	85.2 (23)	70.4 (19)	77.8 (42)*	57.9 (22)*

*Statistically significant (p<.05).

+The general population of IYC-H has 61.3% African Americans.

The inconsistencies and missing data were handled in the following manner. Characteristics that are relevant to a determination of level of treatment need are identified in the “Characteristics” column. The number recorded in the adjoining “n” column indicates the number of youth who had a form in their file that contained specified information on this characteristic. The remaining four columns indicate the percent of youth in each group who displayed the identified characteristic. The percentage is calculated based on the number of youths whose files contained information on this characteristic; youths whose files lacked this information are treated as “missing data” and are not included in the percentage calculation. The actual number of youths that the percent figure represents is provided in parentheses. For example, 87 of the 137 youths in our sample had a form in their file that assessed the youth’s clinical needs as minimal, moderate or urgent (relevant to domain #6). Sixty-two and one-half (62.5) percent of the youths who were in Wing L and had a form with this information in their file were identified as having moderate or urgent clinical needs. The actual number of youths in Wing L who were classified as having moderate or urgent clinical needs was 15. Similar percent figures in different categories can represent different actual numbers, depending on how many files contained the relevant information. For example, one of the characteristics in domain #8 is whether the youth has ever used drugs. Sixty-two and one-tenth percent of the youths in Wing L for whom this information was available reported that they had used drugs at some time. However, this 62.1% represents 18 youths, rather than 15, because this information is available in more files. As discussed in Chapter 2, the n’s are so small in many of the categories that reliable conclusions are not possible. The authors caution that these results are only tentative. As more offenders progress through the program, this analysis should be redone to determine if the results remain the same.

There are significantly fewer African Americans in Wing L than in the other groups. As discussed previously in this report, this may be attributed to the selection process and the pool

of sex offenders available for selection at the time the wing opened. However, this will be expected to change by 1999 when new residents are selected from the existing pool.

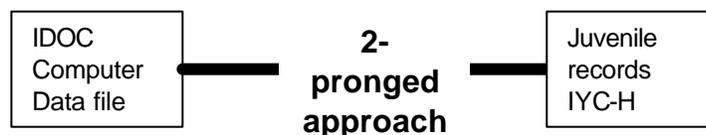
Juvenile sexual offenders in Wings L and K have significantly higher levels of clinical needs than those waiting to enter the treatment wings. The SOTU residents have reported physical abuse and sexual abuse at a significantly higher rate than juvenile sexual offenders not in the treatment program. Juvenile sexual offenders in SOTU are significantly more likely to have committed a sex offense that is not their committing offense than their counterparts. In other words, they have a history of committing a sex offense. Youths in SOTU are not more likely than youths on the waiting list to have been currently committed on a sexual offense. The nature of the offense history of youth in Wings L and K is significantly more likely to be medium or maximum in terms of security level needs. Finally, youth in treatment are significantly more likely to have past suicide ideation than those not in treatment. In terms of institutional concerns, the youths in treatment are more likely to have a medium or maximum escape risk.

On the other hand, youths who are not in treatment have significantly higher self reports of alcohol and drug use than those who are in treatment. Correspondingly, sexual offenders who are not in treatment have significantly higher reports of prior drug treatment. In some cases these sexual offenders have been placed in the IYC-H substance abuse treatment wing, which is able to provide more intensive treatment than is available in the general population but which does not provide sex offender-specific treatment. The results indicate SOTU is targeting offenders whose possible causes of sexual offending are less likely to be related to the use of drugs. In a world of limited treatment beds, drug treatment may be a more appropriate first intervention for drug using offenders and then sex offender specific treatment may be warranted.

Does the program protect prey from predators?

During the initial months of SOTU's operation, there was some concern that mixing skillful predators with vulnerable youth (“prey”) in the same program could create a high risk situation. Therefore, the evaluators attempted to determine whether youth believed to be predators were included in the program using two data sources (See Figure 4.4). This may appear to be an oxymoron because their victims consider all sexual offenders to be predators. However, the institutional concern is to prevent individuals who would take advantage of information and access gained through group therapy from preying on more vulnerable offenders. The results of an examination of youth files are presented below.

Figure 4.4 Two-pronged data sources



A review of the files indicate four of the offenders have been identified as predators, five are indicated as “not at this time”, and eight are not “entered as predators”. No information on this category was included in the other offenders’ files. This information is too incomplete for serious analysis. However, the fact that four offenders are identified as predators indicates the program’s willingness to serve this population when they feel it is appropriate.

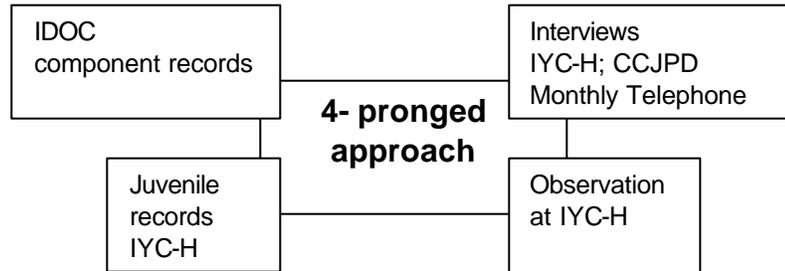
Assess treatment needs of offenders

How does SOTU assess and document treatment needs?

This question was answered using four data sources (See Figure 4.5).

SOTU originally operated with interns administering and scoring several assessment instruments under the guidance of the wing therapist. However, numerous problems with consistency and availability of interns resulted in the therapist having insufficient time to continue this burdensome process. The sex offender specialist consultant and a member of the

Figure 4.5 Four-pronged data sources



research team met with the management at IYC-H to discuss a series of assessments. The consultant recommended the following assessment instruments, specifically designed for use with adolescents: Kaufman Brief Intelligence Test (KBIT), Minnesota Multi Phasic Personality Inventory – Adolescent (MMPI-A), Multi Phasic Sex Inventory -- Juvenile Forms (PSI-J), Adolescent Sexual Interest Card Sort (ASICS), PHASE Sexual Attitudes Questionnaire, Adolescent Cognition Scale (PHASE), and Carich-Adkerson Victim Empathy and Remorse Scale (C-A VERS). IYC-H began investigating the possibility of implementing the recommendations. (See Appendix F for more details on the recommended assessments and tests.) The staff at IYC-H are neither experienced nor qualified to administer the MMPI. It was suggested that the program order the computer version because the basic interpretation is built into the computerized scoring, although it is expensive. The seven assessments recommended were identical to those the therapists at IYC-H suggested except for the Culture Free Self-Esteem Inventory, which is perceived as a requirement for the grant. Self-esteem is an issue with sexual offenders (Zussman, 1989) and it may be beneficial to have the measure if sufficient time and monies are available.

There is a delicate trade-off between quantity of treatment and quantity of testing/assessment and other documentation. Certainly self-report interview assessment is a necessary element of the assessment process for many reasons. For example, it allows the therapist to determine the level of insight and control the offender had over his behavior during

the offense (Bruinsma, 1995). However, the research indicates it should be paired with some objective measures (i.e, psychological exams and diagnostic tests) and collateral data sources (i.e., victim statement) (Zussman, 1989). Psychological tests can also help to identify faulty beliefs or unhealthy cognitive distortions (Zussman, 1989). Sexual offenders frequently deny, minimize, justify, manipulate, or lie (Zussman, 1989). In some cases therapists may dismiss some seemingly unimportant event as experimentation, whereas an assessment might more accurately collect that aspect of an offender's behavior. According to Bruinsma (1995), therapists who are focusing on treating the "whole individual" sometimes ignore or misinterpret present behavior. Objective assessments help to document aspects of behavior that may not receive focused attention as part of the clinical review process.

Documentation process

Individual treatment plans (ITP) have progressed significantly since the interim report (Smith et al., 1998). Change is difficult and uncomfortable. Frequently, to inspire offenders to decide to change, they must perceive their present pain to be worse than the pain they will incur during change. One possible encouragement to treatment is to have a series of small steps with attainable goals and corresponding rewards. SOTU has designed an ITP with goals and objectives clearly stated. Originally, the completion dates for programmatic tasks were the release dates, but they are now progressive throughout the treatment experience. Also, the researchers observed changes in the progression of offenders through the phases. Previously they were all at one level, but two clearly different groups exist now. This task is still evolving and will continue to do so for many years.

In the rebuttal to the interim report, IDOC wrote: "The Individual Treatment Plan (ITP) is a standardized format used within the Juvenile Division that records a youth's goals and objectives in a broad range of categories including: Academic/vocational; medical; custody; leisure time; religion; legal; clinical; community transition, and parole. Specific treatment goals established on

the wing will integrate into this format. This is an efficient method of integrating information onto an existing format that is familiar and provides documentation of the youth's progress in the program." Certainly, this adds a format to the process and is used to fulfill the institutional requirement or needs of documentation and communication. However, a working document that the youths maintain and use for treatment purposes would be helpful.

For example, the goals and objectives agreed upon by all the staff this past year guide the youths through the treatment program. However, perhaps "Johnny" also needs to become more serious about his reading. He struggles in this area academically and now it is affecting his treatment program because so much of the program involves reading. Johnny should have an ITP goal of reading to another resident daily for 15 minutes. It should be on his ITP and his responsibility to have the resident verify it for him in writing. His "special conditions ITP" should be hung on his door and all residents should be tested on each others' special conditions – as well as the group goals and objectives. Once this level of awareness is raised, the residents can hold each other accountable through gentle reminders and confrontation in group therapy. Johnny should be rewarded for consistently reading. The literature suggests rewards produce long term change and punishment produces short term change (Goocher, 1994). There should be consequences for Johnny if he chooses not to read and consequences for Johnny and his co-conspirator if they lie that he did read.

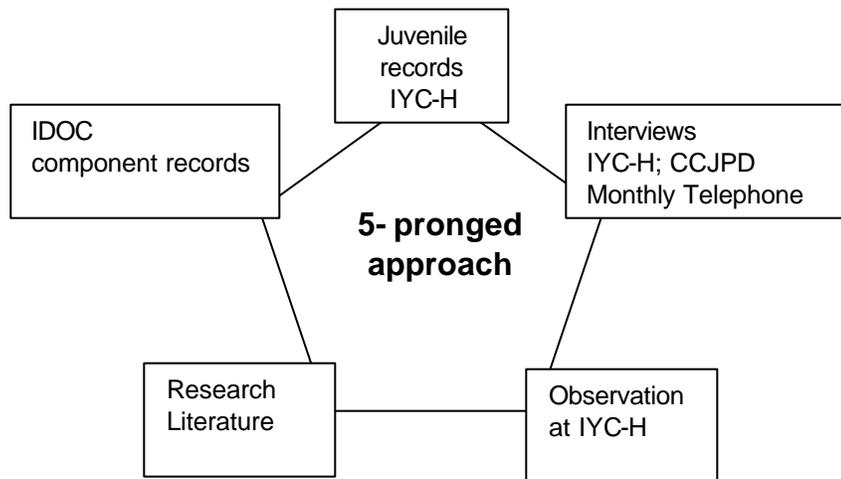
Appropriate program components

What treatment elements are available for the offenders?

According to the continuation grant funding document (1998), the program components consist of "comprehensive assessment, group and individual counseling, education and life skills building, case management and after care." This report further subdivides the components according to the literature into 21 categories.

We have examined the components from two perspectives. First, the overall management and program design is discussed briefly. Next, the program components are discussed from various perspectives. Multiple data sources were used to assess this issue (See Figure 4.6).

Figure 4.6 Five-pronged data sources



In 1998 the National Offense-Specific Residential Standards Task Force (the NOSRS Task Force) presented a draft version of its proposed Standards of Treatment for Youth in Sex Offense-Specific Residential Programs to the national meetings of both the Association for the Treatment of Sexual Abusers (ATSA) and the National Adolescent Perpetrator Network (NAPN). The standards were previously peer reviewed and critiqued by an advisory board of approximately 25 leading researchers and clinicians in the JSO field. They were then posted on the internet for two months for peer review and feedback and announced for review on the ATSA list-serve. These standards are intended to serve as voluntary standards which may also be incorporated into state-level oversight and licensing processes (Bengis, et al., 1999).

The standards are intended to provide the bare minimum guidelines for the provision of high quality treatment in residential settings. It is not anticipated that all, or even most, programs

will meet all the proposed standards at this time. Although the standards were developed primarily with non-correctional sex offender-specific residential treatment programs in mind, they provide a useful set of criteria for assessing the progress that SOTU has made toward providing a comprehensive treatment environment, and are included as part of this evaluation for those purposes (See Table 4.4).

During its first year SOTU was operating to some extent more as an out-patient type of treatment program located within a correctional setting than as a fully-realized intensive therapeutic environment. By this we mean that although individual treatment elements were in place, there was not a consistent, continuing, mutually-reinforcing program of treatment that extended throughout the day. SOTU youths attended sex offender specific treatment groups and then returned to their normal life within the correctional center, much as someone in an outpatient treatment program might attend a treatment group. The individual treatment elements consisted of the following: initial assessment by mental health professionals, sex offender-specific treatment consisting of group therapy and “homework” assignments, some individual counseling, violence interruption process (VIP) groups, didactic sessions on sex education and substance abuse, structured leisure time activities, and unstructured recreation. During the past year these elements have been refined and improved in ways that are discussed below, and some additional treatment elements have been incorporated into the overall program.

More importantly, SOTU has continued to work to establish a consistent therapeutic environment in which all elements of the youths’ correctional setting are incorporated into the overall treatment program. While SOTU does not operate as an independent and self-regulating therapeutic community, treatment goals are now being pursued in a much wider range of settings and correctional staff are more fully integrated into the treatment process. Treatment expectations are being formally recognized and reinforced in a wider range of youth

Table 4.4: Comparison of treatment standards

NOSRS TASK FORCE STANDARDS	SOTU at IYC-HARRISBURG
I. Program Related Standards	
Governing authority aware of and committed to providing management and resources needed for offense-specific program	IDOC supports SOTU goal to provide offense-specific treatment for youthful sex offenders (based on committing charge or history)
Admission criteria clearly identify youth that program can safely manage, effectively treat	Broad admission criteria, applied on basis of discretionary clinical judgments by SOTU staff
Offense-specific intake procedure that includes informed consent	SOTU treatment contract; some youth are court-ordered to sex offender treatment
Treatment should be provided in least restrictive setting while maximizing resident and community safety	SOTU operates under IDOC restrictions; SOTU and CCJPD consider non-residential treatment where appropriate for parolees
Resident rights and community safety	SOTU operates within IDOC setting
Treatment model should be multi-modal, multi-disciplinary and offense-specific	SOTU treatment model is offense-specific; improvement needed in development of appropriate competency-based curriculum & measurable standards of program completion
Range of clinical services to address both offense-specific and other clinical needs	Mental health services beyond SOTU available primarily as crisis-intervention
II. Staff Related Standards	
Staff are qualified & competent to work with sexually abusive/aggressive youth	Staff acquire training in offense-specific treatment after being hired to SOTU
Offense-specific orientation and in-service training provided to all staff	SOTU program part of IYC-H cycle training; training increasingly provided to youth supervisors as well as mental health staff
Use of comprehensive communication system with multi-disciplinary team approach	SOTU has implemented more detailed logs, monthly team staffings
Regular offense-specific supervision provided for all staff working directly with residents	SOTU needs more opportunity for clinical consultation, more attention to staff stressors
III. Residential Safety Standards	
Facility environment addresses management of offense-specific risks	SOTU is taking steps to address facility limits through increased availability of security staff
Staff-to-resident ratio & pattern provides adequate staff supervision	IDOC staff-to-resident ratio & staffing patterns; more staff will permit more groups
Program prevents any consensual or non-consensual sexual contact	SOTU prohibits sexual contact, enforces this through disciplinary process; staff have some training in recognizing cues & danger signs
Program has protocol for addressing sexual contact between residents &/or residents & staff, follows all state reporting requirements	IDOC protocols followed; SOTU authorized to conduct disciplinary hearings on wing
Programs with mixed populations must be able to safely meet treatment needs of all residents	SOTU youth all sex offenders; IDOC policy recognizes “predator/prey” categories for special attention
Offense-specific criteria used for risk-management decisions	Single-bunking and 24-hour supervision on wing; IDOC policies regarding visits; contact

NOSRS TASK FORCE STANDARDS	SOTU at IYC-HARRISBURG
management decisions	wing; IDOC policies regarding visits; contact & access issues closely monitored by CCJPD
IV. Clinical Intervention Standards	
Offense-specific assessment of, & evaluation for, each resident	SOTU assessment process not systematic; evaluations may be carried out as part of probation or adjudication process
Comprehensive, offense-specific individual treatment plans for each resident	Treatment plans reflect SOTU phases, with limited individualization; ITPs reviewed monthly with staff and youth
Treatment should involve the least intrusive methods necessary to achieve a positive treatment outcome	SOTU treatment uses non-intrusive methods, primarily group & individual therapy and structured homework assignments
Program actively encourages and pursues family involvement throughout treatment process	Family visits limited by IDOC policies; correctional counselor & parole agent maintain family contact
Program milieu: treatment components must consider offense-specific needs of residents, modify policies & procedures accordingly	Development of SOTU treatment environment has promoted more consistent interaction and discipline in treatment & IDOC components
Program provides offense-specific case management services	IYC correctional counselor & CCJPD parole agent have some training in offense-specific case management; CCJPD developing offense-specific training for service providers
Program has policies and procedures to address multicultural issues	SOTU manual does not address this directly; CCJPD has agents & service providers from major ethnic groups
Develops & implements systematic community reintegration plan for each resident	Correctional counselor and parole agent work together to develop reintegration plan; reintegration training not part of SOTU treatment
Program has offense-specific, measurable & observable discharge criteria	Discharge often controlled by IDOC; SOTU developing criteria for completion of treatment
Program provides, arranges, or advocates for offense-specific aftercare services	Aftercare planning considered shortly after admission to IYC; parole plan specifies services & placement
Program evaluates the effectiveness of treatment for each resident	SOTU maintains a treatment log for each youth; program evaluation currently in planning stage; follow-up restricted by transition from juvenile IDOC to adult status

activities, and SOTU youths are expected to apply what they learn in treatment groups in other areas of daily life. Youths have begun confronting each other, which is a major step in group therapy. While this is an on-going process, significant progress has been made during the final year of this evaluation. Specific developments are discussed in more detail in later sections of this report.

No established standards for JSO-specific treatment or for the recognized, state-of-the-art treatment mix was found in the literature. Therefore, the research team conducted a review of the literature to identify what treatment elements various professionals consider important to the creation of a comprehensive juvenile sexual offender treatment program. Over thirty journal articles (n = 33) and book chapters specific to JSO treatment were selected and studied for treatment elements considered best practice and the frequency of elements as they appear in program descriptions. The treatment elements extracted from the literature were compared to SOTU data sources used for this evaluation. (See Table 4.5).

The research team reviewed the SOTU Orientation manual, the SOTU manuals for phases one, two, and three, both VIP manuals, and the sex education manual used by SOTU. (See Appendix E for a brief summary of the manuals). Nearly all of the major treatment elements discussed or suggested in the literature appear in the SOTU manuals. Some topics, such as relapse prevention and anger management were discussed in more depth than other topics which, although mentioned in the manuals, were not discussed in great detail.

Ranking the treatment elements according to the number of times they were discussed in this sample of the literature, the four most frequently mentioned treatment elements in our survey were relapse prevention, offender recognition of own abuse cycle, victim empathy, and general sex education. Each of these elements was discussed in almost half of the literature reviewed.

The importance of sexually abusive youth developing a relapse prevention plan was documented most frequently in the literature.²⁷ Also of great importance to a JSO treatment program is an offender's recognition of his sexual abuse cycle,²⁸ and victim empathy and awareness.²⁹ Finally, a general sex education component to foster healthy sexuality among JSOs is deemed important to the treatment mix.³⁰ Each of the final three were mentioned an equal number of times (n=16).

To the credit of the SOTU program, these four treatment elements were discussed in great detail in the manuals. In many cases these concepts were reiterated in multiple phases, as well as in multiple sessions within a phase. Repetition of these concepts, as well as the application of these concepts in different circumstances, are believed to be vital to treatment success according to the literature.

Other program components are found in the literature in varying numbers and in SOTU manuals in varying intensity (See Table 4.5). In addition, the SOTU manuals are to be praised for the coverage of many topics equally as important, but not mentioned as frequently in the literature. For example, topics such as deviant fantasies, victim grooming and multiculturalism are important topics of discussion with sexually abusive youth.

²⁷ Agee, 1986; Becker & Kavoussi, 1989; Cellini, 1995; DiGiorgio-Miller, 1994; Fillmore, 1987; Knopp, 1985; Lombardo & DiGiorgio – Miller, 1988; Mamabolo, 1996; Mathews, 1997; Metzner & Ryan, 1995; Metzner, 1987; Millard & Hagan, 1996; Milloy, 1998; National Task Force on Juvenile Sex Offending, 1988; Pithers, Becker, Kafka, Morenz, Schlank, & Leombruno, 1995; Reiter & Grinde, 1995; Ryan, Lane, Davis, & Issac, 1986; and Smets & Cebula, 1987

²⁸ Agee, 1986; Cellini, 1995; Connolly & Wolf, 1995; DiGiorgio-Miller, 1994; Fillmore, 1987; Mamabolo, 1996; Mathews, 1997; Metzner & Ryan, 1995; Metzner, 1987; Millard & Hagan, 1996; Milloy, 1998; National Task Force on Juvenile Sex Offending, 1988; Ryan, Lane, Davis, & Issac, 1987; Scavo & Buchanan, 1989; Smets & Cebula, 1987; and Stops & Mays, 1991.

²⁹ Agee, 1986; Cellini, 1995; DiGiorgio-Miller, 1994; Gilbert-Evans & Redditt, 1994; Knopp, 1985; Lombardo & DiGiorgio-Miller, 1989; Mamabolo, 1996; Mathews, 1997; Metzner & Ryan, 1995; Millard & Hagan, 1996; National Task Force on Juvenile Sexual Offending, 1988; Reiter & Grinde, 1995; Sapp & Vaughn, 1990; Scavo & Buchanan, 1990; Stenson & Anderson, 1987; and Stops & Mays, 1991.

³⁰ Agee, 1986; Becker & Kavoussi, 1989; Cellini, 1995; Charles & McDonald, 1997; Fillmore, 1987; Gilbert-Evans & Redditt, 1994; Mathews, 1997; Metzner, 1987; Pithers, Becker, Kafka, Morenz, Schlank, & Leombruno, 1995; Reiter & Grinde, 1995; Rowe, 1988; Ryan, Lane, Davis, & Issac, 1987; Sapp & Vaughn, 1990; Smets & Cebula, 1987; Stenson & Anderson, 1987; and Stops & Mays, 1991.

Finally, the SOTU manuals employ a vast array of various journaling and homework assignments. JSOs not only benefit from such exercises, it assists both youth and staff in identifying a sex offender's negative thinking patterns and offense triggers (Ryan, Lane, Davis, & Isaac 1987).

Table 4.5 lists the program components in the first column and the number of literature citations to this program element in the second column. The following columns identify where the elements were documented or observed in the various SOTU references. An "X" is placed in each corresponding box when the component was observed in the treatment file or during the wing observations or known to exist per discussions in the interviews. Almost all of the Program Components are delivered in the group therapy treatment setting, which is the preferred method of treatment for sexual offenders according to the literature. The use of individual therapy, which SOTU also uses, is preferred as a supplemental rather than primary form of treatment, according to the literature. "Homework" or workbook completion outside of group work enhances the treatment. Considerably more time could be expended by the youths on homework assignments while the youths are in the dayroom in "free time."

SOTU contains all of the most frequently cited components. This leads to the conclusion that SOTU was developed to meet the needs of a heterogeneous population of juvenile sexual offenders, which is appropriate for the program at this time. However, in the future, this general program should be reassessed based on new research findings in the literature and the assessed needs of future populations to be sure this is still the needed treatment mix.

The program components discussed in the manuals were observed or verified during the observation and interview process, with the exception of two components. Reintegration and values clarification were neither observed nor discussed during the interview process. This

Table 4.5 Comparison of the program components suggested in the literature review to those found in the SOTU

Program Components	Number of Reference Citations	SOTU Manuals	Observations/ Interviews	Youth Records ³¹
Relapse Prevention Plan	n = 18	X	X	X
Offender Recognition of Own Sexually Abusive Cycle	n = 16	X	X	X
Victim Empathy	n = 16	X	X	X
General Sex Education	n = 16	X	X	X
Family Therapy / Recognition of Family Dynamics	n = 15	X	X	X
Social Skills Training	n = 14	³²	X	
Accept Responsibility / Accountability	n = 13	X	X	X
Anger Management	n = 11	X	X	X
Issues of Offender's Own Victimization	n = 11	X	X	X
Self – Esteem & Self-Concept Issues	n = 9	X	X	X
Cognitive Distortions/ Thinking Errors & Cognitive Reconstruction	n = 8	X	X	X
Minimization / Rationalization / Denial	n = 7	X	X	X
Assertive Skills Training	n = 7	X	X	
Role of Sexual Arousal in Offense	n = 7	X	X	
Substance Abuse Issues	n = 7	X	X	X
Complete and Accurate Admission of Offense	n = 5		X	X
Reintegration Back into Community	n = 3	X		X
Management of Concurrent Psychiatric Disorders	n = 3		X	X
Power and Control Issues	n = 2		X	X

³¹ Completeness of treatment files vary consistent with the length of time in treatment, as expected. The box is checked if the researcher observed something in one or more files that addressed this category. However, it would be beneficial to program development and treatment planning to standardize the assignments and chart the progress of the youth.

³² The introduction to the Orientation Phase says this is part of SOTU, but is not specifically addressed anywhere, with the possible exception of security staff as role models or a discussion in VIP. However, the program is moving toward this goal by implementing a student council and family groups. This will need to be documented in the manuals.

Program Components	Number of Reference Citations	SOTU Manuals	Observations/ Interviews	Youth Records ³¹
Values Clarification	n = 2	X		
Problem Solving	n = 2	X	X	X

does not mean they are not involved in the program, merely that they are not the most presenting issues.

The SOTU manuals outline the sex offender-specific treatment that is provided within SOTU, and provide examples of some of the discussions and assignments that are incorporated into this treatment. While the current manuals are an important first step in the process of documenting what happens in treatment and why, they do not yet provide a complete picture of the treatment program. Institutions initiating a treatment program based on the manuals would lack some basic information about what youth in the program are expected to learn and how they are expected to incorporate that knowledge into their lives and their daily behavior. In some cases it is not clear whether material included in the manual is intended to provide background information to the treatment provider or to be used as a handout to be distributed to the youth in treatment. More complete information on the assignments that are made and the treatment reasons for those assignments will help address some of these issues.

This detailed review of the manuals highlights some issues in the SOTU treatment program that need to be addressed. They include the following:

- Treatment materials need to be age-appropriate in terms of chronological age, developmental stage, and educational level. Many of the materials on which the manuals draw were initially developed for use with adult offenders. As a result they often use language and syntax that is too complex, or present case studies that draw on adult experiences rather than problems that youth are more likely to confront, given their limited life experiences.
- Although this is a sex offender-specific treatment program, using a combination of sexual and non-sexual examples for teaching materials related to thinking errors, justification and

other concepts would be helpful. Treatment discussions should draw on examples that youth in treatment have observed in their current environment to assist in applying what is learned in treatment to everyday life.

- Assignments to be completed by youth need to be written and prepared in a way that is structured and that communicates clearly. Youth need to know what they are expected to do and why it is beneficial for them to do the work.
- Throughout the treatment process the goal should be for youth to demonstrate a genuine understanding of the concepts and processes that are addressed, not just compliance with specific assigned tasks. Opportunities to apply what is learned and to integrate it into their ordinary behavior should be incorporated into the treatment curriculum as much as possible.
- Where elements of the treatment program are drawn from exercises or activities initially designed for use in other treatment settings (particularly in substance abuse treatment programs), they should be carefully adapted so as to be sex offender-specific. Even related activities (for example, relapse prevention planning) can rarely be transferred directly to sex offender treatment without modification.
- Manuals need to document the process of assessment and closure at the completion of each unit or phase of treatment.
- Because residential sex offender-specific treatment is frequently provided within a complete treatment environment, the manual should indicate how treatment concepts and expectations can be shared with other personnel who interact with the youth so that they can use them and reinforce their importance in a wide range of settings.
- SOTU is part of a larger treatment program that includes supervision and aftercare during the youth's parole. The treatment program includes a number of units that focus on developing a support system to help the youth maintain his commitment to change and to prevent relapses. The manual can strengthen the ties between the two components by

providing specific guidance as to how relapse prevention plans will be transmitted to and reinforced in the community as a part of aftercare.

The manual prepared to guide the delivery of the didactic sex education units shares many of these same problems. The manual is essentially a collection of materials that could be used to teach sex education, rather than a curriculum that provides guidance and assistance in teaching that material. In providing educational programming to JSOs it is particularly important to provide age-appropriate information in a way that is relevant to their current situations as young, sexually-active men who are sex offenders. It is also important that the youths have an opportunity to do something with the information that is presented, to apply it in their lives and to raise questions about it, not just receive it. Consultation with a specialist in sex education and curriculum development would be helpful in designing a series of didactic units that would support and reinforce the treatment objectives of SOTU, particularly with regard to respect for others and the importance of consent.

Analysis of the sex education unit manual indicates the importance of a properly designed curriculum or treatment program, as well as qualified people to deliver it. This unit particularly reflects the limited experience of the interns who helped to design it and to organize the resource materials that are included.

These items present the day to day issues the manuals need to address in the next level of program development. The critique is not intended to minimize the enormous amount of work that has been completed on the manuals during this grant year. In fact, it is intended to guide the next step of development. The developers may find that addressing the global theoretical foundation for the manuals may expedite the tedious tasks discussed thus far. The manuals document the activity and/or knowledge to be gained in each session. The next step is to tie that activity to the treatment process to give it meaning. For example, program observations revealed the manuals indicate the youth should do some activity for homework before the next

group session. The youth does the assignment. The manuals do not explain the theoretical foundation or treatment purpose for the activity and the youth may do the assignment without internalizing the message. Staff must model the behavior they want the youth to follow. Each task assigned to the youth should have a corresponding treatment reason or benefit. Many of the assignments have a clear treatment purpose, but it is not explained or incorporated into the manual. When assigning this time consuming task, it is important to consider the trade-offs between program development and treatment.

Do the elements match the individual needs of the offenders?

There is no consistent assessment process in place, but SOTU has progressed toward this goal. As mentioned previously, a specialist has made recommendations and SOTU is in the process of making decisions about assessment instruments and their use. Some assessment tools have been approved and SOTU has implemented them intermittently. This is an important issue to be resolved. Specific assessments should be consistently administered to the offenders. However, to date there has been insufficient time to do so. Third year funding may include monies for a third social worker. One useful task for this social worker would be to administer the various assessments. Pre- and post-testing would provide the program with more documentation of measurable needs and changes in the youth receiving treatment.

How does SOTU assign individuals to treatment elements?

All youth are assigned to all treatment elements. There is no significant difference in the number and type of treatment components provided to each offender. Individual issues are addressed in individual counseling. This assumes all individuals need the same group treatment. The research literature indicates juvenile sexual offenders are a heterogeneous group, which implies they need varying treatment elements. If a youth does not need an element, it is possible this time would be better spent addressing an issue of more concern. On the other hand, there is not sufficient staffing availability to develop 41 different treatment

programs. However, if several youths share a need, Wing K and L youths could be combined to address that issue.

As discussed previously, the existing assignment method also limits the amount of help each youth can obtain from his peers. If all youth had “specialized” individual treatment plans, they could share the responsibility of assisting each other. The concept of genuine healthy caring for another individual and his problems could be taught in a natural way.

What are the completion rates, removal rates, and length of time in the program to date?

These questions cannot be fully completed because the necessary data are not readily available. Unfortunately, the research team was unable to maintain contact with the wings during five months of the second year of the evaluation. After the submission of the interim report, ICJIA requested the research team not contact the program during the time the program was preparing responses to the recommendations and enhancements in the interim report. Although the research team expended considerable effort, this information could not be reconstructed with confidence from the individual files and the JTS data files. Systematic data collection in the future should alleviate this problem.

What are the program components, the frequency of program sessions, and the number of offenders participating in each session?

The new director instituted a system of accountability for counting the number of treatment sessions delivered to each youth. The SOTU program attendance summary sheet was implemented in April 1998 (See Appendix G). Researchers collected attendance sheets from April through July 1998. The summary sheets consisted of a list of all program sessions and their expected frequency. In June 1998, the form was revised. Psycho-education (sex education, self-esteem, sex abuse) was replaced with the sex education groups. Meeting or counseling with a Correctional Counselor II or psychiatrist and health care visits were deleted. Phase groups, family groups, and wing meetings replaced the categories that were removed. All other categories remained the same (sex offender group therapy, education, drug education

group, violence interruption program, individual counseling, leisure time activities, and fitness activities). A box was provided for each day of the month, which was divided into a.m. and p.m. Each treatment provider recorded a separate sheet for each participant in the activity. For example, the violence interruption program therapist completed an individual sheet for each participant, while the sex education provider maintained a separate sheet for each individual as well. There were 4543 cumulative days provided. Table 4.6 provides the summary of the findings of the attendance sheets.

Wing K has significantly less group therapy, health care visits, individual counseling, meetings with the correctional counselor, visits with the psychologist, and wing meetings but

Table 4.6 Summary of SOTU program attendance summary sheet

Components	Average session per week	
	Wing L	Wing K
Family Group	0.5	0.3
Fitness Activities	1.6	1.8
SO Group Therapy	2	0.9 *
Health Care Visits	1.7	0.6 *
Individual Counseling	1.5	0.5 *
Leisure Time Activities	3.6	5.7 *
Meeting with correctional counselor	0.6	0.08 *
Phase Group	0.7	0.9
Psycho Education	0.3	0.05 *
Meeting w/ Psychiatrist	0.02	0.005
Sex Education	0.4	0.6 *
Violence Interruption	0.6	0.5
Wing Meeting	0.1	0.3 *

* Statistical significance at $p < .05$

more leisure time activity and sex education. The significance is calculated based upon the average number of sessions per week of each of the components per individual in the wing. Wing L had an average of 17.4 residents and wing K had average of 19.8 residents. One explanation for the statistical differences could be the accuracy of record-keeping of the newly implemented process, which should improve over time with practice. One wing reported almost perfect attendance in some activities, which is unrealistic to expect over a long period of time, while the other wing had more institutional interruptions.

The research team cannot determine if this mix of treatment modalities is sufficient to change sex offending behaviors. The research literature discussed previously in this chapter is not sufficiently developed to determine how many hours of each treatment modality should be expended to ensure behavior change. In fact, a review of over 400 JSO publications revealed fewer than 25% (100) were at an experimental level of research and covered almost as many topics. Therefore, there is very little replication to support the limited tentative research findings. Additionally, JSOs would need to be categorized based upon a set of characteristics to enable matching between the needs of the offender and the treatment modalities. Researchers have not yet tested a typology which would categorize offenders based on a set of criteria.

Staffing issues for parole (CCJPD)

The original research design included answering questions such as: What have been the outcomes of aftercare? The follow-up time period has been insufficient to answer these questions (see Chapter 5 for a discussion of future research needs). Even so, it is clear that the existence of SOU has contributed to an increased awareness of sex offenses as a component of juvenile delinquency and has improved recognition of the special needs of JSOs. Various components of the juvenile justice system, including both probation and parole, are noting the presence of documented sex offenses in a youth's record and appear to be taking those offenses into consideration when making recommendations for treatment and supervision.

CCJPD is assigning almost all identified sex offenders to SOU in recognition of the benefits that are believed to accompany specialized knowledge of sex offender patterns and experience in supervising them and monitoring their behavior.

This study was designed to focus on the relationship between SOTU at IYC-H, which provides treatment to youth from the entire state, and CCJPD, to which only a small proportion of the youth in treatment at SOTU are released. As documented earlier in this report, a limited number of Cook County youth have received treatment through SOTU and even fewer have been released to the CCJPD by the end of 1998. As a result, it has not been possible to assess the impact of the Cook County component of SOTP. However, the growing ability of SOU to provide intensive supervision and treatment to paroled sex offenders from all IDOC institutions should be noted. Data presented earlier document the specialized caseload of SOU, which was responsible for the supervision of 42 identified JSOs on parole in Cook County by the end of November 1998.

How many parolees are assigned to each parole officer? What is the average length of parole? How many potential parolees could be released within the next year?

CCJPD has experienced a substantial increase in the number of youth on parole in the last two years (See Table 4.7). Between January 1997 and January 1998, the number of youth paroled increased almost 40%, and the parole population count in Cook County has continued to increase since then. This resulted in an average agent caseload size of over 50 in July 1998.

The assignment of a correctional parole agent to SOU (for a total of two wing staff) reduced the casework supervisor's caseload from a high of 30 in late 1997. This allowed the supervisor to concentrate on the development and coordination of treatment services and the supervision of a limited number of high-risk sex offenders. But the caseload assigned to the parole agent quickly rose, reaching a total of 37 parolees and 30 institutionalized sex offenders by November 1998. This is a high caseload given the goals of SOU: that every sex offender

Table 4.7 Youths paroled in Cook County

Month	Parole Population Count in Cook County	Percent Increase over Jan. 1997
January 1997	542	--
February 1997	545	1%
March 1997	550	1%
April 1997	573	6%
May 1997	580	7%
June 1997	607	12%
July 1997	608	12%
August 1997	620	14%
September 1997	627	16%
October 1997	645	19%
November 1997	674	24%
December 1997	693	28%
January 1998	704	30%
February 1998	706	30%
March 1998	718	32%
April 1998	724	34%
May 1998	698	29%
June 1998	730	35%
July 1998	747	38%

will be closely supervised and monitored throughout their parole; that every paroled sex offender will be involved in some form of treatment while on parole; and that SOU will work actively with its institutional caseload as well as with the youths who have been paroled.

The average length of time spent on parole by JSOs in Cook County has not yet been determined. SOU anticipates that most youths will remain on parole until their discharge date unless they commit a new offense and are placed on adult probation or are sentenced to adult incarceration. However, sex offenders appear to be somewhat older when paroled than other offenders. The average age of the youths on the SOU caseload in November 1998 was almost 18 (17.75 years), and approximately two-thirds of the caseload (33 parolees) had discharge dates in 1999. Thus, it is possible that there will be considerable change in the SOU caseload in the next year. Still, it is important to be aware of the 100 JSOs who have been committed to IDOC institutions from Cook County, and to initiate plans now to keep the caseloads for SOU parole agents small enough to allow the intensive supervision that is central to SOTP.

Provide sufficient support to insure offenders obtain treatment services – CCJPD

What are the number of contacts with parolees? How many parolees are attending which treatment services?

Because of staffing shortages and a delay in recruiting a parole agent for SOU, the program only became fully operational late in 1998. With a service provider who can provide current psychological assessments and determine treatment needs, and the presence of on-site sex offender treatment at the JFS Office, SOU now has the capability to provide treatment and counseling to all JSOs as they are released to parole. SOU continues to develop relationships with treatment providers and residential placements in Cook County in an effort to provide a wider array of services from which to select an appropriately-tailored placement and treatment program.

SOU's stated goal is to make at least weekly contact with each parolee when he is first released, until he is stabilized in the community and has settled into a recommended treatment program. File review for the small number of Cook County youth paroled from SOTU to date indicates that this goal has been met in these cases. Review of a sample of twenty case files indicates that this goal has been met on average for this group as well, although documentation

does not clearly indicate whether every youth is seen face-to-face each week. This file review also indicates that most youth are involved with at least three different service providers (alternative placement, treatment provider, and educational services), although those who reside with their families may receive only counseling and education or employment services.

Not all SOU parolees receive sex offender-specific treatment. In some cases treatment has focused more on other issues, such as anger management or substance abuse. The development during this past year of on-site evaluation services and sex offender treatment groups should increase the availability of sex offender-specific services for SOU parolees.

Individual Impacts

As discussed earlier in the report, the ability of the program to achieve system level impact is determined by program impacts, which ultimately are defined by individual level effects. The SOTP seeks to effect change in the offenders' behavior through the use of the therapeutic environment process and the provision of intensive support in an aftercare program. This portion of the impact analysis will consider the impact of the program on the individual youth who receive this treatment and support.

Sex offender characteristics – IYC-H

What are the sex offender characteristics compared to the control group?

One of the weaknesses of juvenile sexual offender research is the lack of agreement on a standardized set of data that should be collected to provide adequate information upon which to base treatment decisions. There are 20 variable domains identified in various ways in the research literature. The researchers created a data collection strategy that would identify at least one representative variable from each domain. It should be noted that some variables were available in various formats on various forms. There was some conflicting data. For example, a youth might respond negatively to assessors when asked if he has consumed alcohol, but a

previous form in the youth's file will indicate he responded in the affirmative the last time he was asked. The data entry personnel were instructed to take the majority response.

Individual file data collection was a labor-intensive part of this evaluation because of the lack of a standardized data collection instrument,³³ as well as a lack of standardized data collection and recording of data pertinent to sexual offending by the institution. This lack of consistent data is fully explained by the relative infancy of the field of juvenile sexual offending. It is not a shortcoming of the institution. As a result, information in each domain was available in only a limited number of files. Some information was available, but the process of gathering it was too labor intensive for the scope of this project. This information is probably gathered in treatment, but is not available in a readily accessible document. Therefore, many of the n's in the following table are so small we may not rely on the statistical significance.

Still, we can generally describe the sample based on these data. The following table (Table 4.8) of offender characteristics includes identified variables in domains where the researchers were able to collect sufficient data. The other domains with sample measures identified have been placed in Appendix H for the reader's information. The sample measures are not conclusive, but rather offer a concept of the types of measures that can be collected. Further research on juvenile sexual offenders will fine tune this list in the future. If the IDOC plans an impact analysis, it would be helpful to have information on these elements available.

The sex offenders are divided into three groups; Wing L, Wing K and those at IYC-H but not in treatment. The youths are similar in many ways. The differences between the youths in

³³ The authors of this report are currently involved in developing a data collection form to be used to collect a national sample of data. This instrument will be available within the next six months.

Table 4.8 Offender Characteristics

	Characteristics	n	L Percent (n)	K Percent (n)	SOTU – both Percent (n)	Sex Offenders Not in Treatment Percent (n)
1	Demographics (not applicable – see prior tables)					
2	Victims • Penetration	46	73.7 (14)	41.7 (5)	61.3 (19)	66.7 (10)
3	Prior Treatment • Outpatient Counseling (any type) • Drug treatment	100 71	82.8 (24) 8.7 (2)*	63.3 (19) 5.6 (1)*	72.9 (43) 7.3 (3)*	56.1 (23) 33.3 (10)*
4	Modus Operandi (not applicable – see prior tables)					
5	Level of Denial (not applicable – see prior tables)					
6	Assessments • moderate or urgent clinical needs	87	62.5 (15)*	50.0 (14)*	55.8 (29)*	22.9 (8)*
7	Family • 0 to 4 residence changes • close to mom • close to dad • have family members who use drugs • have friends who used drugs	54 54 54 108 108	42.9 (6) 14.3 (2) 7.7 (1) 38.7 (12) 6.5 (2)	33.3 (4) 58.3 (7) 40.0 (4) 27.3 (9) 12.1 (4)	38.5 (10) 34.6 (9) 21.7 (5) 32.8 (21) 9.4 (6)	35.7 (10) 50.0 (14) 22.2 (6) 34.1 (15) 22.7 (10)

	Characteristics	n	L Percent (n)	K Percent (n)	SOTU – both Percent (n)	Sex Offenders Not in Treatment Percent (n)
8	Abuse History <ul style="list-style-type: none"> Physical Abuse <ul style="list-style-type: none"> By parents Non-parental abuse (may include sexual abuse) Abuse reported Sexual Abuse reported Alco/Drug Abuse <ul style="list-style-type: none"> Peers frequently use Offender frequently uses Polydrug use used alcohol ever used drugs ever drug use “daily to monthly” 	52 53 71 71 54 54 69 102 102 108	23.1 (3) 57.1 (8)* 26.1 (6)* 43.5 (10)* 57.1 (8) 28.7 (4)* 9.5 (2)* 62.1 (18) 65.5 (19)* 45.2 (14)*	25.0 (3) 58.3 (7)* 44.4 (8)* 27.8 (5)* 66.7 (8) 63.6 (7)* 27.8 (5)* 67.7 (21) 64.5 (20)* 42.4 (14)*	24.0 (6) 57.7 (15)* 34.1 (14)* 36.6 (15)* 61.5 (16) 44.0 (11)* 17.9 (7)* 65.0 (39)* 65.0 (39)* 43.8 (28)*	14.8 (4) 7.4 (2)* 6.7 (2)* 2.0 (3)* 82.1 (23) 67.9 (19)* 43.3 (13)* 85.7 (36)* 88.1 (37)* 72.7 (32)*
9	Social Competence (not applicable – see prior tables)					
10	Education <ul style="list-style-type: none"> Traditional <ul style="list-style-type: none"> Reading <high school Math <high school level No truancy problems Completes Assignments Relates to teachers well Major problems Enjoys school or neutral not identified as needing special education Some high school 	53 53 53 54 54 54 54 108 76	53.8 (7) 30.8 (4) 71.4 (10)* 85.7(12) 78.6 (11) 50.0 (7) 85.7 (12) 61.3 (19) 50.0 (8)	53.3 (8) 26.7 (4) 25.0 (25)* 50.0 (6) 58.3 (7) 50.0 (6) 91.7 (11) 69.7 (23) 44.0 (11)	53.6 (15) 28.6 (17) 50.0 (13)* 69.2 (18) 69.2 (18) 50.0(13) 88.4 (23) 67.9 (19)	68.0 (17) 44.0 (11) 29.6 (8)* 64.3 (18) 57.1 (16) 60.7 (17) 92.9 (26) 75.0 (33) 51.4 (18)
11	Employment (not applicable – see prior tables)					

	Characteristics	n	L Percent (n)	K Percent (n)	SOTU – both Percent (n)	Sex Offenders Not in Treatment Percent (n)
12	Delinquency History					
	• first arrest of age 13 – 14	54	21.4 (3)*	50.0 (6)*	34.6 (9)*	53.6 (15)*
	• limited history of delinquency	94	68.0 (17)*	39.3 (11)*	52.8 (28)*	26.8 (11)*
	• limited identity with criminal lifestyle	94	40.0 (10)*	25.0 (7)*	32.1 (17)*	12.2 (5)*
	• nature of offense history is medium or maximum	92	70.4 (19)*	44.4 (12)*	58.5 (31)	34.2 (13)*
13	Sex Offense Background					
	• sex offense history – none	91	7.7 (2)*	7.4 (2)*	7.5 (4)*	44.7 (17)*
14	Risk behaviors					
	• ran away from home ever	71	47.8 (11)	33.3 (6)	41.5 (17)	36.7 (11)
15	Relapse issues					
	• medium or maximum run history	92	14.8 (4)	11.1 (3)	13.0 (7)	18.4 (7)
16	Mental Status / Medical Status					
	• Self-mutilated	54	21.4 (3)	41.7 (5)	30.8 (8)	28.6 (8)
	• Never considered suicide	54	71.4 (10)	58.3 (7)	65.4 (17)	85.7 (24)
	• Past suicide ideation	100	44.8 (13)*	30.0 (9)*	37.3 (22)*	16.7 (7)*
	• History of use of Psych Meds	100	50.0 (14)	26.7 (8)	37.9 (22)	26.2 (11)
	• Prior inpatient psychiatric hosp.	101	27.6 (8)	16.7 (5)	22.0 (13)	23.8 (10)
17	Peer relationships					
	• Prefer groups to hang out with	54	28.6 (4)	50.0 (6)	38.5 (10)	32.1 (9)
	• Not in legal trouble	53	42.9 (6)	25.0 (3)	34.6 (9)	14.8 (4)
	• Peer confidant	54	42.9 (6)	41.7 (5)	43.3 (11)	35.7 (10)
	• easily influenced by peers	94	16.0 (4)	39.3 (11)	28.3 (15)	31.7 (13)

	Characteristics	n	L Percent (n)	K Percent (n)	SOTU – both Percent (n)	Sex Offenders Not in Treatment Percent (n)
18	Violence/ Aggression History					
	• aggression in school or detention	87	70.8 (17)	60.7 (17)	65.4 (34)	71.4 (25)
	• history of aggression/predator behavior	94	48.0 (12)	46.4 (13)		34.1 (14)
	• arson offense history	92	3.7 (1)	14.8 (4)	9.3 (5)	1.6 (1)
	• aggressive offense history	92	33.3 (9)*	63.0 (17)*	48.1 (26)	65.8 (25)*
19	Pre-offense information (not applicable – see prior tables)					
20	Institutional Concerns					
	• medium or maximum security levels score	87	50.0 (12)	46.4 (13)	48.1 (25)	48.6 (17)
	• medium or maximum assessed security level	92	88.9 (24)	81.5 (22)	85.2 (46)	81.6 (31)
	• medium or maximum escape risk	92	85.2 (23)	70.4 (19)	77.8 (42)*	57.9 (22)*

treatment (L and K) and non-treatment youths are documented previously in the report.

Therefore, this section will focus on how the groups are similar.

- The majority (56-83%) have had prior outpatient counseling.
- Most (42-74%) have penetrated their victim in some way.
- Slightly less than half have had a consistent residence.
- Up to half of the sex offenders feel close to mom and dad.
- Approximately one-third of the youths have family members who use drugs.
- Approximately one-fourth have been physically abused by their parents.
- Measures of drug use by peers is inconsistent. One set of documents reports less than one-fourth have friends who use drugs and another report suggests approximately two-thirds of their peers use drugs.
- Slightly more than half read below the ninth grade level and test in math above ninth grade.
- Most report enjoying school and liking their teacher.
- More than half have achieved some high school.
- Almost half have run away from home.
- More than half have not considered suicide.
- Approximately two-thirds have a history of aggression in school or detention.

In this report, the researchers documented that the treatment mix in Wings K and L are somewhat different. These data suggest the youths may be different, thus requiring different treatment methods. For example, Wing L youths use alcohol and other drugs statistically less frequently than do the youths in Wing K or those not in treatment. Another example suggests that Wing L youths (71%) have not had truancy problems and have a limited delinquent history (68%) compared to only one-fourth of the Wing K and non-treatment youths.

This phenomenon may be explained in two ways. First, Wing L opened a year before Wing K. The sex offender population was small because St. Charles had not begun to channel sex offenders to IYC-H for treatment. Secondly, the participant selection criteria changed to a more objective measure this past year. The youths in Wing K are comparable to those waiting to get into treatment, so we can expect the composition of Wing L to change as current youths leave Wing L and new youths enter.

This is a clear example of the need for frequent analysis of the sex offender population and further supports the ongoing refining process in the program development spiral model.

Behavior changes of sexual offenders

Have the residents at IYC-H changed behaviors?

Disciplinary Reports

The purpose of examining the disciplinary records was to determine if offender behavior has changed because of or during the treatment program. For example, a reduction in the use of confinement or extensions to confinement would be a positive outcome of the treatment program. Also, a reduction in the severity of the violation would be viewed as positive (i.e., fewer major rule infractions). Of the 1,206 disciplinary reports collected from 85 youths' files in IYC-H, 913 of the disciplinary reports were written on youths' behavior while at IYC-H. The other 293 reports were written at other institutions. Currently, we are only interested in the youths' behavior when in IYC-H treatment or the control group in the same facility. Youths averaged 10.7 disciplinary reports with a range of 1 to 145. However, this is somewhat misleading because some youths recently arrived, while others had completed their time and were already gone from the facility. The average time served for all youths who were in the population at IYC-H on December 31, 1997 and released in 1998 or 1999 was 1.09 years (n=295). The average time for youths in Wing L was 1.88 years (n=7), youths in Wing K was .79 years (n=9), and for youths on the waiting list was 1.27 years (n=33). When matching this sample of youths (n=49) who had

completed their sentence with the sample of youths' disciplinary reports, we found that only three youths are in both samples. This is insufficient to determine the denominator.

Location of inappropriate behavior may have some treatment implications. Approximately 50 percent of the disciplinary reports indicated inappropriate behavior occurred in the wing or in the dietary areas. The data indicate that Wing L youths (n=253) received 30.4% (n=77) of their disciplinary reports for behavior in the wing and 18.2% (46) in dietary areas. Wing K youths (n=253) received 39.5% (n=100) of their disciplinary reports for behavior in the wing and 24.1% (61) in dietary areas. Sex offenders at IYC-H, but not in the treatment wings (n=282) received 25.5% (n=72) of their disciplinary reports for behavior in the wing and 25.9% (n=73) in dietary areas. The three groups are similar, between 15 and 20 percent, in reporting the behavior that occurred on outside walkways. The largest variation occurred in education. Youths not in treatment received 20.6% (n=58) disciplinary reports, while wings L and K were only 11.5% (29) and 5.9% (15) respectively.

Rule violations are considered to be either major or minor in nature. There is no difference between the youths in treatment and those not in treatment regarding the proportion of major and minor rule violations, with a range of 51.5 percent to 67.8 percent of the disciplines being major violations. Youths frequently violate more than one rule, which results in a total of 1,484 rule violations for 913 disciplinary reports.

The violations fit into four general categories: safety and security violations (n=196), assault and fighting (n=134), program disruption (n=40), and insolence and insubordination (n=1114). There is no difference between the treatment wings and the offenders waiting for treatment for any of the categories (see Table 4.9).

Table 4.9 Offender characteristics according to disciplinary reports

Characteristics	n	L Percent (n)	K Percent (n)	SOTU – both Percent (n)	Sex Offenders Not in Treatment Percent (n)
Major rule violations	872	67.8 (179)	51.5 (135)	59.7 (314)	63.1 (219)
Safety & Security Violations (i.e., escape, unauthorized property, creating health and safety hazard, etc.)	308	11.6 (58)	15.3 (87)	Na	18.4 (163)
Assault and Fighting	168	8.2 (41)	8.8 (50)	Na	8.7 (77)
Program Disruption (i.e., sexual misconduct)	41	2.8 (14)	2.6 (15)	Na	1.4 (12)
Insolence & Insubordination (i.e., insolence, disobeying direct order, unauthorized movement)	1435	77.3 (385)	73.2 (416)	Na	71.6 (634)
Disciplinary action which resulted in one or more days of confinement	874	22.3 (59)	19.1 (50)	20.7 (109)	25.6 (89)

Successful completion of the phases

Have offenders successfully completed phases in a timely manner during the inpatient portion of the program?

There are no agreed criteria and only limited evidence to use in assessing this issue. The manuals suggest the offenders should complete the Orientation phase in four months and Phase I in four months by completing 18 sessions in each component. However, there are no consistently documented completion criteria, so there is no clear way of knowing if or when a youth has completed a treatment phase. Phase criteria with objective and subjective tests should be completed as the next step in refining the manuals. (Refer to the earlier discussion of the spiral effect of program development). Objective tests will provide the program staff with data demonstrating whether or not the youth has understood the materials covered.

Completion of all assigned tasks with acceptable accuracy would be another indicator of intellectual fact gathering. Subjective criteria enable the staff to assess the extent to which the youth has internalized and applied the materials learned. For example, a checklist of subjective measures might include a questionnaire given to all other residents in the wing asking if the youth has participated in any inappropriate sexual talking or behaviors in the last 30 days. This will also help build community among the peers by having the peers support and encourage one another to avoid sexual behaviors.

Assure individualized attention to assist in maintaining treatment effectiveness

Has the transition to parole been successful at the individual level?

JSOs released on parole to CCJPD under SOU supervision appear to be making a successful transition to intensive parole supervision. Appropriate residential placements are sometimes difficult to identify, and may take several months to arrange and confirm. The stressful transition to parole is helped by the level of cooperation that has developed between SOU and IYC-H staff. Timely cooperation and assistance has been a problem in some cases

involving youth who are under the jurisdiction of the child welfare system (Illinois Department of Children and Family Services).

Has reintegration into society been successful at the individual level?

JSOs released on parole to CCJPD under SOU supervision appear to be making a successful transition to the community, although the few SOTU youth paroled to Cook County have been on parole for a relatively short period of time. The preliminary review of 20 files conducted during this research project identified no new sexual charges, although some youth were arrested on non-sexual charges and others failed to comply with at least some SOU parole requirements. Although failure to comply with special SOU parole conditions is a technical violation of parole and can serve as the basis for a request to revoke parole, there are indications that SOU prefers to keep youth in the community and under intensive supervision where possible. Long-term data needs to be collected over several years to allow an impact evaluation to be carried out.

Has CCJPD built a sufficient support system for offenders that is specific to each offender?

File review indicates that youth are often resistant to at least some aspects of SOU supervision, and that in some cases offenders or their families continue to demonstrate minimization and denial of responsibility for sex offenses. Preliminary research findings based on interviews and file reviews indicate that an individualized support system is identified for each offender, although more complete information needs to be gathered on this process. SOU has also taken steps in some cases to bring the various service providers for a single youth together to coordinate services and supervision. This is a difficult and time-consuming process, and its contribution to successful parole supervision and compliance needs to be evaluated.

On-going efforts are being made to identify a wider range of service providers in Cook County. Initial steps have been taken to train residential placements and treatment providers in order to help them provide the kind of supervision and monitoring required when working with sex

offenders. The development of on-site treatment services permits a closer integration of treatment and supervision, and improves the ability to monitor compliance with treatment requirements. SOU attempts to link each paroled sex offender to appropriate service providers in the community and to provide a support system that he can continue to use after he reaches his maximum discharge date. Despite these efforts, compliance with special parole conditions becomes more of a problem as the youth approaches his “max-out” date. As with other aspects of this impact evaluation, more systematic data collection and evaluation is needed over a longer period of time.

Summary

Summary – System Level

It is not yet possible to determine whether the SOTP preserves or increases public safety in the community because SOTU youths have only recently been released to parole in Cook County. As a result, recidivism data for program youths are not yet available. In order to evaluate whether SOTP has reduced the rate of sexual offending by JSOs, existing recidivism rates for comparable youths who did not receive this treatment need to be determined. It will be necessary to have accurate information on the treatment modules of the SOTU treatment program that each youth completed and whether or not he was judged to have completed them successfully.

Based on the data available, the SOU component of SOTP appears to have contributed to public safety by increasing the level and range of services provided to youth paroled to the community and by increasing the intensity of the supervision that they receive. Existing literature on the treatment of JSOs suggests that the process of transition to the community is essential, and that the provision of intensive aftercare is an important element in the success of that transition (see, for example, Goldsmith, 1988). In the past, youths who were committed to IDOC on sex offense charges were likely to be initially released to a residential sex offender treatment

program. Offenders who “maxed out” (usually at age 19) in a treatment program received no assistance from IDOC Juvenile Field Services in adjusting to the community, while those who were paroled to the community were usually assigned to a standard parole agent. Although public concern about the dangers posed by violent and aggressive youths continues, media coverage of SOTP has been minimal and has not been a factor specifically shaping its development and implementation.

Intra-agency communication has been affected in several ways. The presence of the treatment wings and the process of assigning youths for treatment and supervision has required increased communication and cooperation. There has been considerable improvement in the amount and flow of information among the various staff who interact with SOTU youths, and between SOTU and staff assigned to other activities at IYC-H. Although SOU consisted of only one staff member for much of this evaluation, it now has two staff members who share information about youths and provide assistance to one another. Other CCJPD staff have provided assistance in identifying youths with sex offenses in their history and have shared information about these youth. (See Chapter 3 for a more detailed discussion of communication processes.) Communication is a living process requiring continuing attention and flexibility to maintain and build on the achievements to date.

Inter-agency communication has been positively affected. As the SOU staff become more involved with the youths on their institutional caseload, communication has increased between IYC-H and SOU. Staff members communicate frequently on an informal basis to obtain and share needed information, and generally provide the information needed to investigate possible parole placements in a timely fashion. It should be noted that as more IYCs are assigning most identified sex offenders to one or two correctional counselors, communication and information exchange is improving with all facilities.

Summary – IYC-H Program

Were the correct offenders chosen for SOTU? Yes

All male offenders are received at the St. Charles facility when committed to IDOC. The criteria used to determine to which facility each offender is ultimately assigned includes the individuals' security risk and crime sophistication, as well as bed availability. After these basic correctional facility (functional) needs are met, youths who have a history of sexual offending and are assessed as needing sex offender treatment are frequently assigned to IYC-H.

Of the JSOs assigned to IYC-H, SOTU is selecting those youths with more treatment needs. A group profile of differences between the SOTU youth and other sexual offenders who are assigned to IYC-H indicates the youths in SOTU treatment are statistically more in need of sexual offender-specific treatment than those who are not in treatment. The youths have been physically and sexually abused more often, have greater clinical needs, have a sexual offense in their history, their escape risk is more severe, and they are more likely to have considered harming themselves.

There is insufficient information to assess whether prey are appropriately identified and protected from likely predators. However, the SOTU program has offenders who have been identified as each type. The youths are single bunked and closely supervised when out of their rooms.

Are offenders appropriately assessed? Partially

Currently, SOTU is using the clinical interview to assess offenders. SOTU is in the next step of planning for objective assessments. A reasonable balance between objective tests and available therapist time should be reached with the assistance of the additional full time social worker planned in the third year funding. Documentation is limited at this time. Adequate computer equipment with applicable programming would make documenting treatment, creating ITPs, and generating other innovative materials much easier. Currently, program data collection

and materials are manually collected and entered into traditional computer programs by the SOTU secretary. Desktop computers for the correctional counselors and the therapists would automate this cumbersome process.

Are program components appropriate? Yes, based on the limited state of knowledge.

All of the treatment components specified in the grant funding document (1998) have been provided during the last year to SOTU youth. Youth are assigned to all treatment elements, with individual issues addressed primarily through individual counseling, which is limiting. As the program develops, SOTU needs to determine whether all youth have equivalent need for all program elements, or whether more individualized treatment plans can be devised to allow youth to concentrate on particular treatment needs. SOTU has not fully implemented an assessment process to evaluate youth when they enter the program, which would assist in needs assessment and treatment individualization, nor has an exit assessment process been implemented. Progress through the various SOTU phases also needs to be documented more completely.

Completion of the program manuals is an important first step, but more needs to be done to develop manuals which will fully document the program and provide needed guidance to therapists seeking to initiate or revise a program based on their contents. In particular, materials initially designed for use with adult sex offenders need to be carefully revised and adapted to a JSO population. SOTU also needs to focus on ways in which the information and insights identified in the manuals and learned through treatment can be integrated with life changes to encourage actual behavioral changes. Continued attention to the inclusion of all staff into the therapeutic environment, whether they are mental health professionals, youth supervisors, leisure activity specialists, employers, or educators, will provide a natural learning environment (instead of an artificial environment) for the treatment process.

Information on specific elements of the SOTU treatment program indicates that SOTU has not yet developed a means of adequately documenting the treatment that is provided and the youths who have participated. While wing treatment providers provide overall impressions of the participation of youth in treatment, more specific and objective information is required to document the amount and kinds of treatment that each youth received. Review of program attendance data maintained within SOTU indicates that the two wings have received significantly different mixes of treatment at times.

Summary – CCJPD Program

The caseload pressures that have affected CCJPD as a whole, and which are documented for 1997 and 1998 in this section, have also influenced SOU. By late 1998 the SOU parole agent was carrying a caseload of almost 40 parolees in Cook County and another 30 identified sex offenders committed to IYC facilities. The special demands of SOU parole, which include contact with the institutionalized youth and, where possible, their families while they are committed, and close supervision and monitoring of all paroled youth, makes this a high caseload for this unit. Although many SOU youth are likely to be discharged from parole in the next year, both the institutional and the parole caseload have grown as IDOC improves its ability to identify sex offenders and assign them to the specialized unit. SOU will need an additional parole agent if it is to continue to provide intensive supervision and services to all or most of its parolees. The high average age of SOU parolees also contributes to the demands that are placed on staff.

The SOU casework supervisor carried a substantial parole caseload for about 18 months made up of both sexual and non-sexual offenders. Until recently, none of these were parolees who had participated in the SOTU treatment program. A review of parole files covering current and some recently discharged youth indicated the difficulty of confirming the volume of parole contacts and the level of supervision provided based on file information alone. However, SOU

has succeeded in developing a source for on-site, sex offender-specific group treatment and individual counseling, and has documented that all SOTU youth are receiving appropriate treatment. Youth receive treatment an average of 2-3 times a week when first released, with the possibility of diminishing on-site therapy as each youth's needs are assessed and individualized combinations of service providers are arranged. SOU plans to develop additional treatment groups, preferably on-site, as more youth in need of sex offender-specific treatment are paroled to Cook County.

Summary – Individual Level

Information on sex offender characteristics was developed through intensive file review during this research project and is summarized in this section. The common characteristics of youth currently receiving treatment in SOTU and those not in treatment were identified. This information will help in developing baseline data on the characteristics of sex offenders.

Although information was gathered on several relevant measures, the lack of baseline institutional data makes it difficult to determine the extent to which SOTU youth have experienced behavioral changes beyond those that typically occur in institutional settings. Interviews indicate that SOTU youth appear to be more in control of their own behavior and more willing to engage in discussion after completing several months in treatment, but these data are largely impressionistic and anecdotal.

There is little evidence on the issue of treatment phase completion, and no agreed upon criteria by which the progress of youth are judged. Although the SOTU manual states that offenders should complete the Orientation Phase in four months and Phase I in four months, documentation of completion is currently lacking. SOTU has not clearly established what a youth must do beyond completing homework assignments to reach completion. On-going charting or documentation of progress, using both objective and subjective assessment tools, would provide opportunities to evaluate progress in treatment on a regular basis.

JSOs released on parole to CCJPD under SOU supervision appear to receive the individualized attention needed. The cooperative relationship that has been established between SOU and IYC-H means that information is readily shared. Because the few SOTU youth paroled to Cook County have been released only recently, it is not possible to evaluate the long-term success of the SOU program in reducing the number of parolees who commit additional offenses. While individualized support systems have been developed and put in place for all SOTU parolees, more service providers and residential placements need to be identified in Cook County that can provide the appropriate level of supervision for sex offenders.

CHAPTER 5: RECOMMENDATIONS

This chapter provides a summary of the recommendations found throughout the report. Implementation of these recommendations will enhance the program, guide data collection, and provide the necessary information for a full impact evaluation. Recommendations for future research are also discussed.

SUMMARY OF RECOMMENDATIONS

Assessment:

- Standardize the assessment tools to be used in the program, which will provide documentation of measurable needs and changes in SOTP youth.
- Employ the use of assessment tools on a routine basis to complement the documentation process and provide a standardized built-in evaluation tool to measure youths' treatment progress.

Treatment Components

- Reconsider the use of open areas for any type of treatment activity. Open areas do not provide a therapeutic atmosphere and are distracting to the youths.
- Tailor all treatment-related activities so they are treatment oriented.
- Require additional homework to be completed during youths' free time in the dayroom as a compliment to group work and maximize treatment time.
- Use "specialized" individual treatment plans to facilitate smaller groups in order to offer specialized treatment in an environment where youths with similar treatment needs can help each other.

- Continue to structure the program toward a total treatment environment by enlisting staff to encourage youths to practice the program information presented, apply it to situations outside of group, and to be held accountable for their behavior at all times.
- Encourage youths to hold each other accountable through gentle reminders and confrontation in group therapy.
- Pair each theoretical foundation / treatment purpose to each activity a youth is assigned to allow him to internalize the message. Otherwise youths will merely complete the assignment and have no idea of its purpose.
- Make an effort to involve families in the treatment process during treatment prior to youths' release.

Treatment Curriculum

- Create treatment materials in such a way that they are consistently age-appropriate in terms of the chronological age, developmental stage, and educational level of the SOTP population.
- Operationalize the criteria upon which graduation to each treatment phase is judged.
- Use the program manual to strengthen the ties between supervision and aftercare by providing specific guidance on how relapse prevention plans will be reinforced in the community as a part of aftercare.
- Use of adult sex offender material by the program should be revised so it is appropriate for use with a juvenile sex offender population.
- Develop treatment curriculum in such a way that it provides opportunities for youth to apply what is learned in their everyday behaviors.

- Include both sexual and non-sexual materials and examples in teaching concepts related to thinking errors, justification and other issues to allow youths to draw on a multitude of life experiences to assist in the learning process.
- Consult a sex education curriculum development specialist to provide age-appropriate sex education geared toward the SOTP population: sexually active young men who are sex offenders.

Documentation and Evaluation

- Implement an internal evaluation in order to fine-tune each program component. Special emphasis should be given to the impact of personnel and population changes.
- Adopt a more individualized approach to treatment documentation to reflect both the specific types and quantity of treatment youth received.
- Consistently collect data for a minimum of two years in order to conduct a comprehensive analysis of the program to include recidivism measures.
- Assist future program evaluations by documenting changes in the program as they occur.
- Structure data collection activities with the immediate goal of fine tuning the program and the long-term goals of growth and development of the SOTP.
- Enhance and institutionalize the documentation of programmatic activities as they occur and chart the progress of each youth in a systematic way with the use of a standardized automated system.
- Develop outcome-based goals to include specific objectives focusing on measurable behaviors.

CCJPD

- Adopt a multi-agency approach to treatment in JFS by mandating that contractual service vendors attend regular staffings on youth to enhance services and increase coordination, while minimizing duplications of effort.
- Consider the effect on the supervision in the community of the policy of either holding youth until their maximum date or placing youth in residential treatment upon release.
- Use visits by parole personnel as an opportunity to discuss with SOTU staff various treatment programs available in the community.

Staffing / Personnel:

- Employ a third social worker with the priority of consistent administration of standardized assessment.
- Continue to provide and to ensure appropriate level of supervision of SOU youth by hiring an additional parole agent.
- Increase the number of service providers and residential placements in Cook County to ensure intensive supervision of youth.
- Monitor the workload of the supervision staff and be prepared to hire additional staff if the workload becomes such that the “intensity” of the supervision is compromised.

Equipment

- Provide desktop computers for the correctional counselors and the therapists to automate documentation currently done manually.

FUTURE RESEARCH

Further research on SOTP is necessary to guide future development. The spiral model demonstrates the progression of needed growth and development for the SOTP. Currently, both components of SOTP have identified a problem of public concern and conducted the initial research and development. Both have pilot tested their model and SOTU has received its initial assessment feedback. CCJPD is receiving their initial feedback, via this report. SOTU has progressed through the rethinking/redesigning stage and implemented the revised plan. While there is no official timeline, it is noteworthy that SOTU has completed these last two phases in only nine months. This report serves as a re-assessment for SOTU. It is time to begin the fine tuning process. Considerable thought

should be given to data collection during this process. If sufficient data are not collected, the last two years of hard work cannot be fully evaluated.

Fortunately, this SOTU is in a positive position. So little research has been conducted and documented in the literature on the long-term outcomes of juvenile sexual offenders, that even if the program participants fail, it is a positive stride in the research of developing adequate sexual offender treatment for juveniles. At the very worst, we will know what does NOT work, which is certainly more than we have today.

However, the limited knowledge is problematic. Based on a comprehensive literature review, the authors have identified only 20 journal articles and book chapters specifically working on the variables of interest for juvenile sexual offenders. The literature is not sufficient to provide adequate guidance of the variables to be collected. That is not to say there is nothing available, but what is available has not been sufficiently tested to determine if it is valuable. However, to determine if the program is reducing recidivism, considerable time and energy must be spent in data collection. Consistent data collection and documentation will be necessary for at least two years for a comprehensive analysis of the program. Also, changes must be documented in the program as they occur.

One further issue should be examined. The program and policy makers should discuss the policy of placing youths in residential treatment upon release or holding youths until their maximum date. Both of these practices place youths in the community without the intense supervision of parole. An analysis of the impact of these decisions should be included in future research.

Finally, the outcome goals of SOTU need to be developed. To date, all the goals and objectives focus on program development. The next step is to develop goals that

focus on individual change of JSO behavior. For example, the first goal might change from:

To establish a comprehensive, intensive treatment environment that supports life, cognitive, and behavioral skills building

to:

To provide treatment that results in positive changes in life cognitive, and behavioral skills with objectives including:

by the end of the treatment period in SOTU, the youth will be able to (fill in various skills) (i.e., complete a job application; recognize a high-risk behavior and avoid or stop the situation).

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