

Wayne County
Comprehensive Approaches to Juvenile Sex Offender Management Initiative
(June, 2008)

**Best Practice Guide: Best Practices in the Community Supervision
of Juvenile Sex Offenders**

About Best Practices:

Best practices refer to ideal and often, evidence-based practices, related to a variety of interventions and services that are based upon current research, accreditation standards, and various consortia of experts. *Best practices* guide practitioners and administrators to provide the most effective treatment and services and by doing so, assist all professionals involved in a system to improve and achieve stronger outcomes.

To specifically address needs related to juvenile sex offenders, *Best Practice Guides* have been developed in the four following areas: 1) Assessment, 2) Residential Treatment, 3) Community-Based Treatment, and 4) Community Supervision.

I. Community Supervision of Juvenile Sex Offenders

Supervision professionals are critical to the success of juvenile sex offenders as they move through various aspects of treatment. Supervision professionals include case managers or probation officers responsible for the overall management of juvenile sex offender cases. Supervision professionals may work alone or in concert with treatment providers.

Community supervision of juvenile sex offenders should focus on seven key areas that include 1) General Issues, 2) Operations and Staffing, 3) Treatment Planning, 4) Supervision Strategies, 5) Community Support Networks, 6) Responding to Subsequent Violations in the Community, and 7) Documentation.

II. Best Practice Areas in the Community Supervision of Juvenile Sex Offenders

1) General Issues

- Supervision professionals rely on objective assessment and input from treatment providers in treatment planning and supervision of juvenile sex offenders
- Following re-entry, supervision professionals coordinate services, provide direct link to Court, and collaboratively support comprehensive treatment
- Supervision professionals build and collaborate with multidisciplinary teams, including community support networks to enhance community reintegration
- Supervision professionals are specially trained & receive specific support to work with juvenile sex offenders

2) Operations & Staffing

A. General Issues

- Case managers should possess relevant graduate degrees (graduate degrees in a mental health profession: Counseling, Clinical Psychology, Clinical Social Work, Criminal Justice with specific training in mental health component or a related mental health discipline)
- Specialized/reduced caseloads for supervision professionals (significantly less than caseloads of general offenders) that specifically handle juvenile sex offender cases should be in place & limited in size due to intensity of services
- Assignments of specialized caseloads should be dependent upon staff credentials
- Credentialed supervisors should be in place to provide specialized supervision to case mgrs. working with juvenile sex offenders
- Trackers work collaboratively with case managers to enhance supervision of juvenile sex offenders
- Trackers have specialized caseloads to work with juvenile sex offenders
- Resources, including specialized supervision, should be in place to mitigate secondary trauma or burn-out

B. Specific Training

Supervision professionals (including trackers) should minimally receive training in the following areas:

- Incidence & prevalence of sexual victimization,
- impact of victimization,
- etiology & characteristics related to juvenile sex offending,
- assessment and treatment of juvenile sex offenders,
- caregiver & other support involvement,
- collaboration in developing intervention responses to address violations or risk factors
- cognitive-behavioral theory & multi-systemic approaches
- reducing secondary trauma or burn-out

3) Treatment Planning

A. General Issues

- Policies exist articulating the development of treatment plans (i.e., timeframes for development, required information, etc.)
- Treatment goals are observable and measurable
- Specific interventions are identified to facilitate goal attainment & target dates for goal attainment are identified
- Supervision professionals establish multidisciplinary teams to support juvenile sex offenders in the community
- Treatment plans are developed collaboratively by a multidisciplinary team (e.g., treatment provider, school, caregivers, community supports, victim advocate)
- Victim considerations (e.g., safety needs, impact statements) inform the treatment plan

- Treatment plans are individualized and based upon results of all assessments
- Treatment plans are reviewed at least quarterly with specific modifications based upon progress or lack thereof to ensure responsiveness to juvenile sex offenders' current needs

B. Issues to be Addressed in Treatment Planning

- Caregiver capacity
- Education
- Employment
- Peer relationships
- Extracurricular activities
- Home environment (e.g., family relationships, safety)
- Mental health & substance use
- Developmental level
- Transportation needs
- Current risk factors & changes in dynamic risk factors

C. Specialized Conditions in Treatment Planning

Treatment plans may include specialized conditions for juvenile sex offenders as justified that are selectively applied (when justified) and that are continuously assessed and modified as needed that may include:

- Confidentiality waiver between case mgr., tx. provider & others
- Prohibited contact w/victims
- Restricted extracurricular activities
- Limited or prohibited contact w/minors
- Participation in juvenile sex offender-specific treatment
- Limiting access to potential stimuli (e.g., media w/adult or violent themes, Internet)
- Establishing curfew
- Graduated freedoms as justified
- Routine monitoring of specialized conditions

4) Supervision Strategies

- Supervision professionals engage in comprehensive release planning with residential treatment providers to promote effective re-entries
- Supervision professionals work directly w/community-based providers to promote effective re-entry/aftercare or to promote effective community-based treatment as an alternative to residential treatment
- Supervision professionals conduct regular field visits w/juvenile sex offenders at a variety of locations, including home, school, employment, recreational activities, etc.
- Field visits are varied in time and day as well as in scheduled and unannounced visits
- In addition to case managers, trackers are also used to monitor juvenile sex offenders & enhance supervision

- Trackers are a critical part of the multi-disciplinary team & actively participate in treatment planning

5) Community Support Networks

Based somewhat on the wraparound concept of being able to meet youth/family needs through existing community members, Community Support Networks provide a critical layer of support that continues long after formal system involvement ends

A. General Issues

- Community Support Networks should be composed for youth immediately following youth's entry into the juvenile justice (JJ) system and at least three months prior to release from residential placement
- Case managers lead the development of Community Support Networks to support juvenile sex offenders in the community
- Members of Community Support Networks are identified to support the youth and family throughout and following JJ system involvement
- Regular & at least monthly contact is made with Community Support Network members by supervision professionals and/or C-B providers
- Community Support Networks are involved in the treatment planning process to whatever degree they are able to participate

B. Development & Composition of Community Support Networks

- Members are actively recruited from two populations: Those with prior relationships w/the youth/family and community members at large that have an interest in providing some degree of support to youth/families
- Supervision professionals actively develop a broad group of community supporters that can be matched to specific youth/families as needed to complement those individuals that are already acquainted with the youth/family
- Large scale recruitment efforts may target local business owners, local leaders, and individuals with an investment in youth/families/ communities
- Possible family acquaintances for recruitment on a Community Support Network typically includes relatives, school personnel, employer, religious leader (as relevant to family), neighbor
- Each youth/family ideally has a community support network of 3-8 individuals
- Types of support provided to youth/families varies & is based upon capabilities of the individual supporter and youth needs
- Support may include spending time with youth/family, meeting a specific need (e.g., employment), etc.
- Youth/families ultimately determine who will be a part of their Community Support Network and the youth/family's identity is protected until the youth/family consent to the individual's involvement on the community support network
- Supervision professionals provide orientation & training to all prospective support network members that includes introductory issues related to juvenile sex offenders, role of Community Support Networks, information sharing, and treatment planning

6) Responding to Subsequent Violations in the Community

A. General Issues

- Graduated sanctions are available to respond to violations of behaviors
- Supervision professionals work collaboratively with jurists to respond to violations of behavior

B. Considerations in Responding to Violations:

- Seriousness of behavior
- Relationship of behavior to sex offending
- Risk level for future/subsequent violation(s)
- Degree to which community was jeopardized
- Level of responsibility assumed by juvenile
- If violation was disclosed by juvenile
- Caregiver capability to continue to supervise JSO in home
- Presence or absence of supports/services

7) Documentation

A. General Issues

- Records maintenance and information sharing complies with state and federal confidentiality laws
- All staff receive adequate training in documentation and record-keeping

B. Specific Documentation Needs for Juvenile Sex Offender Records

- All prior assessment information (e.g., pre-dispositional assessment, clinical assessment) & records (e.g., victim reports, police reports)
- Informed consent
- Confidentiality waiver
- Treatment contract
- Treatment plans
- Information related to the *Community Support Network*
- Progress notes
- Other adjunctive agency reports
- Social service investigations
- Registration documentation, if applicable
- Collateral contacts
- Violations & responses to violations

References

- Association for the Treatment of Sexual Abusers (ATSA) (2000). *The effective legal management of juvenile sexual offenders*. Beaverton, OR: Author.
- Center for Sex Offender Management (CSOM) (1999). *Understanding juvenile sexual offending behavior: Emerging research, treatment approaches, and management practices*. Silver Spring, MD: Author.
- Center for Sex Offender Management (CSOM) (2000). *Community supervision of the sex offender: An overview of current and promising practices*. Silver Spring, MD: Author.
- Conrad, D.J. & Perry, B.D. (2000). *The cost of caring: Understanding and preventing secondary traumatic stress when working with traumatized and maltreated children*. Child Trauma Academy Interdisciplinary Education Series.
- D'Amora, D., & Burns-Smith, G. (1999). Partnering in response to sexual violence: How offender treatment and victim advocacy can work together in response to sexual violence. *Sexual Abuse: A Journal of Research and Treatment*, 11, 293-304.
- Gendreau, P., Goggin, C., & Fulton, B. (2000). Intensive supervision in probation and parole. In C.R. Hollin (Ed.), *Handbook of offender assessment and treatment* (pp. 195-204). Chichester, UK: Wiley.
- Howell, J.C. (Ed.). (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic juvenile offenders*. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

- Hunter, J.A. (2000). Understanding juvenile sex offenders: Research findings and guidelines for effective management and treatment. *Juvenile Justice Fact Sheet*. Charlottesville, VA: Institute of Law, Psychiatry, & Public Policy, University of Virginia.
- Loeber, R., & Farrington, D.P. (Eds.). *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage.
- McGrath, R.J., Cumming, G., & Holt, J. (2002). *Collaboration among sex offender treatment providers and probation and parole officers: The beliefs and behaviors of treatment providers*.
- Weinrott, M. (1996). *Juvenile sexual aggression: A critical review*. Boulder, CO, Institute for Behavioral Sciences, Center for the Study and Prevention of Violence.
- Worling, J.R. (1998). Adolescent sexual offender treatment at the SAFE-T program. In W.L. Marshall, Y.M. Fernandez, S.M. Hudson, & T. Ward (Eds.). *Sourcebook of treatment programs for sexual offenders* (pp. 353-365). New York: Plenum.