

Section 6: Reentry

Introduction

Use Slide #1: Reentry of Juvenile Sex Offenders

As you know, a critical part of the effective management of many youth who commit sex offenses is promoting and supporting their successful transition from an institutional or residential placement back to the community. In this section, we're going to talk about a number of challenges associated with juvenile sex offender reentry and aftercare, and some ways in which they can be overcome. As has been the case in other sections of this training, we'll rely primarily here on the current professional literature and research on juvenile offenders in general, as well as juvenile sex offenders more specifically.

Use Slide #2: Goals

The specific goals of this section are to:

- Examine and discuss why and how an over-reliance on the most secure placements, insufficient reentry and aftercare planning, and fragmentation across the system can negatively impact efforts to promote the successful reentry and aftercare of juveniles who have engaged in sexually abusive behavior; and
- Clarify how these challenges can be addressed effectively by those who share responsibility for working with these youth in residential and institutional settings and the community.

Part I: Common Reentry and Aftercare Challenges

Over-Reliance on the Most Restrictive Placements

Use Slides #3–7: Over-Reliance on the Most Secure Placements

Approximately 100,000 youthful offenders of all types are in residential and institutional facilities on any given day across the nation.¹ These facilities include detention centers, shelters, reception and diagnostic centers, group homes, halfway houses, boot camps, and long term juvenile correctional facilities. Approximately the same number of juveniles are released back into our communities from these kinds facilities every year.² That's pretty significant, isn't it?

And we know that these placement numbers rose pretty significantly throughout the 1990s, with increases of more than 40 percent from 1991 to 1999.³

It's interesting, however, that this trend began to change in the late 1990s and into the new millennium. After the number of juvenile delinquents in residential and institutional facilities across the nation peaked in 1999, it decreased by 11 percent between 1999 to 2003.⁴ And between 2000 and 2002, there was a 7 percent decrease, with declines in 36 of the 50 states during that two year period.⁵

It has been suggested that a reduction in juvenile arrests may explain the recent decrease in the number of youth in custody.⁶ Nationwide, the juvenile arrest rate peaked in 1996 – as the number of juveniles in residential and institutional placement was also increasing markedly – and has declined fairly steadily since then.⁷

What do we know about the number of juvenile sex offenders in residential and institutional placements? Well, it's very interesting that while the overall number of youthful offenders of all types in such placements has declined in recent years, the number of juvenile sex offenders has increased substantially.⁸ Between 1997 and 2003, there was a 34 percent rise in the number of juvenile sex offenders in these placements.⁹ In 2003, approximately 8 percent – or about 8,000 – of the juvenile offenders in residential and institutional facilities across the nation were sex offenders.¹⁰

These increases are particularly interesting in light of the survey data shared during the treatment section of this training, which indicates that most (72 percent) of the nation's specialized treatment programs for these youth are actually community-based.¹¹ So in many jurisdictions, there are significant community treatment options and capacity, but year-to-year, we're removing larger and larger numbers of these juveniles from the community. You'll recall that about 20,000 youthful sex offenders were provided treatment during the year that the survey was completed and although the residential programs accounted for only 28 percent of the total number of offense-specific treatment programs, nearly half of the 20,000 youth were treated in them!¹²

So as we look across the nation and at these interesting numbers, there seems to be a tendency in many states and jurisdictions to over-rely on the most restrictive residential and institutional facilities for juveniles who commit sex offenses. As a result, they're not always placed in the least restrictive setting that promotes community safety and addresses their risk and needs, as the juvenile justice system is intended to do.

Why is this over-reliance on placements for these youth a significant issue?

 **Use Slide #8: Tendency to Over-Rely on Residential and Institutional Placements**

Well, because we know that not all of these youth will necessarily benefit from them. As was mentioned earlier during this training, a high risk, high need youthful sex offender (for example, a youngster who has severe behavioral disturbances, demonstrates significant patterns of sexual deviance, lives in a very unstable home environment, and has significant treatment needs) may be most appropriately served in a residential or institutional program. And if a youth suffers from severe mental health problems that

make him a danger to himself or others, placement in an inpatient psychiatric setting may be necessary.

On the other hand, youthful sex offenders who are more stable, have fairly structured home environments with concerned, supportive, and engaged parents or caregivers, and have been assessed not to be high risk, may be much more appropriate for – and benefit from – a less restrictive management option. In fact, a residential or institutional placement might actually make a youth like this worse, especially if they're exposed over a lengthy period of time to other, much more delinquent youth.¹³

Indeed, there is no strong or particularly compelling evidence to suggest that the costly practice of placing youth in residential programs or institutional facilities results in substantial reductions in recidivism for any of them.¹⁴ Research actually indicates that interventions that are provided in a youth's natural environment in the community are more likely to result in positive outcomes than those provided in residential or institutional settings.¹⁵

So the critical point here is that not all juvenile sex offenders who are placed in residential or institutional facilities need to be there – and our outcomes don't get any better (and may, in fact, get worse) as a result of our decisions to place increasing numbers of youth in restrictive institutional and residential settings.

Insufficient Reentry and Aftercare Planning

Use Slides #9–11: Insufficient Reentry and Aftercare Planning

If getting into a residential or institutional facility is fairly easy for juvenile sex offenders, then getting out can be equally or more difficult. Compared to most other types of youthful offenders, we know that sexual abusers typically spend more time in placements.¹⁶ One reason for this is a lack of or insufficient reentry and aftercare planning.

In the absence of a clear and comprehensive plan that clarifies what will be done with each youth, when services will be provided, and who is responsible for what, there can be a tendency to simply assume that the “more” we provide to them while they're in custody and the “longer” we keep them, the better off they'll be. As a result, if there's no plan that outlines an alternative course of action, residential or institutional treatment programs and providers may want to hold on to these juveniles for as long as possible. Because of the nature of their offenses, it usually isn't difficult to convince case managers and others of the need to keep them “in” either.

In addition, none of us got into the business of working with juvenile delinquents – and sex offenders more specifically – for the recognition, and the great pay and wonderful benefits, right? It seems that most people do this work because they possess a genuine interest in working with these kids and their families, and contributing to community safety. And so in some places, in the absence of a plan about how

transition and aftercare will move forward, the well-intentioned desire of institutional or residential staff members can be to work with these juveniles until all of their needs and issues have been addressed. In most cases, however, it's not realistic or possible to do this – and attempts to do so can be counter-productive.

For example, the longer that a juvenile sex offender remains in an out-of-home placement and detached from positive community supports and productive involvement in prosocial activities, the more likely he is to experience difficulties transitioning back to the community.¹⁷ Once pro-social family, peer, and community connections have been disrupted or lost all together, it's not always easy to reestablish them.¹⁸

In addition and as mentioned a moment ago, we have to remember the potential for negative outcomes where youth are placed together for the purpose of intervention.¹⁹ There's some pretty compelling research out there on this. That is, putting juvenile offenders together may, in some circumstances, increase their delinquency because of the negative impact of their peers. In other words, despite our best intentions and efforts – which may include intensive treatment – the powerful influences of these juveniles' peers can mitigate the positive effects of the services and interventions that we provide. This results in poorer outcomes that are contrary to our expectations.²⁰ So long-term placement can have the very opposite of the intended effect, in that it may actually increase the likelihood that juveniles will re-offend after they are released to the community.

A lack of reentry and aftercare planning – and keeping youth “in” for too long as a result – may also lead to them “maxing out” their time and being released or discharged from placement with no supervision and aftercare programming to promote their stability in the community and adjustment to more independent living. Simply releasing them with a “good bye, good luck, and stay out of trouble” doesn't serve their needs, their families' needs, or – most importantly – the safety needs of victims, potential victims, and the community.

In some cases, a lack of attention to planning may also lead to juvenile sex offenders being released to a very low level of structure and supervision, with no gradual reduction in aftercare services and support. So they don't “max out,” but they don't get very much when they step back into the community. This “all to (almost) nothing” approach doesn't work particularly well either for the same reasons we just discussed. It doesn't provide youth with an opportunity to adjust to the lack of restrictions and much more limited structure associated with living in the community.

Insufficient planning may also prevent the early identification of needs and barriers that impede or prevent successful reentry and aftercare. This can cause additional delays in the reentry process, as these concerns arise unexpectedly or at the last minute, and those who are working with these juveniles are required to take the time necessary to address and solve them. In a sense then, one could argue that by not being proactive and getting clear early about the needs that these youth have and the barriers

associated with their return to the community, we're further – and unnecessarily – punishing them. The delays that result are our fault – and not a reflection of the youth.

Fragmentation Across the System

Use Slides #12–13: Fragmentation Across the System

The third common challenge that negatively impacts reentry and aftercare efforts with these youth is the fragmentation that often exists across the juvenile justice system. Unfortunately, the design of the system naturally establishes a residential or institutional dimension and community dimension that can be mutually exclusive of one another.²¹ And therefore, those who are responsible for working with these youth in one of the dimensions haven't traditionally had – and don't necessarily proactively pursue – opportunities to sit down and work together with their colleagues in other settings or agencies.²²

So juvenile sex offender reentry (and offender reentry in general) has tended to be viewed in many places with an “in” or “out” point-of-view. When those who provide services to these youth on the inside – in residential or institutional settings – don't work closely and productively with stakeholders in the community (and vice versa) to promote and support successful reentry and aftercare, roles and responsibilities related to reentry and aftercare become fragmented and duplicative. This, in turn, reduces the efficiency and effectiveness of the larger system, and no one benefits – not victims, our communities, these youthful offenders, or their families.

For example, there are many treatment providers across the country who are delivering excellent specialized clinical services to youthful sex offenders, both in secure institutions and residential facilities, and in the community. However, the impact of these services isn't always maximized because they might be delivered in isolation of one another. That is, providers on the inside may not “reach out” to their colleagues in the community to determine – in a collaborative fashion – the treatment needs that should be addressed immediately in the residential or institutional setting, and what can be put off until community-based treatment.

This “in” *or* “out” approach can create an unnecessary burden on residential and institutional providers, as they spend their limited time and resources focusing on issues that could be addressed after the youth's release in the community.

Similarly, providers on the outside may not “reach in” to make sure that the interventions they plan and deliver are informed by – and build upon – the progress that has been made previously while the youth was in placement. This may result in an inefficient use of time and resources, as community providers repeat the work already accomplished in placements.

Similar problems can occur for other stakeholders involved in the reentry and aftercare process, such as institutional or residential case managers or workers, and juvenile

parole officers. Case managers or workers may not “reach out” to parole officers and other community-based providers, programs, and resources to assure that the multiple needs of these youth (for example, mental health, health, educational and vocational, and family stability) will be sufficiently addressed as the reentry and aftercare process proceeds. And juvenile parole officers may not “reach in” to collect information about the juveniles they will be supervising so that they can familiarize themselves with the unique circumstances of every case, begin to develop community management strategies, and facilitate access to needed community services and supports prior to transition.

So there are jurisdictions out there that are struggling with a number of pretty significant challenges related to juvenile sex offender reentry and aftercare, including an over-reliance on the most restrictive placements for these youth, insufficient planning, and fragmentation. All of these issues have consequences which can adversely impact our efforts to promote community safety and assist these youth to return to our communities to live healthy, pro-social, and crime-free lives.

Fortunately, there are a number of viable responses and potential solutions to each of these challenges that are emerging in the professional literature, and in policy and practice innovations in a number of places across the nation. Let’s talk now about how these problems can be constructively addressed, starting with an over-reliance on the most restrictive placements.

Part II: Potential Solutions

 **Use Slide #14: Potential Solutions**

Over-Reliance on the Most Restrictive Placements

 **Use Slide #15: Reasons for Over-Reliance**

Reasons for the Over-Reliance

When considering the ways to reduce the juvenile justice system’s over-reliance on the most restrictive and costly placements, and its current tendency to put these sexually abusive youth into settings that are more restrictive than what’s necessary to promote community safety and address their risk and needs, it’s helpful to consider why we depend so much on these placements in the first place. And why it’s so easy for a juvenile sex offender to end up in a residential or institutional program, even if he doesn’t need to be there.

Why do you think that this strong tendency to remove these kids from the community exists? What drives it?

(ALLOW FOR AUDIENCE RESPONSES.)

Well, there have been a number of reasons put forth about this, including:

- The high stakes associated with these cases – Recidivism in sex offense cases translates into additional or new victims. By placing these youth in a more secure setting, we can temporarily reduce their access to victims and vulnerable parties in the community.
- Insufficient assessment data regarding these youth²³ – Appropriate placement decisions are contingent on comprehensive assessment information about the needs and risk levels of these youth prior to disposition or sentencing. In the absence of data indicating that these youth *can* be placed safely in the community, residential or institutional placement may be more likely.
- Limited specialized management capacity in the community²⁴ – Despite the recent survey data that was shared about the presence of significant numbers of offense-specific community-based treatment programs for these youth, many jurisdictions still have very limited or no such programs and lack specialized community supervision approaches. This significantly reduces the viability of community-based options in these cases and may leave decisionmakers like juvenile and family court judges and prosecutors with few alternatives besides residential or institutional placement.
- A lack of confidence in and knowledge about existing community resources²⁵ – System actors, like juvenile and family court judges and prosecutors, may not believe that the programs and services that exist in their communities are capable of effectively managing the risk and sufficiently addressing the needs of youthful sex offenders and their families. This may make them less likely to use them.
- Negative community sentiment²⁶ – In an earlier session, we talked briefly about why the juvenile justice system’s increasingly punitive, severe, and restrictive responses to youthful sex offenders may, in part, be a function of the public’s increasing concerns related to the high profile sex offense cases committed by adult sex offenders. Headlines associated with “bad cases” remain common today and may contribute to the negative community sentiment that exists regarding all types of sex offenders – both adult and juvenile. The over-placement of youthful sex offenders in residential or institutional settings may, in part, be a response to this. If community members make it clear to juvenile justice system actors that they do not want juvenile sex offenders to be living in their neighborhoods, it’s unlikely that management options that are community-based will be prioritized.

 **Use Slide #16: Strategies to Reduce Over-Reliance**

Based on these explanations for the over-reliance on the most restrictive placements, how might we work to increase our utilization of other options?

Fortunately, there are a number of things that can be done.

Assessment-Driven Decisionmaking at the Point of Disposition or Sentencing

During a previous section of this training, we covered a number of assessment approaches and specialized tools that can be used early on in the juvenile justice process (prior to disposition or sentencing) to evaluate in a comprehensive way the risk and needs of these juveniles and their families so that appropriate decisions can be made by juvenile and family court judges regarding how to manage and where to place them. Ideally, judges rely on information from specialized and comprehensive pre-sentence investigations (PSIs) or pre-disposition reports (PDRs), and psychosexual evaluations to guide their decisionmaking.

As we've discussed, residential and institutional programming should be reserved for those youthful sexual abusers who are determined to be higher risk and who have greater needs. In the absence of a high quality PSI or PDR, and a complete psychosexual evaluation, the juvenile and family courts may be inclined to use more restrictive placements for these youth, especially in light of the fairly high stakes associated with these cases. If information about risk and need is not available and clear, judges may determine that a more restrictive placement is better – and safer.

Building Community Capacity

High quality PSIs or PDRs and psychosexual evaluations are probably not going to be very helpful in guiding sentencing or disposition decisionmaking if there are no – or only very limited – community-based options for youthful sex offenders (such as alternative living and day treatment programs, and specialized or intensive supervision). That is, if the only viable management options for these youth are restrictive placements, comprehensive assessment data will not be helpful in matching programming to risk level and severity and significance of need.

Recognizing that they are cheaper than more restrictive placements and that they are critical in the successful management of many youthful sex offenders, some jurisdictions have begun to prioritize and support the creation of specialized community-based management options. For example, we've seen a proliferation of specialized juvenile sex offender supervision caseloads in jurisdictions across the country to address the unique needs of and the risks posed by these youth in the community. As discussed in the supervision section of this training, these caseloads are usually managed by seasoned, specially trained supervision officers who have an interest in

working with this sub-population of youthful offenders. In places where community-based treatment options are very limited, mental health providers sometimes seek – at the request of juvenile justice system actors – specialized training, knowledge, and experience regarding offense-specific treatment interventions so that they can begin to provide the kinds of out-patient clinical services to these youth that are known to be associated with positive outcomes.

Raising Awareness and Increasing Confidence through Specialized Training and Education

Juvenile and Family Court Judges and Prosecutors

Even with an excellent PSI or PDR and an excellent psychosexual evaluation prior to disposition or sentencing, and even if there is an appropriate community-based option available for a juvenile sex offender that is capable of managing the risk level and addressing the needs that are present, the youth may still end up in residential care or institutional custody if the juvenile or family court judge and the prosecutor don't understand that the youth can be managed safely in a less restrictive setting and that there is a program with the capacity to do this.

Jurisdictions are, therefore, recognizing that specialized training for judges and prosecutors regarding these youth – and the management strategies and interventions that have been found to reduce recidivism and to promote community safety – is very important.²⁷ In addition, judges and prosecutors can benefit from information and knowledge regarding the programs that exist in their communities, and the management approaches and strategies that they use.²⁸ This may increase their confidence in these services as viable alternatives to residential or institutional custody in some cases.

The Community

As has been mentioned during this training already, the presence of adult and juvenile sex offenders can increase community members' concerns regarding public safety, and mandatory sex offender registration and notification statutes in some states now include juveniles, which has made them more visible than ever in our communities. As a result, fears about – and resistance to – the presence of these youth have increased over time. An unfortunate result may be an increase in communities' hostility towards these youth and their family members, as well as towards the agencies and individuals who are working with them. This, in turn, may reduce the likelihood that community-based management strategies will be used. In other words, particularly strong resistance on the part of the public to the community-based treatment and supervision of these youth may decrease the likelihood that juvenile justice system actors will utilize less restrictive alternatives.

While the public's fears about some of these youth may be well-founded, it may also be driven by a lack of information or misinformation about these juveniles' risk levels and recidivism rates, and the promise of certain types of management strategies. In

addition, as is the case with judges and others, community members may lack confidence in the juvenile justice system.

Therefore, in some jurisdictions, those who are responsible for working with sex offenders have begun to recognize that the community is a critical partner in successful reentry and aftercare efforts related to sex offenders, and have started to engage community members about this issue and develop partnerships with them.²⁹

These jurisdictions have discovered that communities are more likely to be supportive when their concerns are heard and respected, when accurate information about youthful sex offenders and management approaches is provided, and when they are given opportunities to ask questions and raise concerns.³⁰

By proactively educating and partnering with the public, professionals involved in this work can actually enhance juvenile sex offender management efforts, as informed and knowledgeable members of the community are more likely to support and endorse strategies that are known to work, such as the provision of community-based programming and services to some juvenile sex offenders.³¹

Summary

There are, then, a number of possible solutions to reducing the juvenile justice system's over-reliance on the most restrictive placements for these youth. They include:

- Using specialized and comprehensive PSIs or PDRs and psychosexual evaluations to guide disposition decisionmaking and sentencing, and to identify and separate the minority of particularly high risk, high need youth who likely need residential and institutional placements from the majority who are probably more appropriately placed in programming and services that are less intensive.
- Building community management capacity by creating programs and services that are known to benefit these youth. Examples include specialized supervision approaches and community-based, offense-specific treatment.
- Providing specialized training for juvenile and family court judges and others about these youth, the importance of specialized and comprehensive assessments, and interventions that are known to work. Education about local programs and services is also vital.
- Viewing the community as a partner and working proactively to gain their support for management strategies.

So let's assume that all of these things are in place in a particular state or jurisdiction. Interventions that are provided to these youth are risk and need based, with only the most dangerous and troubled being required to participate in residential or institutional programming. The next challenge that we have to address is what happens to these youngsters who are in placement. We talked earlier about how our planning efforts with these juveniles aren't always very effective, and that as a result, we often end up

hanging on to them for too long. Let's spend a few minutes on the challenge of reentry and aftercare planning.

Insufficient Reentry and Aftercare Planning

Use Slide #17: Insufficient Planning

The Importance of Planning for Reentry at the Point of Entry: Starting at Intake

A few minutes ago, we reviewed some of the negative consequences of insufficient reentry and aftercare planning and of keeping juvenile sex offenders in residential or institutional placement for lengthy periods of time. They include exposure to negative peers that may compromise the treatment process and the loss of positive, pro-social connections to their communities and family members. These youth may also “max out” their time and end up back in the community with no or very limited structure and support.

So how can the problem of poor planning be remedied? Let's talk about what a comprehensive reentry and aftercare plan that promotes the stability of these youth and public safety looks like and what it should include.

An ideal reentry and aftercare planning strategy for juveniles who commit sex offenses relies on early and ongoing assessments during residential or institutional placement. In fact, some agencies and jurisdictions have adopted a “reentry at the point entry”³² approach to the planning process, so transition begins the moment a youth steps through the door of a facility and continues until he is discharged from community supervision and aftercare programming.

The intake process provides an important early opportunity to assess risk and to begin to anticipate the needs of these youth that, if left untended, may become barriers and problems during transition and aftercare.³³ The identification of these issues at intake provides institutional or residential staff with an opportunity to prepare a plan early that will help to assure that these youth receive needed services while they are in custody, and to begin to develop a proactive transition and aftercare strategy that guarantees that the youth will not spend more time than is necessary in the residential or institutional setting.

Use Slide #18: Key Questions to be Answered

More specifically, the plan developed at intake should be designed to answer the following questions:

- What issues, concerns, and barriers need to be addressed at some point during the reentry and aftercare process?

- When must these be addressed? In the institutional or residential facility before release? Afterwards when the youth is in the community? Or in both settings?
- Who will address them? A treatment provider? A caseworker or manager? A supervision officer? Someone else?

Of course, as has been emphasized throughout the training, the risk levels and needs of these youth change over time, so the plan must also be updated accordingly.

And who should be involved in the development of the plan? Ideally, individuals who will be working with the youth both in the residential and institutional setting and as he transitions back to a less intensive level of care. It may not be possible to include all of the community-based stakeholders who will ultimately be involved at the very beginning of the planning process, but it's key to pull them in as soon as possible so they're aware of the strategy that has been developed with and so that they can provide feedback and input.

The Elements of a Comprehensive Reentry and Aftercare Plan

Use Slide #19: Elements of a Comprehensive Reentry and Aftercare Plan

Let's talk for a moment about those key issues, concerns, and barriers that must be addressed in the plan. Based on your experiences, what are some examples of them?

(ALLOW FOR AUDIENCE RESPONSES.)

You raise a number of very important considerations. Obviously, there are a great many things that we must be thinking about in the context of our planning, and that must happen before the reentry process can be initiated, as well as thereafter. Here are a number of them.

Specialized Treatment Needs

In the session on treatment, we talked about the importance and efficacy of offense-specific interventions for youth who have committed sex offenses. Specialized treatment should begin, but doesn't have to end, within the confines of a residential or institutional setting. So a critical question to be answered will be what constitutes satisfactory progress prior to release so that treatment can continue in the community? It's likely that a number of treatment goals will be identified during the reentry and aftercare planning process that must be achieved by the youth in the context of offense-specific treatment prior to release. These may include the development of a realistic relapse prevention plan, among others.

Mental Health Problems

Recognizing that many of these youth have needs that go beyond their sex offending behavior, comprehensive and holistic approaches to treatment and service provision are essential.³⁴ Mental health problems and concerns should, therefore, be a target of all reentry and aftercare plans. It's likely that acute problems will need to be addressed prior to release, with ongoing services in the community that are informed by the programming provided "inside." For juveniles who are prescribed psychotropic medications, residential or institutional practitioners may need to work closely with families and local, community-based mental health professionals to ensure that the youth departs the facility with an adequate supply of medicine or that there is a reasonable plan in place to fill their prescriptions in a timely manner once they are released. Making sure that parents or caregivers are educated about why medication is important, as well as their central role in ensuring that prescriptions remain filled and that the juvenile regularly takes their medication, must also be addressed.

Healthcare Concerns

As you know, in the residential and institutional setting, there are strict requirements regarding healthcare. On occasion, there are youth who are identified as having health-related concerns for the first time while they are in a residential or institutional placement. One problem is that they may have had little or no access to appropriate healthcare services prior to placement. Now that they are receiving good, comprehensive care, a major need will be figuring out how to maintain it after release. Is transferring to private insurance a possibility? Can the youth's parents or caregivers help to facilitate access to healthcare? For example, if the youth's family has insurance, it will be necessary to ensure that he is "re-covered" upon release, if the state took over financial responsibility for healthcare during placement. If finances are a concern, can the youth transition back to subsidized care? Or are there medical professionals in the community where he will be living who are willing to offer services at a reduced rate?

Family Issues

We've mentioned families, parents, and caregivers several times now as critical partners in the juvenile sex offender management process. Parents and caregivers are probably the most logical community supports that these juveniles have; most youth are dependent on them and most parents or caregivers want to do the right thing for their kids.³⁵ A critical part of the reentry and aftercare planning process is, therefore, to figure out how parents and caregivers can be positioned and equipped to support the transition of their children back to the community.³⁶ To do this, it's important to do the following:

- **Assess families and parents or caregivers early.** As you know, parents or caregivers of juvenile sex offenders who are in residential or institutional placements may have problems or issues of their own that might contribute to delinquency or sexual abuse. If these risk factors are left unattended, it will make it difficult for the youth to return home and to remain successful. Other factors to consider are the structure, boundaries, and dynamics within the family. Parents

and caregivers may not be particularly good at establishing and consistently maintaining discipline and behavioral limits in the family environment, which may impact their ability to be supportive of and participate in the reentry and aftercare process. There may also be substance abuse in the family or inter-generational sexual victimization and physical abuse.

Reentry and aftercare plans must identify these kinds of problems, issues, and risk factors, and outline clear strategies to address them. Timing about when they will be dealt with and who will be responsible are critical considerations.

- **Identify strengths.** Parents, caregivers, and families may have assets or strengths that can be used to support the reentry and aftercare process.

What are some common family-related strengths and assets that you've identified in your work?

(ALLOW FOR AUDIENCE RESPONSES.)

- **Explore victim safety interests, needs, or concerns, especially when the juvenile offender and the victim are in the same home.** In intra-familial cases of sexual abuse, parents or caregivers may struggle a great deal with balancing the needs of the victim and the perpetrator, and they may feel as though they have to “choose” between the two. In these intra-familial cases, it's essential to explore the potential for family reunification after release, and to begin planning for it immediately, if the decision to proceed is made. I'd like to spend just a few minutes talking about reunification.

Use Slide #20: Family Reunification Challenges

Family Reunification

As you are no doubt aware, pressure across the nation has increased in recent years to preserve and reunify families in the nation's juvenile and family courts, and child welfare and social services systems.³⁷ It is, however, a difficult issue that is fraught with many challenges.

Based on your experiences, what are some of the challenges associated with family reunification?

(ALLOW FOR AUDIENCE RESPONSES.)

Yes, those are all very significant. Let's walk through a number of challenges.

- **Limited placement options.** Unfortunately and as we've discussed, aside from residential or institutional facilities, placement options for juvenile sex offenders may be very limited in some places. This means that if they are not in a placement, there may be very strong pressure to allow them to return home.

- **Requests from family members to allow – or to restrict – a juvenile’s return home.** Some parents or caregivers may be very – or overly – supportive of or resistant to the return of a juvenile sex offender.
- **Concerns raised by victim advocates and service providers.** Victim advocates bring an important perspective to the work that we do with these youth, and ensuring that our offender management strategies are victim-sensitive is key. Victim advocates and service providers may, in some cases, have significant concerns about or objections to reunification.
- **Expectations of child welfare and social service agencies, and juvenile and family courts.** These entities are usually involved in some way in these cases, and they likely have strong perspectives regarding whether or not reunification is appropriate.
- **Large caseloads in social service and supervision agencies.** Social service caseworkers and juvenile parole officers often have very large caseloads, making it quite challenging to find the time to manage the complicated reunification process closely.
- **Limited long-term influence of social service and supervision agencies, and the juvenile and family courts.** These entities may prohibit or restrict reunification while they are managing and responsible for these cases, but they are not involved with these youth, their victims, and their families forever. Ultimately, despite the risks and hazards, some juveniles maintain contact with victims and potential victims, and ultimately return home.

Unfortunately, there are no empirical studies that examine promising strategies to address these challenges, and that look at the impact of different approaches to reunification. Furthermore, very little about reunification exists in the professional literature.

Nonetheless, many jurisdictions have determined that it’s not reasonable, realistic, nor advantageous to prohibit all reunification efforts, especially in cases where youth pose a relatively low risk to reoffend, as determined by:

- Their dynamic risk factors;
- Their encouraging responses to treatment interventions;
- The victim’s, parents’ or caregivers’, and other family members’ responses to therapy; and
- The parents’ or caregivers’ willingness and ability to support the process and assure – above all else – the safety of the victim and other vulnerable people.

Some jurisdictions have developed specialized reunification policies and protocols that are designed to ensure a comprehensive and coordinated approach. Here are a number of the critical elements of such an approach:

Use Slide #21: Key Elements of Reunification

- **Victim safety.**³⁸ The physical, psychological, and emotional safety and well-being of victims and potential victims must always remain paramount, regardless of the offender's wishes, other family members' expectations, or the broader interests in and pressures associated with preserving families.
- **Early initiation of the process.**³⁹ The steps associated with reunification can be time-consuming and complicated. For juvenile sex offenders who are in residential or institutional facilities, reunification preparations should, therefore, begin as early as possible (ideally at intake) when the larger reentry and aftercare planning process is initiated.
- Furthermore, the leverage of the juvenile justice process can be used to ensure that the youth makes sufficient progress in treatment, that family members and victims receive the services and support that they need, and that a cautious, deliberate reunification strategy is undertaken that ensures the safety and well-being of the victim and other vulnerable parties.⁴⁰
- **Gradual and deliberate.**⁴¹ Considerable harm to the victim could result from the premature return home by a juvenile sex offender. Therefore, appropriate treatment for the victim, family members, and the offender is essential. The clinical interventions for each should have associated with them specific, measurable, logical, and progressive goals to assure the readiness of all parties for the next step in the process. The typical steps in the lengthy reunification process include the following:⁴²
 - Out of home placement for the juvenile sex offender;
 - Treatment interventions for the offender, family members, and the victim;
 - Readiness assessments for all parties, which are ongoing throughout the process;
 - Supervised contacts in clinical settings;
 - Clarification;
 - Supervised contacts in natural environments;
 - Transition to family supervision; and
 - Return home.
- Unfortunately, there isn't sufficient time during this training to cover each of these steps in the reunification process in detail. For a more thorough review of them, you may want to consult the book chapters by Thomas and Wilson, and Thomas and Viar that are included in the reference list in your materials.

- **Flexible and responsive.**⁴³ As has been emphasized throughout this training, one size doesn't fit all in these cases. The individualization – and modification over time – of family reunification plans and strategies are essential and must be based on the risks, needs, situations, and circumstances associated with each case.
- **Collaboration.**⁴⁴ For a family reunification effort to be responsive to changes in risk, needs, and circumstances, ongoing communication and collaboration among those working with the offender, victim, and family are essential. Unfortunately, there are instances when – as a result of the collaborative process and ongoing assessment and communication – the individuals who share responsibility for managing the reunification process may determine that it is no longer safe for the victim and other vulnerable parties in the home. Such cases may involve an increase in the risk of the juvenile offender, changes in the household composition, safety or other concerns expressed by the victim, or a decrease in cooperation or participation by parents or caregivers in the treatment and reunification process.

Speaking of parents and caregivers, let's spend a few minutes talking about their involvement in the broader reentry and aftercare planning process.

Use Slide #22: Promoting Early Involvement of Families

Practical Strategies to Promote the Early Involvement of Families in the Reentry and Aftercare Planning Process

A question that is often raised by practitioners who work with youthful sex offenders in the context of reentry and aftercare planning is how to involve parents, caregivers, and family members. As discussed in the supervision section of this training, for a host of reasons, parents and caregivers are sometimes resistant to taking an active role in the management process. As you think about including them, here are some practical strategies to remember:

- **Approach parents and caregivers as partners whose input is valued.**⁴⁵ To facilitate the engagement and participation of parents or caregivers early in the reentry and aftercare planning process, approach them in an empathic, respectful, supportive, and firm manner. Let them know that they are critical *collaborators* in the process.
- **Identify common ground and common goals.**⁴⁶ Giving parents a “say” in what the ultimate outcome should be with their child can empower them to be a part of the solution to the challenge that is figuring out how best to support the youth's transition back to the community from a residential or institutional facility. For example, all parties probably want the juvenile to be successful. In addition, no one thinks that a positive outcome will be the juvenile ending up back in placement. Discussions about these kinds of goals and desires, and how to achieve them, can be very motivating to parents and caregivers, and provide

them with an opportunity to think in very specific ways about the things that they can do to be supportive of the process.

- **Make family therapy an expectation in the context of reentry and aftercare planning, rather than an easy “option” to decline.**⁴⁷ It’s important that family-based interventions are cast as activities that will be done “with” the family and not “to” the family. In addition, it can be very helpful to stress the potential benefits of participation and the costs associated with not taking part.
- **Plan to incorporate therapeutic activities or assignments into visitation time at the facility.** As we discussed, there may be risk factors present in families that need to be addressed prior to reentry. Unfortunately, it can be challenging to find opportunities to provide necessary services to families, especially if community-based programming is limited and families only travel to facilities periodically to visit their kids. Visits can provide important opportunities to conduct family therapy sessions. After the visiting period is over, family treatment work can be conducted. In addition, “family days” in facilities can be used as occasions not only for youth to spend time with their families, but to participate in therapeutic activities.
- **Create “after hours” parenting skills classes, and education and support groups.** As you know, programming that occurs during regular working hours can create scheduling difficulties for some families; offering evening and weekend sessions can make it much easier for them to participate consistently. These classes and groups can provide parents and caregivers with valuable information and new skills that they can use to support the reentry and aftercare process, and make available safe forums where they can interact with others who are having similar experiences.
- **Plan to offer transportation.** Once again, our overall goal in the reentry and aftercare process is to ensure victim and community safety, and to promote the successful transition of these youth back to the community. Parents, caregivers, and family members play critical roles in this process, so we must make every effort to support their participation. Some families – for a host of reasons – can’t get to residential or institutional facilities to participate in the reentry and aftercare planning process. Rather than just “excusing” these families from being involved, casting their participation as a requirement and then offering transportation to them may be a good way to ensure their presence and input.

Are there any other strategies that you’ve found helpful in your efforts to engage and include family members in the reentry and aftercare planning process?

(ALLOW FOR AUDIENCE RESPONSES.)

So let’s move on from family issues and return to a discussion of a number of other key issues, concerns, and barriers that must be addressed in the reentry and aftercare plan.

 **Use Slide #23: Elements of a Comprehensive Reentry and Aftercare Plan**

Educational Needs

When thinking about the educational needs of youth who are in residential or institutional programming, there are several key considerations that should be addressed prior to a juvenile's release.

- Communication should occur with the school in the community that the juvenile will be attending so that school personnel are aware of the juvenile's return and can begin to plan for it. For example, if the juvenile's victim(s) or potential victims will be enrolled in the same school, safety plans must be developed. The needs and well-being of victims should be the first priority in these plans; if the victim's safety cannot be guaranteed in the school setting to which the youthful offender is planning to return, then the offender should be enrolled in a different school or have his educational needs addressed in an alternative education arrangement.
- If the juvenile is prohibited from returning to a school in the local community, alternative educational services need to be identified so that upon release, the youth can continue with his education uninterrupted.
- Case managers or teachers in the facility where the juvenile is residing must ensure that the education credits that the juvenile earned while in placement are transferred to the school he will be attending in the community or are otherwise included in his official education record.

Vocational Needs

For those older juveniles who have either completed school or will not return to it in the community, it's important to assist them with the development and enhancement of skills and competencies necessary to secure (and maintain) viable employment upon release. Vocational training should be targeted toward individual skills, interests, and aptitudes; if it continues in the community, it should build upon residential programming.

As juveniles prepare to exit residential or institutional programs, attempts to match them to potential employers in the community can help to promote successful community reintegration and stability. Youth – employer matching should be based on their skills, aptitudes, and interests, and victim and potential victim safety concerns. As discussed in the supervision presentation, there may be some types of employment that are not appropriate for youthful sex offenders because they may place them in potentially risky situations or give them access to individuals who may be vulnerable.

Interagency agreements between juvenile justice, workforce, and social services entities can also be used to pool resources to "sponsor" a juvenile's placement with a specific employer in the community. The employer is able to commit more comfortably to hiring the juvenile offender for a probationary period without any financial risk. Then, provided that probationary period is completed successfully, the employer agrees to maintain the juvenile on a permanent basis and assumes the costs of the wages and benefits.

Life and Independent Living Skills

As has been discussed during this training, a primary rehabilitative goal for juvenile sex offenders who are in residential or institutional facilities is to equip them to return to their communities, where they will be productive, contributing citizens. While focusing on “higher level” skills and competencies as targets of treatment interventions, it is also important that professionals do not assume that juveniles possess basic life skills. Therefore, prior to – and following – release, steps should be taken to ensure that such skills are developed, maintained, and enhanced.

For some juveniles, particularly those who are older and for whom returning to their families or other supports is not an option, independent living skills will be crucial. Issues that may need to be addressed with these youth prior to, during, and after release include banking and money management, shopping, hygiene, obtaining identification (e.g., state identification, library card, driver’s license), identifying and securing public assistance, securing health insurance, accessing affordable housing, and transportation.

Community Supervision Strategies

It’s important for community supervision to begin prior to release, with the assignment of a juvenile parole officer or aftercare caseworker or manager early in the planning process, so that potential barriers and problems in the community can be identified and addressed before the juvenile returns. As was discussed in the supervision section, surveillance-driven and punishment-oriented approaches alone are largely ineffective – and in some cases increase negative outcomes – with juvenile offenders.⁴⁸ Supervision models that are rehabilitation-oriented are associated with positive outcomes for youth and reduced recidivism.⁴⁹

Supervision officers or aftercare caseworkers or managers (who are, ideally, specially trained to manage juvenile sex offenders) should understand, value, and support the rehabilitative programs and services provided within the residential or institutional programs and work to link juveniles to – and support their successful participation in – complementary interventions in the community. The overall goal of supervision officers should be to ensure that juveniles transition successfully from residential and institutional programs and maintain stability in the community.

Beyond the rehabilitation and supervision efforts directed at the juvenile, successful reentry and aftercare can be impacted significantly by family-related issues and other environmental factors, such as the presence of negative adults and peers.⁵⁰ Therefore, prior to release, supervision officers or aftercare case managers or workers should identify members of community support networks who can serve as “informed supervisors.” As discussed during the supervision presentation, these individuals are critical because the presence of positive, prosocial adults in the lives of juveniles is a significant protective factor that reduces the likelihood of delinquent behavior.⁵¹ These

adults can also help to facilitate the transition process by serving as extra sets of eyes and ears for the supervision officer, supporting the juvenile's successful participation in community-based programs and services, and modeling appropriate, pro-social behavior.

As has been discussed already, parents and caregivers are the most logical examples of informed supervisors, so it's critical that they be involved early in the reentry and aftercare planning process. This will help to guarantee that they are equipped and ready to support the supervision process when the juvenile returns to the community. Other common examples of informed supervisors are school personnel (like teachers, counselors, and coaches), employers, youth mentors, and other volunteers.

Community Hostility Concerns

A final, critical issue to be addressed during the reentry and aftercare planning process is the possibility that these youth may experience hostility from some community members for committing a sex offense. It's the responsibility of those who work with these juveniles as they reenter the community to help them to use the coping skills they learned in treatment to manage this hostility in appropriate ways.

The Importance of Continuity of Programming and Services

Use Slide #24: The Importance of Continuity of Programming and Services

So there are, then, a great many things that need to be addressed in the context of reentry and aftercare planning in these cases, and many different types of programming that should be considered for these youth throughout the process, including: offense-specific, mental health, health, family, educational, vocational, and life skills. It's essential that the services provided in the different settings (residential or institutional, community) have consistent theories and approaches, and complement and support one another.⁵² Therefore, beginning early during the reentry and aftercare planning process – and continuing thereafter – staff in all settings must be working together to ensure continuity of care, and that the services provided to youthful sex offenders either anticipate the interventions that are to come or build upon previous programs.

In addition, every effort must be made during the planning process and thereafter to prevent and avoid delays in services as these youth move from one level of care to another, or from a residential or institutional facility to the community. It can be particularly helpful to schedule appointments in the community prior to release to avoid time gaps in programming and to help to facilitate information sharing among providers in the different settings.

Utilizing the Whole Continuum

Planning Early to Avoid “All or Nothing”

Use Slide #25: Utilizing the Whole Continuum

Ideally, jurisdictions have a comprehensive continuum of programming and services that is used to manage youthful sex offenders and to address their (and their families’) risk levels and needs over time.⁵³ It might range from community-based options like specialized supervision and nonresidential programs, such as alternative living, day treatment, and outpatient treatment, to residential programs, including group homes, halfway houses, transition or step-down facilities, and moderate and secure care placements. Closely supervised furloughs may be a component of the more secure facilities in order to provide youth (and their family members) who are close to release with opportunities to familiarize themselves with and become acclimated to the reductions in structure that are associated with less restrictive placements.

For each juvenile sex offender who ends up in a secure placement or residential program, the reentry and aftercare plan should include the necessary and anticipated programs and services on the continuum that will be used, and strategies should be designed to move the youth down in the level and intensity of care in a measured and incremental way over time. This gradual – rather than abrupt – reduction in service intensity is crucial because it provides each youth with the time, support, services, and supervision necessary to adjust to the more limited structure of each step in the process.

We’ve talked throughout this presentation and the training about the kinds of issues and considerations that might guide decisionmaking about a youth’s readiness to step down to a lower level of care and custody. These decisions are obviously very complicated, multi-faceted, and challenging. Early and comprehensive planning is critical so that all involved parties are aware of what needs to be done in order to support the reentry and aftercare process, who is going to do what, and when each task or activity is going to be accomplished.

Responding when Problems Arise

Use Slide #26: Responding when Problems Arise

As discussed in a number of other sections of this training, including the one on supervision, things sometimes go awry in these cases. Unfortunately, juvenile sex offenders and their families don’t always comply with the expectations that we set forth. Consequently, during the reentry and aftercare planning process, we must assume and anticipate that there will be times when juveniles need to be moved “up” instead of “down” on the continuum of programming, services, and interventions.

In the supervision section, we talk about the fact that not every juvenile sex offender can or should be removed from the community whenever any concern or problem behavior – no matter how minor – arises. When we think about responding to a problem, we must remember the importance of the success focus that we talked about earlier – and that we should be working with these youth to develop and practice appropriate coping skills, modify their inappropriate behaviors, and maintain their placement in the community. There are certainly times (for example, in cases of repeated non-compliance, very high risk activities, and new criminal behavior) when removing a juvenile from the community is necessary. In general, however, we should be addressing as many problems and concerns in the community setting as possible.⁵⁴

Use Slide #27: Critical Factors to Consider

During the supervision session, we emphasized the importance of having a variety of community-based options and responses between the two “extreme” ends of the continuum – something as serious as a revocation and return to institutional or residential placement, and something as minor as an official reprimand. These intermediate options and responses may include:⁵⁵

- Increasing the intensity of supervision;
- Imposing a sanction that is treatment-based, such as requiring the youth to address their behavior in their treatment group, to participate in institutional or residential programming as a “day treatment” option, or to enroll in a different community-based program; and
- Requiring the juvenile to return temporarily (for a night or weekend) to a residential or institutional placement like the ones we discussed a moment ago (a group home, halfway house, transition or step-down facility, or something more secure).

We’ve also highlighted a number of factors that have been identified in the contemporary literature and in practice across the country that may impact decisions about when and how to increase the level and intensity of programming and services in response to a problem or concern. They include:⁵⁶

- The seriousness of the behavior;
- Risk level of the juvenile;
- Degree to which community safety was jeopardized;
- Whether the juvenile voluntarily disclosed the behavior or maintained secrecy;
- Level of responsibility assumed by the youth;
- Awareness and disclosure of the behavior by parents, caregivers, and other members of the support network;

- Ability and willingness of parents/caregivers to provide adequate support and structure; and
- Presence of other assets or services to assist the offender in maintaining compliance.

Once again, it's tough to understate the importance of parents and caregivers in terms of how we respond to problems and concerns. Their high level of engagement and motivation, and their demonstrated capacity to support treatment interventions, supervision strategies, and other services may, for example, make it possible to leave a youth who is having difficulties and who is not in compliance with his aftercare plan in the home with only a relatively minor "bump up" on the continuum. The absence of such support may require a far more intensive response. As such, the inclusion of support and caregivers in the reentry and aftercare planning process and in an ongoing way thereafter – and our early efforts to assess and address family-related risk factors in the context of the plan and in our interventions – are vital.

Summary

Early (ideally, starting at intake into a residential or institutional facility), proactive, and comprehensive planning is, therefore, integral to promoting and supporting the successful reentry and aftercare of youthful sex offenders.

This kind of planning guarantees that these juveniles' multiple needs – and the many potential barriers to the transition process – are identified and addressed quickly.

One of the challenges that I introduced a little while ago that can negatively impact the planning process is the fragmentation that is fairly common between the agencies and stakeholders in some jurisdictions who are involved in this important work. Let's talk briefly about a viable solution to this fragmentation – collaboration, a key issue that we discussed in the Introduction and the other sections of this training.

Use Slide #28: Fragmentation Across the System

Fragmentation Across the System

The Importance of Collaboration

Remember that "in" or "out" perspective and approach to reentry and aftercare that we talked about earlier? Historically, juvenile offender reentry has tended to be viewed in this way, whereby the work that is done with these youth reflects either a residential or institutional, or community point-of-view.⁵⁷ As such, roles and responsibilities related to reentry and aftercare can very easily become fragmented and duplicative, making the larger system not nearly as efficient and effective as it could be with these youth.⁵⁸

The positive news, however, is that some jurisdictions have begun to recognize that a paradigm shift is required in order to capitalize fully on the services and programming that exist along the continuum of care – and throughout residential and institutional placements and the community. Rather than providing services to these youth either “in” or “out,” the goal is to facilitate the successful transition of these youth from “in” to “out” through a series of very carefully planned and managed processes using interventions that are designed to address the needs of the juvenile and bridge the residential or institutional and community dimensions.⁵⁹

This, of course, requires collaboration among professions in each dimension or setting, as well as between them.⁶⁰ Regardless of where our offices are – inside a facility or in the community – we must work together. Without collaboration, we will not be successful in facilitating and supporting the transition of these youth back to the community.

Collaboration “Inside”

Collaboration on the “inside” is a prerequisite for successful transition so that challenges and risk factors are identified, and the necessary services and supports are provided in a timely fashion which will enable youth to re-enter the community ready to live healthy, crime-free lives. Common collaborative partners on the inside include specialized treatment providers, other clinicians, healthcare providers, case workers, educational and vocational staff members, custody staff members, and social workers.

Collaboration “Outside”

Collaboration is also key on the outside so that stakeholders like juvenile parole officers and aftercare caseworkers or case managers, community-based specialized providers, other types of clinicians and service providers, school representatives, parents and caregivers, and others are ready to receive – and to support and work productively with – these youth when they walk out the door of the residential or institutional facility.

Collaboration from “In” to “Out”

Perhaps most importantly, collaboration is absolutely essential between those on the inside and those on the outside. This promotes the establishment of a common purpose that focuses on supporting and facilitating success throughout the reentry and aftercare process, and early agreement about the specific goals and individualized strategies employed to work with each juvenile. Division of labor, roles, and responsibilities are shared among those “in” and “out,” and as a result, their efforts are seamless, integrated, and informed by one another.

Remember the example that I provided a little while ago about the two specialized treatment providers – one in a facility, the other in the community – who didn’t collaborate with one another, and “reach out” or “reach in” to make sure that the services they were providing were coordinated and supportive of one another? You’ll

recall that this resulted in the provider on the inside covering ground that could have been addressed after release in the community and the clinician on the outside repeating treatment topics that had been the focus of the work done in the facility. The consequences – which we really can't afford – are a waste of limited time, energy, and resources both in and out; and a reduction in the quality of the interventions provided in both settings.

Collaboration is also critical among those “in” and “out” because of the great many issues, concerns, and barriers that must be addressed in the reentry and aftercare process. Think of all of the things that we talked about that should be examined early and included in the comprehensive plan: specialized treatment needs, mental health problems, healthcare concerns, family issues and family reunification, educational and vocational needs, independent living skills, community supervision issues, and community hostility concerns. There's absolutely no way that one person – or even a couple of people – can focus on and address all of these things. It takes everyone working very closely together.

Conclusion

Use Slide #29: Conclusion

So let's spend a couple of minutes summing up what we've talked about during this section of the training and discussing a few take away points regarding reentry and aftercare in cases involving juvenile sex offenders. Remember the three challenges that we talked about:

- An over-reliance on the most secure placements – and managing these youth in settings that are more than the least restrictive necessary;
- Insufficient reentry and aftercare planning; and
- Fragmentation across the system.

And as you move forward in your important work with these youth, keep in mind the solutions to these challenges that we discussed:

- To address the over-reliance on the most secure placements, jurisdictions can use specialized and comprehensive PSIs or PDRs and psychosexual evaluations to guide disposition decisionmaking and sentencing, build community management capacity by creating less restrictive programs and services that are known to benefit these youth, provide specialized training to juvenile and family court judges and other court personnel, and work proactively to gain the support of the community.
- Thinking about “reentry at the point of entry” and initiating the transition and aftercare planning process at intake – when these youth enter residential or institutional facilities – is critical. In addition, the planning process can't focus

solely on these youth; family-related issues are a significant consideration as well.

- And our efforts to facilitate and support the reentry and aftercare process won't be as successful as they could be if we don't shift our thinking from "in" or "out" to "in" to "out." This requires collaboration and a commitment to work together, regardless of where we provide services or interventions on the larger continuum.



Learning Activity: Developing a Comprehensive Case Management Plan

Refer to Handouts: *Case Studies*

At this point in the training, I would like us to turn our attention to an exercise on developing a comprehensive case plan. Based on what we've talked about in this and previous sections – about assessment, treatment, supervision, and reentry – let's go back to the case studies that we used in our earlier sections to complete the following exercise.

Note to Trainers: *This exercise is designed to allow participants to use the information that has been covered during the training to design a comprehensive management plan for one of the three youth described in the case studies.*

- Divide yourselves up into smaller groups of (ideally) no more than 10 people. If possible, these groups should be diverse in terms of agency and discipline representation.
- Select a reporter who will be responsible for sharing the group's work with the larger audience after the activity.
- Each group will be assigned one of the three (Mark, John, or Evan) hypothetical case studies that were reviewed earlier. Quickly re-familiarize yourself with your assigned case and – with your colleagues – design a comprehensive case plan that is responsive to the risk and needs of the youth and his family, and that builds upon any strengths and assets that have been identified.
- Questions that should be answered include:
 - What is your sense of the level of risk that the youth poses? Do you think that he is high, moderate, or low risk? What factors, issues, and problems – as well as strengths and assets – exist in the life of the youth and in his environment that lead you to your conclusion about his risk level?
 - From a community supervision perspective:
 - Where would you place the youth on a continuum of supervision? Does he need to be supervised with a high, moderate, or low intensity level? What information did you use to make your decision about this?

- What supervision conditions (both general and specialized) would you use in this case? Why are these conditions necessary? What risk factors are they intended to address?
 - Which adults in the life of the youth would you select to serve as community support network members? How might you get them “on board” with and supportive of the management process?
 - What are some appropriate and positive approach goals that you would use in this case?
- From a treatment perspective:
 - Does the youth need intensive, sex offense-specific treatment? Why or why not?
 - What are some offense-specific treatment goals that are critical in this case? Why are these goals necessary?
 - Beyond offense-specific treatment, what are some other types of services and programming from which the youth and his family would benefit? How and why might they be helped by them?

Plan to spend the last few minutes of the activity period preparing for a ten-minute report out to the larger group.

Note to Trainers: *The report out should last approximately 30 minutes. With input from the selected reporters, lead the group in a brief discussion about the questions they have just answered.*

You have all done a tremendous job of identifying ways in which we can tailor our supervision, treatment, and reentry practices to best meet the risk and needs of the individual youth in our case studies. As evidenced by this discussion, it is so important that we look at these cases in a comprehensive and holistic way to ensure that the offender is supervised and treated in ways that help him to successfully manage his behavior in the community.

 **Use Slide #30: Intensive Aftercare Program Model**

Before we close, I’d like to mention quickly a formal and promising model for juvenile offender reentry and aftercare that incorporates a number of the things we’ve covered in this section. It’s called the Intensive Aftercare Program (IAP) Model and was developed by David Altschuler and Troy Armstrong about a decade ago.⁶¹ It’s designed to promote the successful reentry and aftercare of high risk youthful offenders of all types and includes the following key features:⁶²

- Individualized case planning to identify and address over time key services and programming needs.
- Continuity in case management and service delivery between residential programs and institutions, and the community.

- Close collaboration and ongoing communication between placement staff and the community.
- Formal transition structures such as step-down facilities and halfway houses, processes such as closely supervised furloughs, and programs to facilitate a gradual transition and reentry process.
- Small, IAP-specific caseloads that are designed to allow officers to meet and work with youth and their family members prior to release and to conduct significant amounts of fieldwork in the community.
- A balance of:
 - Intensive supervision and control mechanisms (like the application of supervision conditions that are designed to address the risk and needs of each youth, the use of electronic monitoring, and drug testing), and
 - A wide range of community-based programs and services that are meant to address the rehabilitative needs of each juvenile.
- Graduated rewards and sanctions to respond immediately, proportionally, and effectively to the youth's behavior, both positive and negative.

¹ Sickmund, 2002, 2004, 2006; Snyder & Sickmund, 2006

² Sickmund, 2002, 2004, 2006; Snyder & Sickmund, 2006

³ Sickmund, 2002, 2004, 2006; Snyder & Sickmund, 2006

⁴ Snyder & Sickmund, 2006

⁵ Sickmund, 2006

⁶ Sickmund, 2006

⁷ Sickmund, 2006

⁸ Bengis, Brown, Freeman-Longo, Matsuda, Ross, Singer, & Thomas, 1999; Howell, 2003; Sickmund, 2002, 2004; Snyder & Sickmund, 2006

⁹ Snyder & Sickmund, 2006

¹⁰ Snyder & Sickmund, 2006

¹¹ McGrath, Cumming, & Burchard, 2003

¹² McGrath, Cumming, & Burchard, 2003

¹³ Dishion, McCord, & Poulin, 1999; Gifford-Smith, Dodge, Dishion, & McCord, 2005

¹⁴ Aos, Phipps, Barnoski, & Lieb, 2001; Chaffin, Letourneau, & Silovsky, 2002; Howell, 2003; Lipsey & Wilson, 1998

¹⁵ Aos, Phipps, Barnoski, & Lieb, 2001; Elliot, 1998; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Kashani, Jones, Bumby, & Thomas, 1999; Lipsey & Wilson, 1998; Tarolla, Wagner, Rabinowitz, & Tubman, 2002

¹⁶ McGrath, Cumming, & Burchard, 2003; Snyder & Sickmund, 2006

¹⁷ Chaffin, Letourneau, & Silovsky, 2002; Gies, 2003; Hunter, Gilbertson, Vedros, & Morton, 2004; Mendel, 2000, 2001; National Council of Juvenile and Family Court Judges (NCJFCJ), 2005

¹⁸ Chaffin, Letourneau, & Silovsky, 2002; Gies, 2003; Hunter, Gilbertson, Vedros, & Morton, 2004

¹⁹ Dishion, McCord, & Poulin, 1999; Gifford-Smith, Dodge, Dishion, & McCord, 2005

-
- ²⁰ Dishion, McCord, & Poulin, 1999; Gifford-Smith, Dodge, Dishion, & McCord, 2005
- ²¹ Bumby, Talbot, & Carter, in press
- ²² Bumby, Talbot, & Carter, in press
- ²³ Bumby, Talbot, & West, 2006
- ²⁴ Bumby, Talbot, & West, 2006
- ²⁵ Bumby, Talbot, & West, 2006
- ²⁶ Bumby, Talbot, & Carter, in press; Bumby, Talbot, & West, 2006; CSOM, 2000b; Greer, 1997
- ²⁷ Bumby, Talbot, & West, 2006
- ²⁸ Bumby, Talbot, & West, 2006
- ²⁹ Center for Sex Offender Management (CSOM), 2000b, 2002a; Bumby, Talbot, & Carter, in press; Greer, 1997; Petersilia, 2003; Schlank & Bidelman, 2001; Zevits & Farkas, 2000a, 2000b
- ³⁰ Bumby, Talbot, & Carter, in press; CSOM, 2000b, 2002a; Greer, 1997; Petersilia, 2003; Schlank & Bidelman, 2001; Zevits & Farkas, 2000a, 2000b
- ³¹ Bumby, Talbot, & Carter, in press; CSOM, 2000b, 2002a; Greer, 1997; Petersilia, 2003; Schlank & Bidelman, 2001; Zevits & Farkas, 2000a, 2000b
- ³² Glover & Bumby, 2002
- ³³ Berenson & Underwood, 2000; Cumming & McGrath, 2005; Glover & Bumby, 2002; Greer, 1997; Mendel, 2000, 2001; National Adolescent Perpetration Network (NAPN), 1993; NCJFCJ, 2002, 2005
- ³⁴ Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999; Berenson & Underwood, 2000; Borduin & Schaeffer, 2002; Bumby & Talbot, in press; Gies, 2003; Glover & Bumby, 2002; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998
- ³⁵ Bumby & Talbot, in press; CSOM, 1999; Glover & Bumby, 2002; Hunter & Lexier, 1998; NAPN, 1993; NCJFCJ, 2002, 2005; Ryan, 1997a, 1997c; Ryan & Lane, 1997; Worling, 1998
- ³⁶ See, e.g., Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999; Borduin & Schaeffer, 2002; Glover & Bumby, 2002; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998
- ³⁷ CSOM, 2005
- ³⁸ CSOM, 2005; Gelles, 2001; Gil & Roizner-Hayes, 1996; NAPN, 1993; Ryan & Lane, 1997; Thomas & Viar, 2005; Thomas & Wilson, 1999; Worling, 1998
- ³⁹ Bumby, Talbot, & Carter, in press; CSOM, 2005
- ⁴⁰ CSOM, 2005
- ⁴¹ CSOM, 2005
- ⁴² CSOM, 2005; Cumming & McGrath, 2005; Gelles, 2001; Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990; Scott, 1997; Thomas & Viar, 2005; Thomas & Wilson, 1999
- ⁴³ CSOM, 2005; Gelles, 2001
- ⁴⁴ CSOM, 2005; Cumming & McGrath, 2005; Scott, 1997; Gil & Roizner-Hayes, 1996; Thomas & Viar, 2005; Thomas & Wilson, 1999
- ⁴⁵ Glover & Bumby, 2002; Gray & Pithers, 1993; Jenkins, 1998; Ryan, 1997c; Worling, 1998
- ⁴⁶ Glover & Bumby, 2002
- ⁴⁷ Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999; Borduin & Schaeffer, 2002; Gies, 2003; Glover & Bumby, 2002; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998
- ⁴⁸ Aos, Phipps, Barnoski, & Lieb, 2001; Lipsey & Wilson, 1998
- ⁴⁹ Aos, Phipps, Barnoski, & Lieb, 2001; Lipsey & Wilson, 1998
- ⁵⁰ Farrington, 1998; Hawkins, Herrenkohl, Farrington, Brewer, Catalano, & Harachi, 1998; Hawkins, Herrenkohl, Farrington, Brewer, Catalano, Harachi, & Cothorn, 2000; Kashani, Jones, Bumby, & Thomas, 1999; Lipsey & Derzon, 1998; Prentky, Harris, Frizzell, & Righthand, 2000; Prentky & Righthand, 2003; Worling & Curwen, 2001

⁵¹ see, e.g., Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999; Association for the Treatment of Sexual Abusers (ATSA), 2000; Bumby & Talbot, in press; Bumby, Talbot, & Carter, in press; CSOM, 1999; Cumming & McGrath, 2005; Gies, 2003; Hoge & Andrews, 1996; Hunter, Gilbertson, Vedros, & Morton, 2004; Hunter & Lexier, 1998; Lane, 1997; NAPN, 1993; Prentky, Harris, Frizzell, & Righthand, 2000; Prentky & Righthand, 2003; Ryan, 1997c; Worling, 1998; Worling & Curwen, 2001

⁵² Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999; Bengis, 1997; Bumby & Talbot, in press; Berenson & Underwood, 2000; Bumby, Talbot, & Carter, in press; Cumming & McGrath, 2005; Gies, 2003; Hunter, 2006; Loeber & Farrington, 1998; NAPN, 1993

⁵³ Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999; ATSA, 2000; Becker & Hunter, 1997; Bengis, 1997; Berenson & Underwood, 2000; Bumby & Talbot, in press; CSOM, 1999; Gies, 2003; Glover & Bumby, 2002; Hunter, 2000, 2002, 2006; Morenz & Becker, 1995; NAPN, 1993; Righthand & Welch, 2001; Ryan, 1997a, 1997c; Worling, 1998

⁵⁴ Aos, Phipps, Barnoski, & Lieb, 2001; Elliott, 1998; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Kashani, Jones, Bumby, & Thomas, 1999; Lipsey & Wilson, 1998; Tarolla, Wagner, Rabinowitz, & Tubman, 2002

⁵⁵ Bengis, 1997; Cumming & Buell, 1997; Cumming & McGrath, 2000, 2005; NAPN, 1993; NCJFCJ, 2005; Ryan, 1997b, 1997c

⁵⁶ Bengis, 1997; Cumming & Buell, 1997; Cumming & McGrath, 2000, 2005; NAPN, 1993; NCJFCJ, 2005; Ryan, 1997b, 1997c

⁵⁷ Bumby, Talbot, & Carter, in press

⁵⁸ Bumby, Talbot, & Carter, in press

⁵⁹ Bumby, Talbot, & Carter, in press

⁶⁰ see, e.g., Bumby, Talbot, & Carter, in press; Cumming & McGrath, 2005; NAPN, 1993; NCJFCJ, 2002, 2005

⁶¹ Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999

⁶² Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999