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ABSTRACT

A staff needs assessment found an overwhelming number of staff (n=55) felt the need for additional training in working with juvenile sexual offenders in their care. This practicum was designed to assist them in meeting the needs of children with sexual victimization and/or sexual offense issues in an effective and appropriate manner. Training curricula were unavailable from the organization or a statewide organization of agencies working with juvenile sexual offenders. Focus was placed on treatment priorities put forth by the National Task Force on Juvenile Sexual Offending. The training involved staff working in community-based programs and in a self-contained residential program. Evaluation results indicate that the training did enhance understanding of staff in relation to working with juvenile sexual offenders, and just as importantly, increased their receptiveness to working with this population. The training was seen as valuable by staff, and the training maintained a positive sustained effect over a 2-month implementation period. Appendices, accounting for approximately half of the document, include: staff needs assessment; night log; sex offender treatment survey; presentation outline; videotape authorizations; follow-up surveys; follow-up surveys by location. Also contains 27 references. (JBJ)

Development and Implementation of a Training Program For Staff Working with Juvenile Sexual Offenders

by

James W. Marquoit

Cluster 56

A Practicum II Report Presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
of the Degree of Doctor of Education

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by James W. Marqouit under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Approved:

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Date of Final Approval of Report

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My family, who were always there with a supportive word or a loving touch.

TABLE OF CONTENTS

ABSTRACT

Development and Implementation of a Training Program For Staff Working with Juvenile Sexual Offenders. Marquoit, James W., 1995: Nova Southeastern University, Program in Child and Youth Studies. Sexual Offenders/Staff Training/Residential Care/Foster Care/ Juvenile Sexual Offenders.

This practicum was designed to assist staff working with juvenile sexual offenders meet the needs of children with sexual victimization and/or sexual offense issues in an effective and appropriate manner. A staff needs assessment found an overwhelming number of staff felt the need for additional training in working with the juvenile sexual offenders in their care. The organization did not have a training curriculum, and there was no training curriculum available through the statewide organization of agencies working with juvenile sexual offenders.

A specific focus was placed on treatment priorities as put forth by the National Task Force on Juvenile Sexual Offending. The training took place with a diversity of direct treatment staff in various locations. The staff involved in this practicum worked in community-based programs and in a self-contained residential program.

Evaluation results indicate that the training did enhance the understanding of staff in relation to working with the juvenile sexual offender, and just as importantly increased their receptiveness to working with this population. This training was seen as valuable by the staff, and the training maintained a positive sustained effect over a two-month implementation period.

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CHAPTER I

INTRODUCTION

Description of Community

The community involved in this practicum was diverse in regards to age, ethnicity, and geography. The children involved in this practicum had generally entered treatment by court order. Most of the children were in foster care, independent living, or residential care outside their home communities. Some received these services within their communities.

Other children involved in this proposal were at home with parents, extended families, or foster families. Services offered to the family unit included intensive short-term interventions through Families First, a variety of in-home care services, and intensive probation.

The children came from all areas of this midwestern state and reasonably represented the diverse ethnic, religious, urban, and rural characteristics common to the state. A larger percentage of children who received in-home services lived in the state's largest urban area, while out-of-home services were spread widely across the state.

The children participating in this practicum came from

diverse cultural and ethnic backgrounds, diverse communities, and had a diversity of problems, but they did have some common features. Over 90% of the children in all programs had previous out-of-home placements, between 49% and 80% of the children had been victims of abuse and/or neglect, and over 80% of the children in the programs came from disrupted families. Substance abuse was predominant in both the children and the family systems. The greatest commonality in relation to the children in this practicum was poverty. The majority of families had an unemployed female as head of the household, did not own a home, and subsisted largely on welfare or other state subsidies.

Work Setting and Role

This writer is a director of residential care. This residential setting serves 60 adjudicated males between the ages of 14 and 18 years. There are no voluntary placements. All students have been placed in this residential treatment center by court order. The residential program is self-contained, including an on-grounds school, medical clinic, and living quarters. The treatment milieu is holistic in approach and based on a psycho-educational model. Treatment is group-centered, and the staff are all part of treatment teams with a strong teamwork-primacy base.

The residential setting described is part of a much larger organization serving troubled children and families in three states. The campus on which this residential

program takes place is also a base for treatment foster care, home-based programs such as Families First, alternative education, and prevention services. Children and families may receive services in any of these areas, or they may receive any combination of services as dictated by their needs. Most of the children who are unable and/or unwilling to return to their biological families will transition into foster care or independent living services. Although all these services are independent in a gross structural sense, training for the staff crosses all programs, and permanency planning is done through consultation and consensus with all program areas that may be involved in services to the child or family.

This writer is one of two residential directors. There are three other directors responsible for community-based services. Two of these directors are campus-based, and one of the directors is based in the state's largest urban area. The directors work very much as a team in relation to program development and staff training. In recently developed residential programs, all the directors were involved in planning and reached consensus on the basics of the program. This type of consensus is required so children can move through various services without relearning more than is absolutely necessary.

As a director of residential care, this writer is responsible for all areas of the treatment program including

education, personnel, program development, and family services related to the children in care. There is very little vertical differentiation as defined by Robbins (1992), with all staff in the treatment programs reporting to a director or assistant director. As a director, it is this writer's primary responsibility to see that treatment teams have the resources, information, and training to make the best possible decisions in relation to the children and families we serve.

In the past year, over 1,000 children were served in the programs which are part of this practicum. Many of the children received multiple services. Although the larger organization serves children and families from two states, only the programs from within this writer's state were included in this practicum.

The following programs were part of this practicum, although they do not represent all participants.

Community/Home Based

Treatment Foster Care

Alternate Education

Day Treatment

Families First

Home-Based Care

In-Home Care

Staffed Apartment Living

Supervised Independent Living

Residential

Delinquency

Sexual Offender

Community Re-Entry

Clinical Support

Case Planning

Respite Care

Community Resources

Adventure Education

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Juvenile sexual offenders were being served in all program areas, even though there was not a program designed to meet their needs in most service areas. This was not a new problem, but one that was highlighted over the last decade by dramatic increases in sexual offense adjudications. As the problems of the juvenile sexual offender became better defined and treatment priorities became more clearly outlined through such work as that done by the National Task Force on Juvenile Sexual Offending (1988, 1993), staff felt poorly prepared to help in this specific problem area.

Within this writer's agency, the team of staff who work with juvenile sexual offenders in the sexual offender-specific program was unable to deal with the quantity of requests it received to assess risk and assist in the treatment of sexual offenders not placed in the offender-specific program. These requests for assistance came from all areas of the agency, including fellow residential units, foster care, independent living, and family/community-based

programs.

The staff of the sexual offender-specific program were overwhelmed by requests for assistance. They were continually sought out by staff who did not feel they had the skills and resources to help the juvenile sexual offender in their care.

Problem Documentation

In a needs-assessment survey given to the broad spectrum of direct service providers (group leaders, foster care workers, etc.), a very clear statement was provided in relation to working with the juvenile sexual offender (see Appendix A). In this writer designed survey, 53 of 59 staff responding recognized they worked with children and/or families that had sexual-offense issues. In this same survey, 53 of 59 staff responding felt the need for more and/or different services than they could offer, and 57 of 59 staff felt additional training was needed to effectively work with sexual offenders in their treatment area. On a positive note, 35 of 59 staff felt they could effectively intervene in issues/problems related to sexual offending. In written responses, it became clear that staff generally were not "afraid" to deal with issues related to sexual offenders--they were just unsure what to do once the initial behavioral interventions were complete.

The sexual offender team had received three to four requests weekly over the past year for assistance with

students in other groups and programs. These requests varied from basic risk assessment (Is he likely to re-offend?) to requests for emergency respite care (It's an emergency! Can he stay with you until we figure out what to do?). The difficulty was compounded by the fact that there had been an average of two to four students waiting in traditional delinquency groups who were required by the court to have regular contact with the sexual offender group and treatment team. The waiting list had averaged close to six months in duration since the inception of the sexual offender program, so internal referrals for permanent residential care were rarely accepted.

The staff of the agency had begun to recognize that the sexual offender team could not work with all sexual offenders in program, so requests were made weekly to assist others through training. The sexual offender treatment team had been involved in some rather extensive training with certain program areas that was fairly successful (Marquoit, 1994), but this seemed to strengthen the desire for assistance--not alleviate it.

Causative Analysis

Possibly the most significant cause of problems related to providing treatment to the juvenile sexual offenders was the fact that there were simply not enough beds, programs, or trained staff to effectively help all the children needing guidance in this area. In 1991, only 38 of 83

counties in the state showed any level of specialized service for juvenile sexual offenders (Farrell, 1991). Funding problems, systemic issues, and a continuing denial of the problem on a political level meant that few of the recommendations given to the legislature in 1991 were followed.

There continues to be hesitancy on the part of many social workers and judges to adjudicate on sexual offenses and demand treatment specific to this need. During a meeting of group leaders working in traditional delinquency groups, all the group leaders had at least two students who had sexual offense charges changed to more common charges such as assault. These groups consisted of 11 to 12 male adolescents. All the group leaders also had students who had never been adjudicated for a known sexual offense, or who had been adjudicated for sexual offenses and ordered into non-specific treatment for delinquency.

The program in which this writer works serves 160-170 male adolescents in residential care at any given time. At the beginning of implementation, only 11 of those beds were for sexual offender specific treatment. The state had been unwilling to fund any additional offender-specific programs, although they were preparing to approve 140 beds in the near future. As there were already more than 140 juveniles in sexual offender-specific programs, this served as little help.

There is not a state-wide program to train those working with juvenile sexual offenders, although this writer and his agency are part of an informal group of private and public practitioners that is trying to offer assistance to those working with juvenile sexual offenders. This grass-roots type of training is helpful but extremely limited in scope and can serve only a small percentage of those seeking help. Bringing in outside experts is done by the organization, but the expense and impracticality of consistent, ongoing training using outside consultants eliminates this as a solution to ongoing training needs.

There has been a dramatic increase in juvenile sexual offender referrals over the past five years. The resources and training required to meet these referrals is simply not in place. There is a reluctance on the part of some staff to deal with the very difficult nature of problems inherent in working with juvenile sexual offenders. Thus, the pool of qualified help is not as great as it is for some problem areas. In combination, these factors have created a significant problem in offering appropriate, quality services to the growing number of adolescents needing help with their sexual offending behavior.

Relationship of the Problem to the Literature

Prior to 1970, extremely little was heard or written concerning treatment of the juvenile sexual offender. In an extensive search, Barbaree, Marshall, and Hudson (1993)

found only 9 major papers written prior to 1970. Only 10 additional papers were published between 1970 and 1980. Prior to 1980, and in some areas even today, sex crimes were considered to be less than assaultive and dismissed as experimentation or "boys will be boys" (Ryan, Lane, and Davis, 1987). The court system seemed to have little direction or consistency in addressing crimes related to sexual offenses. Thomas (1992) and a host of others over the last two decades have noted the disturbing tendency for the court system to minimize or change adjudications related to sexual offenses.

In 1982, Knopp described nine programs that worked specifically with juvenile sexual offenders. At the time of Knopp's publication, only 22 programs had been identified that dealt with juvenile sexual offenders in a problem specific milieu (Ryan and Lane, 1991). In 1988, well over 600 programs were identified by the National Task Force on Juvenile Sexual Offending (1988). In its most recent work, The Revised Report from the National Task Force on Juvenile Sexual Offending (1993) found over 800 specialized programs dedicated to working with juvenile sexual offenders. Thus, in slightly over two decades, a field in its infancy exploded into a field with thousands of practitioners serving tens of thousands of young people. It is little wonder the National Task Force (1988) found that a creation of standards would be premature. The history, experience,

and tradition found in so many areas of child care has yet to be formed. Despite the difficulties of setting direction in a new field, the reports from the National Task Force are used by most professionals working with juvenile sexual offenders as the base upon which they build their programs and design a treatment milieu.

That there is a clear and present need to improve and expand services for adolescents with problems related to sexual offending is a common theme throughout the literature related to juvenile sexual offenders. There is also notable evidence that troubled children, especially those placed in residential care, very commonly have issues related to sexual offending and/or victimization.

The incidents of sexual molestation and abuse are often under-reported and misunderstood within the juvenile justice system (Brannon, Larson, and Doggett, 1991). This means many children enter services where the staff simply are not aware of the child's needs until long after treatment has begun. Freeman-Longo (1986), Risin and Koss (1987), and Brannon, Larson, and Doggett all found a high percentage, and in some cases a majority, of youth entering residential care have committed sexual assaults. Rarely had these sexual assaults been adjudicated or even documented. This certainly helps explain the problems faced by so many professionals who work with troubled children in relation to sexual acting out and sexual aggression that seems to have

little or no causal background.

Hunter and Santos (1990) speak in great detail about the prevalence of sexual abuse, its impact, and the need for treatment. Hunter and Santos confirm how under-identified sexual abuse victims are in residential care, especially males who face any number of cultural and sexual stereotypes in dealing with their abuse. Hunter and Santos help clarify the many problematic behaviors that may follow from this abuse including drug abuse, suicide, and the victimization of others. Thomas (1992) reaches a very similar conclusion after reviewing juvenile sexual offending on a national level. Thomas concisely lists the reasons for under-reporting of sexual victimization by adolescents as follows:

> "1) the exclusion of all sex offenses other than rape from some data collection efforts; 2) victims under the age of 12 are not included in victimization surveys; 3) social norms encouraged under-reporting of sexual offenses; 4) complexity of the crime; 5) age of the offender and familiarity with the victim may discourage reporting; 6) the victim is often reluctant to report; 7) family minimization of the offense; 8) official agency minimization of the offense; 9) the offender is often reluctant to report; 10) common juvenile justice practices, i.e., plea bargaining and other juvenile court negotiations and decisions (p. 5-6)."

Thomas (1992) also does a good job of summarizing the findings this writer found throughout the literature; that those working with troubled, delinquent children will find a large number of sexual offenders and/or victims in the population with whom they are working. It is very likely there will be no official record of these issues, but they

are real and must be resolved nevertheless. The literature is also clear in concluding that those children who do not receive help in addressing issues related to sexual offending and/or victimization face a difficult, if not overwhelming, future.

The literature varies on the exact treatment needs of the juvenile sexual offender, but there is consensus on the very basic requirements of any treatment program which wishes to help children with offending issues. Some authors such as Brannon and Troyer (1991) and Awad and Sanders (1991) found the needs of the juvenile sexual offender relatively similar to those of serious delinquent offenders, but most literature expresses the need for specific treatment components which go beyond the traditional delinquent interventions. Brannon works within a highly structured peer group program, so his successes with juvenile sexual offenders are not particularly surprising, as this is the precise model recommended by the National Task Force on Juvenile Sexual Offending (1993). The need for peer group treatment appears to be the most highly agreed-upon component of treatment throughout the models put forth by those working with sexual offenders.

Priorities in working with the juvenile sexual offender have been defined by a number of individuals and groups of individuals. A number of states have put forth recommendations including the California State Department of

the Youth Authority (1986), The Utah Governor's Council on Juvenile Sexual Offenders (1990), The Oregon Working Committee on Juvenile Sexual Offenders (1986), and the Michigan Adolescent Sexual Abuser Project (1988). Other authors help define treatment priorities in the community (Balthazor ard Way, 1990) or in specific treatment milieus such as residential care (Ross, 1990), but ultimately the majority of their recommendations are closely aligned with the treatment suggestions put forth by the National Task Force on Juvenile Sexual Offending (1993).

The literature on working with juvenile sexual offenders is limited, but it is developing a set of directions and priorities that can assist the practitioner working with these children. The literature has also made it clear that all staff working with troubled children should be prepared to help in relation to sexual issues because adjudication on sexual assaults is relatively infrequent, but the number of children who have committed sexual offenses is not.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The following goals and outcomes were projected for this practicum. The goal of this practicum was to create a treatment milieu that can meet the needs of children with sexual victimization and/or sexual offense issues in an effective and appropriate manner. Children will receive effective help with sexual issues regardless of the child's placement in the continuum of services offered by the agency. Staff will feel confident and empowered to assist children with sexual victimization and/or offense issues by providing effective treatment strategies and interventions.

Expected Outcomes

1) Staff in all program areas will feel more confident to effectively intervene in the treatment of children in their care.

2) All program areas will have leadership staff who feel adequately prepared in the basic components of sexual offender treatment as measured by a writer-designed instrument.

3) There will be a decrease of internal referrals to

the sexual offender specific treatment team to less than one a week.

4) The sex offender cottage will not have more than one evening a month in which a child must stay overnight with them due to sexual acting out that another team does not feel adequately prepared to handle (see Appendix B).

Measurement of Outcomes

A decrease in the internal referrals to the sexual offender specific program was measured by reviewing the treatment team's team meeting minutes. The minutes reflected how many requests had been made to the team for assistance in the treatment of students outside their assigned cottage.

A weekly audit took place of the daily report. This report reflected any transfer of a child from one program to another and/or from one cottage to another. Temporary transfers to the sexual offender specific cottage were noted and tracked throughout the practicum.

To measure the staff's confidence and knowledge related to working with sexual offense issues, a writer-developed instrument was used. Knowledge was measured by using a one-group pre-test/post-test design. The pre-test and post-test was a writer-designed survey of basic treatment components required to effectively intervene with sexual offenders as defined by the National Task Force on Juvenile Sexual Offending (1993) and other knowledgeable sources in the

field (see Appendix C).

To measure the significance of the differences between the means of the pre- and post-tests, the T-test has been selected. Specifically, the one-tailed T-test for unmatched groups was used. Although all participants completed a pre- and post-test, individual responses were not matched. A one-tailed test was used as an increase in scores was predicted.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The perfect solution to the offending behaviors of juvenile sexual offenders is not now available and most likely never will be. The National Task Force (1993) states clearly that there is not enough clinically-based knowledge upon which to operationalize a clearly-defined "best" treatment program. The National Task Force does list basics that should be in all treatment programs for sexual offenders:

Treatment methods should address the following areas as a partial list:

Denial, minimization and projecting blame

Accountability for all abusive or exploitive behaviors

Thinking errors/irrational thinking
Contributing factors to cycle of abusive behavior

Apparently irrelevant or unrelated decisions which set up a high risk situation

History of offending behavior

Self-responsibility in sexual and nonsexual functioning

Irresponsible decision-making/high risk behaviors

Empathy development/victim personalization

Long-term management of sexually deviant impulses

Power and control behaviors/covert exploitation

History of client's own victimization

List history/autobiography

Helplessness and lack of control

Delusions of persecution

Impulsivity and poor judgment

Anger management and frustration tolerance

Feeling identification and management

Values clarification, including victim empathy

Ability to experience pleasure in nonexploitive activities

Substance abuse/addictive behaviors

Self-esteem and identity

Arousal patterns/deviant fantasizing

Positive sexual development/identity

Sex education/sexually transmitted disease including AIDS

Sex-role stereotyping

Cultural influences

Sexual identity issues; homosexuality/homophobia

Communication/social skills training

Assertiveness training

Dating/relationship building

Employment/vocational issues

Family dysfunction and sibling issues

Educational issues (pg 48, Assumption 186)

Although this list gives fairly generalized treatment areas, it is of help in outlining priorities when combined with more specific ideas from individuals in the field.

There is a tremendous diversity in program approaches related to working with sexual offense issues, but there are common factors. It does not seem to matter if a treatment model is psycho-educational, behavioral-cognitive, or family systems based. Common factors are present in all these approaches.

The solutions available to deal with the problems presented in this practicum would have been many, even with unlimited time and resources, but given finite limits in these areas, practical solutions were far fewer. Expanding the number of beds available for sexual offenders was a goal, but not under the agency's control. Expanding the number of beds in the sexual offender-specific program also did not help with non-adjudicated offenders nor with sexual offenders outside residential care. A solution was needed that allowed students to move from program to program and keep a consistent treatment plan and focus.

Training all staff in all areas of sexual offender treatment would have been effective, but time and financial constraints made this solution less than feasible. As the agency had a strong teamwork primacy base for treatment teams, training the group leaders opened information to all others on the team and stimulated problem-solving.

In addition to the recommendations put forth by the National Task Force on Juvenile Sexual Offending (1993), a number of authors have developed similar lists related to good treatment. In some of the earliest work, Knopp (1982) shared nine program descriptions and defined commonalities that made these programs effective. These programs were both community- and campus-based. Most of the program components noted look very similar to those presented as essential by the National Task Force.

Some authors focus heavily on one area such as Mayer (1988), who offers a strong and detailed focus on denial, and Balthazor and Way (1990), who focus strongly on cycle work and family systems. These authors point to the need for victim empathy, thinking-error work, and other components recommended by the National Task Force on Juvenile Sexual Offending (1993).

Some authors such as Ross (1990) offer treatment priorities specific to the treatment setting. In Ross' case, the focus is largely on residential care. Even though structure may look different, the components of treatment that are most important seem consistent regardless of setting. Barbaree, Marshall, and Hudson (1993) use a relapse prevention model with defined components that are very closely tied to those of Ross, Balthazor, and Way (1990) and most of the other authors. The common threads of good treatment in all these different models and settings

were noted by Knopp and Stevenson (1988). Victim empathy, sex education, anger management, thinking errors, and offense cycle work were found to be essential components in almost all programs. In a Report to the Legislature, Farrell (1991) recommends training specifics very similar to the common threads noted by Knopp and Stevenson. Farrell notes that training on denial, offense cycles, victim empathy, cognitive distortions (thinking errors), and sex education are the basics upon which good treatment is built.

The literature and this author's experience seemed to have matched closely in solving the problems put forth in this practicum. Staff needed the basic treatment understanding of how to work with sexual offenders if they were to effectively intervene in any setting with the juvenile sexual offender. The skills required were definable and could be given in an adequate manner within reasonable limits of time and resources.

Description and Justification of Solution Selected

A needs assessment was completed by 59 professionals within the agency. These professionals worked directly with troubled children and families (see Appendix A). In this needs assessment, 57 of 59 professionals felt the need for additional training in working with the juvenile sexual offender. This very clear response in conjunction with the literature on juvenile sexual offenders pointed clearly to the need for a staff training program focused on working

with the juvenile sexual offender.

Beginning with the needs assessment survey, a particular focus was placed on treatment priorities as outlined by the National Task Force on Juvenile Sexual Offending (1993). Although there are numerous subsets and approaches to offense cycles, victim empathy and other areas deemed essential by the National Task Force on Juvenile Sexual Offending, a review of the literature assured this author that differences were mostly structural and pragmatic. These differences were not conflictual in any way that would effect ones ability to assist children with sexual-offense issues.

In each area of the training curriculum, similar methodologies were used in teaching concepts. Time was taken to clearly define the issue or problem under discussion, videos were used so those involved could see the problem, and an interactive experience using available materials brought the theoretical concepts to a practical level. Those working with troubled children seem particularly thrilled when they leave a training with hands-on experience. Previous presentations on sexual offending had often dealt with rather broad theoretical concepts which left the staff with some knowledge of the problems, but little knowledge of effective and pragmatic interventions.

This author was prepared to develop and present a training for all program areas that would encompass the

needs as presented by the staff and the priorities as defined by the National Task Force on Juvenile Sexual Offending (1993). Limited resources for training activities, very limited speaker availability, and the inability of staff at scattered sights to meet in one location eliminated options related to external resources. The ability and willingness to adjust trainings to particular treatment locations and milieus also indicated the need for internal trainers familiar with the unique settings, populations, and treatment approaches within this author's agency. This training was for direct service providers in residential care, foster care, and community-based programs from throughout the state.

Pre- and post-tests were administered during the training to note learning and confidence changes. There were also 60-day follow-up interviews to see if changes in attitude and knowledge endured and to see what programmatic changes occurred as a result of the training.

This writer presented trainings both on and off the campus where he is based. Training occurred in groups of six to fourteen, so the training could be interactive and experiential--an essential component as noted by Adler (1978) in some of the founding work related to training in the child care field.

Report of Action Taken

Two months prior to the projected date of the first

staff training related to working with juvenile sexual offenders, this writer met with the directors of residential care, foster care, outpatient counseling, and community-based services to define specific curriculum components and length of training. A review of the staff needs assessment (see Appendix A) and a review of the sex offender treatment survey (see Appendix C) also took place at this time. After reviewing these documents, all directors chose to have their staff trained in the following areas:

Sexual values clarification

Types of sexual offenses

Definition of terms

Working with victims

Working with offenders

Working with families of victims/offenders

The sexual offense cycle

Thinking errors

Character traits

Treatment strategies

Relapse prevention

Anger management

The greatest difference in the trainings was the length of time spent in various areas, not the materials presented. The presentation outline remained similar for each session with the time allotted for any given topic being the variable (see Appendix D). Community-based programs

selected much lengthier sessions on relapse prevention, the offense cycle, families, and victims, while residential staff asked for additional time in relation to working with offenders, thinking errors, and treatment strategies.

During the month prior to the first training, this writer developed the dates and times of the trainings in cooperation with the various programs. Many program areas could not have all staff attend at once so open training dates were set, and all the dates were shared with the directors so they could send staff to any other available training. Even though these trainings were to be spread over a six-month period, this process proved to be extremely difficult. Arranging dates, finding space for presenting on those dates, and coordinating co-presenters proved a challenging task.

In preparation for the training on juvenile sexual offenders, a training outline was developed that included activities, videos, and basic information required for all trainings, regardless of emphasis. Although this writer was present for at least some portion of all the trainings but one, he was very aware emergencies could require leaving the training at any time. For this reason, co-presenters were used and the training outline developed (see Appendix D). Many additional materials were used, but the training outline served as the base for all presentations.

Videos were used throughout the presentation and served

as a reality check for the more abstract concepts being presented. Videos were always used in the sections related to values clarification, families, offense cycles, thinking errors, offenders, and victims. Depending on each group's primary focus, the quantity of video used in any one area did vary. Video clips used for sexual values clarification consisted of scenes from current movies that included a diversity of sexual acts, partners, and orientation. All other videos used were developed in-house and included offenders, victims, and families from our treatment program. Authorization forms were developed for staff, students, and families so the videotape could be used (see Appendix E). The response to the tapes was so consistently positive additional tapes were developed as the trainings progressed that added depth and diversity to the various topic areas.

The greatest difficulty encountered in the presentation occurred in the sexual values clarification section. Several staff were very uncomfortable talking about specific topic areas. No one was forced to speak, but time was spent discussing how important it is that those working with sexual offenders and victims be aware of their own values related to sex, so these values did not block their ability to help. Although this was often a difficult beginning, no one suggested this was not the base upon which the rest of training needed to be built.

During implementation, an event occurred that

stimulated interest and created anxiety for many. The state in which this practicum occurred raised the number of beds for sex offenders from 11 to 44 in this writer's agency. This created a new reality for many of the participants. No longer was the training for that occasional youngster they may work with that had sexual offending/victim issues. This training was now needed to work with a very significant portion of the student population. Giving participants time to talk about their fears and anxieties related to this new event became a regular part of the teaching process.

At the beginning of implementation, there was some uncertainty as to how long the training needed to be to effectively assist staff gain the knowledge and confidence to work with sexual offenders. Practical limitations pointed to a day, but training content seemed to indicate a need for several days. Eventually all trainings took place over a two-day period, with the length of the days dependent on additional and/or in-depth topic needs. This two-day presentation was received well by almost all participants, but an overwhelming majority felt an additional day would have been a great bonus, especially if this day would focus on application of the new learnings in their treatment area.

CHAPTER V

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Results

A dramatic increase in referrals of juvenile sexual offenders to all programs within this writer's agency created several issues of concern. The only treatment team that worked specifically with juvenile sexual offenders was being overwhelmed with requests from all treatment programs for assistance in working with juvenile sexual offenders and their families. A needs assessment survey (see Appendix A) showed an overwhelming percentage of staff recognized they were working with juvenile sexual offenders, and 57 of 59 staff felt enhanced skills were required if they were to effectively help the children and families for whom they were responsible.

A log was kept of when and where all trainings took place. The number of people involved, the amount of time taken in each topic area, and what program areas were represented was noted.

Significant changes in program were carefully monitored during practicum implementation. Specific changes related to quantity of beds available for sexual offenders, new

and/or different training for staff, or changes in referrals from external sources had a significant impact on some findings.

Formal and informal interviews with program administrators throughout the implementation period were used to note significant program and/or personnel changes that affected the needs or priorities of the staff involved.

Analyzing the results of this practicum fell into two fairly broad areas. The first area was objective and related to the statistical findings which came from pre- and post-tests related to learning the various components in good sexual offender treatment. These findings were used to assess the expected outcomes related to staff confidence and preparedness of leadership staff in understanding the basic components of sexual offender treatment. Where the training took place, the exact components of the specific training, and the experience level of the staff involved were noted in relation to any statistical findings.

Specific findings related to the expected outcome of decreased internal referrals to the sexual offender-specific treatment team and the outcome relating to overnight stays with the sexual offender-specific group were measured through the use of team meeting minutes, night logging, and daily reports. Thus, all of the expected outcomes were measured in a quantifiable manner, but many related results were far more qualitative in nature.

The second form of analysis was less quantifiable but equally important. Systematic observations using a naturalistic format were made throughout the practicum's implementation period. Observations were made relating to policy, staffing model, treatment models, and other systemic changes which resulted from, or were related to, practicum implementation.

A 60-day follow-up interview took place with those involved based on a model similar to that of Brinkerhoff (1992). This follow-up was used largely to see what specific changes were made in each area in response to the intervention that took place. This type of follow-up helps determine if training was largely an intellectual exercise or if it created systemic change designed to better meet the needs of the children being served. The follow-up also noted what portions of the training were being most widely used and what portions of the training had proven less practical.

The solution strategy selected took the needs as presented by the staff in the needs assessment survey (see Appendix A) and implemented a staff training program for direct-service providers in all treatment areas based on those needs. This training was based on the priorities as set forth by the National Task Force on Juvenile Sexual Offending (1993) and other leaders in the field of juvenile sexual offending.

Initial responses on the Needs Assessment Survey (see Appendix A) from those working on the sex offender-specific team such as "I think bringing students back to Kresge from the community is cumbersome for us and probably for that group and team," along with a strong feeling that sexual offenders need some sexual offender-specific help combined to make for an audience very receptive to the proposed training. The numbers at each training were limited by practical needs (We've got to have someone with the kids!) more than any other factor. Several staff unable to receive the training in their work setting drove two hours each way to attend the training in a different part of the state. Resistance to training is sometimes common. Informal conversation led this writer to conclude this training was well received because staff saw it as responding to their request for help rather than another training designed to meet external requirements that may or may not have significance to the practitioner.

This practicum was designed to teach direct-service staff the basics of working with the juvenile sexual offender and their families. This practicum was also designed to give staff the confidence that they could help the juvenile sexual offender in whatever setting they were working with the skills and resources at their disposal. The following results seem to indicate a significant gain in knowledge and confidence. The two-month follow-up (see

Appendix F) seems to indicate the training stimulated a desire for more knowledge--an outcome that was not planned but certainly essential for development of improved services to this population.

A total of 55 treatment staff were able to begin and complete the training. All these staff worked in direct treatment. The staff were almost evenly divided between community services (in-home care, foster care, families first, etc.) and residential care (students removed from the community and living in an institutional setting). Several staff began training and were unable to complete the training due to emergencies requiring their attendance and other factors common to their roles. These staff were not included in any statistical categories, and follow-up surveys were not completed

The specific purpose of the pre-, post-, and follow-up surveys were to determine:

1. What impact content-specific training had on the confidence staff had in working with the juvenile sexual offender.

2. To what extent the training prepared the staff to deal effectively with children and families in the areas covered by the training.

A content-specific survey was administered, before and after training, to determine level of understanding. The mean scores were then compared to determine if differences

existed and if those differences were significant. The comparison of these scores is in Table 1.

Table 1

Summary of T-Test for Sex Offender Training

Data	Pre-Instruction	Post-Instruction
Number of cases	55.00	55.00
Average scale score	2.88	4.14
Standard deviation	.69	.43

t-value = 11.09

[t] = 11.09 > 1.659 == > Reject H(0)

The average score for the survey prior to training was 2.88. The average score after training was 4.14. A t-test for unmatched pairs indicates that the difference is significant at the .05 level. It also should be noted scores on the pre-test were more varied than the post-test scores. The lower standard deviation on the post-test is an additional indication of learning within a group.

The second portion of the survey was the two-month follow-up study. This portion was designed to measure the extent to which the training prepared staff to deal effectively with children and families in the areas covered during the sexual offender training.

The comparison of all scores is shown in Table 2.

Table 2

Summary of T-Test for All Surveys

Data	Pre-Instruction	Post-Instruction	Follow-up
Number of cases	55.00	55.00	55.00
Avg. scale score	2.88	4.11	4.00
Standard deviation	.69	.46	.62

t-value = 1.06

[t} = 1.06 < 1.659 == > Accept H(0)

A t-test for unmatched pairs indicates the difference between post-instruction and follow-up scores is not significant. This finding indicates that gains in understanding related to working with the juvenile sexual offender were maintained in implementation.

The open-ended questions at the end of the follow-up survey (see Appendix F) strongly support the importance and usefulness of the training received. Although most staff felt a particular area or areas of training were most essential, very few felt any area was least essential. Comments such as: "It was all essential but we need (to) go into more depth in all areas" and "Because it is such a new area of concern, all issues are pertinent and can be useful" seem to summarize the feelings of the participants.

Discussion

This practicum was designed primarily to meet a specific need within a specific organization, but the formal findings in combination with more naturalistic assessments seem to indicate the results can be generalized to a slightly larger population (those working directly with juvenile sexual offenders) with relative safety. A great diversity of staff were represented in the practicum, and the results showed patterns which were consistent throughout. Location did not significantly change the findings. Some of the staff worked in a densely populated urban area, some staff worked in a rural/small city location, and some staff worked within the confines of a self-contained residential program separated from any community. Scaled score gains were noted in all areas between the pre- and post-tests, and gains were maintained in all areas after two months of implementation (see Appendix G). When broken down further into very specific subgroups, the numbers were sometimes too small for legitimate conclusions, but even the smallest subgroup showed gains between the pre- and post-tests with a continued gain at two months.

It is clear that the field of working with sexual offenders remains in its infancy. The National Task Force on Juvenile Sexual Offenders (1993) makes it clear that the quantity of research required for any valid conclusions in

relation to the treatment of juvenile sexual offenders is simply not present. There remain many questions about the treatment of juvenile sexual offenders similar to those raised by Mayer (1988) in regards to punishment or treatment for adult sexual offenders. There also remain questions concerning the limits and/or appropriateness of some current methodologies being used in juvenile sexual offender programs (Marquoit and Dobbins 1995).

Despite these problems, the National Task Force on Juvenile Sexual Offending was able to reach consensus in a number of areas including the importance of the topic areas presented in this practicum. When asked what area of the training was least essential in the two-month follow-up survey, only seven staff could list a response. One response seemed to best summarize the staff's feeling--"At this point, everything is essential due to a lot of staff not being familiar with working with offenders." It would appear the topic areas covered in the practicum as recommended by the task force were also viewed as essential by practitioners in the field.

Specific conclusions reached at the completion of this practicum are as follows:

1) Training does enhance the understanding of staff in relation to working with the juvenile sexual offender.

2) A curriculum can be developed that follows "best knowledge" in the field and is seen as useful by

practitioners.

3) Training for work with juvenile sexual offenders can maintain a sustained effect over a period of time.

4) Staff will actively participate in training for juvenile sexual offenders even if their experiential base is low and level of anxiety high.

5) Training will enhance the receptiveness of staff to working with the juvenile sexual offender.

All the data presented in this practicum indicates that even a relatively small amount of training (two days) can significantly enhance the understanding of staff in relation to working with the juvenile sexual offender. Although there are those who question the need for offender-specific treatment given a setting based on group counseling (Brannon and Troyer, 1991), the overwhelming majority of professionals in the field feel offender-specific training will benefit both staff and child. A majority of staff felt more training was needed, usually in areas specific to their treatment responsibilities such as assessment, relapse prevention, or victim care (see Appendix F). This strong desire for more training is taken by this writer to mean the initial training was seen as both useful and important.

The curriculum that was developed for this training was not "unique" or extremely difficult to form. Only the videotapes and the offense cycle used were developed solely by the writer and his co-presenters. The field may not have

enough research to replicate large or longitudinal studies, but there is enough consensus to put together effective training for staff working with the juvenile sexual offender.

Training is not always seen as desirable nor long lasting in its effect. Although two months is a relatively short lapse of time in treatment, the fact that the training had a sustained effect for this period of time certainly is viewed as positive. Brinkerhoff (1992) points to the limited usefulness of post-tests that immediately follow training when used as the only measurement tool. The proof of the training should be in its level of usefulness and retained knowledge, both of which were found very positive during implementation.

With the exception of seven staff, none of the 55 staff involved throughout this practicum had worked exclusively with sexual offenders or received offender-specific training in any planful manner. Despite their limited experiential and/or knowledge base, limits were placed on presentations due to the level of interest being higher than the organization's ability to manipulate coverage schedules and meeting times. Since completion of this practicum, training has been expanded at the request of the staff in all treatment areas.

When the training began, there was only one residential group designated as sexual offender specific. When this

writer began that group, volunteers to work in sex-offender treatment were few and far between (exactly two to be precise). Near the mid-point of implementation, an additional offender-specific cottage was opened for which this writer was responsible. All the staff which have made up the new sexual offender-specific treatment team were voluntary. All of the staff who made up this new team had been a part of the training. As a group, they pointed to the training as a major factor in their decision.

The outcomes anticipated earlier in this practicum were met only in part. That the staff who received training felt more confident to effectively intervene in the treatment of children with sexual offending issues is fairly certain, yet a decrease in internal referrals did not occur. As staff gained knowledge in issues related to sexual offending, issues previously not recognized (or avoided?) now were being addressed. The quantitative number of referrals to the sexual offender-specific treatment team remained very similar (three to four per week), but these requests changed qualitatively. The requests moved from requests based on moving the child (get this kid out of here!) to requests for information and/or strategies staff could implement in their own cottage. Thus, there was a change in substance related to this expected outcome, although the numbers look very similar. The expected outcome related to removal of students from their own treatment groups to the sexual

offender-specific group for sexual acting out did show both qualitative and quantitative change.

There was a noted decrease in requests for the sexual offender-specific team to keep a child overnight due to sexual acting out. The sexual offender-specific team did have several students stay with them overnight, but these requests were not based on sexual acting out. Over the last two months of implementation, it was not requested that any student be removed from the group and treatment team because of sexual acting out. A review of incident reports did not show a particular drop in sexual acting out, just a greater willingness and/or ability to deal with these issues in a wider array of settings.

Dissemination

The results of this practicum have been shared in different programs as the results of each training became available. In the past, very few trainings have been so well received in the very diverse program areas common to this large organization. As it became fairly clear that the results of this training were received well regardless of program area, dissemination of training components began quite early. The organization had earlier accepted a single model of the sexual offense cycle (Marquoit, 1994), so interest was high in seeing how many treatment components could be shared regardless of location or treatment milieu. At this time, materials for assessment, family work, offense

cycles, victim work, and relapse prevention are commonly shared by all treatment programs. Following a strong recommendation from training participants, portions of the training developed for this practicum will now be included in trainings for all new staff.

Portions of this practicum have been presented at a national conference, and one of this writer's co-presenters is due to present to a national conference very shortly. The practicum will be shared with the state-wide organization of those working with juvenile sexual offenders. As there is not yet any state-wide training shared by these agencies, there is much interest in finding a "base" curriculum that could be shared by all.

Recommendations

As a result of this practicum, the following recommendations have been made.

The first recommendation is that this training be presented semi-annually for all staff working in sexual offender-specific programs. For administrators, it should be expanded to include more detailed work in risk assessment and sex-offender teamwork.

The second recommendation is that all staff receive the basics presented in this practicum. The research makes it clear that treatment programs, particularly residential treatment programs, have very significant numbers of children with sexual offender/victim issues.

The third recommendation is that all areas of treatment assess the components of this practicum and determine what portions of the training can be used in all areas. As children move from one service to another, familiarity with treatment language and structure can only help the trauma many children face during transitions.

The last recommendation is that this practicum be presented to the state-wide association of professionals working with juvenile sexual offenders so that it may serve as a model or starting point for training in all agencies. Many of these agencies already share basic training presentations, so there is a precedence for this type of inter-agency cooperation. It is hoped this practicum will prove of service to other professionals working with this needy, challenging group of young people.

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APPENDIX A

STAFF NEEDS ASSESSMENT

SEXUAL OFFENDER TREATMENT AND TRAINING NEEDS ASSESSMENT

The following questions are designed to get feedback on organizational needs related to working with sexual offenders. Your help is appreciated in determining future treatment and training priorities.

Program Area _____

Role _____

1. Do you currently work with children and/or families with sexual offense issues?

2. Do you feel adequately prepared to effectively intervene with issues/problems related to sexual offending?

3. Do sexual offenders need more and/or different services than you currently offer? If so, what are these services?

4. Do you feel additional training is needed to effectively work with sexual offenders in your treatment area?

5. Based upon the children and families with whom you work and your knowledge of sexual offenders, please rate the following topic areas as to their importance in <u>your</u> work with children and families.

		NOT AT ALL		SOME		A GREAT DEAL
a.	Sexual values clarification	1	2	3	4	5
b.	Types of sexual offenses	1	2	3	4	5
c.	Definition of terms related to sexual offending	1	2	3	4	5
d.	Working with victims	1	2	3	4	5
e.	Working with offenders	1	2	3	4	5
f.	Working with families of victims/offenders	1	2	3	4	5
g.	The sexual offense cycle (trigger events, grooming, fantasies, etc.)	1	2	3	4	5
h.	Thinking errors	1	2	3	4	5
i.	Character traits of offenders	1	2	3	4	5
j.	Treatment strategies	1	2	3	4	5
k.	Relapse prevention	1	2	3	4	5
l.	Anger management	1	2	3	4	5

6. What other topics would be helpful to you in working with sexual offenders and their families? (Please be as specific as possible.)

SEX OFFENDER SURVEY RESULTS

TOTAL = 59

Field 1	90% Yes	10% No
Field 2	59% Yes	41% No
Field 4	97% Yes	3% No

	Mean
Field 5a	4.2
Field 5b	3.9
Field 5c	3.8
Field 5d	4.3
Field 5e	4.4
Field 5f	4.4
Field 5g	4.4
Field 5h	4.1
Field 5i	4.2
Field 5j	4.6
Field 5k	4.4
Field 5l	4.3

Field1	Field2	Field3	Field4	Field5a	Field5b	Field5c	Field5d	Field5e	Field5f	Field5g	Field5h	Field5i	Field5j	Field5k	Field5l	Field6
y	y	I think bringing students back to Kresge from the community is cumbersome for us and probably for that group and team. I don't know what the answer is. Possibly a community-based group. We are getting a number of services in place, including outpatient counseling.	y	4	5	4	5	5	5	5	4	4	4	5	4	How to strike a balance between n them see the seriousness of the of without making them feel that reco to impossible. How to remove the sexual offender home, even on this Practical strategies for staff who do specialize in thle area.
y	n	Yes, they need intensive counseling and group therapy.	y	3	3	3	4	3	5	3	3	3	3	3	3	
y	n		y	5	5	5	4	4	4	5	4	5	5	5	5	
n	n		y	5	4	5	5	5	5	4	4	5	5	5	5	
y	n	Yes, it would seem that they need to be recognized as having needs of their own while still being considered offenders/dangerous. (a delicate balance)	y	3	3	4	4	2	4	4	5	5	4	5	4	How can all members of a family fee and be rehabilitated, while maintainir initial environment.
y	y	Yes, we only prolvde crisis intervention services They need family therapy, safety from the perpertrator, etc. We refer families in these issues.	y	3	3	3	5	3	3	3	3	3	5	5	5	
y	y	Yes	y	3	4	4	5	3	5	4	4	3	5	4	5	
y	n	Yes, individual and group therapy.	y	5	4	4	5	5	5	5	4	4	5	5	4	Ownership of problems, responsibility behavior, clarily roles (victim not resp clarily parental responsibility
y	y	Yes need long term counseling. We are only a four week program.	y	4	3	4	5	3	5	4	4	4	5	5	5	What parents can do to show support their offending child and their surviving
y	y	Yes, Counseling, special family meetings / counseling	y	5	4	3	4	3	4	4	3	4	4	4	3	
y	y	Yes, Greater supervision; Increased Individualized treatment; Sexual offending specific discussions, i.e. offending cycle, how thought/fantasies are apart of offending, how the offender has been victimized themself	y	3	5	3	3	5	3	5	5	5	5	3	5	Initial Assessment / orientation Initial treatment agenda. Transitioning offen from initial intake / orientation to offend program. What to do with offenders wl going to Kresge eventually but initially v in a residential mainstream cottage pro
y	n	I feel that sexual offenders need different services in order to accomondate the individual needs for these kids. Also due to the sensitivity of their issues being able to talk to 10 or 11 other group members who don't have sexual issues, may be viewed as a "freak" or limit this person about what he has done or what he feels.	y	5	3	3	4	3	3	5	5	5	5	5	5	Requirements for home visits options f post placement when kids go home wit sexual issues In other words that type resources are available for transitioning into the community

Field1	Field2	Field3	Field4	Field5a	Field5b	Field5c	Field5d	Field5e	Field5f	Field5g	Field5h	Field5i	Field5j	Field5k	Field5l	Field6
y	n	Making group sensitive to these issues. Normalizing these issues for group and team.	y	5	3	3	4	5	5	4	4	4	5	4	3	Dealing with denial, minimization, r Staff response to stress associatec dealing with sexual offender issues Personal unfinished business, pers values related to sexual issues, wa deal with child's victimization instea offending
y	y	Offenders need accountability systems, we offer these, but they could be intensified and coordinated better.	y	4	4	3	3	5	5	4	4	3	3	4	4	Determining the truth - although I k this is next to impossible to achieve must be people in criminology who studied physical signs, etc , that hel determine when someone is lying.
y	n	Yes, ongoing training for the sex offender staff as well as other staff. We might have a student in the cottage for B&E but has a hidden history of sexual issues.	y	5	5	5	3	3	3	5	5	5	5	5	5	
y	n	Yes, more concentrated offense specific treatment	y	5	4	4	5	5	4	5	5	5	5	5	5	
y	y	Yes, not sure	y	5	3	4	5	4	5	5	4	3	5	4	3	
y	y	No	n	4	4	4	4	4	4	3	3	3	4	3	4	
y	y	Yes, more individualized treatment related specifically towards the sex offender cycle.	y	4	4	5	4	3	3	5	4	3	5	4	5	Family background, habits, offense c victim awareness
y	n	I believe isolation from students who have no empathy or are hurtful towards students low self image.	y	5	5	4	5	5	2	3	2	4	3	3	3	
y	y	Intensive family intervention Court training	y	5	5	5	4	4	5	4	4	3	5	5	5	"Pull Out" group. (Support Group) Coordianted services (Managed Car
y	y	Yes, A better mindset by staff working with the sexually offending youth. Staff comfort level is the issue	y	4	3	3	5	5	5	4	3	3	4	4	4	Staff hang ups when working with sex offenders
y	n	I would like to see a "group meeting" setting for those youths separate from the PPC group meeting, similar to the AA concept and D&A classes offered by Mattea and Zeller. I would also like to provide more immediate assessment (in-depth assessment) for all students including FC children. Also, all staff need to know exactly what legal steps must be taken when a child discloses as a perp or as a victim.	y	5	4	4	3	5	4	5	5	4	5	5	5	Ownership, secrets, involvement

Field1	Field2	Field3	Field4	Field5a	Field5b	Field5c	Field5d	Field5e	Field5f	Field5g	Field5h	Field5i	Field5j	Field5k	Field5l	Field6
y	y	I feel all staff should have some additional background in this area.	y	4	5	5	5	5	5	5	5	5	5	5	5	
y	y	Yes, more sex offender specific treatment plans and character traits of offenders.	y	3	5	5	4	4	4	3	4	5	5	4	4	
y	y	Not sure	y	4	4	3	4	3	3	5	4	5	5	5	5	Some reality therapy!
y	y	As more students are gradutating from the program there is an increasing need for emphasis on relapse prevention training for the professionals working with the students, foster care workers for example, and families.	y	5	4	5	3	5	4	5	5	5	5	5	4	
y	n	They require that I have a second person in during testing which isn't a "good testing technique" but works, other than that, working closely with the team is adequate.	n	3	3	3	3	4	4	4	4	4	4	3	4	It is important to me to know the info and to be communicated with but m "treatment as such" should only be a support and observer etc. Their owr should be treating them.
y	y	As this area of treatment experiences a geater demand due to a growing population we will need to expand our resources to meet the need.	y	3	3	2	5	5	4	5	2	3	4	3	5	
y	y	Yes, I am very concerned with current posture of courts - i.e. reducing sex offense charge to assault therefore making offenders ineligible for sex offender treatment specifically.	y	5	3	3	5	5	5	5	5	3	5	5	5	Working with resistant families and o resistance/denial within this family wh sexual offending prevails
y	y	Yes, more treatment staff must be trained Non-offenders and offenders are often grouped inefficiently --- non-offenders do not always have an adequate understanding to be helpful despite efforts.	y	3	3	3	4	5	4	5	5	5	5	5	5	Managing personal reactions to beha exhibited or disclosed by the youth wh be highly offensive Personal/profess mental health.
y	n	Sexual offenders need closer supervison, they also need a trustlng envrionment to discuss these issues.	y	4	4	3	4	4	4	5	5	5	5	5	5	
y	n	Yes, at minimum a support group similar to the substance abuse program with an evaluation at the end. We could use a non-adjudicated sexual offender group. My primary concern in this situation is other students being victimized while in placement.	y	5	3	4	4	5	4	5	5	5	5	5	5	Dealing with and overcoming denial
y	n	Yes. I think that we can never be trained enough in this area because things are constantly changing, and each individual is different.	y	5	3	4	5	5	5	4	4	4	5	5	4	
n	y	Program versitle and flexible to offer services to all types of clients, if staff are willing to put in the extra effort.	y	3	3	3	4	3	4	3	5	3	3	3	5	

			Field4	Field5a	Field5b	Field5c	Field5d	Field5e	Field5f	Field5g	Field5h	Field5i	Field5j	Field5k	Field5l	Field6
y	y	I feel we need to be more consistent across residential and community lines regarding treatment issues and modalities; i.e. offense cyle, etc.	y	5	5	5	5	5	5	5	5	4	5	5	5	Again, offense cycle training will it is a tool that can be used in the as well as in residential.
n	n	More supervision. Not helpful to place them back in the environment where they offended	y	5	4	5	3	5	5	5	5	5	5	5	3	
y	y	They need more group experiences. They also need a more complete and written relapse prevention plan. It's also hard to deal with sexual offenders from training school systems concerning continuity of treatment.	y	5	4	4	5	5	5	5	5	4	5	5	5	Community resourcing for sexual get into outpatient services What resources can support these
y	y	Yes, intensive counseling.	y	3	3	3	3	3	3	1	2	3	2	2	3	
n	y	Foster parents are not prepared to have sexual offenders in their homes.	y	3	3	3	5	5	5	5	4	4	5	5	5	Fostering sexual offenders
y	y	Family counseling about sex.	y	2	2	1	3	3	3	3	2	3	3	2	4	Emotions surrounding the offense
y	y	My client is receiving I/C in house as well as outside counsling with Luthern Family Services.	y	5	4	5	5	5	5	5	5	5	5	5	5	
y	n	Yes, individual counseling, support group, family counseling.	y	4	5	5	3	5	4	5	5	5	5	5	5	
y	n	Yes, offender specific programs such as at Kresge Cottage, that are much more intensive than a regular PPC group.	y	5	5	5	5	5	5	5	5	5	5	5	5	Can't think of anything other than the
y	n	Yes, Staff training, do we deal with sex offending in a way different then we do other types of problems given our treatment milieu? If so how? More intensity with outside support.	y	4	4	3	4	5	5	4	5	5	5	4	4	Sex offender support group; Crisis/sa interventions; Impact of having a sex within our peer groups which are not s offender specific groups
y	n	Yes, the services needed are long term prevention related directly to sexual offending	y	5	5	5	4	5	5	5	4	3	5	5	3	Clients need to be able to contact serv with positive outcomes Training topic what is sexual acting out; what is sexu appropriateness; history of family inces cycle of sexual offending
y	n	Yes, different types of treatment	y	4	4	4	5	5	5	5	5	5	5	5	5	
y	n	Not sure, extensive counseling for the offender perhaps	y	3	3	3	5	5	5	4	3	4	4	3	3	

Field1	Field2	Field3	Field4	Field5a	Field5b	Field5c	Field5d	Field5e	Field5f	Field5g	Field5h	Field5i	Field5j	Field5k	Field5l	Field6
y	n	Longer term, someone specialized.	y	4	3	3	4	4	4	2	2	3	4	2	2	
n	y	Yes	y	4	4	4	3	5	5	5	3	5	5	5	5	
y	y	Yes. Group, family and individual therapy specifically geared toward sexual abuse.	y	5	3	3	5	5	5	5	4	5	4	5	3	Educating family members about th increase likelihood of intervention. Educating children about safety fac to say no, who do you tell, advoidin potentially dangerous situations, etc How to work with a perpetrator and when he/she doines. Safety issues when reuniting familie
y	y	Our therapists do a good job of addressing these issues and utilizing the resoruces in the community. However, our staff need on-going training and services can always be improved.	y	4	3	3	5	5	5	5	5	5	5	5	5	
y	n	Yes, more counseling and outreach programs.	y	5	5	5	5	5	5	4	4	5	5	5	5	Working with families where incest h occurred
n	y	Training is ongoing and so is the knowledge about the offender.	y	3	3	3	3	4	3	5	4	5	4	4	5	How is cycle confused with adolesce behavior? Is being a victim dealt with the same victimizer? What happens while the child is in pl with natural parent and what can we continue process in foster care?
y	y	We could have someone trained more extensively in working with sex offender population.	y	5	5	5	5	5	3	5	4	4	4	5	3	
y	y	I believe we provide what they need, would be nice to have Outpatient counselor hooked up directly with foster care to provide services as needed.	y	4	4	4	5	5	5	5	5	5	5	5	4	
y	y	I would like to see Starr integrate a therapist specializing in sexual offending behavior, into the TFC program. This would allow more consistency between the sexual offender program and TFC.	y	5	4	4	5	5	5	5	5	5	5	5	5	
Y	Y	Occasionally specialized group treatment would be most appropriate, however, this is not available	n	5	4	4	4	4	4	4	4	4	4	4	4	
y	y	No, your aftercare support is fairly comprehensive One issue we need more team support to provide transportation services for respite campus visits	y	3	5	4	5	4	4	5	4	4	5	4	4	None

APPENDIX B

NIGHT LOG

NIGHT STAFF LOG

* *

DATE: _____ STAFF: _____ COTTAGE: _____

Staff Member(s) Relieved: _____

COTTAGE CENSUS

BED CHECKS: (1 check every 15 minutes, minimum)

STUDENTS OFF CAMPUS: (Please include name, reason off campus, date left, etc.)

STUDENTS ADMITTED: (List any new students, date they entered, their room and roommate, etc.)

Read Previous Day's Log: _____Yes _____NO

Clinic Calls: (Student, Time, Date, Reason)

TEAM MEMBER SUPPORT

General Cottage Cleanliness - Comment on each area:

Kitchen/Dining Room: _____
Living Rm/Rec Room: _____
Laundry Rm/Bathrooms: _____
Dorms/Hallways: _____
Staff Office: _____
Other: _____

Food Preparation for following days meals: _____yes _____no

Food Prepared _____ Location _____

LOGGING/CLERICAL RESPONSIBILITIES

Medicines administered and logged during day? _____yes _____no
If "no", explain: _____

Maintenance requests: _____yes _____no
Reason:

APPENDIX C

SEX OFFENDER TREATMENT SURVEY

APPENDIX C

Sex Offender Treatment Survey

As an organization, we have served children with sex offenses (both adjudicated and non-adjudicated) for many years. In the last several years, the sex offender has become a much higher priority for placement by the juvenile court system, and treatment basics have become more clearly defined. This survey is intended to measure the knowledge of our staff in various sex offender treatment areas and help determine priorities for future training.

1. Based on what you know about treatment of juvenile sex offenders, to what extent do you feel you understand the following treatment areas:

		NOT AT ALL		SOME		A GREAT DEAL
a.	Sexual values clarification	1	2	3	4	5
b.	Types of sexual offenses	1	2	3	4	5
c.	Definition to terms related to sexual offending	1	2	3	4	5
d.	Working with victims	1	2	3	4	5
e.	Working with offenders	1	2	3	4	5
f.	Working with families of victims/offenders	1	2	3	4	5
g.	The sexual offense cycle (trigger events, grooming, fantasies, etc.)	1	2	3	4	5
h.	Thinking errors	1	2	3	4	5
I.	Character traits of offenders	1	2	3	4	5
j.	Treatment strategies	1	2	3	4	5
k.	Relapse prevention	1	2	3	4	5
l.	Anger management	1	2	3	4	5

Sex Offender Treatment Survey
Post

Having completed the training related to working with the juvenile sexual offender, we would appreciate your help in determining how effective the training was and what it meant to you.

1. Following the training, discussion, and activities, to what extent do you feel you understand the following treatment areas:

	NOT AT ALL		SOME		A GREAT DEAL
a. Sexual values clarification	1	2	3	4	5
b. Types of sexual offenses	1	2	3	4	5
c. Definition to terms related to sexual offending	1	2	3	4	5
d. Working with victims	1	2	3	4	5
e. Working with offenders	1	2	3	4	5
f. Working with families of victims/offenders	1	2	3	4	5
g. The sexual offense cycle (trigger events, grooming, fantasies, etc.)	1	2	3	4	5
h. Thinking errors	1	2	3	4	5
I. Character traits of offenders	1	2	3	4	5
j. Treatment strategies	1	2	3	4	5
k. Relapse prevention	1	2	3	4	5
l. Anger management	1	2	3	4	5

2. Based on what you know now, please indicate your reactions to the following statements:

	NOT AT ALL		SOME		A GREAT DEAL
a. I feel prepared to help a child deal with their offending behavior.	1	2	3	4	5
b. I feel better prepared to work with the families of sexual offenders	1	2	3	4	5
c. I feel more confident I can work more effectively with offenders within my treatment area	1	2	3	4	5
d. I feel more confident I can recognize behaviors and their role in sexual offending	1	2	3	4	5

3. What other training would be helpful to you in your specific treatment area?

4. Are there any things you plan to do differently than in the past when working with offenders?

5. a) What was the most valuable component of this training? Why?

b) What was the least valuable? Why?

Thanks!

APPENDIX D

PRESENTATION OUTLINE

JUVENILE SEX OFFENDER TRAINING OUTLINE

I. Introduction

PURPOSE: To let people know what's coming.

Activity 1: Introduction of the trainers

- Schooling
- Job experience
- Training experience

Activity 2: Introduction of the training

Warning and discussion of the fact that this training contains sexually explicit material and requires discussion of that material and the thoughts and feelings it evokes. Anyone who is not comfortable with the training certainly isn't going to be comfortable dealing with a sex offender in an assertive way designed to prevent a reoccurring offense. This should have all been discussed between worker and participants before the training.

•Why such information/training is needed.

Best described by statement and discussion of the goals of the training.

- To give information and skills needed to support ongoing treatment.
- To give staff information and skills they will need to intervene in the offense cycle.
- To give staff skills they will need to communicate effectively with the youth and treatment workers.
- To give staff help in dealing with their own feelings about sex offenders and sex crimes.

•What getting through it will entail.

- Hand out the training agenda and discuss.

Activity 3: Training protocol

•Training will begin and end on time.
•Tell people where the bathrooms are and let them know that they may get up and leave training if they need to do so.
•Is there anything to eat and drink? When do they get it?
•Questions welcome at any time.

II. Sexual Knowledge Pre-test
Sexual Offending Cycle--Pre-test

PURPOSE: To help us evaluate the training.

Activity 1: This will require some preparation of the group. We will spend time discussing the fact that as part of our effort to make the training meaningful, and because the training is new, we would like to give pre and post tests to measure how effective the training is. We must make it clear to participants that they are not being graded or judged by the pre-post tests, that the training is being judged.

Activity 2: Hand out test.

III. A glossary of terms staff will encounter in dealing with the sex offender.

Activity 1: Ask participants to turn to the glossary of terms at the back of their workbook and go over it to establish a vocabulary for the training.

GLOSSARY OF TERMS

Accountability
Aggression
Coercion
Consent
Denial
Deviant
Digital
Enticement
Entrapment
Exploitation
Genital stimulation
Intimidation
Masochism
Molestation
Perpetrator
Punishment
Remedial/remediate
Resistance
Sadism
Sexual abuse
Sexual behaviors
Intercourse
Sodomy
Penetration
Fondling
Cunnilingus
Fellatio
Exhibitionism
Fetishism
Frottage
Rape
Voyeurism
Sexual offense
Thinking errors
Treatment
Victim

IV. Sexual values sensitivity training

Purpose: Allow participants to identify their own sexual values and determine how those values will affect their care and interaction with a juvenile sexual offender. This can also help professional staff screen parents/foster parents to determine problems ahead.

Give participants practice in talking abut sexual issues comfortably, in a clear and constructive way.

Activity 1: Movie clips showing normal, grown-up sex, followed by clips showing a variety of alternate sex practices.

- Do you remember your first sexual experience? How did it influence the way you feel about sex?
- How did you learn about sex?
- Was that a good way?
- Do you remember your first sexual experience?
- How did your first sexual experience influence the way you feel about sex?
- Are there differences in how you **feel** about sex and what you **think** about sex?
- How did you teach your children about sex?
- What do you think about sexually explicit material on television and in movies?
- How do you feel about pornography?
- What do you think is the effect of sexually explicit materials on people in general? On sex offenders?

Activity 2: Show video of victims telling their stories. (We need to think about the order we want to show the videos in.)

Trainers' notes: Videos need to be set up carefully. Be very clear with the group about the content of the video they will be seeing. Let them know how you felt when you saw it--how you feel when you hear offenders talking. Give them a lot of permission to share their feelings about this video.

Discussion of video content

Debriefing:

- How did you **feel** watching this video?
- What was most difficult to see or hear?
- What do you **think** about what you saw and heard on this video?
- What were you most comfortable with?
- Now that you've seen this video, how would you feel about having an offender in your home?
- Now that you've seen this video, do you think offenders should be punished or treated, or both? What kind of punishment should offenders receive?
- How do you think sex crimes affect the victims?
- Do you think victims of sex crimes ever "ask for it?"
- Do you think victims of sex crimes ever lie?
- How do you know what to believe if the offender says one thing and the victim says another?
- How do the experts know what to believe when the offender says one thing and the victim says another?
- Did any of these videos change anything about the way you feel about sex?
- What do you think sex crimes are about? That is, why do the offenders offend?
- Did anything you see or hear, cause you to rethink your decision to work with sex offenders?

Activity 3: Show video of offenders talking about their offenses.

Discussion of video content.

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES
PRE
n=55

	Wayne County	South West Counties	C.P.U.	Cedar	Total
j. Treatment strategies	2.71	2.36	2.82	3.71	2.78
k. Relapse prevention	2.53	1.93	2.18	3.00	2.33
l. Anger Management	2.88	3.07	2.82	3.57	3.00

Debriefing.

- How did you **feel** watching this video?
- What was most difficult to see or hear?
- What do you **think** about what you saw and heard on this video?
- What were you most comfortable with?
- How would you feel about having offenders such as these in your home?
- How do you know what to believe if the offender says one thing and the victim says another?
- Did any of these videos change anything about the way you feel about sex?
- What do you think sex crimes are about? That is, why do the offenders offend?
- Did anything you see or hear, cause you to rethink your decision to work with sex offenders?

Activity 4: Show video of parents of offenders.

- How did seeing the parents of sexual offenders affect you?
- Do you think the parents of the sexual offenders are bad parents?
- Do you think the parents of sexual offenders need treatment, too?
- What kind of family develops a sex offender?
- Did you see any similarity in thought process between the parents and offenders?

Activity 5: Debriefing--do we need to do a general debriefing?

- Should offenders be punished or treated, or both? What kind of punishment should offenders receive?
- Do you think treatment works? Why do you think that?
- What do the experts think about what treatment works and how well it works? Discuss.
- How do the experts know who to treat?
- How do the experts know when treatment has been effective?

Myths about sexual offending.

V. Information on sex offending.

Activity 1: Types of sexual offenses.

Activity 2: Why offenders offend--thinking errors, character traits of offenders.

THINKING ERRORS

The following is a list of mistakes in thinking patterns which encourage and allow sexual crimes. The list is adapted from the list of thinking errors first identified in a trilogy of books, called, *The Criminal Personality*, by Samuel Yochelson and Stanton Samenow.

Have participants pull list from training booklet.

VI. CHARACTER TRAITS OF OFFENDERS

(Following is a list of General Characteristics of Adolescent, Male Sex Offenders compiled by staff of the Gibault School for Boys.)

- Defiant toward authority and feels above the law
- Gross thinking errors

- Non-trusting of adults
- Unwilling to take responsibility for own behavior and consequences; excuses; blames other
- I would say--wants any kind of attention
- Manipulative
- Impulsive
- Little or no understanding of sources of own emotions
- No insight into connection between emotions and behavior
- Wariness/suspicion about expressing emotions
- Poor social skills
- Fear of boredom/need for excitement and/or high adventure which usually develops into illicit activities
- Value system that is distorted
- Little or no remorse for offense(s)
- Little or no empathy
- Minimizes effect of offense on victim
- Self-centered/narcissistic
- Fearful of rejection
- Lies
- Often assumes a "poor me" attitude
- Difficulty in forming meaningful relationships; superficial
- Often feels out of control
- Depression
- Easily frustrated
- Does not distinguish between love and sex; may pair sex with violence
- Drifts through life with no goals, or if there are goals, they are unrealistic or negative
- No motivation to perform to potential
- No knowledge of sexuality, but great pretense
- No understanding of sexuality; bizarre and mythical beliefs about masculinity and femininity.
- Disdain for acknowledging masturbation
- Sets fires
- Cruel to animals

NOTE: These are just a few of a long list of characteristics of adolescent male sex offenders. Not all such youngsters have all of these qualities, nor are young men who do demonstrate some of these trademarks necessarily sex offenders.

Staff List of Character Traits

1. Sex offenders manipulate information.
2. Sex offenders are calculating.
3. Sex offenders are always watching others, looking for opportunities to offend.
4. Sex offender's make a great effort to appear appropriate at all times.
5. Some sex offenders have collections of things which have no meaning except in the offenders mind.
6. Crotch-protecting behavior.
7. Extremes of grooming.

Activity 3: How offenders offend--introduction of the offense cycle, risk factors and assessment of risk.

VII. An overview of treatment offenders have received

Activity: Step-by-step, the group treatment process, individual therapy if [illegible]

empathy and purpose for each of the elements of the treatment. Specific behavioral changes that are required before release.

Activity: The offense cycle
Handout on offense cycle

VIII. Providing a positive/**accountable** environment for sex offenders

Activity 1: Lecture on the Elements of an accountable and positive environment
Activity 2: Communication skills for an accountable environment
Activity 3: Anger management skills for an accountable environment
Activity 4: Being assertive

IX. Strategies for parent/foster parents to use in maintaining a positive environment for the sex offender.

Emphasis here is on the offense cycle--recognizing the cycle as it begins to play out and intervening in the cycle to stop it.

Activity: Parents make a relapse-prevention plan which will work in conjunction with the offender's relapse-prevention plan.
Basic elements of plan:
Daily conference with offender, to be sure he's being heard, that anger and frustration aren't building up, that the youth is not withdrawing into the offense cycle.
Identify interventions at all stages of the offense/relapse cycle.

X. Working with the offender's service worker.

A way of getting support from someone who knows the problem.
Communicating clearly and honestly. Needed to forestall the fear that reporting problems to the service worker will be perceived by the agency as a failure.
Clarify offenders needs, parents needs, agencies' needs, service workers' needs.

BIBLIOGRAPHY IN WORKBOOK include a brief bibliography of easily understandable/usable books/workbooks on communication, anger management, assertiveness training.

OFFENSE CYCLE

Have several scenarios of the way the cycle plays out, written out in the workbook as part of the training, have the group generate ideas about interventions at each point.

Current model in all treatment areas.
At any point from beginning of cycle, parents can call on service worker to assist in the intervention.

- Trigger event (difficult situations)
- Feels victimized/feels strong feelings such as anger
- Withdrawal (pushes people away)
- Fantasies (get even)
- Acts out get backs (often self-destructive)
- Grooming (setting up the offense)
- Assault (sexual/physical/verbal)
- Relief (everything's okay)
- Guilt/fear (what if I get caught?)
- Rationalizing/minimizing (forgets)
- "Pretend normal" phase

APPENDIX E

VIDEOTAPE AUTHORIZATIONS

PARENT AUTHORIZATION

In consideration of the payment of the sum of $10.00, the receipt of which is hereby acknowledged, the undersigned hereby irrevocably authorizes The Agency, and its representatives and employees to record the image and voice of the undersigned by any means selected by the organization for use in the production of child care and treatment publications, training films, or videotapes.

Authorization is also given for the use, publication, broadcast and dissemination of photographs, films, videotapes and recordings produced from such recordings.

Dated:

_____ _____

Witness

STAFF AUTHORIZATION

In consideration of the payment of the sum of $10.00, the receipt of which is hereby acknowledged, the undersigned hereby irrevocably authorizes The Agency, and its representatives and employees to record the image and voice of the undersigned by any means selected by the organization for use in the production of child care and treatment publications, training films, or videotapes.

Authorization is also given for the use, publication, broadcast and dissemination of photographs, films, videotapes and recordings produced from such recordings.

Dated:

_____ _____

Witness

FAMILY AUTHORIZATION

In consideration of the payment of $10.00 the receipt and sufficiency of which is acknowledged, authorization is hereby irrevocably given to The Agency, and its representatives and employees to record the image and voice of the person named below by any means selected by the organization for use in the production of child care and treatment publications, training films, or videotapes.

Authorization is also given for the use, publication, broadcast, and dissemination of photographs, films, videotapes, and recordings produced from such recordings.

No use, recording or revelation of the parent or student's surname will be made without the prior permission of the undersigned.

Dated:

_____ _____

Witness

Dated:

_____ _____

Witness

APPENDIX F

FOLLOW-UP SURVEYS

Sex Offender Treatment Survey
Post

Having completed the training related to working with the juvenile sexual offender, we would appreciate your help in determining how effective the training was and what it meant to you.

1. Following the training, discussion, and activities, to what extent do you feel you understand the following treatment areas:

	NOT AT ALL		SOME		A GREAT DEAL
a. Sexual values clarification	1	2	3	4	5
b. Types of sexual offenses	1	2	3	4	5
c. Definition to terms related to sexual offending	1	2	3	4	5
d. Working with victims	1	2	3	4	5
e. Working with offenders	1	2	3	4	5
f. Working with families of victims/offenders	1	2	3	4	5
g. The sexual offense cycle (trigger events, grooming, fantasies, etc.)	1	2	3	4	5
h. Thinking errors	1	2	3	4	5
i. Character traits of offenders	1	2	3	4	5
j. Treatment strategies	1	2	3	4	5
k. Relapse prevention	1	2	3	4	5
l. Anger management	1	2	3	4	5

2. Based on what you know now, please indicate your reactions to the following statements:

	NOT AT ALL		SOME		A GREAT DEAL
a. I feel prepared to help a child deal with their offending behavior.	1	2	3	4	5
b. I feel better prepared to work with the families of sexual offenders	1	2	3	4	5
c. I feel more confident I can work more effectively with offenders within my treatment area	1	2	3	4	5
d. I feel more confident I can recognize behaviors and their role in sexual offending	1	2	3	4	5

3. What other training would be helpful to you in your <u>specific</u> treatment area?

4. Are there any things you plan to do differently than in the past when working with offenders?

5. a) What was the most valuable component of this training? Why?

b) What was the least valuable? Why?

Thanks!

SEX OFFENDER TREATMENT SURVEY

TWO MONTH FOLLOW-UP

Having completed the training related to working with the juvenile sexual offender approximately two months ago, we are asking your help in determining the effectiveness and practicality of what you learned. Your responses will help shape future training so the focus is on the most useful and essential areas.

1. a) Were you able to attend all of the training? Yes_____ No_____

   b) If you did not attend all of the training, please note A through L (Question 2) which portion you did not attend.

2. To what extent do you believe the training prepared you to deal effectively with your children and families in the following areas: (If you have not had an opportunity to use the training, please use Not Used)

		NOT AT ALL		SOME		A GREAT DEAL	NOT USED
a.	Sexual values clarification	1	2	3	4	5	NU
b.	Types of sexual offenses	1	2	3	4	5	NU
c.	Definition to terms related to sexual offending	1	2	3	4	5	NU
d.	Working with victims	1	2	3	4	5	NU
e.	Working with offenders	1	2	3	4	5	NU
f.	Working with families of victims/offenders	1	2	3	4	5	NU
g.	The sexual offense cycle (trigger events, grooming, fantasies, etc.)	1	2	3	4	5	NU
h.	Thinking errors	1	2	3	4	5	NU
i.	Character traits of offenders	1	2	3	4	5	NU
j.	Treatment strategies	1	2	3	4	5	NU
k.	Relapse prevention	1	2	3	4	5	NU
l.	Anger management	1	2	3	4	5	NU

3. a) Now that you have had time to implement the training, what areas do you believe are most essential for future training? Why?_____

_____

_____

b) What areas do you feel are least essential? Why?_____

_____

_____

4. What other training would be helpful to you in working with juvenile sexual offenders?

_____

_____

_____

5. What portion (s) of the training should be covered in greater depth?_____

_____

_____

_____

App

SEX OFFENDER TREATMENT SURVEY
POST SURVEY
QUESTION 3

What other training would be helpful to you in specific treatment area?

Anger management - Developing relapse prevention plan
Substance abuse
Treatment goals
Interviewing, initially
Working with students placed in Foster Care with years of being a victim in their history
More of this Sexual Offender Training; I'm new in my position so to a certain extent everything seems to be a little difficult. But after this, I feel more comfortable with some strategies, so more training will help me a great deal.
Information and training on offense cycles for delinquent youths
More info on working with victim and reunification of families
Continual training for all of us in this area
More of the same training and some additional training in terms of actual cases
How to organize and structure a treatment group
Interviewing techniques
Running Sex Offender groups
Interview approaches
Working with victims. observing group meetings of offenders, dealing with anger problem
How to deal more with the victims of sexual abuse
Explain CSC charges
Explain CSC charges and the degrees
More specific interventions
Young perps. 6, 7, 8 - Sometimes they understand their behavior is wrong, the youngest ones are only mimicking behaviors
I would like more statistical info, i.e. recidivism rates, improved success in a group setting. It would be personally interesting, and I could use it with DSS and courts
Working with victims
Treatment for victims, especially children that were offended by their biological parent.
Family awareness, victim support, community awareness
The treatment that was presented due to working in CPU
Cases - study
More time spent on specific cases. This was helpful in conceptualizing the sex offender and helped in my understanding
Follow up information
Possibly some more info on victims
More relapse prevention training
Knowing more about how to incorporate the group to deal with a students sexual offending
More in-depth, specific training on recognizing behavior within the families and what to do as a result of it
Assessment agendas, specific areas of interest. Typologies, genograms, etc., in order to provide a better service
Assessment, typology
More specific examples
Victim awareness
Really, since I just started, any training is good
Treatment strategies and anger management
How to address these issues in school work or identify warning signs in school.
Help to decide how much school time to spend on "treatment" and how much on school work.
Work more with victims and families
Spending time working with Kresge group and team (in the cottage)
History of offenders
Co-therapy training
Treatment strategies in regard to dealing with structure
Find different ways in helping out families

SEX OFFENDER TREATMENT SURVEY
POST SURVEY
QUESTION 4

Are there any things you plan to do differently than in the past when working with offenders?

Using the offense cycle, using different interviewing techniques
Yes, I plan to incorporate the offense cycle with all my kids
Yes
Be much more aware! Look for signs, etc.
Look for the cycles
Identity - consistent follow up and monitoring
Yes, notify other professionals working with the client of his past offending behavior
Yes
Be more probing and straight forward during sessions with youth and family
Yes
Hold them accountable every time I feel, or think something is out of their norm
Yes; not enough emphasis placed on the victim and the family
Yes; investigate what has been done and plan what needs to happen
1. Place more emphasis on the offense cycle; 2. Become more aware of and concentrate on students who have had sexual offender charges, though they are in our program for charges not related to sexual offending
Looking for the signs and figuring out where they are in their cycle
Role play
Focus more on triggering events (once they are learned). Make sure that discussions are taking place regarding a student's cycle and measures are being taken to keep him or her off the cycle
Just try to recognize the traits by being more aware
I will be more attentive to the surroundings and behaviors of the people I come in contact with
Be more aware of sexual issues with kids; create greater supervision in those cases; make it an issue in weekly counseling sessions
Make sure that some of school personnel is aware of the offender's warning signs; Suggest to foster care families that they discuss with the offender each evening how his day went, were there any trigger events, fanatasies, etc.
- Not a huge issue, but I think I would be extra conscious to structure a schedule that did not allow the child alone with anyone except an adult
Increase coordinated planning with all service providers involved with family
Look for warning signs
I would be more prepared when I have to work with offenders since I had this training
Be more aware, document observations
Yes be more on guard for grooming by the offender
Watching for the different techniques students use
Be more ahead of the game, more attentive and more accountable
Yes, work more on being one step ahead
Continue to monitor even the most subtle questions from these kids
Be more sensitive to sexual offending behavior
Watch for grooming
Yes, monitor and question physical interactions with peers and females
Observe the behavior of all students much closer
Yes; Ask myself why offenders are doing or saying what they are
I plan on putting all my new knowledge to work. I will utilize the cycle in treatment, and begin discussing accountability
Incorporate students, both adjudicated and non, for sexual offending behavior, into some type of offense cycle identification
Be more suspicious, ask why
I must hold them more accountable and monitor them better
Yes, I will be looking to see where they are in there cycles so I can help them identify; generally be aware of what is going on in CPU with the students
Yes, look for attitudes that lead to triggering events, and be more observant of character traits
Look at their cycles more
Discuss thinking errors and cycles more
Be always aware of where they are at
Keeping group in closer proximity for safety and accountability purposes, spend more time processing
Trying to sit back and watch, be more observant from a observation stand point. Stay on top of individual cycles
Continuing to address and look for thinking errors
Yes, structure things a little differently and watch for busy times, when they can do thinking errors
None

SEX OFFENDER TREATMENT SURVEY
POST SURVEY
QUESTION 5a

What was the most valuable component of this training?

The information presented on sexual offending cycle
Doing a cycle; brouded understanding
Learning offenders cycles
The open discussions helped me look at things I should have been doing
Learning the cycles
Dynamics of handouts
Information of cycle
Review of offense cycle
None; To me, all was interesting and educational
Everything discussed during the two days was valuable to me
Everything, because I need to know who I'm dealing and how to make a difference
Example of case treatment of offenders
Cycle and seeing interviews
Offense cycle; I have a better understanding
Signs of an offender, and cycle
Thinking errors; I could recognize behaviors and be aware of them
Talking about thinking errors and viewing video tapes with discussion
Most of it was quite informative
The video tapes and the discussions that followed
Information was good; Sensitized people more to the issue
Discussion of relapse prevention due to its relevance to community based treatment
Relapse prevention; Accountability is so important
Character traits - warning signs
Offender cycle
The cycle and videos
The characteristics of offenders so I will know what to look for
The cycle, and thinking errors
Sex cycle; Explains how things trigger and end
Grooming/videos
Cycles and ways of grooming
Video
Videos and commentary were great
The videos and discussions
Everything
Discussions of cases of offenders
The taped interviews of students and value questions
Knowing what to look for, an idea as to why
Character traits, so that I may recognize a possible sex offender
The format, because we were able to discuss, share, and problem solve
Handouts and utilization of the real case history to illustrate info in handouts; this made the information come alive
Review thinking errors, video tapes of offenders
Understanding thinking errors
The cycle and different components of it
Identifying sexual clarification
Info on impact to others and thinking errors can help others
Thinking errors and character traits
The interviews on videotapes, because we could see many thinking errors
Handouts, film evaluation. Provides helpful info
Acoountability and awareness
The video and looking at the things we've been doing
Thinking errors, because they are ongoing, and we should deal with them consistently
All of the training was good to go over for a refresher

SEX OFFENDER TREATMENT SURVEY
POST SURVEY
QUESTION 5b

What was the least valuable component of this training?

Taking two days; made information not interesting
More treatment info
All was valuable
N/A
N/A
N/A
N/A
None
Intervention strategies; Time
Juvenile offender - not a big issue
Nothing was least valuable, because everything I learned was important
Time span; Should have been a 3 or 4 day training
All of it was valuable
Victims; Did not learn much about how to treat victims or victimization
All valuable
Nothing; Good job, John and Carolyn
All information was important
None was least valuable
Everything was valuable to me
I did not view anything with a lesser value. Maybe more group activities could be utilized
None
List of terms
None (others were equal)
I found all of it valuable, and am forced to say it was all equally valuable
None
None
Everything was valuable
It was all valuable
All was very valuable, even if just re-addressing
None was not valuable! Excellent sessions, I appreciated it!

SEX OFFENDER TREATMENT SURVEY
FOLLOWUP SURVEY
QUESTION 3a

Now that you have had time to implement the trainng, what areas do you believe are most essentail for future training? Why?

Recognizing when one is involved with a sexual offender. Knowing what to look for in offenders and victims

Working with offenders, the sexual offense cycle, relapse prevention; These are ares foster parents need to be trained in

Working with offenders, and realizing the type cycle they are going through before they offend again

The Sexual Offense Cycle, because when you know the cycle and where they are in it, you can prevent things from occurring

Cycle, thinking errors and the comparison of victim and offender traits. This awareness provides the therapist with a continuing objective look at the client they are dealing with

Trigger events, relapse prevention, character traits, anger management

Working with victims

Cycle training, working with families, treatment

Knowing the offense cycle: because it allows the counselor to identify warning signs and what to look for

The information covering the Sexual Offense Cycle was probably most informative

Relapse prevention, values clarification, treatment strategies

The cycle and quick ID: response

Relapse prevention

Understanding and working with the victim

Character traits of offenders, common behaviors of victims, i.e., fire setting, fear of going to bed, etc. - what we most work with

Treatment strategies and working with the victims, thinking errors

I believe that the group discussions were the most beneficial

Working with offenders and victims continue to be focus - more emphasis on treatment intervention

Although I have not had the opportunity to work directly with an offender or victim since the training, I believe knowing triggering events will help me and the families we work with better deal with offenders and their behaviors

I have not used much of the training at this time. Relapse prevention is important

I don't work wo

Relapse prevention

1. Adult offenders - new methods to treat; 2. Adult survivors who have never dealt with earlier abuse

Dealing with offenders, victims, and families because this is a sensitive area and knowing how to treat them is very important

"Thinking errors", because it is essential for practitioners to be aware of that issue and provide climate for clients to change their distorted perception

More research with this population! What are other states & facilities doing with sex offenders? Let's go see. Let's get written material to staff!

All presented were essential for overall knowledge and finding area to focus on for help.

Offense cycle, thinking errors. Helps relate offending to student & family, worker in a manner that is easily understood.

Thinking errors helps me understand- thinking processes and how they may have been learned

Sexual offense cycle: character traits of offenders; treatment strategies

Cycles & Anger management

Teaching thinking errors

More on thinking errors

Working with the offenders The sexual cycle triggers, grooming fantasies because of the increase of sexual offenders in Starr's program

Thinking errors and motives This area relates to all kids here at Starr.

Thinking errors, anger management and working w/offenders and character traits.

The awareness of sexual offending. It's beneficial for the assessment of students.

I feel the thinking errors portion of the training was use-ful because it allows staff to identify these

The sexual offense cycle is very important to know. As far as where they are in the cycle and the different things to look for at different stages in the cycle.

What was done in this training was great given amount of time for it. Only improvement- make it longer/more info.

I feel knowledge of the offense cycle is most essential for future training.

Working with offenders. You must be aware of treatment techniques and behavior and thinking patterns of sex offenders.

The sexual offfense cycle - awareness of the cycle is very helpful in understanding the offender.

Structure/Coverage - and consistency within the team. Like to see more practice w/cycle sheet.

working with victims because most of the offenders have being victimize before the became offenders

Anger management and working with victims

Sexual values, thinking errors terms, types of offenses- cycle - treatment strategies working w/families

Working with families of sexual offenders

Spend more training time on thinking errors. If you can't see thinking errors they can make you believe in what they are saying is true

SEX OFFENDER TREATMENT SURVEY
FOLLOWUP SURVEY
QUESTION 3b

What areas do you feel are the least essential?

N/A
Actually there are none; all areas of sexual abuse are very essential
The types of sexual offenses would be least important, because sex offending is sex offending
N/A; Because it is such a new area of concern all issues are pertinent and can be useful
None
All are essential
Residential treatment component
None
Working with offenders, relapse prevention - offender normally out of the home when we work with family
Working with offenders because our job usually involves victims and their families
I thought they were all helpful
None
All are important
It's all important
No area is least essential really because any area in sexual offenses is serious
All areas are important.
None
All seem to play an essential role in treating sexual offenders
None
I would not want to minimize any area.
None
None
Not sure
All were good.
Working with Families: because the FSW does alot the family help.
I felt all the areas of the training were very helpful.
All info was helpful
All of it is!
I cannot recall any part of the training that was not important.
All aspects of the training seemed essential.
I don't think any are not essential.
to me all areas are important when working specific with several offenders.
At this point everything is essential due to a lot of staff not being familiar with working with offenders
All areas very important as much ammunition going in the better. with what is known w/offenders and growing areas all is very important.
It all was essential...but we need to go more indepth in all the areas.

SEX OFFENDER TREATMENT SURVEY
FOLLOWUP SURVEY
QUESTION 4

What other training would be helpful to you in working with juvenile sexual offenders?

Any and all follow up training would be helpful
More training from staff who already have experience with sexual offending, who can explain more in depth, and how to deal with it
Learning the trigger sight more thoroughly
Dealing more with the victimswho may be in the home
More of the same
Female sex offenders
Confrontation techniques for when a youth is in his cycle; how do we (as workers) handle it and know that he is out of his cycle
Working with resistant sex offender families
More training, especially when new developments, methods, or knowledgeable materials can be passed down to the treatment workers
The whole training package was excellent. I would hope that this type of training would be continuous and updated
Community prevention and education
Working with the aggressive client, anger with lack of coping, and social skills
Helping parents and especially siblings understand offender behavior and how to deal with it
Treatment strategies, character traits of offenders
For me personally, more emphasis on working with sex offenders in a community setting
Behavior cycle for sexual offenders
N/A
1. Their histories. 2. Ways to build empathy in offenders for victims. 3. Helping offenders own responsibility
Knowing how to read between the lines and being able to tell who is telling the.truth and who is not
Case studies, so that trainees could actually see and get the sense of how to approach with offenders
How counseling is used....methods etc.
Ideas for dealing w/suspected offenders who are not in offender cottage
Dealing with denial, both student and family. Anything on relapse work.
More of working with Famlies
Possibly in the future a refresher course of what was offered and/or an update of any new insights or research
More family based
A part 2 of sex training
More knowledge (teaching) on what things produce these offenders and preventions
Techniques, Strategies and Attitudes that female staff should have when they are being groomed and fantasies are about them. To be able to discourage or interrupt their cycle.
Whats has been the most successful intervention.
More training working w/victims
Understanding what level to get them to and how to get them there.
I thought the training was extremely well prepared & presented. I would like to know more about sexual offense cycle
Working with the students on their thinking errors.
1. More on initial assessment 2. More on what can be done in the CPU to help ready offenders for treatment.
Not sure what was covered in characteristics of offenders but it would be important to emphasize lack of empathy and how the manipulate expectations. Also important to stress safety in the group.
I don't know if training is necessary, but I feel the sexual offender program must also place emphasis on delinquant issues. This is where many who have been through the program have failed upon returning to the community.
Trust - how do you not forget that our clients are offenders.
Knowing more about families and their victims
Familiy denial
training in working w/families/victims/relaspe prevention
Working on offense cycles
1) Knowing more traits of offenders 2) working with families

SEX OFFENDER TREATMENT SURVEY
FOLLOWUP SURVEY
QUESTION 5

What portion(s) of the training should be covered in greater depth?

All aspects
Working with victims and their families
Sexual values clarification and relapse prevention
1. Character traits of offenders; 2. The Sexual Offense Cycle; 3. Working with offenders
Working with offenders, with different approaches and gaining trust
Hands on practicing interviews; experiential role-playing what has been taught; Case consultation
If I could only pick two, I'd say trigger events and treatment strategies because they will trigger and I need to know what to do once this occurs. Hopefully, my counseling skills will help me through the middle phases
Treatment strategies
Treatment strategies, working with families
Working with victims
The cycles and treatment strategies
Treatment strategies in working with sex offenders
Working with families of offenders, Sexual Offense Cycle, Treatment strategies
Interviewing the client; examples of leading and probing questions
Relapse prevention, and how to utilize groups
Treatment strategies
Add a section on working with sibling vidtims - how to explain why their sibling hurt them and why they had to leave home and why they can't see them right now
Intervention
Interviewing and assessing offenders and victims
Helping offenders understand how their actions affect others (victims)
Anger management, working with victims
1. Victim care. 2. Implementing laws for community awareness of offender whereabouts!
Knowing how to approach the victim, offender and families to counsel them
Sexual values clarification, it's important for practitioners to examine their own sexual values thoroughly, and to be able to provide guidelines in terms of sexual values directions
New info with Sexual Offenders as it relates to emotional disturbance, social maladjustment or other reasons for this kind of behavior. Can we get at "cause" with some offenders.
?
Offense cycle- how to use it, thinking errors.
Family work, treatment strategies
I would like to see more coverage given to how to help the victims
Thinking Errors
Thinking errors
Thinking errors, treatment strategies, relapse prevention anger management
How to interupt thinking errors and redirect cognitive errors
What to look for, how to prevent it, how to address it.
Anger management
The sexual offense cycle, their thinking errors and different types of offenses and what to look for.
More info. in all areas would be better but as previously stated given the amount of time this was very good training.
Trigger events should be emphasized as part of the cycle - it seems to me that there is more "common" knowledge about "grooming" "warning signs" and even fantasies. What I mean is that you will often here refrence to these components of the cycle from team members (or staff) that are not even working with the offender groups. Even when we identify these stages of the cycle I feel it is important to bring the student back to the "trigger event" It seems to me an important part of the cycle that is not emphasized enough perhaps because the other parts are easier to identify?
I feel it is important to present as much information as possible regarding working with offender, victims, and families of both
Working with both the victim and the offender as well as treatment strategies
Character traits; - How to Specifically relate offenses w/behavior exhibited in everyday situations.
Step to brake denial, working with victims, use the offend cycles and victims empathy.
Working within the family unit
Victims-families-relaspe prevention- [With respect to questions 4 and 5 the respondant stated the following] These area's get at lot less shady w/experience but as new staff start I feel it possibly could be covered in more depth.
Interviewing sexual offenders
1) Thinking errors 2) Traits of offenders go over if this was to happen, this is what you should do in this case.

APPENDIX G

FOLLOW-UP SURVEYS BY LOCATION

SEX OFFENDER TRAINING
AVERAGE SCALED SCORE BY PROGRAM
FOR PRE, POST, AND FOLLOW-UP SURVEYS

PROGRAM	PRE SURVEY	POST SURVEY	FOLLOW-UP SURVEY
Cedar	3.6	4.3	4.6
C.P.U.	2.7	4.1	4.1
South West Counties	2.7	4.1	3.6
Wayne County	2.8	4.1	4.1

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES FOR
PRE, POST, AND FOLLOWUP SURVEYS

	PRE SURVEY	POST SURVEY	FOLLOWUP SURVEY
a. Sexual values clarification	3.04	4.13	4.15
b. Types of sexual offenses	3.27	4.23	4.21
c. Definition to terms related to sexual offending	3.00	4.35	4.08
d. Working with victims	2.80	3.67	3.67
e. Working with offenders	2.95	4.29	4.24
f. Working with families of victims/offenders	2.45	3.78	3.64
g. The sexual offense cycle (trigger events, grooming, fanstasies, etc)	3.09	4.62	4.51
h. Thinking errors	2.85	4.42	4.38
i. Character traits of offenders	2.93	4.33	4.18
j. Treatment strategies	2.78	3.91	3.84
k. Relapse prevention	2.33	4.00	3.72
l. Anger Management	3.00	3.64	3.77

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES
TWO MONTH FOLLOWUP
n=55

	Wayne County	South West Counties	C.P.U.	Cedar	Total
a. Sexual values clarification	4.23	3.82	4.22	4.33	4.15
b. Types of sexual offenses	4.46	3.43	4.18	4.67	4.21
c. Definition to terms related to sexual offending	4.21	3.42	4.22	4.67	4.08
d. Working with victims	3.73	3.42	3.69	4.00	3.67
e. Working with offenders	4.50	3.10	4.53	4.83	4.24
f. Working with families of victims/offenders	3.83	3.42	3.47	4.17	3.64
g. The sexual offense cycle (trigger events, grooming, fanstasies, etc)	4.85	4.11	4.33	4.86	4.51
h. Thinking errors	4.27	3.90	4.50	5.00	4.38

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES
TWO MONTH FOLLOWUP
n=55

	Wayne County	South West Counties	C.P.U.	Cedar	Total
i. Character traits of offenders	4.31	3.92	4.17	4.50	4.18
j. Treatment strategies	3.92	3.22	3.88	4.50	3.84
k. Relapse prevention	3.77	3.00	3.71	4.33	3.72
l. Anger Management	3.62	3.82	3.78	4.00	3.77

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES
POST
n=55

	Wayne County	South West Counties	C.P.U.	Cedar	Total
a. Sexual values clarification	3.94	4.17	4.17	4.43	4.13
b. Types of sexual offenses	4.20	4.00	4.33	4.43	4.23
c. Definition to terms related to sexual offending	4.35	4.31	4.28	4.57	4.35
d. Working with victims	3.65	3.46	3.94	3.43	3.67
e. Working with offenders	4.24	4.00	4.33	4.86	4.29
f. Working with families of victims/offenders	3.65	4.00	3.71	3.86	3.78
g. The sexual offense cycle (trigger events, grooming, fanstasies, etc)	4.47	4.85	4.56	4.71	4.62
h. Thinking errors	4.41	4.62	4.17	4.71	4.42
i. Character traits of offenders	4.47	4.23	4.17	4.57	4.33

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES
POST
n=55

	Wayne County	South West Counties	C.P.U.	Cedar	Total
j. Treatment strategies	3.88	3.85	3.83	4.29	3.91
k Relapse prevention	4.00	4.08	3.94	4.00	4.00
l. Anger Management	3.71	3.46	3.67	3.71	3.64
m. I feel prepared to help a child deal with their offending behavior	3.71	3.31	3.94	4.57	3.80
n. I feel better prepared to work with the families of sexual offenders	3.82	3.38	3.56	4.14	3.67
o. I feel more confident I can work more effectively with offenders within my treatment area	4.06	3.31	4.06	4.43	3.93
p. I feel more confident I can recongnize behaviors and their role in sexual offending	4.24	3.77	4.28	4.71	4.20

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES
PRE
n=55

	Wayne County	South West Counties	C.P.U.	Cedar	Total
a. Sexual values clarification	3.12	3.07	2.65	3.71	3.04
b. Types of sexual offenses	3.18	3.00	3.24	4.14	3.27
c. Definition to terms related to sexual offending	2.88	2.71	3.00	3.86	3.00
d. Working with victims	2.94	2.86	2.65	2.71	2.80
e. Working with offenders	2.76	2.57	2.88	4.29	2.95
f. Working with families of victims/offenders	2.47	2.86	1.94	2.86	2.45
g. The sexual offense cycle (trigger events, grooming, fanstasies, etc)	2.82	2 79	3.24	4.00	3.09
h. Thinking errors	2.82	2.62	2.65	3.86	2.85
i. Character traits of offenders	3.00	2.79	2.76	3.43	2.93

SEX OFFENDER TREATMENT SURVEY
SCALED AVERAGES
PRE
n=55

	Wayne County	South West Counties	C.P.U.	Cedar	Total
j. Treatment strategies	2.71	2.36	2.82	3.71	2.78
k. Relapse prevention	2.53	1.93	2.18	3.00	2.33
l. Anger Management	2.88	3.07	2.82	3.57	3.00