

Negotiating the Winds of Change at the State Level

Alabama's Solution to the Problem of the Juvenile Sex Offender

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Timeline

- (1999) Alabama Legislature enacts the Community Notification Act, requiring the treatment and risk assessment of adjudicated JSOs and community notification based upon high, moderate, or low risk
- (1999) The Alabama Division of Youth Services (ADYS) begins providing treatment through 1) a residential treatment contract with Alabama Clinical Schools (ACS), 2) group treatment in-house at Mt. Meigs, the central juvenile detention facility in Alabama ("ABSOP I"), and 3) an aftercare contract with the Youth Services Institute at the University of Alabama
- (1999) Data collection begins, funded in part through a grant with the Alabama Department of Community Affairs (ADECA)
- (2002) The ADYS ends its contract with ACS and awards a contract for treatment provision through a state agency consortium comprised of Auburn University, the University of Alabama, and the Division of Youth Services ("ABSOP II").
- (2006) ABSOP I and ABSOP II are merged under the management of the AU/UA/ADYS consortium
- (2006) The U.S. Congress passes the Adam Walsh Child Protection and Safety Act of 2006

The Accountability Based Sexual Offender Program

Principles

- Commitment to Excellence
- Best Practices Model
- Continuous Program Improvement and Evaluation
- Ongoing Assessment
- Individualized Treatment
- Empirically-guided decision-making
- Holism
- Family Involvement
- Cultural Sensitivity and an Appreciation of Diversity
- Community-mindedness
- Milieu Management

Plans for the Future of JSO Treatment in Alabama

- Scale down ABSOP by increasing outpatient treatment options
- Provide training to Alabama treatment providers
- Use data to identify low- and high-risk students and treat accordingly
- Develop specialized programming for higher-risk offenders
- Separate and insulate the ABSOP from the other programming at the ADYS

The Initial Assessment

Structured Interview	Wechsler Abbreviated Scale of Intelligence (WASI)
Juvenile Sexual Offender Assessment Protocol (J-SOAP)	Wide Range Achievement Test III (WRAT III)
Hare Psychopathy Checklist – Youth Version	Kiddie – Semi-structured Diagnostic Screen (K-SADS)
Millon Adolescent Clinical Inventory (MACI)	Delis-Kaplan Executive Function System (D-KEFS)
Jessness Inventory (JI)	Multiphasic Sex Inventory (MSI)
Reynolds Adolescent Depression Scale (RADS)	Parental Bonding Inventory (PBI)
Substance Abuse Subtle Screening Inventory (SASSI)	Inventory of Parent and Peer Attachment (IPPA)

Demographics

N = 567 – 433 JSO, 134 Non-JSO (but adjudicated)
Age (Mean) = JSO (15.63), Non-JSO (17.11)
IQ: FSIQ = JSO (84.00), Non-JSO (83.88)

JSO/Non-JSO Comparisons

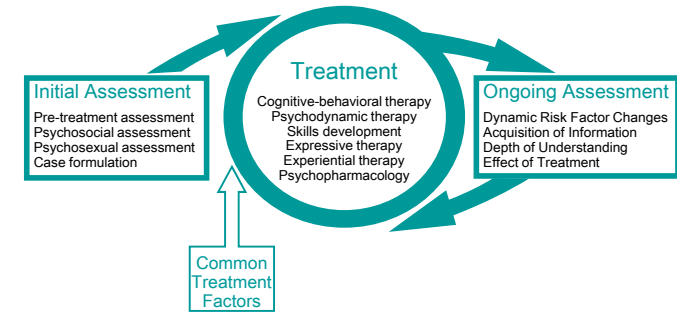
Age: 1.5 year difference (15.63 versus 17.11)
Psychopathy (Hare): 4 point difference (16 versus 20)
Charges at time of interview: 7.6 charge difference (3.3 versus 10.93)
Commitments: 3 commitment difference (2.07 versus 5.15)

Millon Adolescent Clinical Inventory (Pre-Treatment)

Scale	JSO	Non	Scale	JSO	Non
Introversion	54.86	44.08	Dramatizing	53.77	64.47
Inhibition	54.81	40.43	Egotistic	50.21	65.12
Submission	61.66	51.62	Unruly	57.04	65.12
Self Devaluation	50.42	41.36	Forceful	32.50	44.89
Body Disapproval	29.88	18.05	Social Insensitivity	56.13	75.92
Sexual Discomfort	57.58	43.24	Family Discord	58.53	72.04
Peer insecurity	55.00	44.67	Substance Abuse	44.47	67.77
Childhood Abuse	43.64	37.80	Delinquency	60.00	75.77
Eating Disorder	23.15	17.60	Impulsivity	52.47	63.69
Anxious Feelings	66.79	50.40	Disclosure	51.86	56.45
Depressive Affect	63.37	53.05			
Debasement	58.16	52.45			

(Significance (.05) in Red)

A Holistic Assessment and Treatment Framework



Treatment Phases

Phase I – Eagle: Orientation, Alabama Sex Laws, Development of Personal Goals, Ownership and Accountability, and Sex Education

Phase II – Coyote: Social Skills Development; Healthy Relationships; Emotional Management; and Healthy Gender Roles

Phase III – Bear: Cognitive Skills, Cycles of Behavior, Empathy Development, and Beginning Relapse Prevention Plans

Phase IV- Buffalo: Continue Relapse Prevention Plans; Giving Back, Community Service, & Peer Mentoring; Aftercare & Placement Coordination; and Transition Work

Treatment Components

Individual Therapy	Experiential Therapies
Process-oriented Group Therapy	Group Initiatives
Family Therapy	Art
Social/Communications Skills	Music
Independent Living Skills	Writing Our Stories
Emotional Management	Therapeutic Drumming
Decision-Making Skills	Psychodrama
Healthy Relationships	Play Therapy (as indicated)

The Demonstration Aftercare Project

- Adjustment and Support needs
- Relapse Prevention
- Monitoring (polygraph/drug screens)
- Co-morbid Conditions (substance abuse)
- Medication Management