**Section 1910.20 Definitions**

Accountability: Accurate attributions of responsibility, without distortion, minimization or denial. Quality of being responsible for one's conduct; being responsible for causes, motives, actions and outcomes.

Act: Illinois Sex Offender Management Board Act [20 ILCS 4026]

Aftercare: Placement, services and monitoring that commence at the point when the multidisciplinary team approves completion of primary treatment and readiness for accountability through a less restrictive supervision plan. Aftercare requires continued input by members of the multidisciplinary team. The aftercare plan is developed by the multidisciplinary team prior to the juvenile's completion of treatment and addresses strengths, risks, deficits relative to treatment completion, follow-up, placement, and supervision.

Assessment: Standardized measurements, developed and normed for juvenile populations, and clinical interviews used to evaluate various domains of functioning and development, including cognitive, psychological, emotional, memory and learning, social stability, family dynamics, academics, vocational/career and accountability.

Board: Sex Offender Management Board.

Completion of Treatment: A series of accomplishments, demonstrated competence, and mastery of both constructs and improved results on instruments used in treatment, as determined by the treatment provider in consultation with the multidisciplinary team. Specifically, the completion of treatment is defined by the offender's accomplishment of the following:

demonstrated accountability for and disclosure of all offenses to ensure that there are no unreported victims;

elimination of offending behavior;

acceptance of the presence and management of deviant thinking and impulses;

development of pro-social attitudes and behaviors;

increase in situational skills, i.e., communication, problem solving, and decision making; and

establishment of safety plans for school and home.

Contact: Any verbal, physical or electronic communication, whether direct or indirect, between a juvenile who has committed a sexual offense and a victim or a potential victim.

Purposeful: A planned experience with an identifiable potential outcome.

Incidental: Unplanned or accidental; by chance.

Dispositional Behavior: As a direct result of the successful completion of treatment, changes in the behavior, attitude and personality of the juvenile who committed the sex offense and in those elements of his/her behavior, attitude and personality that were present at the time of the offense and supported the offending behavior as a result of successful completion of treatment.

Evaluation: A sex-offender specific evaluation that systematically uses a variety of standardized measurements, assessments and information gathered collaterally and through face-to-face interviews. Sex-offender specific evaluations assess risk to the community; identify and document treatment and developmental needs, including safe and appropriate placement settings; determine amenability to treatment; and are the foundation of treatment, supervision, and placement recommendations.

Informed Assent: Assent means compliance; a willingness to do something in compliance with a request. The use of the word "assent" rather than "consent" recognizes that juveniles who have committed sexual offenses are not voluntary clients and that their choices are, therefore, more limited. Informed means a person's assent is based on a full disclosure of the facts needed to make the decision intelligently, e.g., knowledge of risks involved and the alternatives.

Informed Consent: Agreement including all of the following:

understanding what is proposed, based on age, maturity, developmental level, functioning, and experience, and mental status;

knowledge of societal standards for what is being proposed;

awareness of potential consequences and alternatives;

assumption that agreement or disagreement will be respected equally; and

voluntary decision to comply with recommendations.

Informed Supervision: Informed supervision is the ongoing, daily supervision and monitoring of a juvenile who has committed a sexual offense by an adult who:

is approved by the treatment provider;

is aware of the juvenile's history of sexually offending behavior;

does not deny or minimize the juvenile's responsibility for, or the seriousness of the sexual offense;

can define all types of abusive behaviors and can recognize abusive behaviors in daily functioning;

is aware of the laws relevant to the sexual behaviors of juveniles;

is aware of the dynamic patterns associated with abusive behaviors and is able to recognize such patterns in daily functioning;

understands the conditions of community supervision and treatment;

can design, implement, and monitor safety plans for daily activities;

is able to hold the juvenile accountable for his/her behavior;

has the skills to intervene in and interrupt high risk patterns or behaviors;

can share accurate observations of daily functioning;

communicates regularly with members of the multidisciplinary team;

is not under the influence of alcohol or drugs or under professional care for mental health or substance abuse problems;

has not been convicted of or had any type of sexual abuse or offense allegations or charges substantiated by an official organization, agency or jurisdiction.

Juvenile: Any minor adjudicated for a sex offense under the jurisdiction of the juvenile court.

Milieu Therapy: A residential or day treatment program where employees interact with juveniles in a therapeutic manner regarding day-to-day living.

Multidisciplinary Team or MDT: The multidisciplinary team has primary responsibility for management and supervision of the juvenile through shared information and for monitoring the juvenile's progress in treatment and overall functioning in the various situations and environments that the youth encounters. The consensus of the MDT guides the development of recommendations regarding treatment, placement, and supervision. Members of the MDT should include the treatment provider, the supervising agent or officer, members of the juvenile's family, the caregiver, victim representative or advocate, school personnel, caseworker, law enforcement, coaches, employers or others who have relevant information about the juvenile.

Needs: Interpersonal issues to be addressed therapeutically or by specific intervention through treatment and the supervision plan.

Overall Health: Consists of personal and ecological aspects of a juvenile's life including physical, emotional, intellectual, social, relational, spiritual, educational, and vocational.

Potential Victim: A person who cannot reliably repel the unwanted sexual advances of the juvenile.

Recidivism: Return to sex offending after some period of abstinence or restraint. Recidivism may be measured by re-offenses that are self-reported or reported by a reliable informant, or by adjudication for subsequent sexual offenses.

Relapse Prevention: An element of treatment designed to address behaviors, thoughts, feelings, and fantasies that were present in the juvenile's instant offense, abuse cycle, and, consequently, relapse cycle. Relapse prevention is directly related to community safety. Evaluation of the individual's risk to re-offend shall be the basis of the safety plan and determine the level of supervision required.

Safety Planning: The purposeful planning of individualized, preventive interventions that the juvenile and others can use to moderate risks in specific situations and in day-to-day environments. The treatment provider shall develop the safety plan in consultation with the MDT. (Sample safety plans are available from the Board.)

Secondary or Indirect Victim: A family member or other person closely involved with the primary victim who is impacted emotionally and/or physically by the trauma suffered by the primary victim.

Sex Offense: An offense listed in Section 10(c) of the Sex Offender Management Board Act [20 ILCS 4026/10(c)].

Sex Offense Specific Treatment: A comprehensive set of planned therapeutic interventions and experiences to reduce the risk of further sexual offending and abusive behaviors by the juvenile. Treatment may include adjunct therapies to address the unique needs of the individual, but must include offense specific services by a treatment provider who meets the qualifications described in Section 1910.50. Treatment focuses on the situations, thoughts, feelings, and behavior that have preceded and followed past offending (abuse cycles) and promotes change in each area relevant to the risk of continued abusive, offending, and/or deviant sexual behaviors. Due to the heterogeneity of the juveniles who commit sex offenses, treatment is provided based on the individualized evaluation and assessment. Treatment is designed to stop sex offending and abusive behavior, while increasing the juvenile's ability to function as a healthy, pro-social member of the community. Progress in treatment is measured by change rather than the passage of time.

Sexual Abuse Cycle: A theoretical model of understanding the thoughts, feelings, behaviors, and events that fuel sex offending and abusive behavior.

Supervising Officer/Agent: A professional in the employ of State or county probation or parole, or the Departments of Corrections, Human Services, or Children and Family Services, who is responsible for community monitoring and case management.

Termination of Treatment: Removal from or stopping sex offense specific treatment due to changes in the juvenile's treatment needs, including but not limited to completion, lack of participation, increased risk, re-offense, or cessation of treatment that was mandated by the court for a specific period of time without successful completion of treatment.

Transition Point: Planned movement from one level of treatment and/or supervision to another.