
THE SEX OFFENDER

CURRENT TRENDS IN POLICY AND TREATMENT PRACTICE

VOLUME VII

**Edited by
Barbara K. Schwartz, Ph.D.**



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Preface

As I sat pondering what to discuss in this Preface, I began reminiscing about the evolution of the field of sex offender treatment. Since I have been in the field for over forty years, I have seen the trials and tribulations of the profession in general and my colleagues in particular. I have met individuals who qualified for sainthood and others who were definitely on the wrong side of prison bars. A few of the original individuals doing this work, such as Gene Abel, Jim Haaven, Steve Bengis, Rob Longo, and Carol Ball, are still around and actively involved in the field. Others, such as Nancy Steele and Murray Cohen, are retired and enjoying life. Still others, such as Fay Honey Knopp, Jan Hindman, Theo Seghorn, Roger Wolfe, and Steve Hudson, have passed on and left us to benefit from their legacy and wonderful memories.

I suppose one could not survive in this field without having a sense of humor. Consequently many of the fondest memories of my career involve gatherings of my peers (granted our humor may not be appreciated by all). I can see Jan Hindman presiding over the opening of an Association for the Treatment of Sexual Abusers (ATSA) meeting with a petrified walrus penis as a gavel; Gene Abel showing a slide show of penile implants at the speaker's dinner in the very staid Harvard Club in Boston; a sign at the Disney World Hilton consisting of an arrow pointing to a breakout room with the words "Serial Murderers" on it, and the poor newlyweds who were sharing a conference center with an ATSA conference and whose wedding guests had to maneuver their way through a heated debate of whether one can rape a corpse. I also remember the looks on the faces of our fellow diners when a group of us would descend on a restaurant and begin our "shop talk." After a number of years in our field one begins to lose to all vestiges of social acceptability. However, we have had fun and, I hope, along the way helped our patients transform their lives.

One also needs that sense of humor, as the context in which we practice our profession can be extremely challenging. Private practice with involuntary patients is fraught with frustrations. It is difficult enough to deal with resistant clients who may be in total denial, but it is outright heartbreaking to deal with individuals who are motivated but are homeless, unemployed, and rejected by society but still struggling toward recovery. I was speaking with a fellow therapist who told me that his homeless patients were celebrating Thanksgiving in his office as that is the closest thing they have to a home. Cutbacks in Medicaid may deprive impoverished sex offenders of therapists, either because they cannot afford the fee or because their therapists can no longer afford to offer treatment to this population. This could mean that many of these individuals would be imprisoned for probation or parole violation or, tragically, for a reoffense. Trying to offer sex offender treatment in prisons can be either highly rewarding or unbelievably frustrating. I have worked in both systems and speak from experience.

Fortunately, I now run a program for the Maine Department of Corrections, which currently could not be more supportive of treatment. Although faced with major financial problems, it has continued to support its treatment programs. Officers are actively involved in treatment. Administrators and therapists work hand-in-hand. Thanks to the active cooperation between my employer, Counseling and

Psychotherapy Center, and the Maine Department of Corrections, after six years we have so far achieved our goal of “No More Victims.”

Other than the efforts of the individual authors of the chapters, this volume is largely the work of its publishers and editors at Civic Research Institute including Mark Peel, Deborah Launer, and Lori Jacobs. I am indebted to them for their patience and their meticulous attention to detail. I also wish to thank my colleagues at Counseling and Psychotherapy Center including Barry Anechiarico, Tom App, Dennis McNamara, and Tim Sinn, as well as my fellow therapists at the R.U.L.E. Program—Gordon Winchell, Hannah Monaco, Lindsey Wellman, Bill English, and our unit director, Penny Bailey—as well the administrators and our unit team at the Maine Correctional Center. Finally, I thank my family, including Ed, Ben, Karen, Bea, Betsy, and Peter, as well as Cedeey and my co-therapist, Tembo, for their support.

Barbara Schwartz
February 2012

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Dr. Boer continues to publish and present in the area of risk assessment of offenders. He is the New Zealand editor of the journal *Sexual Abuse: Australia, New Zealand* and is on several other editorial boards, including the IATSO (International Association for the Treatment of Sex Offenders) e-journal *Sex Offender Treatment*, *The Journal of Aggression, Conflict and Peace Research*, and the *British Journal of Forensic Practice*.

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Lee Anna Knox is doctoral candidate in community and developmental psychology at Portland State University in Portland, Oregon. In addition to continuing her research exploring attachment deficits in juvenile offenders, she is an adjunct professor at Warner Pacific College teaching research methods and introduction to statistics and a part-time instructor at Mt. Hood Community College in Gresham, Oregon, teaching courses in human adjustment and introductory psychology. She has volunteered as a rape victim advocate and facilitates workshops to help participants develop empathy for domestic violence victims.

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Mr. Leversee worked for thirty-four years in clinical and administrative positions in the Colorado Division of Youth Corrections (DYC). He retired from DYC in 2008 and currently is an adjunct professor in the Graduate School of Social Work at the University of Denver. Mr. Leversee also has a private practice that includes providing consultation, training, and clinical services for at-risk youth. His publications include authoring the *Moving Beyond Sexually Abusive Behavior* group therapy curriculum (NEARI Press) and coediting *Juvenile Sexual Offending: Causes, Consequences, and Corrections* (3rd ed., Jossey-Bass) with Gail Ryan and Sandy Lane. Mr. Leversee was presented with the National Adolescent Perpetration Network's "Pioneer Award" in 2005 for his "21 years of unique contributions to prevent perpetration of sexual abuse."

Jill S. Levenson, Ph.D.

Jill Levenson received her doctorate in social welfare from Florida International University in 2003. She earned her master's degree in social work from the University of Maryland in 1987, and her bachelor's degree in sociology from the University of Pittsburgh in 1985.

Dr. Levenson is currently an associate professor of psychology and human services at Lynn University in Boca Raton, Florida. She is also a licensed clinical social worker with nearly twenty-five years of social work practice experience in interpersonal violence with a specialty in sexual abuse.

Dr. Levenson's area of research interest involves the impact and effectiveness of social policies and therapeutic interventions designed to reduce sexual violence. She has been a co-investigator or consultant on four grants funded by the U.S. Department of Justice investigating the effectiveness of sex offender registration and notification in preventing recidivism. She has published over eighty peer-reviewed articles and book chapters and has coauthored three books on the treatment of sex offenders and their families.

Patrick Liddle, M.Ed., L.P.C.

Patrick Liddle received his bachelor's degree from George Washington University in 1975 with a major in elementary education and a minor in special education. He received a master's degree in education from Columbia Teachers College in 1983 in Special Education Supervision. He is an LPC in the State of Connecticut and a member of the international network of Motivational Interviewing Trainers (MINT).

Mr. Liddle was a staff therapist and the clinical director at the Center for the Treatment of Problem Sexual Behavior (CTPSB). At CTPSB, he was responsible for running treatment programs for men who sexually assaulted children or adults. This work involved treating men who had committed sexual offenses as well as those who had been abused. Other duties included testifying as an expert witness in court, training probation and parole officers, and evaluating prisoners regarding risk level and appropriateness of outpatient treatment. As clinical director, Mr. Liddle oversaw the supervision and training of staff and the delivery of services.

In January 2011, Mr. Liddle became the first director of training at The Connection, Inc. (TCI). In his new position he will be responsible for coordinating a comprehensive training program at The Connection. He will bring his considerable skills and experience in treatment, education, supervision, and training together to create a first-class training program.

Mr. Liddle is coauthor of the latest version of *Reasoning and Rehabilitation* (R&R), a cognitive-behavioral curricula used internationally with adult offenders. His contribution to the R&R program is the inclusion of his innovative prosocial role plays which draw on his expertise in both motivational interviewing and cognitive-behavioral therapy.

Christopher Lobanov-Rostovsky

Chris Lobanov-Rostovsky is a licensed clinical social worker (LCSW) with twenty-five years of experience working in the area of sex offender management and treatment. Mr. Lobanov-Rostovsky currently works for the Colorado Department of Public Safety/Division of Criminal Justice as Program Director for the Colorado Sex Offender Management Board (SOMB). In this capacity, Mr. Lobanov-Rostovsky oversees the setting of state standards for the evaluation, treatment, and supervision of adult sex offenders and juveniles who commit sexual offenses. Further, he provides guidance to the Colorado State Legislature regarding sex offender management and treatment policy, and oversees the implementation of federal and state sex offender management laws such as the Wetterling Act and the Adam Walsh Act. Prior to his current position, Mr. Lobanov-Rostovsky worked for twenty years providing sex offender evaluation and treatment services. In addition, he has provided consultation and training to the federal government, other state governments, and tribal jurisdictions on sex offender management policy and practice. Mr. Lobanov-Rostovsky has also published a number of articles and chapters related to this topic, with specific expertise on the state implementation of federal sex offender management legislation and sex offender public policy. Finally, Mr. Lobanov-Rostovsky is on the board of directors for the Association for the Treatment of Sexual Abusers (ATSA) and is co-chair of ATSA's public policy committee.

Liam Marshall, Ph.D.

Liam E. Marshall has been treating and conducting research on offenders for more than fourteen years. He has been a therapist for and helped design preparatory, regular, denier, low-functioning, and maintenance sexual offender programs, as well as anger management, domestic violence, and cognitive skills programs. Dr. Marshall published three books and has made many conference presentations on sexual offender, violence, aging, and pathological gambling issues. He is on the editorial boards of the *Journal of Sexual Aggression*, *Sexual Addiction and Compulsivity*, and *Sexual Offender Treatment* and is an invited reviewer for *Sexual Abuse: A Journal of Research and Treatment* and the *Journal of Sexual Medicine*. He is currently a therapist and training and research director for Rockwood Psychological Services; evaluation director and co-director of programs for the St. Lawrence Valley Correctional Center Secure Treatment Unit, a joint project between the Ontario Ministry of Community Safety and Correctional Services and the Royal Ottawa Health Care Group; and an interventions and evaluation consultant for the St. Lawrence Youth Association. Dr. Marshall has conducted more than sixty-five trainings for therapists who work with sexual and violent offenders in fourteen countries worldwide.

W. L. Marshall, O.C., Ph.D., F.R.S.C.

W. L. Marshall is currently director of Rockwood Psychological Services, which provides treatment to sexual offenders in Canadian federal prisons, and co-director of the sexual offenders' unit at an institution for mentally disordered offenders. Dr. Marshall is also Professor Emeritus of Psychology and Psychiatry at Queen's University in Canada. He has contributed to more than 350 publications, including seventeen books, and has been on the editorial boards of sixteen international scientific journals. Dr. Marshall has received several awards for his work and is an elected Fellow of the Royal Society of Canada. In 2006, Dr. Marshall was appointed an Officer of the Order of Canada which is the highest award a Canadian citizen can receive.

Julia McLawsen, Ph.D.

Julia McLawsen completed her doctoral work in clinical psychology at the University of Nebraska, Lincoln. Having wrapped up her internship year at Western State Hospital, she is now a postdoctoral fellow with the University of Washington Institute for Mental Health Research and Training. Her master's thesis focused on how professionals conceptualize sexual sadism. Her doctoral dissertation examined relationships between different states' sex offender civil commitment laws and risk-relevant characteristics of committed populations. Dr. McLawsen's professional interests fall under the broad umbrella of psycholegal issues relevant to clinical practice, with particular emphasis on risk assessment, violence prevention, immigration proceedings, and evidence-based policy.

Melissa Nayar, M.A.

Melissa Nayar attended California State University, Northridge, where she graduated with her master's degree in clinical psychology. Ms. Nayar's thesis focused on

sexual recidivism in individuals who committed a sexual offense. For the past five years, she has worked with children diagnosed with autism providing one-to-one behavior therapy. She hopes to bridge the knowledge from these two fields to further help and understand individuals who have committed sexual offenses.

Kirk A. B. Newring, Ph.D.

Kirk A. B. Newring earned his doctorate from the University of Nevada, Reno, in 2005. He is a licensed clinical psychologist in the states of Nebraska, Iowa, and Washington. Prior to joining Forensic Behavioral Health, Inc., he was the clinical psychologist supervisor of the Nebraska Department of Correctional Services inpatient Healthy Lives Sex Offender Treatment Program at the Lincoln Correctional Center. Dr. Newring is an adjunct instructor at the Nebraska Wesleyan University, having recently taught Violence, Mental Illness, and Risk Assessment. Dr. Newring has published extensively in the areas of sex offender assessment and treatment, including coauthoring two entries in the recent revision of *Sexual Deviance: Theory, Assessment and Practice* (Guilford Press, 2008). He has presented at national and international conferences on topics such as using dialectical behavior therapy and acceptance and commitment therapy in correctional settings, interrogation tactics and false confessions, and the assessment and treatment of adolescent and adult sexual offenders. Dr. Newring has offered expert and factual testimony in county, state, and federal courts. His clinical practice is focused primarily on the assessment and treatment of violent behavior (including sexual violence) that has led to involvement in the juvenile or adult justice system. Dr. Newring can provide assessment and testimony related to competency issues in legal proceedings. He also offers assessment and treatment services to those that have been subjected to violence.

Matt D. O'Brien, M.A., M.Sc.

Matt O'Brien graduated with a master's degree in applied criminological psychology from the University of London in 1997. Matt worked in the delivery and design of offending behavior programs, primarily with sexual offenders, in Her Majesty's Prison Service of England and Wales for ten years. He is currently employed at Rockwood Psychological Services running programs for sexual offenders in federal correctional settings. He has presented at international conferences and authored a number of book chapters and journal articles on the subject of problematic hypersexuality.

Caoilte Ó Ciardha, Ph.D.

Caoilte Ó Ciardha received his doctoral degree from Trinity College, Dublin, Ireland, in 2010. He now works as a research associate in forensic psychology in the University of Kent, UK, where he also occasionally lectures on offender cognition. Dr. Ó Ciardha is interested in the theory and measurement of offence-related cognition in multiple populations including male and female sexual offenders and firesetters. His focus to date has been on developing indirect approaches to the measurement of offender cognition and on exploring the theoretical underpinnings of such methods.

Meline Pogosjana, B.A.

Meline Pogosjana recently received her bachelor's degree in psychology from California State University, Northridge. She has been working at the applied behavioral psychology lab and in 2009 presented research on intimacy deficits and recidivism at the Research and Treatment Conference of the Association for the Treatment of Sexual Abusers. She currently works for a behavioral agency providing behavior therapy to children with autism. She plans to continue her line of research and pursue graduate work in behavioral science.

Kevin M. Powell

Kevin M. Powell has been working with at-risk children, adolescents, and their families for over two decades in a variety of settings including schools, outpatient youth service agencies, inpatient hospitals, and correctional facilities. He is the clinical director and a licensed psychologist at Platte Valley Youth Services Center, a 132-bed youth correctional facility in Colorado. Dr. Powell is an adjunct faculty at Colorado State University in the department of psychology. He also provides trainings to mental health professionals, teachers, direct care staff, and other youth service providers on the topic of strengths-based interventions for working effectively with at-risk youth, including those with sexual behavior problems. He can be contacted through his website at www.kevinpowellphd.com.

David Prescott

David Prescott has worked in and around inpatient settings since 1984, and specifically with individuals who have sexually abused since 1987. He currently serves as clinical director for the Becket Family of Services in Maine, which provides services to children, adolescents, and families. Mr. Prescott has published nine books on the assessment and treatment of people who have sexually abused. He has written a number of articles and book chapters in these areas as well. Mr. Prescott is on the International Advisory Board for the *Journal of Sexual Aggression* and a section editor for the formative journal *Motivational Interviewing: Training, Research, Implementation, Practice*. He currently writes articles for the *NEARI Press Newsletter*, which has a monthly circulation of over 4,000. Mr. Prescott is the Past President of the Association for the Treatment of Sexual Abusers (ATSA) and editor of that organization's newsletter, *The Forum*, from 2002–2007. He is currently that newsletter's Review Editor. Mr. Prescott is a charter member of the International Association for the Treatment of Sex Offenders and a member of the Motivational Interviewing Network of Trainers. He is also a certified trainer for the International Center for Clinical Excellence.

Doyle K. Pruitt, L.C.S.W.

A faculty member at Keuka College, Ms. Pruitt is a licensed clinical social worker who maintains a private clinical practice with a focus on children, youth and family, interpersonal trauma, and youth who cause sexual harm. As a doctoral candidate in the University at Buffalo's Social Welfare Program, her dissertation examines the

impact of family involvement and trauma-focused treatment on outcomes of youth who cause sexual harm.

Paige Raimondi, B.A.

In 2009, Paige Raimondi obtained a bachelor's degree in psychology from the University of Oklahoma. She is currently in her first year of the master of arts program in counseling at Dallas Baptist University. Presently she is assisting in group therapy sessions with teen offenders.

Norbert Ralph, Ph.D., MPH

Norbert Ralph is a clinical psychologist at the Juvenile Justice Center in San Francisco, coordinator of the Juvenile Sexual Responsibility Program, coordinator for the Juvenile Court Alienist Panel, and chair of the Competency Evaluation Committee. Dr. Ralph is also a psychiatric epidemiologist, and neuropsychologist, who has written twenty-four articles, book chapters, or books. He was formerly associate clinical professor in family practice, University of California School of Medicine–Davis, and lecturer and research biostatistician in the Program in Maternal and Child Health, School of Public Health, at the University of California–Berkeley. He is a trainer for Aggression Replacement Training® through the California Institute for Mental Health. He is the chair of the Research Committee for the California Coalition on Sexual Offending. Dr. Ralph is a member of the Quality Management Committee, AllCare Independent Physicians Association. He is a founding board member and treasurer of the East Bay Children's Law Offices which provides legal services to the 1,600 foster children in Alameda County. He provided consultation and training for the Center for Families, Children & the Courts, Judicial Council of California, and to the Tribunal de Justiça de Santa Catarina, Florianapolis, Brazil.

Viola Raschke, M.A., ILMHP

Viola Raschke is currently the director of psychological health for the Nebraska National Guard. Prior to her employment with the Nebraska National Guard, Viola was a Mental Health Practitioner II for the Nebraska Department of Correctional Services. She held two positions while employed at the Nebraska Department of Correctional Services first as a mental health practitioner who was a group leader and individual therapist with the inpatient Healthy Lives Sex Offender Treatment Program at the Lincoln Correctional Center and second as a mental health practitioner at the Diagnostic and Evaluation Center. Ms. Raschke also has experience working with adolescent populations.

Paul J. Rodriguez, M.A., L.M.H.P.

Paul Rodriguez received his master's degree in psychology from Northern Illinois University in 2002. He is currently the clinical program manager for sex offender services with the Nebraska Department of Correctional Services and has ten years of experience in correctional settings. He has provided individual and group treatment and developed new programming for incarcerated offenders. He is the chairperson of the Clinical Sex Offender Review Team, which recommends and oversees treatment in the department's sex offender programs. He is also a member of the Leadership Team for Circles of Support and Accountability Nebraska. Mr. Rodriguez has provid-

ed numerous presentations for law enforcement, treatment providers, faith-based organizations, and community members.

Marianne R. Rose, B.Sc.(Hons.)

Marianne Rose received her degree in psychology in 2003. Following her degree, she worked as an assistant psychologist in adult mental health settings and as a researcher on projects investigating prison mental health and female sexual offending. She has interviewed and conducted research with a number of female sexual offenders in the UK and is coauthor of the descriptive model of the offense chain for female sexual offenders. She is currently working toward a doctorate in clinical psychology at Royal Holloway, University of London.

Daniel Rothman, Ph.D.

Daniel Rothman is a clinical and forensic psychologist in private practice at Forensic Psychological Services–Ellerby, Koltun, Rothman & Associates in Winnipeg, and an assistant professor in the Department of Clinical Health Psychology in the Faculty of Medicine at the University of Manitoba. He specializes in the assessment and treatment of children, adolescents, and adults with sexual, violent, and anti-social behavior problems and has provided assessment, consultation, and treatment services in child protection, hospital, and correctional settings. Dr. Rothman has a particular interest in the roles of trauma and neurodevelopmental problems on child development, multisystemic approaches to treatment and risk management, and how to customize the therapeutic relationship to enhance treatment outcomes. He has written articles on these and other topics and has given invited addresses and trainings nationally and internationally.

Steven Sawyer, M.S.S.W., L.I.C.S.W., C.G.P.

Steven Sawyer earned his master's degree in social work from the University of Wisconsin. He is a Licensed Independent Clinical Social Worker and a Certified Group Psychotherapist. He is founder and chief executive officer of Sawyer Solutions, LLC, a private clinical and consulting practice. He serves as a consultant to catholic religious orders on matters of sexual abuse prevention and management. Mr. Sawyer is an experienced public speaker and gives lectures and trainings locally and nationally to public and professional groups about sexual offender treatment and sexual abuse prevention. He has published articles and book chapters on a program for men who use prostitutes, group therapy with sexual offenders, sex dysfunction in sex offenders, and sex offender treatment program outcome research. He was a founding board member and past chapter president of the Minnesota chapter of the Association for the Treatment of Sexual Abusers (MNATSA) and past board member and chair of the Minnesota Board of Social Work. In his clinical practice he has assessed hundreds of men who have committed sexual crimes. He has provided clinical services to individuals, families, and groups for more than twenty-five years where has supervised the treatment of several thousand men in group therapy.

Robert Scholz, M.A., LMFT, LPC

Robert Scholz serves as assistant director and coordinator of alcohol and other drug programs at Pepperdine University's Counseling Center. He also regularly teach-

es courses at Pepperdine on the topics of substance abuse, juvenile delinquency, and forensic psychology. Frequent presenter/trainer at national conferences and coauthor of the book *Engaging Resistance: Creating Partnerships for Change in Sex Offender Treatment*, Robert specializes in counseling men and adolescent boys perceived as treatment resistant, including those who struggle with problematic and sexually aggressive behaviors, as well as substance abuse problems. He is also engaged in research that examines client and counselor experiences of the counseling process with male clients.

Barbara K. Schwartz, Ph.D.

Barbara K. Schwartz received her doctorate in psychology/criminology from the University of New Mexico. She has treated sex offenders since 1971 and directed statewide programs in New Mexico, Washington State, Massachusetts, New Jersey, Missouri, and Maine. Dr. Schwartz has also been the clinical consultant to programs for juvenile sex offenders in Connecticut and Massachusetts. She has consulted with over forty states in establishing and evaluating sex offender programs as well as providing training through the National Institute of Corrections and the Center for Sex Offender Management. She was retained by the government of Israel to help establish its national program. She has published numerous peer-reviewed articles and edited eight books, and her works have been published in five languages. Currently she is the program director of the sex offender treatment program for the Maine Department of Corrections and consultant to the California Division of Juvenile Justice on sexual behavior treatment.

Jason Smith, Psy.D.

Jason Smith is a licensed clinical psychologist and a certified health services provider. He has served as the Administrator for the Civil Commitment Unit for Sexual Offenders (CCUSO) in Cherokee, Iowa since November 2003 and was appointed Superintendent of Cherokee Mental Health Institution and CCUSO in November 2010. He also maintains a small outpatient sex offender treatment program in Des Moines. Dr. Smith has been active in statewide initiatives in policy development, treatment provision, and risk assessment for sex offenders.

Steven D. Vannoy, Ph.D., M.P.H.

Steven Vannoy is an assistant professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Vannoy received his doctorate in counseling psychology from the University of Wisconsin–Madison. Dr. Vannoy's master's thesis and doctoral dissertation focused on evaluating the impact of a meditation curriculum based on Buddhist psychology for reducing anger in incarcerated adults. He performed his internship in the Public Behavioral Health and Justice Policy program at the University of Washington where he trained at the Washington State Special Commitment Center for Sexually Violent Predators. Following completion of his doctoral degree, he was the first recipient of a National Institute of Mental Health postdoctoral training fellowship dedicated to geriatric mental health services research. Dr. Vannoy's recent research activities have focused on

quality improvement methods as they pertain to mental health integration into medical settings, with a particular focus on suicide prevention.

Jacqueline Waggoner, Ed.D.

Jacqueline Waggoner received her bi-university doctoral degree from the University of Oregon and Portland State University in 1983. Currently, she is a tenured associate professor at the University of Portland. She has specialized in tests, measurement, and instrumentation; assessment; and data-driven decision making for more than twenty-five years. Her work on sexual offender risk and recidivism has been published in *Sexual Abuse: A Journal of Research and Treatment*, *Sexual Offender Treatment*, and *Law Probability, and Risk*.

Eamonn Walsh, L.C.S.W.

Eamonn Walsh received his bachelor's degree in social anthropology from Swansea in Wales and his master's degree in social work from Bangor University in Wales. He has worked as a social worker and a therapist for more than twenty years. His experience includes working for the Santa Clara County Department of Family and Children's Services, working in a secure unit for troubled adolescents, and also working in residential facilities for adults with mental illness. Mr. Walsh currently works at Hillside Hospital in Atlanta which is a children's psychiatric hospital. He also has a private practice in the Metro Atlanta area. He specializes in working with children and adolescents with sexual behavior problems and also with males who have been sexually abused.

Tony Ward, Ph.D., Dip.Clin.Psych.

Tony Ward is Professor of Clinical Forensic Mental Health at Psychology at Deakin University, Melbourne. Prof. Ward is a clinical psychologist by training and has been working in the clinical and forensic field since 1987. He was formerly director of the Kia Marama Sexual Offenders' Unit at Rolleston Prison in New Zealand and has taught both clinical and forensic psychology at Victoria, Canterbury, and Melbourne Universities. Prof. Ward has authored over 310 academic publications and his research interests include the rehabilitation and desistance process in offenders; cognition and offenders; evolutionary approaches to crime; and ethical issues in forensic and correctional psychology. He is the developer of the Good Lives Model (GLM) and has published numerous books, book chapters, and academic articles on this model since 2002. His most recent book, *Desistance From Sex Offending: Alternatives to Throwing Away the Keys* (Guilford Press, 2011), coauthored with Richard Laws, presents an integration of the GLM with desistance theory and research.

Jenna Venker Weidenbenner, MLIS, MAT

Jenna Venker Weidenbenner is an advanced doctoral student in educational psychology/child development at University of Illinois at Urbana-Champaign where she often serves as a teaching assistant for courses in early adolescent development and career development. Her current research is in the area of cyberbullying and online

victimization; she has also done research related to adolescent motivation and engagement. Ms. Weidenbenner has worked with children and adolescents for more than fifteen years, including work in career counseling, ministry, public libraries, and classroom settings.

Ryan Weidenbenner, M.S., LCPC

Ryan Weidenbenner is the senior sexuality therapist at the Onarga Academy where he has worked since 1997. He has developed a great deal of the sexuality treatment curriculum utilized by the Onarga Academy, focusing on creative interventions, social skills development, and promoting positive sexuality. He has also developed a great deal of the training curriculum used by the Onarga Academy for staff orientation and continuing development and has presented his work many times over the years at conferences for the National Adolescent Perpetration Network and Association for the Treatment of Sexual Abusers.

Richard Wollert, Ph.D.

Richard Wollert received his doctorate from Indiana University in 1978 and was a tenured professor of psychology for many years. He has treated 3,000 sex offenders and evaluated another 1,000. Articles by Dr. Wollert on assessing sex offender recidivism risk and diagnostic status have been published by *Law and Human Behavior*, *Psychology*, *Public Policy, and Law*, *Sexual Abuse*, and *Behavioral Sciences and the Law*. In addition to being an independent practitioner, Dr. Wollert is an adjunct research professor at Washington State University, Vancouver.

Introduction

I am very excited about Volume 7 of *The Sex Offender*. Not only does it present the cutting edge of developments in the field, but it is also filled with practical tools for the clinician. I am already implementing many of the ideas as they are highly compatible with the prison-based program I run under the auspices of Counseling and Psychotherapy of Needham, Massachusetts, for the Maine Department of Correction. It is a pleasure to be constantly reassured that despite the roadblocks that crop up to interfere with our mission to restore sex offenders to functioning citizens, the field remains vital and innovative.

I am always on the lookout for signs that sanity will prevail in dealing with the problem of sexual abuse. July 26, 2011, was the deadline for compliance with the Adam Walsh Act (AWA), and according to the SMART Office, the division of the Department of Justice, which administers the Sex Offender Registration and Notification Act of which AWA is a part, twenty-five states and nine Native American tribes were in compliance. The rest of the jurisdictions will lose 10% of their Byrne/JAG grant funds. The states repeatedly attempted to bring their concerns to the Department of Justice but, according to W. A. Logan (quoted in Ackerman & Rada, 2011), the DOJ has turned a "deaf ear" to state's objections, refused to respond to objections raised in 2007 hearings, and waived the public notice and comment period required by the Administrative Procedure Act as being "impractical, unnecessary and contrary to public safety" (p. 57). In refusing to endorse the draconian requirements of the AWA, in half of the states and the majority of Indian tribes, decision makers have stood up to the federal government and refused to have their ways of managing sex offenders trumped. Granted, in some areas, more sex offenders will be removed from public notification, but in many more areas many individuals determined to be at low risk will be placed on a national registry. More horrific, juveniles as young as 14 could be subject to lifetime registration.

However, a number of states are reconsidering their registration policies. Texas recently revised its registration law to exempt "Romeo and Juliette" situations, where adolescents and young adults have consensual sex. California's Sex Offender Management Board has recommended against adopting the AWA. Its position paper points out that because an entirely different risk determination system is mandated, every sex offender in California would have to be reassessed, including ex-offenders who are currently not included on the registry. In commenting on the registration of juveniles, the Board's paper points out that there is no evidence that their inclusion would promote public safety.

The AWA would also add to the list of registerable offenses without presenting evidence that this would improve public safety. In addition, this is an unfunded mandate which according to California's Attorney General would cost \$21.3 million to conduct presentencing record checks plus \$6 million to conduct retroactive record checks on previously convicted sex offenders. Another \$10 million would be needed for local law enforcement agencies to conform to changes in frequency of registration, plus \$770,000 to retier current offenders, not counting tracking down and tiering ex-offenders who are no longer required to register. This effort would be expended to

save the loss of \$2.1 million in Byrne/JAG funds. Legislators are resisting this encroachment on states' rights in managing their criminal justice system, especially without funding.

Two other far-reaching decisions may have a dramatic impact on sex offender management. Periodically, the American Psychiatric Association (APA) undertakes the updating of its *Diagnostic and Statistical Manual of Mental Disorders*, which identifies and describes the conditions that are recognized as mental illnesses. This is relevant to sex offender management because civil commitment is based on proving that a sex offender is suffering from a "mental disorder" or "mental condition" which makes it likely that an individual will commit another sex offense. Pedophilia and sexual sadism are recognized in DSM-IV-TR (American Psychiatric Association, 2000) and qualify as mental disorders for the purpose of civil commitment. However, two common diagnoses account for a significant percentage of commitments—paraphilia NOS—hebephilia and paraphilia NOS-nonconsent. For example, 56% of the individuals committed to the Arizona facility have been diagnosed with paraphilia NOS-nonconsent (Becker, Stinson, Tromp, & Messer, 2003). This year the APA sex disorders work group considered recognizing these conditions as psychiatric conditions.

A proposal regarding paraphilia NOS-nonconsent would have renamed the condition "paraphilic coercive disorder" defined as "recurrent and intense sexual arousal from sexual coercion as manifested by fantasies, urges or behaviors" (Harris, 2011, p. 33). The assumption is that some rapists are aroused by the resistance of their victims but that is distinct from sexual sadism. Certainly I have seen a few cases where this was true, but in civil commitment proceedings this assumption is made for all rapists subjected to this process. The state's expert could argue that rape by definition is coercive, and therefore either the offender must be aroused by resistance or his excitation is not inhibited by the objections of the victim. It would be easy enough to establish a "recurrent and intense sexual arousal" by pointing out that the offender certainly had an urge to rape which was probably accompanied by a fantasy, even a fleeting one, which was followed by a behavior. This condition has been consistently rejected in DSM-III (American Psychiatric Association, 1980), DSM-III-R (American Psychiatric Association, 1987), and DSM-IV (American Psychiatric Association, 1994). The issue addresses the basic question—Is a rapist "mad or bad"? Frances (2011) stated that "The current careless and widespread application of 'Paraphilia NOS, Nonconsent' results in commitments that are psychiatrically incorrect and constitutionally questionable. The DSM-5's rejection of rape as mental disorder will hopefully call attention to, and further undercut this abuse of psychiatric diagnosis" (p. 1). However, it has been included in the appendix as a condition which merits further study, which may confuse the issue.

Paul Stern (2011), a Snohomish County Prosecuting Attorney, argues that opposition to the diagnosis is based on "some amorphous fear of how lawyers may use the more precise diagnosis [which] seems a grossly cynical position" (p. 37). He further states that opposition is based issues surrounding civil commitment. I plead guilty as charged. Forty years in this field may have engendered some cynicism. Unfortunately this is a case where the politics of civil commitment cannot be ignored.

The work group is still considering hebephilia, which would apply to individuals who are sexually attracted to youths between the ages of 11 and 14. This diagnosis is

fraught with problems. In the first place it is generally recognized that normal males are aroused by adolescents. Many European countries and Canada have lowered the age of consent to 14. In addition, youths between these ages vary tremendously in their physical and emotional development. So are people being committed due to pedophilic tendency because their victim was 13 but looked 10 or for sexual arousal to a 14-year-old who looked 18? Frances and First (2011), in an article whose title summarizes their position, state unequivocally that evaluators "have clearly defied the intent of the DSM-IV-TR and that attraction to adolescents is normative male behavior" (p. 79).

The conflict regarding these diagnoses is the natural outcome of trying to force a round peg (the incapacitation of dangerous persons) into a square hole (having to label these people as mentally ill). Indeterminate sentencing could have offered an alternative solution but was circumvented for political reasons when the Washington State reinstated civil commitment. At the very least, the DSM-5 debates have brought together some fine minds to seriously discuss issues related to sex offenders.

Another ray of hope involves recent research on "psychopathic" offenders. The long-held belief has been that individuals who were given this label, usually by scoring over 30 on the Psychopathy Checklist-Revised (PCL-R; Hare, 2003) were untreatable (Quality Assurance Project, 1991). Despite research by Looman, Abracen, Serin, and Marquis (2005) to the contrary, this axiom has persisted. However, Stephen Wong, a long-time colleague of Hare, and Olver have reported on a specialized treatment program that refutes this conviction (Olver & Wong, 2009). Although psychopaths had a higher attrition rate, they had no higher recidivism rate after treatment than did non-psychopaths. One of the problems with the label of "psychopath" is the fact that currently the only diagnostic tool is the PCL-11.

We do have reason to be optimistic. The chapters in this volume represent an expansion of the paradigm of treating sexual abusers. Looking at the agenda for the upcoming 30th Annual Conference of the Association for the Treatment of Sexual Abusers, one sees that one plenary address will discuss the development of a brain-mapping technique to diagnose pedophilia while another one focuses on positive psychology, which emphasizes positive traits, positive experiences, and developing institutions that reinforce these. It is interesting to speculate the ramifications to the field were Dr. Cantor's fMRI-based test for pedophilia or Dr. Knight's genetic theory of this condition to be validated. A century ago a theory that people could be "born bad" led to the enactment of defective delinquent laws, which were the forerunner of the original sex offender civil commitment laws. These laws were a response to the belief that there were certain people who were a danger to public safety—but not criminally responsible because they were born that way. The popular 1950s film, *The Bad Seed*, reflected this concept. In the states where these laws were enacted, such individuals were institutionalized in mental hospitals. If the biological basis of some forms of pedophilia is confirmed, will individuals be proactively evaluated and confined or could gene therapy modify the condition? Addressing the other issue, positive psychology, could this approach encourage changes in programs, including those that are prison-based? In this volume, discussions of the Good Lives Model reflect a positive psychology approach.

Our profession continues to look at what is being used in varieties of subspecial-

ties and adapting these techniques to our clients. Motivational interviewing (see Clark & Liddle, Chapter 10, this volume) was originally developed as a technique for dealing with alcoholism but is now widely being used to enhance motivation among sex offenders. Dialectical behavioral therapy first brought effective treatment to females with borderline personality disorders. However, it is now being used with both juvenile and adult sex offenders to enhance emotional containment (see Chancey, Jones, & Walsh, Chapter 22, this volume). Trauma-based therapy and brain-based techniques are being used to treat juveniles with sexually inappropriate conduct (see Adler, Chapter 23, this volume). One of the exciting aspects of treating this population is that, due to their diversity, innovations in mental health care in general may be applied to subpopulations of sex offenders as well.

Recently insisted-upon congressional mandates may devastate social programs in the near future. These cuts may impact sex offender treatment in numerous ways. Just as programs are reporting encouraging results, the funding for both institutional and community-based therapy may diminish. We can only hope that the legislators who rushed to endorse the Adam Walsh Act will consider the victims when eliminating programs that actually work.

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