

THE SEX OFFENDER
INSIGHTS ON TREATMENT AND
POLICY DEVELOPMENTS

VOLUME VIII

Barbara K. Schwartz



Civic Research Institute

Schwartz

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*This volume is dedicated to the graduates of The R.U.L.E. Program
who make this work worthwhile in remaining faithful to our motto,
"No More Victims."*

Preface

As I prepare to submit this final segment of *The Sex Offender*, Volume 8, I am thinking back to the origin of this project. It did not start with *The Sex Offender*, Volume I. Back in the 1980s and 1990s, there was a lot of federal money to provide training to correctional professionals. One of the most influential projects was the Department of Justice's National Institute of Corrections, especially the National Academy of Corrections (NAC) and the associated Learning Center. In order to ensure that the professionals who staffed these programs had firsthand experience in corrections, staff members of state departments of corrections were loaned for two-year periods to NAC. Among those serving in those positions was my colleague, who became my boss, Dr. Henry Cellini. We were and remain close friends and I immediately began "bugging" him to use his position to encourage the NAC to develop a course on treating sex offenders. This idea was highly controversial. Even today the popular opinion is that sex offenders cannot be treated. Back in the mid-1980s, there were very few sex offender programs and no research documenting the effectiveness of this type of therapy. However, Dr. Cellini and his boss were intrigued by the idea and really went out on a limb to propose a course on treating the incarcerated male sex offender. The faculty included myself, representing a prison-based sex offender program; Dr. Michael Dougher, a professor from the University of New Mexico who was operating a small clinic to provide behavioral treatment to sex offenders; Dr. Roger Smith, who ran treatment programs at the Oregon State Hospital, including several programs for sex offenders; Dr. Randy Greene, who worked for Dr. Smith, directing the program for developmentally disabled sex offenders; and Fred Cohen, Esq., a lawyer specializing in correctional law.

Initially NAC brought in ten teams of three correctional administrators for a weeklong training in the treatment model that we, the faculty, had developed. The program incorporated assessment, group therapy, psychoeducational classes, and behavioral treatment into a cognitive-behavioral framework. It predated the development of relapse prevention, which was added to the training several years later.

The first training was quite successful and resulted in a number of subsequent trainings, which became the basis for the establishment of a number of programs in prisons around the country. Unfortunately, some of the largest states, such as California and New York, declined the invitation to participate and have yet to establish programs for their inmates despite the fact that they both have civil commitment programs.

The National Institute of Corrections was also very generous in providing technical assistance to states by sending teams of experts to consult onsite. I particularly recall being on a team with my close friends Nancy Steele, then director of the Minnesota Sex Offender Treatment Program, and Fred Lemon, then the director of the Montano Program, who traveled to Wisconsin where, in five days, we toured all their prisons to site their sex offender programs, trained their staff, and had the whole program approved by their commissioners.

John Moore of the National Institute of Corrections suggested that the training materials should be summarized in writing, and thus Dr. Cellini and I edited *A*

Practitioner's Guide to Treating the Incarcerated Male Sex Offender, published by the U.S. Department of Justice in 1988. This monograph eventually was updated to become volume I of *The Sex Offender* series.

The NAC these days seems primarily oriented toward training administrators of prisons at the NAC and offering a variety of online courses. However, just as students who are attending an online college program miss out on that crucial social interaction with their fellow students, the shift in the focus of the NAC to online training deprives correctional professionals of the ability to network with their colleagues, which can be an invaluable and informal means of communication in the field.

As always I must thank my long-suffering and eternally patient editors, Deborah Launer and Lori Jacobs, of Civic Research Institute.

I keep refusing to retire as I feel so supported by my Unit Team at the Maine Correctional Center, especially Unit Director Penny Bailey and my bosses and colleagues at the Counseling and Psychotherapy Center, Tim App, Time Sinn, Barry Annechiarico, and Dennis McNamara.

The participants in the R.U.L.E. Program keep me challenged, inspired, and entertained as do my wonderful staff, Gordon Winchell, Hannah Monaco, and Lindsey Wellman.

Finally I want to thank my wonderful family—Ed, Betsy and Peter, Ben and Karen, and Beatrice and my canine companions, Tembo and Pip.

Barbara Schwartz
August 2014

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Barry Anechiarico, M.S.W., L.I.C.S.W., is the Co-Chief Executive Officer and Co-Founder of The Counseling and Psychotherapy Center, Inc. CPC treats more than 2,000 sex offenders in eight states. He is a specialist in sex offender treatment and has worked with adult and juvenile sex offenders for thirty-six years in various settings. He is a member of the Association for the Treatment of Sexual Abusers (ATSA), the California Coalition on Sexual Offending (CCOSO), the Massachusetts Adolescent Sexual Offender Coalition (MASOC), the National Association of Social Workers (NASW), and a past board member of Massachusetts chapter of ATSA (MATSA). Mr. Anechiarico has lectured internationally and has published several journal articles on offender treatment.

Timothy F. App, B.S.

Timothy F. App, B.S., retired from the Massachusetts Department of Correction in 2003 following thirty years of dedicated service. During his career he has held several positions of increasing responsibility, including Deputy Superintendent of Community Corrections, Superintendent of Community Corrections, and, in 1990, the state's first Assistant Deputy Commissioner of Community Corrections. He is credited with developing two national offender treatment models: substance abuse testing, sanctioning, and treatment interventions and sex offender management, both adopted by the U.S. Justice Department. In terms of sex offender management experience, Mr. App researched, developed, and implemented the state's nationally recognized state-wide sex offender management program; served as the first chairman of the state's Sex Offender Registry Board; was elected and served as the first president of the MATSA; and, in 2003, was appointed to serve on the Governor's Commission on Domestic Violence and Sexual Assault. Mr. App is a past Executive in Residence at Northeastern University's College of Criminal Justice, where he was a two-time recipient of the Who's Who Among Americas Teachers Award, a two-time nominee for the University's Excellence in Teaching Award, and a recipient of the Excellence in Teaching Award by the graduating class of 2006. Currently Mr. App is the chief operating officer of the Counseling and Psychotherapy Center and adjunct professor at Stonehill College in the Criminology/Sociology Department where he specializes in the areas of offender programming and ethics.

Jack A. Apsche, Ed.D., A.B.P.P.

Jack Apsche, Ed.D., A.B.P.P., was, before his death in November 2014, a psychologist, author, artist, presenter, consultant, and lecturer based in Norfolk, Virginia. Dr. Apsche was a professor of forensic psychology, College of Social and Behavioral Sciences at Walden University and the founder of the Apsche Center for Mode Deactivation Therapy. He was the only person to be six-times board certified by the American Board of Professional Psychology—in clinical child and adolescent psychology, clinical psychology, counseling psychology, cognitive and behavioral psychology, group psychology, and couples and family psychology. His primary research

was in adolescent externalizing disorders. Dr. Apsche published extensively, including several books such as *Mode Deactivation Therapy for Aggression and Oppositional Behavior in Adolescents* (2012), *Current Application: Strategies for Working With Sexually Aggressive Youth and Youth With Sexual Behavior Problems* (2010), and *Responsibility and Self-Management* (2007).

Christopher K. Bass, Ph.D.

Christopher K. Bass, Ph.D., originally from Washington, DC, credits his home city with influencing him and his ideas related to ethnocentric research and study. He has psychology degrees from both Clark Atlanta University (1992) and the University of Wisconsin (1995, 2000). After earning his doctorate he began a series of professorships and clinical practice along the eastern United States. An avid scholar, he has published numerous articles investigating the effects of specific culturally relevant treatment approaches on active and reactive conduct disorder and varying personality disorders. His primary area of focus is with African-American adolescent and post-adolescent males. He has also worked with a number of other clinically recognized mental disorders. As an instructor, he has held faculty appointments on the campuses of Hampton University, University of Georgia, Morehouse College, and Walden University. Clinically he has served in a variety of posts including former psychologist for the City of Atlanta, senior psychological partner at Bass Medical and Psychological Consultants, LLC, clinical senior consultant at the Apsche Institute in Virginia and a consultant at the Program Evaluation Station in Georgia, and clinical director of the Young Men's Center at the Pines Residential Treatment Facility. He is a member of the Let Us Make Man Organization. Currently, he serves as an assistant professor within the Department of Psychology and director of the Isabella T. Jenkins Honors Program at Clark Atlanta University, Atlanta, Georgia.

Kenneth E. Blackstone, B.A.

Kenneth E. Blackstone, B.A., received polygraph certificates from the Georgia School of Polygraph and Applied Psychology and the Argenbright International Institute of Polygraph. He has certifications in Post-Conviction Sex Offender Testing from the American Polygraph Association and Sex Offender Testing/Monitoring from the National Association of Polygraph. He is a certified Forensic Consultant for the American College of Forensic Examiners and a certified Criminal Investigator from the American College of Forensic Examiners. He also has advanced certification from the American Polygraph Association. Mr. Blackstone is a licensed polygraph examiner in the Georgia (law sunset), Iowa, North Carolina (inactive), and South Carolina.

He is also a presenter for the Georgia Department of Corrections, the Georgia Board of Pardons and Paroles, the Georgia Psychological Association, the Georgia Association for the Treatment of Sexual Abusers, the Georgia Indigent Defense Counsel, the Georgia Bar Association, the American Probation and Parole Association, the American Polygraph Association, the National Association of Polygraph Specialists, and the American College of Forensic Psychology.

Geral T. Blanchard, M.A., N.C.P., L.P.C., B.C.C.P.

Geral T. Blanchard, M.A., N.C.P., L.P.C., B.C.C.P., is a psychotherapist residing

in Des Moines, Iowa. Mr. Blanchard has served sexual abuse victims and abusers for more than forty years. His books address the subjects of posttraumatic growth in *Transcending Trauma*, the therapeutic relationship with sexual abusers in *The Difficult Connection*, and indigenous contributions to psychotherapy and the ethics of healing in *Ancient Ways and Ancient Ethics*. His forthcoming book, *The Prevention of Interpersonal Violence*, will detail biopsychosocial assessment and treatment innovations. Mr. Blanchard travels to indigenous cultures around the world studying traditional healers' best practices and he lectures on the application of those methods in Western settings.

Jon Brandt, M.S.W., L.I.C.S.W.

Jon Brandt, M.S.W., L.I.C.S.W., has been doing psychosexual evaluations and providing treatment to adolescent sexual offenders, victims, and their families since 1983. When former clients and other juvenile offenders began to get caught in the sexually violent predator (SVP) nets in Minnesota, he began to take more of an interest in the inherent challenges, competing concerns, and ethical dilemmas of civil commitment. He is active as a clinical member of ATSA and a longtime blogger for the website for ATSA's *Sexual Abuse: A Journal of Research and Treatment*. In 2014, he was elected to the board of directors of the Minnesota chapter of ATSA. He currently supervises Mapletree, a community-based program for adolescent offenders, and provides consultation and training on the assessment, management, and prevention of sexual offending.

Julie Brovko, M.S.

Julie M. Brovko, M.S., is currently a clinical psychology doctoral candidate at the University of New Mexico in Albuquerque. Her research and clinical interests include couples therapy, forensic assessment, and the application of acceptance and commitment therapy to sexual offenders. Ms. Brovko's work also includes addiction research.

Nancy G. Calleja, Ph.D., L.P.C.

Nancy G. Calleja, Ph.D., L.P.C., is professor and chair of the Department of Counseling and Addiction Studies at the University of Detroit–Mercy. She also serves as the clinical director of Spectrum Human Services, Inc. & Affiliated Companies in Westland, Michigan. Dr. Calleja has more than twenty years' experience in juvenile justice and specializes in program development, program evaluation, and the treatment of adolescents with sexual behavior problems. She has received federal funding from the Office of Juvenile Justice and Delinquency Prevention, the Bureau of Justice Assistance, and the National Council on Crime and Delinquency to support projects for adolescents with sexual behavior problems as well as to support other juvenile justice and child welfare projects. In addition, Dr. Calleja consults nationally and locally about issues related to comprehensive program development, business planning and juvenile justice.

Bruce Cameron, M.S., L.P.C.-S., L.S.O.T.P.

Bruce Cameron, is a former (retired) therapist, administrator, and Treatment Oversight Specialist for the U.S. Department of Justice/Federal Bureau of Prisons.

Mr. Cameron received his graduate training in clinical psychology at the University of Wyoming, and completed his American Psychological Association internship in clinical forensic psychology at the University of North Carolina School of Medicine, Chapel Hill, North Carolina. This was followed by a fellowship in clinical forensic psychology with the Federal Correctional Institution in Butner, North Carolina, where he worked on the Pilot Residential Drug Abuse and Sex Offender treatment units. He was promoted to director of psychology services at the Federal Medical Center in Carville, Louisiana. Mr. Cameron then opened the female Federal Medical Center Carswell in Fort Worth, Texas, focusing on addiction treatment and later transferred to the South Central Regional Office/Transitional Services section in Dallas, Texas, which procures and provides technical oversight of drug abuse and sex offender treatment services for releasing federal inmates in a five-state region. Finally, he transferred again to the headquarters of the Bureau of Prison's consolidated unit in Grand Prairie, Texas. Mr. Cameron now maintains a private counseling/consulting practice in nearby Southlake and Dallas, Texas. He is also has adjunct faculty appointment for Columbia College, Columbia, Missouri.

Mark S. Carich, Ph.D.

Mark S. Carich, Ph.D., is currently in private practice. He has been a faculty member at Lindenwood University, Belleville campus, teaching in the graduate counseling program since 2007. He is also on the faculty of McKendree University, Counseling Department. Dr. Carich retired from the Illinois Department of Corrections after twenty-seven years of service. He spent the vast majority of his career working with the Sexually Dangerous Persons of Illinois, providing assessments, treatment, training, and management of the program. Dr. Carich coedited the *Handbook for Sexual Abuser Assessment and Treatment* (2001) and coauthored the *Adult Sexual Offender Assessment Report* (2003) and *Contemporary Treatment of Adult Male Sex Offenders* (2011). Dr. Carich, along with Dr. Steven E. Mussack, has recently coedited a new book, *The Safer Society Handbook of Sexual Abuser Assessment & Treatment* (2014). He has edited three different newsletters on the topics related to assessment and treatment of those who have sexually abused and has conducted training, both nationally and internationally, on topics relating to sexual offender assessment and treatment. He is a licensed sexual offender assessment and treatment provider in Illinois and provides supervision to professionals interested in obtaining licensure.

Barry Cooper, Ph.D., R. Psych.

Barry Cooper, Ph.D., R. Psych., practices in Vancouver, British Columbia (BC), Canada, in the forensic arena. A former senior psychologist for the Correctional Service of Canada, Dr. Cooper is a psychologist for the Forensic Psychiatric Services Commission at the BC Forensic Psychiatric Hospital. He is a clinical instructor in the Department of Psychiatry at the University of British Columbia (UBC) and an adjunct professor in the Department of Psychology at both UBC-Okanagan and Simon Fraser University. In addition, Dr. Cooper has a private practice that involves assessment and consultation services to law enforcement, lawyers, corrections, and the judiciary. He is also a founding partner and vice president of R&D for the Forensic Alliance, a research, training, and consulting company. Dr. Cooper's research and clinical-foren-

sic interests include investigative interviewing, eyewitness memory, credibility/malingering assessment, risk assessment, and psychopathy. He has provided training to various groups including law enforcement, child protection, mental health professionals, lawyers, corrections, and the judiciary. Dr. Cooper has also provided evidence at BC Review Board hearings and has served as an expert witness in court for both the prosecution and defence.

Michael H. Fogel, Psy.D., A.B.P.P. (Forensic)

Michael H. Fogel, Psy.D., A.B.P.P., is a licensed clinical psychologist who is Board Certified in Forensic Psychology by the American Board of Professional Psychology (ABPP). He is President of the American Board of Forensic Psychology, which is the ABPP specialty board responsible for the certifying process in forensic psychology, and a former member of the American Psychological Association's Committee on Professional Practice and Standards. Dr. Fogel is an associate professor in, and former chair of, the Department of Forensic Psychology at The Chicago School of Professional Psychology. He maintains an independent practice in forensic psychology.

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Dr. Hugues Hervé, Ph.D., R. Psych. (British Columbia, Canada) specializes in forensic and medical-legal assessments. A former psychologist for the Correctional Service of Canada and the Forensic Psychiatric Services Commission, he is currently a partner and vice president of Consulting Services of The Forensic Alliance. Committed to the investigation, application, and dissemination of sound clinical-forensic practice, he is actively involved in providing consulting, training, and research services to various professional groups and organizations on such topics as effective interviewing, credibility/malingering assessments, risk assessments, eyewitness memory, and psychopathology.

Eric A. Imhof, Psy.D.

Eric Imhof, Psy.D., began treating, evaluating, and studying typologies of sexual offenders in 1993 as a therapist/case manager in a large juvenile sex offender treatment program in Virginia. In 1996, he received his doctorate in clinical psychology and was certified as a Sex Offender Treatment Provider in 1998. In 1999, Dr. Imhof accepted a position as the director of a Juvenile Justice Level 8 program for sexual offenders in Florida and, in June 2000, he established Specialized Treatment and Assessment Resources, serving as a forensic examiner and expert witness for the Sexually Violent Predator Program and federal and local courts. He previously maintained an appointment as an assistant professor with Eastern Virginia Medical School in Norfolk, Virginia, and served as a consultant to a number of mental health organizations. In 2005, he was appointed by Florida Governor Jeb Bush to the Task Force on Juvenile Sexual Offenders and their Victims and, in 2007, he served as chair of the Department of Juvenile Justice Sex Offender Workgroup which focused on implementing the recommendations of the Task Force. He has lectured to legislators, judges, attorneys, and mental health professionals on topics including sex offender diagnosis, treatment, and risk assessment and advocates for empirically based sex

offender laws and policies with Florida legislators, particularly regarding child pornography offenders. Dr. Imhof is a member in good standing with the American Psychological Association, the Florida Psychological Association, and the Association for the Treatment of Sexual Abusers, serving as co-chair of the 2008 annual conference. He has served on the board of the Florida chapter since February 2004, served as the president from 2007 to 2010, and was reelected to serve as president for the 2013–2016 term.

Laura Jakul, Ph.D.

Laura Jakul, Ph.D., practices in the areas of clinical and forensic psychology. She has experience providing psychological assessment, consultation, and treatment services in hospital settings for the Correctional Service of Canada, in private practice, and for the Canadian Mental Health Association. Dr. Jakul's forensic experience includes violence risk assessment; individual and group treatment for high-risk offenders, developmentally delayed offenders, and Internet offenders; evaluations for fitness to stand trial; and substance abuse assessment and treatment. She currently provides a range of psychological assessment and treatment services for individuals with sexual and aggressive behavior problems and other major mental health issues in a collaborative community-based psychological practice in Winnipeg, Canada.

Elizabeth L. Jeglic, Ph.D.

Elizabeth L. Jeglic, Ph.D., is a professor of psychology at the John Jay College of Criminal Justice, City University of New York. Dr. Jeglic is the co-director of the Sex Offender Research Lab (www.sorl.org) and conducts research on the treatment and assessment of sex offenders and their relationship to public policy. Currently she is working on a longitudinal study examining desistance from sexual offending as well as conducting pilot work on the development of a supportive posttreatment intervention to aid sex offenders in the reintegration process.

Sharon M. Kelley, Psy.D.

Sharon M. Kelley, Psy.D., is currently employed as a Chapter 980 evaluator for the Sand Ridge Secure Treatment Center in Wisconsin and is a board member of the Wisconsin chapter of the Association for the Treatment of Sexual Abusers (WiATSA). She has worked with adolescent and adult sex offenders since 1997 in New Jersey, Massachusetts, California, Minnesota, and Wisconsin. Most recently, she has worked as the director of the Specialized Assessment Center at Coalinga State Hospital in California and as the Metro-Boston Assessment Coordinator for the Mental Illness With Problematic Sexual Behavior program at the Massachusetts Mental Health Center. Dr. Kelley's current research interests include risk assessments, psychopathy, and sex offenders with major mental illness.

Richelle Konczak, M.A., L.P.C.

Richelle L. Konczak, M.A., L.P.C., is currently a doctoral student in the Chicago School of Professional Psychology's (TCS) clinical forensic Psy.D. program in Los Angeles, California. She has worked with adolescent and adult sex offenders since 2005. After completing TCS's master's program in forensic psychology in 2006,

Richelle worked with male and female sex offenders in inpatient, outpatient, and civil commitment contexts in Illinois, Indiana, and California. She is an active member of the Association for the Treatment of Sexual Abusers (ATSA), the California Coalition on Sex Offenders (CCOSO), and the California Sex Offender Management Board (CASOMB). She has co-facilitated presentations for sex offender parole agents in Illinois and was a coauthor on an article published in the *ATSA Forum* on sexual attraction issues in sex offender treatment. Ms. Konczak's current research interest and dissertation topic is the vicarious effects on sexual interest and desire of female clinicians treating sex offenders.

Robert E. Longo, M.R.C., L.P.C., N.C.C., B.C.N.

Robert E. Longo, M.R.C., L.P.C., N.C.C., B.C.N., is in private practice specializing in QEEG brain mapping, biofeedback, and neurofeedback. He is a contract neurofeedback clinician with Integrative Therapies in Greensboro, North Carolina, and at Timber Ridge Treatment Center in Gold Hill, North Carolina, where he works with sexually abusive youth. He serves as a consultant, educator, trainer, and author dedicated to working with youth and sexual abuse prevention and treatment. Mr. Longo is currently on the board of directors and vice president of the Southeastern Biofeedback and Clinical Neuroscience Association (formerly the North Carolina Biofeedback Society). He was previously director of Clinical Training/Stress Reduction Clinic & Biofeedback Lab, and clinical director (2005–2008); Old Vineyard Behavioral Health Services, a psychiatric hospital, in Winston-Salem, North Carolina, and corporate director of special programming and clinical training for New Hope Treatment Centers, Charleston, South Carolina. Mr. Longo has focused on sexual abuse prevention and treatment with youth and the treatment of youth with serious behavioral problems. He has consulted and presented internationally in the field of sexual abuser assessment, treatment, and program development and is co-founder and first president of the Association for the Treatment of Sexual Abusers. Mr. Longo was previously director of the Safer Society Foundation, Inc. and the Safer Society Press from 1993 through 1998.

Heather MacKenzie, Ph.D.

Heather MacKenzie, Ph.D., is a current C. Psych candidate and an assistant professor in the Department of Clinical Health Psychology, Faculty of Medicine, at the University of Manitoba. She is currently employed by the Winnipeg Regional Health Authority and specializes in the assessment and treatment of children and adolescents with chronic health conditions and comorbid mental health issues. Ms. MacKenzie has conducted her doctoral research within the area of language and cognitive development and has a special interest in developmental disorders including autism spectrum disorder.

Liam E. Marshall, Ph.D.

Liam E. Marshall, Ph.D., has been providing treatment for and conducting research on offenders and mental health issues for two decades. He has more than 100 publications, including four books, and has made numerous international conference presentations on offender violence, aging, and problem gambling issues. He has deliv-

ered many trainings for therapists who work with sexual and violent offenders. Dr. Marshall is a board member and reviewer for a number of international journals. He is currently a consultant and trainer with Rockwood Psychological Services and researcher/clinician at Waypoint Centre for Mental Health Care.

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

W. L. Marshall, O.C., F.R.S.C., Ph.D., is retired but remains a Professor Emeritus of Queen's University. Dr. Marshall has authored more than 400 publications, including twenty-one books. He has been on the Editorial Boards of 17 international journals. Dr. Marshall is a Fellow of the Royal Society of Canada and an Officer of the Order of Canada, which is the highest honor a Canadian citizen can receive.

Scott D. Miller, Ph.D.

Scott D. Miller, Ph.D., is the founder of the International Center for Clinical Excellence an international consortium of clinicians, researchers, and educators dedicated to promoting excellence in behavioral health services. Dr. Miller conducts workshops and training in the United States and abroad, helping hundreds of agencies and organizations, both public and private, to achieve superior results. He is one of a handful of "invited faculty" whose work, thinking, and research is featured at the prestigious "Evolution of Psychotherapy Conference." His presentation style and command of the research literature consistently inspires practitioners, administrators, and policymakers to make effective changes in service delivery. Dr. Miller is the author of numerous articles and books, including *Escape from Babel: Toward a Unifying Language for Psychotherapy Practice* (with Barry Duncan and Mark Hubble, 1997), *The Heart and Soul of Change* (with Mark Hubble and Barry Duncan, 1999, 2010), *The Heroic Client: A Revolutionary Way to Improve Effectiveness Through Client-Directed, Outcome-Informed Therapy* (with Barry Duncan, 2000, and Jacqueline Sparks, revised, 2004), *Staying on Top and Keeping the Sand Out of Your Pants: The Surfer's Guide to the Good Life* (with Mark Hubble and Seth Houdeshell, 2003), and the forthcoming *Achieving Clinical Excellence in Behavioral Health: Empirical Lessons from the Field's Most Effective Practitioners* (with Mark Hubble and William Andrews).

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Kirk A. B. Newring, Ph.D., 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* (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. He also offers assessment and treatment services to those who have been subjected to violence.

David S. Prescott, L.I.C.S.W.

David S. Prescott, L.I.C.S.W., serves as director of professional development and clinical director for the Becket Family of Services. He has produced thirteen book projects and numerous articles and chapters in the areas of assessing and treating sexual violence and trauma. Mr. Prescott is a past president of the Association for the Treatment of Sexual Abusers, the largest professional organization of its kind in the world. He is also the 2014 recipient of that organization's Distinguished Contribution award. He is a Certified Trainer for the International Center for Clinical Excellence and a member of the Motivational Interviewing Network of Trainers. He has lectured around the world and serves on the editorial boards of two scholarly journals, *Motivational Interviewing: Training, Research, Implementation, and Practice* and the *Journal of Sexual Aggression*.

Daniel Rothman, Ph.D.

Daniel Rothman, Ph.D., is a registered clinical and forensic psychologist and an assistant professor in the Department of Clinical Health Psychology, Faculty of Medicine, at the University of Manitoba. He specializes in the assessment and treatment of children, adolescents, and adults with sexual, aggressive, and antisocial behavior problems and has provided assessment, consultation, and treatment services in child protection, hospital, and correctional settings. He has served as an advisor to child welfare and forensic mental health programs in Manitoba, Ontario, and British Columbia. Dr. Rothman has special interests in the roles of trauma, attachment, and autism spectrum disorders on child development; multisystemic and holistic approaches to intervention and risk management for high-risk youth; and how to tailor therapeutic relationships to enhance clinical outcomes. He has written articles and book chapters on these and other topics and frequently provides training for child welfare, mental health, and criminal justice professionals locally, nationally, and internationally.

Mary Santarcangelo, Ph.D.

Mary Santarcangelo, Ph.D., is a research associate with the Forensic Alliance. She completed her doctorate in investigative and forensic psychology at the University of Liverpool, UK, and has published in the area of investigative interviewing and deception detection. Dr. Santarcangelo has provided advice, analysis, and leadership to improve health and safety of diverse populations through program and policy initiatives with the BC Public Service and the Ontario Public Service. She currently works with the Ministry of Community Safety & Correctional Services providing advice, analysis, and recommendations to enhance law enforcement, public safety, and correctional systems.

Gilbert A. Schaffnit, J.D.

Gilbert A. Schaffnit, J.D., graduated with his undergraduate degree from the University of Florida in 1974. He then went on to graduate from the University of Florida, College of Law in 1977. He has practiced criminal defense in Alachua County for thirty-three years. His practice focuses on federal and state criminal defense and personal injury cases. He is a sole practitioner with a select number of cases that receive his individual attention. Mr. Schaffnit is a member of the Florida Bar, the Federal Bar Association, the Florida Association of Criminal Defense Lawyers, and the National Association of Criminal Defense Lawyers. He is an adjunct professor at the University of Florida, College of Law. Mr. Schaffnit has spoken nationally at conferences concerning criminal defense and the prosecution of sex offenses including the Federal Sentencing Guidelines as they apply to child pornography prosecution. He has consistently received the highest rating from Martindale & Hubbell (A/V rating), a peer-review rating service.

Joann Schladale, M.S.

Joann Schladale, M.S., has been working in the field of trauma, child abuse, and interpersonal violence since 1981. In 1991, as faculty at the University of Louisville, she developed and coordinated the first Juvenile Sexual Offender Counselor Certification Program. She continues to teach courses on a collaborative approach for healing trauma and stopping violence and sexual harm. As founder and executive director of resources for Resolving Violence, Inc., Ms. Schladale provides extensive consultation, program development and evaluation, clinical supervision, staff development, and training on evidence-based practices and empirically driven assessment and treatment. She works closely with public and private agencies on prevention, mental health and protective services, and juvenile justice. Ms. Schladale has received professional awards and made hundreds of presentations throughout North America, Europe, and Africa focusing on childhood trauma, sexual harm, youth violence prevention, positive youth development, and teen pregnancy prevention. She has written numerous book chapters in scholarly texts. *Stop It! A Practical Guide for Youth Violence Prevention* was published in 2012. *The T.O.P. Workbook for Taming Violence and Sexual Aggression* was published in 2002, and *The T.O.P.* Workbook for Sexual Health* was published in 2010. She collaborated in the creation of Community-Based Standards for Addressing Sexual Harm by Youth (2007).

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, 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

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Anton Schweighofer Ph.D., R. Psych.

Anton Schweighofer, Ph.D., R. Psych., received his doctorate in clinical psychology from Simon Fraser University in 1998. Over the course of his career his primary areas of interest have included forensic psychology and addictions. He accepted a position with the Correctional Service of Canada (Pacific Region) in 1997 and provided treatment and assessments for violent and sexual offenders. In 2004 he became the senior psychologist for sex offender programming and before leaving the Correctional Service of Canada in 2009 also acted as the chief of psychology. Dr. Schweighofer has maintained a private practice that has included forensic risk assessment and treatment since 2000 and currently also provides sex offender treatment services for the Forensic Services Commission of British Columbia. He has given presentations on sex offender issues and risk assessment at national and international conferences. He is a national trainer for the Static-99R which is the most widely used actuarial measure for predicting risk of sexual recidivism. He also provides expert testimony to the courts with regard to sex offender issues and is on the list of those designated to provide dangerous offender assessments as an *amicus curiae*. Finally, he is also a member of the Association for the Treatment of Sexual Abusers (ATSA) and recently served as the co-chair person at the 2011 ATSA conference.

Ted Shaw, Ph.D.

Ted Shaw, Ph.D., was a licensed psychologist and a founding partner of the ITM Group in Gainesville, Florida. He specialized in the evaluation of individuals with sexual behavior problems regarding recidivism risk, amenability to treatment, progress in treatment and future supervision and treatment needs. Pursuant to the Sexually Violent Predator Act he had, since 1999, performed more than 235 face-to-face evaluations and more than 400 post-detention/commitment evaluations. He was the former director of the Sex Offender Unit at NFETC with more than thirty years of experience working with adult sex offenders. Dr. Shaw started treating adolescents with sexual behavior problems in 1985, developing a program that has continuously operated in the community since then. He authored numerous articles and book chapters. He was a founding member of the Marion County Sexual Abuse Intervention Network (SAIN) for adolescent offenders and continued as a consultant to its members until his death. Dr. Shaw was a Martha V. Varnes Award recipient "for achievements in services to sexual battery prevention." He was first president and chief executive officer of the Florida chapter of ATSA (FATSA), beginning in 1996, and remained a board member. He served on the Ethics Committee of ATSA for ten years. He presented throughout the United States as well as in Europe, Canada, and South America. Dr. Shaw served on the Governor's Task Force on Juvenile Sex Offenders and their Victims (appointed by Governor Bush) as well as the statewide workgroup to implement recommendations from the Task Force. He was involved in federally funded research through the Center for Sex Offender Management (CSOM) with the Florida Department of Juvenile Justice.

Nancy M. Steele, Ph.D.

Nancy M. Steele, Ph.D., first began treating sexual offenders in 1971 in the state reformatory in Buena Vista, Colorado. She finished her doctorate degree in clinical psychology at Ohio University in 1973. Since then she has worked in Colorado, Minnesota, Indiana, and Ohio in prisons for adult male offenders developing programs for treating sex offenders in prison and in the community following release from prison. Her work has included using family members and victim advocates in the treatment process. She has served as a consultant for the National Institute of Corrections (NIC) in a number of states and has taught a course at the NIC on the development of sex offender programs. Fifteen different states sent administrators to Longmont, Colorado, to complete this training over the course of several years. She has testified numerous times in court in several states as an expert witness in sexual predator hearings, civil commitment cases, issues involved in sentencing, and administration of sex offender programs. Dr. Steele has presented numerous training and workshops around the country for staff in the community and in the prisons. She is currently semiretired, living in Pennsylvania and spending her winters in southern Texas.

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Bobbi Walling, Ph.D., is a registered psychologist with Forensic Psychological Services, a collaborative, community private practice in Winnipeg, Canada, that specializes in the assessment and treatment of a high-risk, high-need, violent and sexual offender populations. She currently provides a range of assessment and treatment services for both youth and adults, and co-facilitates treatment groups for adult offenders. Her clinical experiences include forensic risk assessments, treatment of children and adolescents with sexualized or aggressive behavior concerns, and individual and group treatment of high-risk offenders, male Internet offenders, and developmentally delayed men with sexual behavior problems. She has also provided individual and group interventions for couples experiencing abuse dynamics/violence in their relationship.

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Erica G. Williams, Psy.D., is a licensed clinical psychologist with specialized clinical training and experience with sexual offenders. She is currently the director of forensic services at Assessment and Treatment Alternatives, Inc. in Philadelphia, Pennsylvania, and a board member of the Sexual Offender Assessment Board of Pennsylvania. In addition to providing assessment and treatment to sexual offenders, she has presented on the topic of female sexual offenders both nationally and abroad is a clinical member of ATSA.

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Introduction

Those of us in the field of sex offender treatment have been exposed to more than our share of professional controversy, often extending to the splitting of the field into warring camps. Unfortunately, this controversy may have significantly affected the lives of thousands of our patients as well as their families and victims. Currently I perceive that there are three active controversies—models of treatment and assessment; the increasing criticism of civil commitment and assessment, particularly as it impacts civil commitment; and questions regarding the statistical integrity of the instruments used to assess sex offenders, including their use in civil commitment proceedings.

The risk-needs-responsivity (RNR) model presents a basic approach to the treatment of criminals in general and has been advocated for sex offenders in particular (see Chapter 4). The model advocates for treatment to be delivered to the highest-risk offenders, concentrating on identified criminogenic needs and delivered in a way that respects learning styles, cultural backgrounds, special needs, and so on. As Looman and Abracen (2013) point out

The RNR model is not a theory of intervention in itself—it is a model) within which a wide variety of clinical interventions can be used. . . . Andrews and Bonta argue that a number of factors need to be considered in any comprehensive theory of criminal behavior, including biological/neurological issues, inheritance, temperament, and social and cultural factors, making note of the fact that criminal behavior is multi-factorial. (p. 30)

Nevertheless, the RNR method has been associated with cognitive-behavioral treatment and more particularly with relapse prevention (RP).

RP has long been a standard technique utilized to make not only offenders but also support group members, therapists, and supervising professionals aware of risky situations. RP has been criticized on a number of points (Laws, Hudson, & Ward, 2000). One of the major issues is that RP stresses what not to do. In response to this model, Yates and Ward (2008) proposed the Good Lives (GL) approach.

Based on positive psychology, GL maintains that all humans seek to fulfill universal human goals. Offenders are trying to fulfill those same basic needs but in an inappropriate and illegal manner. They can be helped to fulfill those goals in a variety of ways.

While D’Orazio (2013) refers to “Relapse Prevention’s lack of robust effectiveness in reducing sexual offense recidivism” (p. 3), she cites the research conducted at Atascadero State Hospital’s sex offender program *and* refers to a perceived failure of RP to address motivation and its excessively “high levels of external control” with no place to process an offender’s own processes, including a refusal to address the offender’s own victimization. However, I would argue that Dr. D’Orazio’s and others’ critiques of RP are generalizing from a treatment technique to the culture set by certain therapists and program administrators. This may very well characterize the treatment at the Atascadero and the Coalinga State Hospital programs. However, I have directed the statewide sex offender programs in New Mexico, Washington, Massachusetts, Missouri, New Jersey, and Maine. All these programs used RP as a

tool, not a treatment philosophy, and all of them rejected the highly confrontive approach and definitely addressed the offenders' trauma. It becomes a significant problem when RP is regarded as a total paradigm rather than a tool.

Dowden, Antonowitz, and Andrews (2003) demonstrated the efficacy of RP. They conducted a meta-analysis of twenty-four treatments using RP and found that the greater the number of components, such as offense chain, relapse rehearsal, and training support teams, included in developing the plan, the greater the treatment efficacy.

Harkins, Flak, Beech, and Woodhams (2012) compared RP to the GL model and concluded that program participants in the GL program had less awareness of risk factors and self-management techniques than did the RP group. However, the groups did not differ on attrition or change on risk factors. The GL model can be effective in encouraging sex offenders in the community to pursue interests, vocations, and positive social relations. However, the fact that at least two civil commitment programs (Arizona and Massachusetts) state that the GL model is their treatment approach would seem to me disingenuous. Can civilly committed individuals with very little chance to ever be released really follow their interests, pursue positive relationships, and seek appropriate intimacy? Or, do these programs believe that claiming that their treatment is based on GL is the "politically correct" stance?

Looman and Abracen (2013) conclude the following:

In summary, while some of the assertions of the GLM have support, the extant research in support of the model is scant and does not provide evidence of the greater effectiveness of the GLM. . . . At best, the model provides changes equal to that achieved via an RNR approach; however, this change has not been shown to be associated with reduced recidivism. (p. 34)

Again, RNR appears to be equated with RP despite the fact that Andrews and Bonta insisted that RNR is not an intervention in and of itself and can include biological/neurological issues, inheritance, temperament, and social and cultural factors. (Looman & Abracen, 2013).

The conflict between these two continues. Looman and Abracen suggest that treatment should take into consideration the high rates of mental illness and childhood trauma in this population. D'Orazio, formerly of the California civil commitment program, suggests that the treatment of individuals with sexually offending behavior can be improved by:

1. Focus(ing) on the client's self first: Assess and treat "Old Wounds" such as dealing with their traumas.
2. Highlight affective factor by focusing on experiencing, identifying, and processing affect in a variety of ways.
3. Cultivate empathy for the abuser and a landscape of change by attempting to see the world through the offender's affective and cognitive perspective.
4. Embrace the mystery of wholeness, which could include using a variety of creative pursuits such as work, play, somatic methods, and spiritual and meditative efforts, as well as art, storytelling, music, and drama.

5. Care for the therapist.

I am at an absolute loss to know why this conflict exists. Anyone who has been a parent, a teacher, or even a dog trainer knows that one can both teach what not to do and encourage positive interests. As a mother, I taught my children about risky situations—hanging out with drug-using peers, driving while drinking, engaging in unprotected sex—while I encouraged their positive interests. In their cases it was film making and acting. I train dogs by rewarding the positive and giving a gentle pop on their collars for unwanted behaviors.

Since the resurrection of civil commitment in Washington State in 1990, twenty states have adopted some form of civil commitment. In my opinion it is indeed fortunate that this trend seems to have stopped as more and more information becomes available on the cost and apparent lack of effectiveness of these highly controversial programs. Grant Duwe, chief researcher for the Minnesota Department of Corrections, recently released a study of the state's SVP (sexually violent predator) civil commitment program, which indicated that about 18% of all 600 men who have been civilly committed would reoffend over their lifetime. Along with many of the other SVPs in states including Massachusetts, Florida, and Washington, a major class action suit was recently brought against the Minnesota program and on February 20, 2014, Judge Donovan Frank released a seventy-five-page ruling (*Karsjens v. Jesson*, Minn. Civ. No. 11-3659 (D. Minn.)) in which he wrote the following: "Whether or not the system is constitutionally infirm, without prompt action on the part of the legislature and DHS, MSOP's reputation as one of most draconian sex offender programs will continue" (p. 68).

And he continued,

If the evidence requires it, the Court will act. But it is the Minnesota Legislature that is best equipped to develop policies and pass laws—within the limits of the Constitution—that both protect public safety and preserve the rights of the class. The time for legislative action is now. Time and again, professional assessments have identified grave deficiencies in the program. Regardless of the claims raised in this case, and irrespective of the Court's ultimate rulings on any constitutional questions with which it is presented, the interests of justice require that substantial changes be made to Minnesota's sex offender civil commitment scheme.

The program's systemic problems will only worsen as hundreds of additional detainees are driven into the MSOP over the next few years. The politicians of this great State must now ask themselves if they will act to revise a system that is clearly broken, or stand idly by and do nothing, simply awaiting Court intervention. (p. 68)

Judge Frank has now appointed a blue-ribbon panel of experts to advise the Minnesota Sex Offender Program (MSOP) on necessary reform. By the time this issue is resolved, millions of dollars will have been expended in addition to the current costs of maintaining the program. Having either consulted with or done evaluations at more than half of the civil commitment programs, it is my opinion that MSOP is not significantly more "draconian" than the ones I am familiar with. Therefore, the rest of

SVP programs should take a careful look at their operations and legislatures should seriously question the wisdom of their existence.

When Texas implemented its SVP act, it was considered to be innovative and humane. Those deemed SVPs were allowed to live in the community while being supervised and receiving treatment. However, over the years the program has become increasingly restrictive. According to Ward and Hussan (2014), more than 350 men have been thus labeled but none have been released from the program. They have all been moved into jails or highly restrictive halfway houses. While none have ever reoffended, over 40% have been returned to prison for violating rules, as minor as having an electronic monitor fall off in a basketball game.¹

Across programs, in order to be civilly committed, an individual must meet three criteria. Although the wording differs from state to state, an offender must have committed a qualifying sex offense, suffer from a mental abnormality or personality disorder, and, due to this, must be likely to commit an act of sexual violence. Typically there is no problem establishing the first criterion. However, the two problematic issues are "mental disorder" and "likely." The Washington State legislature originated the term, "mental disorder" which is essentially meaningless and certainly not recognized by the mental health professions. Therefore, it has given rise to endless controversies. Most of the arguments swirl around whether individuals who rape adults and those who offend against children who have passed puberty but are still under the legal age of consent are suffering from a "mental disorder." Their behavior would be subsumed under the category of paraphilias. Prosecutors and their expert witnesses have argued that offenders who commit rapes but whose behavior does not meet the criteria for sadism can be diagnosed with a paraphilia not otherwise specified—non-consent. Additionally, some maintain that those who show a pattern of offending against children between the ages of 12 and 14 can be diagnosed with hebephilia. An attempt was made over the past several years during the revision of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* to include those two patterns of behavior as officially sanctioned mental illnesses. Both were rejected. However, these terms continue to be used in civil commitment trials. One might question whether the requirement that a person suffer from "a mental disorder" might simply be replaced by a description of the behavior. However, this would challenge the assumption that civil commitment is a civil, not a criminal, procedure, and thus bring into question the constitutionality of the entire concept.

When states began to resurrect or establish civil commitment policies, it became immediately imperative that methods for identifying the most dangerous offenders be developed. There was a rush to develop actuarial tools led by researchers in Canada and England but also in states such as Vermont, Minnesota, and New Jersey. The use of actuarials, either exclusively, in combination with, or in conjunction with recognized dynamic factors, was presented as superior to clinical judgment, which it undoubtedly is. However, this approach is only as good as the actuarials utilized.

There are several statistical problems with the use of these instruments. "Adversarial alliance" refers to a tendency for forensic evaluators to form opinions in a manner to support the party that retains them. Murrie, Boccaccini, Hawes, Rufino, and Caperton (2012) recruited sex offender experts and had them review four case files and spend fifteen minutes with their retaining attorneys. They were then requested to grade the Psychopathy Checklist–Revised (PCL-R) and the Static-99R. In one-

fourth of the cases there was an average of 6 points difference in the expected directions on the PCL-R with a similar, though milder effect, on the Static-99R. Those few points can make the difference in a civil commitment trial.

A second significant problem is with the reporting of the intraclass correlation coefficients in the actuarials' manuals versus the same statistic found in field research. This is a measure of reliability. When different evaluators score the instrument, do they come up with the same score? As any psychology student learns, one cannot have validity without reliability. For example, the correlation coefficient of the Static-99R is reported as .85 in the manual but turns out to be between .60 and .78 in field trials, with the MnSOST-R it was .85 vs .38-.74, and the PSL-R was .84 vs. .47. Additionally, recidivism rates were similarly unstable. Different studies showed the reported recidivism rates to range for a score of 2 from 4% to 12% after five years and from 6% to 22% after ten years. Karl Hanson, the primary developer of the Static-99R and the Static 2002/R, recently stated that "The current findings indicate that evaluators cannot, in an unqualified way, associate a single reliable recidivism rate with a single score on the Static 99/R or the Static 2002/R" (Helmus, Hanson, Thornton, Babchishin, & Harris, 2013, p. 1171). These statistical disagreements might be considered esoteric had not the fate of thousands of individuals been determined by these tools.

Along with the other reservations being raised about the most widely used of the actuarials, questions are now being raised about the norming group which has been partially used in the development of the original and revised version of the Static-99R and Static-2002R and was the only group used in the development of the SRA-FV Sachsenmaier, Thornton, & Olson, 2011). The SRA-FV was developed to compensate for the inflated risk estimates of the Static instruments by dividing sex offenders into three different reference groups—the "high- risk/high-needs" group, the routine group, and the "selected for treatment" group. Many problems have been identified with this instrument (Abbott, 2014). A very basic problem with all the risk assessment instruments is the Bridgewater sample. The norming group in question was drawn from the men released from the Massachusetts Treatment Center for Sexually Dangerous Persons (MTC) between 1959 and 1984. Having been the clinical director of this program for ten years, I was long aware that this was a very unique population of sex offenders for a wide variety of reasons, and yet study after study has referenced their estimated recidivism rate of 45% over a twenty-five-year period as being representative of all sex offenders. In reviewing the June/July 2014 issue of *Sex Offender Law Report*, I immediately noted that the author of the lead article is Dr. Dan Kreigman, a long-time colleague who worked at the MTC for a number of years. His article points out a glaring fault with this estimate of recidivism that is so frequently cited. Prentky, Lee, Knight, and Cerce (1997) studied individuals released from the MTC over a twenty-five-year follow-up period. The rate of the individuals who were actually released into the community and were charged with (not convicted of) a new sex offense was 29%, which was then used to calculate a survival base rate of 45% for all the men in the sample. The group of men who had been out for twenty-five years when the study was conducted would have had to have been among a very small group of men who were released within the first five years of the MTC's existence. They would have to have been relatively young to still be alive at the end of the study period and they were released after a short amount of treatment that was generic and

relatively unsophisticated. While Dr. Kreigman's article focuses specifically on the use of this base rate in civil commitment hearings, it also calls into question the use of Prentky et al.'s (1997) data in the development of sex offender actuarials which are used to institutionalize men for life.

The controversies discussed in this introduction to Volume 8 would be of some interest to professionals in this field, just as the discussion of the type of treatment of depression is of interest to mental health professionals. Our programs continue to explore new treatment modalities and I believe have gotten better over time. However, in discussing issues related to civil commitment, we are talking about the lives of thousands of individuals who may have been committed for life based on faulty tools with major statistical problems and held in institutions where the concept of meaningful treatment is definitely open to question.

It is hoped that the chapters in this volume can address some of these questions and offer hope for continual improvement in the field.

Endnote

1. Hot Off the Press! One day after I submitted this Introduction to my editors, the State of Texas issued a Request for Proposal to establish an institutionally based civil commitment center.

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