

HANDBOOK OF SEX OFFENDER TREATMENT

Edited by
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Preface

Having worked in the field of sex offender treatment since 1971, I now feel that I have fallen down “the rabbit hole” and am watching the Red Queen scream, “Off with their heads.” Is there no end to the counterproductive responses to sex offenders and the problem of sexual assault? It was a long, hard battle to raise consciences regarding the trauma of sexual abuse. When I began in this field, women were frequently blamed for being sexually assaulted. They were out after 10 P.M. They had voluntarily gone to a man’s apartment. They had failed to lock their doors. I was called to Madison, Wisconsin, to do training after a judge blatantly blamed a victim of a violent rape because she was wearing shorts. The trauma of rape began to be recognized in the early 1970s, although some in the Women’s Movement overstated the case, such as Susan Brownmiller (1975), who proposed in her best seller that all men are rapists. Later the public became aware of the lifelong effects of child sexual abuse. For a brief period of time in the late 1980s, there was a balanced approach to the issue of sexual abuse.

The whole history of the public response to sexual abuse is marked by sensational landmark cases. Jack the Ripper focused concerns on the plight of impoverished women forced into prostitution by their desperate circumstances and raised possibly the first mass fear of a sexual predator. Because Jack was never identified, we will never know what the public policy response would have been. The prosecution of Albert Fish, pedophile, child murderer, and cannibal spurred the initiation of civil commitment of “sexual psychopaths,” which began in the 1930s but had largely died out by the 1980s. However, just as the public responded to previous notorious sex criminals with demands for government to “do something,” in 1990 Earl Shriver castrated a young boy and citizens of the State of Washington literally marched to the state legislature insisting that the government enact laws that would protect them. The response was to resurrect civil commitment and initiate public notification. Other horrendous crimes against victims such as Adam Walsh, Megan Kanka, and Jacob Wetterling were followed by legislative initiatives, which have led to sex offender registries, civil commitment, and residency restrictions. States have attempted to mandate chemical castration and the death penalty. Currently there is bill being considered by the U.S. Congress that would prevent sex offenders from receiving unemployment compensation and small business loans.

In 2006, Congress passed SORNA (Sex Offender and Notification Act), commonly referred to as the Adam Walsh Act, which would establish a federal sex offender register which, among other mandates, would place children over the age of 13 on a registry for life. This act passed with only one dissenting vote in either chamber. As of May 2010, only Ohio, Florida, and Delaware have complied with the law but the Supreme Court of Ohio has found that parts of the law violate separation of powers. However, a review of state sex offender registries reveals that 1 of 220 adult males in the United States is a registered sex offender. This does not count the juveniles as young as 11 who are listed in registries in thirty-two states (Burns, 2008).

The definition of a sexual assault has been expanding over the past several

decades. In some cases this expansion has been fully justified, as in cases of marital rape and sexual assault by clergy or therapists against adults. However, in many cases it has become ridiculous.

Charbel Hamaty was convicted in 2005 in North Carolina when his wife photographed him kissing their naked baby on the belly button. He served six months in jail, and his wife was arrested and denied contact with their children for several months. In 2003 Jacqueline Mercado and her boyfriend were arrested on felony charges for a photograph of her breastfeeding her child. There have been numerous cases of individuals being arrested and sanctioned for possessing naked pictures of their children. The above were largely cases of drugstore employees developing family photos who reported individuals to the authorities.

With the proliferation of the Internet a whole new category of sex offender has emerged. In some cases these individuals were indeed pedophiles attempting to lure children into their webs. However, the research suggests that a significant proportion of individuals charged with accessing child pornography on the Internet or engaging in sexual communication with minors (often police officers masquerading as minors) are less deviant or dangerous than the traditional child molester. However, possession of child pornography carries frighteningly severe penalties. Depending on the age of the child depicted and the degree of penetration or violence, federal sentencing guidelines suggest a sentence from ten to thirty years. For example, Roland Guerra was convicted of discussing sexually explicit material with a policeman pretending to be a 13-year-old girl. He received a life sentence. Morton Berger used his computer to look at ten depictions of child pornography. He received a 200-year sentence. In comparison federal sentencing guidelines recommend a three-year sentence if an individual attacks a child with a baseball bat and breaks his or her arm, or four years for puncturing a lung. If the assailant attacks a child and the child dies as a result, the recommended sentence is four years.

While sentences are getting longer, sanctions following release are getting more severe. In addition to using sex offender registries, many communities have passed residency restrictions on sex offenders. In some states these restrictions have gone so far as to prevent these individuals from living within 2,500 feet of a bus stop. This would preclude 99.6 percent of all residencies (Levinson, 2007). The press did pick up on the situation in Miami where sex offenders, both males and females, were forced to live under a bridge, as it was the only legal place a sex offender could reside. Fortunately in this case media attention forced the city to modify its policy. However, it remains extremely hard for this population to find appropriate housing. Studies of the consequences of Florida's restrictions found that half of all sex offenders were unable to live with their families; 39 percent were homeless; 22 percent were forced to relocate at least twice. This policy encourages offenders to hide and thus defeats the function of the registries. Furthermore sex offenders were forced into housing far from jobs, transportation, or therapy. Studies in Colorado and Minnesota also found that residency restrictions did nothing to prevent the sexual assault of children, which most often occurs in their own homes or those of friends and relatives (Levinson, 2007).

What does work? Is the aim of these public policies to prevent sexual abuse or is it to punish individuals who have become the pariahs of this society? If we actually wish to discourage sex offenders from reoffending, the research indicates that we need

to encourage positive support systems (Colorado Department of Public Safety, 2004; Kruttschmidt, Uggen, & Shelton, 2000), employment (Kruttschmidt, Uggen, & Shelton, 2000; Uggen, Manza, & Behens, 2004), and property ownership (Uggen et al., 2004). Many of the current public policies have been shown to be very expensive and ineffective at preventing sexual assault. Furthermore, they interfere with the very factors that have been shown to reduce recidivism. However, no politician wants to be the one who proposes legislation that would repeal these policies. One simple suggestion to build in a way to reevaluate legislation that may prove to be ineffective or destructive is to include a sunset clause which would require renewing of certain bills only after an evaluation of efficacy.

While public policies spurred on by inflammatory coverage of the whole issue of sexual abuse operate to interfere with sex offenders obtaining employment, social support, housing, and/or treatment, current therapeutic approaches such as the "Good Lives" model are based on helping offenders achieve those very needs. If individuals who found inappropriate ways to achieve basic human needs before they committed a sexual assault cannot fulfill their needs after they have offended, is that not a setup for reoffending?

The ranting and raving that I have indulged in myself is to place in context the challenges with which those who work to prevent sexual assault and their clients must struggle. This work compiles seminal ideas from a variety of areas of sex offender management including that of theorists, therapists, probation officers, polygraphers, and lawyers. All of the works have been fully updated and brought together in an easily accessible product. These chapters do not represent a consistent approach to treatment. On the contrary, the authors present a variety of ideas and techniques. The reader may analyze the research that may or may not support certain methods or theories. I would like to offer a caution about the current popularity of the concept of "evidence-based" approaches, which threatens to discourage the very experimentation upon which effective treatments have been developed. Evidence-based practices originated in physical medicine where what was effective could be clearly documented. It can be agreed upon that a patient suffering appendicitis should receive surgery, not aspirin. The type of research that goes into developing evidence-based practices in medicine is very different from that which can be done in mental health settings, particularly in an area like sex offender treatment where the stakes are very high. We are rarely able to establish the efficacy of treatment by refusing to treat randomly selected individuals who then may be at greater risk to go out and reoffend. It is very difficult in this time of ever shrinking budgets to set up identical programs using different methods to detect which is the most effective. While I use cognitive-behavioral techniques in the programs I have directed, I recognize that there is little hard research to show its superiority over other methods with either adults or juveniles with sexually inappropriate behaviors. Furthermore, "cognitive-behavioral" treatment programs are rarely identical, and there is no agreement upon a definition of what this means. Therefore, when reviewing the various approaches described here, the reader is urged to maintain an open mind and be willing to expand his or her repertoire rather than waiting for research, which may never be done. Additionally, one is cautioned that many prepackaged curriculums are being marketed as being "evidenced-based." However, this is often based on very limited research.

In conclusion, I would like to thank the editors and publishers at Civic Research

Institute who envisioned this work and the scores of authors who were willing to update their works. Ideally, the information will prove useful to my colleagues who pursue the goal of

NO MORE VICTIMS

Barbara Schwartz
August 2010

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Introduction

The chapters in *Handbook of Sex Offender Treatment* represent the most important and useful contributions that have appeared in the six volumes of the series *The Sex Offender*, published by Civic Research Institute. Handbook chapters were selected for their importance in advancing our understanding of the behavior and characteristics of sex offenders and for their practical effectiveness in assisting clinicians in assessing, treating, and managing offenders. Every chapter was reviewed by the original authors, updated with new methods, research findings, and references, and, in many cases, expanded significantly. Some chapters were completely rewritten. The result is an unparalleled single-source reference that clinicians and program administrators can turn to for information, guidance, and practical help with virtually any issue that arises in treatment, for all kinds of populations. It is a uniquely comprehensive and authoritative resource.

During the fourteen-year period between the publication of the first volume in *The Sex Offender* series in 1995 and the sixth volume in 2008, major changes have occurred in the field of sex offender management, both for the good and for the bad. Interestingly, the basic model for male adult sex offender treatment has remained largely the same since the National Academy of Corrections (NAC) initiated a nationwide training of corrections professionals in 1985. Teams of three to five administrators, therapists, probation and parole officers, judges, and other stakeholders were taught a model which stressed the cooperation of the various disciplines involved in the treatment and supervision of sex offenders, both in prisons and in the community. The therapeutic model was cognitive-behavioral, utilizing group and psychoeducational approaches. The basic goals were to help offenders take responsibility for their behavior, develop empathy, learn social skills, address deviant arousal, identify their offense cycles, reduce cognitive distortions, manage emotions, and learn to form meaningful adult relations. This training was continued over several years and resulted in the establishment of a number of statewide programs that still serve as models throughout the country. During this period the National Institute of Corrections (NIC) also provided technical assistance to a number of states in establishing their programs and produced a volume entitled *A Practitioner's Guide to Treating the Incarcerated Male Sex Offender*, which I coedited.

NIC turned over training in the area of sex offender management to the Center for Sex Offender Management in 1997. During the Clinton administration Attorney General Janet Reno and her staff became active in finding solutions to the problem of sexual abuse. A group of experts representing all components of the criminal justice field, including victims' groups, was convened several times in 1998 and 1999 and produced a number of recommendations for successful management of those convicted of sexual crimes. In addition, "mentor sites" were identified. These programs represented local and statewide jurisdictions that had been able to establish model programs using the principles initially taught at NAC/NIC. This model came to be known as the containment model, and it stressed multidisciplinary cooperation among those supervising sex offenders in the community, including therapists, community

corrections officers, polygraphers (where feasible), and, in some cases, victims' advocates. However, this initiative began to wane after about 2006.

Recently, in an effort to convince states to sign on to the Adam Walsh Child Protection and Safety Act (AWA) and the Sex Offender Registration and Notification Act (SORNA), the SMART Office (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registration, and Tracking) was established within the Office of Justice Programs. This office is now in the process of offering training in the "comprehensive model" to professionals working in the field of sexual assault. This training reflects the basic conflict going on in the field at this time. In addressing the prerequisites for successful sex offender management, the trainers talk at length about the need to successfully reintegrate sex offenders into the community by helping them acquire basic needs of housing, employment, and social acceptance. At the same time, the trainers are attempting to encourage states to sign on to the AWA, which admittedly will interfere with a sex offender achieving these basic human needs while providing little safety for the community and possibly having exactly the opposite impact. The quandary being experienced by the SMART Office is a microcosm, reflecting the conflict between principles of effective treatment and management backed by research versus public policy driven by sensational journalism and ambitious politicians. The consequences of turning all sex offenders into society's pariahs can only decrease public safety (Douard & Schultz, Chapter 18; Price, Chapter 5).

Today it is very popular to insist that treatments be "evidence-based." Cognitive-behavioral treatment is referenced as "evidence-based" therapy for sex offenders, which implies that this technique has been systematically compared to other treatment through carefully controlled research. A number of studies have shown that sex offenders can benefit from treatment, and most of those programs have labeled themselves "cognitive-behavioral." However, there is no uniform description of what a cognitive-behavioral treatment (CBT) program is. I have directed six statewide sex offender treatment programs, all of which have been described as cognitive-behavioral and none of which exclusively used CBT, nor were they identical to each other. Some used the polygraph. Others did not. Some used behavioral treatment. Others did not. Some used therapeutic communities. Others did not. The only research-based program designed specifically to study the effectiveness of cognitive-behavioral treatment of sex offenders was conducted by the California Department of Mental Health at their forensic hospital in Atascadero, California (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005). Dr. Marques and her colleagues did outcome follow-ups and found no significant differences between subjects who were treated and those who were not treated. However, it is necessary to fully understand the findings of this study. To be included in the treated group, one did not actually have to participate in the treatment program as long as one was not a behavioral problem. The researchers did follow-up on the individuals who actually participated in treatment and seemed to "get it." This group did do significantly better than those who "did not get it." However, this study did not contrast CBT with another form of treatment. It only compared treatment with no treatment. I prefer to refer to the treatment programs that I have operated as following the "integrative model," which incorporates cognitive, affective, brain-based, psychopharmacological, and experiential therapies with fami-

ly work, cultural issues, and spiritual issues into a holistic approach. Many of the chapters in this work challenge long held assumptions about sex offender treatment.

As readers of this volume will discover, many changes have occurred in treating a wide variety of types of sex offenders. Some of the basic theoretical approaches have been modified or changed. There have been a variety of emerging approaches to dealing with adults, as well. The treatment of sex offenders since the late 1970s has followed the field of substance abuse treatment. For example, relapse prevention, which is almost universally used in one form or another in sex offender treatment, was originally developed as a treatment for alcoholism. This approach stresses how to avoid staying out of high-risk situations. Not only do sex offenders need to know what to avoid, they need to know how to fulfill their basic needs in a prosocial manner. Relapse prevention has also been criticized for assuming that all sex offenders commit sex offenses as a maladaptive response to a negative emotional state. It has been assumed that they are trying avoid offending but do not have effective interventions. However, the "pathways model" (Yates & Kingston, Chapter 17) recognizes that there are different motivations behind sexually inappropriate behavior, and some sex offenders are actively motivated to sexually assault, carefully plan their offenses, and are pleased with themselves once they have offended.

Cognitive-behavioral treatment by itself has been criticized for devaluing many vital components of the human experience such as emotions (Looman, Chapter 7; Roys, Chapter 16). Sex offenders, like all humans, are complex dynamic creatures and their treatment should reflect that complexity. When I published my first article on the rehabilitation of sex offenders in 1977, it was a review of the literature: It included six articles dating back to Freud. The literature on the types and characteristics of sex offenders now includes hundreds of articles (Barbara Schwartz, Chapters 1 and 2). The self-regulation model (Ward, Chapter 10), the integrative model (Anechiarico, Chapter 6), and the holistic model (Longo, Chapter 11) respond to this complexity.

Better understanding of the motivations of sex offenders has come from the emerging field of developmental traumatology. Facilitated by technology that has made it possible to study the living human brain, researchers have identified what early trauma does to the developing brain and how this impacts the cognitive and emotional processes that might be associated with inappropriate sexual behavior (Creeden, Chapter 15). This research has also refocused attention on the effect of early abuse. At one time it was believed that allowing a sex offender to even discuss his own abuse would contribute to rationalizing and justifying his behavior. It is now acknowledged that (1) many sex offenders have themselves been abused, and (2) dealing with this abuse and associated disruption in attachment facilitates rather than impedes progress in sex offender treatment (Ward, Hudson, & McCormack, Chapter 4; Fernandez, Anderson, Marshall, & Perry, Chapter 8; Marshall & Marshall, Chapter 12; Leguizamo, Chapter 13). Previously, many therapists used techniques that evoked shame as a way of negatively reinforcing deviant behavior. However, studies on the consequences of shame have led to a theoretical understanding of how shame impedes rehabilitation (Bumby, Marshall, & Langton, Chapter 9). In addition, just as it was considered therapeutic to harshly confront the drug abuser, to break down his addicted personality, and to force him to take responsibility, it was considered helpful in the

long range to aggressively confront the sex offender, often ridiculing and shaming him in front of his peers. With the advent of techniques such as motivational interviewing, which was developed for use with substance abusers, and the research on characteristics of an effective therapist (Fernandez & Serran, Chapter 69), the approach to dealing with the offender has changed. Both passive and aggressive therapy styles have been found to be less effective than a supportive style. Like a good coach the most successful therapist encourages and positively reinforces his or her clients in doing their best in treatment. Overall, the philosophical approach to the treatment of sex offenders has moved to a more holistic and more humane approach.

What are some of the specific treatment approaches that can be used with the treatment of this population? Initially, this volume addresses adult treatment. First of all, the treatment should be individualized and should not represent a "one-size-fits-all" approach. Consequently, the chapters speak to a wide variety of approaches. This collection is not exclusive. For example, psychopharmacological approaches are not addressed here but can be highly useful. In selecting treatment modalities the practitioner can look at five basic questions. Who? What? Where? How? When? The first two questions are related to each other and direct the therapist to analyze the person that one is dealing with. No therapist should just put a sex offender into a group and expect that this individual's issues will emerge over time. Assessment is the first step to prescriptive treatment. Some information may be available immediately, having been provided by a referral source such as an attorney. Is this person being referred for exposing himself (Ball & Seghorn, Chapter 35)? Or, is he an incest offender (Palmer, Chapter 29)? Is he an Internet offender (Delmonico & Griffin; Chapter 40)? Is he or she a member of the clergy (Hands, Chapter 36)? Is this person suffering from a serious mental illness (Lewis, Chapter 41; Fago, Chapter 47)? Different subpopulations of sexually inappropriate individuals may benefit from different approaches. The assessment process can then focus on evaluating a variety of different issues (Freund & Dougher, Chapter 19; Bench & Allen, Chapter 26).

One of the most important aspects to analyze is the offender's thoughts and beliefs as these may motivate and perpetuate the deviant behavior. Schlank (Chapter 20) presents an evaluation approach for identifying cognitive distortions in the routine assessment while Kalal, Nezu, Nezu, and McGuffin (Chapter 21) have developed a technique for use with developmentally disabled offenders. Some tools have been developed that use computer-based questionnaires to facilitate information gathering (Lindeman, Chapter 22). The initial assessment of the sex offender may precede the legal disposition of the case, and therefore where treatment is provided may be somewhat dependent upon conclusions and recommendations contained therein. Should the offender be treated in the community (Scott, Chapter 27)? If the individual is to be incarcerated, where should he be treated? This is actually a question for the program designers to decide. Sex offenders have been treated while living in the general population of a prison. The very existence of the group may have to be kept secret so as not to jeopardize the lives of the participants. Thus, the most comprehensive programs are offered in a therapeutic community environment where sex offenders live together in a designated housing unit. Suggestions on the operation of such a unit are presented by Baker and Prete (Chapter 30) and Yokley (Chapter 33).

After the initial questions about the needs of the offender are answered and his

placement is determined, specific approaches are selected. Most offenders participate in group therapy, although there are offenders who are not appropriate for groups for a variety of reasons. Barbara Schwartz (Chapter 24) and Sawyer (Chapter 37) offer techniques for running sex offender-specific groups. Treatment participants who have been identified as having deviant arousal may benefit from behavioral treatment (Freund & Dougher, Chapter 25). Scott Johnson (Chapter 28) and Hughes-Conlon (Chapter 39) discuss techniques addressing sex offenders with issues of force or anger. Two approaches which I have found highly effective include drama therapy (Schwartz & Bergman, Chapter 31) and animal-assisted therapy (Coleman, Chapter 32).

This volume addresses several ongoing controversies in the field of adult treatment. Many therapists still refuse to deal with the offender's own history of sexual victimization. As recently as last week I attended a training, which is being presented throughout the country, wherein it was stated that research has shown that sex offenders lie about their own sexual abuse. This was based on an early study of outpatient participants, which showed that some offenders came up deceptive on polygraphs when asked about whether they had been abused. However, the likelihood that some offenders would report nonexistent histories of abuse largely depends on the climate of the both treatment program and sentencing practices. Does the therapist believe that every sex offender has been abused? Have offenders been given shorter sentences or probation because a defense lawyer used their victimization to appeal to the sympathies of a jury? More recent studies of both adults and juveniles have substantiated the disproportionately high rate of sexual abuse among sex offenders. To discount this significant factor in the lives of these individuals is to ignore a major motivational element in the dynamics of the offense. Suggestions for integrating treatment of the person with both victim and perpetrator issues are offered by Guidry (Chapter 38).

Another controversial issue in this area is the use of sexually explicit material in the treatment of this population. The goal of sex offender treatment is not to eliminate the participant's sexuality but to channel sexuality into appropriate directions. Thus, should individuals who are sexually aroused to children be supplied with sexually arousing material featuring appropriate partners? Walbek and Seely (Chapter 34) discuss this issue.

Yet one more issue of contention is to what degree should treatment be modified for different ethnic groups. At the very least the therapist should be aware of cultural issues associated with diverse populations. Carrasco and Garza-Louis (Chapter 45) offer insights on dealing with Hispanic populations while Ertz (Chapter 46) does the same for Native Americans.

It is a rare phenomenon to find the elderly being sentenced for the first time to probation or prison. Crime is largely associated with the young. But go into any prison and ask what the offenders who are over the age of 60 are there for, and the answer will be "sex offenses." In Chapter 44, M. K. Johnson suggests treatment and management techniques for this population.

One of the most important discoveries in this field in recent years is that juveniles who engage in inappropriate sexual behavior are not miniature sex offenders. The plasticity of their sexuality as well as the characteristics of their developing brain provide a variety of different reasons for their behavior, usually having little to do with

munities to work with this population in the community (Chapter 49). Walbek (Chapter 68) offers a system for measuring treatment progress in a residential treatment program for juveniles.

Any treatment of children and adolescents must, whenever possible, incorporate their families into the process. This approach has proven to be highly successful through the use of multisystemic therapy, which provides intensive, wraparound services to the whole family system (Swenson & Letourneau, Chapter 57; Bourgon, Morton Bourgon, & Madrigano, Chapter 58). As is often the case, the victim in these cases is a sibling. This makes the question of when or whether the family can be reunified especially challenging. Hodges (Chapter 50), and Harris and Campbell (Chapter 53) present suggestions for dealing with families when reunification is a goal.

Treatment is only one component in the successful management of the sex offender. After carefully studying different supervision models used across the country, the Colorado Department of Corrections identified what the "containment model" as the most effective. This approach links community corrections officers (probation and parole officers) with therapists and polygraphers and occasionally victim advocates in a team to monitor the offender. Baker, Skolnick, Doucette, Levitt, and Baker (Chapter 62) describe how this system operates in Massachusetts.

In the current situation where sex offenders are being identified to the community and often restricted as to where they can live upon release from prison, there is a desperate need to make that transition as easy as possible. Several states and Canada have developed programs to help build strong support systems for individuals returning to the community. Washington state implemented a program to train support teams while the offender was still in prison so that they would be of appropriate support to him upon release (Aylward, Chapter 63). Inspired by programs in Canada, several states have established programs referred to as Circles of Support and Accountability, which recruit community volunteers to assist sex offenders with obtaining the basic necessities for life in the community and, most of all, appropriate social contacts. These programs have resulted in very significant reductions in reoffense rates (Wilson, Picheca, McWhinnie, & Cortoni, Chapter 64) The above-described aftercare programs are evidence-based, empirically supported approaches to improving public safety as opposed to public notification, residency restrictions, and other ill-advised approaches which have also been studied and have shown little efficacy.

A number of miscellaneous issues concern the administration of sex offender programs that have been addressed in this work. Some chapters focus more on staff issues. What makes an effective therapist? This is one of the sea changes that has come about in our field over the past twenty years. Based on research where different types of therapists were observed on tape, the old highly confrontational style has been discredited. Fernandez and Serran (Chapter 69) basically found out that what makes a good therapist is what makes a good sex offender therapist. Therapists and other staff members who work within correctional institutions are in dangerous environments that can go bad instantly. Williams (Chapter 65) offers invaluable advice to prison administration on how to deal with staff being held hostage and sexually assaulted by sex offenders. The traditional hostage protocol should not be instituted in these cases, and it is vital that correctional administrators understand why. Another

very sensitive issue for staff is that of therapeutic touch. While a well-timed touch by a knowledgeable therapist can be tremendously helpful, we live in a highly litigious culture which has been sensitive to the possible sexual connotations of any physical contact. Therefore policies about touch in both adult and juvenile programs need to be carefully developed (Thomas & Viar, Chapter 70).

Several chapters are devoted to emphasizing the importance of networking among professionals, including the therapist, the community corrections officer, and the polygrapher. Because this approach has been found to be highly effective, this volume offers several different perspectives (Palmer & Childers, Chapter 66; Green, Franklin, & Lanzafama, Chapter 67). Using this method can significantly reduce the offender decompensating enough to commit another crime.

After Martinson made his famous and later recanted statement that “nothing works!” Canadian researchers Bonta and Andrews decided to study “What Does Work.” They came up with the formula, “Risk + Needs + Responsivity.” This is not a therapeutic model but, rather, a commonsense application of basic principles which says that you should provide treatment to those who need it the most, that is relevant to their problems, and is delivered in such a way that is sensitive to their particular learning style, culture, comorbid condition, and so on. One problem with applying this approach to sex offender treatment is that one rarely knows at the onset who the high-risk offenders really are. One can score an actuarial that suggests that an individual is low risk, but does that still apply when later in treatment the individual discloses that he has 10 or 20 or 100 more victims? The risk principle should be used to identify those who should definitely be in treatment, but it should not be used to exclude individuals unless their true risk is known through sophisticated assessment. Otherwise practitioners should proceed to follow the formula, and the techniques presented in this work can provide valuable tools in doing so.

In every volume of *The Sex Offender* series, I have had to discuss how treating sex offenders is becoming more and more difficult due to ill-informed public policy. The treatments have become more and more holistic and humane while legislation has become more and more arbitrary and draconian. However, there are a few bright spots. A new organization, Reform Sex Offender Laws, representing recovering sex offenders, their supporters, and interested professionals, has been formed and maintains an excellent database, hosts conferences, and lobbies lawmakers. People are beginning to come out of hiding and make their voices heard. Just recently I read that the Georgia legislature has modified its unreasonable residency restrictions—a small victory but perhaps a start. The importance of such changes and the need to fight policies that interfere with rehabilitation is to help secure a future where the problem of sexual abuse will be minimized.

A NOTE ON LANGUAGE

Like all fields of human endeavor, language is constantly evolving and changing. Perhaps some day, English will evolve gender-neutral pronouns and possessive cases. Until then, readers will find that throughout this handbook contributors use “he” and “his” generically in statements that may also refer to females. Also, many authors use the term “adolescent sex offenders” although it is increasingly suggested that this population be referred to as “youth with problematic sexual behavior.”

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Dr. Fernandez graduated with a doctoral degree in clinical/forensic psychology in 2001 from Queen's University in Kingston, Ontario. As a registered psychologist she currently holds the position of Chief Psychologist, Regional Coordinator of Sexual Offender Treatment Programs within Correctional Services of Canada at the Millhaven Assessment Unit. She is a certified trainer for the Static-99 and Stable 2007 sexual offender assessment instruments. Dr. Fernandez has fifteen years of experience working with sexual offenders, both within Correctional Services of Canada and at Rockwood Psychological Services. In 1999, Dr. Fernandez designed a training package to teach effective therapist skills to clinicians working with sexual offenders. She has provided this training within Canada, the United States, and several European countries. In addition to her clinical work, Dr. Fernandez is an active researcher who currently has several presentations at international conferences and over twenty publications. Her publications include an edited book, two coauthored books, and three coedited books. Dr. Fernandez's research interests include risk assessment of sexual offenders, therapeutic process in sexual offender treatment, empathy deficits in sexual offenders, and phallometric testing with sexual offenders. She has been an active member of the Association for the Treatment of Sexual Abusers since 1996.

Billy Franklin, B.S.

Billy Franklin received a bachelor's of science degree from the University of San Diego and completed a three-year Law Reader Program. He was a graduate of the National Training Center of Lie Detection. He was a licensed polygrapher and a licensed private investigator in both Virginia and North Carolina. Mr. Franklin was a licensed attorney in Virginia as well as a former Special Agent for the U.S. Army Counter Intelligence Corps. He was elected a Distinguished Fellow by the Academy of Certified Polygraphers. Mr. Franklin passed away before the publication of this edition.

Rachel A. Freund, Ph.D.

Rachel Freund received her doctorate from the University of New Mexico in

2010. She has worked in civil and criminal forensic settings, with an emphasis on behavioral interventions.

Diana Garza-Louis, M.Ed.

Diane Garza-Louis is a licensed professional counselor, a licensed marriage and family therapist, a national certified counselor, a registered play therapist, and a licensed sex offender treatment provider. She received her master's in degree in education at Texas State University in San Marcos, Texas, and established her private practice in Austin, Texas. She provides counseling services to adults, children, and families. She coauthored the *Ventura* and *Paso a Paso* treatment manuals for sex offenders as well as *Chaperon Training Workbook*. She has published numerous articles on sexual abuse, treatment of incest families, play therapy, and cultural issues in the United States and Mexico. She has presented various workshops on incest families, sexual abuse treatment, and play therapy, both nationally and internationally.

Robert Grant, L.I.C.S.W.

Robert Grant is a licensed independent clinical social worker in both Rhode Island and Massachusetts who specializes in the treatment of childhood sexual abuse and juvenile sex offending behaviors. Mr. Grant earned his master's degree in social work from Boston University in 1998. He joined St. Mary's Home for Children in 2000 and is a treatment specialist in the areas of childhood sexual abuse and sexual offending behaviors for the state of Rhode Island. Since that time, Mr. Grant has provided individual and group treatment for children and adolescents who are survivors of sexual abuse, clinical assessments of both victims and offenders, and individual and group treatment for juveniles who have been adjudicated for issues related to sexual offending behaviors. In conjunction with his outpatient responsibilities, Mr. Grant is also the program coordinator for the CIS (Children's Intensive Services) program, a community-based treatment program providing intensive mental health services to children and their families.

Pryor Green, B.S.

Pryor Green received his bachelor's of science degree from Virginia Commonwealth University. He has been a probation officer since 1984 and has specialized in sex offender supervision since 1993. He coordinated offender evaluations and served as a co-leader with the Newport News Sex Offender Community Protection Program. In 1996 he served as Co-Chairman of the Assessment and Treatment Subcommittee for the Virginia Megan's Law Task Force. He is a consultant for the Sex Offender Evaluation and Treatment Training Program, which is designed to satisfy the educational requirements for the Virginia Sex Offender Treatment Providers' Certification. Mr. Green currently works at Williamsburg (Virginia) (Evidence Practice Pilot District) Probation & Parole as a subject matter specialist for effective communication motivational strategies.

Elizabeth J. Griffin, M.A.

Elizabeth Griffin received her master's degree in marriage, family, and child counseling from the California Family Studies Center in Los Angeles in 1985. She is a licensed marriage and family therapist with more than twenty-five years of experi-

ence treating sexual offenders and those with sexually compulsive behaviors. She has worked in outpatient, inpatient, military, and prison settings. Ms. Griffin lectures nationally on the assessment and treatment of sexual offenders and those with sexually compulsive behavior, as well as issues related to cybersex. She has written numerous professional articles on these topics and is coauthor of *In the Shadows of the Net* and *Cybersex Unhooked*. Ms. Griffin is a director of Internet Behavior Consulting (www.internetbehavior.com), a company whose focus is on issues related to problematic online behavior.

Laurie Guidry, Psy.D.

Laurie Guidry is clinical psychologist and native New Orleanian who moved to New England in 1993 to pursue her graduate studies. Since 2000, Dr. Guidry has been employed by the Massachusetts Department of Mental Health (DMH) as program director for DMH's statewide initiative to develop assessment and treatment services for psychiatric patients who present with co-occurring major mental illness and sexual behavior disorders. Dr. Guidry has done clinical work and program development for both victims as well as perpetrators of sexual abuse. She is the coauthor of *Addictions and Trauma Recovery: Healing the Mind, Body and Spirit* (June 2001, Norton), a treatment manual for survivors of trauma who struggle with issues of addictions. Dr. Guidry is currently president of the Massachusetts chapter of ATSA (MATSA) and cho-chair of the Massachusetts Coalition for Sex Offender Management (MCSOM). She has a private practice as a forensic evaluator and clinical consultant and presents nationally on issues related to trauma and sexual violence.

Nancy Halstenson-Bumby, Ph.D.

Dr. Halstenson-Bumby received her doctorate in clinical psychology from the University of Nebraska-Lincoln. She is a clinical assistant professor of psychiatry and neurology at the University of Missouri-Columbia School of Medicine and provides outpatient services to a wide range of clientele. Dr. Halstenson-Bumby specializes in adolescent issues, as well as eating disorders. She has worked with sexual abuse victims as well as adolescent sex offenders for a number of years.

Donald R. Hands, Ph.D.

Dr. Hands is a psychologist and Episcopal priest, serving on the Milwaukee Catholic Archdiocesan Review Board for clergy sexual abuse. As a psychologist for the Wisconsin prison system for seventeen years, he evaluated and treated over 250 incarcerated sex offenders. In the previous eight years, as clinical director of a hospital treatment center, he evaluated and treated over 400 clergy, many with sexual boundary and abuse issues. He is an author, national speaker, and writer on the sexual abuse, denial, and cognitive distortions of clergy. The book resulting from this treatment of clergy is *Spiritual Wholeness for Clergy* (Alban, 1993). He lives in Milwaukee where he teaches at Mount Mary College and does consulting work.

R. Karl Hanson, Ph.D.

R. Karl Hanson is a senior research scientist with Public Safety Canada, and an adjunct professor in the psychology department of Carleton University, Ottawa. He has been researching and developing assessment measures for sexual offenders for

more than twenty years. He is a Fellow of the Canadian Psychological Association and the 2002 recipient of the Significant Achievement Award from the Association for the Treatment of Sexual Offenders.

Bert Harris, M.A., L.P.

Bert Harris is a licensed clinical psychologist and certified psychodramatist working in Philadelphia. Mr. Harris received his master's degree in clinical psychology from West Chester University. He has specialized in forensic psychology with adult and juvenile sex offenders for the past eleven years. He has assisted in the development of risk assessments for juvenile sex offender's and published research in this area. Mr. Harris is a member of the Pennsylvania Sexual Offenders Assessment Board and the Association for the Treatment of Sexual Abuse. He has conducted training and presentations in the area of sexual offending at the local and national level. Currently, Mr. Harris treats adolescent and adult sex offenders and evaluates adolescent sexual offender services for the city of Philadelphia.

Cheryl Harrison, L.I.C.S.W.

Cheryl Harrison is a licensed independent clinical social worker in Rhode Island and Massachusetts. She is a sexual abuse specialist for the state of Rhode Island, working primarily with child victims of sexual abuse and their families. Ms. Harrison received her master's degree in social work from Rhode Island College in 1997 and has provided individual, family, and group therapy to victims of trauma since that time. She joined St. Mary's Home for Children in 2001 as a clinician for the Shepherd Program, an outpatient therapeutic group that specializes in assessment and treatment for victims of sexual abuse, juveniles who have sexually offended, and their families. Since 2005, Ms. Harrison has been the director of the Shepherd Program, which in addition to the sexual abuse specialty interventions offers a Parent Resource Education Program and Children's Intensive Services.

Laura Heinz, Ph.D.

Laura Heinz received her Ph.D. degree from the University of Saskatchewan in the applied social psychology. Her research activities include the evaluation of young offender services and developing community programs for high-risk youths.

Charles E. Hodges, Jr., M.S.W., L.S.C.W., CSOTP

Charles E. Hodges, Jr. holds a a master's degree in clinical social work and a Master of Divinity degree. He is licensed in the state of Virginia as a clinical social worker and is certified in Virginia as a Certified Sexual Offender Treatment Provider. He develops and oversees adolescent sexual offender programs. He is a consultant and a staff trainer; he supervises clinicians for licensure; and he is an author and a university speaker. Mr. Hodges's work settings include outpatient private practice and residential sexual offender treatment.

Stephen M. Hudson, Ph.D.

Dr. Hudson was associate professor in clinical psychology at the University of Canterbury, Christchurch, New Zealand, and the consultant psychologist to the Kia Marama Sex Offender Treatment Program at Rolleston Prison. He was awarded the

Association for the Treatment of Sexual Abusers (ATSA) 2003 Significant Achievement Award jointly with Tony Ward for their work on the offense and relapse process in sex offenders. Dr. Hudson died after a short illness in 2001.

Denise Hughes-Conlon, M.S., L.M.H.C., C.A.P.

Denise Hughes-Conlon is a licensed mental health counselor in the state of Florida, a certified addictions professional and associate trainer in neuro-linguistic programming, and a licensed hypnotherapist.

She is a member of Association for the Treatment of Sexual Abusers (ATSA) and a past president of FATSA (Florida Association for the Treatment of Sexual Abusers). Ms. Hughes-Conlon also works actively with the Pinellas County Domestic Violence Task Force. Presently she is the vice chair. Ms. Hughes-Conlon has a private practice working with adult sexual offenders, men who batter, and alcohol and drug-related problems.

M. K. Johnson, Ph.D.

Dr. Johnson received her doctorate from Virginia Tech. She did her predoctoral psychology internship with Dr. William Murphy at the Professional Psychology Internship Consortium in Memphis, Tennessee. She worked with adolescent sex offenders and sexually and physically abused juveniles at Project Trust in Calgary, Alberta. In 1991 she became a staff psychologist at the Veterans Affairs Medical Center (VAMC) in Salem, Virginia, where she started the Comprehensive Abuse and Assault Program that included a program for sex offenders who are 70 years of age and older. Dr. Johnson currently works in the VAMC's Center for Traumatic Stress where she provides clinical services to combat veterans with posttraumatic stress disorder.

Scott A. Johnson, M.A., L.P.

Scott Johnson has a master's degree in counseling and psychological services from St. Mary's College. He is a licensed psychologist, a diplomate of the American Board of Psychological Specialties in Forensic Psychology, an academy-certified diplomate of the American Academy of Certified Consultants & Experts, and a member of the American College of Forensic Examiners. He has taught for over fifteen years at the undergraduate and graduate levels.

Mr. Johnson has worked with the Minnesota Department of Corrections as the Civil Commitment Review Coordinator. In that position he conducted over 850 forensic evaluations/profiles on sexual offenders for the purpose of civil commitment as sexually dangerous persons and sexual psychopathic personalities. He has provided expert testimony in numerous sexual predator and violence cases in several states.

His experience includes many years of working with abusers, sexual offenders, victims of violence, as well as providing therapy to address depression, anxiety, family issues, marital issues, relationship issues, and general issues. He also provides crisis counseling and critical incident stress debriefing. His expertise is in the areas of domestic and relationship violence and sexual offenses.

Scott A. Johnson is nationally recognized for his work with abuse, sexual offenses, and victims. He presents at national and international conferences and trainings on

issues involving sexual offenses and domestic abuse. His audiences have included law enforcement, mental health professionals, county attorneys and prosecutors, abuse and rape advocates, and educators.

He is the author of several book chapters, booklets, journal articles, research, and other professional materials. His books include *Physical Abusers and Sexual Offenders: Forensic Considerations & Strategies* (2007), *When "I Love You" Turns Violent* (1993/2005), *Man-To-Man: When Your Partner Says No* (1992), and *Surviving Divorce: When "I Love You" Ends* (in press).

David M. Kalal, Ph.D.

David Kalal received his doctorate from the Department of Clinical and Health Psychology at Hahnemann University (now Drexel) in Philadelphia. He previously worked at Project STOP (Sex Offender Treatment With Persons With Mental Retardation) where he completed his master's thesis on cognitive therapy and his dissertation on impulsivity in pedophiles. Currently, he works for the University of Medicine and Dentistry, New Jersey, as a clinician supervisor in the New Jersey State Prison system, where he continues to treat and assess sexual offenders.

Drew A. Kingston, B.A.(Hons.)

Drew A. Kingston is a doctoral candidate in clinical psychology at the University of Ottawa, Canada. He works as a program assistant for Correctional Service of Canada's Sex Offender Programs where he manages the national sex offender assessment database and assists in the administration of sex offender programs. Mr. Kingston has experience in assessment and treatment with sexual and violent offenders at both provincial and federal facilities in Canada. His published works and conference presentations include associated features of exhibitionism, pedophilia and sexual sadism, the impact of pornography on sexual aggression, and the sexual offense cycle. His primary research interests include the paraphilias, pornography, pathways to sexual offending, risk assessment, and effective treatment for sexual offenders.

Calvin M. Langton, Ph.D.

Calvin Langton is a special lecturer in forensic mental health, Division of Psychiatry, University of Nottingham, England, and a senior fellow at the Institute of Mental Health, Nottinghamshire Health Care Trust, England. He is also an associate member of the graduate faculty in the Department of Adult Education and Counseling Psychology in the Ontario Institute for Studies in Education, University of Toronto, Canada. His research interests include assessment and treatment issues with sex offenders, personality-disordered individuals, and children with emotional and behavioral problems.

Randi Sue Lanzafama, B.S., M.Ed.

Randi Sue Lanzafama received her bachelor's of science degree from Western Michigan University and her M.Ed. from Old Dominion University.

From 1993 to 2005, Ms. Lanzafama was senior probation and parole officer, sex offender supervision specialist, District 35 Probation and Parole, Manassas, Virginia,

where she supervised adjudicated sexual offenders. In 2001, Ms. Lanzafama was awarded a certificate as the 2001 Virginia Probation and Parole Association Line Officer of the Year. In 2005, Ms. Lanzafama was deputy chief probation and parole officer, District 35 Probation and Parole, Manassas, Virginia. In 2007, she became Sex Offender Program Manager, Community Corrections, Virginia Department of Corrections. In that role, Ms. Lanzafama manages and provides guidance to the forty-three probation and parole districts.

Alejandro Leguizamo, Ph.D.

Alejandro Leguizamo received his undergraduate degree in psychology from Boston University and his doctoral degree in clinical psychology from the University of Michigan. He completed a postdoctoral fellow in forensic psychology at the University of Massachusetts Medical School.

After practicing forensic psychology in various settings and serving as Assistant Clinical Director and Clinical Director at the Massachusetts Treatment Center, he joined the faculty in the psychology department at Roger Williams University in Bristol, Rhode Island. He also conducts evaluations for the Massachusetts Department of Youth Services as part of the Northeast Family Institute—Massachusetts Forensic Evaluation Service. His interests include multicultural issues in sex offender research and treatment, offenders' exposure to, and use of, pornography, and juvenile sex offender recidivism.

Elizabeth J. Letourneau, Ph.D.

Elizabeth J. Letourneau received her bachelor's degree from the State University of New York at Buffalo in 1988 and earned her doctoral degree in clinical psychology from Northern Illinois University in 1995. Dr. Letourneau specializes in interventions for youth who engage in risky behaviors (e.g., youth with HIV who engage in unprotected sex and youth with sexual behavior problems). She has ongoing studies funded by the National Institute of Mental Health and the National Institute of Drug Abuse examining the efficacy of novel interventions that target youth risk behaviors. Dr. Letourneau also conducts research on the effects of criminal justice policies that target sex offending, with projects funded by the Centers for Disease Control and Prevention, the National Institute of Justice, and the National Science Foundation.

Thomas F. Leversee, L.C.S.W.

Mr. Leversee has more than thirty-four years of clinical and administrative experience in the Colorado Division of Youth Corrections and in private practice. This includes over twenty-seven years of experience working with sexually abusive youth. Mr. Leversee published the *Moving Beyond Sexually Abusive Behavior* group therapy curriculum through NEARI press as well as having publications in a national newsletter, a journal, and three books. Mr. Leversee has conducted extensive training and presented at numerous national conferences. He 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." Mr. Leversee retired from his position as coordinator of sex offense-specific services for the Colorado

Division of Youth Corrections in July 2008. He is currently teaching at the Graduate School of Social Work at the University of Denver and is also providing consultation, training, and clinical services for at-risk youth.

Gary Levitt

Gary Levitt is a retired parole officer for the Massachusetts Parole Board. Mr. Levitt's training and experience has included specialized supervision of sex offenders in the IPSO containment model since 1996. He was instrumental in developing and implementing IPSO in Massachusetts. Mr. Levitt has also trained parole and probation officers in the supervision of sex offenders.

Ruth E. Lewis, Ph.D.

Ruth E. Lewis obtained her doctoral degree at Boston College and completed her doctoral psychology internship training and a research and clinical psychology fellowship at McLean Hospital, a Harvard University-affiliated psychiatric hospital in Belmont, Massachusetts. Dr. Lewis is a licensed psychologist and assistant clinical director at New England Forensic Associates (NEFA). Since 1994, Dr. Lewis has provided specialized individual and group treatment at NEFA to sex offenders and clients with other sexual interests or compulsivity problems. She is a member of ATSA and a board member and secretary of the Massachusetts Chapter of the Association for the Treatment of Sex Abusers (MATSA). Dr. Lewis is included in the Massachusetts Coalition for Sex Offender Management (MCSOM) Treatment Providers Network. She has presented at MATSA conferences and provided consultation and training to treatment teams and other clinicians providing treatment to chronic mentally ill clients with sexual interest or behavior problems. In addition to her work at NEFA, Dr. Lewis maintains a general private psychology practice in Arlington, Massachusetts.

Herman Lindeman, Ph.D.

Herman Lindeman earned his master's degree at Louisiana State University and his doctorate at Arizona State University, where he completed a 2,000-hour Veterans Administration Hospital internship. He is an Arizona-licensed psychologist with over twenty-six years of experience in private practice. His clinical practice incorporates direct patient services and community consultation. Dr. Lindeman specializes in evaluations and assessments. He has developed more than thirty proprietary assessment instruments or tests for court, probation, corrections, counseling, and treatment settings. He is the founder and president of Behavior Data Systems, Ltd., and Risk & Needs Assessment, Inc.

He is a member of several professional associations, including the Arizona Coalition Against Domestic Violence; Academy of Domestic Violence Counselors; American Association of Marriage and Family Therapy; National Association of Pretrial Service Agencies; California Probation, Parole and Correctional Research and the Western Correctional Association; American Society of Clinical Hypnotism; American Association of Hypnotherapists, American Probation and Parole Association; National Association of Drug Court Professionals; and California Coalition on Sexual Offending. Dr. Lindeman is also listed in the National Register of Health Service Providers in Psychology.

Robert E. Longo, M.R.C., L.P.C., N.C.C., B.C.I.A.-EEG

Robert E. Longo is in private practice specializing in qEEG Brain Mapping, Biofeedback, and Neurofeedback, and he serves as a consultant, educator, trainer, and author dedicated to working with youth and sexual abuse prevention and treatment. Mr. Longo's focus is 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 has specialized in the sexual abuse field and has worked with victims, and with juvenile and adult sex abusers in residential hospital, prison, and community-based settings since 1978.

Jan Looman, Ph.D.

Jan Looman received his doctorate in psychology from Queen's University in Kingston, Ontario, Canada, in 2000. He has worked in the assessment and treatment of sex offenders since 1987 and is currently the program director of the Sexual Offender Treatment Program at the Regional Treatment Centre in Kingston, Ontario. He has published in the area of risk assessment and treatment with high-risk sexual offenders.

Gina Madrigano, Ph.D.

Gina Madrigano is a registered clinical psychologist who received her doctorate from the University of Montreal (Quebec, Canada) in 2000. She has provided assessment and treatment services to young offenders for the Ontario Ministry of Community Safety and Correctional Services, and for adult offenders for the Correctional Service of Canada, the Royal Ottawa Hospital, the Brockville Psychiatric Hospital, and the Secure Treatment Unit in Brockville. She has also conducted assessments for the National Parole Board of Canada and has been principal investigator and co-applicant on grants involving the assessment of sex offenders. She is currently in private practice providing clinical services to adolescent and adult sex offenders, in addition to providing clinical services to other forensic and nonforensic populations.

Liam E. Marshall, B.A.(Hons.)

Liam Marshall has been treating and conducting research on sexual offenders for more than thirteen years. He has been a therapist and helped design preparatory, regular, denier, low functioning, and maintenance sexual offender programs, as well as anger management and domestic violence programs. Mr. Marshall has more than forty-five publications, including a coedited and a coauthored book; he has made more than sixty-five international conference presentations, and he is on the editorial board of the *Journal of Sexual Aggression* and the *Journal of Sexual Addiction and Compulsivity*. He is an invited reviewer for *Sexual Abuse: A Journal of Research and Treatment*. Mr. Marshall is currently research director for Rockwood Psychological Services, program co-manager, research director, and consultant to 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. Mr. Marshall has delivered trainings for therapists who work with sexual offenders in eleven countries worldwide.

W. L. Marshall, Ph.D.

Dr. Marshall is emeritus professor of psychology at Queen's University, director of Rockwood Psychological Services, and co-director, Mentally Disordered Sexual Offenders Unit, St. Lawrence Valley Corrections and Treatment Centre. Dr. Marshall has more than 370 publications including eighteen books. He has been on, or is still on, the editorial boards of sixteen international journals. In 2003, Dr. Marshall was elected a Fellow of the Royal Society of Canada, and in 2006 he was appointed an Officer of the Order of Canada.

Julie McCormack, B.Sc.

Ms. McCormack qualified as a clinical psychologist student at the University of Canterbury, Christchurch, New Zealand. Her thesis research was on the application of social cognitive models to interpersonal functioning in sex offenders.

Patrick W. McGuffin, Ph.D.

Patrick McGuffin is a psychologist conducting assessments and providing therapeutic services to children, adolescents, and families in the community as well as within juvenile detention settings. He provides supervision to psychology practicum students and predoctoral interns receiving training in assessment and therapy.

Andrew J. McWhinnie, M.A.

Andrew J. McWhinnie is a clinician, researcher, and community advocate specializing in male sexual health. He presently serves as the National Advisor to the Associate Director General, Chaplaincy Services, Correctional Service of Canada for Circles of Support and Accountability.

Alexis O. Miranda, Ph.D.

Alexis O. Miranda is a member of the core faculty, Department of Counseling Psychology, Pacifica Graduate Institute, Carpinteria, California. Among other areas, he has studied the efficacy of the individual and family treatments of sexual abuse offenders. Dr. Miranda has researched widely about the training of mental health professionals who are interested in the rehabilitation of sexual abuse offenders.

Kelly E. Morton Bourgon, M.A.

Kelly E. Morton Bourgon received her master's degree in psychology from Carleton University (Ottawa, Ontario) in 2003. Her thesis evaluated the predictive accuracy of four risk assessment instruments on a sample of adolescent sexual offenders. She was involved with the national multisite investigation of specialized services for sexually abusive youth as a research associate and conference director. She is currently working at the Department of Justice, Research and Statistics Division, as senior research officer.

Arthur M. Nezu, Ph.D.

Arthur Nezu is currently a professor of clinical and health psychology, medicine and public health at MCP Hahnemann University, where he also serves as senior associate dean for research and associate director of the Center of Mind/Body Studies. He is a fellow of the American Psychological Association, the American Psychological Society, the American Association of Applied and Preventive Psychology, and the Society of Behavioral Medicine. He serves on the editorial boards of numerous journals, including the *Journal of Consulting and Clinical Psychology* and is the past editor of the *Behavior Therapist*. He has more than 100 publications on a variety of health and mental health topics, and his work has been translated into Japanese, Dutch, Spanish, French, and Italian. He is the President-elect of the Association of Behavior Therapy and is the codirector of Project STOP, a sex offender treatment program.

Christine M. Nezu, Ph.D.

Christine Maguth Nezu is currently associate professor of clinical and health psychology and medicine as well as the director of the Center for Mind/Body Studies at MCP Hahneman University. She has authored or coauthored more than fifty publications concerning aggressive and violent behavior, behavioral medicine, clinical decision-making, psychopathology, and developmental disabilities. She has served as the principal investigator for Project STOP, a clinical demonstration outpatient program for intellectually disabled sex offenders, since 1991. She is currently an associate editor for the *Behavior Therapist*, serves on the editorial boards of *Cognitive and Behavioral Practice* and *Holistic Health*, and is a grant reviewer for the National Institutes of Health.

Rebecca Palmer, M.S.

Rebecca Palmer is currently the director of programs and administration at the Center for Contextual Change, Ltd. She did her postgraduate training in marriage and family therapy at the Institute for Juvenile Research at the University of Illinois where she currently serves as adjunct faculty in the Family Systems Program. She is also adjunct faculty at the Illinois School for Professional Psychology where she teaches sex offender treatment and couples and family therapy. She has trained nationally in the area of sex offender treatment and assessment and working with sexually reactive children as well as sexually assaultive clergy.

Daniel Perry, B.Psych.

Daniel Perry received an undergraduate degree in behavioral psychology from St. Lawrence College, Kingston, Ontario. During his undergraduate degree, he completed an applied thesis with the Correctional Service of Canada where he studied adult learning. It was here that Mr. Perry developed a passion for empirical research in order to understand the mechanisms and psychopathologies that drive our offender population.

Janice E. Picheca, Ph.D.

Janice Picheca received her doctoral degree in clinical psychology at the University of Toronto. She is presently employed as a counselor in the Central Ontario

Parole District of the Correctional Service of Canada, where she offers a variety of clinical services to offenders on conditional release. Her research interests include community-based risk management of sexual offenders, batterers, and intravenous drug abusers.

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

David Prescott received a master's degree in clinical social work from Boston College in 1987 and has worked in and around inpatient settings for sexual abusers since then. Originally from the northeastern United States, he is currently the clinical director of the Minnesota Sex Offender Program—Moose Lake. Mr. Prescott has given lectures and workshops on the assessment and treatment of adolescents and adults across North America and in Europe. He has edited five books on these topics. He is immediate past president of the Association for the Treatment of Sexual Abusers and is review editor for that organization's newsletter. Mr. Prescott is a charter member of the International Association for the Treatment of Sexual Offenders and a member of the Motivational Network of Trainers.

Malee Prete, M.S.W., L.I.C.S.W.

Malee Prete received her master's degree in clinical social work from Boston College in 1998. Since then she has been working in the field of sexual offender treatment. She is a clinical member of the Association for the Treatment of Sexual Abusers and is currently the clinical director at the Massachusetts Treatment Center for the Sexually Dangerous. Ms. Prete previously oversaw the Sex Offender Treatment Program for the Wyoming Department of Corrections.

Stephen G. Price, M.A., M.S.

Stephen G. Price received his M.A. from the University of Massachusetts and his M.S. from Loyola College of Maryland. Currently he is director of Justice and Healing Center for Trauma and Addiction Recovery in Silver Spring, Maryland, an outpatient therapeutic community treatment program for sexual offenders. He also serves as coordinator for Communities of Concern, a volunteer community support program for sexual offenders coming out of prison. He is currently researching and writing about the utilization of the relational psychotherapy model with serious personality disorders, including sexual offenders.

Deloris Tyler Roys, Ph.D.

Deloris Roys holds a master's degree in social work and doctorate in criminal psychology and is licensed in Georgia as a clinical social worker. Dr. Roys, founder and director emeritus of Highland Institute for Behavioral Change, Inc., in Atlanta, Georgia, and director of Highland Institute-Macon, has provided evaluation and therapeutic intervention for over twenty years to children, adolescents, and adults who have been engaged in both legal and illegal problematic sexual behaviors. She has lectured widely and conducted many training seminars across the country, including training for worldwide U.S. Navy psychiatrists and psychologists. She is coauthor of *Protocol for Phallometric Assessment: A Clinician's Guide* and the author of manuals for the Sex Offender Psychoeducational Program offered to incarcerated adult male sex offenders in Georgia prisons and in community-based Georgia Department of

Corrections Probation Detention Centers. Dr. Roys has also authored a manual to use in psychoeducation programs for female sex offenders. Her peer-reviewed journal publications as author or coauthor address suitability of clients for program completion, effect of molestation by maternal caregivers, empathy in sex offenders, treatment outcome, and denial by sex offenders. In national professional symposia, she has also presented her research in problem solving by child and adolescent sex offenders, child/caregiver disruptions, adolescent male sexual arousal patterns, and alexithymia in male and female sex offenders.

Melissa Santoro, L.I.C.S.W.

Melissa Santoro is a licensed independent clinical social worker and a sexual abuse specialist for the state of Rhode Island, working primarily with child victims of sexual abuse and their families. Ms. Santoro has been employed since May 2004 at the St. Mary's Home for Children's Shepherd Program, an outpatient treatment program that provides services to survivors of sexual abuse and their families. She earned her master's degree in social work in 2004, following an internship with the Shepherd Program, as well as an internship with the State Office of the Child Advocate, where she evaluated children's residential programs and foster care facilities to ensure agencies were in compliance with state regulations. Prior to this work, Ms. Santoro earned her bachelor's degree in social work in 1999 and supported families formed through adoption, providing education to adoptive parents and professionals. She has facilitated a number of trainings for parents and professionals regarding child welfare issues.

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

Mr. Sawyer received his M.S.S.W. from the University of Wisconsin. He is a licensed clinical social worker and a certified group therapist. He is founder and CEO of Sawyer Solutions, a private clinical and consulting practice. He serves as a consultant to catholic religious orders on matters of sexual abuse and prevention management. He does public speaking 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 sex offenders, sex dysfunction in sex offenders, and sex offender treatment program outcome research. He was a founding board member and Executive Director of Project Pathfinder, Inc., a private nonprofit agency that specializes in the treatment of children, adolescents, and adults with sexual behavior problems and prevention of child sexual abuse. 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 is past chair of the Minnesota Board of Social Work.

Anita Schlank, Ph.D., A.B.P.P.

Anita Schlank is a licensed psychologist who received her doctorate in clinical psychology, with a specialty in forensic psychology from the law-psychology program at the University of Nebraska-Lincoln. She is board certified in forensic psychology from the American Board of Professional Psychology. Dr. Schlank has worked evaluating and treating sexual offenders since 1986, and was the clinical director of the civil commitment program for the state of Minnesota (the Minnesota

Sex Offender Program) from 1995 to 2003. She is also a past president of the Minnesota Association for the Treatment of Sexual Abusers. Dr. Schlank is the editor of *The Sexual Predator* series and the author of several journal articles and chapters devoted to the assessment and treatment of sexual offenders. She currently maintains a clinical, forensic, and consulting practice in Duluth, Minnesota, and is Director of Forensic Mental Health at the Human Development Center, a not-for-profit agency/community mental health center.

Fred Schmidt, Ph.D.

Fred Schmidt is a clinical psychologist, with a subspecialty in clinical-child and forensic psychology, practicing at the Children's Centre Thunder Bay. His research interests include children with disruptive behavior disorders and youth, justice involvement, risk assessment, and child maltreatment. He consults to the child mental health, child welfare, and youth justice systems and holds an adjunct position in the psychology department at Lakehead University in Thunder Bay, Ontario.

Pamela D. Schultz, Ph.D.

Pamela D. Schultz is a professor of communication studies at Alfred University in Alfred, New York. In addition to journal and newspaper articles focusing on child abuse, sex offenders, and public policy such as Megan's Law, Dr. Schultz is the author of two books: *A Critical Analysis of the Rhetoric of Child Sexual Abuse* (2001) and *Not Monsters: Analyzing the Stories of Child Molesters* (2005).

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 their national program. She has published numerous peer-reviewed articles and edited eight books, and her works have been published in five languages.

Carl Schwartz, Ph.D., J.D.

Dr. Carl Schwartz has worked with delinquent and sex offender clients and their families for thirty years. He started Arizona's first sex offender residential program and has published articles concerning the developing of empathic capacity, the use of mindfulness practices, and the normalization of adolescent sexuality. His approach reflects extensive experience with Ericksonian hypnosis, neurolinguistic programming, family systems perspective, and the use of direct decision therapy. He is both a sexologist and an attorney.

Lori Koester Scott, M.C.

Ms. Scott has recently retired as organizer and supervisor of specialized sex offender services for Maricopa County Adult Probation in Phoenix, Arizona. She

began working with sex offenders in 1981 as an intern/therapist in the Arizona State Prison in Florence. She went on to join the probation department where she developed their innovative community supervision program. In 1995, after Maricopa County was selected by the U.S. Justice Department as one of several models for the management of sex offenders, she and her colleagues served as consultants and trainers for probation and parole departments nationwide. She helped develop the risk level assessment used statewide to screen for community notification, and worked on the protocol on sex abuse for the diocese of Phoenix. Ms. Scott has been a contributing author for several criminal justice textbooks and is presently a volunteer therapist for adult survivors of childhood abuse.

Richard K. Seely, L.I.C.S.W.

Richard K. Seely was educated at the University of Minnesota and Mankato State College. He began his career as the Education Director at the Youth Vocational Center, a Department of Corrections Camp for delinquent youths. In 1970 he joined the staff at Minnesota Security Hospital, first as Education Director, then as Staff Coordinator of two special projects related to treating sex offenders. He then founded and directed the Intensive Treatment Program for Sexual Aggressives from 1975 through 1991 and then served as Curriculum Coordinator for the new Sex Offender Program at the Security Hospital until 1996. After his retirement from the state he became Director of Community Relations at the Leo A. Hoffmann Center, a residential treatment program for adolescent male sex offenders and adolescent girls, until his death in 2004 at age 63. Beginning in the 1970s he consulted widely on the treatment of sex offenders, appearing on national television and presenting at numerous conferences. He served on the Minnesota Attorney General's Task Force on Violence Against Women and served as adjunct faculty at Gustavus Adolphus College for ten years.

Theoharis K. Seghorn, Ph.D.

The late Theo Seghorn was a licensed psychologist with more than thirty-five years of experience in forensic psychology, and he served as an expert in numerous civil and criminal court jurisdictions through New England and in the federal district court. Trained in both adult and child psychology, he had extensive experience in the assessment of disabilities and in the emotional and psychological consequences of trauma, injury, and disability. During twenty years as a consultant to the Social Security Disability Administration, he evaluated more than 2,000 neurological and psychiatric disability cases. Dr. Seghorn was clinic director of a major, statewide treatment program for sexually dangerous offenders. He cofounded New England Forensic Associates in 1985, and specialized in diagnostic evaluations and case consultation in civil, probate, and criminal forensic cases and in the treatment of sexually acting out persons and impaired professionals. He presented at national conferences and taught on the subjects of rapists and child molesters, profiling, and assessment and treatment of sex offenders. He served on the U.S. Surgeon General's Task Force on Violence in America. He also served on the Board of Directors of the Massachusetts Association for the Treatment of Sex Abusers (MATSA) and edited the *ATSA Forum*, the international organization's quarterly newsletter.

Geris A. Serran, Ph.D.

Dr. Serran graduated with a doctoral degree in clinical psychology from the University of Ottawa in 2003. As a registered psychologist, she is currently employed at Rockwood Psychological Services as the clinical director of the Sexual Offender Treatment Programs at Bath Institution (a medium-security federal penitentiary) and assessment/intervention with juvenile sex offenders. In addition to her clinical work, Dr. Serran's research interests include therapeutic processes, coping strategies, maladaptive schemas, and treatment of sexual offenders. She has authored several book chapters and journal articles, coedited and coauthored books, and presented at international conferences. Dr. Serran has offered consultation services internationally. She is also on the Editorial Board for the *Journal of Sexual Aggression*. Outside of sex offender specific work, Dr. Serran provides part-time supervision for behavioral psychology students at St. Lawrence College, Kingston.

Joel Skolnick, M.S.W., L.I.C.S.W.

Mr. Skolnick received his master's degree in clinical social work from the University of Wisconsin. He has worked with sex offenders in community settings and in inpatient settings since 1991. He is a clinical member of the Association for the Treatment of Sexual Abusers. He has conducted outcome studies in the treatment of psychiatric sex offenders and given numerous presentations on the application of relapse prevention modalities with both psychiatric and forensic offenders as well as the application of the containment model in the community for the Department of Mental Health. Mr. Skolnick currently is the chief operating officer of Westborough State Hospital and is a sex offender therapist in private practice.

Cynthia Cupit Swenson, Ph.D.

Cynthia Cupit Swenson received her doctorate in clinical psychology with a subspecialty in school psychology from Florida State University. Currently she is professor and associate director at the Family Services Research Center in the Department of Psychiatry and Behavioral Sciences of the Medical University of South Carolina. She is developer of the Multisystemic Therapy for Child Abuse and Neglect Treatment model. She conducted a five-year National Institute of Mental Health-funded randomized clinical trial on this model and has subsequently conducted U.S. and international projects evaluating transportability. Dr. Swenson has worked extensively with children and families over the last twenty-five years. Her research is community based and focuses on community violence, child maltreatment, youth aggression, and substance abuse. She has published more than thirty journal articles and book chapters and a recent book on treating community violence and troubled neighborhoods. She is also involved in community development projects in Ghana, West Africa.

Jerry M. Thomas, M.Ed.

Jerry Thomas received her master's degree in education from the University of Memphis. She is a recognized expert in the field of youthful sexual aggression, specializing in family treatment, and safety in out-of-home settings. She has developed

six different programs for sexually abusive youth, conducted program evaluations for residential treatment centers, juvenile correctional systems, boarding schools, and foster care. She has also conducted a wide range of professional and staff training, provided consultation and expert witness services to legal professionals, and presented seminars and workshops across the United States, Canada and Great Britain.

In 1986 she was invited to join The National Task Force on Juvenile Sexual Offending sponsored by the National Council of Juvenile and Family Court Judges, and participated in writing *The National Task Force Report*. She was appointed a member of the 1995 National Mental Health Institute Special Committee on Female Sexual Offending and in 2002 was appointed by the Center on Sex Offender Management to the 2nd National Summit on Sex Offender Management. In 1999, as a founding member of the National Task Force on Offense Specific Residential Programs, she participated in writing the *Residential Standards for Sex Offense Specific Programs*.

C. Wilson Viar III, B.S., B.A., B.F.A.

Wilson Viar received his degrees from the University of Montana. He is an independent research and writing consultant focusing primarily upon problematic social issues and creative efforts to resolve them. For the last fifteen years he has enjoyed a close working relationship with Jerry Thomas, focusing on the most complex, difficult, socially disturbing, and professionally promising developments in the treatment of sexually aggressive and abusive juveniles, juvenile sexual victims, and their families. Since 1996, he has coauthored a wide variety of articles, chapters, handbooks, seminars, and training materials with Ms. Thomas on topics spanning the field.

Since 1995 Mr. Viar has also served as senior research consultant on teams working on projects ranging from efforts to expand educational opportunities in Nicaragua, the extension of Internet technology onto the Navajo-Hopi reservation in Arizona, and the building of low-income housing in Nanjing, China.

Nancy H. Walbek, Ph.D., L.P.

Nancy H. Walbek was educated at Antioch College and Northwestern University. After several years of teaching at Union College, she completed a postdoctoral internship with Schenectady County Child Guidance Center and Eleanor Roosevelt Developmental Services in upstate New York. In 1977 she joined the staff at Minnesota Security Hospital with primary responsibilities in the areas of program development, evaluation and research. Initially, Dr. Walbek worked with the Intensive Treatment Program for Sexual Aggressives which dealt with over 1,000 offenders during these years and received a Significant Achievement Award for its innovative treatment from the American Psychiatric Association in 1980. Beginning in 1992, she was centrally involved in the development of the new Minnesota Sex Offender Program designed to treat individuals committed as sexually dangerous persons and sexual psychopathic personalities. Between 1996 and retirement in 2006 her energy was devoted to program development and evaluation within the general forensic program at Minnesota Security Hospital. Dr. Walbek has published several articles, presented at national professional meetings, was involved in private consulting and clinical work, and served as adjunct faculty at Gustavus Adolphus College for thirteen years.

Tony Ward, Ph.D.

Professor Ward is currently professor of clinical psychology at Victoria University of Wellington, New Zealand. He has previously taught both clinical and forensic psychology at the University of Canterbury and the University of Melbourne.

His research interests include offender reintegration, ethical issues in forensic psychology, and cognition in offenders. Professor Ward has over 250 publications, mainly in the forensic psychology area and his most recent books include *Rehabilitation: Beyond the Risk Paradigm* (2007, with Shadd Maruna) and *Morals, Rights, and Practice in the Human Services* (2008, with Marie Connolly).

Sharon M. Williams, Ph.D., C.Psych.

Sharon M. Williams received her bachelor's degree from McGill University (Montreal) and her master's and doctoral degrees from Queen's University (Kingston). Prior to her retirement, she held positions as Program Director, Regional Manager and Corporate Advisor, Sex Offender Programs (Correctional Service Canada). She helped to develop assessment and treatment protocols for both male and female sex offenders. She also held academic positions in psychology and psychiatry at Queen's University.

For over twenty years, Dr. Williams and her husband Bill Isaacs trained staff on how to survive forcible confinements. Dr. Williams was instrumental in producing an award winning staff training video titled *Forcible Confinement: A Survivor's Story* (1998). It is still used in training front-line correctional staff, negotiators and crisis managers.

Robin J. Wilson, Ph.D., ABPP

Robin J. Wilson received his doctorate from the University of Toronto and has worked with sexual offenders in various settings for over twenty years. He is presently the chief psychologist for the Ontario Region (Community) of the Correctional Service of Canada and maintains a small private clinical and consulting practice. Dr. Wilson has published and presented widely on the assessment and treatment of sexual and other offenders and his current interests concern collaborative risk management and restoration in community settings. Dr. Wilson was the recipient of the 1996 ATSA Graduate Research Award and is currently the elected Canadian Regional Representative on ATSA's board of directors. He makes his home in Toronto, Canada, with his wife, three children, and several pets.

Pamela M. Yates, Ph.D.

Pamela Yates, Cabot Consulting and Research Services, is a private consultant in sexual offender research, specializing in the assessment and treatment of sexual offenders. She has worked as a clinician, researcher, and program developer since 1987 with adults and youth, sexual offenders, violent offenders, individuals with substance abuse problems, and victims of violence. Her research interests include risk assessment, treatment of sexual offenders, the Good Lives and Self-Regulation Models of offending, and treatment effectiveness evaluation. Her published works, presentations, and consultative work include offender rehabilitation, sex offender assessment and treatment, psychopathy, sexual sadism, phallometric assessment, treatment evaluation, and program development and accreditation.

James M. Yokley, Ph.D.

James M. Yokley is a clinical psychologist on the medical staff in the Department of Psychiatry at MetroHealth Medical Center in Cleveland, Ohio, as well as an assistant professor at Case Western University School of Medicine and Department of Psychology. Dr. Yokley has expertise in the cognitive-behavioral treatment of multiple forms of harmful, abusive behavior, has authored more than fifty research publications, book chapters, and professional presentations and is a regular conference speaker on Social Responsibility Therapy for harmful, abusive behavior. He has extended experience in training, teaching, and supervising psychiatry residents, psychology and graduate students, social workers, nursing staff, substance abuse treatment providers, and forensic foster parents in the area of managing harmful, abusive behavior. Dr. Yokley is a licensed psychologist, certified substance abuse provider, and state foster parent trainer. He is the consulting psychologist to a residential Therapeutic Community for youth referred for substance abuse and other harmful, abusive behaviors. He has sex offender program development experience in adult hospital-based treatment, the youth residential Therapeutic Community setting, and Forensic Foster Care. His abuse treatment approach is published in the book *Social Responsibility Therapy for Adolescents & Young Adults: A Multicultural Treatment Manual for Harmful Behavior* (2008).