

# Florida Forum

Winter 2010~2011



A T S A

Florida Association for the Treatment of Sexual Abusers  
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## President's Message

Kind greetings to you all from the President's Office!

This is my first Florida Forum as President and I am pleased to report that this is a first class newsletter full of interesting information and perspective. Pam Miller has done an excellent job of rounding up the articles and presenting them in a useful format. As we go forward, I'm sure that Pam would be very happy to receive submissions from members on a wide variety of topics related to the work we do.

In this issue you'll find information regarding training and treatment partnerships in Palm Beach County, brief bios on our new Board Members (welcome to Richard Brimer, Nancy DeLong, and Wade Moss), an article on "*Disavowal, Denial, and Minimization*" by Don Pake, a legislative update on HB 119 from Leo Cotter, and an article "*Dynamic Factors Add Power in Sexual Offender Risk Assessments*" written by me. Additionally, we have tentative information about the 2011 Annual Meeting and Conference from Ted Shaw.

For this year's meeting and conference, we are hoping to expand

opportunities to meet their training, continuing education, and professional accountability needs. Specifically, we hope to offer a Static-99R certification training – which will last a full day – in addition to another full day filled with topics relevant to sexual offender service provision in Florida. Of course, we also need to have our annual meeting to take care of Florida ATSA business.

Some of you may have noticed that I was successful in my bid to become the Southern Regional Representative on the National ATSA Board of Directors. I am also pleased to announce that FATSA Board Member Jill Levenson was also elected to the ATSA Board as a Member-at-Large. So, we have lots of Florida representation at the national level.

In closing, I want to reiterate the message I sent via the FATSA list-serve earlier this year, in stating that I am proud to be your new President and that I am committing to maintaining the high degree of leadership and transparency established by my noble predecessors. I hope to see you all at the meeting in May.

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**Palm Beach Sheriff's Office  
Partners with Lynn University to  
Prevent Sexual Assault**

**PBSO Awarded Grant from National  
Institute of Justice**

The Palm Beach County Sheriff's Office Sex Predator and Offender Tracking Unit (SPOT) is currently managing 890 sexual offenders and predators. This number is almost double the county's population of 400 registered sex offenders in 2000. This increase is due in part to the county's overall population growth as well as newly adopted legislative requirements.

The PBSO has recently been awarded a \$150,000 grant to fund comprehensive sex offender management strategies. In partnership with Lynn University psychology professors Jill Levenson and Debra Ainbinder, the two year project will implement a multi-faceted, multi-disciplinary strategy that incorporates assessment, risk-based supervision, registration and notification, re-entry services and treatment, and multi-disciplinary collaboration.

The State of Florida is one of only four states currently in compliance with the federal Adam Walsh Child Protection Safety Act of 2006. Among its many new requirements, the Adam Walsh Act expanded the length of sex offender registration to 25 years or life in most cases, required juveniles to register, and increased penalties for sex offenders who fail to register.

"We are excited to be involved in this innovative approach to enhancing public safety," said Jill Levenson of Lynn University. "By assessing risk and creating individualized management plans, the SPOT team can better allocate their resources to

apply stricter supervision of offenders who pose a greater threat to the community."

The project also calls for collaboration between police, victim advocates, researchers, treatment providers, probation officers, and re-entry services. "By creating a multidisciplinary team to develop strategies, we will be able to discuss program challenges and identify resources for the purpose of improving the overall success of our comprehensive sex offender management program," the grant's developers said.

For more information, contact Janet Cid, Section Manager-Grants & Contracts, Palm Beach County Sheriff's Office, 561-688-3257 or Dr. Jill Levenson, Associate Professor of Psychology & Human Services at Lynn University, 561-237-7925.

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**Welcome New Board Members**

We welcome Wade Moss, Nancy DeLong, and Richard Brimer as new FATSA Board of Directors members. There were a number of well qualified and experienced members nominated and our organization is fortunate to have such a wealth of experienced professionals.

Wade Moss has been a Polygraph Examiner for 29 years and serves on the board of the Florida Polygraph Association as Vice President. He was on the committee that first developed the standards for examiners that test in the sex offender arena, and has served two terms on the national committee setting the standards for examiner testing sex offenders.

Nancy DeLong has been a Licensed Mental Health Counselor since 1995 and a Sex Therapist, Clinical Hypnotherapist, and

Qualified Mental Health Supervisor. She works with both adult and adolescent sexual offender clients in private practice in Longwood serving Seminole, Orange, Osceola, Volusia and Brevard Counties.

Richard Brimer specializes in the treatment of sexual trauma and sexual compulsivity. Richard is a past Chairperson of the Polk County Task Force on Sexual Abuse and the Polk County SOTP Providers Coalition. Richard designed the New Start Sexual Offender Treatment program in 1991. New Start is a faith-based program that provides evaluation and treatment to adolescent and adult sexual offenders.

We welcome and thank you for volunteering your time and expertise to our organization.

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**Disavowal, Denial,  
and Minimization:  
Why Should We Care  
About Such Things?**

Donald R. Pake, Jr., Psy.D., ABPP  
*Assistant Clinical Director  
Florida Civil Commitment Center  
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In the United States, the majority of persons participating in programs for sexual offending come to treatment by direction of the courts. This is referred to as “court mandated treatment” by some, and “coerced treatment” by others. Generally, arguments run along two lines: One side professes the need to protect the community; while the other claims denial of individual civil rights. Whether such mandated treatments are appropriate is a discussion for another time. The purpose of this paper is to consider the treatment implications of mandated treatment on the therapeutic process as it relates to the

sexual offender. Specifically, this paper will address how mandated treatment impacts their *investment* in the treatment process.

Individuals mandated to treatment are presented with a forced choice; either they participate in the treatment process or struggle against it (often with some strong negative implications for not taking part). Some readily admit to the need to make fundamental changes and, as such, they come to treatment motivated to do so. Others do not. During the initial contact between a mandated client and a potential service provider, therapeutic objectives are negotiated and are openly or subtly established. With a compliant client, the therapeutic relationship should be easily established and treatment goals readily agreed upon. A compliant client is interested in making change. The client who resists the need to change, who refuses to reflect on the circumstances that brings them to treatment, and who denies offending is the true challenge to treatment providers. First contact between such a client and the service provider can be emotionally charged.

A resistant client’s defiance can be so entrenched he/she would seemingly prefer incarceration to treatment. Such clients attend treatment and participate in a manner demonstrative that they are only willing to do that which is minimally required to meet court mandates. Such individuals may be both accommodating and belligerent of the treatment process. These clients offer only minimal participation in the therapeutic process, to the extent that they only contribute as much as is required to avoid negative consequences. Their goal is to externalize blame and responsibility for their behaviors. They sabotage and confound the treatment process; often by manipulating providers into justifying treatment to enhance

their role as victims of an unjust system. Understandably, there is debate regarding whether treatment with mandated clients is effective (Parlar, Wormith, Derkzen, & Beauegard, 2008). However, others support the practice of providing treatment of mandated offenders who deny their offenses (Marshall, Thornton, Marshall, Fernandez, & Mann, 2001).

For the purpose of this paper, two definitions of denial found in the literature are considered—the legal and the psychological. The first is denial as disavowal. Disavowal is the protestation of innocence. Used in the legal context, it is the proclamation of innocence. In the legal system, denial is debatable with one side prosecuting and the other defending. This is an inappropriate use of denial in the therapeutic context as it negates a therapeutic alliance. The other common use of the word denial is psychological; that is, the construct of denial. The psychological use of the word denial describes an ego defense mechanism. Denial in the psychological sense is essentially the protection of one's sense of self from distressful realities. Yes, individual denial in the legal sense may stem from an individual's psychological denial processes. However, in treatment, we are concerned with the psychological processes of denial. In that context, denial becomes a clinical issue and, therefore, a legitimate target for treatment interventions. In the psychological sense, denial is nothing more than a treatment interfering factor.

Conceptualizing denial as a treatment interfering factor allows therapists to reframe the client's presentation from refusing to "Admit" they have a problem to one of the client struggling with self-identity. Here is where the discussion turns to minimization. The client utilizing denial as a defense mechanism will try to convince

themselves and others that their behavior was not socially abhorrent. Frequently, this movement is described as a *minimizing* the impact of the individual offender's behaviors. Minimization comes in many forms. It is a process of justifying sexually offending behaviors by attempting to diminish the offender's role in his/her offending behaviors and the resultant consequences of those behaviors. Typically, minimization is most recognizable when an offender attempts to externalize blame for his/her behaviors. Again, the purpose appears related to the protection of self-identity and acceptance of the potential for engaging in sexually abusive behaviors. Therapeutically, the effort put into ego defense on the part of the offender offers the attentive clinician a rich source of clinical information. Rather than reproofing the client for minimizing offending behaviors, the therapist should invite discussion of these minimizations and address them with the client as cognitive distortions supportive of their offender identity. Therefore, minimizations become focal points for therapeutic interventions and not treatment interfering factors.

Ongoing studies at the Florida Civil Commitment Center suggest that denial and minimization do not inherently rule out treatment efficacy (Pake & Wilson, in press; Pake & Wilson, 2010). Neither do they assist in measurably predicting premature treatment withdrawal or the experience of problematic polygraph evaluations. Rather, the presentation of entrenched denial and the minimizing of offending behaviors appear to have a stronger relationship with treatment readiness (Wilson, 2009). Before treatment can begin, the individual offender must be willing to entertain the need to participate in the treatment process; there has to be an acceptance of that need, and there has to be a perceived benefit from moving to meet that need through the treatment process.

Admittedly, there is a point at which mandated treatment is ineffective. For those who simply refuse to participate, no intervention can be effective. Similarly, while data suggest a sexual offender who successfully completes a treatment program is at lower risk for reoffending, it does not negate such risk (Hanson, Harris, Scott, & Helmus, 2007).

So then, why would we care about such things as disavowal, denial, and minimization? The therapeutic process is not a perfect process. Treatment providers benefit from having a clear understanding of their clients' presentations. Such understanding can be, and is, influenced by the simple use of language. Distinguishing disavowal from denial is important in developing effective approaches to defining and remedying the client's clinical presentation. It helps to discriminate behavior related to legal proceedings from that related to therapeutic processes. Denial and minimization also offer clinical insight into the client's treatment needs, such as their readiness for treatment and what level of service is best suited to those treatment needs (e.g., dosage and course). Further, the attendant minimization of behaviors by the offender offers guidelines for the pursuit of therapeutic interventions. Recognizing minimization as a form of cognitive distortion supporting the process of denial allows for targeting of interventions intended to promote the reduction of risk for reoffending, as well as being helpful in developing strategies for meeting the treatment needs of the client.

Some clients achieve greater benefit from treatment than others. Those with strongly held beliefs, who are determined to maintain their offending identity can, and will, find the means to complete a treatment program

without having to make substantial movement towards living a healthy, goal directed, lifestyle free of offending behaviors. They avoid making the sort of changes required to predict adherence to living a *good life*. Just as attainment of a high school diploma does not predict with certainty one's success in life, completion of a treatment program does not predict with certainty that a sexual offender will not reoffend. The language of denial and minimization could help the service provider recognize such a client.

Eventually, the mandated client, compliant or not, will exhaust any given program's ability to influence intrapsychic change. No one should view the completion of a treatment program as the termination of a process. To do so is ill advised as it invites liability for the client's post-treatment behaviors. Treatment is only part of the management equation for those who sexually offend. Success is predicated on individual choice and ongoing community involvement with the identified sexual offender. No mental health worker can claim success for his or her work with a client. Rather, the most any therapist or program can hope for is that the client will be able take maximum benefit from the interventions offered.

In closing, it would appear the constructs of denial and minimization have their greatest impact in the precontemplative stage of treatment. The language of denial and minimization can inform therapeutic interventions. Nevertheless, if the mandated client cannot or will not overcome their resistance to participation in the treatment process, no treatment program can be effective. However, should this treatment interfering factor be overcome, there does not appear to be any deleterious effect associated with denial and minimization on the treatment process overall.

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**Legislative Update**

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*S.H.A.R.E.*  
*Tampa, FL*

The primary sex offender legislation enacted during the 2010 legislation was HB 119 by Representative Glorioso. This legislation was enacted on 5-26-10. If you want to review the entire bill please go to: <http://www.myfloridahouse.gov/Sections/Bills/bills.aspx>, click regular session 2010 and type 119 for bill number. Here are the highlights of what was enacted into law.

1. Established a statewide "child safety zone" by enhancing the existing Loitering and Prowling statute FS 856.022. This restricts certain registered sex offenders from loitering or prowling within 300 feet of a school, day care center, playground or park.
2. Defines "transient residence" as a location that has no specific street address. This is intended to help track the number and trends of transient sex offenders with no official address to register.
3. Redefines requirements for the title Qualified Practitioner used in FS 948.30. Clinicians licensed under FS 491 need the coursework, training and experience to evaluate and treat sex offenders established by rule by the 491 Board. There is no specialized training or experience required for clinicians licensed under FS 458, 459 or 490.
4. Requires a polygrapher in FS 948.30 to be a member of a national or state polygraph association and be certified as a post conviction sex offender polygrapher.
5. Restructures the evaluation requirement for sex offenders in FS 948.31. If a

registered sexual predator or sex offender is placed on community control or probation (for any felony conviction) they are required to get an evaluation by a Qualified Practitioner to determine their need for sex offender treatment.

HB 119 had a provision to preempt city and county residency requirements. It was strongly contested. There was an amendment to expand residency restrictions from 1000 feet to 1750 feet statewide. Both efforts were removed from the bill.

Please contact Jill Levenson or myself for any ideas you may have for the next legislative session.

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**Dynamic Factors Add Power in Sexual Offender Risk Assessments: A Contextualized Review of Thornton's 2010 ATSA Preconference Workshop "Interpreting Static-99R and Static-2002R in Light of Recent Research"**

**Robin J. Wilson, Ph.D., ABPP**  
*Clinical Director*  
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*For any given Static-99R score common degrees of variation in Need produce dramatic differences in recidivism risk. This remains true within any specified degree of pre-selection. You can't accurately evaluate recidivism risk without systematically evaluating Need.*  
(Thornton & Phenix, 2010)

A day-long preconference workshop on recent advances in actuarial risk assessment was held during the 29<sup>th</sup> Annual Research

and Treatment Conference of the Association for the Treatment of Sexual Abusers (ATSA) in Phoenix, Arizona. The workshop was originally intended to be presented jointly by Drs. David Thornton and Amy Phenix; however, Dr. Phenix was prevented from presenting by a family emergency. That left Dr. Thornton to cover all materials on his own, which he readily admitted was more than he was originally prepared to do. Nonetheless, as a person clearly knowledgeable about all things "Static", he was more than up to the task.

Considerable discussion has ensued in our field since the [www.static99.org](http://www.static99.org) crew revised the scoring templates of the Static-99(now -R) and Static-2002 (also, now -R) and released not one set of new Static-99 norms, but two (Hanson & Thornton, 2008; Hanson, Phenix, & Helmus, 2009). Given the frequency with which these instruments are used (apparently, Static-99 is the most widely used actuarial risk prediction tool on the planet), the implications of making such important changes are huge. At the 2009 ATSA conference in Dallas, various members of the [www.static99.org](http://www.static99.org) group made presentations as to how best to interpret scores on these instruments; however, nagging issues have remained as to how best to slot offenders into the various available normative groups. Specifically, the process of choosing between "routine", "preselected for treatment participation", "preselected for risk/need", and "non-routine" has generated healthy debate (see Campbell & DeClue, 2010a,b; Wilson & Looman, 2010). Of course, what normative sample one selects in a particular case has great implications for both public safety and the future handling of the offender himself (Static-99/2002 is recommended only for male offenders).

With all this in mind, Dr. Thornton spent a day with participants talking about current

perspectives in interpreting Static-99R and Static-2002R scores, focusing specifically on the value-added that comes from considering dynamic risk factors (frequently referred to as “criminogenic needs”). In particular, he focused on the use of structured measures of need, including:

1. Structured Risk Assessment-Forensic Version (SRA-FV-Thornton, 2002)
2. Violence Risk Scale: Sex Offender Version (VRS:SO-Olver, Wong, Nicholaichuk, & Gordon, 2007)
3. Stable-2007 (Hanson, Harris, Scott, & Helmus, 2007)

Dr. Thornton noted that, while all three measures add predictive power over static actuarial instruments alone, each has strengths and weaknesses that suggest a need to consider the venue in which you intend to use them. Overall, he stated that the Stable-2007 is the instrument-of-choice for community samples, but that the VRS:SO was the best-validated of the three. As the author of the SRA:FV, Dr. Thornton understandably showed a degree of favoritism for his instrument in presenting much more extensive data on its use. He noted that SRA:FV is probably the instrument-of-choice for evaluating risk in those who are serving longer custodial settings and who are not involved in treatment.

**Pre-Selection Depends on Incremental Validity**

Of course, all of this discussion of dynamic risk variables eventually leads us to consider how useful they might be in helping us to decide which Static-99R normative sample to use when evaluating offender risk. As noted above, the four normative groups currently

available are “routine”, “preselected for treatment need”, “preselected for risk/need”, and “non-routine”. Pre-selection potentially changes the base rate by considering that certain additional factors may have incremental validity relative to the static instrument. Dr. Thornton noted that the size of the pre-selection effect depends on how extreme the selection process is and the degree of incremental validity. In this, he suggested that a history of pre-selection is a useful cue that factors with incremental validity may be present to a significant degree. An example might be when there is a strong selection ratio. For instance, in Florida, almost 39,000 sexual offenders have been screened for possible civil commitment as sexually violent predators, yet fewer than 700 have actually been so-designated. Other examples would include when the selection factors are suggested in the literature as having incremental validity (e.g., deviant sexual arousal) or when near misses suggest elevated sexual recidivism potential. Dr. Thornton argued that, generally, the higher someone’s score is on structured measures of dynamic risk (like those above), the more likely it is that they should be compared to normative groups with higher base rates of reoffending (see Thornton, Hanson, & Helmus, 2009 and below).

However, the process of pre-selection is far from foolproof and research continues as to how best to combine static and dynamic predictors. In particular, many professionals are still grappling with if or how these static/dynamic combinations might assist us in choosing appropriate normative samples (see Campbell & DeClue, 2010a). All of this is further complicated by the fact that most groupings of sexual offenders have base rates of reoffending lower than 50% (see Campbell & DeClue, 2010b). In a recent article, Mann, Hanson, and Thornton (2010) present convincing arguments as to the

usefulness of “psychologically meaningful risk factors,” stating that “although it is possible to conduct risk assessments based purely on empirical correlates, the most useful evaluations also *explain* the source of the risk” (emphasis in the original).

I have read many a risk assessment in my time and, unfortunately, all too often there is a certain mechanical quality to them. I like the idea of making sure that the receivers of our risk assessment findings can be better informed as to what we're actually talking about, especially if this means including elements of elegance and eloquence along with the facts and data. As such, the term "psychologically meaningful" resonates with me. Mann et al. also make distinctions between risk factors that are empirically supported, promising, unsupported—but with interesting exceptions, worth exploring, and those with little or no relationship to sexual recidivism. They also raise the concept of "causal" factors—those variables that might actually be so pertinent as to provide reasons for offending. Although Mann et al. state that "assessment and treatment for sexual offenders should focus on empirically established causal risk factors," they unfortunately stop short of telling us what those factors are. Clearly, that is where our research needs to focus going forward.

One of the complaints raised about using dynamic risk predictors is that, because they are theoretically linked to many of the static variables, the process of including them represents a “double dipping” of sorts (Campbell & DeClue, 2010a). In reframing risk factors along the lines of Mann et al.’s “psychologically meaningful” construct, we may be able to better address this issue. Further, to the extent that dynamic predictors actually help us to conceptualize risk statements emanating from static instruments, we may be able to better refine

those statements. Table 1 below, from Thornton et al. (2009), shows absolute recidivism estimates when one factors in scores on Stable-2007 or when one differentiates between “routine” and “selected for risk/need” normative groupings. Interestingly, the relative reoffense rates are quite similar between these two methods of separating the sample.

**Table 1: Relative risk ratings considering additional factors**  
(from Thornton, Hanson, & Helmus, 2009; reprinted with permission)

Static-99R Score	Three-Year Recidivism		Five-Year Recidivism	
	STABLE=5	STABLE=14	Routine	Selected for Risk/Need
2	3%	7%	5%	12%
5	7%	18%	11%	25%
7	14%	32%	19%	38%

Due to the unfortunate absence of Dr. Phenix, participants were unable to review case study examples that might have further elucidated the process of using dynamic variables to qualify scores on static instruments. However, that left us with an opportunity to spend the afternoon “picking” Dr. Thornton’s brain, as it were, on a wide variety of issues related to risk assessment and risk management. Overall, it appeared that participants were highly engaged in the process and eager for the opportunity to discuss further these critical and often contentious issues in our field.

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## 2011 Annual Meeting and Conference



We are now in the planning stages of our annual meeting and conference; looking for a location central to members and topics that will be valuable and interesting. Ted Shaw, our Conference Committee Chair invites suggestions and especially volunteers for the committee (352-379-2829).

Give Ted a call to join in the planning. A major goal of the Board is involving members in all statewide activities. Contact any Board member for interest in participation of any of the Board's Committees. In addition to the Conference Committee, your involvement is invited in the Membership Committee, Legislative and Public Policy Committee and the Communications Committee.



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