

# THE ALLIANCE

*THE ALLIANCE* is a quarterly publication of the New York State Alliance of Sex Offender Service Providers (NYSASOSP) and the New York State Chapter of the Association for the Treatment of Sexual Abusers (NYSATSA.)

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## *NYSATSA & NYSASOSP 2008 Annual Conference*

### **Saratoga Springs to Host Annual Conference, May 12-14**

### **Expansion to 3 Day Format Provides Opportunity for Intensive Training.**

Our 13<sup>th</sup> Annual Conference promises to offer three days of exciting, state-of-the-art training to professionals from all the disciplines involved in sex offender management. Expanded now to three days, with the inclusion of a day of intensive full-day pre-conference workshops, the conference offers opportunities for people entering the field and to seasoned professionals. The NYSASOSP and NYSATSA are partnering with the NYS Office for Sex Offender Management to provide everyone with excellent opportunities to develop new skills and insights. Our theme this year, ***Sex Offender Management in the Twenty-First Century: Seeking Balance in an Age of Reaction***, responds to the statewide trend in which communities are developing policies based on emotional response, not good science. A primary goal of our conference is to provide a state-of-the-art perspective on the many important changes occurring in New York State, and on the strategies being used successfully across the country to make communities safer.

A day of pre-conference workshops is offered on Monday May 12. In response to requests for in-depth training opportunities, the 2008 Conference Committee designed five one-day skills-building workshops. **David D'Amora** is coming in from Connecticut to provide an introductory course, Sex Offender Management 101, designed to give professionals who are newly arrived to our field an opportunity to get an intensive integrated overview of evaluation, treatment and management of adults. Similarly, **Dr. Steve Bengis**, Director of the New England Adolescent Research Institute, is going to be providing an integrated training for professionals who need to learn the basics (and some advanced skills) for providing clinical services to adolescent sexual abusers. For those who require a more advanced-level training, **Dr. Robert Prentky** will provide a day-long workshop on evaluations and risk assessments of adolescent sexual abusers, focusing on his instrument, the JSOAP-II (Juvenile Sex Offender Assessment Protocol .)

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## **NEWSLETTER SUBMISSIONS**

Comments, Inquiries, and Articles  
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NYSASOSP.com or  
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**NYS Office of Mental Health Report to The Governor and Legislature  
Pursuant to Article 10 of New York State Mental Hygiene Law  
January 28, 2008  
Michael F. Hogan, Ph.D., Commissioner, NYS Office of Mental Health**

(Editor's Note: This article is reprinted from the original and does not contain the full text of the original document. The original can be accessed in its entirety online.) This report is submitted to Governor and the Legislature by the Commissioner of the New York State Office of Mental Health (OMH) pursuant to Article 10 of the Mental Hygiene Law (MHL). Specifically, MHL § 10.10(i) requires the commissioner to submit to the Governor and the Legislature; "a report on the implementation of this article. Such report shall include, but not be limited to, the census of each existing treatment facility, the number of persons reviewed by the case review teams for proceedings under this article, the number of persons committed pursuant to this article, their crimes of conviction, and projected future capacity needs."

### **Background:**

The Sex Offender Management and Treatment Act (SOMTA) was enacted as Chapter 7 of the Laws of 2007, and became effective April 13, 2007. The centerpiece of the legislation was the creation of a new Article 10 of the MHL. Among the provisions of SOMTA are the following legislative findings:

- That recidivistic sex offenders pose a danger to society that should be addressed through comprehensive and integrated programs of treatment and management. {§ 10.01(a)}
- That some offenders with mental abnormalities are predisposed to engage in repeated sex offenses. These offenders may require long-term specialized treatment modalities to address their risk to re-offend. That treatment should continue following incarceration. In extreme cases, confinement will need to be extended by civil process in order to ensure treatment and protect the public. {§10.01(b)}
- That for other sex offenders, it can be effective and appropriate to provide treatment in a regimen of strict and intensive outpatient supervision. Civil commitment should be only one element in a range of responses. {§ 10.01(c)}
- That the system for responding to recidivistic sex offenders with civil measures must be designed for treatment and protection. It should be based on the most accurate scientific understanding available, including the use of current, validated risk assessment instruments. {§10.01(e)}
- That the system should offer meaningful forms of treatment to sex offenders in all phases of criminal and civil supervision. {§ 10.01(f)}

- That sex offenders in need of civil commitment comprise a different population with different needs from traditional mental health patients. The civil commitment of sex offenders should be implemented in ways that do not endanger, stigmatize, or divert needed treatment resources away from traditional mental health patients. {§ 10.01(g)}
- MHL Article 10 establishes an elaborate process for evaluating the mental condition of certain sex offenders who are scheduled to be released from the custody of "agencies with jurisdiction" to determine whether the individual is a "sex offender requiring civil management." A sex offender requiring civil management can be either (1) a dangerous sex offender requiring civil confinement (who would be confined to a secure treatment facility operated by OMH), or (2) a sex offender requiring strict and intensive supervision and treatment (who would be supervised by a Parole Officer in the community). The statute assigns a number of duties and responsibilities to OMH relative to the identification, assessment and care of individuals found by the court to be in need of civil management. For example, the statute requires the Commissioner of OMH to have multidisciplinary staff, Case Review Teams and psychiatric examiners evaluate all persons with requisite sex offenses who are scheduled for release by an agency with jurisdiction. The requisite sex offenses include felony sex offenses (pursuant to article 130 of the Penal Law), sexually motivated felonies, certain prostitution and incest offenses, and attempts or conspiracy to commit any such offenses.

### **The Civil Management Process**

Section 10.05 of the Mental Hygiene Law delineates the process for OMH's review of individuals referred by an agency with jurisdiction for the purpose of evaluating whether such individuals are appropriate candidates for civil management. OMH has developed a multi-tiered assessment process which is briefly described below. The OMH review process commences with a referral of a detained sex offender by an "agency with jurisdiction."<sup>1</sup> If OMH determines that the referred sex offender suffers from a mental abnormality<sup>2</sup> which predisposes him or her to sexual offending, OMH provides a psychiatric report and notifies the Office of the Attorney General (OAG) who then exercises discretion in filing petitions for civil management.

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## OMH Report to The Governor and Legislature

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The first step in the OMH assessment process involves a records review by the Multidisciplinary Review (MDR) team. The MDR team reviews case records to ensure that the respondent is eligible for civil management and completes actuarial risk assessments (research based validated assessment instruments) to determine whether the case should be forwarded for review by a Case Review Team (CRT). Sex offenders who meet the screening criteria established for the MDR teams are statutorily designated to enter a second level of review conducted by the CRT. The CRT conducts second step reviews and appoints psychiatric examiners to evaluate respondents. Based on the CRT's assessment and the findings of the examiners, the CRT has statutory authority for making the determination as to which respondents are referred to the OAG for petitioning for civil management.

### Characteristics of cases referred to OMH for Civil Management Screening

Between April 13, 2007 (the date SOMTA was enacted) and January 3, 2008, 1,299 detained sex offenders with release dates within the statutory time frames were referred to OMH for civil management screening and assessment. The majority of referrals originated from the Department of Correctional Services. For all referrals for civil management, the mean age was 39.1 years. The majority of referrals were Caucasian (49.0%) followed by African American (37.2%). Of the referrals for civil management screening, 36.2% were serving sentences for rape, 24.7% for sexual abuse and 16.1% for criminal sexual act/sodomy.

### Characteristics of cases who received a MDR review

Of the 1,299 referrals with release dates between April 13, 2007 and January 3, 2008, 1,142 (87.9%) were reviewed for civil management by the Multidisciplinary Review (MDR) team.<sup>7</sup> Similar to the overall sample of referrals, the majority of referrals reviewed by the MDR were from DOCS (81.0%). The average age of persons who were reviewed by the MDR team for possible civil management was 39.5 years. The majority of referrals were Caucasian (51.1%) followed by African American (35.8%). Of those reviewed, 36.8% were serving sentences for rape, 26.7% for sexual abuse and 16.7% for criminal sexual act/sodomy. Of the cases reviewed by the MDR, 281 (24.6%) were recommended to the CRT for further review. Cases that the MDR team recommended for further evaluation were an older age than the aver-

of all referrals at the time of their release date (42.5 years old vs. 38.6 years old, respectively), and scored significantly higher on both the Static-99 (5.28 vs. 2.46, respectively) and the MnSOST-R (9.95 vs. 4.23, respectively). Persons recommended to the CRT for further review were less likely than those not recommended to currently be serving a prison sentence for a rape conviction.

### Characteristics of those who received a CRT review

From the 281 cases that the CRT reviewed, 203 (72.2%) were referred for a psychiatric evaluation. A mental abnormality was found in 177 (87.2%) of the cases and the CRT ultimately recommended 163 (80.3%) of those cases for civil management. All referrals for civil management were males, and on average were 42.5 years old. The majority of detained sex offenders who were reviewed for civil management consideration by the CRT were either Caucasian (47.7%) or African American (38.8%). Persons recommended to the CRT for further review were less likely than those not recommended to currently be serving a prison sentence for conviction of sexual abuse, and slightly less likely to be serving a prison sentence for a rape conviction.

Cases for whom the CRT recommended civil management were slightly older than those cases not referred at the time of their release date (43.9 years old vs. 40.8 years old, respectively), and scored higher on both the Static-99 (5.52 vs. 4.91, respectively) and the MnSOST-R (10.42 vs. 9.28, respectively). Persons for whom the CRT recommended civil management were more likely than those not recommended to currently be serving a prison sentence for a conviction of sexual abuse, and slightly less likely to be serving a prison sentence for a rape conviction.

Clinical evaluations for all cases recommended for civil management included a psychological examination by a licensed psychologist to diagnose the presence of a mental abnormality that predisposed the respondent to sexually offend. The majority of cases recommended for civil management were diagnosed with Paraphilia/Sexual Disorder NOS, Pedophilia, or Antisocial Personality Disorder.

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See: OMH Report

## 2008 CONFERENCE INFORMATION

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For our members more involved in the management of adult sex offenders, polygraph guru **Eric Holden** is coming up from Texas to present an intensive one-day workshop on the use of polygraph testing by clinicians and probation/parole officers. "Rick" Holden, an excellent speaker known for his delightful humor, developed the nationally-accepted protocols for post-conviction polygraph testing of sex offenders. Finally, the **NYS Coalition Against Sexual Assault** will be providing a full-day of mini-workshops particularly helpful to program administrators and clinicians, focusing on topics as varied as methods for increasing funding, the effects of cyber-crime on children, and strategies for utilizing victim advocates to enhance sex offender treatment.

On Tuesday May 13, the conference opens with a Keynote by **Assemblyman Jeffrion Aubry**. Last year, taking a brief break from his duties as Chairperson of the Corrections Committee, Assemblyman Aubry served as the co-chair of an important conference entitled *A National Briefing on Sex Offender Management Policy*, co-hosted by the Center for Sex Offender Management. He has been working at the national level to push for implementation of empirically-based strategies for sex offender management. He plans to share what he has learned based on his national perspective.

Complementing this presentation on strategies used around the United States is the Keynote Address which opens the conference day on Wednesday May 14. Focusing specifically on New York State, **Robert Maccarone**, Executive Director of the NYS Division of Probation and Correctional Alternatives, and **Luke Martland**, Director of the NYS Office for Sex Offender Management, will be teaming up to talk about the current status of sex offender services, and the variety of strategies now being developed for enhancing sex offender management across the State.

One cannot work in this field without developing tremendous respect for **Dr. R. Karl Hanson**, whose huge meta-analysis studies have been the

the bedrock upon which all credible risk assessment instruments have been developed. As a leading researcher for the Solicitor General of Canada, now the Office of Public Safety and Emergency Preparedness Canada (PSEPC), he conducted the seminal studies on indicators of risk for sexual re-offending and helped develop the Static-99. Dr. Hanson will present a Keynote Address entitled "*What Works: Effective Interventions with Sex Offenders*." During the afternoon, he plans to provide a workshop on researching sex offenders. We all look forward to hearing his insights.

In addition, the conference will present a total of eighteen workshop options, focusing on all aspects of sex offender management. Topics range from new research on helpful medications, to treatment of Internet offenders, strategies for treating families and those for youth with learning disabilities, community-based therapeutic foster homes, and the civil commitment programs (to name a few). The former President of ATSA, **Dr. Ray Knight** will present a workshop on his new assessment tool, the Multidimensional Inventory of Development, Sex and Aggression (MIDSA), which is garnering very positive reviews from clinicians who evaluate juvenile sexual abusers.

As one of the most important benefits, the conference offers ample opportunities to interact with colleagues from around the state. The Tuesday evening reception (featuring Kevin McKrell of our local Irish band, *The McKrells*) and the Awards Luncheon are relaxed forums for meeting new people and re-connecting with friends from around the State. As many of you know, Saratoga Springs offers a wealth of recreational opportunities – fine dining, good music, interesting shops. Come join us for what promises to be an outstanding three days. We look forward to seeing you!

For more information, please contact Noel Thomas at [nthomas10@nycap.rr.com](mailto:nthomas10@nycap.rr.com).

## OMH Report to The Governor and Legislature

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### Sex Offender Treatment Program

Sex offender treatment under Article 10 may occur within a secure treatment facility or in the community under Strict and Intensive Supervision and Treatment, (SIST). If a jury, or the court if a jury trial is waived, finds that a sex offender suffers from a mental abnormality, the court then determines whether the sex offender is dangerous and requires confinement or whether he or she can be managed in the community under strict and intensive supervision. Sex offenders who are deemed to be dangerous and to require confinement are committed to a secure treatment facility. Secure treatment facilities are located at Central New York Psychiatric Center, Manhattan Psychiatric Center and St. Lawrence Psychiatric Center. Sex offenders with a mental abnormality who are not found by the court to be dangerous are placed in the community under strict and intensive supervision and treatment. Similarly, offenders committed to a secure treatment facility eventually may be transitioned back into the community through the SIST program. Conversely, sex offenders committed to SIST may be elevated to a secure treatment program if they fail to abide by their conditions of supervision and treatment. Treatment within the secure facilities and treatment within the SIST program has been carefully developed by OMH in close consultation with national experts.

### Secure Treatment Facility Programming

The Sex Offender Treatment Programs (SOTP) delivered in the secure treatment facilities seek to protect the public by providing evidence-based programming to effectively assess and treat sexual deviance and personality disorders. The primary treatment modality is cognitive-behavioral therapy augmented by relapse prevention strategies provided through therapy groups, psychosocial groups, and individual sessions. The guiding principle of treatment is relapse prevention with a focus on identifying and addressing relapse risk factors in an effort to reduce the risk of future sexual violence. Treatment also focuses on assisting clients to improve their overall social functioning through structured educational, vocational and recreational activities. The programs are embedded within therapeutic communities that support personal growth, healthy lifestyles and acceptance of personal responsibility for behavior and relapse prevention.

OMH is currently developing the capacity to provide pharmacologic interventions to augment cognitive-behavioral therapies.

pharmacologic interventions to augment cognitive-behavioral therapies. The use of pharmacologic agents to deal with deviant arousal interests has demonstrated success. Pharmacologic agents in the treatment of sex offenders are an accepted intervention in Canada and Europe. In March 2008, via contract with the Royal Ottawa Healthcare Group, OMH will be sending seven physicians to participate in a week long training seminar in the prescribing of androgen reduction agents and Selective Serotonin Reuptake Inhibitors. The program engages clients in a phased-treatment process where they are expected to master particular skills before moving on to the next phase of treatment. SOTP is built around educational, therapeutic, and skill mastery modules. Each phase of treatment has specific goals and measurable outcomes. Progression through the phases of treatment is reviewed by the clinical and administrative staff within each facility. Broad areas of treatment programming include the identification and treatment of sexual offending behaviors, psychosocial deficits, general behavioral problems, interpersonal difficulties, issues related to irresponsible lifestyles, chemical dependency, and/or psychiatric disorders. During each phase, various types of assessments may be required. Some of these assessments are designed to evaluate how much clients are learning from the educational groups, while others are designed to measure attitude change, symptom patterns, sexual arousal, and other areas of treatment focus. Standard psychological assessments, polygraph, and penile plethysmograph may be used.

### SOTP phases of treatment

- I: Treatment readiness
- II: Skills Application A
- III: Skills Application B
- IV: Discharge Readiness/Release Planning
- V: Outpatient (Discharge)

### Strict and Intensive Supervision and Treatment

When a SIST investigation is requested by the court, OMH works closely with the Division of Parole, institutional and community treatment providers and other pertinent parties to determine whether the sex offender can be adequately managed in the community.

This report, as well as other documents from NYS Office of Mental Health can be accessed at the following site:  
<http://www.omh.state.ny.us/omhweb/statistics/>

## Interesting News Stories

In Charlottesville, Va., in October, a judge found white-nationalist leader Kevin Strom not guilty of the sexual enticement of an 11-year-old girl, despite humiliating testimony from Strom's wife. According to prosecutors, she (also a white-nationalist activist) had caught him at home naked, masturbating to photographs of nude women whose faces had been replaced by face shots of two prominent but very young white-nationalist singers. Subsequently, charges were filed over Strom's obsession with a local Girl (to whom he had sent presents and about whom he had described his feelings to his psychotherapist). However, in the end, a federal judge said the obsession did not amount to a crime (though Strom remains in jail on a child pornography charge).

[The Hook (Charlottesville), 10-11-07]

Anthony Azzopardi, 80, agreed in September in Bridgeport, Conn., to plead guilty in connection with a sexual encounter with a 5-year-old girl. Until recently, his story was that the girl had aggressively led him by the hand into the bedroom, pushed him down on the bed, and sexually assaulted him.

[Connecticut Post, 9-21-07]

## NYS ATSA/NYS Alliance Mission Statement

- To reduce the level of sexual victimization
- To promote the increase, uniformity, and quality of assessment and treatment services for juvenile and adult sexual offenders
- To promote the development of a fully integrated continuum of services for sexual offenders
- To promote legislation on issues and funding for programs impacting sex offenders and survivors
- To promote offender accountability through restitution, mediation, treatment, supervision and incarceration
- To promote community safety through the confinement of sex offenders not amenable to community-based treatment services

## 2008 Conference Details

### Conference Location

The Holiday Inn, 232 Broadway, Saratoga Springs, NY 12866 is easily accessed by I-87 Exit 14. Take a right from the exit and travel 2 miles on Route 9P. Turn left at T intersection, hotel is 2 blocks on the right.

**Detailed Directions** can be obtained at the Holiday Inn's website: <http://www.ichotelsgroup.com/h/d/hi/1/en/hotel/SGANY/transportation>

### Overnight Accommodations

For overnight accommodations, please call the Holiday Inn at (518) 584-4550. A block of rooms has been reserved for conference attendees at the rate of \$129.00 (plus tax) a night for a single or double occupancy. When making your reservation, please indicate that you are attending the New York Association for the Treatment of Sexual Abusers conference in order to obtain this special rate. Discounted room rates are available until **Monday, April 28, 2008**. After this date, reservation requests will be taken on a space and room availability basis.

**Nearby Hotels:** The Inn at Saratoga, 231 Broadway, Saratoga Springs, NY (800-274-3573); Hilton Garden Inn, 125 South Broadway, Saratoga Springs, NY (518-587-1500);

### Questions / Additional Information

Please contact Noel Thomas, NYSATSA Executive Board Member and Conference Committee Chair, at [nthomas10@nycap.rr.com](mailto:nthomas10@nycap.rr.com).

### Book Sales and Vendor Booths

Professional resources will be available at the conference including book sales by Mental Health Resources. A variety of organizations providing services in the field of sexual abuse and sex offender management will be on site.

## The Use Of “Safety Planning” as a Relapse Prevention Tool

By; Dominic Dispenza, LCSWR

This article is a brief description of an intervention that numerous treatment providers utilize to assist both juvenile and adult sexual offenders in their recovery. Although this article will review the benefits of using this intervention in the group process, it can also be used during individual and family therapy sessions with offenders.

The starting point for this intervention begins during the evaluation process. The evaluator informs the client that the primary goal of the evaluation is to assure community safety and protection of past and potential victims and that in order to achieve this goal, we must work together to identify contributing factors. The individual being evaluated is then informed of how cognitive distortions contribute to sexual offending behaviors. The “failure to plan ahead”, as well as some other common cognitive distortions are identified by the evaluator who informs the client that discussion of these factors will be part of the evaluation process.

When the individual completes the evaluation and begins group treatment, there is open discussion of the cognitive distortion “failure to plan ahead.” This occurs fairly early in treatment with new group members. Individuals who have been in group longer identify and discuss their own failures to plan ahead and how this resulted in serious problems in their lives, especially their sexual offending. Even individuals who have been in treatment a relatively long period of time discuss their own need to continue to plan ahead, how this has helped them to remain safe in the community, and their reasons for committing to this process for a lifetime. In addition to this introductory work, group members review various safety plans during each group session. This enables the new group member to see the process and begin to develop his own skill and motivation to participate in the process.

The safety planning process focuses on an activity that the group member wishes to attend to.

Activities such as looking for a new job or residence, participating in social/leisure activities, and relationship issues are typically addressed. Once the activity has been identified, the individual lists the potential risks involved in the activity. The next piece of the safety plan is to identify interventions that will reduce the risk of each factor identified. This is then presented to the group for review. Group members typically identify other risks that might have been missed by their peer in his safety plan. Additional interventions are typically identified for each risk factor related to the activity.

Newer group members who continue to have some denial are often unable to identify the most serious risks and consider activities that are inappropriate. For example, a newer group member who had a history of sexual abuse of juveniles asked the group to help him develop a safety plan to attend a wedding where alcohol would be served, children would be present, and other wedding parties would be going on. Group members immediately informed him they could not approve a safety plan for this activity and explained the risk factors involved and what could occur. In most cases, safety plans result in safe and successful activities. One group member received an unsolicited job offer from an acquaintance that would result in a significant increase in pay and employment status. His first response was to inform the person of his legal status, that he was in treatment and would need approval from his group and Probation Officer. This individual developed an extensive safety plan that covered every aspect of his job duties, his driving routes to and from work, who he would report to, what to do if there was ever the potential for contact with children, etc. He presented his initial plan to the group, made modifications, and asked his prospective employer if there would be any problem following the safety plan. All parties agreed to the safety plan, including the employer who gave this individual the job!

**Encourage your colleagues in the field to join NYSATSA or the NYSAlliance of Sex Offender Service Providers. Membership dues provide for a discount on conference fees and enables individuals to receive this publication. Inquiries can be made to NYSASOSP@nycap.rr.com. Application on Page 8**

**New York State Alliance of  
Sex Offender Service Providers**

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**New York State Association for the  
Treatment of Sexual Offenders**

**P.O. Box 3115  
Albany, New York 12203-3115**

**Not a Member of NYSATSA or  
the NYSASOSP?**

Join now and register for the conference at member rates. If you wish to join, please be sure to include a **separate check** for membership and return it with your conference registration. Benefits of membership include newsletter subscription, reduced conference rates, and opportunities for professional networking. Your \$35 membership fee covers your annual NYSASOSP membership. NYSATSA members (must be a member of national ATSA for state chapter membership) – your annual NYSASOSP membership is included in your NYSATSA membership.

**NYS Alliance of Sex Offender Service Providers/ NYS Chapter of the Association for the Treatment of Sexual Abusers  
2008 Membership Application**

\_\_\_\_\_ I would like to apply for membership in NYSASOSP and I am including my check for \$35 made payable to NYSASOSP.

\_\_\_\_\_ I would like to apply for membership in NYSATSA and I am including my check for \$35 made payable to NYSATSA.

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**Address:**

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**Organization:**

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**Phone:**

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