

Workshop #18
FRIDAY, JUNE 12, 2009 – Session 4 (10:15-11:45)

EVERYTHING I USED TO KNOW ABOUT SEX OFFENDERS WAS WRONG
(an in-depth continuation of the keynote address)

Presenter

Stephen J. Huot, M.Eq.
Director - Sex Offender Treatment Program
Minnesota Correctional Facility

Presenter Biography

Stephen J. Huot, M.Eq., Licensed Psychologist: He is currently the Director of the Sex Offender Treatment Program (SOTP) at the Minnesota Correctional Facility at Rush City. He also maintains a private practice through Alpha Human Services in Minneapolis, MN, working with adult male sex offenders who are on probation. From July 2003 to October 2005, he was Director of Sex Offender Management Services for the Minnesota Department of Human Services. Prior to this, he was the Director of the Sex Offender/Chemical Dependency Services Unit for the Minnesota Department of Corrections (DOC), and in that role supervised the risk assessment process for civil commitment referral and community notification. He is a Psychologist licensed in the State of Minnesota since 1986, and worked for the DOC for 9 years as a staff psychologist and clinical director of a sex offender/chemical dependency treatment program before becoming Director in 1994. He is one of the co-authors of the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) and has conducted research on sex offender treatment and recidivism, civil commitment, and community notification. He is a clinical member of the Association for the Treatment of Sexual Abusers since 1995, and was the president of the Minnesota Chapter (MNATSA) from 2001 to 2003, and treasurer from 2004 to present.

Workshop Description

There have been many assumptions and practices about sex offenders throughout the years that have turned out to be incorrect, incomplete or inaccurate. In this workshop, Stephen Huot will show how recent research and "best practices" about sex offender treatment and supervision strategies reveal that different approaches may actually be more effective and more likely to improve public safety.

Examples of what we used to know include:

1. Sex offender treatment must be highly confrontational, and the client must know that it is "My way or the highway."
2. Sex offenders who deny are at higher risk to reoffend.
3. Sex offender treatment goals are set by the therapist, with no input from the client.
4. Relapse prevention must follow a specific format, with great emphasis on learning specific terminology, and relapse prevention plans must be long and highly detailed.
5. All sex offenders must have the same treatment goals, and must complete all that is offered by the program, just in case.
6. All sex offenders have a sex offense cycle, and all have deviant sexual fantasies.

This workshop will challenge the above assumptions by examining the "Good Lives" model of treatment, the importance of a collaborative approach toward treatment that includes the client, and the necessity of conducting a thorough initial assessment with sex offenders and then developing a treatment plan from the assessment.