

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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NOTES FROM THE PRESIDENT

New York State Association for the Treatment of Sexual Abusers and NYS Alliance of Sex Offender Service Providers

Dear Colleague:

As we move into the fall of two thousand and seven, we have seen a number of critical events take place in the treatment and management of sex offenders in New York State. The Civil Commitment Law was passed and signed by Governor Spitzer earlier this year, and many communities have passed local residency laws. In the upcoming year, the implementation of the Adam Walsh Act will need to be further addressed by our State Legislatures. It is hoped that all the members of the NYSATSA and Alliance can continue to play an active role during this critical period.

We would like to take the opportunity to update you on a number of efforts the NYSATSA/Alliance Board has been involved in over this past summer. We have met with Luke Martland, Director of the Office of Sex Offender Management, Division of Criminal Justice Services and Richard Miraglia, Associate Commissioner of the NYS Office of Mental Health, to discuss ways our organizations can work closely together regarding issues related to assessment and treatment of adult sex offenders. Both the Office of Sex Offender Management and OMH are actively recruiting staff to enhance their knowledge and involvement in this field. In addition, they are actively trying to identify appropriate professionals in the community who are interested in interviewing and assessing high risk sex offenders. Both Mr. Martland and Mr. Miraglia have met with the NYSATSA/Alliance Boards to address the education and training needs in the state. In September, two members of the Board, Dominic Dispenza and Richard Hamill were requested to make presentations at the Gowanda Correctional and Mid-State Correctional Facilities to their Sex Offender Program Treatment Staff Training Program.

This year's NYSATSA/Alliance Conference, *Intersections: Research, Public Opinion and Policy Making in Sex Offender Management and Treatment* held in May, 2007 in Poughkeepsie was a huge success. We had over 200 people attend the two day program.

NEWSLETTER SUBMISSIONS

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PHYSICAL AGGRESSION EXHIBITED IN ADOLESCENCE: A SUMMARY AND REVIEW OF CLINICAL LITERATURE

By: Peter Leising, LCSWR

I. INTRODUCTION

The physically aggressive adolescent is a major focal point of numerous psychiatric and juvenile justice service delivery systems. Physical aggression is a major behavior that necessitates inpatient psychiatric hospitalizations and legal adjudications. It is a behavior that invokes significant controversies and disagreements between involved treatment providers.

As mental health providers, we are faced with difficult challenges when dealing with the physically aggressive adolescent. We are expected to extinguish aggressive behavior that is usually long-standing in nature, reflecting numerous contributing factors. A therapeutic treatment orientation must be maintained. At the same time, there are a significant number of adverse consequences and negative effects on the treatment provider who deals with this population. This paper is a review and summary of recent literature associated with physically aggressive adolescents. The purpose of this presentation is to give a concise overview of issues associated with adolescent physical aggression.

II. BASIC ASSUMPTIONS

- Physical aggression reflects a purpose.
- Physical aggression does not consist of a solitary action. It reflects a number of interrelated factors that include instigation, facilitation, inhibition, and disinhibition.
- Physical aggression is not static. It changes in duration, intensity, and frequency.
- Physical aggression reflects the interactions of numerous themes that include biological, psychiatric, psychological, social and family content.
- Physical aggression incorporates theories from developmental psychopathology, social learning theory, frustration tolerance learning model, and neurobiological studies of aggressive behavior in animals.

- Clinical literature indicates there are two major types of aggressive behavior exhibited by adolescents. These are reactive aggression and proactive aggression.
- It should be noted that adolescent aggression is multifaceted and could reflect various numbers of themes from both of these typologies.

III. REACTIVE AGGRESSION

- Angry hostile retaliatory response to real or perceived threats or sources of frustration. The perceived threats are external or internal.
- This type of aggression is also known as affective aggression.
- It has an early life onset, associated with the development of increasing impairment in school-age years.

IV. PROACTIVE AGGRESSION

- Coercive physical aggression utilized to achieve a desired goal with planned intent and specific targeting activity.
- Belief that aggression is an effective and acceptable method for achieving goals. Goals are variable and can reflect multiple purposes.
- Also known as predatory or instrumental aggression.
- Usually this type of aggression begins in the middle-school years. If this aggression has an early-age onset, it is probable that the adolescent will develop a juvenile delinquent and antisocial behavioral presentation.

V. ADOLESCENT PSYCHOPATHY

- Enduring personality traits that reflect extreme callousness/unemotional themes, interpersonal exploitation and social deviance.
- This clinical entity is characterized by extreme forms of instrumental/predatory aggression.

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Physical Aggression in Adolescence

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VI. TEMPERAMENT AND ADOLESCENT PHYSICAL AGGRESSION

- Temperament is defined as an individual's characteristic style of emotional and behavioral responses in a variety of different situations and to a variety of differing environmental stimuli.
- Temperamental characteristics are a hereditary resultant of biological and neuropsychological themes. They are persistent in all life settings.
- Numerous temperamental difficulties can occur as a result of this hereditary process. Difficulties include over activity, behavioral under control, high intensity of responses, inattention, predominantly negative mood, sensation seeking, and low adaptability to new situations.
- These difficulties can result in a discreet temperamental style defined as impulsive risk taking.
- In this style there is a tendency to execute actions too quickly or in an unreasoned or unreflective manner.
- There are difficulties in withholding actions or difficulties in inhibiting actions once they have commenced.
- There is a tendency to seek out immediate gratification at the expense of longer term goals.
- This temperamental style also may involve affect instability with marked fluctuations in mood or general demeanor.
- Both negative and positive reactions may appear exaggerated, markedly inconsistent, and difficult to predict.
- This temperamental style is not automatically associated with physical aggression. This style, when interacting with dysfunctional environmental, or physical processes can result in the exhibition of physically aggressive behavior.

VII. PHYSICAL AGGRESSION AND SUICIDAL BEHAVIOR

Studies indicate the association between suicidal

Data obtained from the 1995 Youth Risk Behavior Study (YRSB) identified the existence of suicidal behavior that occurs after the exhibition of dangerously violent physical aggression.

The identified severe dangerously violent physical aggression included the possession/usage of a dangerous weapon; in most cases a firearm. This type of extreme dangerous aggressive behavior appears to be a culmination of a chronic pattern of peer victimization that includes physical abuse, bullying, and conflicted social interactions.

Major depressive disorder and substance abuse disorder reflect self-destructive and suicidal themes. These are common psychiatric diagnoses associated with adolescent physical aggression.

VIII. COUNTERTRANSFERENCE REACTIONS TO ADOLESCENT PHYSICAL AGGRESSION

Physical aggression is extremely provocative behavior. It has the potential to cause physical harm to the mental health worker. This invokes strong emotional states and reactions. There are a number of reactions that inhibit effective treatment of adolescent physical aggression.

- Belief of having a special relationship with the physically aggressive adolescent.
- Denial of the seriousness and extent of the aggressive behavior.
- Helplessness and guilt.

IX. CONCLUDING REMARKS

Physical aggression is a major part of the presenting problem that brings the adolescent to the juvenile mental health system. In many cases, the mental health system is expected to formulate unrealistic treatment objectives regarding adolescent physical aggression. The two primary unrealistic treatment objectives are total extinction of exhibited physical aggression and 100% accurate prediction that aggressive behavior will not occur in the future. (Please see last page.)

Notes - Continued

Continued from page 1

Many thanks, to Alisa Klein and Joanne Archambault for their interesting and informative Keynote presentation at the conference. We would also like to take the opportunity to thank all those who took the time to prepare and make workshop presentations at the conference. In addition, many thanks to Sharon Doane and her committee staff for all their efforts in putting together a great conference.

We are well on our way to planning next year's conference, which will be held in May, 2008. We are presently exploring different sites in the Albany area. As a result of many recommendations made at the last conference, we are planning to add a third day to the conference.

In closing, we all need to stay abreast of the issues related to community notification, registrations and civil commitment. Let us know if there is anything further the NYSATSA/Alliance can do to support your efforts. We are always looking for members to become more active in the state organization. Let us know if you are interested. Please remember to join us for the 2008 conference.

Best wishes,

Kenneth J. Lau, LCSW
President
NYSATSA

Richard Hamill, Ph.D.
President
NYS Alliance

Youth Psychopathic Traits Inventory (YPI)

The YPI was developed by Henrik Andershed, Margaret Kerr, Håkan Stattin, & Sten Levander. The authors request that users "acknowledge that the YPI is for research purposes only and please respect the guidelines for its use carefully. You do not need permission to download the YPI from this site. However, please respect that a written permission from the first author of the YPI, Henrik Andershed, is needed before actual use of the YPI." The YPI can only be used or distributed after agreement with the authors of the instrument at the Center for Developmental Research, Örebro University, Sweden.

According to Mairead Dolan and Charlotte Rennie, in their article entitled, "The Relationship between Psychopathic Traits Measured by the Youth Psychopathic Trait Inventory and Psychopathology in a UK Sample of Conduct Disordered Boys", ([Journal of Adolescence](#), Aug., 2007) "The Youth Psychopathy Traits Inventory (YPI) is a newly developed self-report measure of psychopathy" and it "had showed the expected positive correlations with aggression, delinquency and impulsivity. The YPI was able to identify a "psychopathic-like" subgroup with higher impulsive/aggressive and delinquent scores and lower empathy."

The authors of the YPI have published an article detailing the development, testing and use of this instrument. "Psychopathic Traits in Non-Referred Youths: Initial Test of a New Assessment Tool" can be found in the book entitled, [Psychopaths: Current International Perspectives](#). It is strongly recommended that this article be read before using the YPI. The YPI itself consists of 50 questions in which respondents are asked to rate their answers on a four point scale indicating the degree to which the statement does or does not apply to the individual. A scoring key allows the examiner to determine the items endorsed by the respondent that would show traits such as "dishonest charm, grandiosity, manipulation, remorselessness, callousness and other areas of concern."

NYSATSA and Alliance Board Meet With State Officials to Discuss Ramifications of New Law

By: Jacqui C. Williams, Director of Policy and Education at NYS Coalition Against Sexual Assault

The September NYSATSA/Alliance Board of Directors Meeting was joined by Luke Martland, Director of the NYS Office of Sex Offender Management housed at DCJS, Richard Miraglia, Assistant Commissioner for Offender Services at NYS Office of Mental Health, John Culkin, Director of Mental Health Services at Department of Corrections, and James Doherty of OMH. Each shared their backgrounds and interests in working with stakeholders in developing and implementing plans for working with sex offenders as outlined in the new "Sex Offender and Management Treatment Act."

Mr. Miraglia reported that 65-70% of the total prison population was from metropolitan NYC, 70-80% were non-white. The placements of sex offenders were equally divided between upstate and NYC. The estimate for the first year is that 250 offenders would be placed on Strict and Intensive Supervision (SIS) and 100 would be civilly confined. As of September, six sex offenders had been placed on SIS and two had been violated. There are 50 offenders in various stages of the process.

It was reported that there is a need to develop a list of current providers for the Attorney General's office and to build parallel mental health systems, perhaps regionally, to promote better information sharing and working relationships between providers and parole. The issue of a provider network raised questions regarding credentialing and use of National ATSA guidelines along with discussion on use of OMH clinic staff and facilities given the requirement to keep sex offenders separate from other clients.

There was some discussion of the issue of cost to increase accessibility to treatment. Mr. Miraglia stated there was \$600,000 in the OMH budget to help cover treatment costs for

for indigent individuals statewide. However these funds cannot be used to create or sustain programs. Luke Martland offered to partner with ATSA on enhancing education and training of treatment providers to increase the number around the state.

Board members and visitors raised questions concerning housing, local restrictive legislation, difference in parole referrals between upstate and downstate providers, costs of services, examples of the Dutchess and Steuben programs compared to Capital District and NYC programs was shared. Board members committed to forwarding ideas to help DCJS/OSOM and OMH continue development of their procedures.

Call for Presentations NYSATSA/NYSASOSP ANNUAL CONFERENCE 2008

Our 2008 Annual Conference will be convened **May 12-14, 2008**, in Saratoga, New York, at the Saratoga Holiday Inn. This year's conference theme is "*Sex Offender Management Services In The Twenty-First Century: Seeking Balance In An Age Of Reaction.*" In keeping with the conference theme, we are asking presenters to focus on services and practices that are innovative and creative, those that have empirical data supporting their effectiveness.

The NYSATSA/NYSASOSP Annual Conference provides opportunities for everyone to examine services of shared leadership and resources, programs and practices that influence emerging best practices, interact with other leaders and network and collaborate with each other. We are certain that all will benefit from this opportunity to share, learn, and network with others dedicated to improving sex offender management services in New York State.

The Call for Presentations will debut in November, 2007. If you have any questions, please contact Noel C. Thomas, M.A.,/Board Member/Treasurer at nthomas10@nycap.rr.com.

Denial Predicts Recidivism for Some Sexual Offenders

According to the article published in [Sexual Abuse: A Journal of Research and Treatment](#), in the June 2007 issue by Nunes, Hanson, Firestone, et al., there may, in some instances, be a “relationship between denial and recidivism among adult male sexual offenders.” The authors of this study found that “Contrary to expectations, denial was associated with increased sexual recidivism among the low-risk offenders and with decreased recidivism among the high-risk offenders.” The study found that this appeared true for incest offenders for whom “denial was associated with increased sexual recidivism.” The authors found that having a non-related victim and denial did not correlate as a high risk factor for further offending. The timing of an assessment (pre-trial vs. post-trial) did not have an effect on the outcome of denial as a risk factor. ATSA members can access the arti-

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

Is the Bureau of Prisons Squelching a Study Showing a Child Porn Link to Molestation?

According to the New York Times, article [“Debate on Child Pornography’s Link to Molesting.”](#)

The U.S. Bureau of Prisons (BOP) conducted research, “carried out by psychologists at the Federal Bureau of Prisons,” and “is the first in-depth survey of such online offenders’ sexual behavior done by prison therapists who were actively performing treatment.” The study is purported to find that 85% of those individuals in the study, incarcerated for Internet child pornography crimes, reported having a “hands on” offense against a child. According to the Times article, “The researchers also counted many more total victims: 1,777, a more than 20-fold increase from the 75 identified when the men were sentenced.”

Jan LaRue, Esq. of the Culture and Media Institute, in an article dated July 20, 2007, claims that BOP actually does not want the study published. LaRue cites the Times authors’ report that “Judith Simon Garrett, Assistant General Counsel at the BOP, is heavily involved in squelching the study. Editors at *The Journal of Family Violence*,” a peer-reviewed academic journal, agreed to publish the study until they received a letter from Garrett asking them to withdraw it because it did not meet “agency approval,” LaRue goes on to ask the following questions:

- “Why doesn’t the study “meet agency approval”?”
- Why, according to two unnamed prosecutors, did Garrett and the BOP prevent Hernandez and Bourke from speaking to law enforcement conferences about their research?
- Why doesn’t the BOP trust the peer-review process?
- Garrett’s own work has been published with a BOP disclaimer. Why isn’t she urging the BOP to do the same here?”

Encourage your colleagues in the field to join NYSATSA or the NYS Alliance 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

Sex Offender Management and Treatment Act Changes Sentencing Guidelines For Sexual Offenses

The charts below display the significant changes in the criminal sentencing of sex offenses from the outset as found in the Sex Offender Management and Treatment Act (*L.2007 c.7 effective 4/13/07.*) Of note is the creation of two new categories of offenses including the “Felony Sex Offense” (PL 70.80(1)(a)), and the “Sexually Motivated Felony” (PL 130.91), with the application of new sentencing parameters. There is also the creation of a new category of multiple felony offender (predicate felony sex offender) (PL 70.80(1)(c)), and the specification of new sentencing rules for such offenders; and the redesignation as "violent felonies" of five felonies (PL 130.30, 130.45, 130.53, 130.65-a, 130.90) previously classified as non-violent offenses. There are more stringent sentences for first offenders and increased sentences for repeat offenders.

New Non-Violent Sex Offense Determinate Sentencing (Penal Law §70.80)

First Offense	Determinate Range	Alternative Sentence
Class B	5-25 Years	None
Class C	3 ½ - 15 Years	None
Class D	2-7 Years	Probation or definite (PL §70.80(4)(b)) and (c)
Class E	1 ½ - 4 Years	Probation or definite (PL §70.80(4)(b)) and (c)
Predicate - Prior Non-Violent	Determinate Range	Alternative Sentence
Class B	8-25 Years	None
Class C	5-15 Years	None
Class D	3-7 Years	None
Class E	2-4 Years	None
Predicate - Prior Violent	Determinate Range	Alternative Sentence
Class B	9-25 Years	None
Class C	6-15 Years	None
Class D	4-7 Years	None
Class E	2 ½ - 4 Years	None

New Post-Release Supervision Terms for All Violent and Non-Violent Felony Sex Offenses (Penal Law §70.45 (2-a))

Class of Felony	First Felony Offenders	Second Felony Offense
Class B	5-10 Years	10-25 Years
Class C	5-15 Years	7-20 Years
Class D	3-10 Years	5-15 years
Class E	3-10 Years	5-15 Years

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

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

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Editor's Note:

Mr. Leising's report on adolescent aggression (pages 2-3) was condensed due to the space limitations of this newsletter. There is also an extensive Bibliography for this report, that was not reproduced here.

Mr. Leising will send a copy of his full report if you send a request to him at his email address, pljl1087@yahoo.com.

This article was included due to the relevance of addressing violence and aggression when assessing and treating juvenile sexual offenders.

**New Downloadable
Curriculum Released**

OVC's Sexual Assault Advocate/Counselor Training (SAACT) downloadable curriculum is now available (<https://www.ovcctac.org/saact/index.cfm>).

SAACT teaches advocates how to provide effective crisis intervention services to victims and survivors of sexual assault. Visit the OVC Training Center to browse this curriculum and other new trainings now available to the field.

**NYSATSA & NYSAlliance of
Sex Offender Service
Providers Announce 2008
Conference**

**"Sex Offender Management
Services In The Twenty-First
Century: Seeking Balance In
An Age Of Reaction."**

The Capital District Coalition for Sex Offender Management (CDCSOM) team will be sponsoring the next NYSATSA / NYSASOSP Conference. The conference will be convened **May 12-14, 2008**, at the Saratoga Holiday Inn, in Saratoga Springs.