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Texas Resource

The Official Newsletter of the Council on Sex Offender Treatment



Spring 2000 Volume 8, No. 1

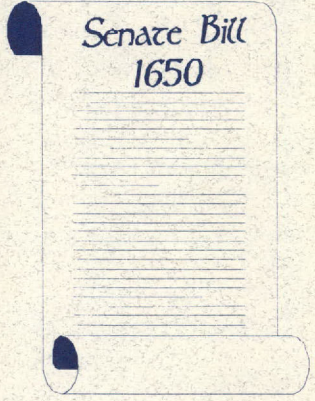
The Creation of the Texas Juvenile Sex Offender Risk Assessment Instrument

by Ana Torrez Aguirre, TJPC Sr. Trainer, TDCJ Review Committee Member

Passed by the 76th Texas Legislature, Senate Bill 1650 required the Texas Department of Criminal Justice (TDCJ) to establish a Risk Assessment Review Committee (Committee). The primary responsibility of the Committee is to select or develop a risk assessment screening tool to be used statewide by the courts and the Committee for assigning the risk level of sex offenders. All sex offenders who are required to register and are being released from penal institutions or placed on probation on or after January 1, 2000 must be assessed.

Senate Bill 1650 also directed TDCJ to establish a five-member committee, each of whom is a state employee whose service on the review committee is in addition to the employee's regular duties. The Committee should include:

- 1) one member having experience in law enforcement;
- 2) one member having experience working with juvenile sex offenders;
- 3) one member having experience as a sex offender treatment provider, and
- 4) one member having experience working with victims of sex offenses.



The Committee selected separate risk assessment instruments for adult offenders (18 years of age and older) and juvenile offenders (10 to 17 years of age). The selection process for the adult instrument was simplified since the Committee had several instruments from which to select.

The Static 99 instrument, developed by David Thornton, from Great Britain, and Carl Hansen, from Canada, was the adult instrument selected by the Committee.

Unfortunately, as many seasoned practitioners are aware, the Committee did not have the same luxury in their search for a validated juvenile risk assessment instrument. The Committee membership made numerous inquiries at the local, state, and national level organizations, institutes, as well as various sex offender treatment providers in the public and private sector. Instruments that were available, although not yet validated, included the Prentky Instrument from Maine, the Tarrant County Juvenile Probation Department Instrument, and an instrument from the State of New Mexico.

none of the current instruments reviewed would be selected. The Committee requested that the Texas Juvenile Probation Commission (TJPC) and the Texas Youth Commission (TYC) develop an instrument for the Committee's consideration.

The Committee developed the Texas Juvenile Sex Offender Risk Assessment Instrument as the official Texas instrument to be used for assessing the juvenile sex offender's risk. The selection of the factors to be considered in assessing the risk are based on empirical data derived from the TYC database. *(Creation of the Texas Juvenile Sex Offender Risk Assessment Instrument continues on page 5)*

Upon the Committee's review, it was determined that

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For more information on the appointment process,
visit the Governor's web site at:
www.governor.state.tx.us/appointments/appointments.html**

Texas Resource is the official publication of the Council on Sex Offender Treatment and is printed by the Texas Department of Health.

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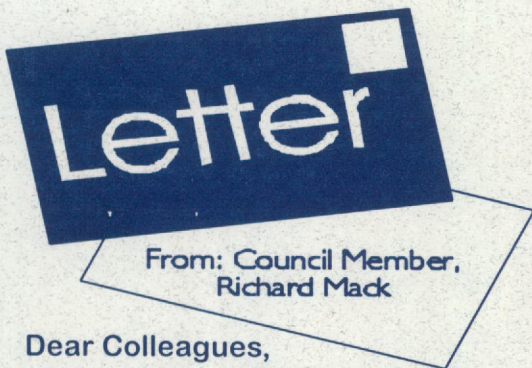
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*Governor George W. Bush appointed Richard Mack as a professional member to the Council on March 25, 1999. His term expires February 1, 2005.
Mr. Mack is a Licensed Marriage and Family Therapist.*

Dear Colleagues,

Nearly 10 years ago I arrived in Texas, with experience in couples, family, and sex therapy, specializing in domestic violence. Little did I know that responding to a telephone call from Levelland, Texas, would propel me into the field of sex offender treatment. When I agreed to treat 13 people in the 286th Judicial District, I discovered there was very little literature, and even less West Texas experience, in the field. I learned by paying close attention to my clients and by listening carefully to the supervision officers who had contact with these clients before me. The Texas Legislature has come and gone five times in these ten years, passing laws concerning sex offenders, as my contact with sex offenders and the field of sex offender treatment has increased. In fact, the field has developed significant literature and an evolving conceptualization of effective approaches toward promoting the goals of preventing additional victims, ensuring safety in our communities, and protecting the individual sex offenders from sexually acting out or placing themselves in high-risk situations.

Two primary concerns have emerged over the past ten years. First, all Texans deserve to live in safe communities. It is my belief that this can be accomplished if we have a comprehensive approach to sex offending behavior. It has been my experience that, as professionals in the field, we tend to operate in reaction to legislative mandate. The legislature attempts to respond as rapidly as possible to societal needs, but in the process, the legislature has created a patchwork of legislation, the pieces of which don't quite fit together. It is my belief that a comprehensive approach cannot be developed and legislation implemented

within the context of one legislative session without prior planning and collaborative effort. My vision for treatment providers in Texas is to develop a Task Force that includes all areas of professionals, and legislators, in order to develop a comprehensive approach to sex offenders, beginning with legislation and ending with implementation of effective supervision and treatment.

The second area of concern is that approaches to sex offender treatment differ throughout Texas. While some differences are among approaches are natural, and are desirable to foster growth in the field, there are some differences that are not acceptable. Some programs do not include appropriate assessments, some do not include monitoring techniques, some are not oriented to therapeutic change, and some do not collaborate with other professions interfacing with cases. The people of Texas deserve the highest standard of sex offender treatment, including all of those components. The expression "the people of Texas" includes the sex offenders who have been placed in the community by the courts; these offenders deserve the best of our efforts to assist them in protecting themselves from deviant sexual impulses and to avoid high-risk situations. We must work to upgrade the standards of sex offender treatment. All Registered Sex Offender Treatment Providers and other professionals must invest in the upgraded standards so that increasing numbers of Texans can live in safe communities. It is my hope, and the focus of my involvement with the Council on Sex Offender Treatment, that these goals may be accomplished so that all Texans might be able to live in communities safe from sexual offending.

**Sincerely,
Richard Mack**

DISCIPLINARY ACTIONS

Disciplinary actions are taken by regulatory authorities (boards, committees and programs) in response to a violation of the law or rules. Different kinds of actions may be taken depending on the severity of the offense, the history of previous violations, efforts made to correct the violation, the harm to the victim(s), the likelihood of a repeat violation, and other matters related to each particular case. These actions are taken to protect and promote the health, safety, and welfare of the citizens of Texas. To see actions the council has taken, please visit our web site. <http://www.tdh.state.tx.us/hcqs/plc/csot.htm>



(Creation of the Texas Juvenile Sex Offender Risk Assessment Instrument continued from page 1)

The instrument considers the following factors in scoring the offender's risk: 1) Seriousness of the Sex Offense; 2) Use of Weapon in the Sex Offense; 3) Age at First Referral; 4) Prior Adjudications for Sex Offenses; 5) Prior Referrals for Sex Offenses; 6) Prior Adjudications for Felony Offenses; and 7) Prior Felony Referrals. An offender scoring 1-5 points should be assigned risk level two, and an offender scoring 6-13 points should be assigned risk level one.

The Juvenile Court is required to assign a risk level of one or two. A level one risk score is a result of 1) a designated number of points (6 or higher) on the juvenile sex offender instrument; and 2) a basis for concern that the offender poses a serious danger to the community or will continue to engage in criminal sexual conduct. A level two (1-5 points) risk score indicates that either, but not both, of the aforementioned criteria exists.

The law stipulates circumstances under which a person may be assessed a level three risk score. A level three would indicate that there is "no basis for concern that this person poses a serious danger to the community or will continue to engage in criminal sexual conduct." To be eligible for a risk level three assignment, the offender has to meet the following criteria: 1) prior risk level two assignment; 2) prior adjudication for Indecency with a Child or Sexual Assault of a Child; 3) victim must be of the opposite sex; 4) victim cannot be more than five years younger; and 5) the offender intends to relocate.

Every juvenile offender receiving an

order of probation or being released from a penal institution on or after January 1, 2000 must be assessed. The assigned risk level must be indicated on the sex offender registration form at the time of disposition or at the time of release. Code of Criminal Procedure Art. 62.01(3) was amended by House Bill 2145 and expanded the definition of "penal institution" to include pre- and post-adjudication secure juvenile facilities. Therefore, sex offenders placed in a secure juvenile facility as a condition of probation or who are already on probation and are subsequently detained, must be assessed prior to release. This requirement applies to all secure juvenile facilities operated by a county or under contract with a private vendor. TJPC recommends that juvenile courts and juvenile boards discuss this issue and designate a person or persons in their county to receive training on the instrument and be responsible for administering the assessment instrument to juvenile offenders (i.e., probation officers, facility administrators, court personnel, etc.).

Community notification is another major component related to the risk level assigned to the juvenile sex offender. Residents will receive written notification (mailed or delivered) from the Department of Public Safety on juvenile sex offenders who: 1) were adjudicated on or after January 1, 2000; and 2) receive an assigned risk level one. Residential addresses eligible to receive notice are those who reside within a one-mile radius of the juvenile sex offender in an area that has not been subdivided or a three-block radius in an area that has been subdivided.

The Committee reconized there might be other predictive factors that need to

be considered in assessing a sex offender's risk of re-offending. To assist the Committee in analyzing the validity of these factors that are suggested by research literature in this topic, a Data Collection Form was developed and must be completed for every offender who is assessed by the Texas Juvenile Sex Offender Risk Assessment Instrument. The same person who assesses the offender should complete the Data Collection Form. The information collected will be submitted to TJPC for analysis and TJPC will report monthly to the Committee. At a later date, the Committee will analyze the data collected and potentially consider the expansion of the risk assessment instrument to include additional validated variables (factors) that may enhance the predictability of juvenile sex offender recidivism. Data currently being requested pertaining to victims includes the current victim's age at the time of the offense, gender, indication of whether the victim lived with the offender at the time of the offense, and the victim's relationship to offender (relative, stranger or acquaintance). This same information pertaining to prior sex offenses and those victims is also being requested. Additional information being requested and pertaining to the offender includes the following: 1) prior out-of-home placements; 2) prior school behavior (suspensions, expulsions, failed a grade in school, and placement in a disciplinary alternative education program); and 3) a listing of multiple offenses referred or adjudicated within one event.

The Committee and the TJPC emphasize that proper training on the use of the instrument and the data collection process is essential to ensure consistent and accurate application of the instrument statewide.

Call for Proposals

The 9th Annual Texas Conference on
The Treatment & Supervision of Adult Sex Offenders

presented by

- ★ Correctional Management Institute of Texas (CMIT)
Sam Houston State University
- ★ Council on Sex Offender Treatment (CSOT)
The Texas Department of Health
- ★ Texas Department of Criminal Justice (TDCJ)

February 11-13, 2001
Holiday Inn Select - Greenway Plaza
Houston, Texas

CMIT & CSOT request submission of proposals for workshop presentations (1.5 to 2 hour sessions)

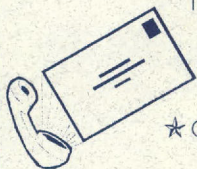
Submitted proposals must include:

- One paragraph biography for each presenter
- One page abstract including objectives for the presentation
- 25 - word summary of workshop for publication in the conference program
- Track requested for workshop (see below)

Tracks Include:

- 1-2 Years Treatment Experience - Basic & Intermediate Level Workshops
- 1-2 Years Supervision Experience - Basic & Intermediate Level Workshops
 - Polygraph Utilization
- 3+ Years Advanced Treatment Techniques
- 3+ Years Advanced Supervision Issues
 - Sexual Assault Survivor Issues
 - Criminal Law Issues

Submission Deadline: September 30, 2000
(see proposal form on page 11)





To review topics in their entirety, you may view them on CSOT's web page or you may contact us and we will provide you a copy.
<http://www.tdh.state.tx.us/hcqs/plc/csot.htm> or (512) 834-4530

LEGISLATION/RULES/LAW

Health and Safety Code

Subtitle E. Special Provisions relating to mental illness mental retardation

- Chapter 611.** Mental Health Records
- Sec. 611.001.** Definitions.
- Sec. 611.002.** Confidentiality of Information and Prohibition on Against Disclosure.
- Sec. 611.003.** Persons Who May Claim Privilege of Confidentiality.
- Sec. 611.004.** Authorized Disclosure of Confidential Information other than in Judicial or Administrative Proceeding.
- Sec. 611.0045.** Right to Mental Health Record.
- Sec. 611.005.** Legal Remedies for Improper Disclosure or Failure to Disclose.
- Sec. 611.006.** Authorized Disclosure of Confidential Information in Judicial or Administrative Proceeding.

SB 1232 (1997)

An act relating to conditions for probation and release for a child adjudicated for engaging in certain criminal conduct and to certain instruction and treatment for the parent or guardian of the child.

SB 149 (1995)

Relating to the release of information concerning the treatment of sex offender by a treatment provider, a criminal justice agency or a local law enforcement authority.

Government Code Section 493.017

Mandatory Reports on Sex Offender Treatment.

Family Code

Subchapter B, Sec. 261.101 - 261.109

- Subchapter B. Report of Abuse or Neglect; Immunities
- Sec. 261.101** Persons Required to Report; Time to Report.
- Sec. 261.102** Matters to be Reported.
- Sec. 261.103** Report Made to Appropriate Agency.
- Sec. 261.104** Contents of Report.
- Sec. 261.105** Referral of Report by Department of Law Enforcement.
- Sec. 261.1055** Notification of District Attorneys.
- Sec. 261.106** Immunities.
- Sec. 261.107** False Report; Penalty.
- Sec. 261.108** Frivolous Claims Against Person Reporting.
- Sec. 261.109** Failure to Report; Penalty.

TEXAS ATTORNEY GENERAL LEGAL OPINIONS

Opinion No. DM-458

Does Family Code Sec. 261.101(a) permit discretion on reporting possible child abuse?

Opinion No. JC-0070

Must a polygraph examiner report suspected abuse or neglect?

Council on Sex Offender Treatment
web site address:
<http://www.tdh.state.tx.us/hcqs/plc/csot.htm>

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Please submit any web page additions to CSOT.




Dear Liles and Maria:

I have been noticing a great difference in RSOT providers. That is, some are following the CSOT standards of treatment and philosophy and others are not. It is very frustrating as a probation officer to not

have all my probationers receive the same standards of treatment. Is it unethical for a RSOTP not to follow the CSOT standards of practice?

Signed, A Very Confused Probation Officer.



The Ethics Corner is a regular feature of the Texas Resource. Council members Maria Molett and Liles Arnold review and provide responses to frequently asked questions.

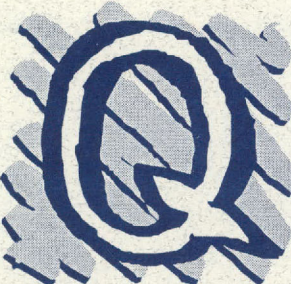
Please submit your "Ethics Corner" questions to the Council E-mail address:
csot@licc.tdh.state.tx.us

The Ethics Corner



Dear Confused Probation Officer:

You are not alone. Many providers are also confused about the differences in the treatment of sex offenders. This is particularly evident in the courtroom when defense attorneys hire "experts" to evaluate sex offenders and then testify as to their low risk. As a RSOTP, we have gone up against such "experts" many of whom are not even RSOTP. This can be handled very effectively by educating the prosecutor about the CSOT standards (Listed on the CSOT WEB Page). When a person presents themselves as a RSOTP, one should be able to assume that they agree with and comply with the CSOT standards. It is one thing to not have access to a polygraph or plethysmograph, it is quite another to state you will not use these instruments; it is one thing to only have one sex offender client and treat them in individual sessions, it is quite another to have 20 sex offender clients and not have group sessions or put them all in the same group. It is all of our responsibility to educate the public, attorneys, probation/parole officers, and therapists who are not RSOTP about the CSOT standards. It is everyone's responsibility to report unethical behavior and hold professionals accountable for their actions. The good news is that we are hearing that probation/parole departments are taking a more proactive role and requiring that the providers they contract with adhere to the CSOT standards of assessment and treatment.



Dear Liles and Maria:

As a therapist, I have always been conscientious to have my clients sign releases before sharing information about them with others. It is my understanding that a law was passed a few years ago that actually enables me to talk with others regarding my sex offender clients whether these offenders sign a release or not. Can you shed some light on this for me?

Signed, Conscientious in Conroe, Tight Lipped in Tyler, Wondering in Waxahachie, Questioning in Quinlax, Whaddayasy in Mexia



Dear Provider:

It is certainly good practice to obtain releases from your sex offender clients; however, your recollection about a law addressing that issue is correct. In 1995, the Texas Legislature passed the law which enables you as a licensed professional providing mental health services to sex offenders in the state, to release information about an offender with or without a release. However, this does not mean you can share information with anyone, or for any reason. The law provides a specific purpose for the release of information on a sex offender, "the administration of criminal justice." It also specifies to whom you may release the information, which includes a criminal justice agency, local law enforcement, and other mental health providers. If you would like to review the law you may view it on our web page.

<http://www.tdh.state.tx.us/hcqs/plc/csot.htm>

BUILDING VICTIM EMPATHY INTO SEX OFFENDER TREATMENT

By: Collier M. Cole, Ph.D., RSOTP, Program Director,
Paraphilia Treatment Program, Rosenberg Clinic, Galveston, Texas

Co-Authors:

Lisa Voyles, Crime Victim Assistance Coordinator, City of Friendswood Police Department &
Lisa Y. Zapata, S.W.A., Director of Education, The Bridge, Pasadena, Texas

One of the cornerstones of contemporary sex offender treatment involves developing an understanding of victim empathy, helping perpetrators to become aware of the damage inflicted on others. As professionals, we know the impact of sexual abuse and assault can be devastating and last a lifetime. Perpetrators, because of minimization, denial, and other cognitive distortions, do not readily see this side of their behavior.

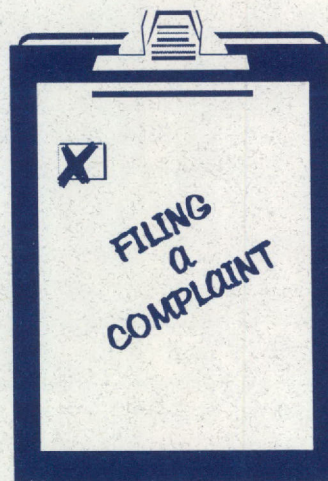
To address victim empathy, many programs utilize workbook exercises or films, and more recently victim impact panels, as part of the treatment process. For several years now in Galveston, we have utilized a variation that we have found to be highly effective. Several professionals from victim services have come into our treatment groups each April (Sexual Assault Awareness month in Texas), taking an entire session to discuss this topic. This is a unique interactive experience where they share personal information about what they have been through, as well as stories of clients they work with and continue to support. Group members can ask questions, sharing information about their offenses, thus often gaining insight into how their victims may be feeling. This back and forth discussion becomes very meaningful, evidenced by their comments and reactions.

We have found such a live interactive experience to be a far more powerful intervention technique than completing a written exercise, watching a film, or listening passively to a panel of victims. It is not uncommon for a long time afterwards for group members to recall this experience and, pleasing to us, when questioned periodically as to why it is important to monitor one's behavior and not re-offend, we get more responses of, "don't want to hurt anybody again" and not just, "don't want to go to prison for 35 years." Having the same individuals come back yearly also has been helpful, allowing group members to hear these stories again, often with a slightly different twist, but recognizing how sexual assault and abuse remains in the psyche for a lifetime... an important firsthand lesson.

One important caution, however, before you run out to try this in your program, it is critical to prepare for this intervention well in ad-

vance. Not every victim or victim services professional may be able to handle this experience. It is one thing to talk to a class of students or a local civic organization about sexual assault, it is quite another to go into a room full of perpetrators, some of whom may elicit painful memories and feelings, simply based on what they look like, the nature of their offense, or the sound of their voices. Treatment providers need to meet in advance with the victim services professional to prepare them for who is in the group, the nature of the offending behaviors, and the current level of openness from the members. Such preparation can also include specific target behaviors or comments the treatment provider would like the victim services professional to address during the presentation.

From this experience, we as professionals have learned much about each other's viewpoints on sexual assault and abuse as well, and we feel we are making a difference with the offender by helping to foster victim empathy through this type of intervention. After all, it makes sense to combine our efforts and collaborate toward reducing sexual violence in our communities. Consider giving this a try in your treatment program.



FILING A COMPLAINT

An individual who wishes to file a complaint against a registered sex offender provider may write to:

Complaint Investigations Unit
P.O. Box 141369
Austin, TX 78714-1369,

call 1-800-942-5540
to request the appropriate form
or visit our web site.

This phone number is for complaints only.

ISSUES FACING ADOLESCENT SEXUAL ASSAULT SURVIVORS

By Annette Burrhus - Clay, M.A.
 Texas Association Against Sexual Assault
<http://www.taasa.org/>

Adolescence can be a complicated and often painful phase of our lives. The self-doubt and confusion that is experienced by many teens can be radically compounded for those who have experienced sexual abuse. Because this is an age of fast and often dramatic growth, both physically and emotionally, traumatic events such as sexual assault can have a profound effect on personal and social development.

Adolescent sexual assault survivors are likely to experience similar reactions to adult survivors: guilt, shame, fear, anger, depression, etc.; however, because of their young age and limited life experiences, this violent encounter can be an overwhelming defining moment in their lives. They aren't likely to have well-developed coping mechanisms nor the perspective of putting a painful experience in the context of their 'whole life', that hopefully will come with maturity.

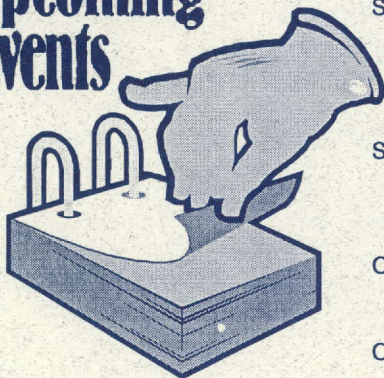
Their healing is further complicated by the reality that most of them will know their attacker as a peer or even a friend. The victim's support system is often closely tied to that of the offender as well. Their shared friends and social environment frequently leads to additional stressors for the adolescent sexual assault survivors. Adolescents sexually victimized by peer offenders face consequences not always apparent to other survivors. The dynamics of these complicated, interconnected relationships make recovery for the victim enormously difficult and can make victim advocacy a challenge for service providers as well.

The school, the neighborhood, and sometimes even the community will make judgements as they line up to support the victim or the accused. This can be a very divisive experience and extremely painful for those involved. It is little wonder then that victims often choose to drop charges, transfer schools,

or even recant their story? Unfortunately, not following through on criminal charges is often seen as a indication of a false outcry. The subsequent ostracism faced by the victim in these situations further erodes the possibility of healing.

Service provides including: law enforcement, victim advocates, school counselors, and others need to remember that adolescents are a unique population and that helping strategies that are effective with adults or younger children do not necessarily work for this age group. All of the factors regarding their informal support networks, usually their peers, need to be considered when assisting them in their recovery. Since teens are so overrepresented in sexual assault statistics, we would all be better served in having a working understanding of their culture and their reality.

Upcoming Events



June 5, 2000	RENEWAL APPLICATIONS WILL BE MAILED TO ALL CURRENT REGISTRANTS.
July 15 -17, 2000	THE EIGHT ANNUAL CONFERENCE ON WORKING WITH JUVENILE SEX OFFENDERS. THE CONFERENCE WILL BE HELD AT THE DOUBLETREE HOTEL, AUSTIN, TEXAS.
September 1, 2000	ALL RENEWAL APPLICATIONS MUST BE POSTMARKED BY THIS DATE OR A LATE FEE WILL BE ASSESSED.
September 30, 2000	ALL REGISTRATION CERTIFICATES EXPIRE, NO MATTER THE DATE OF INITIAL REGISTRATION.
September 30, 2000	LAST DAY TO REQUEST A CONTINUING EDUCATION (CE) EXTENSION. THE REQUEST MUST BE MADE IN WRITING AND MUST BE POSTMARKED BY THIS DATE. THERE IS A \$50 FEE FOR CE EXTENSION. THE REGISTRANT WILL HAVE 90 DAYS TO COMPLETE CE HOURS.
September 30, 2000	LAST DAY TO SUBMIT CALL FOR PROPOSAL FOR THE NINTH ANNUAL CONFERENCE ON THE TREATMENT AND SUPERVISION OF ADULT SEX OFFENDERS.
October 1, 2000	DEADLINE FOR REGISTRANTS TO BE INCLUDED IN THE COUNCIL ON SEX OFFENDER TREATMENT PROVIDER REGISTRY NO. 10 2000-2001.
October 2, 2000	THE SEX OFFENDER TREATMENT PROVIDER REGISTRY ON DISK NO. 10 WILL BE PREPARED FOR DISTRIBUTION.
December 2000	FALL/WINTER TEXAS RESOURCE WILL BE DISTRIBUTED.
February 11-13, 2001	THE NINTH ANNUAL CONFERENCE ON THE TREATMENT AND SUPERVISION OF ADULT SEX OFFENDERS. THE CONFERENCE WILL BE HELD AT THE HOLIDAY INN SELECT - GREENWAY PLAZA, HOUSTON, TEXAS.

Registered Sex Offender Treatment Providers (RSOTP) & Affiliate Sex Offender Treatment Providers (ASOTP)

added to the
1999 - 2000 REGISTRY

Austin

Fred E. Hill, Ph.D.
8140 Mopac Expressway
West Park II, Suite 420
Austin, TX 78731
(512) 343-2327 RSOTP

Charles E. Holland, Ph.D.
5806 Mesa Dr.
Suite 220
Austin, TX 78731
(512) 467-1376 RSOTP

Sherri Stiles, LPC, SWA
Greg Maksymowicz, MD & Associates
1605 B West Avenue
Austin, TX 78701
(512) 292-8953 ASOTP

Amarillo

Belinda Gonzales Taylor, M.Ed., LPC
Amarillo Counseling Associates
1102 I-40 West
Amarillo, TX 79102-2667
(806) 372-1092 RSOTP

Arlington

Richard F. Dangel, Ph.D., LMSW-ACP
University of Texas at Arlington
211 S. Cooper
Arlington, TX 76019-0129
(817) 272-3181 RSOTP

Beaumont

Nancy Lyons, M.Ed., LPC
985 I-10 N
Suite 107
Beaumont, TX 77706
(409) 898-4548 RSOTP

Buda

Ruben Roberto Garza, Jr., LMSW
Brown Schools -San Marcos Treatment
12619 Eagle Nest Dr.
Buda, TX 78610
(512) 295-4744 RSOTP

Dallas

Kathie Higgins, M.A., LPC
Allied Youth & Families
2700 Stemmons, Suite 402
Dallas, TX 75207
(214) 943-1044 RSOTP

Dallas

Allison Anne Krauth, Ph.D.
2600 Lone Star Drive
Dallas, TX 75212
(214) 698-2272 RSOTP

Roger T. McMahon, ACP
P.O. Box 550553
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(972) 494-0160 RSOTP

Charles N. Msewe, LMFT
2600 Lone Star Drive
Dallas, TX 75212
(214) 698-2273 RSOTP

Leilani K. Oana, Ph.D.
15741 Covewood Circle
Dallas, Texas 75248
(972) 225-9781 ASOTP

Christine C. Ramirez
2600 Lone Star Drive
Dallas, TX 75212
(214) 698-4286 RSOTP

James A. Runnels, M.A., LPC
8610 Southwestern
Apt. 2315
Dallas, TX 75206
(214) 361-9797 RSOTP

Anna J. Shursen, LPC
4318 Windward Circle
Dallas, TX 75287
(972) 768-1033 ASOTP

Fort Worth

David N. Davis, M.A., LPC
9016 Sunridge Circle #1021
Fort Worth, TX 76120
(817) 303-8535 RSOTP

Houston

Sharon Burns, LPC
905 Cypress Station #106
Houston, TX 77090
(713) 697-0776 RSOTP

Donna G. Hughes, Ph.D.
3000 Wesleyan, Suite 305
Houston, TX 77027
(713) 623-6263 RSOTP

Houston

Noel C. Gonzalez, LPC-TEMP
ADAPT Counseling
3355 W. Alabama, Suite 585
Houston, TX 77098
(713) 961-0651 ASOTP

Karen Alice Lawson, Ph.D.
2245 Maroneal St.
Houston, TX 77030
(713) 664-3989 RSOTP

Frances L. Love, LPC-TEMP
1136 Walling
Houston, TX 77009
(713) 697-0776 ASOTP

Jorge E. Ordonez, Ph.D., LPC
8821 Cedarbrake
Houston, TX 77055
(713) 522-1677 RSOTP

Jennifer C. Welch, Ph.D.
The Children's Assessment Center
2500 Bolsover
Houston, TX 77005
(713) 986-3449 RSOTP

Killeen

Ferdinand Fernandez, LMSW
1403 Karen Drive
Killeen, TX 76542
(254) 288-6474 ASOTP

Kingwood

Leigh Falls, LPC
5127 Timber Shade Dr.
Kingwood, TX 77345
(409) 762-8636 RSOTP

Odessa

Elma Peacock Nunley, LMFT
2445 E. 11th
Odessa, TX 79761
(915) 580-3115 RSOTP

Richard Stafford, Ph.D.
875 Central Drive, Suite 1A
Odessa, TX 79761
(915) 580-8280 RSOTP

Plano

Linda Frantz Huber, LPC
705 W. Avenue B, Suite 306
Plano, TX 75040
(972) 494-0160 RSOTP

Planview

Larry Keltz, LPC
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Plainview, TX 79073
(806) 293-9524 RSOTP

San Antonio

Fredrick Allen Thomas, LPC
6933 Borderbrook #1306
San Antonio, TX 78238
(210) 366-2288 ASOTP

Stuart S. Young, LPC
14927 Forward Pass
San Antonio, TX 78248
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Sugar Land, TX 77479
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422 South Spring Avenue
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(903) 593-8395 RSOTP

Waco

Daniel Arredondo Jr., LPC
4008 Cumberland Avenue
Waco, TX 76707
(254) 829-1920 RSOTP

Call For Proposals

The 9th Annual Texas Conference on the Treatment and
Supervision of Adult Sex Offenders

February 11-13, 2001

Presenter

Education / Licensure

Organization

Address

City / State / Zip code

Phone

Fax

Title of Presentation

Track

Target Audience



PLEASE SUBMIT A FORM FOR EACH PRESENTER

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