Illinois Association for the Treatment of Sexual Abusers

August 2015

President's Message

~ Rhonda Meacham

Hello to all IL ATSA members and colleagues. I am hoping the summer months have presented opportunities to relax, travel, connect with loved ones, and soak up the warmth and sun of the season! The board has had the opportunity to reflect on our successes and solidify plans for future endeavors. With any entity, attention to the details of the infrastructure of the organization can wane and/or get lost as time passes and with changes in leadership. The focus on reestablishing an infrastructure began during past President, Guy Groot's term and continues to be a focus during my term. Several tasks have been completed toward this endeavor and we are finalizing work on the remaining tasks to ensure IL ATSA is in compliance with bylaw expectations and requirements of other governing entities. To ensure the quality of the board is maintained, a procedure manual has been created and will be a guide for current and future leaders. We have provided training opportunities via webinar and in collaboration with the Sex Offender Management board to assist with the professional development of our colleagues. We look forward to continuing this partnership in the future and will begin presenting additional webinar trainings by the end of the year. IL ATSA Secretary Tracy Tholin has ensured ongoing communication with the membership through the creation of newsletters and her dedication is appreciated. Our commitment to assisting in the professional development of IL ATSA members and colleagues remains our top priority and we welcome feedback from our readers regarding ways to improve our efforts. We continue to seek written submissions for inclusion in our future newsletters, as a means of providing relevant information to our colleagues and constituencies. As always, we welcome the opportunity to work more closely with you, so please consider volunteering your time and skills to the board. I hope to see everyone at the national conference in Montreal!

In this Issue:

SOMB Update

The Illinois Sex Offender Management Board met July 16, 2015. During their board meeting they retired board member Sheryl Essenburg, and thanked her for her many years of service and innumerable contributions to the board.

The board also discussed revisions to the Adult Standards & Guidelines for Evaluations and Treatment. Once they have completed revisions, they will publish them to JCAR for public comment.

They are also in the process of planning their next set of trainings. The next set of trainings will focus on issues surrounding juvenile assessment and treatment For more information about SOMB happenings, you can visit their website at Illinois Sex Offender Management Board.

You are cordially invited to attend:

Illinois-ATSA Annual Meeting and Officer Elections

Friday September 25
10 a.m.
Galesburg, IL

Come find out what we're all about! RSVP to Tracy Tholin by Friday September 18.

Illinois Association for the Treatment of Sexual Abusers

Special Feature: Interviewing Bill Marshall

~ Dr. Mark Carich

This is an excerpt from the book "Conversations with the Leaders in the Field of Sex Offender Assessment, Treatment, Research, and Management" by Mark Carich, PhD., Bruce Cameron, MS, and Scott Smith, MA. **Reprinted by permission of Dr. Mark Carich.**

Date: 05/31/00

Dr. Mark Carich: Who were you mentors and what theoretical orientations do you subscribe?

Dr. Bill Marshall: I don't actually have any mentors in this field, because when I went to Canada there was no one else doing this. In fact, the only person I knew that was doing anything remotely related was Kurt Freund and all Kurt was doing was assessments. He reckoned treatment was useless. I just developed it myself. If I have anybody that at all might be construed as a mentor, it would be Jack Rackman whom I thought taught me the only useful things I ever learned in graduate school. Like Paul Simon says that everything I learned at high school, it is a wonder I can think at all. I think graduate school was a bit like that for me except for Jack Rackman whose clinical skills are astonishing. That was at the Mordsley Hospital in the University of London in Hans Esysenck department actually. Jack was the head of clinical training there. That is were I did my M.S.C. in clinical psychology.

Dr. Mark Carich: How did you get interested in treating sex offenders?

Dr. Bill Marshall: When I arrived in Canada, it was as a graduate student; I had my son with me to look after and I needed an extra job. All graduate students will be familiar with that. The prison service at that time couldn't manage to hire psychologists so they had lots of vacant positions, so I took a job with them. They actually asked me to do IQ tests and MMPI's on all the incoming offenders and I quickly got very efficient at doing that and consequently ran out of things to do by about 11:00 o'clock in the morning. I couldn't go home till 4:00pm or they wouldn't pay me. So I sat around idle for the rest of the day. It turned out the fellow who was the cleaner in the building I worked in was a sex offender. Of course, you can only clean the floor so many times, so we started having a conversation. After a bit you run out of things to say to guys that are in prison, because they don't exactly have a full life. So the conversation turned over time to his events as to why he was in jail. They turned eventually into counseling, and he went back to his unit and said that there was this guy with a funny accent at the front who was willing to talk to sex offenders, and no one else was, so I just started treating them. It took Corrections Canada about six months to find out I was doing this in my spare time and they told me to stop. Despite the fact that I volunteered to come in the evenings and do it, they refused to let me. So of course, I kept doing it and it took them another three months to find that out. Then they fired me because I wouldn't do what I was told. Then I became an advocate for treating sex offenders and it was on national television and so on, because I thought it was disgraceful that we weren't attempting to treat these guys. But because I was on television, every therapist east of Ontario started sending me all their sex offenders and their sex deviants and so on. So without meaning to, I ended up with a community clinic. And then when Corrections Canada decided to treat sex offenders, I guess they asked me to sort of put my money where my mouth is - so I sort of backed into this although I am glad I did. It has been very remarkably rewarding, but it wasn't any intention on my part.

Continued p. 3

Interviewing Bill Marshall...*continued from page 2*

Dr. Mark Carich: Did you have a role in forming ATSA? If so, what was that role?

Dr. Bill Marshall: No, actually, I didn't at all. Gene Abel and myself- and I guess - Richard Laws as well and a few others. Gene was funded by NIMH in the 1970's and we got together over the phone for a couple of years and then in 1975 we jointly presented along with Richard Laws at AABT (Association for the Advancement of Behavior Therapy) in San Francisco. We presented the first symposium at AABT on sex offenders. I think there were about 10 people in the audience, so it was not exactly a smash hit. But that inspired NIMH to try to raise the profile and so they funded Gene for a series of meetings where people were invited to give talks. I went to many, maybe 30 or 40 of those meetings, and then when the crew in the Northeast started up what became ATSA, Jim Breiling found out about that and said well why don't we put these two groups together and have a meeting? So he funded a meeting. The first one was in Oregon. Essentially, those guys in the Northeast had already called themselves, by that time, the Association for the Behavioral Treatment, which suited all of us at that time. And that just evolved over time, mostly through the Northeast guys, I would have to say. Roger Wolf, Steve Jensen, and other people entered into ATSA, which is now enormous compared to what it used to be.

Dr. Mark Carich: And of course, your current role is the president of ATSA.

Dr. Mark Carich: Where do you envision the field going in the future? What directions or areas do you see the field going in and what are the future developments in the field, for example: treatment, research, etc?

Dr. Bill Marshall: Well the nice thing about the way it has evolved is that as a result of ATSA, I think we have maintained a strong empirical basis. We have always endeavored to be guided by both clinical experience and empirical research. That is, in my view, the essence of ATSA. For example this year the theme is Integrating Research in Practice, because I think that is the critical and essential feature. It is a hard thing to manage because some of the members just want the clinical stuff and some of our members, a small number of them, want just the research. I think that balance is very important. So I see that it is a bit hard to predict what direction the field will go in. But so long as it maintains that nice balance between clinical experience feeding research and research feeding back to clinical work, then I think we have got an assured future and we are just going to get better and better at what we do, and a better and better understanding. I think what has happened in the last few years that is very important is that people like Ward and Hudson, Richard Laws, and Anna (Salter) as well, brought in research and understandings from other areas like social psychology and neuroscience, and so on to inform us and give us a new way of looking at some of the issues. I think that has not only been important, but it is going to be more important over time. You know, we have got to see these offenders in the context of a broader understanding of human functioning. I think that is a great direction that it is going in.

Dr. Mark Carich: What do you consider the essential ingredients for effective adult sex offender specific treatment?

Dr. Bill Marshall: We have to strike a balance between the fact that we know that these guys have a variety of problems that are functionally related to their offending whereby at the same time keeping our treatment programs within reasonable financial as well as meaningful limits. As I said at this morning's talk, we have to be very careful about not overdoing our treatment, because we might be just continuing to tread water and not doing anything meaningful which might have the iatrogenic negative effects on the guys in lots of ways. I think there are some things we all agree that we have to address, such as cognitive distortions and issues to do with empathy. We have to teach them how to be able to meet their needs in pro-social ways, so we need social skills, relationship training, personal confidence, and give them the attitudes that will meet those needs. We have to continue to deal with their deviant sexuality in some way; I think that has been a bit overdone myself but it still has got a place. All that should be structured within a relapse prevention framework and have an analysis of offense chains and relapse prevention plans built in. Pretty well everybody does something else. I mean a lot of these guys need anger management; a lot of them need substance abuse treatment and so on. So many of them have additional specific problems related to their offending that we need to deal with. So I think there are the general sorts of components, I think how we go about treatment is going to be an area we need to develop better.

Continued p.4

Interviewing Bill Marshall...*continued from page 3*

Are open-ended groups more effective than closed groups? That is an issue I think that needs investigating. The role of the therapist is a very important issue and we are doing some research on that. I think that needs to be examined more. So it is not just the structure of treatment, but also the allocation of resources. Put more energy and efforts in to high risk rather than low risk offenders. All of those sorts of things we are now in a position to work out in better detail because we have a reasonably good handle on what it is we should address in treatment.

Dr. Mark Carich: What are your thoughts on the controversial issues of psychopathy and sex offenders which would relate to, do you think for example, chronic pedophiles can be treated with sadistic as serial rapists, etc.

Dr. Bill Marshall: I have always taken the point of views that if we are not effectively treating some subgroup of sex offenders, it is not because of some defect in them it is because we don't know enough. Ogden Lindsley in the 1960's, one of B.F. Skinner's students, went into institutions for people, who at that time were called retarded, and he said that it is not these people who are retarded; it is science that is retarded. We don't know how to manage these people in a way that will allow them to function relatively independently. That produced a revolution in dealing with developmentally disabled people. Now they are treated with much greater respect. Training programs for them allow them to function much more independently. I think we have to take the same view with these subcategories of sex offenders. I don't think for a minute that sadists are untreatable and I don't believe for a minute that psychopaths are untreatable and I don't believe for a minute that chronic pedophiles are untreatable. I think we don't have a very good handle on how to do it yet. You know, if we give up on that, it would be akin to giving up on attempting to treat cancers just because we haven't been successful in the past. If cancer researchers had given up 30 or 40 years ago, we wouldn't be in a position we are in today- where a whole lot of cancers that used to be untreatable are now curable. So we have to take that same view. We have got a somewhat difficult task facing us with these particular subgroups of sex offenders, but the last thing we need to do is give up.

Dr. Mark Carich: What are your thoughts on the key elements of recovery? Being that we assume there is not actual cure or permanent abstinence.

Dr. Bill Marshall: Well I think that issue, to be honest with you, that there is no cure, has been markedly exaggerated. First, I don't think cure is a meaningful word in dealing with sex offenders, or any offenders for that matter, or for any human habitual behaviors that are rewarding. It doesn't make any sense to apply that word to these sorts of problems. I think of more in what you might think metaphorically anyway, in sort of conditioning terms, that behaviors are sustained because they produce some reward for the person or some positive feeling state in the person. If you can get them to get to that state, or meet their needs in ways that are not destructive to others, then you would expect their deviant interests to extinguish. I think that is the way to think of these things. I always find it slightly annoying, if not aggravating, that people talk about "well you can't cure these people." I have never been interested in curing them. I have been interested in teaching them ways to meet their needs in appropriate ways so they don't need to do it. No one wants to be a sex offender. No one in his or her right bloody mind would want to be a sex offender. It is too punitive. It is too costly in life. Everybody would like to meet their needs in pro-social and appropriate ways. That is what our job is. It is not a matter of when you look at that process, but how those sorts of processes unfold in human beings. It certainly takes a fair amount of time for that change to occur. It doesn't happen over night.

Continued p. 5

Job Openings!
Chicago, IL

[Sex Offender Therapist I]
[Sex Offender Therapist II]

CALL FOR SUBMISSIONS!

We are now accepting newsletter submissions on an ongoing basis. E-mail submissions to Tracy Tholin.

Interviewing Bill Marshall...*continued from page 4*

We sort of expect that the fellows have to be watchful of themselves and perhaps us watchful of them too, for maybe four or five or more years after treatment depending on their problems. Pretty soon, they are going to be locked into a reinforcement system that is going to sustain the changes in their behavior and they are not going to go back to the offending behavior.

Dr. Mark Carich: Do you think that offenders can be effectively treated while remaining in denial or do offenders need to give up denial for effective treatment?

Dr. Bill Marshall: That is an empirical question at the moment. What evidence we have, at the moment, which I don't find entirely convincing but persuasive, is that denial or admission seems unrelated to long term recidivism. Karl Hanson has the meta-analysis with something like thirty thousand subjects in it. If you look at those guys, whether they are treated or not, denial or admission makes no difference. Treated fellows do better than untreated, but whether they are in denial or admitting makes no difference. So I think what we have to do -1 mean denial is, some guys you can get them past their denial, you know the first thing they respond to is that they absolutely didn't do it and so on. If you work with them in the right sort of context, and Anita Schlank has got some very good programs for dealing with that. What you do is get a lot of them past denial, and then you can get on with the business of treating just like everybody else. But you are always going to end up getting stuck with some whom flat out categorically deny; there is no way you can budge that. What do you do with them; I mean do you just let them out anyway? We would expect them, since they were untreated, to be at higher risk than they should be. So what we do with those categorical deniers is we give them all the rest of the program except, we don't address their denial and they generate relapse prevention plans which might sound a bit absurd but if you think about it this way, what their relapse prevention plans are aimed at is avoiding the possibility of ever being accused again of sexual offending. And that is enough motive for them to generate as we have found, relapse prevention plans that are as good as any of our admitters. We have been running that program now for - must be coming up to three years or something like that. We are going to look at that in the long run to see how well these categorical deniers do in long-term recidivism. We probably have to wait another five years or so to have that data in hand. We just can't give up and say, "well these guys are intractable and there is nothing we can do with them." We have got to try to reduce their recidivism because they hurt innocent people and we just can't tolerate that.

This is 1 of a 2 part series of interviews with Dr. Bill Marshall. Comments can be emailed to: mcarich@aol.com

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Mark S. Carich, Ph.D.

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