



President's Message: An Intellectual Gift

~ Guy Groot

I just had the opportunity to observe what is probably the high point in the cycle of an ATSA member's year. At least it is in mine. Just finished attending the ATSA 32nd Annual Research and Treatment Conference, "Shouldering Responsibility; Making Society Safer" in Chicago. It was an opportunity to spark new ideas, listen to presentations on research, hear about approaches for treatment and management, and to walk shoulder to shoulder with our peers and allied professionals who care about the reduction of sexual abuse in our world. From the start, when James Clemente shared his perspective on the influence of popular media and his thoughts on how it can be used to increase public awareness, to the end, when Patty

Wetterling shared her impassioned look at questions and solutions to building a safer world, we were given an intellectual gift--the intellectual gift of stretching our minds with new and varied looks at aspects of our field. As program chairs, Robin McGinnis, MSW, and Michael Fogel, Psy.D, were able to pull together a team and guide a set of sessions that reminded us of our responsibilities, and increased our skills in the area of sexual violence reduction. Whenever you see them, give them a shout out of thanks, and you will see them, as they are both ATSA members here in the State of Illinois. Personally, I can't thank them enough for the work they do for our organization. This current newsletter will focus on reflecting on some of the sessions from

the conference. Several contributors are sharing their response to attending, and specific information from plenary and concurrent sessions. It is our hope that through these contributions, the networking of the conference will continue. Speaking of networking, the Illinois ATSA board was very pleased about the attendance at the Illinois ATSA hospitality night on Thursday, 10/30/13. Over thirty five individuals attended and connected professionally in a relaxed setting. It's also the time of the year that we as members renew our membership. As you do so, take the opportunity to reach out to those professionals you work with and give them a nudge to become a member or renew their membership if it has lapsed. It's a good thing.

Adaptation of Good Lives Model for Young People

~Glen Ensinger

Laura Wylie is Deputy Manager at G-MAP in the UK. She has adapted the Good Lives Model, developed by Ward, for young people. She co-authored the book *The Good Lives Model for Adolescents Who Sexually Harm, and* presented at the conference Thursday afternoon. She explained the G-MAP program based in

Manchester, UK. The program is staffed by a multidisciplinary team to provide assessment, individual therapeutic work, group work, family work and consultancy and training working in residential homes, the community and foster care settings. She discussed how the Good Lives model, can be used to guide assessment and treatment, risk

management and transition planning. She reported that Ward stated: "We have been so busy thinking about how to reduce sex crimes that we have overlooked a rather basic truth: recidivism may be further reduced through helping offenders to live a better lives, not simply targeting isolated risk factors."

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Post-Conference Edition

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.....
*IL-ATSA would like
to wish you a Happy
Holiday Season!*

Resilience in a Critical Occupation: Promoting Professional Wellness

~Guy Groot

Among the six plenary and four concurrent sessions I attended, the one that I judged would offer me the most utility was session F-31, provided by Jo Clarke, Ph.D., titled "Resilience in a Critical Occupation: Promoting Professional Wellness in Sex Offender Treatment Providers."

I was not disappointed and it was a good choice for me. Supervising and training therapists over the years has brought up the question of how to work with what may be the negative impact that may be attributed to the work, how to build change in regards to this issue, and how to build an organization that provides the best possible structure and activities to address this.

Dr. Clarke began by setting the scene and defining a critical occupation. She shared a definition from Paton and Violanti, 1996, a critical occupation being "one where there is high risk of exposure to traumatic events or material that may, under certain circumstances, exert critical impact on the psychological well-being of those within it." Well, we all fit this in some regard. It also reminded me of an experience in the

past where one of our administrative assistant staff, who never experienced direct contact with clients, nevertheless had contact with client stories and material that after a while seemed to bring about an impact. Something to keep in mind.

Dr. Clarke went on to share that generally reviews have shown that "about a quarter of people in critical occupations experience negative impact (that they attribute to their work) at any given time." The ancillary ideas she shared were that about 75% do not experience a negative impact at any given time, and that probably all of us experience some sort of negative impact over time and that most of us recover. The questions to explore become: how do we anticipate and address the impact, and how do we return from a position of feeling the negative impact to one that may be defined as coping with our critical occupation? This is an important question for ourselves, our peers, and those we supervise.

She went on to introduce the Model of Dynamic Adaption (Clarke, 2004) where the person's static (fixed and unchanging) and stable

(potentially changeable but relatively stable) factors interact with dynamic (change rapidly and/or unpredictably) factors and the critical occupation elements to influence outcome (negative or positive in scope or assessment).

An example of a static factor may be age, gender of individual, level and type of training. Examples of stable factors would be coping style, perspective taking skills, emotional style, and empathy. Examples of dynamic factors would be a personal crisis, change in work conditions, or other events. The critical occupation elements include the factors related to the specific work and organization.

Having a model introduces that there may be points of intervention, driven by acknowledging potential influence of static/stable factors that an individual brings, the impact of rapidly changing dynamic factor, or the critical occupation elements that may be addressed with individual or organization action.

As Dr. Clarke reviewed some material from the literature on additional individual factors for sex offender treatment providers, the ideas

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Resilience in a Critical Occupation...continued from page 2

~Guy Groot

needed to work with new people in our field became a bit clearer. In the first year of work, therapists increase in their rumination (the tendency to ruminate about emotionally upsetting events), increase in their emotional inhibition (bottling up emotion), experience a reduction in compassion satisfaction (experiencing the positive aspects of working in a helping profession), and experience a reduction in the level of empathy. Certainly, having conversations about these issues on a regular basis

with newer (and perhaps older) staff would be important. Dr. Clarke also stressed that the increase in rumination, reduction in expressing emotions, and the adjoining reduction in empathy were all skills based items that can be addressed with training and individual practice.

As the session moved to a close, Dr. Clarke had each of the participants completed a Climate Survey which focused on organizational issues in the critical occupation elements and a Personal Resilience Profile. The Personal Resilience

Profile consisted of five scales that were described as "Rumination, Emotional Inhibition, Sensitivity, Perspective Taking, and Detachment." Taking and reviewing the scales individually and in a small group offered the ability to reflect on how personal and organizational factors impact well-being, how those factors might interact and what steps can be taken. I keep thinking how these ideas and the research presented can be adapted and integrated into day to day work.

REFERENCES

Clarke, J (2011) Working with sex offenders: Best practice in enhancing practitioner resilience. *Journal of Sexual Agression*. 1-21.

Clarke, J (2013) *The Resilient Practitioner*. In J. Clarke & P. Wilson (Eds). *Forensic Psychology in Practice: A Practitioners Handbook*. Pp 220-239, Palgrave MacMillan, UK

Paton, D., Violanti, J.M., Johnston, P., Burke, K.J., Clarke, J.M., & Keenan, D. (2008) *Stress Shield: A model of police resiliency*. *International Journal of Emergency Mental Health*, 10(2), pp 95-107.

Adaptation of Good Lives Model for Young People...continued from page 1

~Glen Ensinger

The model believes offenders strive to meet a range of needs but lack resources to effectively meet those needs.

Laura Wylie explained that primary goods are aspects of life sought for their intrinsic value and secondary goods are the concrete ways of securing primary goods. The primary goods according to Ward are;

- 1) **Healthy living**
- 2) **Knowledge**
- 3) **Excellence in play and work**
- 4) **Excellence in agency**
- 5) **Inner peace**
- 6) **Relatedness to community**
- 7) **Spirituality**
- 8) **Happiness**
- 9) **Creativity**

The strengths of the Good Lives Model include flexibility, a person-

centered approach, and the approach versus avoidance goals, which reduces shame and is motivational.

Laura Wylie went on to explain that the GLM was adapted to address broader literature on child and adolescent development and attachment theory. As a result, instead of 9 needs G-MAP developed 8 needs which include;

- 1) **Emotional health**
- 2) **Having fun**
- 3) **Achieving**
- 4) **Being my own person**
- 5) **Having a purpose and making a difference**
- 6) **Physical health**
- 7) **Sexual health**
- 8) **Having people in my life**

The model helps young people find alternatives to behaviors that are not

appropriate or effective. This means exploring other ways to meet needs. Instead of behavior that is dangerous and illegal, what can a young person do that is exciting and legal? The model also helps the young person look at their old life and envision what a new life can look like. Because it is approach-focused it is motivational for the young person as well.

Laura Wylie reported empirical support for GLM with youth. McGrath, Cumming, Burchard, Zeoli and Ellerb (2010) showed GLM is growing in influence and usage. Ward and Laws found a stronger base for GLM over relapse prevention. Laura also reported GLAT (Good Lives Assessment

Tool) was developed for G-MAP and can be used for assessment and treatment purposes. At this time there is not a large enough sample size to show reliable inferences but G-MAP is working on that. She explained there is increasing interest in an online version which may increase sample size and build evidence to support the GLAT.

As a therapist working with juveniles in the court system I found this to be a promising approach to treatment. I have always believed if I can find out what someone is good at, and encourage that, I am more likely to be able to curb ineffective behavior.



The Sex Offender Treatment Intervention and Progress Scale

~Jeff Reynolds

The SOTIPS is a 16-item statistically-derived dynamic measure designed to aid clinicians, correctional, and probation and parole officers in assessing risk, treatment and supervision needs, and progress among adult male sex offenders. The 16 items are divided into five categories including: Sexuality and Risk Responsibility, Criminality, Treatment and Supervisions Cooperation, Self-Management, and Social Stability and Supports.

The SOTIPS development sample was composed on adult males who had been convicted of one or more qualifying

sex offenses and committed at least one of their sex offenses on or after their 18th birthday. Qualifying sex offenses include Category "A" offenses as defined by Harris, et al. (2003). Category "B" offenders were included in the SOTIPS development sample but only if the offender also had a conviction for a Category "A" offense.

Evaluators score each individual on every item on the scale using the scoring criteria. The scale is designed to score individuals at intake and thereafter every six months. Scores on each item should reflect the individual's level of

functioning for the previous six months. SOTIPS item scores are intended to reflect an individual's relative treatment and supervision need on each dynamic risk factor. The total score is intended to provide an estimation of an individual's overall level of dynamic risk and need for supervision and treatment.

Evaluators should consider information from multiple sources when scoring an individual. These include, but are not limited to, behavioral observations, record reviews, psychological tests, collateral information from persons familiar with the individual,

and interviews with the individual. To increase coding accuracy and reliability, it is ideal for service providers to score the scale together.

The SOTIPS can be used as part of a static and dynamic risk assessment scheme, either with the VASOR-2 or the Static-99R.

Combined SOTIPS/VASOR-2 and SOTIPS/Static-99R scores have predicted sexual recidivism better than either instrument alone.

For more information concerning the SOTIPS contact Robert McGrath at rmcgrath@sover.net.

Conference Announcement

The New York State Association for the Treatment of Sexual Abusers (NYSATSA) and the New York State Alliance of Sex Offender Service Providers (NYSASOSP) are pleased to announce their 2014 Annual Conference: ***"Building Better Communities: The Effective Assessment, Treatment and Management of Sex Offenders,"*** to be held Monday May 19 – Wednesday May 21.

The conference provides an opportunity for participants to examine services involving shared leadership and resources, as well as programs and practices that influence emerging best practices. Attendees will interact and network with leaders in the field of sex offender treatment, supervision, assessment, management, and victim advocacy.

We cordially invite members from your chapter to attend our conference. We look forward to seeing you there!

For more information, contact
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Attention SOMB Approved Providers and Evaluators!

Did you receive the latest e-mail regarding the Illinois Department of Financial and Professional Regulation Application process?

If you did not receive an email with information from Alyssa Williams-Schafer, please email Tracy Tholin, IL-ATSA Secretary and she will forward you this vital information!