California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter

Perspectives

Special Double Issue—Fall/Winter 2012

What is CCOSO?

CCOSO is a recognized leader in providing expertise, training, education, and legislative guidance in treatment, management and research related to sexual offending. CCOSO and its chapters strengthen local and statewide agencies and professionals to enhance community safety.

In this Issue:

Competency Status and Juveniles With Pending Sexual Offense Charges

Norbert Ralph, Ph.D., MPH and Karina Wong, M.A.

The Problem

Youth with pending sexual offense charges where the issue of competence to stand trial has been raised, pose special problems. In 2010, the City and County of San Francisco began identifying a growing population of youth where competency determination was pending or youth were found not competent, including those with sexual charges. A variety of concerns were evident:

1. No agreed written standards for competency evaluations and criteria.
2. No protocol for reassessing competency status.
3. No treatment methods established to help youth attain competency.
4. No systematic case tracking or methods to expedite resolution of "not competent" status.
5. No case management for youth to systematically assess treatment Needs, and facilitate outpatient and residential referrals.
6. No payment mechanisms established for residential treatment since their "not competent" status did not make them eligible for the services for youth with sustained charges.

The number of youth in "not competent" status was increasing, without resolving their case or providing services for their multiple family, mental health, and educational problems. Failing to find youth competent also resulted in a longer time in detention and a higher detention census of these youth. When a new offense was committed, disposition of the case was a challenge. Youth with pending sexual offenses were part of this group. Because of their "not competent" status, no treatment to prevent sexual or non-sexual recidivism was being provided either on an outpatient or residential basis.

Traditional treatment for juveniles with pending sexual offenses required a sustained sexual offense in this county for legal, ethical, and treatment reasons.

The Response

In late 2010, the presiding juvenile court judge in San Francisco County convened a committee of stakeholders to address the issue of juvenile competency. The committee included staff of the District Attorney (DA), Public Defender (PD), Juvenile Probation (JP), Department of Public Health (DPH), and the Department of Human Services (DHS). The Juvenile Competency Committee took concrete steps to address the problem of assessing competency, including:

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CCOSO Quarterly Newsletter: Perspectives

Perspectives is published quarterly for and on the behalf of the CCOSO membership. Our goal is to help our membership keep up on current clinical information, research findings, and public policy issues relating to sex offenders. We hope to provide information that is useful for treatment professionals and other individuals involved directly or indirectly with sex offenders or sexual abuse.

Editor: Lucinda A. Rasmussen, Ph.D., LCSW (E-Mail: lucindarasmussen@cox.net)

Committee Members: L.C. Miccio-Fonseca, Ph.D. and Joel Levinson, LMFT.

Potential Authors/Contributors:

Contributors are invited to submit articles, features, and anything else related to their work with sex offenders. Submissions should include article title, author's name and professional association. Summaries or replications of other authors' original work must be accompanied by permission of the author.

Articles must be typed and sent in a standard word processing format to Lucinda A. Rasmussen, Ph.D., LCSW, Editor, at lucindarasmussen@cox.net. Articles should be 1 to 5 single-spaced pages, including references. Authors are informed that articles will be edited for grammatical and APA formatting specifications.

Next Deadline: January 15, 2013

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A Brief Review by the Editor

Lucinda A. Rasmussen, Ph.D., LCSW

This review discusses suggestions given for working with youth in secure settings presented by clinical and forensic psychologists James R. Worling, Ph.D., *SAFE-T* program at the University of Toronto, and Calvin M. Langton, Ph.D., C. Psych, University of Toronto and University of Nottingham:

Research regarding residential treatment of adolescents who offend sexually is sparse, despite the fact that about half of residential correctional facilities in the U.S. have treatment programs for these youth. Sexually offending youth tend to spend longer time in placement than non-sexual offending youth, potentially reinforcing antisocial attitudes. Drs. Worling and Langton assert extended time in residential placements can have adverse effects, particularly if the youth lacks family support. The placement may fail to meet the youth's developmental needs, instilling in the youth a sense of rejection and possibly lowering is or her self-esteem.

Assessment of youth in secure settings needs to be comprehensive and offense-specific, according to Drs. Worling and Langton, drawing upon multiple sources of information (i.e., interviews with adolescents and collateral sources, paper-and-pencil measures, clinical observations). Early formulation of a discharge plan, perhaps at intake or shortly thereafter, is a key component of assessment. Employing risk assessment tools is especially critical. Tools that assess dynamic risk factors can "gauge changes following treatment" (p. 821). Risk assessment findings can increase the residential treatment team's understanding of the youth's risk factors and offense dynamics, which in turn can support adequate risk management strategies.

Outcome research on residential treatment programs for adolescents who offend sexually has been limited and lacked robust designs. Studies have now began to look at treatment effectiveness, finding significant results (Borduin et al., 2009; Reitzel & Carbonnel, 2006; Viljoen et al., 2009; Worling et al., 2010, all cited in Drs. Worling and Langton's article). There is "a growing body of evidence that specialized treatment programs result in lower recidivism rates" (p 827). Programs that include parents in the treatment (e.g., Multisystemic Therapy and Dr. Worling's own Safe-T program) are quite promising, given they have shown positive outcomes.

Drs. Worling and Langton question whether clinicians should press for specific details of the youth's sex offenses, pointing out there is no research to support necessity of full disclosure of details of every sex crime. They assert prevention planning should not assume that all youth have cyclical patterns of sexually abusive behavior, but rather focus on the youth's unique cues, thoughts, feelings, behaviors, and body responses. They provide a comprehensive discussion of clinical practice issues encountered when treating youth in residential settings. Professionals working in residential settings with sexually abusive youth may find practical suggestions to enhance their treatment programs.

Reference:

Worling, J. R., & Langton, C. M. (2012). Assessment and treatment of adolescents who sexually offend: Clinical issues and implications for secure settings. *Criminal Justice and Behavior, 39*(6), 814-841.

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Editor's Note:

This month's feature article by Dr. Norbert Ralph and Karina Wong focuses on forensic considerations in juvenile justice proceedings, offering a new model for assessing competency. Other articles focus on adult sex offenders. Dr. Todd Pizitz and colleagues present a case study of a convicted adult sex offender, describing risk factors contributing to his sex crime. Dr. L.C. Miccio-Fonseca points out that sex offenders who have a history of past trauma were first victims before they became sex offenders and notes their trauma issues need to be addressed in treatment. Lastly, Timothy App offers a set of key principles to add professionals working with adult sex offenders in correctional settings.

Chair's Corner

Leesl Herman
Counseling and Psychotherapy Center, Inc.

Dear CCOSO Members,

This season has brought on many changes in our specialty here in California, as the certification of all sex offender treatment providers providing services to PC290 registrants in California has taken effect. It has been a challenging process for many but the result is that we now have a well-trained group of practitioners working in California. CCOSO has been proud to be part of that training process. Our conference in May, co-sponsored by the SARATSO committee, offered an extra day of training in order to provide over 200 practitioners with certification to administer the new mandated risk assessment tools: SRA-FVL and LS/CMI risk assessments. The conference also featured a rich and diverse schedule of workshops on training topics from adult and juvenile treatment to supervision and polygraph. Our keynote speaker on Thursday, Deputy Attorney General, Janet Neely was inspiring, and we were excited to welcome a panel of guests on Friday including Senator Mark Leno and District Attorney Bonnie Dumanis of San Diego. Our 2012 conference was a resounding success, proving training and networking opportunities for over 300 attendees.

The elections have been completed and we are pleased to announce the new CCOSO Executive Board., which will officially take office on January 1, 2013. All officers who have served for the past 2 years are returning for another term. Christina Bennett, LMFT, Mim Ribeiro, LCSW, and Sean Carey, LCSW will retain their current positions (Correspondent, Recording Secretary, and Treasurer respectively). I will be stepping down from the Chair position and will be the Vice-Chair. Christina Allbright, J.D. (who has been the Vice-Chair) will become the new CCOSO Chair for 2013-2015.

The hard working, unpaid volunteers of the Executive Board are responsible for guiding the organization along with the other members of the CCOSO Board of Directors that include all the Chapter and Committee chair persons. This is an excellent opportunity for members to step up and take a more active role in the coalition. As some Committee chair persons move into Executive Board positions, their committees are in need of new leaders. Some of these roles are very time consuming, but many only require a few hours a week to create successful active committees that help further the work in our field. I urge all members to seek ways to become more involved in the coming year, whether by joining a committee or stepping up to head one that you are interested in.

We hope the end of the year brings some new and exciting improvements to CCOSO as we explore possibilities for updating our web presence, streamlining membership application and services, maintaining our status as clearinghouse for training opportunities and standards, and insuring our listserv remains a great networking tool. We hope to see you at CCOSO's annual training conference next May or at some of our monthly Chapter trainings throughout the state.

Leesl Herman

CCOSO Chairperson, 2010-2012

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From Law Enforcement Officer To Sexual Offender: A Case Study

Todd D. Pizitz, Ph.D., Joseph McCullaugh, Ph.D., and Alexa Rabin, MA

In recent years, communities have been rocked by tragedy with the occurrence of horrific sexual crimes, and the victimization and death of innocent people. Such images and thoughts lead to examples of sexually violent predators whose crimes became the impetus for the passing of restrictive laws for managing sex offenders laws, such as John Couey (Jessica's Law) and John Gardner (Chelsea's Law). More recently, there have been other sensationalized cases in the media, such as that of former Penn State University Assistant Coach Jerry Sandusky. Most people conjure versions of sexual offenders as "monsters," or "predators" who intentionally hurt children. They may lack a cogent understanding of the compulsive nature of the offenders' sexual behavior and the complex background issues that led to the offense and victimization of others.

Federoff and Moran (1997) reviewed previous literature to compile a meta-analysis of common public perceptions of sexual offenders, which included among other things: maniacs who are all the same, socially deprived men with too much testosterone, individuals who cannot be cured, and individuals who lie to stay out of treatment. Rogers and Ferguson (2011) found that among a sample of undergraduate students, sexual offenders were rated as more deserving of punishment and less likely to be rehabilitated than offenders committing nonsexual offenses. Gideon (2000) found that among a surveyed sample of more than 800 adults, sexual offenders were perceived to be less deserving of a second chance than other offenders. Those who conceptualize sexual offenders as maligned, evil, and incapable of rehabilitation may feel this conceptualization provides them with a way to cognitively cope and manage fears, loss, and confusion surrounding the tragedies perpetrated by sexual offenders.

This article presents the case of a registered sexual offender, detailing some of his experiences that led to his law-breaking behaviors and resulted in his arrest. This article aims to use his story to help provide the public greater understanding about sexual offenders and their need for treatment.

Case Study

In February of 2006, John Baker (whose name has been changed in order to protect his identity), a former high-ranking law enforcement officer, was arrested for attempted child molestation. His arrest resulted from a police Internet sex-sting operation in which he was conversing with a supposed 13-year-old female online, who in reality was a police decoy. Mr. Baker engaged in sexually explicit conversations and made plans to meet this minor. On February 18, 2006, he arrived at an agreed upon location and was subsequently taken into custody. At the time of his arrest, he was a 51 year-old police lieutenant with 22 years of law enforcement service. He was convicted of attempted child molestation, served 8 months in jail, and was sentenced to a 5-year grant of probation with sexual offender specific terms, including California Penal Code 290 Sexual Offender Registration, enrollment in a court ordered sexual offender treatment program, mandated avoidance of places where minors congregate, and no Internet access. His case was upheld on a State Appellate Level and is now pending filing with a Federal Appellate Court.

To better understand what led Mr. Baker to offend sexually, it is important to review a series of events that were occurring in his life prior to his arrest. At the age of 48, Mr. Baker's life drastically changed when he was diagnosed with malignant, metastatic melanoma. His family lived on the opposite coast; his friends were scattered over three counties; and he rarely saw those closest to him. He never married, was involved in an unstable and unhealthy relationship at the time, and did not have any children, leading him to feel very alone. "I was a broken man," Mr. Baker explained. Fortunately, the cancer did not metastasize and Mr. Baker recovered after surgery; however, at the time of this potentially fatal diagnosis, he became particularly impacted by the fact that he had no children. He stated, "I remember my doctor had told me to get my affairs in order and make sure I had a will." This caused him to regret that he had no children and prompted a strong desire to have them.

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He desired a connection and relationship with a child, and he yearned to feel the father/child relationship that he never before experienced. This void, in part, led him to initiate communication with minors via the Internet.

Mr. Baker's father had passed away just 6 months prior to his arrest, which had triggered thoughts about his own mortality and his legacy, or lack thereof. With two ailing parents, he had been the primary caretaker for them in the last years of their life, as they suffered from senile dementia. When his parents died, Mr. Baker feared that he would have no one to care for him in his old age. While he cared a great deal for his parents, he recalled that he never felt particularly close to them. He remembered, "There was little, if any, affection shown to me, and my parents would argue a lot." Since he had not received much affection from his own parents, he yearned for children of his own, to which he could be affectionate and eradicate the void left by his relationship with his parents.

Furthermore, during this time, Mr. Baker was involved in a volatile, toxic relationship with a woman diagnosed with borderline personality disorder. This tumultuous relationship was yet another reason Mr. Baker desired closeness with others, further fueling his regret that he had no children with which he could foster this closeness. Again, it was this void that ultimately led him to initiate contact with children on the Internet. He remembered that he used sexual behaviors and interactions as a coping skill, especially because they provided a sense of intimacy that he felt had been missing from his life, particularly with the absence of a close relationship with his parents, the absence of children, and the absence of an intimate relationship or partner.

Other factors contributing to his sexual offending behaviors were his confounding mental and physical health issues. First, Mr. Baker endured complicated physical health issues, including an undiagnosed cardiac condition and a three-time herniated lumbar disk, which required two surgeries, 2 years of rehabilitation before he could return to work, and disability retirement in the interim. Moreover, Mr. Baker was further impaired by post-traumatic stress. Due to his 22 years of law enforcement work, 4 years as a paramedic, and 2 years as an emergency room technician, Mr. Baker was exposed to a multitude of gruesome, traumatic, and emotionally difficult events. Consequently, he endured lasting trauma from these experiences. Another co-occurring contributing medical issue was sleep apnea, which led to increased irritability, frustration, and general dissatisfaction with life.

Mr. Baker was miserable and enduring extreme physical discomfort, leading to overwhelming frustration, irritability, depression, and an overall poor outlook on the future. He did not have healthy coping skills in place to help him manage his depression or his increased arousal, anxiety, flashbacks, and nightmares that resulted from his posttraumatic stress. He stated, "I had a very weak support system, did not have healthy ways of coping with the issues or stress, and turned to sex as an outlet." His depression, characterized by hopelessness, worthlessness, and general sadness ultimately led to an overall sense of apathy, causing him to disregard the consequences and detrimental impact of his choices which led to his arrest.

Mr. Baker recalled that his sexual acting out behaviors started with visiting adult Internet sex chat rooms in search of that intimate connection he felt he had been missing in his life. He did not differentiate between talking to children or adults. There was not necessarily a preference, except that with children it was a little more exciting because it was taboo and illegal. He soon realized that his deviant sexual behavior was an outlet for other issues, allowing him to temporarily forget about his overwhelming depression and anxiety, as well as his debilitating physical health issues, and discontent with his work as a law enforcement officer. He knew he needed help coping with the underlying issues. Mr. Baker recognized that his deviant sexual behaviors were wrong; "I did not like what I was doing. I wanted help… I was really miserable. I knew [at the time of my arrest] I was walking into a setup and just didn't care because I wanted help. My acting out was a cry for help, it really was. I was swimming in a toxic pool of life events with no lifeguard, and I sank to the bottom. Overnight the life I knew was destroyed, or more accurately, I destroyed that life, and my future."

While Mr. Baker, like other sexual offenders, had many traumatic experiences that may have increased his risk to offend, the effects of those traumas do not excuse his offense; his explanations assist treatment providers in understanding some of the underpinnings that may lead

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to a poor outlook on the future. Mr. Baker did not have healthy coping skills in place to help him manage his depression or his increased arousal, anxiety, flashbacks, and nightmares that resulted from his posttraumatic stress. He stated, "I had a very weak support system, did not have healthy ways of coping with the issues or stress, and turned to sex as an outlet." His depression, characterized by hopelessness, worthlessness, and general sadness ultimately led to an overall sense of apathy, causing him to disregard the consequences and detrimental impact of his choices which led to his arrest.

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While Mr. Baker, like other sexual offenders, had many traumatic experiences that may have increased his risk to offend. Although the effects of those traumas do not excuse his offense, his explanations assist treatment providers in understanding some of the underpinnings that may lead to sexual offending. "These may sound like excuses, but they help provide explanations of why I did what I did," he remarked.

Implications for Community Education

Viewing sexual offenders as demonized, stigmatized, and monstrous permits cognitive distancing for law-abiding society. Even in prison and jail, sexual offenders are more often the target for violence and murder by fellow inmates if not protected (Therolf, 2006). Mr. Baker remarked, "The public needs to know that while some sex offenders are truly dangerous, violent people who lack remorse and do not want to change, most are regular people, human beings, who are truly remorseful, want to stop what they're doing, want help to change, and will turn their lives around with professional treatment."

Educating the public about the causes of sexually deviant behavior might assist in reducing some of the tendency to dehumanize sex offenders. There are a variety of trajectories leading someone to offend sexually and an appreciation of these contributors can serve to reduce societal stigma. Marginalizing and stigmatizing sexual offenders makes it difficult for them to develop social networks, find employment, establish support systems, and yet each of these protective factors are important elements to any plan to prevent the sexual offender from re offending (Lancaster, 2011). Moreover, the dehumanization and stigmatization of sexual offenders discourages them from coming forward to seek preventative treatment. Illuminating the complex contributing factors associated with sexual offending increases the opportunity to see sexual offenders as multi-dimensional. Mr. Baker's recounting of the events that led to his arrest helps us to look beyond the pariah.

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1. *Standards:* Writing standards for competency evaluations and re-evaluations, selecting a panel of psychologists, training the panel, implementing the procedures, and doing quality assurance assessments of the evaluations to see if standards were being met.

2. *Evaluation Criteria:* Implementing evaluation criteria. The evaluation standards included review of records, interview with parents, interviews with PD and JP staff, interview with the youth, comprehensive cognitive and academic testing, measures of adaptive functioning, personality and symptom assessment, and evidence-based recommendations for treatment or remediation of the youth. In addition a protocol for assessing juvenile competency by Grisso (2005) was included. The protocol was reviewed by a national expert familiar with best practices in this area.

3. *Database:* Establishing a database of "not competent" youth or youth where such status was pending.

4. *Case Management:* Providing case management and tracking, including identifying and linking youth with necessary mental health and educational services.

5. *Caseload Review:* Developing a collaborative court where the entire competency caseload was reviewed. The goal was to resolve cases by dismissing charges, seeing if competency needed to be re-evaluated, facilitating necessary services, or if the youth was found competent, having the charges resolved.

6. *Legal:* Developing legal mechanisms to fund placement through existing laws.

Evaluation Criteria

A key part of the new approach to dealing with competency was the evaluation criteria written by the author (Ralph, 2010). These included:

1. *Checklist for Psychological Evaluations:* This defines the qualities of an adequate evaluation. To adequately assess youth for competency evaluations, we required a full IQ and learning disability battery, and also a measure of adaptive functioning such as the Vineland II (which has both a Parent/Caregiver and Teacher versions). For most youth found "not competent", this is due to some type of cognitive delay or learning disorder, but may also be due to a psychotic condition, brain injury, toxic/metabolic condition, or substance abuse related disorder. An evaluation would be appropriate to attempt with all these conditions, but may not be able to be completed.

2. *Grisso's Model:* This model is described in "Evaluation of Juveniles' Competence to Stand Trial" (Kruh & Grisso, 2009), and the forms and methods are described in "Evaluating Juveniles' Adjudicative Competence" (Grisso, 2005) and the use of the Juvenile Adjudicative Competence Interview (JACI). Grisso's model is based on relevant developmental and cognitive research, a "theory" of competency, a specific methodology for evaluation, and relevant forms. It importantly includes didactic elements to see if youth can learn relevant aspects of the legal processes. Some youth can readily be "taught" the relevant legal information. For some situations (e.g., psychotic patients, etc.), this may not be appropriate, but these should be the exception, not the rule, and the rationale clearly documented.

3. *Remediation Plan:* For youth where there is a finding of "not competent", a Remediation Plan is required. It should address what specific aspects of the youth's functioning can realistically be remediated (or not), in what time frame, and a specific, detailed plan for remediation. The plan should include available resources and time frames, and an estimation of the likelihood of success. The psychologist will be responsible for writing the Remediation Plan, and providing an independent opinion, but should be aware of realistic treatment options. Time frames for remediation should be stated if possible. Also if a youth is not likely to be remediated within reasonable time frames, this also should be stated. For example, a youth with a 45 IQ who is 16 may not be remediable by the time they are 18. The Competency Evaluation should still include evidence-based recommendations, not limited to competency issues, to help improve the overall functioning of the youth, as is now required for all evaluations. The point is not to just answer the narrow legal issue of competency, but identify what should be done to protect community/victim safety and most importantly, help the youth where possible.

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Results

The combined effect of these procedures reduced the number of youth in "not competent" status from a high of 47 to the current census of 18. Eleven youth went from "not competent" to "competent" status. Also the service needs of youth were identified and youth were linked directly to services. Case study reviews of youth who were "not competent" indicated a combination of developmental immaturity, family turmoil, learning problems, impulsivity, and emotional lability, but relatively few youth with a diagnosis of mental retardation. For youth who moved from "not competent" to competent status, supportive psychological treatment and for some, psychiatric medications, as well as developing a better fit with schooling, appeared contributory to aiding the youth's general maturity. Treatment was not directed specifically at understanding the court process related to competency status, but youth developed that as well. This was not directly anticipated, but rather, a fortuitous result of "good treatment and case management."

Youth with Sexual Charges

Of those 18 youth now in "not competent" status, 4 have pending sexual offenses. This was 22% of youth for the County under the supervision of probation with pending or sustained sexual charges. A prosocial treatment model (Ralph, 2012) for these youth was proposed. The model focused on non-sexual aspects of treatment and did not require the youth to admit charges, or even to have sustained charges. The court could order participation in treatment, however. The model involves: (a) increasing prosocial skills and reasoning; (b) reducing non-sexual recidivism; (c) addressing co-morbid psychiatric and chemical dependency issues; and (d) increasing family functioning, all of which would usually be a significant part of treatment for youth with sustained sexual charges. There is reasonable evidence that treatment using this approach would in fact have a therapeutic impact, improve the youth's functioning, and reduce sexual and non-sexual recidivism. If the youth is determined to be competent while in treatment, this new reality could be incorporated into treatment. If charges were dismissed, the option still existed for the youth and family to continued treatment until termination with the focus on promoting prosocial behaviors and preventing recidivism. San Francisco's challenges in this regard are not unique in California, and several other counties are dealing with how best to serve the needs of this population of youth.

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California Sex Offender Management Board—Update Fall 2012

Gerry Blasingame, Psy.D. and Tom Tobin, Ph.D.,
CCOSO Representatives

Although the State budget continues to impede progress on many fronts, the CASOMB Board has managed to continue its efforts in the area of program and provider certification and participation with the Chief Probation Officers of California (CPOC) and the State Approved Risk Assessment Tool for Sexual Offenders (SARATSO) Committee. Face to face meetings now occur every-other month due to budgetary constraints.

In cooperation with the SARATSO Committee and CPOC, CASOMB supported four separate training events for probation officers and parole agents throughout the State. The focus of these trainings was to educate attendees about the processes involved with implementing Containment Model strategies and meetings in their own counties. All four events were well attended and well received. Readers are encouraged to speak directly with the supervising officers within their home counties to make sure to build on the foundational training that occurred.

At most recent count, there are now 93 certified sex offender treatment programs and 350 certified sex offender treatment providers (254 independent; 68 associates; 28 apprentice). The Certification subcommittee has begun a review of the certification requirements to streamline the process and clarify issues in order to give providers sufficient time to make any adjustments long before the renewal cycles start in two years.

At recent CASOMB meetings there have been discussions of the potential impacts from AB 109, aka realignment. Each county is tasked with developing their own priority and supervision strategies for managing these individuals now on Post Release Community Supervision (PRCS). The CASOMB board is concerned how the realignment process will impact sex offender management, supervision, and treatment and has established a subcommittee to monitor and assess the effects of how this new strategy may impact public safety.

Another important area of progress is that AB 1835 was signed into law by Governor Brown. This bill authorizes supervising agents to release information to the CASOMB certified practitioners who are completing the mandatory assessments. In the past, supervising agents were unable to release some information. The new law ensures that the risk assessments are based on complete file information. Providers should be familiar with the relevant sections of the SARATSO Committee's publications and directives. Take some time to explore the SARATSO website at http://www.saratso.org. Look especially at the tab "SCORE REPORTING." One useful document to be found there is an official statement with supporting evidence that providers can present to probation or parole authorities who are reluctant to share needed criminal history and similar records. That statement is titled: DOCUMENTS REQUIRED TO SCORE RISK TOOLS WHICH PROBATION AND PAROLE MUST PROVIDE TO PROVIDERS.

The Board has been monitoring the number of PC 290 registrants who register under transient status. The Department of Justice tracks these individuals; the most recent number discussed at the CASOMB meeting was 7,047, 2,102 of whom are in violation at the present time. This reflects significant increases in transient registrations since Prop 83's 2,000 foot residence restrictions were put into place. Although the recent San Diego court ruling indicated that this restriction violates registrants' constitutional rights, the court's decision was limited to San Diego County's implementation as 97% of San Diego's rental housing market was off-limits for registrants. Each County will apparently have to go through their own court process to determine if the restriction is able to be implemented constitutionally in their respective jurisdictions. The issue is also before the California Supreme Court with a trial date pending. Stay tuned…..

Any questions, please see website: www.CASOMB.org, or contact CCOSO's CASOMB Representatives:

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The Principles of Effective Intervention For an Offender Population

Timothy F. App

One of the most common questions I received from legislators, correctional administrators, and the general public during my speaking engagements during my 10 years as Commissioner of the State's Community Correction Division was, "Do Programs for inmates work?" Most of us are aware of the damaging blow to criminal justice agencies in the 1970's and 80's following the release of Martinson's "nothing works" research. I was in the system at the time and recall administrators all over the country stating if programming doesn't work, let's fall back to what we know we can do (i.e., good sound security practices). We all know the impact that has had on recidivism!

If we look at the history of programs in the field of corrections, they are relatively new. The backbone of correctional programming since the inception of the America Penal system in the late 1600's was inmate labor. Programs were essentially limited to basic education and reading the bible. It was the passage of several federal laws in the 1930's and early 1940's that led to the introduction of mass programming to the field of corrections. These federal laws eliminated all meaningful employment for inmates in corrections. The passage of these laws was forced by labor unions, who were struggling to survive during the depression; competing against inmate labor was then deemed a questionable practice and eventually outlawed.

The loss of the traditional labor programs for inmates in the correctional field left a major void; administrators scrambled to fill the void with all kinds of programs. Clearly there was no planning here, just a need to occupy the time of the inmates. Interestingly enough, when the President's Commission on Law Enforcement and the Administration of Justice evaluated the programs of these times in 1967, they reported: "for a great number of offenders…..corrections does not correct. Indeed, experts are increasingly coming to feel the conditions under which many offenders are handled, particularly in institutions, are often a positive detriment to rehabilitation." In essence it was said that the programming of the times made inmates better inmates, but noted that these programs did nothing to make inmates better citizens, nor did they in any way prepare them to re-enter society as assets to the community rather than a continuous liability. Of course this was followed in short time by Martinson's "nothing works" research and our brief experiment with programs came to an end.

Now we fast forward to the early 1990's when I was a newly appointed Commissioner of Community corrections and my ultimate goal was "public safety through responsible reintegration of offenders." In my nearly 20 years of experience in corrections at the time, I formulated my "Principles of Correctional Administration." These principles were as follows:

1. Prisons are places where offenders are sent as punishment, nor for punishment.
2. There must be an unconditional respect for inmates as people.
3. Staff must believe in offenders' ability to change their behavior.
4. Programs, designed to effectively change an offender's behavior, must be available to inmates in all institutions.
5. Staff must demonstrate the behavior they wish inmates to emulate.

I could speak forever on these principles alone but I will leave that for another time. For most reading these principles, particularly those in the field of corrections, it probably goes without saying that many in the field viewed me as a radical, while others just called me crazy. I remember a time when I was Superintendent of a community correction facility and was invited as a guest on a popular radio talk show to speak about my principles. It was a 2-hour show and thought that it would be fun, so I agreed to participate. However, when asked to recite my principles, I only got as far as the first principle when the lights on the radio station's telephone panel lit up. I was asked if we could take a few calls

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before moving on to Principle 2. We never got to Principle 2! I know that I left the show no longer wondering how we got to this black hole of corrections, it was painfully obvious!

My saving grace at the time was the International Community Correction Association, also known as ICCA. The ICCA began to facilitate a series of national conferences on a term we had never heard before, the "What Works" research. I attended every conference and absorbed the material like I was in some kind of survival mode. Eventually, much of what I learned from these conferences became framed as the *"Principles of Effective Intervention."*

Many of the key researchers presenting at these conferences were from Canada. My personal favorites, and those most closely associated with these principles, are Paul Gendreau and Don Andrews. I could and did listen to their presentations numerous times, each time taking another critical element to add to my operation. The turning point for me however, came at the ICCA Research Conference in Seattle, Washington when Paul Gendreau gave a speech entitled: "What works in Community Corrections: Promising Approaches in Reducing Criminal Behavior." To this day, I still keep a copy of this speech at my fingertips and even convinced my boss into attending the conference. I wanted him to hear firsthand from the experts, all of the things that I had been spouting for the past couple of years in the hopes of gaining a shred of credibility. And it worked! From this point forward, I was left to build my operation with a focus on programs built on the principles of effective intervention. While I have not ever formally thanked these researchers, let me now personally thank them for making a difference in the work we do every day by facilitating programs built on these principles! I would also be remiss if I did not mention my personal favorite U.S researcher, who in my opinion has carried the torch in promoting these principles in this country, Ed Latessa, out of the University of Cincinnati.

Finally, before diving into these principles, I like to remind folks that I am a criminal justice practitioner, administrator, and professor. In all of my presentations/ writings, I combine what I have learned from the research, with what I have found to be true based on my near 40 years' experience in working with offenders in the field of criminal justice. As I tell my students and colleagues, the *Principles of Effective Intervention* provide a rational blueprint for offender treatment. If one were charged with the responsibility of creating a treatment program from scratch, they would be best served by following these 10 principles:

Principle 1. Programs should target the criminogenic needs of the offender.

Criminogenic needs are simply the thoughts, feelings and behavior patterns of the offender that lead to his/her criminal behavior. They include such things as antisocial attitudes, beliefs, values, antisocial associates, and poor decision making. Criminogenic needs are dynamic, also known as changing risk factors. Meaning, if we focus on these features, we may be successful in bringing about a change on the part of the offender. Relative to sex offenders, we focus on the stable variables (e.g., significant social influences, intimacy deficits, sexual self-regulation, attitudes supportive of sexual assault, level of cooperation with supervision and general self-regulation). In summary, it is critical to incorporate these factors into the curriculum design for participants.

Principle 2. Conduct thorough assessments of risk/need; target programs to the moderate-high risk offenders.

There are two parts to this principle; the first is the need to conduct thorough assessments and the second is to utilize our intensive programs for only the moderate-high risk offenders.

In terms of assessments, I always encourage my colleagues to follow a simple four-step approach to choosing an assessment tool. First, select an assessment instrument that targets the population you are assessing (e.g., sex offender, violent, general, etc.). Second, use an assessment instrument that has been validated. Third, utilize the instrument that has the greatest strength of prediction. Fourth, review the strength of the instrument in terms of its replication. In some cases, an instrument validated in one location, has not always shown the same level of validation in another.

In terms of targeting intensive programs to the moderate to high risk offenders, I honestly laughed when I first heard this lecture. In my early years in the field, we placed primarily low risk offenders in our programs (as they went along without a fight) and then patted

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ourselves on the backs for doing such a good job. Guess we missed the boat there! Clearly today the research has shown that targeting low risk offenders for our intensive programs actually increases their risk to re-offend (Bonta et al., 2000 and the research of Andrews & Kiessling).

As Commissioner of Community Corrections, my division assessed every inmate in the population. If the inmate was assessed as a low risk, we did very little for them in terms of programming. However, if the inmate was assessed as a moderate to high risk offender, we moved him or her to the next phase, specifically, a needs assessment. Identified needs were then addressed with appropriate evidence-based programming (e.g., life skills, substance abuse, violence prevention/anger management, etc.). The one exception that I made back then and continue today relates to sex offenders. It has always been my position that sex offenders, regardless of risk, are admitted into our intensive sex offender treatment programs, moved to aftercare when appropriate and then monitored for as long as the law allows. Lifetime probation would work for me! I think I could write a book on this topic alone.

Principle 3. Base the program design and implementation on a proven Theoretical Model.

Effective programs work within the context of a proven "evidence-based" theory of criminal behavior. Proven theories include the social learning and cognitive–behavioral models.

Principle 4. Use a Cognitive Behavioral Approach. It is understood that thinking and behavior are linked.

It has often been said that inmates behave like criminals because they think like criminals. In order to change an offender's behavior, we must alter their thinking! In my efforts to get offenders into programs, I used to remind them that they had chosen a career as a criminal and given the fact that they were now in prison, they had failed and that it might be time to try something different.

In any event, effective programs must attempt to alter an offender's cognitions, values and attitudes and expectations that maintain antisocial behavior. In the prison environment, I always appreciated the application of intensive treatment programs where the treated population was segregated from the general population. The "con code" proved to be a worthy opponent in prison. By segregating the intensive treatment population, we had much greater success in breaking through the "con code" and making gains in altering an offender's faulty cognitions, values, etc. In fact, I think one of the barriers in a correctional environment is when we segregate inmates who are in intensive programming and then return them to general population upon completion of this treatment phase. In these cases, the majority of our gains are lost. Our program design was always to place offenders in these intensive programs where the anticipated program completion coincided with their release. Hopefully post release supervision and aftercare programs, which are a must for all released inmates, will continue to reinforce what they had learned in the intensive programming and also aid them in the very difficult transition process.

It is important to note that while the cognitive behavioral approach forms the basis for our work here, we have moved toward an integrated model which includes Interpersonal Neurobiology, Trauma, Physiological, Affective, Familial, and Societal to name a few.

Principle 5. Disrupt the Delinquency Network.

As previously stated, one of the critical dynamic risk factors with a high correlation to re-offense is associates. Our programming must therefore provide a structure that disrupts the delinquency network by providing offenders with the skills and decision making ability to place themselves in appropriate situations. This is in terms of both the people they associate with and the places they frequent, where pro-social activities dominate! It is also helpful to incorporate into your programming exercises that help offenders understand the consequences of maintaining criminal relationships.

Principle 6. Provide Intensive Services.

Paul Gendreau (1994) defines an intensive program as one that occupies 40-70% of the offender's time while in the program. In my experience, meeting these standards has always been much easier in an institutional environment than in the community. Most of my institution based intensive non-sex offender programs were 3 to 9 months in duration. My intensive sex offender programs were 18 to 24 months in duration.

Our greatest failure here is that we just often miss the opportunity to take advantage of the time we have with the offender while incarcerated. We need less warehousing, smarter sentences strategies, and more

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emphasis on programming, particularly intensive treatment programming! In my experience, these are funds well spent. Intensive treatment programming followed by release to the community with post release supervision and booster programs reinforcing the newly learned behaviors, go a long way toward preventing a re-offense. In the long run it is less expensive than current strategies in this country but we continue to be entrenched in punitive strategies that have never proven to be effective!

In the community, there are many competing elements, in addition to the offenders' treatment needs, they must work, attend to family issues, and be responsible for whatever other probation/parole conditions they have. While we have been successful in designing a structured intensive treatment program for moderate to high risk offenders, funding typically becomes the primary barrier. To that end, we do the best we can with multiple groups supported by individual sessions and provide the offenders with assignments to complete outside of treatment to extend the treatment experience. It is also a great idea to engage family members in the treatment process and provide them with exercises to use at home if they are amenable to that option.

Principle 7. Match the offender's personality and learning style with appropriate settings and approaches.

Simply stated, this principle encourages the therapist to refrain from considering all offenders alike in terms of personality, values, attitude, and beliefs. Every effort should be made to match the treatment approach to the learning style of the offender, characteristics of the clinician to that of the offender, and therapist expertise to programs that best meet the needs of the offender.

Consider: personality variables (e.g., an offender's level of anxiety, depression, mental illness, socialization); cognitive variables (e.g., intelligence, learning disabilities, academic achievement, learning style); and general issues (e.g., culture, gender, barriers to language, physical handicaps, and barriers getting to treatment).

In addressing this principle, I have found little difficulty matching the treatment approach with an offender's learning style (as clinicians are trained to identify a client's learning style). Strategies are therefore not limited to one treatment modality but several based on the needs of the group. Matching the clinician's expertise with the program has not posed an issue as our clinicians are all trained in the field of sex offender treatment. This leaves matching the characteristics of the clinician with that of the client, a major challenge. We often don't have the luxury of having multiple clinicians in a particular area to choose from. Thus, there needs to be a focus on training clinicians to be adaptive in addressing the characteristics of the offender. We have found that our weekly supervision of clinicians helps to identify and work through these types of situations.

Principle 8. Include a relapse prevention component.

Relapse prevention was a strategy utilized in the substance abuse field that has been carried over to our work with sex offenders. The plans are generated during the intensive phase of treatment and are updated periodically thereafter based on the offender's program plan. Some of the key elements identified by Gendreau include: the rehearsal of alternative pro-social responses, practicing pro-social behaviors by rewarding improved competencies in increasingly difficult situations, and, an area that I have found to be of particular importance, training/educating/informing family and community support members of the offender in an effort to have them provide and reinforce the pro-social behaviors. If managed well, family and community support members of the offender can become peripheral members of our containment teams providing valuable information. After all, regardless of the level of treatment we offer in the community, who spends the most time with the offender?

Principle 9. Integrate with community–based services.

Clearly it is not uncommon for our clients to have multiple needs. Consistent with Principle 7, if we do not have the level of expertise to address these issues, it is our responsibility to refer the client to programs with good track records that possess the level of expertise necessary to address those needs. Of great importance here is the level of communication among the multiple clinicians treating the offender. We highly recommend that when one of our clients is seeing multiple clinicians, we have the client sign a release allowing the clinicians to communicate with one another. This often reduces duplication of effort, provides a level of consistency and collaboration on issues of mutual concern.

Principle 10. Reinforce integrity of services.

Programs that have proven to be effective over time have typically developed a system to monitor program

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development, organizational structure, staff development and training. Given the tremendous flow of research in our field, we must be vigilant, always exploring ways to improve and strive toward excellence!

In my interactions with criminal justice professionals today relative to programs, their primary focus is obtaining programming that is "evidence-based," which at least reflects some progress! But how do we know whether or not a program is "evidence-based?" Can we just state that we adhere to the most recent research in our field? I hope not. Back in the early 1990's, Gendreau spoke of the Corrections Program Assessment Inventory (CPAI) as a means of evaluating programs. I recall working with our Director of Programs back in the 1990's when I was a commissioner. We had a few of our programs evaluated utilizing the CPAI and all failed! We did however receive recommendations to raise the standard of programming. Gendreau himself noted that only about 10% of programs audited at that time had the programmatic elements that indicated effective programming.

More than 10 years later (2008), and now as the Chief Operating Officer of the Counseling and Psychotherapy Center, Inc., I am once again challenged with the CPAI. In the face of shrinking financial resources, I was approached by the Maine Department of Correction authorities and asked if I would be willing to have our intensive sex offender treatment program audited by an independent group utilizing the CPAI instrument. Being familiar with the instrument and having failed in the past, I felt we were ready for the challenge. I was told that 60-70% of programs audited continue to miss the mark, 20% receive a satisfactory rating and 7% receive the highest rating under the instrument. At least this reflects improvement since the early 1990's! In any event, we scored, although just barely, in the highest level of the instrument, "very satisfactory". Still room for improvement! We continue to evaluate our program operations on a regular basis. Most importantly, if you score in highest range of the CPAI, your program outcomes should reflect your score, correct? Well we have had more than 50 offenders complete the program and transition to the community; many have been out since July 2007. The majority of these offenders also had post release supervision and are being supervised under the "containment approach" model to include regular polygraph examinations. As of this writing, there have been **no new offenses** by this group! If indeed our national recidivism is 50% over a three year period, I believe the program has paid for itself and some. More importantly, there have been "No New Victims."

One final thought relative to programming, while I often refer to Gendreau et. al. *Principles of Effective Intervention* as the "blueprint" for effective programming, success can only be achieved if we change the culture of our criminal justice operations. In short, adopting a philosophy similar to my five principles of correctional administration!

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"That's just an excuse; all you guys say that."

L.C. Miccio-Fonseca, Ph.D.

Becoming a victim of sexual abuse has incredible and unimaginable consequences, all impacted by innumerable familial, developmental, and societal and environmental variables. An individual's response to sexual is heterogeneous, and idiosyncratic. One seriously maladapted response to such trauma is to repeat the same behaviors onto another. The repetitiveness of the sexually abusive behaviors is often a maladapted corollary to the victimization. For sexually abusive individuals, once the person's own victimization is revealed, it is not uncommon to find it becoming a secondary focus; rarely a priority is given to the fact that the individual is a victim.

Case presentation:

Joseph, a 9-year old boy disclosed his maternal uncle had been sexually assaulting him since the age of 4. He reported multiple episodes of the maternal uncle tying Joseph's hands and feet together, hoisting him over a closet door, bantering Joseph about with interruptions of him being sodomized and/or forced to orally copulate his uncle. Joseph was removed from his natal mother's care. She later disclosed also being sexually assaulted for years by her brother, same uncle to Joseph). Joseph was, placed in a foster home for a period of time and 2 years later, was returned to his mother. She sought all avenues of getting Joseph treatment; however funding was limited, no insurance, and Joseph did not receive treatment for his sexual abuse.

At age 26, Joseph was arrested for perpetrating brutal rapes on young women he spotted either on a bus, or simply saw them walking about downtown. In one incident, Joseph brutally beat the woman severely after he raped her. Once arrested, tried and convicted, he was sent to prison for 17 years.

While in an interview with a probation officer, and later to a psychologist, Joseph stated that he was remorseful, could not provide reasons for these serious sexual transgressions. At one point in the interview with the probation officer, Joseph mentioned that perhaps being a victim of sexual abuse when a young boy may have contributed to his egregious behaviors. Joseph later reported that his disclosure about being sexually assaulted was met with a dismissive comment; "That's just an excuse; all you guys say that."

The probation officer stands to be corrected; that is, *not all* sexually abusive individuals make such statements, particularly since not all sexually abusive individuals are victims of sexual abuse, although a good portion of them are.

There appears to be something distasteful or repulsive about being empathic, or sympathetic to a sexually abusive individual (who was a victim of sexual, or any abuse for that matter); and even more true if the person is late adolescent or adult. The border crossing from having victim empathy to utter disdain towards a sexual perpetrator as expressed in the above case is done quite easily, with little to no objections from others. They may even join in, with added trivializing comments. This posture is also seen in treatment for sexually abusive individuals; that is, focus on the sexually abusive individual's victimization is generally not a priority of treatment, but rather often given a much delayed consideration. How does this happen? Might this also be an example of the "continual cycle of abuse", or what Dr. John Money calls nosocomial abuse?

Where did victim empathy become diffused and so unimportant to this maladaptive victim?

L.C. Miccio-Fonseca, Ph.D. is a Clinical Psychologist and Clinical Researcher, and Director of Clinic for the Sexualities, San Diego. Email: lcmf@cox.net.

Sex Offenders and Past Trauma: Myth and Facts

Center for Sex Offender Management (2012)

http://www.csom.org/pubs/mythsfacts.html

Myth: "Juvenile sex offenders typically are victims of abuse and grow up to be adult sex offenders."

Facts:

- 20 to 50% of juvenile sex offenders are victims of physical abuse.
- 40 to 80% of juvenile sex offenders are victims of sexual abuse.

Featured Treatment Program:

Teen Triumph Treatment Program – 20 years of service

Marti Harris Fredericks, LMFT, Executive Director, HSP, Inc.

Supporting Youth In Celebrating Life
Human Services Projects, Inc.

Human Services Projects, Inc., is a non profit corporation incorporated first in 1980 by Marti Harris Fredericks with the support of a professional Board of Directors. It is a 501(c)(3) charitable organization. The vision of Ms. Fredericks and the mission of HSP is to develop and operate community based programs to assist disadvantaged youth and adults in the enrichment and enjoyment of their lives; to rekindle their hopes and dreams; and to support them in celebrating life. HSP works in the community to create a better, safer and healthier environments for this generation and future generations of children, teens, adults and families.

Marti Harris Fredericks is the Executive Director and founder of Human Services Projects, Inc. She has over 30 years of experience in the development and implementation of programs serving a wide array of special needs populations. She has a unique background with both clinical training and business acume. Under her vision and direction, HSP, Inc. through its dedicated staff has served well over 5,000 youth, adults and families suffering from serious emotional disturbance, mental illness, learning disorders and education challenges since its inception.

In 1992 HSP took over a failing treatment program serving young men who had been adjudicated for sexually abusive behavior. The program, Teen Triumph is celebrating 20 years of meeting the clinical treatment and educational needs of the seriously troubled and challenging youth, placed from Northern California. Ms. Fredericks estimates that they have served approximately 1,200 youth through the Teen Triumph Program.

Teen Triumph is a state licensed residential program specialized in the treatment of sexually abusive and behaviorally challenged youth between the ages of 12 and 18. The program is designed to address the treatment and behavior needs of emotionally deprived and disturbed adolescent males through utilizing, behavioral, cognitive-behavioral and skills based approaches. The program accepts adolescents that have been adjudicated by the Juvenile Courts, under W&I Code 602 and through the Dependency Courts under W&I Code 300 and through County Departments of Behavioral Health Services and now through school districts. Teen Triumph is also a Non-public Program and is also affiliated with our own Non-public School. It is a WASC Accredited Special Education Center serving Teen Triumph students and students from seven school districts in San Joaquin County. Teen Triumph is accredited by the California Alliance of Child and Family Services**.** Ms. Fredericks is a certified Sex Offender Provider at the Independent Practitioner Level and the program is also certified by the California Sex Offender Management Board.

The program utilizes a curriculum developed and updated frequently by Ms. Fredericks that provides intensive treatment in a highly structured environment utilizing a multimodal approach. Treatment approaches are evidence-based and empirically guided. The offender specific curriculum is augmented evidence-based curriculum such as “Aggression Replacement Training”, “Thinking For A Change” and “Thinking It Through”. Therapeutic approaches include individualized assessment and development of outcome goals and measurable objectives, comprehensive risk and pre, post and progress assessments, individual, group and family therapy, psychiatric services. Specialized services include cognitive-behavioral therapy focus groups targeting criminogenic risk factors such as substance abuse, values and moral development, gang interventions. A trauma focus is incorporated throughout the program with a special emphasis in grief, sexual abuse/victimization and PTSD. Skills training include behavior shaping, life skills, independent living skills, pre-vocational and vocational training and interpersonal/ social skills development.

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Teen Triumph Treatment Program –continued from Page 17

Teen Triumph was the first program to participate in a validation study of a ground breaking risk assessment tool, the *MEGA♪ (Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents— ages 4 to 19*, which has been implemented in several facilities in California and is in Statewide use in Kentucky' Department Juvenile Justice. Teen Triumph was included in the cross validation of the *MEGA♪* and continues to use this valuable tool to estimate risk, guide treatment and measure outcomes.

Teen Triumph is located in Stockton, in the heart of the central valley. There are 36 beds located in six homes which house six youth per home and are an RCL 12. The program serves Counties throughout Northern California in proximity that allows family involvement and successful community reentry. The program and curriculum project a one year to 18 month program, family counseling, Safety Planning and skills for community reentry an integral part of the program.

For Information about Teen Triumph, please contact:

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CCOSO Research Awards - Deadline: February 1, 2013

The Research Committee will present special recognition awards at the May 2013 Conference to researchers who complete studies that significantly contribute to increased knowledge and improved assessment of sex offenders in the state of California and support evidence-based practice. Two awards will be given, one to student researchers for a thesis or dissertation project, the other to a professional (or group of professionals).

Criteria for eligibility for the award are: (a) applicants must be active CCOSO individual or student members in good standing; (b) the proposed research will address an important aspect of sexual offending; (c) preference will be given to scientific research that is data driven rather than theoretical or conceptual papers.

Applicants must submit a research abstract. The abstract should include the issue addressed, methods used, findings, and conclusions. The Research Committee will review all proposals, select the proposals they believe have the most merit, and forward the award to the Board for notification. Recipients will be notified of the award just prior to the CCOSO Conference.

The recipients and abstracts will be posted on the CCOSO Research Committee website and at be part of the poster sessions for the CCOSO annual conference. The abstracts will be submitted to *CCOSO's Quarterly Newsletter: Perspectives.*

Deadline for applications is February 1, 2013. Please submit your abstract to Dr. Norbert Ralph, Chair of the Research Committee, at dr.n.b.ralph@gmail.com.

SAVE THE DATE!!!!

16TH Annual CCOSO Training Conference

May 7 – 9, 2013

San Ramon Marriott

The hotel is surrounded with stunning landscaping that creates a serene, intimate environment. With immaculate gardens and striking span of trees, a walk around the grounds proves as beautiful as the interior. The San Ramon Marriott boasts 362 luxurious guest rooms and many amenities such as a restaurant, lounge, fitness center, outdoor heated pool, outdoor patio and courtyard, and friendly professional staff. The hotel is in close proximity to Silicon Valley and San Francisco, with picture perfect views of the mountain range and the surrounding scenery.

History of CCOSO

The California Coalition on Sexual Offending (CCOSO) was founded in 1986 in response to a growing need throughout the state for an organized network of professionals working to respond to sexual offending. The wide variety of professionals who constitute CCOSO membership provides a solid foundation for collaboration in research, treatment, and containment to develop effective approaches in treatment and supervision practices and to influence state policy.

VISION: A World Without Sexual Abuse

MISSION: Together We Can End Sexual Abuse

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