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**STATE OF WASHINGTON
STEVENS COUNTY SUPERIOR COURT**

In re the Detention of:

NO.

JOSEPH GRIFFITH,

PETITION

Respondent.

COMES NOW Petitioner, State of Washington, by and through Robert W. Ferguson, Attorney General, and Jeremy Bartels, Assistant Attorney General, and submits this petition seeking the involuntary civil commitment of the Respondent, Joseph Griffith, as a sexually violent predator pursuant to RCW 71.09. Specifically, the State alleges that Joseph Griffith is a sexually violent predator, as that term is defined in RCW 71.09.020(18), given the following:

1. Respondent has been convicted of the following two sexually violent offense(s), as that term is defined in RCW 71.09.020(17):

a) On or about December 13, 2000, in Snohomish County, Washington Respondent was convicted of two counts of Second Degree Rape of a Child, Cause Number 00-1-00953-9.

2. Respondent currently suffers from a mental abnormality and/or personality disorder, as those terms are defined in RCW 71.09.020(8) and .020(9).

3. Respondent's mental abnormality and/or personality disorder cause him to have serious difficulty in controlling his dangerous behavior and make him likely to engage in predatory acts of sexual violence unless confined to a secure facility.

1 4. Respondent has committed a recent overt act, as that term is defined in
2 RCW 71.09.020(12).

3 Mr. Griffith, over the past several years and in recent months, has repeatedly engaged in
4 behaviors that constitute acts, threats, or combinations thereof that has either caused harm of a
5 sexually violent nature or creates a reasonable apprehension of such harm in the mind of an
6 objective person who knows of the history and mental condition of the person engaging in the
7 act or behaviors.

8 Mr. Griffith has repeatedly engaged in serious ongoing romantic relationships with
9 women who have children in the age range of Mr. Griffith's potential victim pool. Mr. Griffith
10 has engaged in these relationships without first being forthcoming regarding his status as a sex
11 offender against children and his established prohibitions against having contact with children.

12 Mr. Griffith has systematically groomed women who have control and care of children
13 in the age range of his potential victim pool to allow Griffith repeated unsupervised contact
14 with the children, supervision of the children, and care for the children. Griffith has groomed
15 these women to aid him in avoiding the State's detection of these activities through, among
16 other things, providing false information to the authorities.

17 Mr. Griffith has also, since his initial release from prison following his most recent
18 sexual offense conviction, has engaged in sexual contact with another 14-year-old girl which
19 included sexual intercourse.

20 Mr. Griffith's acts and attempted acts since his release following his most recent sex
21 offense conviction, considered individually and/or considered as a continuous course of
22 conduct constitute recent overt acts pursuant to RCW 71.09 *et seq.*

23 Based upon the foregoing, Respondent should be committed to the custody of the
24 Department of Social and Health Services for placement into a secure facility for control, care,
25 and treatment until such time as Respondent's condition has so changed that he no longer meets
26

1 the definition of a sexually violent predator, or conditional release to a less restrictive alternative is
2 in the best interest of Respondent and conditions can be imposed that would adequately protect
3 the community.

4 DATED this 14th day of July, 2015.

5 ROBERT W. FERGUSON
6 Attorney General

7 
8 JEREMY BARTELS, WSBA # 36824
9 Assistant Attorney General
10 Attorneys for State of Washington

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**STATE OF WASHINGTON
STEVENS COUNTY SUPERIOR COURT**

In re the Detention of:

JOSEPH GRIFFITH,

Respondent.

NO.

CERTIFICATION FOR
DETERMINATION OF
PROBABLE CAUSE

12 I, Jeremy Bartels, am an Assistant Attorney General for the State of Washington and am
13 familiar with the investigation conducted by the Washington State Department of Corrections and
14 various law enforcement agencies relating to the respondent, Joseph Griffith.

15 Pursuant to RCW 71.09.030, the Attorney General for the State of Washington is filing
16 this petition at the request of the Stevens County Prosecuting Attorney.

17 Petitioner, State of Washington, sets forth the following in support of its motion for the
18 determination of probable cause that the Respondent, Joseph Griffith, is a sexually violent
19 predator pursuant to chapter 71.09 RCW.

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SEXUALLY VIOLENT OFFENSES

Respondent, Joseph Griffith, was born on May 17, 1981, and is now 34 years old. He has
been convicted of at least two, and possibly four sexually violent offense(s) as that term is defined
in RCW 71.09.020(17).

1 **A. Rape in the Second Degree (Count 1) and Indecent Liberties (Count 2), Stevens**
2 **County Superior Court (Juvenile), Cause Number 95-8-00052-5 (March 11, 1995).**

3 From 1993 to 1995, Joseph Griffith, then aged 12 to 13. Sexually assaulted M.B., his 12-
4 13 year-old female cousin, who was learning disabled, at least 30 times over the course of
5 approximately two years. The rapes were discovered after M.B. was admitted to the hospital with
6 vomiting and dehydration symptoms. When tests confirmed M.B. was pregnant, she revealed that
7 Griffith, Griffith's step-brother, and another male cousin had been systematically raping her for a
8 long time.

9 M.B. reported Griffith and his cousins would engage in gang-rape activities. M.B.
10 reported male cousins would touch M.B.'s private areas underneath her clothing, penetrate her
11 vagina with their fingers and their penises, threaten to tie her down if she did not comply, and
12 push M.B. down force her to perform sex acts if she resisted. Later, Griffith would admit to
13 sexually forcing himself upon M.B. Griffith admitted raping M.B. orally, vaginally, and anally.
14 Griffith admitted to performing other sex acts upon M.B. such as frottage, spanking, and watching
15 the other males tie M.B. down and rape her (for his own sexual purposes).

16 On July 17, 1995, Griffith was placed on a SSODA as a result of his convictions for these
17 offenses. This special disposition was revoked on November 12, 1996, for repeated violations of
18 the conditions of the disposition including having contact with the victim, substance violations,
19 deception regarding sexual contact, and multiple incidents of unsupervised contact with minor
20 children. Griffith's parents also reported during this time that Griffith, despite being warned,
21 visited women in the neighborhood who, themselves, had small children.

22 **B. Rape of a Child in the Second Degree (two counts), Snohomish County Superior**
23 **Court, Cause Number 00-1-00953-9 (December 13, 2000).**

24 Griffith (age 18) sexually assaulted a known female (age 13) during the month of
25 December 1999. Griffith was 5 years and 2 months older than the victim. The victim was the
26 cousin of Griffith's then girlfriend. Griffith and his girlfriend, along with their infant son,
resided together in a motel. During winter break from school, the victim stayed overnight at

1 the motel and provided babysitting services while Griffith and his girlfriend were at work. The
2 victim reported that Griffith's girlfriend would go to work and she would be alone with
3 Griffith. She reported that Griffith made advances towards her by putting his hand on her
4 private area and rubbing both under and over her clothing. She reported that she and Griffith
5 got undressed, he digitally penetrated her vagina, and they then had sexual intercourse. She
6 reported that they had sexual intercourse "three to four times" and that Griffith attempted to
7 have anal intercourse with her on one occasion but she stated it hurt so he stopped. The
8 victim then moved to Las Vegas with her family and she finally told her aunt about having
9 sexual intercourse with Griffith. The victim's mother contacted Las Vegas police who took a
10 report and then contacted the Snohomish County authorities. During an interview with
11 police, Griffith admitted to fondling the victim's vagina and breasts under her clothing and
12 that the victim fondled his bare penis with her hand and masturbated him. He denied that they
13 engaged in sexual intercourse. Griffith wrote the victim a letter asking her if he was the first
14 person she had slept with and if so, she was the first person he had "taken virginity from and
15 that meant the world to him."

16 Griffith was convicted by a jury of two counts of Rape of a Child in the Second Degree.
17 He was sentenced to 170 months on each count (to run concurrently). Since his release for
18 those offenses, Griffith has repeatedly engaged in prohibited behavior resulting in the
19 revocation of most, if not all, of the remaining available sentence. Most of these violations
20 involved prohibited and unsupervised contact with minor children. During this time, Griffith
21 was also convicted of unlawful possession of a firearm.

22 **OTHER SEXUAL OFFENSES**

23 On February 27, 2014, Griffith was charged in Stevens County Superior Court with
24 Rape of a Child in the Third Degree (Cause Number 14-1-00028-1). The cause number was
25 dismissed without prejudice pending further investigation. Griffith was alleged to have
26

1 engaged in multiple instances of sexual intercourse with H.N., a 14 year-old female child.
2 According to H.N., she and 32 year-old Griffith were in a dating relationship until she
3 discovered Griffith had engaged in a sexual relationship with H.N.'s 17 year-old sister, J.N.
4 Griffith then proceeded to date J.N. and have contact with J.N.'s two year-old son. The sexual
5 relationship was revealed to police when H.N. was diagnosed with a sexually transmitted
6 disease, and revealed that she and Griffith had been sex partners.

7 Griffith has also had significant contact with other minors. His contact has stemmed
8 through the formation of relationships with the single-mothers of the minor children. On at
9 least four documented occasions, Griffith has developed such relationships: J.N., Christina
10 Bashe, Melissa Metlow, and Laurie Dickerson. The adult women all have female minor
11 children Bashe (unknown age), Metlow (14 and 15), and Dickerson (10-11 and 13-14). All
12 three women were romantically involved with Griffith since his release from his initial
13 sentence, and at least two were romantically involved with Griffith contemporaneously in
14 2015. Griffith did not reveal to Dickerson that he could not have contact with children until
15 after he was arrested for having such contact. Griffith affirmatively told Basche that he could
16 have contact with minors. Another woman, named Beth Allen, was identified through a search
17 of Griffith's text messages as having a relationship during 2015 with Griffith that seemed to be
18 romantic in nature, although Ms. Allen has yet to return contacts.

19 A recent search of Griffith's phone revealed photos of him having physical contact with
20 Dickerson's children. That search also revealed text messages establishing that Griffith has
21 completely unsupervised contact with the minors.

22 The same search also revealed that Griffith had emailed himself (and only himself) a
23 "selfie" photograph he took of him having close physical contact with a female appearing to be
24 approximately 10 years old. He titled the message "me n tiara." The identity of that female is
25 still unknown.
26

1 For the above contacts, as well as many other violations, Griffith has been repeatedly
2 reincarcerated, re-warned, and returned to the community. Despite all warnings, punishments,
3 and penalties resulting from contact with minors, Griffith repeatedly engages in that contact.

4 **PSYCHOLOGICAL EVALUATIONS AND SEXUAL DEVIANCY TREATMENT**

5 Griffith has undergone and completed sexual deviancy treatment both as a juvenile and
6 as an adult. Most recently, he completed the SOTP in-custody and community-based phases.

7 The summary indicated that:

8 *Overall, Mr. Griffith has made significant progress toward his dynamic-risk*
9 *based treatment goals. He presented with needs in both the Sexual and*
10 *Relational and Antisocial domains. He consistently met nearly every goal that*
11 *was identified for him. He was an active participant in his own treatment and*
12 *demonstrated consistent ability to generalize his skills outside of the treatment*
13 *setting.*

14 Throughout treatment, Griffith hinges on the idea of minimization of symptoms,
15 especially symptoms suggestive of a paraphilic interest in underage girls. Throughout
16 treatment Griffith insisted that he had no arousal to sexual stimuli other than to his fiancée.
17 He interpreted the idea of sexual preoccupation in a way that made it impossible for him
18 to have this problem because all of his sexual thoughts were about his fiancée and therefore
19 necessarily appropriate. In addition to minimization of paraphilic symptoms, he appears to
20 have minimized his substance use, or conversely, he may have exaggerated his use at other
21 times during his history, because his denials of significant use are not consistent with his
22 having been diagnosed with alcohol dependence.

23 Mr. Griffith completed SOTP on 03/07/2012 and qualified for community
24 outpatient treatment program. He was assigned to community therapist D. Osborne. He
25 participated in that program through For approximately 10 months, from 7/11/12 through
26 5/30/2013, and completed that program successfully, although few records from this period
were available for review at the time of this report.

1 Nearly every violation of Griffith's probation, including sexual contact with minors,
2 occurred after his successful completion of his treatment.

3 **SEXUALLY VIOLENT PREDATOR EVALUATION**

4 On July 14, 2015, Dr. Henry Richards, Ph.D. completed a sexually violent predator
5 evaluation of Mr. Griffith pursuant to RCW 71.09.025. A copy of that evaluation is attached
6 hereto as Exhibit A and is incorporated herein by reference. Dr. Richards is a licensed
7 psychologist, is familiar with RCW 71.09 and has considerable expertise in the evaluation,
8 diagnosis, and treatment of sex offenders. He has conducted a number of sexually violent
9 predator ("SVP") evaluations in Washington. A true and accurate copy of Dr. Richards's
10 curriculum vitae is attached hereto as Exhibit B and is incorporated herein by reference.

11 Dr. Richards's written evaluation of Griffith is based on a review of over 1200 pages of
12 records relating to Griffith's background, including police reports, witness statements, court
13 records, criminal history records, DOC records, psychological evaluations and sex offender
14 treatment program records.

15 Dr. Richards opined that Griffith has a mental abnormality that makes him more likely
16 than not to engage in predatory acts of sexual violence if not confined in a secure facility.
17 Ex. A at 26-27.

18 **A. Mental Abnormality and/or Personality Disorder**

19 Dr. Richards diagnosed Griffith as follows:

20
21 *The following diagnoses are listed in the Diagnostic and Statistical Manual of Mental*
22 *Disorders, Fourth Edition, Text Revision (DSM-5-) and constitute mental*
abnormalities according to RCW 71.09:

- 23 *302.89 Other Specified Paraphilic Disorder, Nonexclusive, Sexually attracted to post-*
pubescent girls
- 24 *301.7 Antisocial Personality Disorder*
- 25 *301.83 Borderline Personality Disorder*
- 26 *309.81 Posttraumatic Stress Disorder (PTSD), In Partial Remission*
- 296.31 Major Depressive Disorder, Recurrent Psychotic features by History*

1 300.3 Obsessive Compulsive Disorder, with fair insight

2 305.0 Alcohol Use Disorder, Mild (By History)

3 305.20 Cannabis Use Disorder, Mild (By History)

4 Ex. A at 10.

5 Regarding Griffith's paraphilic disorder, Griffith has been varied in his types of
6 offending behavior, showing that he is capable of a wide range of offenses from brutal sexual
7 exploitation of a mentally disabled girl, to the confusion and distortion of a relationship and
8 contact with another child that he translated into sexual invitation and desire. For example,
9 Dr. Richards analyzed the Bumby Cognitive Distortions Questionnaires during treatment
10 intake. These items are highly predictive of paraphilic interest in children. Dr. Richards
11 discussed these results stating:

12 *It was appropriate that Mr. Griffith explored these feelings and*
13 *sexual tendencies in treatment. However, since his treatment he has*
14 *compulsively brought himself into contact with girls in the same age group*
15 *as the victim in this 2000 felony conviction. He has engaged in manipulation,*
16 *lies, and subtle and aggressive seduction to come into close contact with them,*
17 *including physical contact, and to act as a pseudo-parent or pseudo-friend.*
18 *His involvement with the two sisters resulted in his being accused of having*
19 *intercourse with a 14 year old girl on several occasions. The letters exchanged*
20 *between the girl (B.K.) who accused him are strong clinical evidence of a*
21 *sexual interest toward the child and of his own identification with children,*
22 *which he was artful in using for manipulation and enticement.*

23 *After serving two periods of confinement for sexual offenses, Mr. Griffith*
24 *persisted in behaviors that constituted the recent overt acts described in this*
25 *report. It was found that he had, at great risk to his own liberty, manipulated*
26 *to have contact with multiple children, including at least one girl who*
 appeared to be under the age of 12. The intimacy, affection, and physical
 contact captured by the photographs intercepted from Mr. Griffith's camera
 are exactly the combination of physical contact, intimacy, fun, and mothering
 attention which he revealed in treatment were associated with sexual impulses
 toward his under aged victim. Mr. Griffith's has shown a compulsive need to
 established relationships with multiple women with children of the age of the
 victim of his 2000 felony conviction and the age of the girl accusing him of
 sexually abusing her in 2013. His repeating these contacts are very strong
 clinical evidence of a paraphilic interest that has not desisted despite multiple
 sanctions and in spite of Mr. Griffin's awareness of the civil commitment
 laws in this state.

1 *Mr. Griffin's paraphilia greatly increases the likelihood that he will seek*
2 *out underage girls for relationship purposes including sexual relationships.*
3 *This disorder distorts his view of the interests and needs of children, and*
4 *causes him to perversely combine an attraction to childlike innocence and*
5 *maternal affection with sexuality and to seek sexual outlet with underage girls.*
6 *He has preferred to indulge in this deviant outlet when heterosexual or*
7 *homosexual contacts with adults were available to him, and in the case of his*
8 *2000 felony, while he was in a relationship in which he said his wife wanted*
9 *sex all the time.*

10 Dr. Richards also diagnosed personality disorders he found significant to his Sexually
11 Violent Predator evaluation. Specifically, Dr. Richards discussed antisocial personality
12 disorder and, after recognizing that Griffith meets a significant number of the diagnostic
13 criteria for the disorder, he concludes:

14 *Mr. Griffith's personality pathology increases the likelihood of his offending in a*
15 *sexually predatory way by decreasing his ability to learn from punishing experiences,*
16 *and to realistically envision the future consequences of his actions for himself and*
17 *others. His inability to be truly remorseful or to empathize for how his victims will*
18 *ultimately feel about his abuse of them is an emotional barrier caused by his*
19 *personality pathology. His tendency to be driven by resentment of adult women in his*
20 *life, and to idealized underage girls as a kind of vision of the perfect union for him, and*
21 *a union he is entitled to is another extension of his antisocial and borderline traits.*

22 Exhibit A at 14.

23 Dr. Richards also employed an instrument called the PCL-R to evaluate and measure a
24 subjects level of psychopathy. Griffith scored a 30 on that scale, which is considered high and
25 clinically significant. Although not a distinct diagnosis, Dr. Richards discussed Griffith's high
26 level of psychopathy.

27 *Mr. Griffith's high level of psychopathy has important implications for*
28 *supervision, treatment, and risk. Psychopathic offenders do not fare as well*
29 *on community placement under supervision as their nonpsychopathic peers.*
30 *They often make significantly lower treatment gains, and in some cases their*
31 *propensity to offend may increase with after treatment. Whereas the*
32 *relationship between psychopathy and sex offending per se is moderate in size*
33 *(Cohen's $d = .50$, $r = .3$) those sex offenders who have a diagnosable form of*
34 *deviant sexual arousal (sadism, pedophilia, coercive arousal) as well as*
35 *high psychopathy offend most frequently, have the highest number of total*
36 *victims, and reoffend sooner after release than other sex offenders.*

1 Exhibit A at 16.

2
3 Based upon his review of the records, including previous mental health evaluations, it
4 is Dr. Richards's opinion that Griffith has demonstrated a sexual interest in and sexual
5 behavior towards underage children for many years. Dr. Richards indicates that Griffith has
6 experienced a pattern of arousal to female children and has experienced recurrent and
7 compulsive urges to commit acts of sexual assault. Dr. Richards indicated that Griffith's
8 mental and personality disorders impact both his volitional and emotional capacity to control
9 his behavior and predisposes him to commit his acts of predatory sexual violence. Griffith
10 repeatedly puts himself in positions where he would have access to children, despite repeated
11 punishment and incarceration incurred as direct results of that contact. In conclusion,
12 Dr. Richards opined that Griffith's mental conditions as outlined in his report constitute a
13 qualifying mental abnormality and/or personality disorder under RCW 71.09 *et seq.*

14 **B. Risk Assessment**

15 Dr. Richards also conducted a risk assessment to determine whether it is likely that
16 Griffith will engage in predatory acts of sexual violence if not confined in a secure facility.
17 Ex. A at 17-21. Dr. Richards conducted a thorough structured risk assessment using actuarial
18 instruments, static and dynamic risk factors, and protective factors to reach an opinion on
19 Mr. Griffith's risk of reoffense if released to the community. *Id.* Dr. Richards scored Griffith
20 on different actuarial instruments designed to help evaluators estimate the probability of sexual
21 and violent recidivism for adult males convicted of at least one sexual offense. Dr. Richards
22 used the Static-99R and the Static 2002R in evaluating Griffith's risk of reoffense. *Id.*
23 Dr. Richards scored Griffith as a 5 on the Static 99R, which is associated with a moderate high
24 risk of recidivism placing him in approximately the 88th percentile of sex offenders and, as a
25 group, sex offenders with a score of 5 are re-convicted and/or re-charged at a rate of 21% over
26 a 5-year period and 32% over a 10-year period. *Id.* at 19-20. Dr. Richards also scored Griffith

1 as a 7 on the Static 2002R, which is associated with a moderate high risk of recidivism placing
2 him in approximately the 93rd percentile of sex offenders and, as a group, sex offenders with a
3 score of 7 are re-convicted and/or re-charged at a rate of 26.8% over a 5-year period. *Id.*

4 In addition to these empirically-derived actuarial risk factors, Dr. Richards considered
5 empirically-derived static and dynamic risk factors not included in the actuarials. *Id.* at 20.

6 Dr. Richards opined:

7
8 However, in my view, there are several significant exacerbating circumstances in
9 Mr. Griffith's case. These factors, combined with a high level of dynamic risk
10 and low potential for profiting from mandated supervision an unlikely
11 response to outpatient treatment (if treatment was required upon release to
12 the community), support the conclusion that his risk for a future crime of
13 predatory violence, as defined in the statute, does currently exceed 50 percent.

14 **DYNAMIC RISK FACTORS:**

15 **Diagnosed Cluster B Personality Disorder: YES:**

16 **Protective Factors:**

- 17
- 18 • Has been in the community for significant period of time (NO)
 - 19 • Less than 15 years left in offender's time at risk due to age or poor health (NO)
 - 20 • Successful completion of a cognitive-behavioral treatment program for
21 sexual offenders (NO, due to recidivism after completion of treatment)

22 Mr. Griffith has placed himself in close contact with his victim pool on
23 multiple occasions over the last several years. He has done this after
24 successfully completing both prison and outpatient sex offender treatment,
25 indicating that treatment is not a protective factor for him at this time. The
26 largest dynamic risk in his case is Mr. Griffith's unacknowledged deviant
interest in girls. A second powerful risk factor is his deceptiveness and
inability to properly utilize supervision and offender management services or
treatment to reduce his risk.

Exhibit A at 20.

In conclusion, Dr. Richards found that Griffith presents a high risk of sexual reoffense
if released to the community and that he is likely to engage in predatory acts of sexual violence
if not confined in a secure facility.

1 **C. RECENT OVERT ACT**

2 Dr. Richards also opined that the recent acts committed by Griffith constitute “recent
3 overt acts” as defined by RCW 71.09 *et. seq.* Exhibit A at 21-26. Dr. Richards discussed
4 Griffith’s inability to comply with probation conditions, his inability to stay away from
5 children, and his physical contact with minors (much of which has been discussed in the above
6 sections) as problematic issues that constitute recent overt acts. *Id.* Dr. Richards concluded:

7 **Conclusions regarding recent overt act:** In a relatively short period of time
8 and with allegations of a new sexual offense and a sanction for contact with
9 children and other serious violations of conditions of release, a large amount
10 of evidence exists that Mr. Griffith persisted in making contact with children in
11 his victim pool. This contact included physical contact and being with
12 children without adults present in line of sight who were aware of his offenses
13 and could intervene. He also communicated electronically with children
14 without the awareness of responsible adults and encouraged the children he
15 had contact with to share and keep his secrets. These behaviors are clear precursors to
16 sexual offending and securing the silence of child victims. Mr. Griffith’s pattern of
17 behavior reflect a compulsive need and desire to gain close emotional and physical
18 contact with minor females of the type that led to his felony conviction in 2000.
19 Information disclosed in SOTP treatment supports that it is not only his behaviors
20 which are paraphilic, but also his thoughts, association, and pattern of sexual arousal to
21 post-pubescent girls. Mr. Griffith’s actuarial scores alone suggest elevated risk and
22 when combined with his recent behaviors, the unavoidable conclusion from a clinical
23 perspective is that Mr. Griffith was at a unacceptably high level of imminent risk to
24 reoffend (and some evidence suggests he did reoffend) during the last months that he
25 was at large in the community.

26 Exhibit A at 25-26.

It is clear Griffith has repeatedly engaged in behaviors that constitute acts, threats, or
combinations thereof that has either caused harm of a sexually violent nature or creates a
reasonable apprehension of such harm in the mind of an objective person who knows of the
history and mental condition of the person engaging in the act or behaviors.

Under penalty of perjury under the laws of the State of Washington, I certify that the
foregoing is true and correct to the best of my knowledge.

1 Under penalty of perjury under the laws of the State of Washington, I certify that the
2 foregoing is true and correct to the best of my knowledge and review of the available records.

3 RESPECTFULLY SUBMITTED this 14th day of July, 2015.
4

5 ROBERT W. FERGUSON
6 Attorney General

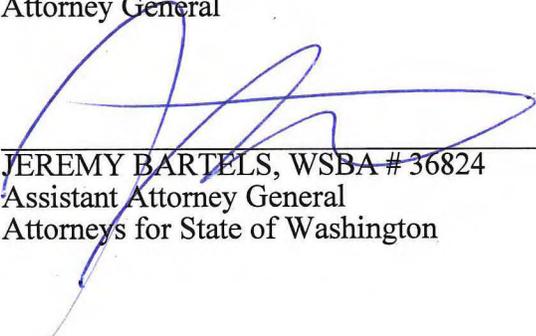
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9 JEREMY BARTELS, WSBA # 36824
10 Assistant Attorney General
11 Attorneys for State of Washington
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EXHIBIT A

Henry Richards, Ph.D.
July 13, 2015
SEXUALLY VIOLENT PREDATOR EVALUATION

I. IDENTIFYING DATA:

NAME: GRIFFITH, JOSEPH SHANE
DATE OF BIRTH: 05/17/1981
DOC NUMBER: 816580

II. REASON for REFERRAL:

This evaluation will address the following three questions:

- A. Does Mr. Griffith have a mental abnormality defined in RCW 71.09 as "a congenital or acquired condition, including a personality disorder, affecting the emotional or volitional capacity which predisposes the person to the commission of criminal sexual acts in a degree constituting such person a menace to the health and safety of others?"
- B. By reason of his mental abnormality, is Mr. Griffith likely to engage in predatory acts of sexual violence?
- C. Did Mr. Griffith's behavior in the community prior to his arrest on April 28, 2011 constitute a recent overt act as defined by RCW 71.09.20 (12) : "Recent overt act" means any act, threat, or combination thereof that has either caused harm of a sexually violent nature or creates a reasonable apprehension of such harm in the mind of an objective person who knows of the history and mental condition of the person engaging in the act or behaviors.?"

III. SOURCES OF INFORMATION:

The evaluation process consisted of a detailed review of available records an extensive clinical interview with Mr. Griffith, and the application of actuarial and clinical procedures.

I relied on Bates stamped records provided to me by the Department of Corrections numbered J. Griffith 0001 through J. Griffith 001270. References to these documents occur throughout the text of this report in the form of Bates numbers enclosed within parentheses.

IV. PROCEDURES:

The following procedures were conducted:

- 1. The Static-99R
- 2. The Static-2002R
- 3. Hare Psychopathy Checklist Revised (PCL-R)
- 4. Case Formulation

V. **FINDINGS:**

HISTORY of SEXUAL OFFENSES:

Pursuant to RCW 71.09 "a crime of sexual violence" is defined as "a sexually violent offense" and means, "an act committed on, or before, or after July 1, 1990, that is:

- a. Rape in the first degree, rape in the second degree (by forcible compulsion), rape of a child first or second degree, statutory rape first or second degree, indecent liberties (by forcible compulsion or involving a child under 14), child molestation first or second degree, incest against a child under age 14, or
- b. Prior felony offense that is comparable to sexually violent offense, or
- c. Murder in the first or second degree, assault in the first or second degree, assault of a child first or second degree, or
- d. An attempt, criminal solicitation or criminal conspiracy to commit (a), (b), or (c), kidnapping in the first or second degree, burglary in the first degree, residential burglary
- e. and unlawful imprisonment, if it can be proven during commitment proceedings that the offense was "sexually motivated."

HISTORY of SEXUALLY VIOLENT OFFENSES:

The description of Mr. Griffith's offense history provided here is taken largely from summary documents provided by the DOC, although original documents including charging documents, police reports, victim statements, and presentencing reports were also read and considered by the evaluator.

Snohomish County Cause #00-1-00953-6: CTs I & II: Rape of a Child 2nd Degree.

Griffith (age 18) sexually assaulted a known female (age 13) during the month of December 1999. Griffith was 5 years and 2 months older than the victim. The victim was the cousin of Griffith's then girlfriend. Griffith and his girlfriend, along with their infant son, resided together in a motel. During winter break from school, the victim stayed overnight at the motel and provided babysitting services while Griffith and his girlfriend were at work. The victim reported that Griffith's girlfriend would go to work and she would be alone with Griffith. She reported that Griffith made advances towards her by putting his hand on her private area and rubbing both under and over her clothing. She reported that she and Griffith got undressed, he digitally penetrated her vagina, and they then had sexual intercourse. She reported that they had sexual intercourse "three to four times" and that Griffith attempted to have anal intercourse with her on one occasion but she stated it hurt so he stopped. The victim then moved to Las Vegas with her family and she finally told her aunt about having sexual intercourse with Griffith. The victim's mother contacted Las Vegas police who took a report and then contacted the Snohomish County authorities. During an interview with police, Griffith admitted to fondling the victim's vagina and breasts under her clothing and that the victim fondled his bare penis with her hand and masturbated him. He denied that they engaged in sexual intercourse. Griffith wrote the victim a letter asking her if he was the first person she had slept with and if so, she was the first person he had "taken virginity from and that meant the world to him."

Disposition: On 06/06/00, Information was filed in Snohomish County Superior Court charging Griffith with Count I: Rape of a Child 2nd Degree. On 09/28/00, an Amended Information was filed charging Griffith with Counts I and II: Rape of a Child 2nd Degree. A jury found Griffith guilty of both

counts on 10/04/00. On 12/13/00, Griffith was sentenced to 170 months confinement for each count to run concurrent.

Prior Offense: Stevens County Juvenile Cause #95-8-00052-5 CT I: Rape 2nd Degree

CT II: Indecent Liberties. Griffith (age 12-13) sexually assaulted his female cousin (age 12-13) from May of 1993 to 03/11/95. According to official documents, the victim was taken to the hospital, as she was vomiting and dehydrated. Test results confirmed that the victim was pregnant and she reported that her three male cousins (including Griffith) had been raping her the past two years. The victim was learning disabled and reported to police that Griffith and his cousins touched her underneath her clothing "a bunch of times." She reported that Griffith and his cousins penetrated her vagina with their fingers and penises. She reported that they threatened to tie her to the bed if she did not do what they wanted and that they pushed her down and forced her do it when she told them she didn't want to. The victim reported the sexual abuse happened in her room or out in a shed in the woods. During an interview with police, Griffith admitted to touching the victim. He also admitted to having sexual intercourse with the victim on approximately 30 occasions and to placing his mouth on the victim's chest. During a sexual history polygraph completed in 1997, Griffith reported that he orally and anally sodomized the victim, penetrated her vagina with his penis and finger, forced her to perform fellatio, frottaged her, spanked her and watched her being tied up by others for sexual reasons. One of Griffith's co-defendants told police that "sometimes she didn't want us to do it because she'd tell us not to and we'd do it anyway."

Disposition: Griffith was granted a SSODA sentence on 07/17/95. His SSODA was revoked on 11/12/96 for violations, including consuming marijuana, riding the school bus with his victim, being deceptive on a polygraph exam about having sex with his girlfriend and for several incidents of being with younger children without required supervision. Griffith's parents reported several incidents of him visiting with women in the neighborhood who had small children in spite of their warnings. He was sent to Naselle Youth Camp to serve 21 to 28 weeks. He completed his confinement on 06/12/97 and placed on parole for 2 years. He completed parole on 06/12/99.

CRITERION A: Does Mr. Griffith have a mental abnormality as defined in RCW 71.09?
ANSWER: YES

PSYCHOSOCIAL HISTORY:

Developmental History:

Joseph Griffith was born in Everett, Washington to unmarried parents and raised until about age 8 or 9 in a blended family consisting of his step-father Ricky Dorsey, two stepbrothers, two half-brothers and one half-sister. His mother divorced when he was 8, and remarried to Mr. Gerald Brooling. Mr. Griffith remained attached to Mr. Dorsey, who he called "Dad" and often visited Mr. Dorsey during school holidays and recesses.

Mr. Griffith has reported that when he was six years old he was sexually assaulted by his 15-year-old cousin on two occasions during the same day. The first incident took place when he was in the woods with his older cousin and was forced to take his pants down and allow the older boy to attempt anal penetration, which was unsuccessful. The second incident occurred in the bedroom on

the same day after other family members had gone to bed. On this occasion his cousin was successful at anally raping Joseph. This event has caused Mr. Griffith much distress in his life and has resulted in symptoms similar to PTSD which include nightmares and intrusive thoughts.

His stepfather was neglectful and abusive towards Joseph and his brother while his stepfather's biological children were well treated. For example Joseph and his biological brother had to eat separately from the rest of the family. When Griffith was about nine years old, it appears that the family circumstances were difficult financially. Griffith reported that he and his brother, Travis Griffith, lived in a shed next to the family home where heat was provided by a space heater. Rick Dorsey attempted to have Child Protective Services (CPS) intervene and to gain custody of the boys, but was unable to do so. He also reported that he had a job at school where he could eat at work and teachers provided clothing for them. This pattern appears to have become more pronounced after age 16.

Joseph began marijuana and alcohol use at age 12. He was using marijuana on a monthly basis by the time he was 14. Marijuana use resulted in his SSODA status being revoked and his return to JRA confinement.

Mr. Griffith had anger control problems as early as elementary school and attended an anger management program at Stevens County Counselling Services. In the sixth grade he stabbed a teacher with a pencil. His mother reported to Dr. Ashworth that he had many incidents of angry outbursts. She described an incident in 1994, in which he went into a rage when he was told to return a bicycle to another boy. His mother described the event by saying "Joey went off the wall" pulling his hair, and ripping curtains, before he was restrained. There is also an incident which he attacked his mother, kicking her shin and breaking a bone and opening the skin. It was noted in school reports that Griffith had often acted out violently frequently during sixth grade and attended some counseling for anger management after he stabbed his teacher with a pencil. Griffith reported that he had also, "kicked a teacher in the balls." It is possible that his anger problem has some relationship with anger he stated he had toward his mother for having failed to protect him from the neglect and psychological abuse of her husband.

Marriage and Relationships

Mr. Griffith married his girlfriend, Jamie Morrow in 2000 while he was being held in the Snohomish County Jail for the 2000 sex offense. He has one son by her, although it is believed that he lived with his spouse for less than two years. He has maintained contact with his son as the court has allowed. This union has since ended in divorce. He has reported that the sexual relationship with his wife was okay.

Education and Occupational Adjustment:

Mr. Griffith has a history of reading problems and has been viewed as functioning in the dull normal range of intelligence. He completed the 11th grade at Everett alternative high school, quitting before graduation to work in order to support his son and wife. Mr. Griffith has had brief employments involving unskilled labor. He worked for trace engineering in Arlington, Washington for about one year. Prior to that he had worked for a construction company and did odd jobs during his teen years. At the time of his arrest for his 1999 offense, Mr. Griffith was unemployed and without a material means of support. After his release from confinement on 07/18/12, Griffith initially held temporary employment positions obtained through Labor Ready. He was able to secure stable, part-time employment at McDonalds in September of 2012. He remained at

McDonalds for several months until he obtained full-time employment at a tree farm in Chewelah, WA in March of 2013. He remained at the tree farm until he was arrested on 09/09/13. He was employed with Daniel's Nursery when he returned to jail from community release status in 2015.

Non-Sexual Criminal History:

Mr. Griffith has one felony conviction for a nonsexual offense. On 10/08/13, he was convicted of Unlawful Possession of a Firearm 2nd Degree (Stevens County Cause #13-1-00184-0). He has had several misdemeanor convictions that were nonsexual in nature. These include: 02/17/00—Recreational Fishing 2nd Degree; 10/12/99—driving with License Suspended 3rd Degree.

Substance Abuse History:

Mr. Griffith has admitted to an early onset of alcohol and marijuana use beginning at about age 12 and becoming more routine by age 14. He has consistently indicated that his involvement with these substances was never problematic. Despite minimizing substance abuse problems when he was a participant in SOTP, he carried an Alcohol Dependence diagnosis in the Mental Health Clinic in 2008.

Probation and Parole History:

As a juvenile, Mr. Griffith was revoked from a SSODA disposition and returned to detention. In 1997 he successfully completed a period of supervision for his 1995 conviction.

After his placement on supervision following his conviction in 2000, Mr. Griffith was charged with repeated violations and eventually re-offended while under supervision.

The DMC report of alleged violation included a summary of the testimony to be provided by his community corrections supervisors on 09/12/2013

"Due to the severity of these violations, this hearing is being activated to a high level sanction due to: Violation behavior that physically endangered vulnerable persons that are minors. Mr. Griffith's adjustment to supervision appears extremely poor. Instead of being up front with having a relationship, having contact with minor children such as his nephew, Mr. Griffith was being manipulative, secretive, and deceitful. Mr. Griffith started a relationship with a 17-year-old woman who has a two-year-old daughter, all without prior DOC approval. Mr. Griffith also went to Montana without permission, traveled to and from Yakima County many times without permission, and was in possession of firearms and ammunition. He is also has pending charges of unlawful possession of a firearm.

His community placement was terminated and he was returned to prison for a total of 326 days. On 10/08/13, Griffith pled guilty to Unlawful Possession of a Firearm 2nd Degree and was sentenced to 22 months. On 02/27/14, Information was filed in Stevens County Superior Court charging Griffith with Rape of a Child 3rd Degree (see Index Offense). The victim was the 14 year old female Griffith's CCO had been notified he had been texting

The summary of his supervisors in 2013 is very similar to the summary and recommendations they provided on 06/29/2015 for his most recent violation. They wrote"

As more is revealed, it becomes increasingly clear that Mr. Griffith continues to disregard conditions of the supervision. Evidently, he is able to lie and manipulate his way into

relationships with females with children, and then he works very hard to hide those relationships. More information continues to surface which indicates Mr. Griffith has a pattern and practice of violating his conditions of supervision, especially as it relates to contact the minor children." [Bates 253]

Institutional Adjustment:

Although Mr. Griffith has not had a high frequency of infractions or incidents, two of these have been sexually related. He was given an infraction for being found sexually involved with another offender, his cell mate. He initially accused the cellmate of having coerced him into performing oral sex; however, an investigation resulted in additional information suggesting there had been a mutual ongoing relationship. In a second incident Mr. Griffith approached another offender to communicate his interest in having sex with him. This was reported to staff at the time Mr. Griffith was actively involved in the SOTP treatment program.

Mental Health History:

Available mental health records from DOC span 1995 through early 2011 although with many months of no recorded contacts.

Mr. Griffith was evaluated in June 1995 by Dr. Clark D Ashworth PhD for a sex offender assessment and evaluation. In addition to clinical interviews Dr. Ashworth administered subtests of an IQ test but was unable to administer lengthy questionnaires because of Griffith's apparent difficulty with reading. At the time of the evaluation Dr. Ashworth wrote, "I have an impression that Joey was the initiator or mastermind of the offenses. He tells me that he was the first to have intercourse. I know that this impression is consistent with the parents' reports to police." [Bates 590]

Dr. Ashworth also formed the impression that Griffith's general intellectual ability was significantly limited in a way that would require some accommodation to the usual course of treatment. Among the psychological issues identified by Dr. Ashworth were impulse control and personality traits, depression and anxiety, and poor judgment. He also noted that Mr. Griffith had a history of sexual victimization that would have to be addressed in his treatment. It was Dr. Ashworth's opinion that Mr. Griffith was a good candidate for a treatment sentencing alternative.

Dr. Ashworth took Mr. Griffith on as a patient in his practice and initially it appeared that Griffith was profiting from experience. However, he was found positive for marijuana use on urinalysis despite having reported that alcohol and marijuana were not problems for him.

On 03/21/1997 the civil commitment review committee for JRA reviewed Mr. Griffith for possible commitment. The committee found that he did not meet the criteria because no DSM diagnosis was noted on Dr. Ashworth's 1995 report and his victim had been known to him and therefore did not meet the predatory definition. [Bates 537]

On 06/20/2008 Mr. Griffith was seen in the mental health unit by Britney Jensen psychology associate. The reason for his presenting was making statements that he felt like harming himself or others believing that other offenders were targeting him due to his crime and age and other issues. Ms. Jensen wrote that Mr. Griffith was too escalated to hear reasonable explanations. Griffith reported to her that he had episodes of visualizing self-harm and harming others but came to mental health before he was compelled to act out those feelings. It was her opinion that he had minimal coping skills and was unable to be reasoned with. He was not sleeping, felt hopeless, and

was determined to leave the housing unit before someone was harmed. He was admitted to the inpatient psychiatric unit for further assessment. [Bates 540]

On 08/25/2008 Mr. Griffith presented with the reported feeling that he was unable to deal with stuff and he needed help because he did not know how to deal with what was wrong with him anymore and needed someone to listen and help figure it out. He was assessed as having agitation and depressive symptoms, although he had remained medication compliance. When he returned to the clinic on 08/26/2008 he told psychology associate Melvin Coplin that "I want to know that before I tried to kill myself in airway Heights, I tried to get help. I kept telling them I need mental health help."

It appears that throughout 2008, Mr. Griffith was being treated in the mental health unit with the following diagnosis:

Axis 1. 296.33 Major Depressive Disorder recurrent, with psychotic features

303.9 Alcohol Dependency

309.81 PTSD

Axis II 301.9 Personality disorder NOS (R/O borderline personality disorder) [Bates 557]

On 04/30/2009, at Stafford Creek Correctional Center, Mr. Griffith presented at the mental health clinic with problems related to poor sleep and limited appetite. He was sleeping only three hours per night and reported underlying irritability and anger and disturbing dreams at a high level of autonomic hyper arousal in social situations. Dr. Michael Furst, MD, added a diagnostic impression of social phobia to Mr. Griffith's diagnostic profile and placed Mr. Griffith on Prazosin for nightmares and Risperidone to help with sleep and anxiety.

While at Stafford Creek Correctional Center, Mr. Griffith was routinely involved in pharmaceutical treatment, individual therapy, and brief counselling, and was admitted to the residential mental health unit on several occasions.

Dr. Michael Furst M.D. examined Mr. Griffith on 10/17/2009, after Mr. Griffith had reported that he had been sexually assaulted by an African-American male early in his incarceration and was currently having problems with a new cell mate who happened to be African American. He said that the new cellmate had been disrespectful to him and that this had triggered his anxiety, notable hypervigilance, and memories of having been assaulted.

In November, 2009, Dr. Furst noted that he had discontinued some of Mr. Griffith's medications due to his noncompliance.

On 03/28/2010, Mr. Griffith was examined at Coyote Ridge Correctional Center by Dr. Michael Resnick M.D. Dr. Resnick discontinued the Risperidone that he had previously taken due to the absence of psychotic symptoms and the fact that the dose was too low to have been effective. Dr. Resnick renewed Mr. Griffith's prescriptions for Propranolol and Celexa for sleeping problems and mood stabilization.

Mr. Griffith presented at the mental health clinic on 01/24/2011 stating that he was having more difficulty managing symptoms of his mental illness. Specifically he was experiencing increased stress and anger as well as what he called OCD symptoms (Obsessive-Compulsive Disorder). He described the OCD symptoms as handwashing up to 50 times each day. He indicated that in he was working on the issue of having been raped as a six-year-old. Ted Ericson MSW wrote, "Mr. Griffith has some insights into his behavior but appears to lack some coping mechanism related to how the

sexual abuse affects him today. He is currently working on this with his SOTP therapist. The stress of this may be the reason he is struggling with his depressive symptoms." [Bates 582]

DOC and SCC Sex Offender Treatment Program:

Mr. Griffith completed the one year SOTP program on March 7, 2012. Upon entering treatment, Mr. Griffith was assessed using the Bumby Cognitive Distortions Questionnaires. His responses indicated that he held several distortions on the Molest scale such as some men sexually assaulted children because they really thought the children would enjoy how it felt, some children are willing and eager to have sexual activity with adults, some people turn to children for sex because they are deprived of sex from adults, and some young children are much more adult-like than other children.

During the intake interviews he indicated that prior to molesting the victim living with his family in the motel room, he had thought of leaving his wife but did not want to leave his son and felt he could not gain custody of the child due to his previous sex offense conviction. He believed that he had not expressed his wants and needs within the relationship and instead chose to be vindictive against his wife by hanging out with his friends when he knew it would anger her.

SOTP reports indicated that Mr. Griffith victimized the child "in part because she was his wife's family member and he used the opportunity to "get back" at his wife." [Bates 463].

His therapist reported that:

The victim was living with he and his wife and baby in a motel room and all three were sharing the same bed. He found himself attracted to her and began grooming her by having adult conversations with her, telling her secrets, and taking her places with him such as four-wheeling. Later he penile vaginally raped her on at least one occasion and attempted to engage in this behavior again but was averted when she declined his advances.[Bates 487]

Mr. Griffith provided additional information about his attraction to the victim of his 2000 felony conviction. His therapists wrote:

Also during this month, Mr. Griffith submitted a writing assignment identifying his misattributions to social and sexual cues. He wrote that by allowing the victim to babysit his son, she began to remind him of his wife "because of the motherly presence she had when watching my son" which made him feel more attracted to her. He also noted that when she rubbed his arm, he perceived that as a sexual cue for her to wanting to be sexual. [Bates 452]

One of the sexuality related symptoms reported by Mr. Griffith during treatment was his compulsive need to shave himself. His therapists reported:

He feels compulsion to keep things clean and orderly and sometimes cannot stop intrusive thoughts. Feelings were processed about his symptoms and he was encouraged to also share this information with his mental health provider which he did. One of his compulsive behaviors is shaving his body which he has done for many years. He stated that he shaves because he feels dirty if he does not and at times experiences anxiety if he is unable to shave himself for any

reason. He also wonders if it may have something to do with the memory of his abuser's hairy body against his back when he was sexually assaulted as a child. [Bates 494]

It does not appear to have been further assessed whether this symptom also provided relief and diffuse sexual gratification of the kind derived from sexual fetish activities, or if sexual arousal was not possible for Mr. Griffith in an unshaven state.

Through his entire course of treatment, Mr. Griffith was committed to maintaining a relationship with a woman with three children, although this was disallowed under his Judgement and Sentence. Initially he claimed not to be aware of this, and staff reviewed the requirements with him. When asked what his plan was for future relationships given that he now knew the court mandates, he stated, "We will change the J & S and eventually live together as a family" He was reminded on several occasions that should he be involved with Melissa prior to his J & S being changed he may violate his conditions through inadvertent contact [Bates 491].

During treatment, Mr. Griffith identified his highest risks for future recidivism and an outline of his offense cycle. These are sated in his Treatment Summary [Bates 496]

Five most relevant High Risks and Internal and External Interventions

During treatment Mr. Griffith identified his high risks and interventions. He appears to have a clear understanding of his risks and identified the five highest risks as follows:

1. **Not being able to say no and set boundaries-** Internal intervention: Challenge his old thought of "I need to be there no matter what" with new thoughts of "I'll do what I can but need to remember other responsibilities too" and "My family wants the best for me, they'll understand." External intervention: Use communication and explain boundaries to others.
2. **Unhealthy Relationships-** Internal intervention: Self Talk "If I don't get out of this relationship, it's all downhill." External intervention: Talk to support people.
3. **Misreading social and sexual cues-** Internal intervention: Use thought stopping and don't assume. External intervention: Walk away. Check in and ask the person if he understands them correctly. Talk to support people.
4. **Unexpressed feelings/ Stuffing emotions-** Internal intervention: Self talk "I need to express my feelings so I won't explode." Plan what to say. External intervention: Talk to support people. Write feelings down. Work out.
5. **Sex as coping-** Internal intervention: Self talk "I don't need sex all the time to be happy." Use cold water words "Prison, Family" External intervention: Work on car. Call a support person to do an activity together. Cooking. Take a time out from situation.

His Negative Offending Cycle as follows:

Process/Cycle of offending: (Build up): Sex as coping for resentment he felt to wife's "belittling" → sexual - preoccupation--> financial stressors→ objectification of the victim—* unsatisfying marriage →feeling trapped unstable home → poor social skills (Trigger): Sleeping alone with the victim and feeling aroused to her → (Acting out): groping the victim's breasts and vagina over and under her clothing penile/vaginal rape of the victim---). **(Justification):** "I'm not hurting her." --)."She consented." —f" I wouldn't have done it if my wife hadn't had her stay with us and sleep in our bed." "She must like it (because she didn't say no)." "She looks peer age."

The treatment summary indicated that Mr. Griffith had successfully completed the treatment program. The summary indicated that:

Overall, Mr. Griffith has made significant progress toward his dynamic-risk based treatment goals. He presented with needs in both the Sexual and Relational and Antisocial domains. He consistently met nearly every goal that was identified for him. He was an active participant in his own treatment and demonstrated consistent ability to generalize his skills outside of the treatment setting." [Bates 497]

This evaluator's view of this episode of sex offender specific treatment for Mr. Griffith hinges on the idea of minimization of symptoms, especially symptoms suggestive of a paraphilic interest in underage girls. Throughout treatment Mr. Griffith insisted that he had no arousal to sexual stimuli other than to his fiancée. He interpreted the idea of sexual preoccupation in a way that made it impossible for him to have this problem because all of his sexual thoughts were about his fiancée and therefore necessarily appropriate. In addition to minimization of paraphilic symptoms, he appears to have minimized his substance use, or conversely, he may have exaggerated his use at other times during his history, because his denials of significant use are not consistent with his having been diagnosed with alcohol dependence.

Mr. Griffith completed SOTP on 03/07/2012 and qualified for community outpatient treatment program. He was assigned to community therapist D. Osborne. He participated in that program through For approximately 10 months, from 7/11/12 through 5/30/2013, and completed that program successfully, although few records from this period were available for review at the time of this report.

Mental Abnormality:

The following diagnoses are listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-5-) and constitute mental abnormalities according to RCW 71.09:

- 302.89 Other Specified Paraphilic Disorder, Nonexclusive, Sexually attracted to post-pubescent girls
- 301.7 Antisocial Personality Disorder
- 301.83 Borderline Personality Disorder
- 309.81 Posttraumatic Stress Disorder (PTSD), In Partial Remission
- 296.31 Major Depressive Disorder, Recurrent Psychotic features by History
- 300.3 Obsessive Compulsive Disorder, with fair insight
- 305.0 Alcohol Use Disorder, Mild (By History)
- 305.20 Cannabis Use Disorder, Mild (By History)

Explanation of Diagnosis

Disorders listed here are in order of priority for intervention or care. These diagnoses taken together and independently contribute to Mr. Griffith's Mental Abnormality which acts to increase the likelihood of his committing a new act of predatory sexual violence. The mental disorders that contribute most to his mental abnormality are his Paraphilic Disorder, his personality disorders,

and mood disturbances and negative emotionality related to PTSD and his recurrent depressive and anxious states.

Major Depressive Disorder, PTSD, Obsessive Compulsive Disorder, and Alcohol Use Disorder (Alcohol Dependence) have been either the focus of treatment intervention during Mr. Griffith's incarcerations or a diagnosis of record (in the case of Alcohol Dependence). Cannabis Use Disorder is a historical factor evidenced Mr. Griffith having lost a SSODA disposition because of his use of cannabis. Because these diagnoses are well established in the clinical treatment records, this section will emphasize Mr. Griffith's paraphilia and personality disorders.

Paraphilic Disorder

DSM 5 categorizes paraphilia disorders under two categories. The first group is based on *anomalous activity preferences* subdivided into subcategories, *courtship disorders* (involving approach toward a potential partner) and *algolagnic disorders* (involving pain or suffering in the activity). The second group of paraphilia disorders are based on anomalous target preferences for the sexual activity. This group includes pedophilia disorder, where the target is a child, and fetishistic disorder and transvestic disorder, which are directed at nonhumans. Although an individual may have a paraphilia without having a disorder, if the individual has acted on the paraphilia, resulting in impairing social, occupational, health, or legal problems, the person may be diagnosed with a paraphilia disorder.

DSM 5 lists specific paraphilic disorders, as well as the category Other Specified Paraphilic disorder "used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific paraphilia disorder." P. 705 DSM-5

Other Specified Paraphilic Disorder, Nonexclusive, Sexually attracted to post-pubescent girls: Mr. Griffith has demonstrated a pattern of becoming involved as a friend, or romantic and sexual partner with post-pubescent girls. Whereas his first offense reflected his leading his brothers in the callous and brutal sexual exploitation, including forces sex and violence, against a mentally retarded girl, the behavior of his 2000 felony offense was qualitatively different.

In this offense, Mr. Griffith vaginally and anally raped a 13 year old girl who was partially under his care. He later shared with her how much it meant to him to have taken her virginity. In treatment, he admitted that part of his desire to have sex with the victim was because of his vindictive resentment toward his wife, and his feeling that he could get back at his wife by having sex with her relative. He admitted to having been earlier attracted to the victim, although initially he had claimed that the abuse resulted from an impulsive moment while he was sleepy. He groomed the victim by taking her places to do activities children enjoy, by having adult conversations with the child, and sharing secrets with her. He also admitted in treatment being attracted to her sexually by allowing her to take on the adult role of babysitting for his child. His treatment record reports that:

"He wrote that by allowing the victim to babysit his son, she began to remind him of his wife "because of the motherly presence she had when watching my son" which made him feel more attracted to her. He also noted that when she rubbed his arm, he perceived that as a sexual cue for her to wanting to be sexual. [Bates 452]"

This quotation indicates that he projected his sexual desires for this child on casual or playful contact initiated or allowed by her. The quotation also indicates his inability to see the child only as a child, and his pleasurable sexualized feeling of her being motherly or like his wife. These

behaviors and thoughts are consistent with the Molest scale items that Mr. Griffith endorsed on the Bumby Cognitive Distortions Questionnaires during treatment intake. These items are highly predictive of paraphilic interest in children.

It was appropriate that Mr. Griffith explored these feelings and sexual tendencies in treatment. However, since his treatment he has compulsively brought himself into contact with girls in the same age group as the victim in this 2000 felony conviction. He has engaged in manipulation, lies, and subtle and aggressive seduction to come into close contact with them, including physical contact, and to act as a pseudo-parent or pseudo-friend. His involvement with the two sisters resulted in his being accused of having intercourse with a 15 year old girl on several occasions. The letters exchanged between the girl (B.K.) who accused him are strong clinical evidence of a sexual interest toward the child and of his own identification with children, which he was artful in using for manipulation and enticement.

After serving two periods of confinement for sexual offenses, Mr. Griffith persisted in behaviors that constituted the recent overt acts described in this report. It was found that he had, at great risk to his own liberty, manipulated to have contact with multiple children, including at least one girl who appeared to be under the age of 12 [Bates 297]. The intimacy, affection, and physical contact captured by the photographs intercepted from Mr. Griffith's camera are exactly the combination of physical contact, intimacy, fun, and mothering attention which he revealed in treatment were associated with sexual impulses toward his under aged victim. Mr. Griffith's has shown a compulsive need to established relationships with multiple women with children of the age of the victim of his 2000 felony conviction and the age of the girl accusing him of sexually abusing her in 2013. His repeating these contacts are very strong clinical evidence of a paraphilic interest that has not desisted despite multiple sanctions and in spite of Mr. Griffin's awareness of the civil commitment laws in this state.

Mr. Griffin's paraphilia greatly increases the likelihood that he will seek out underage girls for relationship purposes including sexual relationships. This disorder distorts his view of the interests and needs of children, and causes him to perversely combine an attraction to childlike innocence and maternal affection with sexuality and to seek sexual outlet with underage girls. He has preferred to indulge in this deviant outlet when heterosexual or homosexual contacts with adults were available to him, and in the case of his 2000 felony, while he was in a relationship in which he said his wife wanted sex all the time.

Personality Disorder

Mr. Griffith meets the criteria for two personality disorders. Practice has varied as to whether it is preferable to list all qualifying disorders or to typify personality pathology with one mixed or complex disorder. The alternative diagnosis would be Other Specified Personality Disorder (with mixed Antisocial and Borderline Traits).¹

¹ Mr. Griffith is strongly traited for Antisocial Personality Disorder and less strongly traited (although still meeting criteria) for Borderline Personality Disorder. This distinction can be made because the DSM does not recognize the degree to which the disorder observed in the individual matches the disorder prototype beyond meeting the minimal number of criteria and also weighs disorder criteria equally. Remorseless antisocial acts are highly prototypical of Antisocial Personality Disorder, whereas recurrent suicidal attempts and gestures are highly prototypical of Borderline Personality Disorder.

The diagnostic criteria for Antisocial Personality Disorder are as follows:

- A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:
- (1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
 - (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
 - (3) impulsivity or failure to plan ahead
 - (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults
 - (5) reckless disregard for safety of self or others
 - (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
 - (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another
- B. The individual is at least age 18 years.
- C. There is evidence of Conduct Disorder with onset before age 15 years.
- D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.

Mr. Griffith meets criteria 1 as evidenced by his sexual offenses. Criteria 2 as evidenced by repeated lies to persons responsible for supervising him, even when he should have known they could easily find out the truth. He has also consistently lied to and deceived people in his intimate relationships, such as with his wife, and concurrent girlfriends. Criterion 3: Mr. Griffith's life plans have been unfeasible and poorly planned and he has made multiple impulsive decisions to enter relationships with little forethought for consequences. Criteria 4 is met by his history of violence and assault, although this trait has attenuated somewhat in the most recent decade of his life, perhaps because he has become more verbally adept at getting his way. Criterion 5 is reflected in his disregard of consequences to others, such as his girlfriends being likely to lose custody of children due to his involvement with the children. Criterion 6 is difficult to assess, because Mr. Griffith has been in the care of institutions for a considerable period of his life. Criterion 7 is clearly met by his focus on consequences to himself after his sexual behaviors have been detected, with little empathy or concern for his victims or their parents.

Conduct disorder before age 15 is evidence in Mr. Griffith's early onset of drug use, violence against authority figures, and sexual activity.

In addition to this personality disorder, Mr. Griffith appears to the necessary number of criteria to be diagnosed with Borderline Personality Disorder.

Borderline Personality Disorder is exhibited by a pervasive pattern of cross situational instability of interpersonal relationships, self-image is, affects, and marked impulsivity that begins by early adulthood. The DSM 5 criteria for Borderline Personality Disorder are:

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) frantic efforts to avoid real or imagined abandonment.

Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.

(2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation

(3) identity disturbance: markedly and persistently unstable self-image or sense of self

(4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, Substance Abuse, reckless driving, binge eating).

Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.

(5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior

(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

(7) chronic feelings of emptiness

(8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)

(9) transient, stress-related paranoid ideation or severe dissociative symptoms

Mr. Griffith exhibits Criterion 2 by his engaging in intense, idealized romantic relationships with women and then disparaging the relationship or choosing minors as romantic and sexual partners. Symptoms of Criterion 3 are reflected in his sexual orientation instability, alternatively soliciting for homosexual sex and also stating he has not been the initiator or willing participant in the sexual activity, as well as his engagement with both adult females and minors. He meets Criterion 4 because of his sexual acting out toward minors and because of his impulsive engagement in multiple untenable romantic/sexual relationships. There appears to be no center to Mr. Griffith's life except his interactions with the criminal justice system and the sexual preoccupations and actions that re-engage him with that system. Mr. Griffith has made multiple suicidal gestures and threats (Criterion 5). While he was incarcerated, he exhibited chronic anger problems and was treated for anger and stress that were not externally caused, and thus meets condition 8. It is unclear, but likely that the depressive symptoms Mr. Griffith has recurrently reported reflect the self-cohesion symptoms of Criterion 3 and Criterion 7, but confirming this would require further interview or psychological testing data.

Mr. Griffith's personality pathology increases the likelihood of his offending in a sexually predatory way by decreasing his ability to learn from punishing experiences, and to realistically envision the future consequences of his actions for himself and others. His inability to be truly remorseful or to empathize for how his victims will ultimately feel about his abuse of them is an emotional barrier caused by his personality pathology. His tendency to be driven by resentment of adult women in his life, and to idealized underage girls as a kind of vision of the perfect union for him, and a union he is entitled to is another extension of his antisocial and borderline traits.

Negative Emotionality

Mr. Griffith's own analysis of his offense cycle, performed in SOTP, indicated an important role for negative emotion in his willingness to allow himself to engage in sexual contact with minor females. His tendency toward depression thus increases the likelihood he will experience states that will trigger temptation to mollify himself with relational contact, and ultimately sexual contact, with underage girls. If Mr. Griffith were to relapse into substance abuse, his lifestyle and controls would be further undermined and this would also contribute to the likelihood of his sexually sexual reconvictioning as a predator. Mr. Griffith's PTSD contributes to his tendency to experience negative emotional states, to be preoccupied with sexual issues due to their association with his experience of traumatic rape a six year old. This traumatic experience may also support his sense of entitlement of sex with a child because he can rationalized that he has not used the kind of brute force against the child to obtain sex that he has reported was used against him as a sexual abuse victim.

PSYCHOPATHY:

Psychopathy findings for Mr. Griffith are presented here following interview findings and diagnosis because psychopathy is a clinical construct that, when measured reliably with a validated instrument, is an important indicator of future risk for offending. Psychopathy is thus a bridging concept between clinical assessment and risk prediction. Psychopathy is a personality characteristic judged to be of particular importance in assessing repeat offenders, sexual offenders and violence perpetrators. An offender's psychopathy level provides important contextual information relevant to an understanding of any established offense pattern, to the estimation of recidivism potential, and to estimating the likelihood of a positive response to conventional sex offender treatment. The concept of psychopathy has a high level of overlap with the concept of Antisocial Personality Disorder found in the DSM-IV-TR.

An unusually prolific scientific literature supports the reliability and validity of psychopathy when assessed by means of the Hare Psychopathy Checklist (PCL-R). The PCL-R score is also used in the administration of several sex offender risk assessment measures. The PCL-R is a 20 item checklist that is used to assess an individual's lifetime adjustment across many life domains. The PCL-R is administered through a detailed record review and, whenever possible, a clinical interview that focuses on aspects of personality less often captured in most institutional records. With the resulting information, the clinician rates each item of the PCL-R independently, referring to the test manual's written item description and criteria. Items are scored 0 (does not apply), 1 (applies to some extent), or 2 (clearly applies). Thus total scores on the PCL-R range from 0 to 40. Individuals with appropriate clinical backgrounds (advanced degree in a mental health related discipline and appropriate clinical experience) who are specifically trained in the psychopathy concept, supporting research, and instrument administration procedures obtain inter-rater reliability scores (Standard Error of Measurement, SEM) of plus or minus 3 points. This means that if an individual is rated with a score of 30, his true score is highly likely (95 of 100 times) to be in the interval between 27 to 33. Large discrepancies have been reported in the literature for some PCL-R assessments made in a legally adversarial context. However, to date, these studies have used ratings made by individuals with unknown training, experience, and professional credentials. These must be assumed to have been, on average, inferior to the manual's specifications and generally accepted practice standards for appropriate credentials and training for appropriate forensic use of the PCL-R.

This evaluator has administered and supervised the administration of the PCL-R while it was still in draft form in the early 1990 and his co-authored research was incorporated and referenced in the PCL-R manual. I have also completed the PCL-R training sponsored by Dr. Hare and administered by Dr. Adele Forth. I was certified as scoring to the reliability standard in 2002. I have provided professional trainings on the PCL-R and have taught undergraduate/graduate level courses on Psychopathy.

The PCL-R is often interpreted in ranges, with normal individuals scoring from 0- 10, (Very Low), moderate psychopathy beginning at 17, High at 25, and Very High at 33. Traditionally, the use of a score of 30 or higher has been used to designate the assessed individual as psychopathic, or having severe psychopathy. Individuals with higher PCL-R scores have been shown to have high recidivism rates when compared to offenders who score lower on the PCL-R. Individuals with severe psychopathy and deviant sexual arousal have the highest rates of violent recidivism and sexual offense recidivism. In addition to a total score, the meaningful relationships among individual items of the PCL-R have been analyzed to develop two broad umbrella "factor" scores, each of which are composed of two smaller "facet" scores. Factor 1 is comprised of Interpersonal and Affective facet scores and is a constellation of callous, unemotional, and manipulative traits. Factor 1 is often referred to as the personality factor of psychopathy. Factor 2 is comprised of the Lifestyle and Antisocial facet scores and reflects the degree to which the individual's life is chronically unstable, antisocial, and socially deviant. Factor 2 is often referred to as the criminal lifestyle factor of psychopathy.

Mr. Griffith's level of psychopathy was assessed by means of the PCL-R without his participation in a clinical interview, which indicates that the obtained score is more likely to be representative of his true score than if the rating had been performed in the absence of an interview. Mr. Griffith's psychopathy was assessed at a total score of 30. Based on this score and taking the SEM into account, Mr. Griffith's "true" score has a 95 percent likelihood of falling between 27 and 33.

The score of 30 is at approximately 84.5th percentile of adult male offenders. This means that approximately 15.5 of male offenders are more psychopathic than Mr. Griffith. His score falls into the High range of psychopathy. Mr. Griffith's Factor 1 score was assessed by me as 14, and his Factor 2 score was assessed as 16.2, indicating that his psychopathy is manifested fairly equality in regard to personality symptoms and criminal lifestyle symptoms. This level of Factor 1 traits is less frequently encountered than his level of Factor 2 scores. His Factor 1 score is approximately at the 95.5th percentile meaning less than 5% of male offenders have more of the affective/interpersonal deficits aspect of psychopathy than Mr. Griffith. His Factor 2 score is approximately at the 85th percentile, meaning that about 15% of male offenders have more of the lifestyle/criminality features of psychopathy than Mr. Griffith.

Mr. Griffith's high level of psychopathy has important implications for supervision, treatment, and risk. Psychopathic offenders do not fare as well on community placement under supervision as their nonpsychopathic peers. They often make significantly lower treatment gains, and in some cases their propensity to offend may increase with after treatment. Whereas the relationship between psychopathy and sex offending per se is moderate in size (Cohen's $d = .50$, $r = .3$) those sex offenders who have a diagnosable form of deviant sexual arousal (sadism, pedophilia, coercive arousal) as well as high psychopathy offend most frequently, have the highest number of total victims, and sexual reconviction sooner after release than other sex offenders.

VI. RISK ASSESSMENT:

CRITERION B: By reason of his abnormality, is Mr. Griffith more likely than not to engage in predatory acts of sexual violence (directed toward strangers, casual acquaintances, or individuals with whom a relationship has been established or promoted for the primary purpose of victimization)? ANSWER: YES.

Static Actuarial Risk Assessment Measures:²

Various methods of assessing risk for future sexual offending have evolved over the course of the last four decades. Early in this period, skepticism about the reliability of ad hoc clinical judgment of risk was bolstered by empirical studies indicating that, on average, predictions by expert clinicians were no more valid than predictions by lay persons. Structured clinical assessment methods involving *aides memoir*, or assessment guides, have since developed which guide the clinician in the consideration of a prescribed set of comprehensive, empirically-researched risk factors. These methods fair better in validity studies than unstructured clinical judgment.

Actuarial methods have become increasingly central to risk assessment practice over the last two decades. Unlike ad hoc clinical methods, which treat each case as unique, actuarial methods use data from reliably scored items that have been administered on large groups of individuals. These data are combined mathematically and used to develop statistical models of risk that can be applied to individual cases. Among the advantages of actuarial methods is the ability to re-validate, modify, and refine the predictive ability of an instrument on an ongoing basis. Actuarial instruments can be modified to incorporate new risk factors, to take into account different base rates of offending, or to take advantage of improved mathematical formulas or statistical models. As a result, on average, the best actuarial instrument provides the best predictor of risk for a new sexual offense.

However, no single case is the “average” case. Many clinicians use one or more actuarial measures to serve as the “anchor” or statistical baseline of risk for a case and modify baseline risk up or down by taking into account clinical factors. “Clinical” does not equate to “subjective”, and many clinical factors can be reliably assessed. Many of these clinical factors fall into the category of dynamic risk. These are factors which may change over time (through treatment, self-change efforts, maturation, or life experience) to result in either an increase or decrease in risk. Examples of dynamic risk factors are substance abuse, quality of social network, sexual arousal intensity, and symptoms of mental illness. (These are assessed for Mr. Griffith in a separate section below).

Static-99R

Mr. Griffith was scored on Static-99R, which is an actuarial measure of relative risk for sexual offense recidivism. It is a revision of the Static 99 measure designed to fully account for the effect of age on estimates of risk. The developers of Static-99 recommend that the revised version of the scale (Static-99R) replace the original version in all contexts where it was previously used. The norms used for this report were those published on July 26 2012. As the table below illustrates, Mr.

² Actuarial estimates are from the supplemental table in Hanson, R. K., Thornton, D., Helmus, L. M., & Babchishin, K. M. (in press). What sexual recidivism rates are associated with Static. *Sexual Abuse: A Journal of Research and Treatment* Table retrieved on July 13, 2015 from http://www.static99.org/pdfdocs/Supplemental_Recidivism_Tables_Static-99R_Static-2002R.pdf.

Griffith received a total score 5 which places him in the Moderate-High Category for risk of being charged or convicted of another sexual offence.

Griffith Static-99R Score Summary

| | Risk Factor | Yes = 1, No = 0 | Scores |
|----------------|---|-----------------|--------|
| 1 | Age at Release? (Score range is -3 to 1) | | 1 |
| 2 | Ever lived with (no two year relationship)? | | 1* |
| 3 | Index non-sexual violence, any conviction? | | 0 |
| 4 | Prior non-sexual violence, any convictions? | | 0 |
| 5 | Prior sex offenses? (Score range is 0-3) | | 2 |
| 6 | Prior sentencing dates (excluding index)? | | 0 |
| 7 | Convictions for non-contact sex offenses? | | 0 |
| 8 | Any unrelated victims? | | 1 |
| 9 | Any stranger victims? | | 0 |
| 10 | Any male victims? | | 0 |
| TOTAL SCORE = | | | 5 |
| RISK CATEGORY= | | | |

* See Bates 632 indication of less than two years of partner cohabitation.

Percentile scores can be useful for comparing a sex offender's score to those of other sex offenders. Compared to an unselected, representative, international sample (n=4,040) of adult male sexual offenders, Mr. Griffith's Static-99R score of falls into the 88.7th percentile³. This percentile range means that percent of sex offenders in these samples that 7.6% of offenders scored higher than Mr. Griffith's score. His score places him in .

There are two kinds of actuarial risk estimates: Absolute risk estimates and relative risk estimates. Absolute risk estimates are expressed in reconviction rates, and answer the question: "At what frequency do offenders with this score sexual reconviction within a certain period of time?" Relative risk estimates compare the rate of offending for individuals with a given score to the rate of offending for the average offender (those that receive the median score). Relative risk estimates answer the question "Compared to the average offender, how more, or less likely to sexual reconviction are offenders with this score?" This comparison is expressed as a ratio, with higher ratios indicating higher relative risk. Many studies have shown the Static-99R to be accurate in assessing absolute risk. Static-99R has shown moderate accuracy in ranking offenders according to their relative risk for sexual recidivism. Furthermore, its accuracy in assessing relative risk has been consistent across a wide variety of samples, countries, base rates, and unique settings (Helmus, 2009). The expected recidivism rate for sex offenders with the same score as Mr. Griffith is approximately 2.7 times the recidivism rate of the typical sexual offender (i.e., those who score the median of 2).

³ These percentiles are most accurately expressed as ranges. This is because percentiles are based on rank order and many offenders receive the same score and therefore, have the same rank. There are different numbers of individuals from the validation sample within each of these score-ranks.

Estimates of risk are more accurate if the offender is compared to the group of offenders he is most similar to, rather than to unselected offenders. Mr. Griffith has a history of referral to sex offender treatment, and has been identified as potentially meeting the criteria for civil commitment. He has demonstrated within the last 5 years the following dynamic risk factors sexual preoccupation, psychiatric disturbance related to his offense cycle, and poor response to supervision. Therefore, the most appropriate comparison group for Mr. Griffith is the High Risk/Need group. For this group, both 5 year and 10 year recidivism data is available. Men in the High Risk/Need group 5 on the Static-99R, such as Mr. Griffith, are expected to be convicted for a sexual offense at the rate of 21.2 percent in five years (the 95 percent confidence interval being 18 % to 24.8%) and 32.2 percent in 10 years (the 95 percent confidence interval being 26.7% to 37.9%).

Static-2002R

As explained earlier, actuarial measures have the advantage of being amenable to continuous refinement. For this reason, Mr. Griffith was also scored on a second instrument, the Static-2002R. The Static-2002R is an instrument designed to improve on the predictive ability of the Static-99 and Static-99R. The Static-2002R is itself a revised version of an original instrument that was found to not fully incorporate the relationship between age at release and sexual recidivism. The developers of original Static-2002 recommend that the revised version of the scale (Static-2002R) replace the original in all contexts where it was used. The Static-2002R consists of 14 items and produces estimates of relative risk based upon the number of risk factors present in any one individual. The risk factors included in the risk assessment instrument are grouped into five domains: age, persistence of sex offending, deviant sexual interests, relationship to victims, and general criminality.

Mr. Griffith scored ax on the Static-2002R which places him in the Moderate Risk Category. The results of the Static-2002R are listed in the table below:

Griffith Static-2002R Score Summary

| | Category | Possible Range | | Sub-ScoreGriffith |
|------|---|----------------|----|-------------------|
| I. | Age (1 item) | -2 | 3 | 2 |
| II. | Persistence of sexual offending (3 items) | 0 | 3 | 2 |
| III. | Deviant sexual interests (3 items) | 0 | 3 | 0 |
| IV. | Relationship to victim (2 items) | 0 | 2 | 1 |
| V. | General criminality (5 items) | 0 | 3 | 2 |
| | TOTAL SCORE = | -2 | 13 | 7 |

Risk Category Moderate-High

Percentile data for Static-2002R scores were based on three Canadian samples ($n = 1,458$). The samples used for percentile data were considered relatively unselected groups that would be representative of the population of all adjudicated sex offenders within a given correctional system.

Compared to a representative Canadian sample of adult male sexual offenders, Mr. Griffith's Static-2002R score of 7 falls into the 93.3th percentile. This percentile range means that 5.3 percent of sex offenders in these samples scored higher than Mr. Griffith's score.

Research has found the relative risk associated with different Static-2002R scores to be consistent even when the overall base rate of recidivism varies across samples. Information concerning relative risk was based on seven samples of sexual offenders from Canada, the United States, the United Kingdom and, Denmark ($n = 2,610$). The recidivism rate for sex offenders with the same score as Mr. Griffith would be expected to be approximately 3.62 times of the typical sexual offender (i.e., those who received the median score of 4).

The most appropriate comparison group for Mr. Griffith's risk is the High Risk/High Need Group. Men in the High Risk/High Need group scoring 7 on the Static-2002R, such as Mr. Griffith, are expected to sexually sexual reconviction at the rate of 26.8 percent in five years (the 95 percent confidence interval being 21.9% to 32.3%).

Analysis of Actuarial Risk: Across the two actuarial measures I administered, the highest estimate for sexual reconviction for Mr. Griffith is 37.9 percent over 10 years, which is the upper range of the 95% confidence interval for Static 2002R score of 7 points⁴. If found in an individual with paraphilia, and absence of self-control skills and motivation to reduce dynamic risks, and the absence of indicators for effective treatment, this level of estimated actuarial risk could reasonably indicate a combined risk probability of 50% or higher over the lifespan (See Case Formulation Section for an more detailed analysis applying this statement to Mr. Griffith's case).

However, in my view, there are several significant exacerbating circumstances in Mr. Griffith's case. These factors, combined with a high level of dynamic risk and low potential for profiting from mandated supervision an unlikely response to outpatient treatment (if treatment was required upon release to the community), support the conclusion that his risk for a future crime of predatory violence, as defined in the statute, DOES currently exceed 50 percent.

DYNAMIC RISK FACTORS:

Diagnosed Cluster B Personality Disorder: YES:

Protective Factors:

- Has been in the community for significant period of time (NO)
- Less than 15 years left in offender's time at risk due to age or poor health (NO)
- Successful completion of a cognitive-behavioral treatment program for sexual offenders (NO, due to recidivism after completion of treatment)

Mr. Griffith has placed himself in close contact with his victim pool on multiple occasions over the last several years. He has done this after successfully completing both prison and outpatient sex offender treatment, indicating that treatment is not a protective factor for him at this time. The largest dynamic risk in his case is Mr. Griffith's unacknowledged deviant interest in girls. A second powerful risk factor is his deceptiveness and inability to properly utilize supervision and offender management services or treatment to reduce his risk.

⁴ The 95% confidence interval (CI) is defined by upper and lower bounds derived from the test's Standard Error of Measurement (SEM). CI is the range of plausible values for the point estimate of the probability of recidivism for a given score on a test. Values outside the CI are implausible. Values inside the CI are open to substantive interpretation. (Cummings & Finch (2005), Hanson & Morton-Bourgon, 2009).

IMMINENT RISK OF SEXUAL HARM: RECENT OVERT ACT

RECENT OVER ACT QUESTION: Did Mr. Griffith's behavior in the community prior to his arrest on April 28, 2011 constitute a recent overt act as defined by RCW 71.09.20 (12) : "Recent overt act" means any act, threat, or combination thereof that has either caused harm of a sexually violent nature or creates a reasonable apprehension of such harm in the mind of an objective person who knows of the history and mental condition of the person engaging in the act or behaviors.?"

ANSWER: YES.

BACKGROUND LEADING TO RECENT OVERT ACT: Griffith was released to reside in Spokane County from the Department of Corrections on 07/08/12 under Snohomish County Cause #00-1-01842-6. After his release, Griffith entered into the Department of Corrections Community Sex Offender Treatment Program. He resided by himself and was able to secure employment through Labor Ready. Griffith reported as directed and had no positive urine tests. Griffith continued to attend sex offender treatment, completing the program on 05/13/13. He was able to obtain part-time employment at McDonalds and worked there for several months. Due to lack of hours at McDonalds, Griffith was homeless for a period of time. He was able to obtain full-time employment in March of 2013 at a tree farm in Chewelah, WA. He secured an apartment in Addy, WA and transferred his supervision to Stevens County in April of 2013. Griffith was able to obtain permission to talk to his son one time per month by telephone. He also reestablished relationships and had a support system made of friends and family. He continued a relationship with a female he knew as an adolescent and reconnected with while in prison. She had three children (two daughters, ages 15 and 14, and a 12 year old son), whom Griffith claimed not to have contact with. Griffith was found truthful in three polygraph examinations and had not violated his conditions of supervision. On 08/12/13, Griffith's Community Corrections Officer (CCO) received information regarding Griffith having a sexual relationship with a 17 year old female, having contact with the 17 year old's 2 year old daughter, spending the night at non-approved residences, and texting a 14 year old female. Griffith denied these allegations. On 08/16/13, the CCO received information that Griffith had been in possession of a firearm. Griffith's CCO continued to receive information regarding his relationship with the 17 year old female and having contact with other minor children. On 09/09/13, Griffith's CCO was provided pictures of Griffith shooting a firearm and having contact with a minor. He was arrested on 09/09/13. On 09/16/13, Information was filed in Stevens County Superior Court, charging Griffith with Unlawful Possession of a Firearm 2nd Degree (Stevens County Cause #13-1-00184-0).

On 09/19/13, Griffith was found guilty in a DOC Administrative Hearing of leaving Stevens County without permission, possession of a firearm/ammunition, contact with minors, entering a relationship without permission, and residing/staying overnight with minors without permission. His Community Placement was terminated and he was returned to prison for a total of 326 days. On 10/08/13, Griffith pled guilty to Unlawful Possession of a Firearm 2nd Degree and was sentenced to 22 months.

On 02/27/14, **Stevens County Cause #14-1-00028-1:** was filed in Stevens County Superior Court charging Griffith with Rape of a Child 3rd Degree (see Index Offense). The victim is the 14 year old

female Griffith's CCO had been notified he had been texting. On 12/11/13, law enforcement received a report concerning a 15 year old female having sexual intercourse with Griffith, age 33. The victim disclosed the activity to her parents after she was diagnosed with a sexually transmitted disease. The victim was interviewed on 12/16/13. She reported that she met Griffith through a friend in June 2013 when she was 14 years old. The victim reported that her friend lived in a home that Griffith visited regularly. The victim and Griffith began texting regularly for three months and became close. In early September of 2013, Griffith began picking up the victim and bringing her back to his apartment. The victim stated that at his residence they began to kiss and eventually had penile/vaginal intercourse. She also reported that they had sexual intercourse in Griffith's vehicle. The victim reported she ended the relationship with Griffith after he started dating her 17 year old sister. Griffith's sister (a friend of the victim) was interviewed on 12/30/13. She reported that Griffith and the victim spent a large amount of time together. She warned Griffith not to start a relationship with the victim because of her age. She reported that the victim and Griffith would occasionally spend the night at her residence. In the morning, she would find Griffith sleeping on the couch with the victim on top of him. She reported the victim and Griffith would often leave together in his car. On one occasion, the victim and Griffith were seen "making out" in his vehicle.

On 07/15/14, an Order of Dismissal without Prejudice was entered pending further investigation.

However, Mr. Griffith's case continued to be viewed as other than routine and presenting significant cause for concern about his potential for danger if released to the community. In a letter dated 11/07/2014 Ms. Thomasina James Child Justice Program Manager, DSHS documented for law enforcement notification program concerns about Mr. Griffith's anticipated release to the community. She wrote:

Griffith left Stevens County and had physical contact with his son, Joseph Shane Griffith Jr. (DOB 02/12/99) on several occasions. The contact with his son was not authorized by Griffith's Community Corrections Officer (CCO). He also had condition not to have contact with minor children. The mother of Griffith's son, Jamie Marie Bellesen (DOB 05/24/1982), allowed the contact to occur. She last resided in Moxee, WA.

Prior to release from prison on 07/18/12, Griffith started a relationship with Melissa May Metlow (DOB 04/15/81). They had known each other as adolescents. After his release, they continued their relationship and he identified her as his fiancée. Ms. Metlow has three children from a previous relationship: April (age 15), Angie (age 14), and Ryan (age 12). It is unknown if Griffith and Ms. Metlow will continue their relationship after his release from confinement. Her last known address is 105 N Stevens Street, Chewelah, WA 99109.

As noted above, Griffith was charged with Rape of a Child 3rd Degree on 02/27/14. The charges were later dismissed without prejudice. The alleged victim in the case was Hallie L. Norman (DOB 11/19/98). Her last known address was 206 Ridge Street Space A, Chewelah, WA 99181. Her father is Jared Allen Norman (DOV 07/30/70). After Griffith's relationship with Hallie ended, he began to date her older sister, Jasmine Norman aka Jasmine White (DOB 08/25/95). Jasmine allowed Griffith to have contact with her two year old daughter, Kiera (DOB unknown). Kiera's father is Michael James Marshall (DOB 07/24/92) and his last known address was 206 West Main Avenue, Chewelah, WA 99109. {Bates 680}

PATTERNS OF BEHAVIOR CONSTITUTING RECENT OVERT ACT

Two separate but related patterns of behavior engaged in by Mr. Griffith since his return to the community from total confinement at DOC have constituted recent overt acts. Since these patterns of behavior were continuous except with the interruption of a period of 15 days jail confinement, the two patterns, each in itself sufficient as recent overt acts, will be treated here as a single fact pattern.

To my understanding, a recent overt act is can be determined by an objective layperson examining the acts in question if that layperson knows of the history and mental condition of the person engaging in the act or behaviors. Forensic psychologist has additional expertise that help put the context of the facts in question and the history and condition of the offender in perspective. This expertise can help to establish what history is relevant to the question of whether a recent overt act has occurred and what mental conditions have been chronically present in the offender, or present at the time of the act in question.

It is my professional opinion, held to a reasonable degree of professional certainty, that Mr. Joseph Griffith engaged in two fact patterns of behavior that considered separately or together constitute a Recent Overt Act as defined in the statute. It is my opinion that Mr. Griffith had a high probability of committing a violent sexual offense when he was detained on May 6, 2015 and that this risk had increased when he was detained on or about June 18, 2015. My opinion is based on my professional understanding the offense conduct of sexual offenders and Sexually Violent Predators, on a professional analysis of the facts detailed below, and on the mental health and risk information concerning Mr. Joseph Griffith contained in this report and in the records available for my review.

Behavior Leading To Jail Sanction on 05/06/2015

Mr. Griffith was released from DOC on 12/10/2014 and registered with Stevens County on the following day. On 02/05/2015 community notification sex offender level was changed from Level III to Level II. On 02/11/2015 Mr. Griffith requested to be allowed contact with minors for work purposes so that he could work in a pizza restaurant. He was also approved to begin reporting once monthly. Mr. Griffith began work at Daniels Nursery.

On 03/17/2015, CCO Lindquist and Wilson were unable to contact Griffith at his place of work, Daniel's Nursery. On the next day, he was reminded by his CCO's that it was important that they be able to find him at work and it was suggested that he get a cell phone to simplify communications regarding supervision contacts. On 4/22/2015, Community Corrections received a report from Melissa Metlow that her 13-year-old son had been called by Griffith at the home of the son's friend, another teenage boy. Mr. Griffith was warned that had he contacted the son, he would have been in violation of his conditions, although attempting to do so was not technically a violation. 04/29/2015 Melissa Metlow informed Community Corrections that she had seen Griffith at her workplace, Walmart, in December or January and that he was using a cell phone. Mr. Griffith later denied having a cell phone.

On 05/05/2015, CCO Lindquist reported having seen Griffith at Safeway with an adult female and a child that was approximately 12 and a toddler. It had appeared to Lindquist that the man she believed to have been Griffith had turned away from her direction to prevent her from confirming his identity. CCO Lindquist requested that a Sheriff's deputy drive by Mr. Griffith's residence to see if his vehicle was there. It was not parked there, making it possible but not certain that the individual Ms. Lindquist had seen was Mr. Griffith. Safeway video cameras for 05/03/2015 were checked by his CCO and revealed that Griffith was in the store with Lorie Dickerson and two children. The children were later identified as Ms. Dickinson's daughters S.W. (age 13) and C.D. (16 months). Also, a Safeway points card belonging to Trudy Baughman, his friend and landlady, shows purchases in the store for that date. Initially, Lori denied seeing Griffith with her children but later admitted that he had been with them. She also indicated that Griffith did not tell her he was not supposed to be around children until after the Safeway incident. She admitted to Griffith having been around her children one other time (04/30/2015) for a few hours at her mother's house, but she denied that Griffith had ever stayed overnight with her kids.

Mr. Griffith was booked into Ferry County corrections on 05/06/2015 for multiple violations of his conditions of release. Ms. Dickerson received a referral to CPS because she had allowed a known sex offender to have contact with her minor children. Mr. Griffith was found guilty of violating conditions of his release by having contact with minor females, a 13-year-old and a 16 month old on or about 04/30/2015 and 05/03/2015 and incarcerated in Perry County jail.

Behaviors Resulting in Maximum Jail Sanction

Mr. Griffith was released on 05/22/2015 and told that he would be scheduled for a polygraph in June and was not to have further contact with Laurie Dickerson. On 06/17/2015, CCO Wilson drove by Laurie Dickerson's home and observed Mr. Griffith's truck parked in the driveway. On the same day, James Worden, father of the 13-year-old girl and a 10-year-old boy with Laurie Dickerson came to the Dickerson home and found Laurie coming out of the shower. Mr. Worden suspected that Mr. Griffith had been alone with the youngest daughter while her mother showered. Mr. Worden returned to the home again at 6 PM to find Griffith washing his truck in the yard, but could not tell if the children were present. (It was later confirmed that they were in a bathing pool near the truck).

Mr. Worden reported to Andrew Wilson, CCO that he asked his 13 year old daughter (S.W.) about her contact with Mr. Griffith. He said that the child told him that Griffith had been at the home every night except one in the previous week, arriving at around 4:00 pm and staying several hours each night. Mr. Worden decided to remove his children from the home until there were assurances that Mr. Griffith would not be in contact with them there.

A second CPS referral for Laurie Dickerson was made for allowing additional contacts between her minor children and Mr. Griffith.

On 06/22/2015, Laurie Dickerson's daughter, SW was interviewed in the presence of her father and grandmother. The girl told CCO Wilson that Mr. Griffith and her mother had been dating for "a couple of months". She said that during the week of June 8-13, Griffith was in the home each night. She said that Griffith went to bed with her mother and was there in the morning. She confirmed that she and her younger sister were in the pool next to Griffith's truck as he washed it on 06/14/2015. This is significant because Ms. Medlow was not in line of sight, as would be required under Griffith's conditions of release. SW indicated that Mr. Griffith had told her and her 10 year

old brother a secret. With encouragement, SW revealed that the secret was that he planned to propose marriage to their mother in August. Her brother told her that he had heard that their mother was pregnant with Griffith's child. Greg Daniel, owner of Daniel's Nursery, later confirmed to CCOs that he had been told by Griffith that he had impregnated Laurie Dickerson and that he was going to be a father.

Griffith was arrested after work and confronted with his multiple discrepancies between his conditions of release, what he had informed his CCO's about, and the facts of his behavior and whereabouts. Mr. Griffith denied having been around the children and of having more than a friendship with Laurie Dickerson. He also denied being around the children. CCO Logan took a cell phone from Griffith and found on it a picture of a positive pregnancy test that had been sent by Laurie to him. Mr. Griffith explained that the test was from a time prior to their relationship.

The DOC Report Of Alleged Violation dated 06/29/2015 indicated that Mr. Griffith was charged with having contact with the same minor children aged 13, 10 and 15 months for which he was found to be in violation on 05/21/2015 and served a term of five and 15 days. Among the evidence provided to support the allegations were photographs from Mr. Griffith cell phone. His CCO wrote of this electronic material

"for brevity sake, suffice it to say the text message files and pictures files provided further reasonable cause that MR. Griffith is in violation. Copies of many relevant text messages and photos are attached to this report. Of particular concern are photos I found of Mr. Griffith, Ms. Dickerson, and her children engaged in "group hug selfie" photographs. [Bates 253]

It was later determined that these photographs had been taken on 06/12/2015, that is after Mr. Griffith had been sanctioned with jail time for contact with the children pictured in physical contact with him in the photographs.

Andrew Wilson documented additional information, not related to the children of Ms. Dickerson, that Mr. Griffith had been in violation of the conditions of his release by initiating relationships with women with minor children without notifying his CCO, and possibly of having established a relationship with a minor girl. He wrote:

"Additionally, I found text messages between Mr. Griffith and a female named Christina Bashe. I called Ms. Bashe and confirmed that she and Mr. Griffith have been in a romantic relationship starting from sometime around New Year's 2015, and the end of April, when she found out Mr. Griffith was also dating Ms. Dickerson. Ms. Bashe said Mr. Griffith knew that she had a minor daughter, but Ms. Bashe said she never let Mr. Griffith around her daughter, although Mr. Griffith told her he could have contact with minors. [Bates 253]

"There were also partial text conversations with a female named Beth Allen, the content of which would make me believe Mr. Griffith was also involved in a relationship with her during March 2015. To date, I have not been unable to determine how to contact Ms. Allen. There is also a text message on Mr. Griffith's phone where he is pictured sitting closely next to a minor female minor who appears to be 10 years old or younger. The text is titled 'me n tiara' and is dated 03/21/2015. I have yet to determine who the minor female is. [Bates 253]

Conclusions regarding recent overt act: In a relatively short period of time and with allegations of a new sexual offense and a sanction for contact with children and other serious violations of conditions of release, a large amount of evidence exists that Mr. Griffith persisted in making contact

with children in his victim pool. This contact included physical contact and being with children without adults present in line of sight who were aware of his offenses and could intervene. He also communicated electronically with children without the awareness of responsible adults and encouraged the children he had contact with to share and keep his secrets. These behaviors are clear precursors to sexual offending and securing the silence of child victims. Mr. Griffith's pattern of behavior reflect a compulsive need and desire to gain close emotional and physical contact with minor females of the type that led to his felony conviction in 2000. Information disclosed in SOTP treatment supports that it is not only his behaviors which are paraphilic, but also his thoughts, association, and pattern of sexual arousal to post-pubescent girls. Mr. Griffith's actuarial scores alone suggest elevated risk and when combined with his recent behaviors, the unavoidable conclusion from a clinical perspective is that Mr. Griffith was at an unacceptably high level of imminent risk to sexual reconviction (and some evidence suggests he did sexual reconviction) during the last months that he was at large in the community.

CASE FORMULATION:

Mr. Griffith is a sex offender with moderate-to high actuarial risk for a new hands on sex offense who has reached the age in which men show a slight relative increase in risk for recidivism after the fairly steep decline in risk in the previous decade of life. He suffers from an unacknowledged paraphilia for emotional and sexual relationships with underage girls. He is highly adept at identifying women who have children that may be potential victims, and ingratiates himself to them as a romantic partner and with the children as a pseudo-friend and pseudo-parent. He is a sympathetic, amiable character and therefore gains the support of others, including the attribution of trust he does not merit. He is highly psychopathic, although his psychopathy is relatively absent of the criminal lifestyle and versatility in types of crime often seen in psychopaths. Mr. Griffith's psychopathy is instead expressed through a deceptive relationship style aimed at securing sexual opportunities, and especially sexual opportunities with post-pubescent girls. He has been unable to conform to supervision rules, or to make use of community relationship support in the form of housing and work to construct a life that would decrease the chance of his reoffending.

Unlike the average offender, Mr. Griffith suffers from multiple mental disorders that together constitute a mental abnormality that significantly decreases his volitional capacity in the area of sexual conduct. He has needed to request psychiatric attention on a frequent basis and is still at times pained from experiences from the earliest era of life. His personality disorder greatly decreases the effect on his future behavior of negative consequences for anything that he has done in the past. His treatment experiences have not been sufficient to address his problems and reduce his risk. In fact, his failure to identify and address the key issues of risk, such as his unacknowledged arousal to post-pubescent children, left him in more of a deficit situation after treatment than a situation of having made gains.

Risk of Committing a New Sexually Violent Offense:

It is my professional opinion, held to an acceptable degree of psychological certainty, that Mr. Joseph Griffith is more likely than not to commit a new predatory act of sexual violence as defined in the statute, if he is not confined to a secure facility.

Risk of Committing a New Predatory Sex Offense:

It is my professional opinion, held to an acceptable degree of psychological certainty, that Joseph Griffith is more likely than not to commit a new sexual offense against a minor. It is likely that the

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Mr. Joseph Shane Griffith

DATE 07/13/2015

DOC No. 816580

person will be a female child with whom he has established a relationship for the purpose of victimization.

VII. CONCLUSION:

Based on the above information, it is my opinion that Mr. Joseph Shane Griffith DOES MEET the criteria as a Sexually Violent Predator as described in RCW 71.09. Under penalty of perjury under the laws of the State of Washington, I certify that the foregoing statements are true and correct.

Signed and dated by me in Washington.



Henry Richards, Ph.D.

EXHIBIT B

CURRICULUM VITAE
Henry Jay Richards, Ph.D.
6523 California Avenue, SW
Seattle, WA 98388-0646
Updated November 15, 2014

Phone 206-423-9848
Email: Henry@quidnunc.net

Education

- 1987 Ph.D., Clinical Psychology, November, 1987.
Loyola University of Chicago, Chicago, Illinois. (APA approved)
- 1986 M.A., Clinical Psychology
Loyola University of Chicago, Chicago, Illinois. (APA approved)
- 1980 Governors State University, University Park, Illinois/ Masters program in
Community and Organizational Psychology (32 hours)
- 1974 B.A. (with Honors), English Language and Literature
Northern Illinois University, De Kalb, Illinois

Postgraduate Clinical Training

- 09/85 - 09/86 Clinical Psychology Intern, St. Elizabeths Hospital, NIMH, Washington, D.C.
APA approved, NIMH internship in clinical psychology
- 09/86 - 05/87 Group Training Post-Doctoral Internship, St. Elizabeths Hospital, National
Institutes of Mental Health (NIMH), Washington D.C.

Professional Licenses

- 2002 to Present Washington State Psychologist License PY 00002571
1995-2003 District of Columbia Psychologist License
1989-2002 Maryland State Psychologist License

Professional Certification

- 2006-2007 Generating Transformative Change: Pacific Integral, Inc., in Cooperation with
Leadership Institute of Seattle and Bastyr University, Seattle, WA
- 1998-2004 Certification of Proficiency in the Treatment of Drugs, Alcohol, and Other
Psychoactive Substance Use Disorders; American Psychological Association,
College of Professional Psychology

Clinical Positions

Nov 1, 2009-
Currently
Private Practice: Provides clinical risk assessment, training, and organizational consultation. As a member of the Washington State Joint Forensic Unit (JFU) provides expert witness evaluation services to determine whether sex offenders meet criteria of civil commitment. To date, testified as the Prosecution's expert in 5 Sexually Violent Predator Trials. Provides expert witness testimony concerning sex offender assessment and treatment practices. Provided treatment program consultation to Missouri Sexually Violent Predator program.

December
2011-April 19,
2011
Western State Hospital, Center for Forensic Services. As a part-time forensic psychologist, provided evaluation services pertaining to psycho-legal issues, such as competency, insanity, diminished capacity, and civil commitment for severe mental illness.

1992 – 1999
Private Practice, Clinical Heuristics, Inc, Silver Spring, MD

- Contract with federal probation for risk assessment and outpatient treatment of probationers for mental illness and anger management
- General clinical practice
- Contract with US Marshalls Office to review quality of care of White House and Secret Service connected cases at St. Elizabeths Hospital, Washington, D.C.

1998-1989
Part-Time
Substance Abuse Specialist, Group Health Association, Washington, D.C

- Co-occurring disorders consultation and treatment

1986-1988
Psychologist, St. Elizabeth Hospital, Acute Care Hospital, Washington, D.C

- Emergency admissions
- Quality assurance officer, forensic services administration
- Ongoing forensic treatment, Intensive Treatment Unit

Consulting:

2011-Present
Washington State Public Safety Review Panel, Chair
Members are appointed by the Governor and review prior to submission to the court of jurisdiction all submissions made by the state hospitals for Conditional Release or Discharge of persons found not criminally responsible (NGRI) for felony offenses.

1998-1999
Director Substance Abuse Programs and Policy, Office of the Secretary of Public Safety and Correctional Services (DPSCS) Maryland State

- Advised Secretary on substance abuse treatment policy

- Program consultation
- 1996-1999 Senior Clinical Analyst, Johnson, Basin & Shaw, Silver Spring, MD
- Program evaluation
 - Co-occurring training
- State block grant utilization surveys: California, Hawaii, Indiana, Maine, Texas
- 2009-2012 Ernest Becker Foundation, provides Executive Director function for this small non-profit organization promoting the ideas and science related to this Pulitzer Prize winning anthropologist.
- 2008-Present Sunshine Lady Foundation, Washington State Corrections Project, Project Consultant. SLF is Doris Buffet's vehicle for charitably support of worthy causes, particularly those that will reduce violence toward women and children.

Academic and Research Appointments

- 2004 -Present Clinical Associate Professor, Psychiatry and Behavioral Sciences, University of Washington
- Post-Doctoral Clinical Training
 - Didactic Presentations on Personality Disorders
 - Empirical Research
 - Serves on State-Wide Public Safety Review Panel to evaluate suitability of proposed releases of patients from the State hospitals who have been found Not Guilty By Reason of Insanity of felony offenses.
- 2003-Present Associate Professor, Psychology, Seattle University
- Graduate/Undergraduate Course: Forensic Psychology
 - Graduate/Undergraduate Course: Psychopathy
 - Graduate Course: The Sex Offender
- 1999 – 2004 Associate Research Professor, University of Washington, School of Medicine, Department of Psychiatry & Behavioral Sciences; Division, Public Behavioral Health & Justice Policy
- Professional In-Service Training: Co-occurring mental illness and substance abuse disorders and personality disorders
 - Research: Mental health courts, substance abuse treatment
 - Clinical Supervision Psychology Doctoral Interns and Psychiatry Residents
 - Program and Case Consultation: Offender assessment and treatment
- 1995 – 2001 Principal Investigator, Friends Research Institute, Inc., Baltimore, Maryland
- \$2.5 NIH Center for Substance Abuse Treatment grant investigating

Therapeutic Community versus Clinically Directed Treatment in substance using female offenders

- 1997-1998 Associate Professor, Widener University Institute for Graduate Clinical Psychology, Chester, PA.
- Graduate Course: Substance abuse assessment and treatment

Clinical Administrative Positions

- 2004-2009 Superintendent, Special Commitment Center (SCC), Department of Social and Health Services, Washington State.
- CEO responsible for all operations of a state sex offender civil commitment program
 - 3 facilities, 275+ residents, 425+ staff, \$58 million budget
 - Testimony in federal and state court
 - Secretary's designee for authorizing petitions for release, legislative testimony and stakeholder collaboration
 - Community liaison through 3 institutional boards
 - Notable Accomplishments
 - Successfully met Federal Court's requirements for dissolution of federal injunction and constitutional challenge to the program
 - Opened new community transition facility in Seattle urban center
 - Founded statewide sex offender assessment research initiative
 - Member of statewide sex offender planning board
 - Multi-year, multi-level management and leadership development initiative for the program.
- 1990-1999 Associate Director, Patuxent Institution, Patuxent Institution, Jessup, Maryland
- Clinical and Administrative lead at this historic facility known as "the great experiment in corrections"
 - Co-directed all treatment programs with Associate Director, Psychiatry
 - Founded and designed treatment program for early release of substance abusers
 - \$52 Million facility construction cost avoidance
 - \$11 Million annual prison operations cost avoidance
 - Unique dual focused risk assessment: Psychopathy and addiction severity
 - Executive Secretary and voting member of Review Board with release authority
 - Supervised community release program and half-way house
 - Supervised Sex Offender Treatment Module

- Statewide correctional substance abuse treatment research

1989-1990 Director of Mental Health Services, Correctional Medical Systems, St. Louis, Missouri

- Responsible for two correctional mental health units Jessup, Md. correctional center
- Responsible for mental health program for 7,000 plus inmates
- Administrative oversight of medical care for 1400 bed minimum security facility

1988-1989 Program Director, Psychiatric Substance Abuse Program, Dist. Of Columbia, Commission for Mental Health Services, Washington, D.C

- Director of residential co-occurring disorders program
- Hospital-wide consultation service

Military Cases:

Provided Consultation and Expert Witness Testimony to Defense or Prosecution:

Criminal Proceedings

The following court-martials were adjudicated at Joint Base Lewis McCord, Washington, Naval Base Kitsap, WA, or Sigonella NAS Sicily, Italy:

June 2014 US vs. LTJG Thomas Harris, US Navy. Charges: Possession and viewing of child pornography. Retained by the Defense. Defense Lead: Charlie Swift. cswift@prolegaldefense.com

March 2014 US v. HM3 Estevan Florez, US Navy. Charges: Forcible Rape and Sexual Assault (two victims), Sigonella NAS, Sicily, Italy. Retained by Prosecution. Prosecution Lead: LT. Michael Whitan LT, JAG, USN Rota, Spain. michael.whitan@eu.navy.mil

March 2013 US v. SGT Robert Chiaravallotti S. (US Army) Charges: Murder, Multiple Counts of Rape of a Child who had attained the age of 12, but had not attained the age of 16. Assault. Defense Lead CPT, JA Holly B. Hatfield

November, 2012 US v. SGT James Hayden Tobey: Sexual Abuse of a Child who had not yet attained the age of 12, Sexual Abuse of a Child who had attained the age of 12, but who had not attained the age of 16.

June 2011 ICO MA1 Donald J. Brown, Charges of child sexual abuse, assault of a child.

Security Clearance Revocation Hearings

February 2014 US Navy ITC Officer. Intent to Revoke eligibility for security clearance and access to sensitive compartmented information (SCI). Alcohol Intoxication while on duty,

suspected alcohol use disorder, noncompliance with required treatment, lack of respect toward authorities and supervisors, uncontrolled ADHD and Borderline Personality Disorder.

April 2012 USNR Commander: Intent to Revoke eligibility for security clearance and access to sensitive compartmented information (SCI). Issues: Use of Internet Pornography, Theft of Intellectual Property, Sexual History suggesting possible paraphilia

Editorial and Peer Review

2005-Present *Psychological Services*, American Psychological Association, Editorial Board
2004-Present Peer Reviewer,

2004-Present *Journal Clinical and Consulting Psychology*, Peer Reviewer

Professional Memberships

1988-present American Psychological Association

2004-Present Washington Association for the Treatment of Sex Abusers (WATSA)

2004-Present Association for the Treatment of Sex Abusers (ATSA)

2006-Present Sex Offender Civil Commitment Programs Network (SOCCPN)

- Former Chair, Leadership Committee (2006-2009).

1996-2006 Training Faculty, Institute for the Advanced Study of Personology and Psychopathology

- Facilitated 3 2-year cycles of Millon Advanced Study Groups

2002-2004 Seattle Forensic Institute

- Board Member
- President, 2003

1996-2002 Faculty, National Computer Services Millon Assessment Workshops

- Presented at national conferences

1995-2000 International Society for the Study of Personality Disorders

Funded Research

1995-2001 \$2.5 Million. Principal Investigator, National Institute for Substance Abuse Grant (RO1 DA09646-05) Effective Addiction Treatments for Female Offenders

1993 \$50,000 Bureau of Justice Assistance Grant "Integrating Intermediate Sanctions in the Supervision of Substance Abusing Offenders"

International Conferences (Non-USA):

- 2002 Seattle's mental health courts: Early indicator of effectiveness. 28th
International Congress on Law and Mental Health, Amsterdam, Netherlands
- 1995 Invited attendee and presenter: 1995 N.A.T.O. Advanced Study Institute on
Psychopathy. Alvor, Portugal

Boards, Commissions, Task Forces

- 2011 Present Washington State Public Safety Review Panel, Chair
- 2008-2009 Washington State Sex Offender Policy Board
- 1996-2010 Violence Hotline Center Board, Annapolis, Maryland.
- 2000-2005 Correctional Treatment and Assessment Consortium (CTAC) Steering
Committee
- 2001 Consensus Panel on Substance Abuse Treatment in the Criminal Justice
System, Center for Substance Abuse Treatment, NIH.
- 1998-1999 (Maryland) Governor's Cabinet Council on Criminal and Juvenile Justice, Task
Force to Study the Feasibility of increasing the Availability of Substance Abuse
Programs for Offenders
- 1997-1998 (Maryland) Governor's Cabinet Council on Criminal and Juvenile Justice, Task
force on Drug Addicted Offenders
- 1992-1996 (Maryland) Governor's Commission on Black Males
- 1992-1993 (Maryland) Secretary's Task Force on Patuxent Institution

BIBLIOGRAPHY

Manuscripts in Referred Journals

1. Choca, J.P., Peterson, C.A., Shanley, L. A., & Richards, H. J. (1988). Problems in using statistical models to predict psychiatric length of stay: An illustration. Hospital and Community Psychiatry, 29, 2, 195-197
2. Haertzen, C., Buxton, K., Covi, L., & Richards, H.J. (1993). Seasonal changes in rule infractions among prisoners: A preliminary test of the temperature-aggression hypothesis. Psychological Reports, 72, 195-200.

3. Lucente, S.W., Fals-Stewart, W. Richards, H.J.; Goscha, J. (2001). Factor structure and reliability of the revised Conflict Tactics Scales for incarcerated female substance abusers. Journal of Family Violence. 16(4), 437-450.
4. Richards, H. J., & Craig, R. (1996). The remediation model of correctional treatment at the Patuxent Institution. The Correctional Psychologist. 28, 1, 8-11.
5. Richards, H. J., & McCamant, K. (1996). Narcissism and psychopathy: Concurrent validity of the PCL-R, the Rorschach, and the MCMI. In G. M. Stephenson, & N. K. Clark (Series Eds.) & D. J. Cooke, A. E. Forth, J. Newman, & R. Hare (Vol. Eds.). International Perspectives on Psychopathy, No. 24, Issues in Criminological and Legal Psychology, 131-135. Leicester, UK: British Psychological Society.
6. Richards, H. & Kafami, D. (1999). The impact of horticultural therapy on vulnerability and resistance to substance abuse among incarcerated offenders. Journal of Offender Rehabilitation. 29, 183-193.
7. Richards, H. J. (1999). The Heuristic System for substance abuse treatment: Structuring for precision and creativity in addiction treatment. Journal of Substance Abuse Treatment., 4, 17, 269-291.
8. Richards, H. Kaplan, M, & Kafami, D. (2000). Progress in treatment and experienced and expressed anger among incarcerated men. Journal of Offender Rehabilitation., 30, 35-58.
9. Richards, H. J., Casey, J. O., & Lucente, S. W. (2003). Psychopathy and treatment response in incarcerated female substance abusers. Criminal Justice and Behavior, 30, 2, 251-276..
10. Richards, H. J., Casey, J. O., Lucente, S. W., & Kafami, D. (2003). Differential association of PCL-R facet and factor scores to HIV risk behaviors in incarcerated female substance users. Individual Differences Research. 1, 295-107.
11. Richards, H. J. & Pai, S. (2003). Deception in prison assessment of substance abuse. Journal of Substance Abuse Treatment. 24, 2, 121-128.
12. Richards, H. J., Washburn, J., Craig, R., Taheri, A., & Yanisch, D. (2004). Typing rape offenders from their offense narratives. Individual Differences Research.
13. Trupin, E. & Richards, H. J. (2003). Seattle's mental health courts: Early indicators of effectiveness. International Journal of Psychiatry & Law. 234, 33-53.
14. Jackson, R. L. & Richards H. J (2007). Psychopathy and the five factor model: Self and therapist perceptions of psychopathic personality. Personality and Individual Differences 43 (7): 1711-1721.

15. Jackson, R. L. & Richards H. J. (2007). Diagnostic and risk profiles among civilly committed sex offenders in Washington state. International Journal of Offender Therapy and Comparative Criminology **51**(3): 313-323.
16. Richards, H. J. & Carman, D. (2008). Polarities in sex offender law and practice. *Sex Offender Law Reporter*, 91, 83-84 and 90-93.
17. Brackett, E.; Jackson, R. L.; & Richards, H. (2008).; The Hare PSCAN and its relationship to psychopathy in a sample of civilly committed sexual offenders. *International Journal of Forensic Mental Health*, 7(1), 29-37, 207-227.
18. Richards, H.J. & Jackson, R. L. (April 2011). Behavioral discriminators of sexual sadism and paraphilia nonconsent in a sample of civilly committed sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*. 55, 2,

Book Chapters:

1. Richards, H. J. (1998). Evil intent: Psychopathy and disorders of the will. In T. Millon, M. Birkert-Smith, & R. Davis (Eds.) Psychopathy: Antisocial, criminal, and violent behaviors. 69-96. Guilford Press: NY.
2. Richards, H. J. Parallels and paradigms. (1997). In Yalisove, Daniel L. (Ed). Essential papers on addiction. Essential papers in psychoanalysis. (pp. 453-495). New York University Press: NY.
3. Richards, H. J. (2004). "How psychopathic: A critical consideration for offender treatment. In K. Knight & D. Farabee (Eds). Treating addicted offenders: A continuum of opportunities. (Chapter 22 1-10). Civic Research Institute: Kingston, NJ.
4. Bodholt, R., Richards, H. J., & Gacono, C. (2000). Assessing psychopathy in adults: The Psychopathy Checklist-Revised & Psychopathy Checklist-Screening Version. In Carl Gacono, Ed. The Clinical and Forensic Assessment of Psychopathy: a Clinical Guide. LEA: New York
5. Jackson, R. L. & Richards, H. J. (2007). Psychopathy in Women: A valid construct with clear implications. In Herve, Hervé. & Yuille, John C. (Eds.). The Psychopath: Theory, Research, and Practice. (pp. 389-410). Mahwah, NJ: Lawrence Erlbaum Associates.
6. Jackson, R. L. & Richards, H. J. (2008). Evaluations for civil commitment of sex offenders. In Rebecca Jackson, Ed., Learning Forensic Assessment. (pp. 183-210). Routledge: New York.
7. Richards, H. J. (2013). Sexual Deviance, fantasy development and sex crime. In Helfgott, J.B. (Ed.) *Criminal Psychology, Volume 2*, 127-162. Westport, CT: Praeger Publishers.

8. Richards, H. J. (2013). Statistical controversies in sexually violent predator evaluations. In Helfgott, J.B. (Ed.) *Criminal Psychology, Volume 3, 41-86*. Westport, CT: Praeger Publishers.
9. Richards, H.J. Cunliffe, T., & Gacono, C. (in press). Assessing psychopathy in adults: The Hare Psychopathy Checklist-Revised (PCL_R) and Psychopathy Checklist Screening Version (PCL-SV). In Gacono, Carl (Ed.), *The clinical and forensic assessment of psychopathy: A practitioner's guide (2nd Edition)*. Taylor and Francis Books. NYC:NY.
10. Richards, H.J., Bruhn, A. R, Lucente, S. W., & Casey, J.O.(in press). Reliability of the Comprehensive Scoring System with the Early Memory Procedure. Sensoria: A journal of Mind, Brain, and Culture. Online Journal. Australia.

Published Books etc.:

1. Richards, H. J. (1993). Therapy of the Substance Abuse Syndromes. Jason Aronson Publishers, Inc. Northvale, New Jersey.
2. Albright, D., Hamburg, H., & Richards, H. J. (1996). The Divided Highway: Transportation, Violence, and Equity. (1996). [Monograph] Albuquerque, NM. : Alliance for Transportation Research.
3. Richards, et al. (1998). National Institute of Corrections Teleconference –Psychopaths: Their nature and impact on corrections. (Videotape). NIC: Washington, D.C.
4. Richards, H. J. (2003). How psychopathic? A critical consideration for substance abuse treatment. *Offender Substance Abuse Report*, 3, 2, 19-20 and 30-31.

Other Publications:

1. Richards, H. (1986). Memory for mood states in alcoholics and nonalcoholics. Unpublished Master's thesis, Loyola University of Chicago.
2. Richards, H. (1987). Depression as a mediator of memory differences in alcoholics. Unpublished doctoral dissertation, Loyola University of Chicago.

Continuing Education Provided (Non-Academic) and Presentations to Professional Groups:

2014 June. NJ Sexually Violent Predator Program: program review of three areas of care afor STU training on relationship of Personality Disorder and Paraphilia. Avenel, NJ.

2010, October. The Civil Commitment Class of 2020. Invited Address at the Sex Offender Civil Commitment Network annual conference in Phoenix, Arizona.

2010, April. Risk Assessment and Management of Inpatient Assaults. Full day training workshop. CEU's offered. Atascadero State Psychiatric Hospital, Atascadero California

2009 November Assessment of Psychopathy with the Hare Psychopathy Checklist, 2 day training for psychologists and psychiatrists. Western State Hospital, Steilacoom Washington.

2009, April. Two hour long presentations to the Washington State Joint Forensic Unit (psychiatrists, psychologists) and prosecutors and defense attorneys involved in civil commitment process: Psychological characteristics of the commitment class. Update on psychopathy and Precocious Coercive Sexuality.

2009 May through October: In-service training for preparing social workers to serve as expert evaluators for competence to stand trial. Training was provided on a weekly basis with readings, practice sessions, etc.

March 2009- August 2009. Professional Development Dialogue Group: Provided to Masters and Doctorate level psychologists at the Special Commitment Group. Run as a modified T-Group and on the dialogical principles of David Bohm. Through dialogue and some didactic materials provided, participants were assisted in increasing their understanding of U-process of discovery and learning, overt and covert group processes, and how these interact with their professional and personal functioning in the workplace.

2008 December. Introduction to Psychopathy. Special Commitment Center psychology staff.

2008 November: Polarity Management in Civil Commitment. 8 hour Workshop provided as part of the Sex Offender Civil Commitment Programs Network (SOCCPN) in Atlanta, GA. Co-facilitated with Dana Carmen, Organizational Development Consultant.

2008 July, Civil Commitment and Washington's Special Commitment Center, DSHS Assistant Attorney General's Annual Retreat. Eatonville, WA.

2007, November. Richards, H. J. & Carabello, K. Adaptive leadership and polarity management in sex offender civil commitment. Presented at the Association for the Treatment of Sex Abusers (ATSA) Conference, San Diego, CA.

2007, August. Bracket, R. E., Jackson, R. L., & Richards, H. J. The Hare PSCAN and its relationship to psychopathy in a sample of civilly committed sexual offenders. Presented at the American Psychological Association Annual Convention, San Francisco, CA.

2006, March. Jacobs-Platzer, A., Jackson, R. L., Kis, E., & Richards, H.J. Psychopathy, violence, and sexuality in incarcerated female substance abusers. Presented at the American Psychology-Law Society Annual Convention, St. Petersburg, FL.

2006, March. Kis, E., Jackson, R. L., Jacobs-Platzer, A., & Richards, H. J. The link between sexual abuse and high-risk behaviors among incarcerated women. Presented at the American Psychology-Law Society Annual Convention, St. Petersburg, FL.

2006, March. Jackson, R. L., Richards, H.J., McCraw, J., & Koenen, M. A. Sexual sadism: In word and deed. Presented at the American Psychology-Law Society Annual Convention, St. Petersburg, FL.

2006, March 23. Differential Diagnosis and Treatment of Personality Disorders in the Paranoid-Narcissistic Spectrum. University of Washington Clinical Psychology Internship Program. Seattle, Washington.

2005, February. Sexual Sadism in a Sample of Sexually Violent Predators, Washington Association of for the Treatment of Sex Abusers. Blaine, Washington.

2004, February 17-21. Intensive Case Analytic Workshop: Mental Health Courts. Center for Mental Health Services & Criminal Justice Research, Rutgers University. New Brunswick, New Jersey.

2004 December 2004. Psychopathy, an Overview. Napa Valley Hospital, Napa, California.

2004 December 2004. Ethnic Issues in Forensic Assessment and Treatment. Napa Valley Hospital, Napa, California.

2003. January 30, 2003. Case of a Schizopath: A schizophrenic psychopath. 40 minutes. Presentation in 2 hour Risk Assessment Workshop . Idaho Psychological Association Meeting. Boise, WA.

2003. February 20, 2003. Personality Disorders: Current Conceptualizations and Forensic Implications. Seattle Forensic Institute, Seattle, WA, 2 hours.

2003 September, 16 2003. Clinical Case Formulation: Incarcerated Women with Co-occurring disorders. 19th Annual Co-Occurring Disorders Conference, Washington State, Yakima, Washington. 1.5 hours.

2003 January 30, 2003. Psychopathy: An Overview. Idaho Psychological Association Meeting. Boise, WA. 1 hour presentation.

2003 January 27-28 2003. Scoring the Psychopathy Checklist Revised (PCL-R) Darkstone Group Training Method. Western State Hospital, Steilacoom, WA. 14 hour workshop. 40 Participants.

2003 April 30, 2003. The theories of Ernest Becker and The Anarcho-Serial Killer.

2003 April 2-4, 2003. Psychopathy: Theory, Research, and PCL-R Administration and Interpretation 3-Day Training Workshop, Idaho Department of Correction, Boise, Idaho. Presented by permission of Darkstone Research Group, Vancouver, BC, Canada.

2002, May “Balancing Work in the Life of Law Enforcement Professionals” Blacks in Law Enforcement (BLEU) Conference

2002 September, 21, 2002. “Comprehensive Review of Addiction Variables and Effects: CRAVE a new instrument to support clinical formulation in co-occurring disorders. National Association of State Directors of Mental Health Programs (NASMHPD) Forensic Division, 2002 Annual Meeting.

2002 October, 1, 2002. “Mental health needs of offenders transitioning to the community: Assessment of Need and Risk” Serious and Violent Offender Reentry Initiative Technical Assistance Grantee Meeting, Washington, D.C.

2002 October 28, 2002. The CRAVE Self-Report Assistance for Co-Occurring Assessment and Treatment Planning. National GAINS Center Conference. San Francisco, CA.

2002 October 19. Panel: Police Violence (Use of Force) and People of Color Post 911. With W. Edward Reed and Jeff Sadiqui. Ernest Becker Foundation 8th Annual Love of Violence Conference. Seattle, WA.

2002 March through July. Weekly seminar: Group Psychotherapy methods. Special Commitment Center, McNeil Island.

2002 March 25-27, 2002. Addiction and Crime: Risk assessment and public safety. UCLA, Department of Psychiatry, Proposition 36 “Making it Work!” A statewide technical assistance conference. San Diego, CA.

2001, November 7-8. Correctional Treatment Assessment Consortium Symposium. UCLA, Pacific Southwest Addiction Technology Transfer Center and California Department of Correction and University of South Florida. Panelist.

2001 March 2001 Consensus Panel on Substance Abuse Treatment in the Criminal Justice System, Center for Substance Abuse Treatment, NIH.

2000. June 14-15, 2000. Panel participant. Continuity of Offender Treatment from Institution to Community. UCSD, California DOC, & California Office of Substance Abuse Programs sponsored conference.

2000 September. Personality-guided substance abuse assessment and treatment. 7th Annual Millon Clinical Inventories Conference. Scottsdale, AZ. 3 hour workshop.

2000 September. Mock Trial: Challenging and Defending the Forensic Use of the MCMI-III. Participant with Drs. Paul Retzlaff, Frank Dyer, and John Stoner.

2000 October 18-20, 2000 Assessment of psychopathy and risk for criminality in substance abusing offenders. Annual Criminal Justice Institute; UCLA, Pacific Southwest Addiction Technology Transfer Center and California Department of Corrections.

2000 August, 10-11, 2000. Custody reentry instrument development symposium. San Diego, CA. Sponsored by UCLA School of Medicine, Pacific Southwest Addiction Technology Transfer Center; University of South Florida, Department of Mental Health Law and Policy; and California Department of Corrections.

2000 April Preliminary evaluation findings for King County's Mental Health Court. King County Metropolitan Government Council.

1999 March 1999 through November, 2001 Correctional Treatment and Assessment Consortium (CTAC) Steering Committee, NIDA.

1999 December through March, 2002: Millon Study Group facilitator. A two year post-licensure study program for mental health professionals which offers 20 3- hour CME workshops on Personology and Psychopathology

1999 December 1999: 1-Day Workshop. King County Mental Health Department: "Risk Assessment of Mentally Ill Offenders."

1999 "Professional issues in the correctional use of the MCMI-III." In: "Correctional applications of the MCMI-III Correctional Version" Symposium chaired by Harry Wexler, Ph.D., with Theodore Millon, Ph.D. as discussant, American Psychological Association Annual Convention, August, 1999, Boston, MA.

1999 "Media and envy of the hideous strength of the psychopath." 5th Annual Conference on the Love of Violence. Ernest Becker Foundation. Seattle, WA October, 1999.

1999 "How psychological instruments can support community supervision." Presentation at the American Parole and Probation Association annual convention, August, 1999, New York.

1999 "Getting from assessment to treatment interventions" Presentation in the annual Texas summer symposium for correctional substance abuse treatment, August, 1999, Austin, TX.

1999 "Admiration of the hideous strength of the psychopath: Ritual violence in the media." Presentation scheduled in October, 1999, for the Ernest Becker Foundation, 5th Annual Love of Violence Conference, Seattle, WA.

1999 "Risk Assessment-Does it makes a difference?" Conference of the National Association of State Directors of Mental Health Programs Forensic Meeting, Albany, N.Y., October 1999.

Professional Continuing Education Received:

Attends ATSA and Sex Offender Civil Commitment Programs Network (SOCCPN) meetings on an annual basis and attends day and half-day workshops as well as other training events.