

SOUTH FLORIDA SEXUAL ADDICTIONS AND DISORDERS TREATMENT CENTER

PSYCHOLOGICAL EVALUATION

Re: Norman Allan Lavoie

Date of Birth: 10/02/66

Case #: 18 U.S.C. 2252 (A) (4) (B) 18 U.S.C. 2253

Norman Allan Lavoie was evaluated at the Palm Beach Detention Center on September 7th and September 14, 2006 pursuant to a request from his attorney, Alan Baum, Esq. The evaluation was for mitigation purposes. The evaluation consisted of a clinical interview, mental status exam, and administration of the Minnesota Personality Inventory-2 (MMPI-2), Millon Clinical Multiaxial Inventory-III (MCMI-III), the Beck Depression Inventory-II, Inventory of Offender Risk, Needs, and Stress, and the Childhood Trauma Questionnaire. Information was available to me from copy of the Indictment, Report of Investigation, Custody Receipt for Seized Property and Evidence, Criminal History, Application and Affidavit for Search Warrant, and Search Warrant. The purpose of the evaluation and limits of confidentiality were explained to Mr. Lavoie.

RELEVANT BACKGROUND INFORMATION: Mr. Lavoie provided the following information in response to questions concerning his personal and family background:

Norman Allan Lavoie was born on October 2, 1966 in Martinsville, Indiana, moving to Montana at the age of two months. Between that time and the age of 14, he also resided in California, Arizona and Canada. He came to reside in Florida at the age of 14, and has resided here since that time. Mr. Lavoie explained his father was a union electrician who moved frequently in order to find work. He was raised by his natural parents, who continue to reside together. He characterized his mother in positive terms, noting she is "good hearted," and "kind, if I'm straightforward; if not, she gives me a

Treatment for adults displaying inappropriate sexual behaviors

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good talking." He also described his father in positive terms and noted his father is "now softer because of the grandkids." Mr. Lavoie's parents generally had a good relationship while he was growing up, although on one occasion his father had an affair and there were difficulties in their relationship as a result. Mr. Lavoie stated arguments between his parents were infrequent when he was a child. However, there was one episode of mutual domestic violence between his parents. When asked to describe the home atmosphere when he was growing up, Mr. Lavoie noted both of his parents worked and as a result, he had "a lot of leeway." He did not have a curfew although he was required to check in with his parents. He stated his family had "a lot of fun, we traveled, and were home schooled until the fifth grade." Mr. Lavoie denied being a behavior problem as a child. He stated discipline was carried out by his being hit with a belt, having privileges taken away, being restricted to the house, and at times his parents would tie Mr. Lavoie and his sister together for a day when he and his sister would fight. Mr. Lavoie noted he had infrequent contact with his parents prior to his arrest because of his work schedule and because Mr. Lavoie was responsible for caring for his roommate's 4 year old child. Mr. Lavoie has a 37 year old sister with whom he was having frequent contact.

Mr. Lavoie is single, has never been in a long term, live-in relationship, and has no children. At the time of his arrest Mr. Lavoie was residing alone.

Mr. Lavoie reported he was home schooled until the fifth grade. He attended school in Canada from the sixth to the eighth grades. He attended high school at a military academy. Mr. Lavoie stated it was his desire to attend this school as he did not like public school. Mr. Lavoie claimed he spent two years in military school and was able to complete all of his high school education within that time. However, he did not complete high school until the age of age of 19 because of his failure of the ninth grade, which he blamed on skipping school and not doing his homework. Mr. Lavoie reported

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attending regular classes throughout his academic career. Mr. Lavoie was in the Navy from 1986 until 1988. He claimed he received an Honorable Discharge, with a discharge rank of E5. When asked why he only spent two years in the military, Mr. Lavoie reported "They got me on a personality disorder." Mr. Lavoie explained this by stating he had fallen asleep on watch. This precipitated an incident wherein he told a chaplain he wanted to kill himself. When questioned further, Mr. Lavoie also reported becoming intoxicated when he was stationed in Korea and having a physical altercation with a cab driver. At the time of his arrest Mr. Lavoie was working for a company as an inventory specialist. In this position Mr. Lavoie was responsible for taking inventory of large stores. He has held this position for approximately eight years. Prior to this employment he held a similar position for a different company. Mr. Lavoie reported being terminated from one employment because of a disagreement over pricing at a department store. He claimed to have "good" work relationships with his fellow employees.

PHYSICAL HEALTH: Mr. Lavoie reported having difficulty with blood circulation over the past year, as well as back pain. He reported being hospitalized for a car accident at the age of 21. He denied suffering a head injury in this accident. He was hospitalized for three weeks this year when his throat was cut by an inmate. Mr. Lavoie claimed this was a racially motivated incident initiated by the other inmate. Mr. Lavoie denied being on medication at the time of the evaluation.

PRIOR PSYCHOLOGICAL TREATMENT: None reported.

SUBSTANCE ABUSE: Mr. Lavoie stated he drinks one beer approximately every six

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months. He denied ever using drugs. Mr. Lavoie initially denied ever having a substance abuse problem. When reminded about his comments regarding his time in the Navy, Mr. Lavoie agreed he was intoxicated on a regular basis while in the military. He also noted at that time he attended Alcoholics Anonymous.

PRIOR ARRESTS: Mr. Lavoie stated he was arrested for Animal Cruelty in 2001. Mr. Lavoie stated he was "stressed out" and having difficulties with his employment. Mr. Lavoie was raising rabbits and they consistently urinated in their food, which caused him to have to replace their food. He stated he was "spanking" the rabbits in order to discipline them. As a result of this Mr. Lavoie was sentenced to Florida State Prison for two years of which he served twenty months. Mr. Lavoie denied having any disciplinary reports during that time. He also reported being arrested in 1997 for Simple Battery. According to Mr. Lavoie, at that time he initially was charged with having sex with a 17 year old girl. However, Mr. Lavoie denied ever having any sexual contact with her.

PRESENT ARREST: Reports indicate Mr. Lavoie had a large amount of child pornography on his personal computer.

CURRENT MENTAL STATUS: Norman Allan Lavoie is a 39 year old Anglo male who was born on October 2, 1966 in Martinsville, Indiana. Mr. Lavoie was cooperative throughout the evaluation. At times he appeared to be attempting to place himself in an unrealistic and overly good light. His thinking appeared abstract and rational, relevant, and goal oriented with no signs of any psychotic process. His feelings (affect) were variable and appropriate to the situation although at times Mr.

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Lavoie did display a degree of anxiety. His speech, orientation, memory, sensorium (ability to take in and process sensations), and concentration all appeared to be within normal limits. Intelligence was estimated to be within the average range. Mr. Lavoie denied, and gave no evidence of, any hallucinations, delusions, or homicidal or suicidal ideation.

Mr. Lavoie denied any neurovegetative signs of depression. However, this contradicted the results of the Beck Depression Inventory-II, which would appear to be a more accurate reflection of his present symptomatology. He denied any history of recurrent depression or obsessive thinking. He also denied any history of generalized anxiety although acknowledging a history of moderate social anxiety. Mr. Lavoie did note he has difficulties at times coping with stressful situations, especially financial stress. Mr. Lavoie indicated he has difficulties with anger, becoming angry frequently. However, he almost without exception internalizes his anger.

SEXUAL HISTORY: Mr. Lavoie reported having a number of friends including four or five close friends. Mr. Lavoie stated all of his friends are female, which he claimed is because most of the individuals he works with are female. Age of first intercourse was at 19 with a 42 year old woman. Mr. Lavoie stated this was with a prostitute in the Phillipines while he was in the Navy. First consensual sex with a non-prostitute was at the age of 20 with a 20 year old woman. Mr. Lavoie estimated he has had approximately two hundred different sexual partners in his lifetime, ten of these occurring within the context of an ongoing relationship. He reported learning about sex from discussions with friends, attending sex education classes, and viewing pornographic magazines. He also reported at the age of 18 his father took him to a prostitute. Mr. Lavoie described this as being a traumatic incident in which he abruptly left before engaging in sexual activity. When asked the purpose of sex, Mr. Lavoie

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stated "to procreate and love." Masturbatory fantasies were reported to be appropriate, to adult women. Mr. Lavoie did acknowledge at times masturbating to fantasies of engaging in bondage and discipline with adult women. He also acknowledged in the past he had fantasies about having sexual contact with children. He denied current fantasies in this regard.

Mr. Lavoie stated while he was in the Navy and stationed overseas (the Philippines, Korea, Hong Kong, and Thailand), he had sexual contact with a number of individuals he was aware were under 18. Mr. Lavoie denied having any sexual contact with minors subsequent to his returning from the Navy at the age of 22.

Mr. Lavoie acknowledged having some homosexual contacts with adult males while in the Navy and on at least one occasion since that time. He reported in the past he has engaged in "light bondage" with consenting adult women. He stated he was introduced to this behavior by prostitutes in the Phillipines.

Mr. Lavoie reported the last time he engaged in sex with a partner was in 1999. This relationship ended when his partner moved to Maine. Interestingly, Mr. Lavoie also reported having been in a two year relationship since that time in which he did not engage in sex because he and his girlfriend's "schedules conflicted."

Mr. Lavoie reported being sexually abused at the age of 5 or 6 by a teenage male who performed oral sex on him and had Mr. Lavoie perform oral sex on the teenager. He reported this individual told Mr. Lavoie not to tell anyone because they would not believe him. It should be noted that although Mr. Lavoie stated he believes this was a traumatic occurrence, questioning revealed no symptomatology consistent with a Posttraumatic Stress Disorder.

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Mr. Lavoie reported frequenting adult bookstores five or six times a week. He denied using prostitutes since his discharge from the military. Other than what is noted above, Mr. Lavoie denied any prior history of deviant sexual behavior.

TEST RESULTS: Results of the personality testing indicated Mr. Lavoie was making unrealistic claims of virtue, reflecting conscious attempts to influence the outcome of the evaluation by giving the appearance of high moral virtue and honesty. This would indicate an unwillingness or inability on Mr. Lavoie's part to disclose personal information. The results have been adjusted to account for this approach.

Mr. Lavoie's results were similar to those of individuals who are described as displaying an anxious dependency, a persistent seeking of reassurance from others, and the expectation they will lose the support of those who have provided it in the past. Significant relationships in Mr. Lavoie's life may have become increasingly more insecure and unreliable and, as a consequence, he may have become erratic, moody, and withdrawn. He may currently experience prolonged periods of futility and dejection that are interspersed with impulsive and angry outbursts. Most typically fearful and compliant, he may occasionally be sullen, unpredictable, and irritable. He typically vacillates between being pleasant and agreeable, and then passively aggressive and withdrawn. Complicating his relationships are frequent complaints of being treated unfairly, a pattern of behavior that keeps others on edge, not knowing if he will react to them in an agreeable or sulky manner. Although he may attempt to be obliging, he has learned to expect disappointment and often provokes it by testing the behaviors of others and by testing the sincerity of their concern for him. These erratic and testing behaviors exacerbate and alienate those on whom he leans, and as a consequence, he may have begun to lose hope that he will regain their support. He may turn to guilt and self-condemnation as a means of undoing his moody behavior, but

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increasingly, he feels that this reaction is futile

Mr. Lavoie may have an exaggerated view of his own importance. He feels very insecure and inadequate. He excessively denies problems and tends to blame others for things that go wrong. His recent thinking appears to be characterized by obsessiveness and indecision. He may feel somewhat estranged and alienated from people. He is suspicious of the actions of others and he may tend to blame them for his negative frame of mind. Mr. Lavoie apparently experiences a tense and apprehensive quality suggestive of a generalized anxiety disorder. Experiencing various physical symptoms as well as behavioral signs and hyper-distractibility, Mr. Lavoie may feel trapped by his inability to work through his inner conflicts or by his powerlessness to confront what he sees as problematic forces about him. Much of his reported restlessness and edginess may derive their energy from the uncontrollable and diffuse anxiety that he experiences.

Although one of the test instruments indicated the presence of a major depression, the clinical interview and other testing does not support this conclusion. He does appear to be experiencing a chronic dysthymic disorder, most probably expressed in agitated form. He probably shifts from periods of anxious futility to self-deprecation and despair, both characterized by demanding irritability and discontent.

Mr. Lavoie was administered the Childhood Trauma Questionnaire, a twenty-eight item self-report inventory that provides a brief, reliable, and valid screening for histories of abuse and neglect. The Childhood Trauma Questionnaire inquires about five types of maltreatment - emotional, physical, and sexual abuse, and emotional and physical neglect. It also includes a three item minimization/denial scale for detecting false-negative trauma reports. This questionnaire was validated from data from over two thousand individuals.

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Interestingly, the validity scale on this instrument indicated Mr. Lavoie tended to under-report any possible abuse or neglect that had occurred to him. However, on the sexual abuse scale, Mr. Lavoie scored in the severe range, at the ninety-ninth percentile. This would indicate he had a history significant for sexual abuse as a child. However, as reported above, there was no symptomatology present consistent with a diagnosis of Posttraumatic Stress Disorder.

Mr. Lavoie was administered the Inventory of Offender Risk, Needs, and Strengths (IORNS). The IORNS is a one hundred and thirty item self-report measure that is intended to assess static risk, dynamic risk/need, and protective strength factors as they relate to the risk of general, violent, or sexual recidivism. The IORNS consists of four indexes, ten scales, fourteen subscales, and two validity scales. The IORNS is a measure that identifies specific areas of dynamic risk/need that may be modified through treatment and/or identified for more effective supervision. Additionally, the IORNS provides a measure of protective factors or strengths that should be taken into account when assessing areas for further intervention and risk reduction.

On this administration of the IORNS Mr. Lavoie responded in a manner indicative of an overly favorable response style. This is consistent with his test-taking attitude on other testing done during this evaluation. Despite this approach, several difficulties were noted. There were significant elevations on subscales that reflect feelings of self-doubt and a lack of, or difficulty with, interpersonal contact or support. Individuals who score significantly high on these subscales endorse low self-esteem and self-confidence, difficulty with interpersonal relationships, and lack of interpersonal interaction. These individuals endorse having below average ability in most areas, being unpopular with others, being unsure of themselves, and lacking confidence. They also report a lack of interpersonal interaction or closeness and difficulty obtaining interpersonal support. Individuals who score high endorse feeling distanced from

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others, and not attending social functions with others.

Although Mr. Lavoie scored significantly high on scales measuring personal resources, that is, areas reflecting personal attributes, traits, and accomplishments that the research has indicated as protective against criminal/antisocial behavior and significantly high on environmental resources (friends and family members who provide instrumental and emotional support throughout his life), it is felt these high scores were reflective of a conscious attempt to distort the test results.

CONCLUSIONS: Mr. Lavoie presented with no indications of a thought disorder. There were however a number of symptoms consistent with several possible diagnoses. There were indications of a Generalized Anxiety Disorder and a Dysthymic Disorder. Mr. Lavoie's overall chronic depressed mood appears to have been exacerbated by his arrest. There were indications of dependent personality traits as well as avoidant personality features. All of these features would appear to reflect long term or chronic traits that are likely to have persisted for at least several years prior to the present assessment.

Overall, Mr. Lavoie appears to be a rather anxious dependent individual who, while persistently seeking reassurance and approval from others, expects that he will not receive it. As the relationships in his life have become insecure and problematic, Mr. Lavoie has responded by becoming moody and withdrawn. He has come to believe there is little he can do to overcome the difficulties he has in interpersonal relationships. It was notable that the relationships he has had over the years tend to be with less and less functional individuals. For example, he claimed the individual who was last residing in his house, with whom he denied having an intimate relationship, was abusing alcohol and drugs, and she was involved with an individual who at that time

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was incarcerated. Despite the apparent instability of this individual, he gave her several thousand dollars and allowed her to reside with him.

The etiology of Mr. Lavoie's predilection for minors appears to have begun while he was in the military, although the presence of sexually reactive behavior as a result of his being a childhood victim of sexual abuse cannot be discounted. Mr. Lavoie acknowledges having sexual contact with minors while in the Navy. Apparently at first this was not a preference, but during his time overseas Mr. Lavoie developed sexual arousal patterns towards minors. Interestingly, Mr. Lavoie denies, and there is no evidence he has acted upon his impulses since his discharge from the Navy seventeen years ago. Since that time Mr. Lavoie has had appropriate relationships, including sexual, with adults. Yet as noted above, his problems with others have caused him to become increasingly withdrawn and to begin to limit the interpersonal contact he has with them. Mr. Lavoie apparently intended to seek emotional fulfillment through an active fantasy life, which included viewing child pornography. It would appear Mr. Lavoie understood the inappropriateness of his fantasies and instead believed he could satisfy his needs for emotional gratification through viewing child pornography. In addition, as Mr. Lavoie's ability to interact with others has increasingly deteriorated, he has severely withdrawn socially, preferring to engage in solitary activities, including viewing pornography over the internet. In my discussions with Mr. Lavoie, it is obvious he has had a very active fantasy life over the past several years.

It was interesting to note from my review of the documents provided and discussions with Mr. Lavoie, there is no indication he has distributed child pornography, which is somewhat unusual, based on my experience with these individuals. Mr. Lavoie denied he has ever traded for child pornography, as many individuals charged with similar offenses have. However, this would appear to be understandable based on his personality. The distribution of pornography requires a modicum of interaction with

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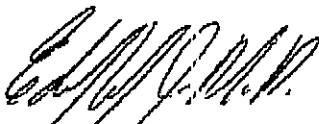
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others. Mr. Lavoie, as noted above, has become increasingly resistant to social interactions with others and indeed often finds such interactions to be problematic and unpleasant. Based on Mr. Lavoie's current personality, it would appear he is to a great degree unlikely to either act on his fantasies or attempt to interact with others sharing these fantasies.

TREATMENT RECOMMENDATIONS: Mr. Lavoie would benefit from treatment designed to help him acquire self-control and consistency in close relationships. Group therapy is typically the most beneficial approach in this regards. Such treatment could be found within a program designed to treat individuals with problematic and inappropriate sexual behavior. Such a program could also address inappropriate sexual arousal patterns as well as teach relapse prevention skills. Mr. Lavoie would appear to be highly amenable to treatment in such a program. An extended period of treatment in such a program would significantly mitigate recidivism risk.

If I can be of any further assistance, please do not hesitate to contact me.



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ESS/bls

VITA

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Education

University of Miami
1982

Ph.D. (Clinical Psychology)
APA Accredited Program

Philadelphia State Hospital
1979-1980

Clinical Internship
APA Accredited Internship

University of Miami
1979

MS (Clinical Psychology)

Villanova University
1976

BA (Psychology), **cum laude**

Licensure/Certification

State of Florida - Licensed Psychologist - PY0003369
List of Approved Forensic Expert Witnesses, 11th Judicial Circuit,
Dade County, Florida
Diplomate, American Board of Forensic Examiners, Board Certified
Forensic Examiner (BCFE)

Clinical Training

Residency-South Florida State Hospital - 1982-1984
Psychological Trainee - South Florida State Hospital - 1980-1982

Internship - Philadelphia State Hospital/Benjamin Rush Community
Mental Health Center - 1979-1980
Fellowship - Mailman Center for Child Development - 1977-1979
Practica at University of Miami Guidance Center, Family and
Children Achievement Center, Highland Park General Hospital,
Open Door Crisis Intervention Center

Positions Held

President, Alliance For Psychological Services - 1989 to Present
Vice-President, Board Of Directors - New Hope - 1993-2001
Board of Directors - New Hope - 2004-present
Clinical Director, South Florida Sexual Addictions and Disorders
Treatment Center - 1989-Present
Member, The Florida Bar Commission On The Legal Needs Of
Children - 1999-2002
Member, The Florida Bar Committee On The Legal Needs Of
Children - 2002-2005
Director of Operational Services, Doctors Family Care - 1989
Member, TROY mental health sub-committee - 1991-1992
Consultant, Staff Psychologist, AGAPE Women's Home - 1988-1993
Director, South Florida Adolescent Sexual Abuse Program -
1984-Present
Consultant, The South Florida AVERT Program (Alternatives to
Violence through Education, Rehabilitation and Treatment)
1985-Present
Clinical Psychologist, A & A Professional Counseling Associates
1982-1989
Member, Dade County Sexual Abuse Task Force, 1985-1998
Consultant, Advocate Program - 1985-1987
Advisory Council, The Elaine Gordon Treatment Center - 1985-1987, 2001
Clinical Director, The Elaine Gordon Treatment Center -
1984-1985
Consultant, Police Project, Mental Health Association of Dade
County, Inc. - 1984-1985
Clinical Psychologist, Sexual Abuse Treatment Outpatient Program
1982-1989
Psychologist, Program Director, PREP/PROE Centers, South
Florida State Hospital - 1983-1984

Staff Psychologist, Vulnerable Unit, South Florida State
Hospital - 1982-1983

Program Clinical Psychologist, Geraldine Boozer Rehabilitation
Program, South Florida State Hospital - 1980-1982

Consultant, Self-employed - 1977-1979

Research

"Effect of Instructional Set on Bender Recall Performance of
Learning Disabled and Normal Children," Journal of
Personality Assessment, 44, 465-469, 1980.

Anger Control Among Rapists, Doctoral Dissertation, University
of Miami, 1982.

Professional Organizations and Honoraries

Association for the Advancement of Psychology

American Psychological Association

Fellow, The American College of Forensic Examiners

Association of Family and Conciliation Courts

Pennsylvania Higher Education Assistance Agency Grant

Phi Kappa Phi Honor Society

Undergraduate Advisor to the Faculty, appointment, Villanova
University, 1975-1976

University of Miami Commendation for Outstanding Academic
Excellence, Clinical Psychology Graduate Faculty - 1977

Graduate Clinical Psychology Fellowship, University of Miami,
1977-1979

Teaching Assistantship, University of Miami - 1977

Past Memberships

Florida Association for Behavior Analysis

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American Orthopsychiatric Association
Adolescent Perpetrators Network
Female Sexual Abuse Treatment Providers Network
Florida Psychological Association
Dade County Psychological Association

Seminars, Media Appearances, Lectures

Media appearances, and, interviews have included numerous local and national radio, television, newspaper, and magazine appearances and articles, including CNN, Cosmopolitan, Reader's Digest and Geraldo. Seminars, lectures, and workshops number over 100, including lectures nationally and internationally.