Minnesota Corrections Association
forum

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President's Message
Steve King
2016 MCA President

Hello MCA Members,

We are days away from our annual Minnesota Corrections Association picnic and my heart is filled with gratitude for those who work among us and serve on the executive board or one of many MCA committees. All of our volunteers who work so hard and give of their time and energy will meet at MCF-Stillwater's Warden's House for a meeting followed by a well-coordinated potluck lunch and fellowship. The fine corrections folks who make this organization function at a high level deserve so much more than a tasty pulled pork sandwich and Funyons but at a minimum it gets us all together to celebrate the successes of MCA.

Because our volunteers deserve so much more, I'd like to formally recognize them in this edition of The Forum and personally thank them for their help. This year's outstanding group consists of: Debbie Beltz, MCA's Administrative Manager; Robin Wood, Secretary; Jenny Guse, Treasurer; Sarah Eischens, President-Elect; Connie Hartwig, Vice President; Michelle Smith, Past President; Mark Bliven, Legislative Chair; Dan Raden, Amy Moeckel and Shannon Fette, Annual Training Institute Co-Chairs; Ryan Busch and Jon Rowe, Training and Ed Co-Chairs; Mark Haase, JJ21 Project Coordinator; Jane Schmid, Juvenile Justice Chair; Cal Saari, Legislative Liaison; Dan Kempf and Dayna Burmeister, Membership Co-Chairs; Laura Anderson, Nominating Chair; Mark Groves, Sponsorship Chair; Mary Oberstar, Student Services; and David Heath, Technology Chair. These people and the volunteers who serve on their committees make us all look good and provide outstanding

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service to the Minnesota Corrections Association membership and our entire profession. Thank you all!

In the spirit of recognition, I'd like to remind the membership that you have the opportunity to formally recognize an individual or program who you think is worthy of one of MCA's annual awards. Nominations for Corrections Person of the Year, Professional Achievement -Field Services, Professional Achievement -Correctional Facilities, President's Award, and Technology Award are currently open and nomination are due by July 1. I respectfully ask that you all take a moment and reflect on those who make an impact on you and others in the field of corrections. I also challenge you take the next step and follow through by filling out the nomination form found in this edition of the Forum or on MCA's website. These are extremely meaningful awards and the recipients are always touched by such recognition.

Take care,
Steve

MCA Committee Member Picnic 2016
Thanks to our committee volunteers!!

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Legislative Affairs
Cal Saari, MCA Legislative Liaison

As we all know, the Legislature adjourned earlier this week as required by the Constitution. We are also aware that the result was not a pretty picture! For the last four weeks of the legislative session it was a clear picture of wait...wait...wait...and delay. Absolutely no effort to work collaboratively to find some compromise and do the work expected by all of us. As a result, the 2016 Legislature adjourned without taking action on their own established priorities - a bonding bill, which has been done for the past forty years, in even numbered years; not addressing the enormous Transportation issue, and leaving a significant number of policy items in the lurch without action. This was the result of a Legislature incapable of reaching compromise on almost anything due to partisanship where party leaders are more interested in their political party platform and lacking total empathy for the needs of our Minnesota citizens! This week they all returned home and most begin their quest for re-election with the gull to tell their constituents what a great job they did in the last Session. Let's hope that Minnesota voters can keep their memories sharp and remember how they were represented this Session. Twenty-one Legislators have already announced that they are not seeking re-election and another six are giving up their current seats to run for higher office.

The lack of action by the Legislature will certainly have an economic impact with a significant loss of new and/or continued construction/labor jobs due to the lack of bonding dollars. Lost wages reduce tax revenues in several ways and this impact will be felt early next year in the economic reports. Most folks are still hopeful that Governor Dayton will call a special Session to address some of this, but as of this writing, he has not given any hint that he is leaning toward that action. Time will tell!

Even with all the negatives in this introduction, there were several policy provisions and new laws enacted in Public Safety and Corrections. We were again very disappointed that the House Republican majority refused again to address the juvenile justice concerns we and our partners have advocated for, such as the juvenile life without parole, juvenile predatory offender registration changes, and on the adult side, the voting restoration. Isn't it

funny that everyone you talk to favors these positions, but are unable to get serious consideration from our Legislators? Here's a little of what did pass and were signed by the Governor as of this time:

Chapter 160 SF 3481 This was the Sentencing Reform bill that was re-written several times this Session with final approval after intense negotiations by many, many different disciplines. This bill changes the December 2015 action by the Sentencing Guidelines Commission. It is a very complicated bill and for that reason I will not elaborate on it in this report, but I urge you to closely review the information coming out by the experts.

Chapter 153 SF 2428 Forms a Legislative Task Force on Child Protection concerns.

Chapter149 SF 2815 This authorizes the DOC to access employment data to study the effectiveness of employment programming for offenders in the Community.

Chapter 147 HF 3590 This requires a study on establishing an earned compliance credit program for people under correctional supervision.

Chapter 136 HF 136 This requires registered predatory offenders to provide a written statement of any change of information and authorizes access of this data to child protection workers.

This is only a partial listing of new laws. At this point, the Governor has signed thirteen bills in the Public Safety/Corrections area. Check our Legislative Update report on the MCA Website to review the total listing.

We are now putting our energy into planning for the MCA Fall Institute at Grandview in late October. We are hoping to recruit Senator Al Franken to honor MCA with a presentation. The MCA Legislative Committee is also now working on a Legislative Workshop at that conference. Further details should be available later in June.

I also want to express my appreciation to the members of MCA and your Board of Directors for your continuing support. It is an honor to represent you and I always look forward to hearing from you…..

Calvin Saari
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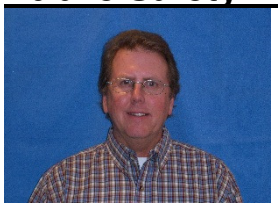
Public Safety – GPS Bullets in Squad Cars



By David Heath - Technical Committee Chair

The Milwaukee Police Department was in the news recently testing a new technology they are implementing in a pilot project aimed to reduce high speed pursuits. The product is produced by a company called Star Chase LLC in Virginia Beach. The technology uses compressed air in the grill of a squad car to shoot a GPS bullet tag at a fleeing vehicle and stick to it with an adhesive. Once the GPS tag sticks, the police officer or dispatcher can track the vehicle location.

Success rates on these devices over the last year are running at about 50% and they hope to achieve about 75% with more officer training. These GPS bullets uses a laser guidance system before shooting and depending upon the weather conditions and other factors it may or may not stick.

The Milwaukee Police have a policy to only engage in a dangerous high speed chase if there is probable cause a violent felony is being committed or there is a clear and imminent threat to the safety of others, before pursuing. It seems this technology has worked in a number of instances, without putting innocent people at risk with a high speed chase. The link below shows some of the statistics on high speed pursuits and fatalities in the nation.

http://www.usatoday.com/story/news/2015/07/30/police-pursuits-fatal-injuries/30187827/

The technology costs just under $ 5,000.00 per chase unit.

Milwaukee Police Officers can't use Star Chase on motorcycles or any vehicle fleeing from a traffic stop, if it does not comply with their pursuit policy. Otherwise, officers can exercise discretion about when to use it and do not need approval of a supervisor.

Better watch out Duke Boy wannabes… there's a new technology in town Boss Hog never had. I can't see Boss Hog in the Dukes of Hazard TV show using any policy discretion whatsoever with Star Chase. The show might have had an even longer run deploying this technology highlighting the 50% failure rate. In their case, it would have been more like 99.9% with comical screw-ups left and right. All joking aside, this this technology will save some lives no doubt. Here is more about it:

http://www.jsonline.com/news/crime/milwaukee-police-see-promise-in-high-tech-gps-bullets-b99709904z1-376306881.html

Sponsorship Committee
Mark Groves

Between Practitioner and Client: Engaging Multi-Problem Clients

By Mark Groves, M.S.Ed., LADC

Which of the treatment strategies works best with criminal conduct and substance abusing clients? If you answered genuineness, empathy, unconditional positive regard, practitioner style — particularly the relationship between client and practitioner — you guessed right. Studies show that as much as two thirds of the variance in six-month outcome data can be attributed to the degree of empathy shown by practitioners during treatment. Practitioner empathy accounts for half the variance in outcomes at one year and one-fourth of the variance in outcomes at 24-months.

So, why study the relationship? How do we practice genuineness? Empathy? Unconditional positive regard? By engaging the client. *It is all about client-practitioner engagement*. The more I learn about the relationship, the more interesting my work becomes. It keeps me on my toes. There is so much going on every minute. Effective practitioners realize that the relationship *is* the therapy. A good many of us believe that analytic insights and how they are discovered and revealed to the client is the therapy. Don't get me wrong. Insight is important. But it is certainly not enough. It is apparent that successful outcomes lie in understanding the nature of the relationship between the practitioner and the client.

There are two main reasons for making a careful study of the clinical relationship. First, it is risky not to. Much that goes on between practitioner and client is indeed very subtle. Each small characteristic, mannerism, idiosyncrasy, is likely to be charged with penetrating importance for the client. The treatment, and even the client, can be damaged when the practitioner is insufficiently aware of how easy it is to get into trouble.

The second reason for attending to the relationship is that it gives us a major therapeutic advantage. Awareness of the subtleties and changes in the relationship provides the practitioner with the most powerful tool of all. We can avoid a good many pitfalls if we are sophisticated about what can happen in the relationship between practitioner and client. In helping you understand and deal with the clinical relationship, I want you to consider the following propositions:

- A primary reason the practitioner-client relationship is of such therapeutic potential is that it is the one relationship in the client's life that is actually happening during the counseling session. During that time, all other relationships are abstract and more distant.
- Insight is not enough. Many helping professionals experience (at least occasionally) the frustration and disappointment of uncovering and conveying a really good insight, only to discover it does not prompt much change in the client. Thus, insight is necessary, but not sufficient.

- The ingredient that needs to be added to insight is an understanding of the nature of the relationship and the way the helping professional deals with it. Most schools of counseling and therapy agree that this understanding is needed. What is not agreed upon is the nature of the relationship and how the helping professional should deal with it.
- Clients can't be trusted to find their own way. If they are left to their own devices, they will likely resist, defend, and do whatever they can to impede change and growth. The practitioner's job, therefore, is to protect the client against those self-destructive tendencies.

In this article I will describe the clinical and programmatic processes to achieve high engagement and treatment completion rates with clients presenting serious clinical problems. Decades of research have shown that serious clinical problems with individuals who have histories of criminal activity and drug abuse are multi-determined. What this means is that there is no single cause. These individuals present problems that are influenced by the interplay of their cognitive variables and skills, family relations, peer interactions, family support networks, and neighborhood/community context. Moreover, each and every one our clients are different from each other.

People are different in fundamental ways. They want different things. They have different motives, purposes, aims, values, needs, drives, impulses, and urges. Nothing is more fundamental than that. They also believe differently. They think, cognize, conceptualize, perceive, understand, comprehend, and cogitate differently. And of course, manners of acting and emoting, governed as they are by wants and beliefs, follow suit and differ radically among people. Differences abound and are not at all difficult to see, if one looks.

In light of the multi-determined nature of serious clinical problems our clients present, I have found that clinical efforts that address risk and protective factors across the client and family's social environment works best. For example, when I work with youth, I often aim to disengage them from their deviant peers and help them develop relations with prosocial peers by using resources already present in their environments. Likewise, I promote their school competence and help them become more successful in their school environments. It goes without saying that improving relationships at home jump starts the process.

Regardless of the specific goals of treatment, my fundamental assumption is that an individual's family is the key to favorable long-term outcomes, even if that family presents serious clinical challenges. The treatment goals I develop are therefore largely defined by the client and family members I serve. Thus, my clinical resources are devoted to helping them develop the capacity to achieve those goals. Within this context, my engagement of the client (and family) in the clinical process is primary. I think that engaging the client is an essential step toward achieving targeted outcomes.

The engagement strategies I describe in this article are supported by: the effectiveness of the interventions I have employed during my twenty-five-plus years of professional experience working with a wide variety of both children and adults who present with substance abuse issues, personality disorders, and various disturbances of conduct; my graduate studies in counseling; and the professional literature. In the following sections I am going to describe: (1) the process of client engagement, (2) common barriers to engagement, and (3) specific strategies practitioners can use to overcome these barriers.

Let's begin by exploring client engagement.

The Process of Client Engagement

True or false? "Treatment cannot progress unless the client is engaged and actively participating in the treatment process." True. This is usually evident when they are helping to define problems, setting goals and implementing interventions to meet those goals. You might develop a "brilliant" set of intervention strategies, but such strategies will have little value in the absence of a strong therapeutic alliance. I think it important for practitioners to remember that the client's family and social network are essential to achieving positive outcomes. Such outcomes are almost always accomplished through hard work by the client, family members and significant others. Those who are not engaged in treatment are unlikely to put forth the effort needed for favorable outcomes. Accordingly, it is imperative that practitioners work toward achieving strong engagement from the time of their first contact with the client and family until the conclusion of treatment.

When clinical progress is slow or seems to have stalled, a common reason is that the client or key family members are not truly "on board" with the treatment plan. Although the practitioner may believe the client and/or family is engaged, a closer look usually reveals otherwise. Too often, we assume that clients are committed to a particular treatment goal that seems logical to us, but may not be viewed in the same way from the perspectives of the client or their family members. In any case, engagement is a precursor to a successful outcome. Fortunately, the behavioral signs of engagement are available for observation which I will explain shortly.

"What do you think matters most when conducting therapy with a client?" The literature consistently points to *genuineness, empathy and unconditional positive regard* as the three most important attributes necessary to a successful clinical relationship. For those of you who have studied the counseling relationship, you know these are the "big three" of Carl Rogers. It is hard to name a greater influence regarding clinical practice equal to Rogers'. He legitimized the practitioner's concern about the quality of the relationship between practitioner and client. Indeed, he made that quality the practitioner's paramount concern. Let's explore these concepts in more detail.

Genuineness

Carl Rogers declared that helping professionals be genuine. They must have ongoing access to their own internal process, feelings, attitudes, and moods. I think it highly unlikely that helpers who are not receptive to the awareness of their own flow of feeling and thoughts are unlikely to help clients become aware of theirs. A consequential caveat I learned in graduate school is: To become a practitioner is to take on an awesome responsibility for facing oneself. To be aware of our thoughts and feelings is not enough, though. We must do nothing to conceal this inner process from the client. We cannot be defensive. Instead, we must be transparent. By this I do not mean to imply what you are to say or do. I am only suggesting that we are to present ourselves transparently, concealing nothing. We may do so silently, by revealing our inner qualities in our eyes, facial expressions and posture. At times, we may even choose to tell a client what we are feeling.

To be sure, we must be careful about what and how much we say about our feelings and attitudes. I am not suggesting that anyone blurt out every passing feeling. Instead, genuineness is perhaps when we express a feeling when it has persisted and seems to be interfering with our ability to be fully present for the client. And then, the feeling is to be presented carefully, with warmth, empathy, and full respect for the client.

Genuineness is very difficult to describe and illustrate. We either are or aren't. We all recognize when we are face-to-face with an individual who is being genuine with us and when we are with someone who is putting on a polite or professional facade. When we are genuine, our clients will feel trust and willingness to expose themselves. We know it, they know it. Genuineness is the most important attribute of all.

Empathy

The second condition essential to successful therapy is empathy. What is empathy? Empathy is the imaginative entering of another person's subjective experience: our continual attempt to understand the client's experience *from the client's point of view*. To have empathy is to experience the client's world the way the client experiences it. A word of caution, experience it without getting lost in it. Do no ever lose the "as if" quality.

Whether the client is experiencing fear or uncertainty, loneliness or anger, the empathic practitioner makes every effort to experience what the client is experiencing and communicates that understanding and experience to the client. For example, I might say to an ambivalent young person: "I think I see what you're saying. In some ways you like coming here and talking with me, but you're not sure it's really doing very much for you." Or, to a teen in the final stages of treatment "It must be scary to be so uncertain about what is going to happen when you return to school after treatment. And I also imagine you must be really anxious about what it's going to be like when you see some of your old using friends."

There are several indicators of practitioner empathy. The more obvious include the practitioner:

- Having a manner and tone that indicates they take the therapeutic relationship seriously.
- Being aware of what the client is feeling now.
- Having a capacity to communicate their understanding in a language attuned to current feelings.
- Making their comments in a way that fits with the client's mood and content indicating sensitive understanding of feelings the client has actually expressed. Their appraisals also serve to clarify and expand the client's awareness of feelings and experiences, including those that the client is only partly aware.
- Being able to stay in tune with the client's shifting emotional content so that they can correct themselves when they discover that their understanding and their comments have been off target. I call this "the dance." They are sensitive to their mistakes and do not cling to them. Instead, they easily and non-defensively change their response in midstream.
- Continually giving the client the message: "I am with you."

As we know, this sort of understanding is rare in our everyday lives. It doesn't often happen that those we interact with (parent, coworker, friend, lover) really try to grasp what a given

experience is like for us. Conversely, we often don't try to grasp what one is like for them either. We might say something like, "I understand what makes you act that way" or "I understand what's wrong with you."

Too often we might make responses like the following to our clients: "I think you're actually very angry at your parents." Or, "Perhaps you're focusing too much on your mother's inadequacies in order to avoid looking at your feelings about this matter." I don't think these two statements is understanding at all. They are evaluation and analysis declarations. In short, they are views of an individual's life in our terms, not in theirs.

To me, the therapeutic value of empathic understanding is clear. Let's look at an idealistic perspective from our client's point of view. They might say something like this: "I really believe that my [counselor, probation officer, case manager] is trying to see my world the way I see it. I am feeling encouraged to describe more of what I am thinking and feeling. S/he is helping me improve my understanding of me. Their understanding of me teaches me and helps me want to understand myself more. I want to be more accepting of myself. If my [counselor, probation officer, case manager] thinks it worth the time and effort to try to understand me, I must be worth the time and effort."

Unconditional Positive Regard

Unconditional positive regard is the third necessary quality of the effective practitioner. I take the position that if I'm not on my client's side, and I mean *really* on their side, I have no business being in the therapy session with them. I like Rogers' model for this attribute. He likens it to the parent who "prizes" the child. The kind of parent who prizes their child has strong positive feelings for the child. Their feelings are not possessive. They do not demand the child be a certain way. The parent consistently gives the message that even though from time to time the child is likely to rouse annoyance, anger, disapproval, or disgust, the child remains loved and lovable, no matter what.

As practitioners, we can learn something from this example. It is almost certain that some of our clients will reveal feelings and behaviors that clash with our values. Successful therapy depends on our ability at such times to keep in view the fact that our clients are worthwhile human beings. They are simply gamely struggling to find their way back to their birthright of growth and self-development. As such, they should be prized. Believe me, they'll know if they are prized. And so will you.

I think it important that we be neither paternalistic nor sentimental. We need to give our clients a great deal of room to be separate and independent persons. To illustrate, let's say I go see a doctor for a physical problem. The doctor may or may not like me or even have any respect for me. I may find the episode a bit unpleasant. But if the doctor is skilled and responsible, I will probably come out about as well as I would have if I had been prized. But there is a distinct difference in the practice of therapy and the practice of medicine. We are not *doing* therapy the way the doctor does their procedure. Instead, we *are* the therapy. Without a substantial amount of unconditional positive regard, we will not be successful.

I know that few of us had the kind of parents capable of the kind of unconditional prizing I just described. Many of us learned that we were loved only when we did something or revealed some feeling that pleased our parents. It might have been something they could be proud of.

We quickly learned that many of our feelings, wishes and impulses did not fit the "pleasing to our parents" category. We discovered that those feelings and impulses were unlovable. It wasn't that much of a leap to the belief that we were "bad." Looking at it in this way, we can understand how we lost touch with our deepest nature. Put in another way:

- If I have been taught that to be lovable I must harbor only good feelings and good impulses,
- And if I have become convinced that my true self is full of bad feelings and bad impulses,
- Then I will set about trying to disregard the parts of me about which I have such gloomy suspicions.

If your goal as practitioner is to make it safe for clients to explore their deepest nature, it will be easy for you to see why unconditional positive regard is essential. I would like to conclude our examination of Rogers' "big three" by citing a description of what Rogers considers optimal therapy from his book *On Becoming a Person*:

If the therapy were optimal, intensive as well as extensive, then it would mean that the practitioner has been able to enter into an intensely personal and subjective relationship with the client. Relating not as a scientist to an object of study, not as a physician expecting to diagnose and cure, but as a person to a person. It would mean that the practitioner feels this client to be a person of unconditional self-worth. Of value no matter what his condition, his behavior, or his feelings. It would mean that the practitioner is genuine, hiding behind no defensive facade, but meeting the client with the feelings which organically he is experiencing. It would mean that the practitioner is able to let himself go in understanding this client; that no inner barriers keep him from sensing what it feels like to be the client at each moment of the relationship; and that he can convey something of his empathic understanding to the client. It means that the practitioner has been comfortable in entering this relationship fully, without knowing cognitively where it will lead, satisfied with providing a climate which will permit the client the utmost freedom to become himself.

For the client, the optimal therapy would mean an exploration of increasingly strange and unknown and dangerous feelings of himself, the exploration proving possible only because his is gradually realizing that he is accepted unconditionally. Thus he becomes acquainted with elements of his experience which have in the past been denied to awareness as too threatening, too damaging to the structure of the self. He finds himself experiencing these feelings fully, completely, in the relationship, so that for the moment he is his fear, or his anger, or his tenderness, or his strength. And as he lives these widely varied feelings, in all their degrees of intensity, he discovers that he has experienced *himself*, that he *is* all these feelings. He finds his behavior changing in a constructive fashion in accordance with his newly experienced self. He approaches the realization that he no longer needs to fear what experience may hold, but can welcome it freely as a part of his changing and developing self.

With this said, let's turn our attention to signs of engagement. How do we know when we are engaging our client?

<u>Signs of Engagement</u>

There are several indicators of engagement. The most important include:

- ***High rates of attendance at sessions:*** Engagement is indicated when clients attend all sessions and participate in all treatment activities, (assuming that sessions are scheduled at convenient times for the client and family members and barriers to service access are overcome).
- ***Completion of homework assignments:*** An excellent opportunity to track client engagement and efforts is when clients provide their assignments linked with their treatment goals. Hard work, whether successful or not, almost always reflects client and family member engagement.
- ***Emotional involvement in sessions:*** Engagement is indicated when clients and family members are lively and energetic during sessions, actively debating and planning intervention strategies.
- ***Progress is being made toward meeting treatment goals:*** By definition, clients and family members that are progressing toward their goals are engaged in the treatment process.

<u>Signs of Engagement Problems</u>

How do we know when we are not engaging out clients? A variety of behaviors can reflect a lack of engagement by the client or family members in the treatment process. I think it wise to consider a lack of engagement as one of the possible explanations for the "fit" of the following behaviors.

- ***Difficulty scheduling appointments:*** If the client or family is only willing to schedule, for example, one appointment per week even though their child is at imminent risk of out-of-home placement, they are probably not engaged in the treatment process.
- ***Missed appointments:*** When appointments are frequently missed after the client or family has agreed on meeting times, a lack of engagement is often indicated.
- ***Intervention plans are not being followed:*** Plans may not be followed for a number of reasons, one of which is low engagement. Another example, may be the client doesn't understand or agree with the plan.
- ***Goals of the client or family contain little of substance:*** In some cases, clients or other family members will "go through the motions of treatment" as a strategy to eliminate social service or corrections' involvement in their lives in the shortest time possible. A clue to this strategy is that the client or family targets difficulties that are minor in nature, while choosing to ignore far more serious problems identified by the practitioner and/or the referral source.
- ***Treatment progress is very uneven:*** Treatment progresses slightly and then stalls, progresses slightly and then stalls, and so forth. Such outcomes usually reflect the ambivalence of the client or family member toward the treatment process. Thus, a lack of engagement.
- ***The client or family members lie about important issues:*** Clients and family members provide important information that is directly contradicted by other credible sources. For example, a parent says the child was not suspended from school, whereas the principal says that the child was suspended.

Identifying Barriers

As I have previously explained, the initial goal of the practitioner needs to be engaging the client and/or family members in the treatment process. I believe engagement is an essential step toward achieving positive clinical outcomes. This view is consistent with findings across the psychotherapy process literature which shows that practitioners who do not engage clients in treatment are unlikely to achieve clinically significant improvements.

When engagement is not progressing as planned, I think it wise for the practitioner and their supervisor to frequently meet to identify and discuss the barriers to successful engagement and develop strategies to overcome those barriers. More specifically:

- Assess the factors that might be associated positively or negatively with engagement.
- Develop hypotheses regarding the roles of these factors.
- Develop and implement strategies to target the relevant factors.

In essence, the practitioner develops hypotheses regarding the causes of poor engagement and then tests those hypotheses by implementing engagement strategies that are based logically on the hypotheses. The success or lack of success of these strategies either confirms or refutes the hypotheses. When hypotheses are refuted, the resulting new information can then be used to develop alternative hypotheses, which are then tested, and so forth. The process does not end until the barriers to effective engagement are identified and the client is engaged.

Conclusion

I know that resisting the pull of pathology is not easy when working with multi-problem clients. Attempting to transform these myriad of presenting problems as well as trying to understand the nature of the causes, processes, development, and consequences of substance abuse and criminal conduct is very difficult. That's why engaging the client is so very critical. Practitioners need constant feedback and support to maintain a collaborative and empathic stance. We cannot have it any other way. My education and training has shown me that when a practitioner has difficulty meeting expectations regarding client engagement, the onus has to shift to the treatment team to help the practitioner. The value of supervision cannot be overstated.

My assumption is that practitioners are all hard-working professionals who want the client to improve and are doing their level best to engage the client. Lack of engagement, however, indicates a need for help and support. Consequently, instead of allowing the practitioner to flounder indefinitely, using ineffective engagement strategies that often leads to practitioner anger, frustration and resentment, or blaming the client or practitioner for failure, the treatment team formally and informally provides engagement consultation to the practitioner.

I think that in order to support the engagement process, we must use non-disparaging, nonjudgmental, and non-blaming language when discussing or describing clients. Through word and deed, we must create a validating work environment by searching for and using empathic interpretations of client and practitioner behavior and circumstances. This is sometimes hard for anyone, but is critical in engaging multi-problem clients in treatment. Good luck in your efforts. And by all means, enjoy the beauty of developing new relationships with the troubled persons who cross your threshold searching for answers and relief. They need your understanding and acceptance. You are their hope.

Jerrod Brown

Treatment Director Pathways Counseling Center, Inc.

Founder and CEO of The American Institute of the Advancement Studies (AIAFS)

Victimization and Serious Mental Illness: An Introduction for Criminal Justice Professionals

Authors: Jerrod Brown, Diane Harr, and Cameron Wiley

Abstract

Individuals diagnosed with a serious mental illness are likely to be victimized at a greater frequency than individuals without a mental illness. This can lead to a lower quality of life for the individual, putting them at an increased risk for a number of emotional and physical consequences. Therefore, the criminal justice professionals should be encouraged to intervene in cases where victimization is likely to occur. Professionals working with clients who have a serious mental illness should also be trained to effectively screen for markers of potential victimization. This article provides a basic overview of the factors that contribute to the victimization of those affected by serious mental illness and highlights the importance of improved mental health screening processes.

Victimization and Serious Mental Illness

The term “serious mental illness” (SMI) refers to a group of disorders with complex symptomatology and prolonged duration, including schizophrenia and related psychoses, bipolar disorder, and severe depression (Parabiaghi et al., 2006). Adults and adolescents suffering from SMI are at a much higher risk for criminal victimization than those without a mental illness (Walsh et al., 2003; Teplin et al., 2005; Hodgins et al., 2007; Maniglio, 2009; Sturup et al., 2011). Victimization can not only cause physical injury, but also emotional and social problems, such as trouble adjusting to novel situations (Golden et. al, 1996; Macmillan, 2001; Resnick, Acierno, & Kilpatrick, 1997; Robinson, & Keithley, 2000). Victimization also puts those struggling with SMI at increased risk for behaviors such as substance use (Logan, Walker, Cole, & Leukefeld, 2002; Kilpatrick et al., 1997) and self-harming behaviors (Davidson et al., Wiederman, Sansone, & Sansone, 1998). While much of the research and literature on criminality and mental illness focuses on SMI populations as criminal perpetrators, it is actually more likely for these individuals to be victims of crime (Hiday et al., 2001; Hodgins et al., 2007; Choe et al., 2008; Silver et al., 2011).

Common symptoms for individuals with SMI include cognitive and social impairments, which can contribute to their increased risk of victimization (Sells et al., 2003). Some examples of these impairments include the potential for poor reality testing, judgment concerns, poor planning and problem solving abilities (Fujii, Wylie, & Nathan, 2004; Gearon & Bellack, 1999), higher rates of unemployment, higher incidents of homelessness, and co-occurring substance use problems (Folsom, et al., 2005). These impairments may also increase the chances of engagement in criminal activity, further increasing their susceptibility to victimization (Maniglio, 2009). Other factors to consider when assessing a client's risk include gender, living environment, and the quality of the individual's social connections (van Weeghel, 2009).

Financial and Property Exploitation

Financial exploitation and property theft are major concerns for individuals diagnosed with a serious mental illness. Individuals with SMI are 140 times more likely to be victims of theft compared to the general population (Teplin et al., 2005). Affected individuals living within a low socioeconomic status are particularly subject to non-violent victimization, as well as household crimes such as burglary and theft (Brauser, 2013; Hiday, 1999). When looking at gender differences within the SMI population, men with a SMI commit robberies at significantly higher rate than their female counterparts (Teplin et al., 2005). Persons with a SMI also report greater incidences of repeated, non-violent victimizations than the general population (Pettitt et al., 2013).

Trauma & PTSD

Individuals with a serious mental illness report rates of physical, sexual, and emotional trauma that are four to five times greater than those of the general population (Mueser et al., 1998; O'Hare et al., 2006). The difficulties of coping with trauma further increase the possibility of high-risk behaviors such as substance use, self-injury, gambling, excessive spending, and unprotected sex (Gearon et al., 2003; O'Hare et al., 2010). In turn, these behaviors can greatly increase the risk of victimization. Rates of Posttraumatic Stress Disorder (PTSD) for individuals diagnosed with other comorbid SMIs range from 29% to 43% (Cascardi, Mueser, DeGirplomo, & Murring, 1996; Mueser, Rosenberg, Goodman, & Trumbetta, 2002; Mueser et al., 1998; Switzer et al., 1999; found in Klewchuk, McCusker, Mulholland, & Shannon, 2007), and the presence of this disorder may exacerbate the lingering effects of previous traumas.

Screening Considerations

It is important that mental health professionals remember to screen individuals affected by serious mental illness for possible victimization at the time of initial contact. Timely screening may aid in the establishment of appropriate intervention strategies that can be employed during treatment, in turn catalyzing the processes of ameliorating the severity of psychopathological symptoms, identifying specific risk factors for victimization that may be treatment targets, and producing improved treatment outcomes (Maniglio, 2009). Ultimately, timely screening of trauma may play an important role in improving a client's overall quality of life, including psychological and social functioning. When appropriate and possible, inviting other members of the client's support system to be involved in the initial intake interview may aid in gathering more accurate and reliable information.

Community-Based Treatments

Integrated community-based interventions such as motivational interviewing, outpatient counseling, and engagement outreach have been found to improve the welfare of persons diagnosed with serious mental illness (Drake et al., 2004). A combination of outpatient treatment options and adherence to medication may prevent relapse and ultimately decrease vulnerability to victimization (Gerbasi et al., 2000). Participation in community treatment programs and related services has been found to improve social adaptability, provide an increased sense of self-control, and help diminish the likelihood of involvement in dangerous situations, which can also lead to a lower risk of victimization (Hiday et al., 2002).

Conclusion

Victims of crime may suffer adverse psychological, biological, and social sequelae. This adversity may be more pronounced in individuals with a serious mental illness. Steps can be taken to prevent the victimization of individuals with serious mental illness, and certain preventative efforts such as community integration and timely screening have the potential to maximize treatment effectiveness. These interventions, combined can significantly improve the likelihood of improving mental health, social functioning, and overall quality of life, and further research supporting these methods is encouraged.

For a complete list of references used for this article, please email Jerrod at jerrod01234brown@live.com

ATTENTION MCA MEMBERS!!!!! A NEW RESOURCE……from Jerrod Brown

Below is a link to a brand new online open access free journal that I started called the Journal of Special Populations:

http://www.jghcs.info/index.php/jsp/login

Would you be willing to register with the journal under the tab at the top of the screen titled Register? The first edition will be coming online in September. Please share the link with your contacts if possible. All articles will be downloadable for free. They just have to register with the journal.

Below is the focus and scope of this journal:
The Journal of Special Populations (JSP) is a multidisciplinary medium for peer-reviewed articles on groups who may be disadvantaged, vulnerable, or underserved in criminal justice, social service, and mental health settings. Such groups may include individuals with autism spectrum disorder, fetal alcohol spectrum disorder, Wernicke-Korsakoff syndrome, Huntington's disease, traumatic brain injury, neurodegenerative diseases, neurodevelopmental disorders, and serious and persistent mental illness (SPMI). Prone to involvement in clinical and forensic settings, individuals with these disorders may present with intellectual and learning disabilities characterized by impairments in cognitive processing, attention, and short- and long-term memory. These special populations may possess more needs, fewer abilities, and a denser history of placements in foster care and institutionalization (e.g., hospitals, treatment, reformatories, and prisons) relative to traditional clients. Within this broad framework, the mission of JSP is to present innovative research and

informative reviews in an accessible and adoptable format for practitioners and professionals. Published biannually, articles that emphasize criminal justice, social service, and mental health implications for special populations will be prioritized. Unless otherwise noted, JSP publications will be peer-reviewed by two or more independent reviewers with relevant expertise.

Thank you!
Jerrod

MEET YOUR COMMITTEE CHAIRS
Annual Training Institute & Nominating Committee

ANNUAL TRAINING INSTITUTE COMMITTEE CHAIRS

Dan Raden
1/3 Committee Co-Chair, Dan Raden was unable to provide his bio as (he has too much other stuff to do) so Vice President Hartwig (who is always fixing his stuff) provided the following synopsis of his life in Corrections: Dan began his career with the Minnesota Department of Corrections sometime in the early to mid-eighties. He is still working somewhere in the DOC, where he will be for the next few years, until he is like late 50's or something.

Shannon Fette-CO-Chair is a Ramsey County Community Corrections supervisor working in St. Paul, MN. Shannon started in Ramsey County working with pre-trial services in 1998. She furthered her career when she was employed in Ramsey County Community Corrections in 2001. Shannon joined the Ramsey County Adult Substance Abuse Court in 2009 until fall 2014 when she was promoted. She continues to enhance her skills in corrections by specializing in risk assessments as a trainer and is also a facilitator for Thinking for a Change as well as Moving On. Shannon has been a member of MCA since 2001 and worked on the Fall Annual training Institute since 2002, working with the Resource Fair and most currently as a co-chair for the Fall Institute.

Amy Moeckel-Co-Chair started her career in Scott County in 1999. She was hired in Ramsey County Community Corrections in 2001 and has worked in several areas including: Domestic Relations and writing pre-sentence investigations. Amy recently started working in the Predatory Offender unit. Amy enjoys in her free time going to the family cabin, drinking root beer and hanging out with her stuffed horse named Trigger. Amy has been a part of the MCA Fall Institute since 2000. She speaks highly of the committee members and all of their hard work.

NOMINATING COMMITTEE CHAIR: LAURA ANDERSON

Laura began her career with the Department of Corrections in January, 2006 at the Minnesota Correctional Facility-Red Wing being hired as an Office and Administrative Specialist Intermediate in the Offender Records unit and was promoted to State Program Administrator – Transition Program Assistant in September of 2006.

The primary purpose of Laura's position is to assist and coordinate the Transition department with the day-to-day operations of the re-entry unit.

Currently Laura stays involved in the following professional activities: Committee Chair and Account Manager for MCF-Red Wing PR (Public Relations) Committee, Transition Re-Entry Fair Coordinator, MCA Nominating Committee Chair, MCF-Red Wing committee member for Performance Based Standards (PbS), and League Director for the City of Red Wing Women's Softball League.

Laura graduated from the University of Wisconsin – River Falls with a Bachelor of Science degree in Business Administration and Marketing Communications.

AWARD NOMINATIONS DEADLINE JULY 1, 2016

Michelle Smith (MCA President 2015), Award Committee Chair

MCA will be accepting Award Nominations for 2016 until July 1, 2016.

Awards will be presented at the Annual Training Institute in October at Grand View Lodge.

For Nomination Form – visit the MCA website home page: www.mn-ca.org.

Corrections Person of the Year: This award is given for outstanding contribution in the field of corrections in Minnesota by an individual in any employment. It could be clergy, judge, legislator, group home parent, etc., as well as a correctional professional.

Professional Achievement Awards: This award is given to two correctional staff persons (field services and correctional facilities) who have demonstrated achievement over a period of time, but shall not exclude professionals new to the field who have displayed outstanding achievement.

President's Award: This award is given to programs, resources or facilities working in the broad field of corrections and criminal justice, which demonstrate creativity, resourcefulness, effectiveness and innovation.

Technology Award: This award is given to individuals, programs, resources or facilities working with technology in the broad field of corrections and criminal justice, which demonstrate creativity, resourcefulness, effectiveness and innovation.

Contact Michelle Smith if you have any questions: michelle.smith@state.mn.us

NOMINATING COMMITTEE REPORT
Laura Anderson, Chair

2017 Executive Board Elections are in the works!!!!!!

The following positions will be selected for the 2017 Executive Board: President-Elect, Vice President, Secretary and Treasurer.

Remember to look for an E-BLAST in August and VOTE for your favorite candidate!!!!!!!!

National Pre-Trial, Probation and Parole Supervision Week!
July 17 – 23, 2016

MCA wishes to acknowledge the dedication of all professional in our filed!

2016
Minnesota Corrections Association Scholarship Award

The Minnesota Corrections Association (MCA) promotes education by providing one $500 scholarship for a current member or dependent of a current MCA member to be used during the term a student is enrolled in a post-secondary education program. Scholarship winner will be announced October, 2016.

Eligibility: The applicant must be a current MCA member *OR* a dependent of a current MCA member. The applicant must be an incoming student or currently enrolled in an accredited two-year or four-year college, university or technical school.

Applications deadline is August 1, 2016
Visit the MCA website home page for the Scholarship Form at www.mn-ca.org.

CALLING ALL TECH SAVVY AND SOCIAL MEDIA GENIUSES!!!!!!!!!!!!!!!!!

MCA CAN YOU USE YOUR HELP.
WE ARE LOOKING TO BRING OUR FORUM NEWSLETTER AND SOCIAL MEDIA MESSAGES TO THE FOREFRONT OF THE 21ST CENTURY.

MCA WOULD REALLY APPRECIATE ANY AND ALL WHO CAN HELP BRING OUR MESSAGES TO THE MASSES. PLEASE CONTACT VICE PRESIDENT, CONNIE HARTWIG IF YOU CAN OFFER YOUR SERVICES AT connie.hartwig@state.mn.us

Save the Date October 26-28
2016 MCA Annual Training Institute
Grand View Lodge

Check it out!
MCA Annual Training Institute

AMY MOECKEL/DAN RADEN/SHANNON FETTE
MCA Annual Training Institute Chairs

The Minnesota Corrections Association (MCA) Annual Training Institute Committee is doing a phenomenal job at preparing for the 2016 Annual Training Institute. Please join us in celebrating 83 years of MCA at the Annual Training Institute located this year at the Grandview Lodge Nisswa, Minnesota.

REGISTRATION NOW OPEN

You may register at the MCA website www.mn-ca.org.
DON'T MISS THE EARLY BIRD SPECIALS!

Conference Highlights

The conference will be kicked off each day with relevant inspirational Keynote speakers:

Patty Wetterling - Keynote

- Very dynamic speaker
- Will draw from her personal experience, and her fight for a world where children can grow up safe

The Cooler Bandits– Keynote – Film Screening and Discussion with film director and two released individuals featured in film

- Winner best documentary Harlem International Film Festival 2014, Winner Urban Film Festival 2014
- "Poor choices don't have to be final choices"
- http://coolerbandits.com/

Allen Law – General Session

- The "Sandwich Man"
- Honored by Minneapolis Rotary for efforts on behalf of the MN homeless population
- Each night and with 17 freezers in his own apartment, he makes and delivers items to homeless (700,000 sandwiches, 7,000 pairs of socks, 75,000 bus tokens)

Michael Dowd – General Session

- 1994 conviction of corruption as an NYPD officer
- Spent almost 12 years in prison
- Featured in documentary *The Seven Five*
- Will discuss ethics, and corruption

NETWORKING/HOSPITALITY

Wednesday- Hospitality Night: join us for food, friends and fun hosted by the vendors!
Location: Grand View Lodge-Norway Center 6pm-9pm

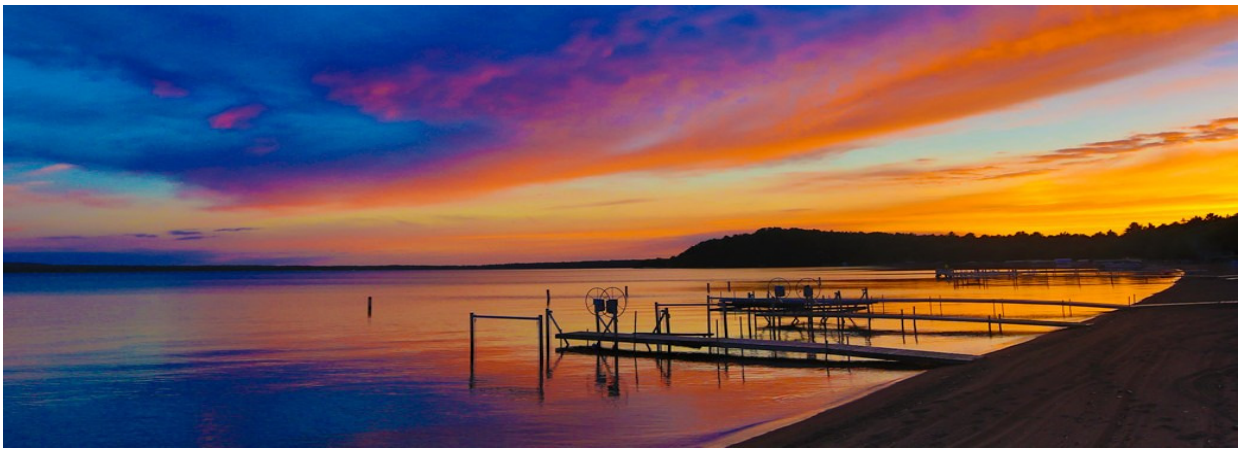
Thursday: Vendor sponsor activity onsite at Grandview, more details coming soon!

Our present committee members include:

- **Dan Raden/Amy Moeckel/Shannon Fette** – Co-Chair
  - **Subcommittee Co**-Chairs
    - **Tom Redmond/Tom Jungman** – Arrangements
    - **Jolene Rebertus/Sherry Bohn**– Program
    - **Vicki Lanners/Jean Wipper** – Registration
    - **Jason Mereness/Tom Paitich** – Resource Fair
    - **Christine Schweich/Raul Sanchez –** Hospitality-Networking

If you have interest in being a sponsor for the Annual Training Institute – contact the MCA office at mca-mn@hotmail.com or 651-462-8320

Please join us for what is sure to be a top notch memorable training at Grandview Lodge!



About the MCA *FORUM*

FORUM is published six times a year by the Minnesota Corrections Association, a nonprofit professional association incorporated in Minnesota. Articles submitted by our membership do not express the views of MCA or the board of directors.

Articles may be submitted to the 2016 *FORUM* editor Connie Hartwig connie.hartwig@state.mn.us Articles should not be of the nature of a commercial solicitation of products or services; rather, they should be informative on topics of interest to MCA membership at large.

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