SOUP Meeting Minutes

September 24, 2020

\*Meeting held via Zoom

10:00 – 10:15 Introductions
10:15 – 11:00 Child Pornography Only Offenders
11:00 – 11:15 Break
11:15 – 12:00 Ethical Issues Related to Covid-19
12:00 – 12:15 Diversity Resources/Non-English speaking Resources Discussion
12:15 – 12:30 Wrap-Up

Introductions:

Jonathan Dickey – Psychologist Chief – DOC, DAI

Valerie Gonsalves – Psychologist Manager – DCC, WiATSA Board Member

Carolyn Pierre – WiATSA Board Member

Mike Muellemans – Program Policy Analyst – Region 4

Vickee Ostrowski – DCC Appleton

Julie Kraus – Corrections Program Specialist – SORP (Northeastern WI)

Avery Hammon – DCC in Appleton

Sandy Hansen – Supervisor for DCC – Region 3

Dan Huneke – Supervisor CPO group - DOC

Nate Melanson – SOTP Lino Lakes DOC and private practice

Jake Schuldies – private practice – Midwest Center for Psychotherapy

Leslie Barfknecht – Treatment Supervisor – WiATSA Board Member

Marikathryn Nooe – Nooe Counseling and Consulting in Neenah, WI (Region 4)

Sandy Peterson – Corrections Program Specialist – SORP (Northeastern WI)

Nancy Ahler – Corrections Field Supervisor Region 2

Adrian McGlyah – Mendota BST

Lauren Rotonle – DOC Red Granite SOT

Nicole Eul – Sand Ridge Secure Treatment Center Treatment Provider -WiATSA Board Member

Mick Chase – SR Contract Specialist

Jane Lepak-Jostsons – Dynamic Family Solutions – Door County

Child pornography-only Offenders

Discussions starting regarding multi-state collaboration regarding CPO

Question of why offenders put into institutional groups, but not community groups, per the new standards.

Per Valerie, the reason for this determination relates to the recidivism rates, which are low.

CPO groups for the community would violate RNR. The reason for the groups existing in the institution is because of the mandatory minimum sentencing.

Same issues exist in the Western part of the state (Nate). These clients still have needs. Concern for clients slipping through the cracks. Some clients have needs related to deviant sexual interests (related to children and other sexual deviancies) and the sexual compulsivity.

New Lisbon is getting CPO individuals. They run one group per year and will be able to offer treatment to all of those who need it. Low numbers in community make it difficult to run group.

As of 2-3 years ago, only 600 CPO individuals in the DOC.

Dan believes they are only offering treatment for approximately 20 percent of CPOs in WI DOC.

DOC is screening based on the CPORT score. 3 or more typically results in treatment recommendation. There is room for clinical override (e.g., strong pedophilic interests, evidence of current sexual compulsivity, expressed interest in offending, asking for help).

DCC overrides and group assignments – barriers around how to assign to groups when there are not groups available. Want to avoid placing with hands-on offenders. Some options for individual treatment. Have to sort out the appropriate way to assign resources and identify which entity is responsible for providing resources. CPO individuals are notably different than other offenders and maybe have other resources, including insurance. Ultimate goal is to not form a reliance on DOC/DCC. Need to transfer support to community resources.

There are likely a small set of individuals who need to rely on the resources of DOC/DCC, but also others who have a greater set of resources, those who rely on Medicaid, and those who are not seeking services. There are not enough providers in the Madison area, which presents a challenge when turning to the community for support.

Risk pictures of CPOs are different. There are more social and emotional problems. For some, the focus on the images becomes a lifestyle.

If we were to do a CPO group in the community, what would that look like? StopItNow and Project Dunkelfeld are two programs currently offered. There are varying levels of comfort in addressing attraction to children.

The life impact of a CP charge is extraordinary and difficult to recover from. What is the impact on one’s life?

Supervision perspective

Keeping out of group makes sense. What advice would treatment professionals have regarding skill-building and what to follow?

Attachment and emotional engagement need

Social networks can be established around pornography

When possible, engage family members

Internet safety software

Education regarding safe use of the internet

Per Dr. Seto

Sexual self-regulation

Internet self-regulation – not internet avoidance, but internet safety planning

Interpersonal difficulties

Engage in pro-social social activities

Region 2 – 8 PSIs for CPOs

Covenant Eyes – does it have religious affiliation? Not sure. Watch Dog is another option.

Accountability person can be agent, approved chaperone, or SOT. If agent is the appointed person, it is considered a search.

Educational classes and fluid safety plan may be more beneficial. Important to gain SOT support, but they are unlikely to be in treatment. Therefore, decision-making will fall on agent.

Consider skill deficits and skill cards. How to create a set of best practices for this group of individuals.

Reference to June WiATSA Conference – Presenters from Center Hope Solutions

9-lesson curriculum and internet safety plan listed on WiATSA website.

<http://www.wiatsa.org/wp-content/uploads/2020/01/Center-Hope-Solutions-Tech-Safety-Class.pdf>

<https://www.centerhopesolutions.com/>

Ethical Issues related to Covid-19

Safety issues

 Online sessions allow for better physical safety, but miss certain body language cues

 Wearing masks during in-person groups

In DOC, treatment has continued with social distancing and lower numbers of participants

Treatment interruptions due to lockdowns, clinicians have been coming up with creative solutions, such as sending homework through mail. Delays could impact ability to successfully complete group.

DCC – services have had only minor irruptions – telehealth implemented within 72 hours – had to assure confidentiality standards met, business agreement, assignments mailed or emailed, packets left outside building doors. Despite skepticism, telehealth has been operating well.

DCC does not keep data on the Covid rates for individuals on supervision

DOC has data on institutions for staff and inmates – see doc.wi.gov

Sand Ridge – no positives in patients, some staff cases – just finished third round of mandatory staff testing. Treatment has been moved to weekly individual sessions instead of group. As of Monday, moved to a modified group format. All rooms have been measured for max capacity and social distancing. All patients required to wear a mask to group. If they don’t want to wear a mask, they can continue to receive individual treatment. Zoom individual sessions are available.

Mendota – shifted how they handle admissions unit, one asymptomatic positive patient early on – empty unit reserved for isolation – some staff cases, but not a lot of information. Patient movement has been significantly interrupted. Must be quarantined strictly on unit for two weeks if leave facility for an outside appointment. Jail is doing well screening. Mask compliance by patients is poor. Groups are not on the treatment mall, but on the units. Some individual sessions over the phone. Not enough laptops or space for videoconference meetings. A plan for reopening is in the works.

Holds data is changing, and is available on the public website. Some jails would not take people on holds.

Treatment over telehealth – groups are an opportunity for individuals to get social support and build cohesion. Initially group members have been less inclined to engage with each other. Have needed to come up with a whole new set of guidelines. (e.g., not having others present, be fully clothed, etc.) Coping has become central focus due to increased depression and isolation. Creative solutions when poor coping let to possible revocation – intervened with structured mentorship with more senior group member – phone calls, lunches, accountability structure (rate and scale mood, mentor report back to group and agent).

Eventbrite has free seminars and book clubs that could help support engagement.

Remote EMDR offers the visual and audio BLS – only $15 per month. Clients have been receptive and engaged.

What have been our personal experiences coping with Covid and the changes in our work?

* Difficult not to see people in person
* Screen fatigue, headaches, glasses available
* Self-care important
* Much of treatment is intuitive – helped to invest in better technology
* Shifting expectations for length of time we need to adjust

Other societal problems in addition to Covid – trauma on top of trauma

* Racial issues, the disproportionate impact to our clients

Non-English resources

* DCC looking at the ability to have a more diverse set of SOT resources (Spanish and Hmong-speaking, transgender resources, etc.) – interested in telehealth contract or insurance process for getting resources
* Fox Valley Communications Services is a great translation service
* WiATSA has a provider directory – can we do an email blast

Next meeting:

Virtual meeting allows us to have a further geographical reach

Need to combine email lists (WiATSA members + SOUP list)

Check out WiATSA social media pages

Meet via Zoom on January 14th 10-12:30

Topic ideas:

Mendota’s BST program – possibly Stephany Trevino

Role of protective factors and mitigating risk

The desistance calculator

Older offenders higher in sexual deviancy and low on static, no treatment recommended

Clinical overrides

Send out SurveyMonkey in advance of meeting