WiA.T.S.A. S.O.U.P. Meeting 12/09/2021 via Zoom – Minutes

**Attendees:** Angela Myhre (private practice), Chris Susa (DCC), Marnie Ohrmund (DCC), Sandra Reinke (DCC), Lucas Dietsche (community), Cathryn Stodola (private practice), Leslie Barfknecht (DHS), Laura Hall (DCC), Anna Vigil (DAI), Bethany Narloch (DCC), Connie Shlimovitz (DHS), Rebecca Schultz (DCC), Brandie Tetzlaff (private practice), Dawn Pflugradt (DCC), Nicole Bernardin (DCC), Kristin Austin, Ashley Hakes (DAI), Billie Jo Rosciszewski (DCC), Andrea Heiden (DCC), Julie Krause (DCC), Jessica Harmel (DCC), Jonathan Dickey (DOC), Krystal Gray (DCC), Joseph Brooks (DCC), Lisa Buhs (DAI), Kristen Paeth (private practice), Melissa Hernandez (private practice), David Thornton (private practice), Donna Borkin (DOC), Riley Tutas (DCC)

1. **Introductions** 10:00 – 10:13
2. **Presentation by Donna Borkin from the Office of Victim Services and Programs (O.V.S.P.)** 10:14 – 10:47

* N.O.T.I.S. versus V.I.N.E.
  + N.O.T.I.S. = victim notification service about people in D.O.C. care/supervision or on the Sex Offender Registry; only victims can register for this service
  + V.I.N.E. = victim notification service; anyone can register for this service
* O.V.S.P. maintains apology letters from offenders in records and are available upon request from the victim
* Marquette Law School (staff & students) facilitate offender and victim dialogue about the crime committed to understand why it was committed
* Questions for Donna Borkin:
  + Leslie Barfnecht- What is your perspective of the value (or not) of apology letters for victims?
  + Answer- No definitive answer but intends on seeking additional input from other members of the O.V.S.P.
  + Dr. David Thornton- Do you refer to offenders as clients when addressing them with the victims of crimes?
  + Answer- Donna refers to offenders as offenders and the victims as clients as she is working for the victim in each case. It can be difficult in referring to offenders as clients as they are not being advocated for by O.S.V.P.

1. **Break** 10:48 – 11:00
2. **Presentation by Dr. Thornton – Protective factors and risk mitigation** 11:01 – 11:49

* The Traditional Approach
  + Risk-Oriented
    - Risk level determines intensity of intervention
    - Supervision reduces opportunities to re-offend
    - Treatment targets dynamic risk factors
  + Cons of The Traditional Approach
    - Leads to an adversarial relationship – clients seek to hide risk & professional seeks to catch them
    - Negative spiral – clients see to be a rock & professional attends to smaller and smaller failures
    - Demoralizing – Client is discouraged & professional is paranoid
  + The rate of sexual recidivism per 12 months declines over time in the community.
  + Recidivism rate decreased by approximately 50% after five years in the community and remaining offense-free (no new crimes).
  + STABLE-2007 experiences no change over the course of community supervision. The lack of change cannot be explained.
* The Protective Factors Approach
  + Risk & Protection Interact- reoffending comes from the combination from the presence of risks factors and the absence of protective factors
  + Purpose of Treatment- build/grow protective factors
  + Theory of Changing Protection- Source of protection should change as the person makes progress
  + Risk is Context Dependent- Not solely a function of factors internal to the individual
  + What are protective factors? Factors that are associated with reducing sexual recidivism. They include:
    - Personal (not dependent on professionals; how the individual engages with their world): internal = ; social =
    - Professionally-provided factors: promoting = increases ability to make good decisions; constraining = reduces choices

1. **Brief overview of SOT programs available in the Department of Adult Institutions (DAI) by Dr. Dickey** 11:50 – 12:15

* Overview of SOT programs currently offered by DAI.
  + SOT-1: Designed for individuals assessed to be Below Average risk with a relatively low number of treatment needs. 9-12 sessions for a total of at least 18 hours of treatment. Offered on an as-needed basis at several medium security institutions.
  + SOT-2: Designed for individuals assessed to be Average risk with an average number of treatment needs. 80-100 hours of treatment over the course of 6-12 months. Offered at most medium security institutions.
    - SOT-2 Adaptive: Designed for individuals who have cognitive or adaptive deficits identified by psychological testing. Currently offered at RCI (Lighthouse program).
    - SOT-2 LEP: Designed for individuals who demonstrate limited English proficiency. Currently offered at RCI.
  + SOT-4: Designed for individuals assessed to be Above Average risk with average or greater treatment needs. Up to 400 hours of treatment over 2+ years. Currently offered at OSCI (SOTP) and RCI (Beacon).
    - SOT-4 Adaptive: Designed for individuals who have cognitive or adaptive deficits identified by psychological testing. Currently offered at OSCI (GOALS program).
    - SOT-4 LEP: Designed for individuals who demonstrate limited English proficiency. Offered at OSCI or RCI on an as-needed basis.
  + SOT-CPO: Designed for individuals who only have a conviction of Possession of Child Pornography or possession or child sexual exploitation materials (CSEM). 60-80 hours of treatment. Currently offered at NLCI.
  + SOT-Aftercare (Institution): Designed for individuals who have successfully completed SOT and are awaiting release to the community. Offered on an as-needed basis.
  + SOT-ATR (Alternative to Revocation): Designed for individuals that have one or more dynamic risk factors that are unmanaged as evidenced by sexually motivated supervision rule violations. Currently offered at RCI.