Minnesota Community Corrections Association

HAPPENINGS

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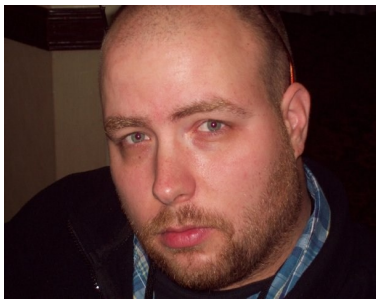
Inside this issue:

Meet the President:

MCCA's current president is **Jake Nowack.**



Jake is currently employed with 180 Degrees, Inc. He has been with the organization for almost 7 years in various positions and is currently the residential operations manager. 180 Degrees provides re-entry services for offenders leaving incarceration and re-entering the community. 180 Degrees' mission is to turn lives around to ensure safer communities. 180 Degrees provides adult residential services at their halfway house in Minneapolis, adult non-residential services through their Non-Residential Alternative Program (NAP), community case management for MCF-Red Wing clients (juveniles), community case management for delinquent youth assigned to the Ramsey County Human Services Juvenile Delinquency Unit, mentoring services to MCF-Red Wing clients, school based intervention and case management for youth involved with the juvenile justice system or at risk of involvement with St. Paul Public Schools and the Suburban Ramsey Collaborative, and employment services for juvenile and adult clients through their Skills Offenders Need in the Community (SONIC) program. For more information about 180 Degrees, Inc., please check out their website www.180degrees.org.

When he is not working to help 180 Degrees fulfill its mission, Jake focuses on his family, builds his horror movie collection, expands his music studio, and dabbles in mastering his Texas Hold'em skills; not necessarily in that order.

180 Degrees Inc.'s adult residential halfway house

Find us online at:

www.mnmcca.com

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MCCA
c/o RS Eden
1931 W Broadway Ave
Minneapolis, MN 55411

The MCCA *Happenings* newsletter is prepared by Amanda Nowack.

The statements contained in *Happenings* are the views of the authors and do not constitute MCCA policy or endorsement by the Association or its Board of Directors, unless so indicated.

MCCA Board of Directors

MCCA Mission Statement: The mission of MCCA is to promote the value and recognition of community corrections as an equal partner in the societal response to public safety and offender reintegration. We accomplish this mission through training, advocacy, fellowship, and collaboration.

Spotlight on the President-Elect

Andy Sagvold is the MCCA president-elect. He has over 17 years of experience working with crime victims, offenders, families, criminal justice professionals, and at-risk populations. He continues to be invested in a career dedicated to public safety, equal treatment, and second chances.

Mr. Sagvold is currently the manager of ReEntry Services at Goodwill/Easter Seals Minnesota (G/ESM). Previously, Mr. Sagvold was the assistant director of Prisoner and Family Projects at the Council on Crime and Justice (CCJ). During his nearly 6 years at CCJ, Mr. Sagvold designed and managed a wide variety of programs, including the Somali Victimization Awareness Project and the DHHS funded Family Strengthening Project. Prior to working at CCJ, Andy Sagvold's work was solely focused on victimization, including 7 years as an investigator for the State of Minnesota and assisting with a statutory rights program while at the Minnesota Coalition Against Sexual Assault (MCASA).

Mr. Sagvold is the father of twin 17-year-old twin boys and an almost 2-year-old daughter. He currently serves on the board of directors at the Carol Matheys Center for Children and Families.

Please welcome Andy Sagvold as MCCA's president-elect.

Minnesota Community
Corrections Association

MCCA

www.mnmcca.com

EDUCATION and TRAINING EVENTS

Annual Conference on Women Offenders
Trauma & Beyond: Transforming Our Practice to Meet the Need

April 30, 2012, 8:00 AM—4:00 PM
University of MN Continuing Education & Conference Center:
1890 Buford Ave, St Paul MN 55108

Description:

Many of our clients have significant trauma and abuse histories. Those past experiences affect how they see the world and how they respond to others. This conference will help corrections staff, counselors, probation officers, and other professionals identify how past trauma and abuse manifests consciously in perceptions, behavior, and responses to our interventions. It will also help us to effectively craft techniques to help in the healing process.

Conduct problems are obvious to us. We need to shift our focus to the internal lives of girls and women through exploring causal factors like Trauma and Post Traumatic Stress Disorder and understand how trauma-related fears make threats feel real and "in the moment" to our girls and women.

Our next step is processing that understanding with them so that they may identify how trauma distorts their perceptions and learn to develop new coping strategies. How do we accomplish this in corrections and still hold them accountable for their criminal conduct?

Two leading therapists, practitioners, and lecturers in the field: Anne R. Gearity, and Casey Ladd, will help us develop a new pathway for success.

Learning Objectives:

- Identify how past trauma impacts correctional women and girls.
- Develop a positive and caring environment that still holds offenders accountable.
- Learn to see through her eyes to craft effective interventions.
- Create awareness of our strengths and limitations in understanding correctional clients with traumatic histories.

Please Note:

As there is limited seating, paid registrations will be accepted through April 15. Registration fees are non-refundable. Students may receive a discounted registration. Please call for more information.

Parking fees are not provided in the registrations. Parking fee for the adjacent lots is $3-6 per vehicle.

Certificates of Participation will be given at the end of the conference day for 6 hours of continuing education credit.

Questions regarding registration should be directed to Kelley Heifort at Kelley.Heifort@state.mn.us or 651-361-7236.

Office Safety and Crisis Management

May 11, 2012, 9:00 AM—12:00 PM

Prostitution

June 8, 2012, 9:00 AM—12:30 PM

Information on past, present, and future trainings can be found online at www.mnmcca.com.

Fetal Alcohol Spectrum Disorders

This article is intended to give the reader relevant information pertaining to Fetal Alcohol Spectrum Disorders (FASD) in a correctional and probation setting. This paper will attempt to increase professional awareness of FASD, improve collaboration between professionals and clients impacted by FASD, and facilitate effective supervision practices appropriate to those with FASD on probation.

Authors: Anthony P. (Tony) Wartnik and Jerrod Brown. Information about the authors can be found at the end of this article.

Introduction to FASD

Fetal Alcohol Syndrome (FAS) is a lifelong disability with prevalence estimated at .5 to 3 per 1000 live births in the general population (Stratton, Howe, and Battaglia, 1996). Fetal Alcohol Syndrome (FAS) was first recognized in 1973 and defined as a collection of birth defects that included dysmorphic facial features, mental retardation, and other developmental disorders (Jones, Smith, Ulleland, & Streissguth, 1973). At that time, FAS was viewed as resulting from heavy alcohol abuse and deemed responsible for causing disabling developmental disorders known as Alcohol-Related Neurodevelopmental Disorders (ARND). The term Fetal Alcohol Effects (FAE) came into use to describe the combination of FAS and ARND. We now combine FAS and FAE, Alcohol-Related Birth Defects (ARBD) and Partial Fetal Alcohol Syndrome (pFAS) under the broader, and more accurate, term of Fetal Alcohol Spectrum Disorders (FASD) (Department of Health and Human Services, 2006). The cost associated with FASD in the United States each year is estimated at approximately $3.6 billion dollars and the lifetime cost of the disorder per individual diagnosed with FASD has been estimated to be $2.9 million dollars (Lupton, Burd, & Harwood, 2004).

The term FASD was established to describe disorders, ranging from mild to moderate to severe, caused by the introduction of alcohol to the developing fetus (Stratton, Howe,& Battaglia, 1996). This includes central nervous system deficits, intellectual disabilities, facial and growth abnormalities, and developmental disorders, to a range of severity in learning disabilities and lowered IQ (Astley & Clarren, 2000). The neurological challenges caused by the damage to the central nervous system (CNS), the peripheral nervous system, or the autonomic nervous system can present as diagnosable disorders such as a seizure disorder or with broader impairments in behavioral or cognitive functioning. FASD is not a clinical diagnosis but describes the range of disabilities that may occur due to prenatal alcohol use. Many of the symptoms of FASD can look like other conditions or co-occur with FASD diagnoses. The most common disabilities and limitations observed in individuals with FASD include: compromised executive functioning, poor planning and disorganization, memory deficits, impaired judgment, communication challenges, impulsivity, sensory integration dysfunction, language problems, and learning difficulties (Malbin, 2004).

Fetal Alcohol Syndrome (FAS) is associated with known physical facial anomalies which are usually readily visible and identifiable at or shortly following birth. On the other hand, persons with undiagnosed FASD may not be diagnosed with any disorder, due to the lack of visible physical anomalies, but may be thought to be inattentive, unfocused, difficult, impulsive, behaviorally challenging, or low functioning. This part of the FASD population presents with an invisible disability due to the lack of physical signs of the condition. Low self-esteem, substance use, academic failure, involvement with the criminal justice system, poor relationships, and failure at employment are some of the possible outcomes for the person with FASD. Ninety to ninety-five percent of individuals with FASD have co-occurring mental health problems (Streissguth et al., 1994). Continued on next page

Fetal Alcohol Spectrum Disorders (cont'd)

Following is a list of factors and symptoms that may occur early in life for individuals impacted by prenatal alcohol exposure (Streissguth et al., 1994):

1. Neurological Impairments
2. Irritability and Excessive Crying Spells
3. Difficulty with Feeding
4. Disturbed Sleeping Patterns
5. Seizures and Tremors
6. Poor Fine and Gross Motor Control
7. Heart Abnormalities
8. Sensitivity to Light and Sound
9. Unresponsive to Touch and/or Soothing
10. Difficulty Making Developmental Milestones

Research has shown that prenatal alcohol exposure, not just heavy abuse, can cause a range of physical, behavioral or cognitive effects (Streissguth et al., 1994). Professionals know that alcohol can cause damage in all three trimesters of a pregnancy, however, this understanding is not widespread. Many people still believe that a little alcohol will not be harmful and do not recognize that alcohol crosses the placenta. If a pregnant woman has a drink, her fetus has a drink also. In this regard, picture the size of FDR's ear on the Roosevelt dime. The ear is the size of the fetal brain 23 days after conception. We know what bringing a woman's blood alcohol level up to .08 does in terms of intoxication, and can only imagine what that same quantity of alcohol can do to a 23 day old fetal brain. The Centers for Disease Control (CDC) reports the prevalence of alcohol use in women of childbearing age is 52.6%. The CDC also reports that approximately 1 in 33 pregnant women consume alcohol at levels shown to increase the risk of having a baby with FASD. Binge drinking, defined as consuming four or more drinks on one occasion, is a serious risk factor.

Although, professionals know that the only cause of FASD is the use of alcohol during pregnancy, professionals and concerned citizens need to increase the public's awareness that any alcohol consumption during pregnancy may be harmful. Professionals and academic institutions need to provide more education for women who may become pregnant and for women who may have used alcohol while pregnant. A key component to ending future incidences of FASD is providing additional support and education to women that are pregnant and/or considering getting pregnant.

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Fetal Alcohol Spectrum Disorders (cont'd)

FASD and Probation

In order to effectively supervise individuals with FASD who are on probation, it requires a very active effort on the part of the probation professional. In order to be most successful, probation officers must first understand the basics of FASD and its many complexities. Many individuals with FASD experience feelings of distress, relationship conflict, reduced ability to resolve problems, and a decrease in overall life satisfaction. These are just a few of the areas of limitations many with FASD experience on a daily basis. When working with clients impacted by FASD, it is imperative to connect the individual to appropriate services and supports in the community. Unfortunately, most probation officers will learn quickly that there are very few services available specific to clients with FASD. There are even less available to those with FASD who are involved in the criminal justice and legal system. Typically, services that are available are geared towards families and children impacted by the disorder. Few services are available currently to adults with FASD. Some of the most common services individuals with FASD utilize in the State of Minnesota include:

- Adult Rehabilitative Mental Health Services (ARMHS)
- Children Therapeutic Support Services (CTSS)
- Independent Living Skills (ILS)
- Personal Care Attendants (PCA)
- Individual and Group Psychotherapy
- Drug and Alcohol Treatment
- Supportive Housing Services
- Educational and Vocational Support Services
- Psychiatrist Services

These are all wonderful services that provide increased support and services to people with disabilities. Unfortunately, little to none of these services specifically gear their programs or curriculum to those with FASD. For these services to be most effective all care providers and probation officials should maintain regular contact with the team regarding the client. When possible, a routine face to face check-in meeting with all parties present is highly recommended. When this professional contact is not maintained, the one who suffers the most is the individual with FASD. People with FASD who are on probation are most successful with ongoing and regular supervision. As stated earlier in this article, traditional forms of probation rarely work for these complex individuals (Wartnik, 2007). People with FASDs are very concrete thinkers and do not grasp abstract concepts very well, if at all, and, as a result, successful treatment and supervision require a restructuring of how information and directives are presented to the client.

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Fetal Alcohol Spectrum Disorders (cont'd)

It is highly recommended that probation officers who are interested in making appropriate referrals to an FASD trained organization in the State of Minnesota contact the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS). This non-profit organization is considered the leading authority in the State of Minnesota on referral based information and training specific to FASD. Probation professionals employed outside the State of Minnesota should contact their state or local organization on FASD. The National Organization on Fetal Alcohol Syndrome (NOFAS) has chapters throughout the United States. There are also a handful of wonderful federal organizations specific to FASD that provide helpful resources and links to other FASD organizations across the United States, including the Substance Abuse and Mental Health Services Administration (SAMHSA), and the FASD Center for Excellence.

Probation officers should always ask themselves when working with someone with FASD, does this person truly understand the rules and obligations of his or her probation. It is strongly suggested that the use of strictly yes or no questions be avoided whenever possible when discussing matters related to probation requirements. Asking simple yes or no questions will often mask the individual's true disability. Try to keep questions open ended as much as possible and have the clients repeat back in their own words what they just comprehended. Explanations and discussions regarding "do's" and "don'ts" of court orders and probationary conditions should be simply stated, and when possible, worded in positive terms rather than negative ones (again, concrete over abstract). On the surface, the person with FASD may appear very capable and knowledgeable during brief probation check-in meetings. This is one reason why FASD is truly a hidden disability. Probation officials should also remind themselves that FASD is a severe and debilitating lifelong disability (Wartnik, 2007).

FASD and Memory Deficits

When considering the rules and obligations of probation, it is imperative for the client to have adequate working memory. One of the major deficits in people with FASD is impaired memory. This deficit in most instances is directly related to the prenatal alcohol exposure that occurred while in the womb. Prenatal alcohol exposure can cause significant damage to all parts of the brain, including the areas responsible for memory. Another factor to consider when discussing the topic of FASD and memory deficits is the high rate of chronic sleep problems among this population. People with chronic sleep problems often times struggle with memory and keeping track of appointments. When you add FASD to the equation, additional factors need to be taken into account. People with this lifelong disability, struggle to navigate and organize their life, typically much more than those without FASD. It is obvious that probation and poor memory do not fit together. This is one reason why so many people with FASD fail to complete their probation requirements. What can be done about this? One possibility is to build a support system around the client, people who can remind the client of appointments with the probation officer, work schedules, etc. Another possibility is to assist the client in structuring his or her activities with as much repetitious routine as possible.

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Fetal Alcohol Spectrum Disorders (cont'd)

Finally, sanctions should be consistent with the seriousness of the violation of the conditions of supervision, should be stated in terms that permit the client to make the connection between the sanctioned behavior and the punishment, and should not constitute an over-reaction to status type violations. Remember, most people with FASD are really trying to please rather than willfully violating supervision, but have great difficulty understanding the rules and need an "external brain" (your help) in order to figure it all out (Wartnik, 2007).

Information about the Authors

Anthony P. (Tony) Wartnik served as a trial judge for 34 years, spending almost 25 years on the Superior Court in Seattle, retiring in 2005 as the senior judge. He served as dean emeritus of the Washington Judicial College, chaired the Judicial College Board of Trustees, and the Washington Supreme Court's Education Committee. Judge Wartnik chaired a task force to establish protocols for determining competency of youth with organic brain damage and the Governor's Advisory Panel on FAS/FAE. In addition, he chaired the Family and Juvenile Court Committees and the Family Law Department of the King County Superior Court, as well as the Sealed Adoption Files Committee. In the latter capacity, he was responsible for creating the current protocols and policy for the determination of when sealed adoption files can be opened and the appointment of confidential intermediaries ("C.I.s").

He is the legal director for FASD Experts, the first multidisciplinary forensic FASD diagnostic team in the United States, and a consultant to the Fetal Alcohol and Drug Unit (FADU) at the University of Washington, School of Medicine. He received both his B.A. and J.D. degrees from the University of Washington and its School of Law, and has attended National Judicial College courses on managing complex mental health cases and managing death penalty cases in addition to SAMSHA's Training the Trainers Program and annual FASD scientific research updates. Tony is an internationally known speaker and author on FASD and the courts.

Jerrod Brown has master's degrees in cognitive disorders, criminal justice, forensic studies, and clinical counseling. He is pursuing his PhD in psychology and has completed a post graduate certificate in Autism Spectrum Disorders from Hamline University. Jerrod is an adjunct instructor for the Criminal Justice Department at Brown College. His full-time work position is at Pathways Counseling Center, Inc. in St. Paul, MN, where he is the director of a forensic mental health treatment program, a problem gambling treatment program, and an Adult Rehabilitative Mental Health Services (ARMHS) program. He has also worked in various correctional, probation, and security related positions. Jerrod is also the founder and president of the American Institute for the Advancement of Forensic Studies (AIAFS), which specializes in forensic based trainings for law enforcement, the psychological and medical communities, and legal professionals. Jerrod is also a certified trainer in Fetal Alcohol Spectrum Disorders (FASD) and a certified problem gambling therapist through the State of Minnesota.

For any questions regarding this article, please contact Jerrod Brown at Jerrod01234Brown@live.com.

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