MCCA Happenings*

July/August 1983

Minnesota Community Corrections Association

Problems Of The Mentally Ill In The Criminal Justice System

Editors Note: This issue of "Happenings" is devoted primarily to treatment of mentally ill offenders. We are including descriptions of several programs which treat such clients. Readers are invited to submit articles about other resources which we may have missed.

By: Wendy Neill and Dale Fisher

What clearly emerges as one tackles the problems of the mentally ill in the criminal justice system is a large grey area in which no one really knows what to do. The criminal justice people ask, "What's this guy doing in jail? He should be in treatment." While the mental health professionals say, "This guy should be in jail as a consequence of his behavior." After talking to professionals in both fields, each side has its points.

The problem of the mentally ill in the criminal justice system often begins with the police discretionary power. Police as well as others in the community sometimes mistake the mentally ill for mentally retarded. Because a person appears "different" those around him may tend to overreact, to be afraid of him and what he might do.

When a mentally ill person is taken to jail his symptoms usually exacerbate due to the increased stress inherent in incarceration and the court process. According to Barbara Benner, Hennepin County Crisis Center, this increase in symptoms often causes criminal justice workers to view the emotional problems as more pronounced than would be observed in a hospital or clinic setting and thus question the reporting of mental health workers.

Benner also feels the legal system is too simplistic in its approach to commitment. The legal requirement for commitment to a mental hospital is behavioral. Someone can't simply say he's Jesus Christ; his behavior must reflect imcompetence. Since a mentally ill person may be able to provide even superficially for his own food, shelter, and medical care, it may be difficult to document the incompetence without unrealistic monitoring.

Furthermore, Benner indicated, civil commitments are now fewer due to advocacy and patient rights concerns. Consequently the mentally ill who were once controlled and cared for are now dumped into the criminal justice system. Current civil law does not allow for indefinite custodial care. There are no resources to provide such care involuntarily. Since the criminal courts do not adequately consider emotional problems and civil courts are not concerned enough with minor offenses, the mentally ill offender "falls between the cracks." They "nearly have a license to commit crimes" since they may not be competent to stand trial and are not commitable.

Dr. Ron Jorgenson, a Hennepin County court psychologist, said that as a result of existing in this nether world between systems, the mentally ill person is more visible in the community. Drug and alcohol abuse is increasingly common among the mentally ill. Chemical problems make it more difficult to diagnose mental illness because the drugs and alcohol mask the real problems.

Both Jorgenson and Benner pointed out that a higher proportion of the mentally ill commit misdemeanors than felonies. Because they seldom have the capacity to plan more serious offenses they are more likely to come to court for crimes like shoplift ing, simple assault and disorderly conduct. Their offenses frequently result from poor judgment or a devil-may-care attitude.

Attorneys don't like to handle cases of the mentally ill because they often require time-consuming research into the client's history. The handling of cases is also unpredictable because judges differ in their approach. Although most judges are concerned, they are often confused about how to handle the mentally ill.

Jorgenson reported that 40 percent of the municipal court defendants seen for competency evaluations go to civil court. Of these, 65 percent are judged incompetent and are committed. Jorgenson says that in recent years psychologists have been able to recommend commitment, whereas in the past only physicians could do so, making it now easier to get the commitment process started for an offender. He said there is an improved level of cooperation and communication among persons in the mental health system, allowing for better documentation of behavior (legally the only grounds for commitment).

On the other hand, Terry M. Schneider, M.A. and President of the Center for Behavior Therapy, says the professional in the mental health field must be more willing to work with the legal profession. He says that when dealing with a "bad actor" where legal enforcement would be considered therapeutic, the legal hierarchy is confusing. He also says it is imperative to assess the survival skills of an individual in a prison population. "There should be an interm place other than jail or the hospital."

Schneider also says the treating professionals "are not really doing an OK job with violent and assaultive people who are mentally ill." As an example, he cites the practive of "racketing," in which people who are angry are encoraged to beat pillows with tennis rackets. Studies have shown the results of such practice to be an escalation in aggression. Schneider calls for more research

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Vulnerable Adults Reporting Act . . . It's The Law!

By: Laura Sissala

In 1982 the Minnesota State Legislature enacted the Vulnerable Adults Reporting Act. This Act has impacted several areas for those agencies servicing adult clients. This Act specifies reporting and recordkeeping requirements for facilities serving the mentally ill, developmentally disabled, criminal offender, or any other adult receiving services from either an in-patient or out-patient treatment facility. The Act was amended during the 1982-83 legistative session to further clarify the reporting procedures.

The Act defines a vulnerable adult as "any person 18 years of age or older: 1) who receives services either as an in-patient or an out-patient from a facility required to be licensed to serve adults, specifically excluding persons receiving out-patient services for chemical dependency or mental ill ness; 2) adults who, regardless of the type of services received, are unable or unlikely to report abuse or neglect without assistance because of impairment of mental or physical functions, or emotional status."

The Act further defines abuse and neglect as: **Abuse** - the intentional and non-therapeutic infliction of physical pain or injury or any persistent course of conduct intended to produce mental or emotional distress. **Neglect** - failure by a caretaker to supply the adult with necessary food, clothing, shelter, healthcare or supervision.

State agencies have indicated that appropriately reported abuse cases would be those which involve actual physical injury requiring treatment by a physician, or sexual assault. No current clarification is available on what would consititue abuse by emotional distress.

The first impact this act has had on facilities servicing this type of client is that they have had to develop a facility reporting procedure, a facility assessment procedure and an individual assessment procedure.

The facility reporting procedure designates those responsible for receiving and investigating each report of suspected abuse or neglect within the organization. The procedure should provide for notifying the designated authorities; the police, the local welfare office, the sheriff, or the appropriate licensing agency. The facility's procedure should further clarify that all persons in contact with each client are mandated to report any suspected abuse or neglect and that no retaliation may be taken against anyone who reports in good faith. Finally, the facility procedure should provide for informing each client of their rights and reporting options as a vulnerable adult.

The facility assessment shall be a written abuse prevention plan. The plan should contain an assessment of the physical plant, the facility environment, and population factors which may encourage or permit abuse. A statement of specific measures to be taken to minimize any risk of abuse must accompany the plan.

In addition to a facility plan, an individual abuse prevention plan must be developed for each vulnerable adult. The plan should contain an assessment of the person's individual susceptibility to abuse as well as a statement of specific measures to be taken to minimize the risk of abuse. This plan may address self-abuse.

The second impact of this Act has been it's specifications of how reports should be handled. Persons mandated to report are: 1) professionals or their delegates who engage in the care of vulnerable adults; including educators, social workers, law enforcement officials, or 2) an employee of a rehabilitation facility, or 3) persons providing services within a facility who have knowledge of the abuse or neglect, or knowledge of a vulnerable adult who has sustained a physical injury not reasonably explained by the caretakers history. This implies then that an agency must inform every employee of his legal responsibiltiy toward reporting any **suspected** abuse (including maintenance crews, kitchen staff, cleaning service personnel and delivery people; as well as all counseling and administrative personnel).

An immediate oral report shall be made to the designated authorities or to the person designated by the facility's reporting procedure. The person making the oral report shall, as soon as possible, present the report in writing. The written report should identify the vulnerable adult, the caretaker, a full description of the suspected abuse or neglect, past evidence of such incidences, and the name of the reporter.

The Act goes on to specify the specific responsibilities of the local welfare agency as well as the inter-agency relationship between the welfare, the police, the licensing agency and the investigating facility. Furthermore, records of unsubstantiated reports must be kept four years while substantiated reports must be kept seven years.

A final part of the reporting records shall be an investigation memorandum. This memorandum shall beaccessibleto the public and contain a complete review of the agency's investigation. This memorandum should be written in a manner to protect the identity of the reporter and of the vulnerable adult, and to the extent possible, protect the identity of the alleged perpetrator and those interviewed during the investigation.

The Vulnerable Adults Act does not appear to have greatly affected the direct care or services received by those defined as vulnerable adults. It has influenced the charge of those servicing these clients. Unlike past acts which allowed an anonymous report, each person who provides a service to a client is mandated to report suspected or unusual incidences in a specified manner.

Another effect is the necessity to assess each adult client as to his ability to report abuse or neglect in any given situation. For those adults diagnosed as mentally ill, mentally retarded, learning disabled or otherwise considered unable to care for himself entirely, this may be a complex set of circumstances and require that the client be observed closely.

It should be noted that probation/parole officers are considered mandated reporters for their clients being serviced by a licensed facility. Others who may be providing any number of services to one of a group of adult clients in facilities such as halfway houses, day treatment programs, group homes or jails also should be aware of their reporting requirements.

MCCA Wishes To Welcome The Following New Members

Cathy O'Brien
Portland House

Rod Graves
Create, Inc.

Patricia Telken
Family Violence Network

Nancy Williams
Create, Inc.

Gail Cohen
SOLOS

Martha Paulsen
Create, Inc.

Jay G. Lindgren, Jr.
Department of Corrections

Candy Clausen
Create Corrections

Lynn Allar
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REENTRY SERVICES
532 Ashland
St. Paul, MN 55102

Jim Zoet
180 DEGREES, INC.
236 Clifton Avenue
Minneapolis, MN 55403

We Want You To Know

Jeff Martin

Dear Fellow Members:

During these summer months the Board of Directors have not been totally inactive. We made a decision to hire a person to provide us with up-to-date information on legislative happenings during the coming legislative session. She is not a lobbiest, but will help the Board and membership remain current on issues which relate directly and indirectly to corrections in Minnesota.

At the invitation of the Department of Corrections, we will organize a small "task force" to look at the issue of which offenders released from state institutions should be given the opportunity to benefit from community residential programming. This is in response to department policy that only certain release's can be required to enter such programs. We hope to have some recommendations for the Commissioner of Corrections by early September.

I hope to see many of you at the upcoming MCA Conference on September 27-29. The MCCA will sponsor an exhibit on surveillance and client monitoring devices used around the country.

Jeff Martin
MCCA President

MINNESOTA COMMUNITY CORRECTIONS ASSOCIATION
666 Marshall Avenue
St. Paul, MN 55104

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PROGRAM/AGENCY: _____
WORK ROLE: _____
WORK PHONE:_____
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ADDRESS SHOWN IS: _____ HOME _____WORK
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Make checks payable to MCCA

Vail Place

By: Current Vail Place Participants

Vail Place is a non-profit community based organization whose members share a common experience of mental health problems. Since its opening in August 1981, in downtown Hopkins, more than 150 individuals have received the benefits of at least one of Vail Place's programs. These programs include pre-vocational training, supportive housing, transitional employment and social activities.

The pre-vocational training program offers experience in a commercially-equipped food service unit, snack bar, clerical and receptionist stations and janitorial work. The skills learned through training in these work units are readily transferable to competitive positions in may entry level job areas. These work units also provide a low pressure environment in which members can experience a sense of accomplishment in fulfilling their daily tasks.

The Supportive housing program gives members a chance at independent living while still providing assistance and advice in dealing with day to day problems. The Vail Place staff rents apartments and duplexes and sublets them to members in need of housing.

The Transitional Employment Program (T.E.P.) arranges part-time paying jobs for members who are ready to return to work in the community while still providing them with moral support and help in problem solving. Employers who hire people from the Transitional Employment Program have praised the reliability of their Vail Place employees.

The various social activities in both structured and unstructured forms provide Vail Place members with the opportunity to express themselves, form friendships and interact with others in a healthy way. Planned activities include dinners, parties, bowling, field trips, tours, organized sports, camping trips, and open stage performances by many talented members of the program.

Vail Place accomplishes its goal of helping the mentally ill by providing structure often lacking in their lives. It provides socialization and a sense of normalization as members find their problems are not unique. It gives a sense of belonging to people who often feel alienated, and gives a sense of self-worth as goals are set and achieved.

Vail Place Cont. on Page 6

Andrew

Andrew is a Rule 36 Category 1 community-based mental health residential facility located near downtown Minneapolis. With 228 beds, it is the largest of its type in the State of Minnesota. It's purpose and philosophy is to maximize independence and intergration into the community, and to enhance the quality of life for those individuals with mental health needs. The pro gram specifically indicated a willingness to work with more corrections clients.

Andrew provides an intensive and comprehensive array of individualized services and intervention techniques designed to facilitate the resident's development of independent living skills and socially appropriate behavior. The services and interventions also promote and support a resident's existing strengths that are necessary in leading to community intergration or less structure.

Residents at Andrew are generally experiencing problems in any of the following areas: a) expressing feelings in a socially acceptable fashion; b) communication skills and peer relationships; c) decision making and problem solving; d) responding to structure, schedules, day-to-day responsiblities (i.e. hygiene, medication compliance); e) reacting to stressful situations in a socially acceptable manner; f) reality testing; and g) social isolation/depression.

Individuals seeking placement at Andrew are assessed/screened on an individual basis. The applicant must have a current (within the last 12 months) primary diagnosis of Mental Illness based on medical, social, psychological and psychiatric histories (a primary diagnosis of Chemical Dependency will not be admitted).

For further admission criteria information, financial arrangements, etc. an information packet may be obtained by writing to Margo Sawyer, Admissions Coordinator, Andrew, 1215 South 9th Street, Minneapolis, Minnesota, 55404 - or please call Margo at 333-0127 or 333-0111.

Volunteers Wanted

Volunteers and/or interns needed for correctional halfway house. Positions available include: Staff assistant, recreation coordinator, recreation assistant, tutor, and employment advisor. Interested parties contact Debby at Reentry Services, 292-1466.

Bill Kelly House -An MI/CD Treatment Program

By: Helen Raleigh, Program Director

Bill Kelly House is a residential facility contracted with Hennepin County Mental Health Division, and licensed by DPW Rule 36 and Rule 35 to provide treatment to mentally ill adults who also have problems with chemical abuse or dependency. On the continuum of care, this program shares some of the structure and intensity of inpatient treatment and part of the freedom and accountability individuals experience in halfway houses.

The expected length of stay for residents is approximately one year. A resident's first six months in the program focuses on mental health and chemical health groups, independent living skills classes and social/recreatinal activities. The latter half of a resident's stay involves decreasing in-house groups and classes and increasing community involvement by school/vocational training, part-time gainful employment, and/or volunteer work.

Philosophically, the Bill Kelly House Program recognizes the ability of individuals to take responsibility for their lives, the use or non-use of chemicals, and the consequences of their behaviors toward maximum well-being. In practical application, this means abstinence from substances of choice is encouraged, but relapses to using behaviors are viewed as learning experiences. Improvement in overall level of effective functioning is the primary goal. Residents are encouraged to attend community self-help groups, are required to be monitored by their psychiatrist on an ongoing basis, and to be educated in understanding the implications of his/her psychological problems and alternative coping skills.

Complicated by the nature of the problems of the dual diagnoses, MI/CD individuals often have extensive histories of legal offenses. Offenses experienced run the gamut from petty theft, larceny, shop-lifting, mail fraud and theft, rape and arson, to other offenses. Typically, adjudication occurs through referrals to the social service system and MI/CD

Bill Kelly Cont. on Page 8

Hoikka House, Inc.

By: Laura Sissala

Hoikka House was established in the 1950's in response to deinstitutionalization and the growing number of chronically mentally ill needing services. They serve men and women, 18 years and older in either a long term or transitional care capacity. Each client must be ambulatory and have mental illness as their primary diagnosis; persons with other secondary diagnoses may be considered.

Hoikka House philosophy states: "We believe that individuals with mental illness can more easily be rehabilitated and/or resocialized if they are allowed to function in a home-like, non-institutional atmosphere...". This rehabilitation is accomplished through the four primary services they provide: 1) Rehabilitation Center with a highly structured work program, 2) a permanent home for revolving-door persons who need a stable, supportive staff, 3) a resource for discharged residents, and 4) an educational resource for other professionals in the field.

Hoikka House has found that there are several specific types of people who are successful in their program: 1) the older personswith no opportunity for competitive employment, but who have individual levels of activity that they can achieve, 2) those with long histories of hospitalizations who need to become established within the community, 3) individuals with a short history of hospitalizations who need intensive vocational training, and 4) younger persons needing appropriate adult role models and an emphasis on vocational or educational training. They do not serve the mild or moderately retarded adult.

Hoikka House serves a broad spectrum of individuals and therefore has a variety of staff who specialize programming in the following four primary areas: 1) nursing, 2) activities, 3) social services, and 4) vocational rehabilitation. This programming is provided on an individual basis in a manner designed to meet the particular needs of each client. Periodic meetings are held to review the client's progress as well as adjust the goals for the next specified period of time.

Upon application to Hoikka House, there may be several reasons a person may not be considered capable of benefiting from this program if he/she possesses one or more of several characteristics. A sample of these characteristics are: chemical dependency, physical aggression, history of sexual misbehavior or a criminal record. Exceptions may be made upon a review of the client's entire behavioral history.

In a recent conversation with Susan Peterson, the new Director of Social Services, she expressed her perceptions of the degree of criminal involvement her current clientele has. Many, she suspected, had an arrest record, but she stated it was not the field's current opinion that jail was an appropriate alternative for the mentally ill. Many may have been picked up for vagrancy or other petty crimes but were probably diverted at the point of arrest or sentencing because of the mental illness characteristics they display. Many are seen as vulnerable especially in the area of sexual crimes and generally appear very meek.

Susan stated that the mentally ill appear to do better in a supportive, but low pressure program. Hoikka House provides this in a structured manner.

Hoikka House provides a valuable service to the metropolitan community and those with mental illness. Persons wishing referral information should contact Pat Donahue, 222-7491, 238 Pleasant, St. Paul, MN 55102.

SHORT SERMON

This is my text:
Don't let your fears
About the next
One hundred years
Discourage you from smiling now —
Occasionally, anyhow.

Hewitt House - Community Treatment In A Residential Setting

Hewitt House is a residential treatment facility for 22 men and women 18 to 40 years old who have a chronic mental illness. It is operated by People, Incorporated, a private, non-profit corporation and is located in the Midway district in St. Paul.

The major goal of Hewitt House is to help residents stay out of institutions and maintain themselves in an appropriate community setting. Hewitt residents are given an opportunity to learn independent living skills through experiences in meal planning, cooking, shopping, basic principles of nutrition, house cleaning, laundry, kitchen measurements and minor house repairs. Small classes emphasize practical experience and are paced for the individual.

Each Hewitt resident works with staff, a county social worker, a psychiatrist and vocational counselors to develop an individual treatment program. Regular one-to-one meetings with staff allow the resident to discuss problems, concerns and opportunities for growth. In addition, there are regular groups dealing with goal setting and a wide variety of topics relevant to the needs of house residents.

Hewitt House also assists residents in developing a plan for employment. Plans for individuals may include: exploration of job interests, assistance in filling out job applications and learning interview skills, setting up a training program, working for the Hewitt House Job Bank, part-time jobs in local businesses, Vocational Rehabilitation and assistance from various agencies.

The interest and involvement of friends and family members is welcomed by the Hewitt program. The director and case managers welcome phone calls and visits from parents and concerned persons in the hope of providing the most productive treatment for the resident.

In order to be considered for admission to Hewitt House, a person must be 18 years of age or older, have a history of psychiatric hospitalizations, and have a primary diagnosis of mental illness. People who are diagnosed as chemically dependent as well as mentally ill must have been treated for their chemical dependency prior to being admitted. Hewitt House is not designed to serve persons with a mental illness who have a chronic history of legal offenses.

For admissions information contact Dorothy Berger, Program Director, Hewitt House, 645-9424.

Vail Place Cont. From Page 4

Vail Places's "clubhouse" format was inspired by Fountain House, a psycho-social club in New York. It was formed in 1948 by former mental patients who believed that by banding together they could benefit from mutual support. It was their idea that by sharing problems and experiences they could keep themselves from the need of further in stitutionalization.

Vail Place's philosophy is to place emphasis on the healthy, postive aspects of each individual, playing down the negative concepts of maladjustment and mental illness.

Vail Place currently serves about 85 active members and is growing rapidly. It operates at no cost to its members. Financial support, operating equipment, and materials are provided by a variety of public and private agencies and by individual donations. These sponsors include Hennepin County, Department of Vocational Rehabilitation (DVR), United Way, and Honeywell, Inc.

The Vail Place members also take an active role in fund-raising campaigns.

Operating expenses for the club average about $15 per person per day. This is very cost effective compared with such alternatives as private therapy and institutionalization. Since state, county and federal governments traditionally bear a large part of the costs of mental health care, the Vail Place programs ultimately provide a large savings to the taxpayers. The taxpayers burden is further lessened by the fact that Vail Place programs help get members away from dependence on social services and economic support. The purpose of Vail Place is to return them into contributing members of the community.

For more information or an interview, call (612) 938-9622.

Editor's Note: We commend the participants of the Vail Place "club" for writing this article and suggest other programs may want to submit similarly preparted articles.

Changes In The Minnesota Commitment Act

By: Mia Olsen

The changes in the Minnesota Commitment Act in 1982 have made commitment of individuals much more difficult. These changes were a result of public education about the mentally ill and a change in philosophy. This new philosophy promotes the belief that a mentally ill individual cannot "get better" completely isolated from mainstream society in a state hospital and that community-based programs for the mentally ill were preferable.

The major purpose of changes in the Minnesota Commitment Act were to end the abuse of commitment for inappropriate reasons. Unfortunately, these changes also resulted in many mentally ill individuals not receiving appropriate hospitalization, or in being inappropriately placed in a correctional population.

The first major change in the law was the criteria for commitment. The law now states that an individual must be experiencing a major mental illness i.e. a disorder of thought (schizophrenia); mood (manic depression), perception, orientation or memory and that this is **demonstrated** by an attempt or threat to harm themselves or others, or a failure to provide adequate food, shelter and clothing for themselves due to their major mental illness. There must be behavioral evidence of any of these criteria.

The second major change in the law states that the defense lawyer at a commitment hearing must "zealously" defend their client and play an adversary role at the commitment hearing. This change was made because often the lawyer of a client being considered for commitment simply complied with the wishes of those filing the petitions and thus due process was not offered the client.

Congratulations! Tom Foster

Mr. Foster, supervisor of probation & parole in Anoka County Corrections, was recently appointed to the Sentencing Guidelines Commission.

Problems Cont. From Page 1

and a forum between the two systems for at least increased communication which could possibly generate some solutions.

Hal Shippetts, Director of the Hennepin County Day Treatment Program offers some insights into what he considers important for police and legal training. He reiterates the offender's confusion and emphasizes the distinction between the mentally retarded and mentally ill. "Mentally ill does not mean dumb." Shippetts clarifies some of the differences between those who are mentally ill and those who are not. The mentally ill don't perceive things the same way as others. A lot of them are from abusive families and are hypersensitive to authority. People with a paranoid delusional system will act on fear in a way that looks like anger. They have fears of being invaded or that everyone wants to hurt them. He advises identifying with their feelings ("to know what it's like to be scared") and realize that the mentally ill person is not totally "different." He says those with personality disorders will respond best to firm clear limits. It is essential to take time to build relationships which the mentally ill have trouble developing.

A major concern among the mental health workers we talked to was the need for greater communication and understanding between the mental health and corrections systems. Efforts toward such cooperation have been helpful with the concerns for chemical dependency and incest, so it does seem feasible to accomplish it with the field of mental health.

Video Tapes Available

Freedom House has a videotape library of 7 tapes, professionally produced, and available in ¾" U-matic and ½" VHS formats.

They run from 12 to 55 minutes and are available for meetings and conferences, etc. at no charge.

Topics include: Freedom House and why treatment works; interrupting deviant criminal careers; Transactional Analysis and "The Game" in correctional settings; and drug prevention.

Contact Gail Wik at 827-3300 to schedule.

"Fire!" Who Sets It?

By: Laura Sissala

On June 7th the newly formed Minneapolis Mayor's Task Force on Fire Setting Behavior held a workshop. Professionals from the areas of corrections, welfare, law enforcement and counseling were in attendance to discuss fire setting, what it is, who does it, why they do it and how to help them.

The task force was officially formed on February 11, 1983, in response to public concern about the apparent copy-cat fires which occurred after the 1982 Thanksgiving Day blaze at Donaldsons. The membership of this task force is comprised of twelve officials from the criminal courts system, mental health counselors and fire officials.

During the four months prior to this workshop the task force members spent their time trying to understand the behavior of fire setting and the people who do it. What they concluded was that there is a wealth of statistics available on arson and fires but that little else is known.

The group was concerned with all forms of fire setting except ones set for legitimate purposes. This meant that they were interested in children playing with matches, adolescent firesetting behavior and arson. They also were interested in fires set by senior citizens, whether accidental or not.

The following are some of the statistics they reviewed: From 1977 through 1982, 21% of the people who died in Minneapolis fires died as a result of a deliberately set fire. There were nine fire-related deaths in the 11 months prior to the Donaldsons fire. There were eight fire-related deaths in the 30 days following. In the past year, of the 582 fires recorded in Minneapolis, 27% were set by arsonists and 50% of those arsonists were juveniles.

The group went on and attempted to address the questions of:

* Motivation for firesetting
* Extent to which people who set fires are suffering from a mental illness
* Media influence on firesetting behaviors after the coverage of a fire
* What other cities are doing in the prevention of firesetting
* What specialized treatment is available or needed in this area for people with firesetting behaviors.

What the task force found was that more work and organizaiton concerning these issues and the issues of early identification of a fire setter and proper treatment was needed.

Presenting at this workshop were several professionals with varied relationships to the firesetter and his fire. Noel Lutsey, Deputy Chief of the Minneapolis Fire Department, began by describing the Fire Department's changing response to fire setting. Currently more is being done to investigate all fires and punish those who set them. He noted that fire setting is not just a fire problem but usually a symptom of greater problems.

Hugh Strawn, Insurance Information Center, presented slides of the Thanksgiving Day blaze. He noted that insurance companies have found firesetters who are caught have a previous history of firesetting. Many times when they had set fires as children, no legal action was taken but they may have been referred to counseling agencies or to the fire department for a reprimand.

Pat Miezala, R.N., Consultant with Burns Concerns, Inc. of Chicago, talked about the child firesetter. Many times the experimenting child and the emotionally disturbed child were not treated seperately. The child between the ages of 2 years to 7 years has a natural curiosity about fire; she said this mystique must be removed. She also stated that group homes and halfway houses are nationally being identified as having the greatest potential for large loss of life. Many of these facilities may not know that they have a potential firesetter.

Dan Mabley, Assistant Hennepin County Attorney, Tom Lavelle from the Hennepin County Court Services, Gary Schoener of Walk-In Counseling Center and Dennis Avery, Hennepin County Parole Services, gave some local perspectives on the subject at hand. Three common factors have been noted for persons charged with firesetting:

1) Their psychological testing notes something outside the normal range, although unspecified.
2) Their social history is as important to research as their charge; patterns of repetion of this behavior occur frequently.
3) They usually have been in some sort of prior treatment and have generally failed. Many times this treatment is for chemical dependency.

A professional's duty to warn the public of dangerous persons was discussed in the context of those who are being served by the mental health and other community counseling agencies. A person may be admitted for reasons other than arson, but may have a

"Fire!" Cont. on Page 8

After a while you learn the subtle difference
between holding a hand and chaining a soul.
And you learn that love doesn't mean leaning
and company doesn't mean security.
And you begin to learn that kisses aren't contracts
and jpresents aren't promises.
And you begin to accept you defeats with your head
up and your eyes ahead with the grace of a woman or a man
not the grief of a child,
and learn to build all your roads on today
because tomorrow's ground is too uncertain for plans
and futures have a way of falling down in the mid-flight.
After a while you learn that even sunshine burns if you
ask too much.
So you plant your own garden and decorate your own soul
instead of waiting for someone to bring you flowers.
And you learn that you really can endure
that you really are strong and you really do have worth.
And you learn and you learn
with every goodbye
you learn. . . . .

Second Anniversary
Hennepin County Monitored Antabuse Progarm
May 1st, 1981

"Fire!" Cont. From Page 7

history of firesetting and therefore should be treated cautiously. Due to these considerations, it is very important for all agencies to include questions about a person's possible firesetting behavior when doing intake interviews or social histories.

In conclusion Mike Baizerman stated that much more work needs to be done. The first step was identified as educating the public. This would aid in the early identification of the firesetter as a child. Then programs would be needed to serve the experimenting child and the seriously distrubed child. Much research is needed to identify and develop effective treatment methods for the firesetter. Questions which should be answered are: why do standard treatment methods fail, how can the community treat this behavior without fear of the behavior being repeated, and when is someone no longer at risk even in a crisis situation? The workshop was a first step in a long journey toward understanding and treating the firesetter.

Bill Kelly Cont. From Page 4

clients are relieved of experiencing the consequences of their offenses. At the Bill Kelly House, it has been observed that 30 percent of the population have experienced repeated offences, not as a result of psychiatric problems, but possibly due to the lack of experiencing negative legal consequences. To date, the legal and correctional system has not addressed the problems of the habitual MI/CD offender.

Appropriate referrals have a current mental illness diagnosis, recent chemical abuse/dependency problems, and a willingness to work on those problems. Most referrals come from inpatient chemical dependency, psychiatric, or MI/CD programs. Potential residents are interviewed at scheduled appoinments with the Program Director. Also community professionals are invited to attent a Program Philosophy Meeting to learn more about the program scheduled on the last Thursday of each month from 4:00 to 5:00 PM. To attend the Philosophy meeting or for intake appointments, please call 871-4131.

Note: Corrections for the May/June Issue.
The article on Child Sexual Abuse (page 6), continues on pg. 7, column 2 begining with "Sharon Sayles . . . It was erronsously included in the pg. 7 article, Conference Studies Victims. The Happenings staff appologize for this error.

Happenings

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The opinions expressed in the Happenings are those of the contributing writers.

Readers are encouraged to respond to the content of this newsletter and to write on topics of interest to its readers. The staff reserves the right to edit submitted articles. Copy deadline is the 25th of odd-numbered months. **Members of the newsletter committee are:**

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