



President's Message

~ Rhonda Meacham

I am a few months into the second year of my term as IL ATSA President and am looking forward to working with the board to increase the benefits of being a member of IL ATSA. Officer elections were held in January and current Treasurer, Mike Kleppin was elected for a second term, while Michelle Evans is taking over as Secretary. Past Secretary, Tracy Tholin, was elected as a board member and we're pleased to have her continued participation. A big thank you to all board members that volunteer their time and talents! The board is in the planning stages of various training opportunities, so be on the lookout for updates and professional education and growth opportunities in the near future.

Switching gears a bit, I'd like to focus on the content of this newsletter. Within the field of sexual abuse, there are various professional paths that

one can take. Whether one chooses to work with victims of sexual abuse, perpetrators of said abuse, or both; whether one chooses to fulfill the role of direct care, research, assessment, legal defense or prosecution, or any other role available in such a dynamic field; whether one chooses to work in community based services, group home/residential settings, or corrections based programs, one thing is true: each part of this system, every position, is necessary and worthy of respect. I'm sure most of us have encountered others that do not agree with our career path or question our choices, and some of us have been on the side of doling out that judgment. Regardless of the undertaking each of us has chosen, the work can be difficult and riddled with obstacles. I believe people choose their position in this field with the best intentions and are motivated to better a

situation; each of us having a personal perspective about what it is that needs to be done to aid people that are hurting. We sought submissions for the newsletter that gave individuals a voice and opportunity to discuss their perspective for choosing their career path. It is my hope this serves as a reminder of the importance of being open to other's perspectives and respecting each person's role. We're just a cog in the wheel, and each cog is necessary for the system to function effectively and to ensure all clients receive the care they deserve, regardless of whether they fall on the side of victimization, perpetration of abuse, or have experienced both. If you were unable to submit something for this newsletter, don't hesitate to submit a piece for future newsletters. We appreciate hearing from our membership and colleagues!

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Professional Spotlight: Probation

~ Greg Barrett, Iroquois County Probation

My continued motivation to work with the sex offender population, after seventeen years in the field of probation, stems from seeing the good that comes from treatment. Society views this population as inherently evil and, in

many cases, this is true. What society fails to acknowledge is that, many times, sexual abuse is the result of a vicious cycle that is handed down from generation to generation. While incarceration is warranted in many cases, it does not stop this cycle.

Treatment forces an offender to be accountable for their actions, while allowing them to reside in the community they would undoubtedly return to upon release from a prison.



Professional Spotlight: The Unique Joys of Working With Sex Offenders

~ Robin Hyman, M.S.

I have been working in a secure facility, with adult males who have sexually offended, for almost three years. This job is a perfect match for me and I can't imagine doing any other work. Every professional job, personal challenge, and life experience I have had, has culminated in my present work with adult male offenders. This job has enabled me to explore and expand my interests in multiple areas, including working with individuals who live with a variety of hidden and visible disabilities. This job also fulfills my need to advocate for justice, on an individual basis for offenders and victims, and at a societal level: addressing laws, ingrained (prison mentality) attitudes and beliefs, and treatment needs that are fair and

constitutional. My co-workers are the most supportive, intelligent, passionate people I have ever worked with. One of the most rewarding parts of my job is working on a team and witnessing the growth of residents as they progress through treatment. Comparing new residents, entering treatment, to later phase residents preparing for CR (conditional release) is like comparing a rock to a diamond. The changes are dramatic and can be seen in body language, tone of voice, facial expressions, confidence, maturity, communication, and changing values and beliefs. Every day brings celebrations and challenges and not a day goes by that I don't laugh, swear, or say, "really?" The cheering and clapping when a resident passes a

polygraph or phases up to the next level, is something only we understand and experience. The unpredictable pace of progress, the two steps up and one step back, the patterns that are recognized, and the windows of opportunity, are unique to those of us who work with offenders. This job allows me to play a part in the transition between broken, dispirited, tormented, and degraded individuals as they transform into men with self-respect and honor. They are resilient survivors with many gifts and strengths. They have shown me the very best any man can be. It's an honor to work with them, to be allowed to hear their stories. This role fulfills purpose and meaning in my life. It is a part of my reason for living.

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Professional spotlight: Defense Attorney

~ Stephen F. Potts, J.D.

I have been representing individuals in sexually violent person's cases in Illinois for in excess of sixteen years and I find the area challenging and interesting which keeps me motivated to continue to be involved in those cases. In many ways the science involved in SVP cases allows me to move outside the closed confines of only the legal issues to explore areas which challenge and

intrigue me in different ways. In addition, driving my representation in this area is the desire to make sure that those who cannot help themselves, either because they lack the ability, desire or capacity are effectively given the protections guaranteed by our system of adversarial justice. Many respondents simply do not for whatever reason have the capacity to fully grasp what may,

from a purely legal sense, be in their best interests either during the process or post-commitment. At times communication with certain clients in this area may be very difficult but it can be very rewarding when a client understands that you are truly on guard for their best interests, even when your advice may conflict with their perception of what should be happening with their case.



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Professional Spotlight: Author and Clinician

~ Mark S. Carich, Ph.D.

To fully answer this question, I need to start at the beginning. I started grad school at the ripe old age of 21. None of this stuff was covered, except perhaps a few cases in family systems therapy classes. In 1984 I went to Texas Tech University in Lubbock Texas for a pre-doc APA accredited Counseling Psychology internship (which was one of the best experiences). I was intensely studying Adlerian Therapy, Milton H. Erickson, M.D., RET, CBT, Reality Therapy, cybernetics/systems theory, etc., when I received my first case, who was a young man with some schizoid features who was convicted of flashing a 10 yr. old girl. Of course I applied what I was studying. I found the case intriguing. Before wrapping up my internship, I was asked if I wanted a job working at a prison, and of course

I said yes.

By the early fall of 1985 I joined Centralia Correctional Center (CCC). At that time, I began publishing articles on therapy and working at local universities, later publishing books and articles in this field, as well. We ran sex offender groups, substance abuse groups, along with aiding clients with a host of pathology and increasingly working with a variety of clients including many who sexually abused others. I found the work very interesting and the field seemed wide open for development.

In 1989 I was asked to transfer to Menard Psych. Center (MPC), which was a zoo more or less (*since I am now retired I think I can say that*). I was introduced to the SDP's (sexually dangerous persons) which was the old 1938 sexual psychopath law. These

guys were civilly committed until they recovered (which was not addressed in the literature). I worked with Mike Dolan who had been doing this work for 9 yrs. He left 3 months later, as I took over the program. At this time, it seemed that no one was working with the high risk clients until the late 90's when the second generation SVP programs rolled out. Again the field seemed wide open for development.

At the end of 1995 (12/5/95 actually) I transferred to Big Muddy River CC where I continued my work with the SDPS, until retiring in 2012, when I took a position as treatment director at a SVP program. Now we have a small private practice conducting evaluations and working with low risk clients which seems much different. To answer the question "why I do what I

do," I have always been a student of therapy, therapeutic change and maintaining change. The field has dramatically changed over the years. Several key driving forces involves articulating the different processes involved in assessment and treatment, along with developing programs to effectively help clients change. The general clinical literature provides a variety of techniques and theories that seem to be largely ignored in the sexual abuse treatment literature. I think clinical integration remains very important. The field remains wide open for clinical expansion. Thus, I keep doing what I do in the hopes of improving the theories, strategies and techniques to help our clients change more rapidly and maintain change, for clients at all risk levels.

Professional Spotlight: Residential Treatment & Family Therapy

~ Robert Poole, MSW

I have 23 years of experience working with adolescents who demonstrate sexually abusive behaviors, and I feel motivated within my job each and every day. I've had Case Management and Unit Coordinating within the residential treatment realm of dealing with offenders. I am now a Family Therapist working

with a both offenders and families. My motivation to work with these adolescents stems from my experience with seeing how younger adolescents still have the capacity to make multiple behavioral and attitudinal changes within themselves. In many ways, these clients are still highly "moldable" and capable of changing years of distorted thought

and behavioral patterns. Having moved into the family realm of treatment more recently, I have also observed how family patterns often contribute to the client's behavioral patterns. However, I remain optimistic, as I have observed many of these family systems who are searching for new and healthy patterns within their families and not

wanting a future with these destructive dynamics. The adolescents are not the "monsters" that society envisions and that the media would like to portray. These are our future members of society who are in need of our help and services and deserve the opportunity for health.



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Professional Spotlight: Victim Advocacy

~ Judy Guenseth, Director of the Knox County Child Advocacy Center

After working in social services for nearly 15 years I left the profession. At first, I welcomed the change and experienced success in my new field. After several months though, I began to long for a deeper meaning to my work life. After a 2 year hiatus in early 2013, I returned to social services at the [Knox County Child Advocacy Center](#), a small center serving three counties. I serve as the director and the forensic interviewer.

People frequently ask me, how do you do what you do? Certainly it is not easy ensuring adequate funding in a high poverty

area, which also means high social service need. I frequently tell people I get funding knots in my stomach. The financial climate in Illinois is precarious and not likely to improve any time soon. Add to that the vicarious trauma which accompanies hearing the narratives of sexually abused children and yes, there are times I leave the interview room and cry in my office. It can be especially rough when the agency receives many cases in a short amount of time.

Often times when a child shares his or her information with me, it is a

crisis moment for them. Children often carry their secrets as hidden baggage, afraid of how a disclosure may affect their family or personal life situation. Many feel guilt for what has happened or what could happen as a result of a disclosure.

Yet there is something deeply satisfying about stepping into the lives of people in crisis to provide direction, healing and resources. When children share their pain with me, then the healing can begin for each of them. If I have to go into another room to cry through it, so be it because each child needs to unload that burden in

order to initiate resolution.

This is not merely a child intervention but also intervention into lives of parents, extended family and even the alleged perpetrator. I cannot make the choices for the victims, family members or defendants, but I am able to facilitate a point in time when better choices could be made. I can ensure funding of an agency which promotes collaboration between professionals who provide the various legal, medical, advocacy and therapeutic services necessary to provide restoration to children and their families.

Professional Spotlight: Civil Commitment and Conditional Release

~ Rhonda Meacham, LCSW

I have worked in the sexual abuse field, specifically with individuals that have perpetrated acts of sexual abuse, for a little more than 16 years. During that time I have worked with juveniles and adults in community based, residential, and detention settings. Interestingly, this was not initially a conscious choice...I stumbled into the field prior to receiving my MSW degree and have never looked back. Currently, I exclusively work with individuals who have been designated as Sexually Violent Persons. While I spent a period of time working as a clinician in

the Detention Facility that houses these individuals, I have been working with the clients that have been conditionally released for the past 6 years. If you follow the literature and discussions regarding civil commitment laws, you are aware there is contention regarding the legalities of the laws and the process of assessment, release, and discharge of the clients. While I have a thoughtful response regarding each of these areas, I will not discuss that for this piece as it has little to nothing to do with why I have chosen to work with this specific population. Regardless of one's opinion, the reality is

there are hundreds of individuals in the state of Illinois that have been committed, are receiving treatment, and will hopefully be released at some point. Due to the nature of the offenses, the chronicity of the offending behavior, and/or the combined years of incarceration through the criminal and civil proceedings, the majority of these individuals have been removed from society for many, many years. In my role, I have the opportunity to work with these individuals as they face life back in society. This transition is no small feat and, unfortunately,

incarceration does not necessarily promote the development or enhancement of the skills necessary to live a healthy, productive life. Often times, client supports have dwindled (if they ever existed) or are unable to provide the level of support an individual needs that is coping with such a significant life change. These factors, combined with the ongoing mental and emotional health needs of the clients, create a dire situation that would be difficult for any person to navigate without sustained support.

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Civil Commitment and Conditional Release...continued from p.4

~ Rhonda Meacham, LCSW

While one of my motivations for working with this population is to decrease the likelihood of re-offense, it is not the only motivation. I am motivated by the desire to assist these individuals in dealing with the regrets of their past life choices while mourning all that has been lost. I enjoy playing a role in helping

them adapt to a world that no longer looks familiar to them, hopefully influencing them to continue to fight and have hope when it sometimes seems easier to return to what they have known for most of their life. I try to provide coaching to assist them in navigating the various systems they encounter and to gain the

necessary skills to establish and sustain things that are meaningful to them. My goal is to assist them in creating a fulfilling life that will ultimately encourage them to avoid making any decision, sexual or non-sexual, that can jeopardize their health and safety or the health and safety of another.

Regardless of which side of the issue one falls on related to civil commitment, it is undeniable that there are a large number of people that are hurting...whether that hurting is evident or masked by some other pathology...and I choose to help them. It is that simple.



Treatment Tips Corner

Using MI & REBT to Motivate Change



~ Glen Ensinger, LCPC

Motivational Interviewing and Rational Emotive Behavioral Therapy are used often in most settings where change is needed, but perhaps not initially sought.

Motivational interviewing is commonly used in settings like the medical field to assist patients with changing unhealthy habits to healthier habits. REBT has been used in the substance abuse field for many years and continues to be effective for change. Motivational interviewing has also been used in the substance abuse field, and in the criminal justice arena. What makes it effective? It is not rocket science, although I am sure that it took many years for Dr. Albert Ellis to develop REBT and Mr. Rollnick and Mr. Miller certainly took years to get motivational interviewing to be what it is today.

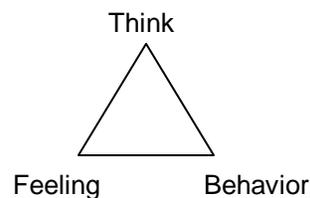
Simplifying motivational interviewing

for a minute, it is really focused on why you stay the same, what you gain from it, and what you may lose (the cost) when staying the same. It is also what you feel you might gain or lose by changing. My favorite line is "how is that helping you?" Another line I use if I want a client to continue an effective behavior is "why don't you continue to do that if it works?" "What are you getting out of that?" "Is that helpful or harmful to you? These questions are getting at the core of MI.

REBT is more about identifying the feeling or the consequence, and then looking at the event that created the consequence or feeling. Once the person has identified the event, he then identifies beliefs about the event. These, in REBT, are usually labeled *musts, shoulds, black and white thinking,*

awfulizing, and the belief that it is not fair. The next step is to dispute the irrational or ineffective beliefs that bring about ineffective behaviors or feelings. The diagram below shows the connections of cognitions or thinking, feelings and behaviors. This is when I start mixing REBT and MI.

The questions help the client see the ineffective thinking. Once we can help clients understand their beliefs are getting in the way then we can move to the next step.



The next step is identifying more effective ways to think, "new thinking." This is where I definitely mix MI and REBT. The client starts to understand that they can

have a new way of living and it may be a more peaceful way to live.

Clients have ambivalence about change because change is hard. Anxiety is one of the things that people hold onto. In this case, anxiety can be a motivator - It helps me do the work I need to get done. If I have no anxiety then I will not do it or will not do it effectively.

Once we move beyond new thinking we can look at new feelings. This is also a very good place to mix MI and REBT. In the past you felt like XXX, if you are no longer doing YYY, now how will you feel? The hope is that the client can see reduction in anxiety, depressive symptoms or other distressing feelings.

Then you have them!! Now they can set new goals that will be more productive, more effective and live life more fully!!