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Volume 1: Issue VI

## ocean newsletter

Overcoming Corruption Encouraging All Nations

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*In this 6th issue of the ocean newsletter ocean pleads with other civil commitment detainees to speak up. Then we will examine Viktor E. Frankl's story from his book, "Mankind's Search for Meaning" and look at how his situation compares to ours. We will then look at how to correct false information in our charts using a "data challenge." Then we will show how the gulag has failed repeatedly at their attempt to "treat" their "clients," an obvious farce that should have led to the termination of the gulag decades ago. Finally we will look at the uncanny comparison between gulag staff and those with narcissism.*

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## 👤 A Call to Action! 👤

### Ocean Pleads with other Civil Commitment Detainees to Speak Up: “Exploitation Does not Thrive Without Cooperation!”

We do not plan on letting up any time soon! We understand that it seems hopeless to fight back, but its not about odds. It doesn't matter how likely it is that we will be successful—that is not the focus. It is about preserving your personal dignity and living with purpose.

Who are you? Why are you on this planet. What is all of this for? If you have not asked and answered these questions, you are not living yet.

Perhaps you don't think you have what it takes. Your probably right. Alone, you don't have what it takes. But there are many other supporters out there that want to see you go home and become a productive member of society. But more important than that, they want to see justice served. People rejoice when bad people are held accountable.

Wow, what right do we—a couple of sex offenders—have in saying anything about “bad people?” ...We are no longer sex offenders, but *Defenders*. We no longer offend against others, we defend others. We defend humanity. We defend what is good and right and just.

We are 100% human being and fully capable of loving compassion. We know the dark side all too well. But we are not monsters or animals and neither are you! We are Overcomers. We take the challenge of achieving freedom against all odds. This is not only the fight of our lives, it is the fight of our generation. Think about it. If civil commitment continues the way it is, it could lead to justifying the indefinite incarceration of millions of people. This can be done by the power of a psychiatrist opinion about your “mental health” and their prediction of your ability to commit a crime or hurt someone *in the future*, whether you have done anything in the past or not.

Our Time Has Come to demand ACCOUNTABILITY from the leaders of this scheme.

So what do you do now? Here are some ideas to start with:

1. Read—a lot. There is plenty of information out there about why civil commitment does not work and why it is horrible for our society.

2. Write—Your right to free press is one of your best friends. spread the information that you learn to everyone you know and if you can get it on the net, do it.

3. Speak—Your Freedom of speech is also one of your best friends. Use all of your resources—including your right to free speak. USE YOUR VOICE. But make sure you do your research before you open your mouth.

4. Overcome.

Read our December 4th “ocean Special” article to see how ocean has specifically made an influence. If anyone wants us to send them information, write to us and we’ll send it [DAW]

## Detainee Interviews

If the state authorities are going to keep us locked up forever, they are at least going to know how we're getting along. <*The term Detainee is more fitting than client*>

This weeks "detainee" is not an msop detainee at all, but a former detainee of the Auschwitz concentration camp. Born in Vienna in 1905, Psychiatrist Viktor E. Frankl survived to tell of the horrors of his experience in Nazi death camps. Dr. Frankl's focus within his writing are of man's response to suffering. Although he describes the events and people of the camps, my take away from his book *Mankind's Search for Meaning* is that he was fascinated by what people do with suffering. In this capacity, civil commitment detainees can relate. However, I must make a disclaimer before I continue: My preventative detention was caused by many factors, but simply put: it was my wrongdoings that ultimately caused my incarceration. Although "they" lied to the public and to me about how they were going to achieve the goal of double jeopardy, I am not locked up because of my race, which is far more unjust than what has happened to me.

Suffering in and of itself is meaningless; we give our suffering meaning by the way we respond to it... Forces beyond your control can take away everything you possess except one thing, your freedom to choose how you will respond to the situation. You cannot control what happens to you in life, but you can always control what you will feel and do about what happens to you. (p. x)

This is how we became Defenders. Frankl talks about all of the horrors of the concentration camp and the worst horror of them all—apathy. The conditioning caused by repeated trauma resulting in an indifference to human suffering and death. I see this here at msop. 77 men have died here. One day I was very bothered by such a high number. I went to group and spoke about it saying, "I bet you clinicians become quite frantic when another one of your detainees dies without rehabilitation. I picture you guys in your offices just freaking out trying to get just one guy better before he kicks the bucket." The response I got was, "we don't control when detainees die." She missed my point completely. She has no feelings at all about detainees dying here, and many of the detainees are just as indifferent. I don't want to get this way. I want injustices to make me angry. I don't want my conscious to be seared beyond compassion. I want to rejoice when someone makes it, and weep when they don't. However, I see myself becoming cold too. I have been here 3 years and have witnessed 13 deaths in that short time. It's so common. Most of those who have died were well over the age of desistance and the likelihood of them reoffending was almost indistinguishable to someone who has never committed a sex crime at all. msop still refused to release them.

So the apathy of all who work and live here is the killer, not msop the organization – but msop *the people*. The fact that almost everyone here—both detainee and staff have lost hope in society altogether—that is why we remain here.

In his book, Frankl goes on to write about a man's ability to "regress" and become very primitive when he gets committed. His conversations tend to center around politics and/or religion (both sources of power for the powerless) and his obsessions become food and other creature comforts. I see this at MSOP at a level that is quite disgusting. However, reading it in Frankl's book helps me be less judgmental.

We are all frantic to find meaning and a sense of reality in this box called civil commitment. It is quite ironic that the goal now is to protect ourselves from allowing these facilities to make us insane by means of apathy or regression.

So how do we build hope again? This is what ocean is trying to figure out. For me it has been to just do, say, write and fight what I believe in and ignore the consequences. This has meant to fight against the temptation to be comfortable. What we are doing is anything but fun. Its work. Its daunting work because there is no reason to believe that it will ever be worth it.

But we have heart, and we are men and we have the blood of warriors running through our veins. ocean is a manifestation of this mentality.

This might sound too dramatic, but like Frankl says, "Even we psychiatrists expect the reactions of a man to an abnormal situation, such as being committed to an asylum, to be abnormal in proportion to the degree of his normality." (p. 20) So I am reacting as expected I suppose. [DAW]

# Correcting False Information in your Detainee Charts Via Data Challenge—It's Your Responsibility

[check your state statute]

When you are indeterminately civilly committed, there is data and information that is authored and maintained about you by others and the committing court maintains data regarding your "Findings of Facts."

Also, the Minnesota Department of Human Services maintains data post-commitment, relative to your admission and detention at MSOP.

While at the Minnesota Sex Offender Program (MSOP) you are given Quarterly Reports, Annual Reports and Annual Mental Health Assessments.

This data must be completely accurate.

Detainees who are concerned with inaccurate data need to sit down with the authors of these documents and work to craft them truthfully.

If that doesn't work, you need to request that the data reflect the complete truth and if that doesn't work you can do what is called a "Data Challenge" [Data Accuracy And Completeness Challenge, According To The Requirements Of Minn. Stat. § 246B.01 CHAPTER 13].

The Data Challenge is to the Responsible Authority msop Policy and Compliance Specialist-Stephen Steyck [at MSOP].

Mr. Steyck has 30 days to correct the data being challenged and if he does not, you must write the Office of Administrative Hearings (OAH) for a resolution to the disputed data.

The OAH will set it up for a hearing in front of an Administrative Law Judge (ALJ) and then you can expect the Minnesota Assistant Attorney General to respond to your challenge in the form of a Motion for Summary Disposition.

This may sound complicated. However, it doesn't take long and is well worth it to show whoever has access to your file just who you really are.

Many detainees complain that their charts are fabricated lies but get frustrated and tear them up.

This is what msop wants you to do, to just comply and conform or pretend it isn't happening.

I [Peter Allan] have personally gone through the process and found it gratifying to know there is a court that no msop wants to sit in front of while you ask the questions.

Normally msop will change the data to reflect the truth as sometimes honest mistakes are made.

These documents in question are the same ones that thousands of DHS – msop employees have access to, not to mention the Treatment assessors, Risk assessors, Mental Health Assessors, experts for the court, Attorneys, County case workers, Judges, the SRB/CAP, etc.

These quarterlies and annuals are now the basis for your continued commitment.

The new quarterlies do not have a "case formulation" section but it is now only in the "Annual Review."

Always add to the: "detainee contribution" showing current behavior or lack thereof. You will need to thoroughly review your case formulation and go over it line by line and make it completely accurate.

It is your right to be accurately portrayed.

There are restrictions with respect to the Findings of Fact that cannot be challenged unless you receive "new evidence" you could not have found after one year has elapsed after your final commitment.

If you don't challenge the incorrect data, some of you will be given non-petitioned reviews or random audits or Hospital Review Board reviews.

A day will come when msop gets held accountable for knowingly or unknowingly charting inaccurate data in your charts to further your institutionalization.

For those who are just doing time, at least be prepared to do the hard work to holding your primary therapist, unit clinical supervisor, unit psychologist and program psychologist accountable.

According to Minnesota §144.32 False Statements Cause For Discharge.

Furthermore, falsifying such medical documents is a misdemeanor in the state of Minnesota.

MN §144.32 False Statements Cause For Discharge, “Any intentionally false statement in such certificate and any act or omission of a superintendent or superior officer to connive at or permit the same shall be deemed good cause for summary discharge of the person at fault regardless of any contract.”

Minnesota statute §253D.03 General Provisions, “The provisions of section §253B.23 apply to commitments under this chapter except where inconsistent with this chapter.”

MN §253D.03 , Subd. 3. False reports:

Any person who willfully makes, joins in, or advises the making of any false petition or report, or knowingly or willfully makes any false representation for the purpose of causing the petition or report to be made or for the purpose of causing an individual to be improperly committed under this chapter, is guilty of a gross misdemeanor. The attorney general or the attorney general’s designee shall prosecute violations of this section.

It is your responsibility to hold accountable those who are reporting your data. And to assure that they are recording your data accurately and honestly. [PA/RJH]

## Consent is the Standard of this Millennium.

Psychologists study the behavior of humans, and the main purpose of this research is to help us understand people and to improve the quality of human lives.

Basic research is research that answers fundamental questions about behavior.

Applied research is research that investigates issues that have implications for everyday life and provides solutions to everyday problems.

Basic research and Applied research inform each other, and advances in science occur more rapidly when each type of research is conducted.<sup>1</sup>

The research reported in scientific journals has been evaluated, critiqued, and improved by scientists in the field through the process of what is known as *peer review*.

Msop's implementation of its "Goal Matrix" has never received any such evaluation or research.

It is an experimental tool meant to correct behavior—not address any perceived mental illnesses.

First of all, the msop treatment model is not used by any other civil commitment program in the country and has never been validated as a way to treat sex offenders.

Note Dr. Miner's testimony as to the Matrix Factors:

Q. Let's talk about the Matrix factors. Do you take any issue with the Matrix factors scoring guide?

A. Yes.

Q. And tell me about that.

A. Well, the Matrix factors scoring guide doesn't meet minimal requirement for a psychological test as promulgated by the joint APA-AERA Guidelines for Psychological and Educational Testing. It doesn't include a lot of information that would be required in a guide or in a manual... It's been criticized for being unreliable; I would agree with that... do they use it to structure their program? Yes. Is the scoring adequate? I don't know.<sup>2</sup>

One important tool for ensuring that research is ethical is the use of informed consent. Informed consent, conducted before a participant begins a research session, is designed to explain the research procedures and inform the participant of his or her rights, during the investigation.

The informed consent explains as much as possible about the true nature of the study, particularly everything that might be expected to influence willingness to participate, but it may in some cases withhold some information that allows the study to work.

MSOP has never requested informed consent to the goal matrix from its detainee population.

Rather, MSOP detainees are subjected to this experimental research without even provided notification that they have become a Human Research Subject.

According to Minnesota [Detainees] Bill of Rights, 144.651 Health Care Bill of Rights

Subd. 12. Right to refuse care.

Competent detainees and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a detainee or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the detainees or residents medical record.

Subd. 13. Experimental research.

Written, informed consent must be obtained prior to a detainees or residents participation in experimental research. Detainees and residents have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

[msop Goal Matrix].

Subd. 14. Freedom from maltreatment.

Detainees and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. Maltreatment means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce

mental or emotional distress. Every detainee and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a detainee or resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

The evidence has shown that msop treatment progress is scored using the Matrix factors. The Matrix factors were developed and implemented by msop – something that was not previously used and is not used in the same way by any other program in the country.

The evidence is also clear that the Matrix factors form the basis of the msop's treatment program.

The same Matrix Factors are applied wholesale to all detainees, in a potentially cookie-cutter fashion.

Instead, comprehensive assessments should be completed for each detainee to identify specific risk factors and individualized treatment needs, which should then be conveyed in language that the detainee can understand and address in treatment.

Furthermore it must be known and understood that the matrix itself is an experimentation tool.

Detainees are urged to submit a request and ask your primary therapist why you were never requested for your informed consent to an experimentation tool such as the Goal matrix?

It is the responsibility of the primary therapist to notify their detainees of their [Detainee] Bill of Rights and Constitutional Rights to ask for informed consent.

Informed consent that should have been requested back in 2009 – to consent to the experimental tool the goal matrix.

That's ten years, 10 years detainees at msop have been unknowingly participating in the msop's experimental research without informed consent.

Since 2009, MSOP has relied on a 'treatment Matrix' to purportedly assess detainees' needs and progress in treatment. Before that they were not used in msop. No other sex offender commitment or treatment program uses this 'Matrix.'

Despite its stated goals, Minnesota's treatment approach falls flat and falls hard. The goal, observed in theory but not in practice, is to "treat and safely reintegrate" committed individuals at the msop back into the community. But the current three-phase incarnation also provides little to no evidence of progression.

The program's Matrix scoring method fundamentally lacks consistency.

Indeed, the msop did not even bother to train its staff on what factors matter under the Matrix until nearly four years into the model's use. Noting that the msop began using the Goal Matrix in 2009 and began training on factors in 2013. Another year passed in 2014 before the msop trained staff on scoring specifically.

This means that for those 6 years msop detainees were scored by clinical who had no prior training or understood specifically how to score the Matrix factors.

Which lends me to question why detainees in msop are not telling their primary therapist that they know they are not in the correct phase of the program and then to demand that this serious concern be addressed.

I [Russell] urge msop detainees to employ your treatment skills to problem solve this detrimental problem. Be assertive and tell your therapist to immediately acknowledge your progress advance you to the correct phase, CPS, a Provisional Discharge or to support a full discharge from msop.

Most of the msop detainee population should be in Phase III! The lack of urgency surrounding the treatment approach corresponds to its lack of rigor and, ultimately, to its lack of purpose.

And yet, ten years, ten years later, the msop treatment 'Matrix' standards are undefined or ill-defined, lack specific examples of application, and are highly subjective.

Many therapists report that the Matrix is not being uniformly applied and those standards for interpreting the matrix are lacking, allowing a wide range, from impossible-perfection standards to very lenient standards, from one therapist to the next. A mere glance at some of the factors used in various 'behavioral areas' of the Matrix confirms this subjective vagueness: "negative social influences," "poor self-regulation," "general hostility," and "antisocial attitudes and behavior."

The undefined, unspecific Matrix standards used by msop ostensibly to judge treatment progress "allow for overly subjective evaluation by clinicians" in msop.

In most cases, these Matrix standards have been employed to thwart treatment progress, rather than to promote it.

[Another behavioral experimental research program put into effect into the msop institutionalization regime is the tier project. More on that in a later issue]

Again, although the conclusion made by the Court sounds definitive when ruling msop unconstitutional, MSOP effectiveness of employing the matrix in practice is weighted down by the fanatical adherence by MSOP administrators and clinical supervisors to the unspoken concept that treatment of committed sex offenders 'should' take a long time, on the tacit belief that, to render any msop detainee "safe" for release, he must utterly be 're-made' as a different persona than his own.

It is this belief, never laid bare, that is behind the decades-long detention and treatment of msop's detainees, compelling them to satisfy the Herculean requirements of a practically endless series of "Matrix" "goals" before administrators will consider an individual's release.

This is the vehicle by which each treatment-participating msop detainee is denied "completion" of treatment over countless years, until they simply give up—or die. [RJH]

It is deliberate and cruel.

### Footnotes

1. Lewin, Kurt, *The complete social scientist: A Kurt Lewin reader*, M. Gold, Ed. Washington, DC: American Psychological Association ©1999
2. *Karsjens v Jesson T.T.*, Vol. V p.1026 v. 3-25 Ibid. at Vol. VI pp.1183 v. 5-1184 v. 13

## msop Clinical Could not do their Jobs Unless they Exhibit the Basic Elements of Narcissism.

It is the clinician's job to convince the detainee that the clinician's way of life, their ideology, their religion, is the right one. Clinicians need their detainees to affirm these beliefs and be subordinate to them, and agree to them as truth, to feel that their choice of careers was not a waste of time and money.

According to the Encyclopedia Britannica, "Narcissism"<sup>1</sup> is defined as a:

Mental disorder characterized by extreme self-absorption, an exaggerated sense of self-importance, and a need for attention and admiration from others... named for the mythological Narcissus, who fell in love with his own reflection. In addition to an inflated self-image and addiction to fantasy, narcissism is characterized by an unusual coolness and composure, which is shaken only when the narcissistic confidence is threatened, and by the tendency to take others for granted or to exploit them...

Many clinicians at msop may fit the definition of Narcissistic Personality Disorder Which is defined as a:

...pervasive pattern of grandiosity... need for admiration, and lack of empathy... [and] as indicated by five or more of the following: 1. Has a grandiose sense of self-importance... 2. Is preoccupied with fantasies of unlimited success, power, and brilliance... 3. Believes that he or she is "special"... 4. Requires excessive admiration. 5. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations). 6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends). 7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others. 8. Is often envious of others or believes that others are envious of him or her. 9. Shows arrogant, haughty behaviors or attitudes.<sup>2</sup>

The parallel between narcissism and the general attitude of most msop clinicians is uncanny.

Whether you're a new naïve "bright eyes" hoping to change a system you believe just "needs a little help," or one of the "left overs" from decades of staff that have had the integrity to walk away from what is clearly wrong, as long as you are working for msop, you have blood on your hands.

The staff member that claims to be the "Comforter of Clients" while detainees endure this "difficult time," is the shiniest, greasiest cog of the msop Madhouse Murder Machine. The whole system relies on the compromised smiley staff, who thinks they are doing detainees a favor for sticking around.

If anyone continues to work at msop to simply "make the detainees time easier," and not because they actually believe in indefinite preventative detention, they have no integrity.

As an act of nobility, the best thing they can do is leave msop and never look back. [DAW]

### Footnotes

1. "narcissism." Encyclopedia Britannica. Encyclopedia Britannica Ultimate Reference Suite. Chicago: Encyclopedia Britannica, 2013.
2. DSM-5 pp.669, 670