KEY STRATEGIES FOR WORKING WITH JUVENILE OFFENDERS

David S. Prescott, LICSW

Welcome!

INTRODUCTORY REMARKS

And the responsivity principle

WHAT' S OUR GOAL?

- Stopping the behavior?
- Justice for the victim?
- Preventing re-offense?

WHAT WORKS?

- Do we want them to re-offend or not?
- What can we do?
- Who should we be?
- Is that enough?

ASK YOURSELF

- What's the best session you've done in the past year?
- What made it so effective?
- What gets in the way of your doing that all the time?

MY MOTIVATION

Problems:

- Disrespect by many professionals of the earliest phases of treatment
- Implicit assumptions of many professionals
  - "treatment is a privilege" vs. change is a right
  - "I only accept you if you accept my timetable for change."

BEFORE YOU PAINT YOUR HOME…

- This is the first step to change

This is awakening motivation

- This is treatment

This is maintaining motivation

REALITY

- We need to …
  - build willing partners in change
  - build treatment completers
  - build responsivity

EFFECTIVE PROGRAMS

RESPONSIVITY principle

- effective programs are those which are responsive to client characteristics
  - cognitive abilities
  - maturity
  - motivation
  - mode of intervention
  - scheduling concerns
  - neurological impact of trauma

RELATIONSHIP PROBLEMS

LEARNING DIFFICULTIES

HYPERACTIVITY

COMMUNICATION DIFFICULTIES

PARADOXICAL COMMUNICATION

- You need to be more motivated to change.
- Treatment holds the promise of a "good life".
- It is our job to point out your thinking errors; however, it is not acceptable for you to observe when we are using thinking errors.
- We expect you to demonstrate meaningful and consistent behavioral change within a highly controlled environment.
- You need to participate fully in treatment regimens that we professionals cannot agree on ourselves.

COGNITIVE RIGIDITY

AMBIVALENCE

- I want to work with you, and I don't want to sacrifice myself
- I want to change, and I want to be respected
- I want to be in treatment, and I don't want to be in a one-down position
- I want to look at myself, and I don't want to feel less of a man
- etc. etc. etc. etc. etc.

MARSHALL, 2005

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MARSHALL, 2005

- Warm
- Empathic
- Rewarding
- Directive

Problem: Many people think they have these qualities, but don't

Telling "The Hard Truth"

- Feedback Sandwich
  - Affirm => Feedback => Affirm
- Elicit => Provide => Elicit
  - Ask permission to give feedback, give the feedback, then elicit the client's thoughts about your feedback
- Motivational approaches are not necessarily warm and fuzzy

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EMBRACE YOUR BIASES!

Strategy #1

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SELF-ASSESSMENT BIAS

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WALFISH ET AL., 2012

- No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
- On average, clinicians rated themselves at the 80th percentile
- Less than 4% considered themselves average
- No one rated themselves below average
- Only 8% rated themselves lower than the 75th percentile
- 25% rated their performance at the 90th% or higher compared to their peers

DIRTY LITTLE SECRETS

- … from outcome studies
  - More difference between the best and the worst therapists **within** any treatment method, than there is **between** treatment methods
  - Some therapists are better than others
  - Hiatt & Hargrave (1995) asked therapists to estimate their effectiveness in a treatment study
    - The LEAST effective therapists rated themselves as being among the most helpful

AMAZING

Wampold & Brown (2005)

- 581 therapists
- 6,146 real world clients
- Average sessions = 10
- 46% depression, 30% adjustment disorder, 11% anxiety, plus other diagnoses
- Who got the best outcomes?
  - Training makes no difference
  - Profession makes no difference
  - EXPERIENCE makes no difference
  - Diagnosis makes no difference

PROFICIENCY VERSUS EXCELLENCE

- Proficiency in most fields can be obtained within 6 months
- The same goes for therapy
  - Most people are at their most effective 1 year after licensing/registration
  - Confidence improves throughout career
  - Competence does not
    - Particularly important consideration in risk assessment

ALLEGIANCE BIAS

- Professionals' allegiance to their models and techniques can be as important and the models and techniques they use.
- Placebo effects
- Example: good lives model versus relapse prevention

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ADVERSARIAL BIAS

- Boccaccini, Murrie, et al.
  - Scores on measures such as the PCL-R and Static-99r can vary in response to who is paying for the evaluation.
- "You gotta dance with the one that brung ya"

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OTHER CLASSIC BIASES

- Confirmation Bias
- Fundamental Attribution Error

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THIS MAY NOT BE TRUE…

- But consider the statement:
- *All judgment is a form of violence*
- Or at least it gets in our way of understanding our clients
- Clients who don't feel understood or respected are less likely to engage meaningfully

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TAKE-HOME SKILL

Accept and embrace the fact that you have these biases.

Then let them go…

And get on to the work of connecting with your client

You can always return to these biases later!

GET GROUNDED IN THE THERAPEUTIC FACTORS OF TREATMENT

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THERAPEUTIC FACTORS

- AKA "Common Factors"
- Factors common to all bona fide therapies

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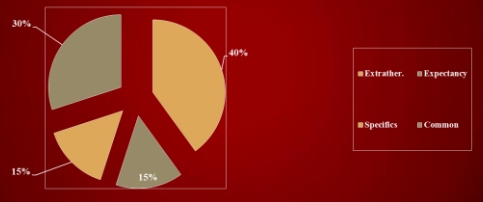
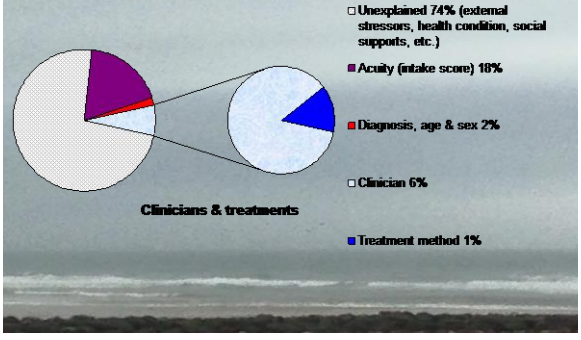
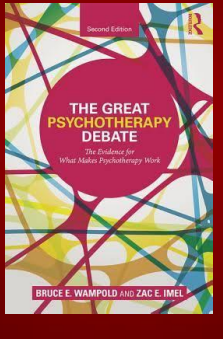
FACTORS INFLUENCING OUTCOME



VARIANCE (GRATITUDE TO JEB BROWN)



RECOMMENDED SOURCE



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IMPLICATIONS FOR PROFESSIONAL DEVELOPMENT

- Study your population deeply
- Study each client deeply
- Expertise at engaging with clients involves moving from the micro to the macro as well as vice versa
- Use models and techniques in the service of developing yourself professionally.

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USE APPROACH GOALS

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GOALS

- Avoidance goals:
  - Associated with negative affect, psychological distress, impairment in psychological functioning, impairment of self-regulatory capacity in situations of stress
  - Require considerable cognitive resources to attain and maintain
- Approach goals:
  - Motivate individual to achieve desired states/outcomes
  - More easily attained than avoidance goals
  - Associated with positive affect, reduced cognitive load, less deterioration in self-regulatory ability, lower levels of psychological distress

APPROACH/AVOIDANCE (FROM PRESCOTT/WILSON)

- I don't want any more victims.
- I don't want to smoke anymore.
- I don't want any more trouble with the law.
- I don't want any more violence towards my partner.
- I don't want to use drugs or alcohol to excess any more.
- I don't want to gamble any more.
- I have been ordered to stay away from the victim of my crime.
- I don't want to be on probation.
- I don't want to look stupid.
- I want people to be able to trust me.
- I want to be clean and sober.
- I want to get my health back.
- I want a respectful relationship with my partner.
- I want to save money.
- I want to complete all my obligations to the court.
- I want to be good at my job or good in school.
- I want to be able to keep myself calm.
- I want activities in my life that I'm good at (like hobbies).

TREATMENT PLANS

- Mr. X will reduce his risk
- Mr. X will take all his medications
- Mr. X will work on his sexual preoccupation
- Mr. X will pass his polygraph
- Mr. Y will manage all risks successfully
- Mr. Y will work with his psychiatrist to determine the most effective treatment
- Mr. Y will develop healthy sexual outlets
- Mr. Y will be honest with himself and others

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FROM MY CASELOAD

- Mr. X will demonstrate to others that he has changed
- Mr. X will become the person he wants to be
- Mr. X will improve his relationships with others
- Mr. X will work to prevent further allegations

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BE TRAUMA-INFORMED

And I mean <u>really</u> trauma-informed

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WHAT IS TRAUMA?

- PTSD
- Complex PTSD
- DESNOS
- Complex trauma
- Developmental Trauma Disorder

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WHAT IS TRAUMA?

- Trauma is the desperate hope that the past was somehow different.
  - -- Jan Hindman

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WHAT IS TRAUMA?

- APA:
- **Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.

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ABSENCE OF CURIOSITY

TRAUMA

- Relational issues
- Somatic challenges

WHAT IS TRAUMA?

- The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past.

-- Bessel van der Kolk

CASE EXAMPLE

- EBT roll-out
- JCCO directed client into treatment
- Client reluctant to attend
- Harm

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BENISH, IMEL, & WAMPOLD, 2008

- Treatment for PTSD is effective
- "Bona fide psychotherapies produce equivalent benefits for patients with PTSD"
- Much controversy

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SEPTEMBER 11

- Critical Incident Stress Debriefing
- Some treatments cause harm
- Lilienfeld (2007)

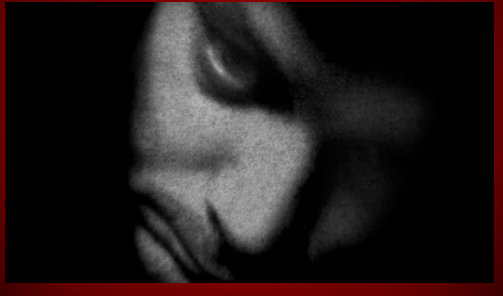
ULTIMATELY

No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in (his or) her immediate best interest.

-- Judith Herman, M.D.

- Reframe: Interventions that empower survivors foster recovery

POST-TRAUMATIC STRESS DISORDER



POST-TRAUMATIC STRESS DISORDER

- Traumatic event including
  - Actual or threat of death or serious injury
  - Threat to physical integrity
  - Response of intense fear, helplessness, horror
- Persistent re-experiencing of events
- Persistent avoidance of associated stimuli & numbing of responsiveness
- Persistent symptoms of increased arousal
- Duration >1 month, significant disturbance in functioning

POST-TRAUMATIC STRESS DISORDER

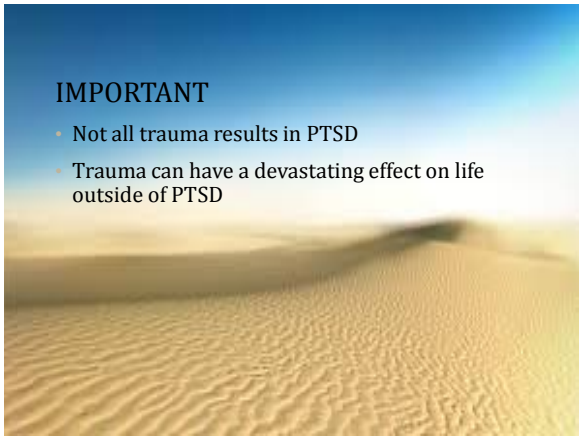
- Re-experiencing distress
  - Recollections, images, thoughts, perceptions
  - Dreams
  - Flashbacks, illusions, hallucinations
- Avoidance of related stimuli
  - Thoughts, feelings, conversations
  - Activities, places or people

POST-TRAUMATIC STRESS DISORDER

- Numbing of general responsiveness
  - Inability to recall important aspects of event
  - Diminished interest/participation in activities
  - Detachment/estrangement from others
  - Restricted range of emotions (e.g., love)
  - Sense of foreshortened future
- Arousal symptoms
  - Insomnia, anger, hypervigilance, difficulty concentrating, exaggerated startle response

POST-TRAUMATIC STRESS DISORDER

- Events
  - Military combat
  - Violent personal assault (physical, sexual, mugging)
  - Kidnapping, terrorism, torture, incarceration, disasters, auto accidents, terminal diagnosis)
  - Witnessing fatal accident, body parts
- Typically worse when event is of human design
- Typically worse when stressor is repeated, chronic



PREPARE MORE THAN YOU THINK YOU SHOULD

Strategy #5

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SPECIFIC STEPS

1. Get into the mindset that you are creating new mindsets
2. 10,000 foot rule
3. Relax your body
4. Lower your shoulders
5. Slow your breathing
6. Reject all distractions
7. Spend 1st 20% of every interaction engaging
8. It's hard to argue with a relaxed person

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PRACTICE SPECIFIC MOTIVATIONAL TECHNIQUES

Strategy #6

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2013 PRACTITIONER'S DEFINITION

- Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.

THE SPIRIT OF MOTIVATIONAL INTERVIEWING

- Partnership
- Acceptance
- Compassion
- Evocation

FOUR PROCESSES

- Engaging
- Focusing
- Evoking
- Planning

THESE PROCESSES ARE…

- Somewhat linear
  - E.g., engagement comes first
- And also recursive
  - Engaging happens throughout MI
  - Focusing is not a one-time event;
  - Real treatment involves re-focusing
  - "testing the water" on planning helps

TALK

←----------→

Sustain Change Commit

There is no such thing as "resistance"

There is discord andsustain talk

"I'm not gonna; you can't make me"

CHANGE TALK

- Desire *"I want to…"*
- Ability *"I can…"*
- Reason *"There are good reasons to…"*
- Need *"I need to"*

RESPONDING TO CHANGE TALK

- ***When you hear change talk, don't just stand there!***

- Elaborate (tell me more)
- Affirm
- Reflect
- Summarize

SKILLS

- How could I make this problem worse?
- How does the behavior make sense?
- What are all the ways he/she feels two ways about his/her life?
- What are the positive goals for change?

TAKE-AWAY MESSAGES

- Creating new mindsets
- Go slow and listen long
- Spend 20% of session engaging
- Look for client confirmation
- Listen for ambivalence
- Dance with discord
- Respect the unexpected
- Be multi-modal and use your space
  - YOU are the most influential presence