AUTONOMY SUPPORT IN CRIMINAL JUSTICE

2017
David S. Prescott, LICSW
Welcome!
Tere!

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CONTACT

David S. Prescott, LICSW

Clinical Director and

Director of Professional Development and Quality Improvement

Becket Family of Services

VTPrescott@Earthlink.net

www.davidprescott.net

www.becket.org

- *Healthy lives, Safe communities*

AGENDA

1. Opening Comments
2. Problem: The flashbulb moment and policy
3. Responsivity defined
4. Can we learn from our past(s)?
5. A deeper dive
6. Further information

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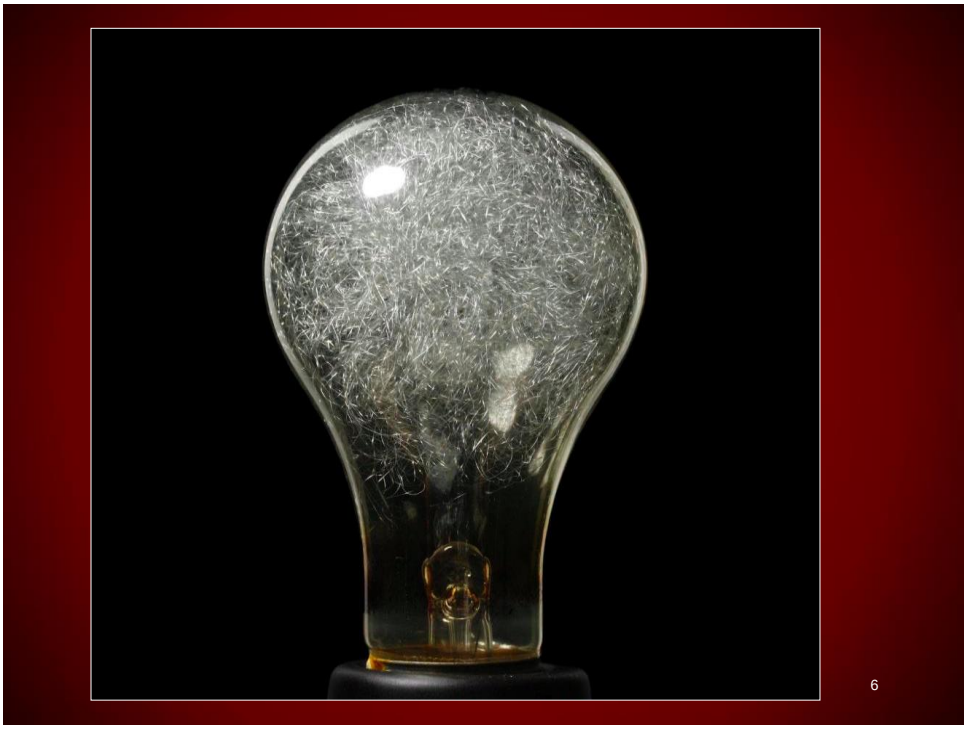

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AMBIVALENCE

- On one hand we want to obliterate the crime and the criminal
- On one hand we want to impose our morals, attitudes, beliefs, and laws
- On the other hand we want them to live autonomously and responsibly
- On the other hand we want to have them live voluntarily and purposefully within the law

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Three principles:
• Risk
• Need
• Responsivity
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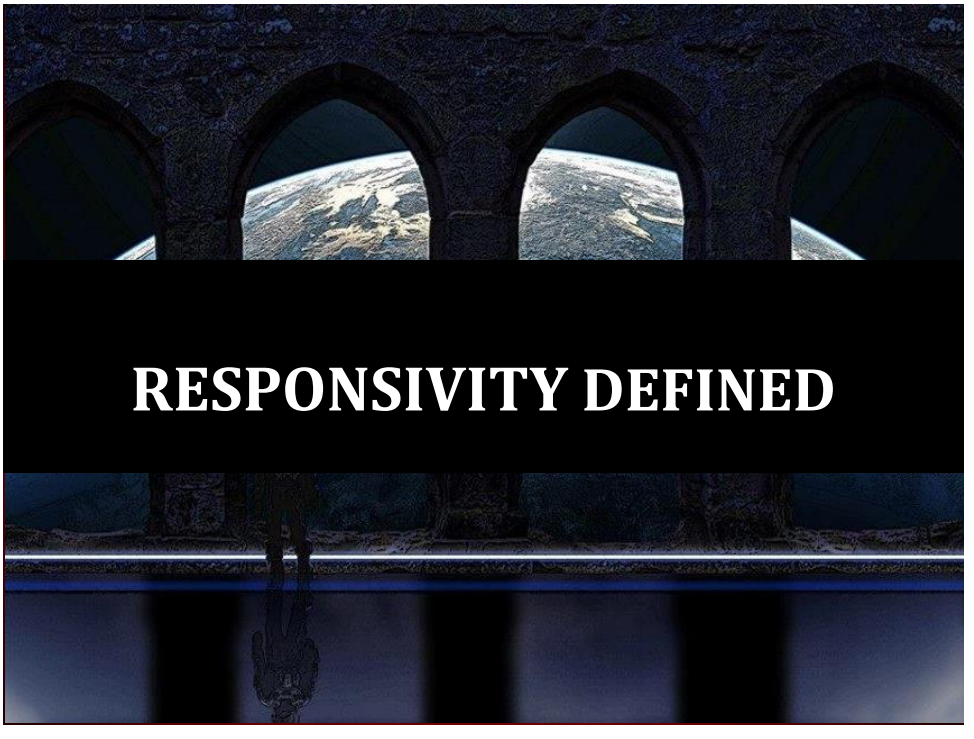
RESPONSIVITY DEFINED

DEFINED

Responsivity definition, the quality or state of being responsive (dictionary.com)

BONTA (2007)

"3) the *responsivity principle* describes how the treatment should be provided. …

"***Responsivity principle*:** Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender."

https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/index-en.aspx

TIME TO GO FURTHER

Am I the therapist that this client can respond to?

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CAN WE LEARN FROM OUR PAST(S)?

HOW DID WE GET HERE?

- Quick look backwards
- Retrospective bias
- Great respect for all involved
- Intent: Tough on issues, tender on people
  - *People are not now as smart as they think; people used to be smarter than we now think they were* (Quinsey, Harris, Rice, & Cormier, 2006)

IN THE BEGINNING…

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MARTINSON, 1974

...probable duration of this ...
...t know.

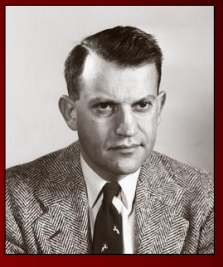
Does nothing work?

...o all of these studies lead us irrevocably to the conc...
...ng works, that we haven't the faintest clue abo...
...ders and reduce recidivism? And ...

PAUL GENDREAU

- "Something works"
- "What works!"

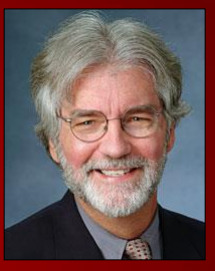
1979: EDWARD S. BORDIN



- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - (Norcross, 2002, would add client preferences)
  - Over 1,000 studies have emphasized the importance of the alliance in psychotherapy since (Miller, 2011)

HOPE THEORY, 1999

- C.R. "Rick" Snyder:



- Agency Thinking
  - Awareness that a goal is attainable
- Pathways Thinking
  - Awareness of how to do it

- ***"Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking."*** (in Hubble, Duncan, & Miller, 1999)

MARSHALL, 2005

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MARSHALL, 2005

- Warm
- Empathic
- Rewarding
- Directive

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

PARHAR, WORMITH, ET AL., 2008

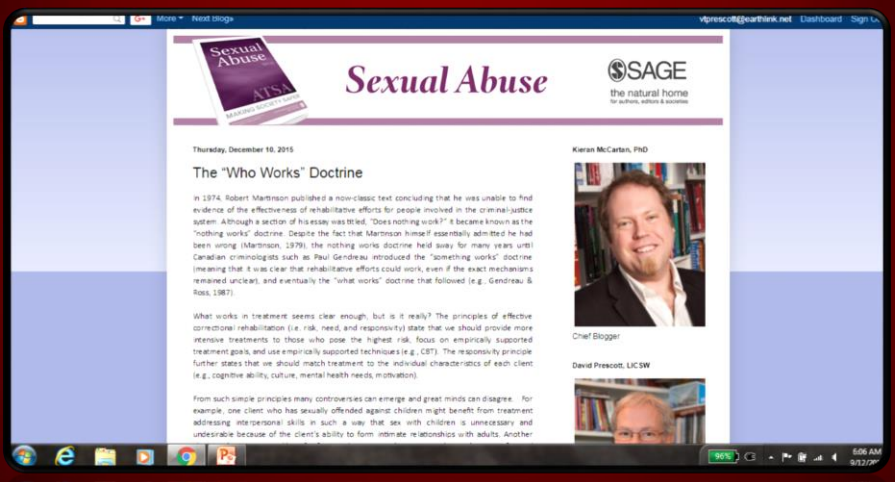
- Meta-analysis of 129 studies
- *In general, mandated treatment was found to be ineffective … particularly when the treatment was located in custodial settings, whereas voluntary treatment produced significant treatment effect sizes regardless of setting.*

WHAT *ELSE* WORKS?

- **'Common factors' of effective psychotherapy**
  (e.g., Marshall, 2005; Marshall et al., 2002)
- **Comprehensive re-entry planning**
  (e.g., Willis & Grace, 2008, 2009)
- **'Cognitive transformations', achieving informal social control**
  (e.g., Sampson & Laub, 1993; Maruna, 2001)

WHAT WORKS?

***Who* works?**


Sexual Abuse
Sexual Abuse
SAGE
the natural home
Thursday, December 10, 2015
The "Who Works" Doctrine
In 1974, Robert Martinson published a now-classic text concluding that he was unable to find evidence of the effectiveness of rehabilitative efforts for people involved in the criminal-justice system. Although a section of his essay was titled, "Does nothing work?" it became known as the "nothing works" doctrine. Despite the fact that Martinson himself essentially admitted he had been wrong (Martinson, 1979), the nothing works doctrine held sway for many years until Canadian criminologists such as Paul Gendreau introduced the "something works" doctrine (meaning that it was clear that rehabilitative efforts could work, even if the exact mechanisms remained unclear), and eventually the "what works" doctrine that followed (e.g., Gendreau & Ross, 1987).
What works in treatment seems clear enough, but is it really? The principles of effective correctional rehabilitation (i.e. risk, need, and responsivity) state that we should provide more intensive treatments to those who pose the highest risk, focus on empirically supported treatment goals, and use empirically supported techniques (e.g., CBT). The responsivity principle further states that we should match treatment to the individual characteristics of each client (e.g., cognitive ability, culture, mental health needs, motivation).
From such simple principles many controversies can emerge and great minds can disagree. For example, one client who has sexually offended against children might benefit from treatment addressing interpersonal skills in such a way that sex with children is unnecessary and undesirable because of the client's ability to form intimate relationships with adults. Another
Kieran McCartan, PhD
Chief Blogger
David Prescott, LICSW
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WHAT CAN WE DO?

- Motivational Interviewing
- Good Lives Model
- Feedback-Informed Treatment
- Consumer satisfaction surveys
- Policies that privilege the client's voice

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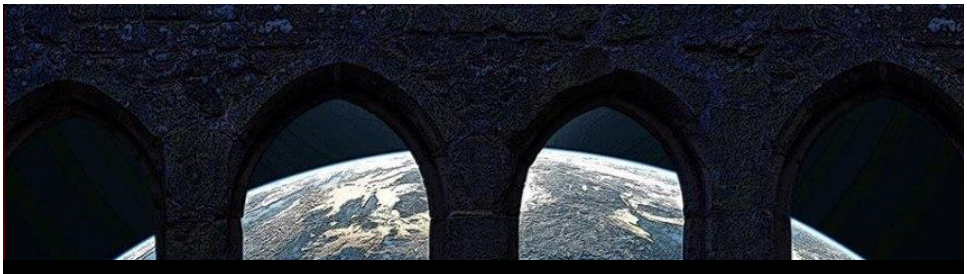

A DEEPER DIVE

COMPETENCE
(BEING GOOD AT SOMETHING)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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AUTONOMY/INDEPENDENCE

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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CONNECTION TO OTHERS

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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MEANING AND PURPOSE IN LIFE

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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HAPPINESS/PLEASURE

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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LIFE: HEALTH AND SURVIVAL

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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CREATIVITY/NOVELTY

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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MISSION CRITICAL:

- In answering those questions, what external pressures did you feel?
- Do we answer these questions for our clients? On their behalf? For their "own good"?
- Or do we explore, collaborate, evoke what is important/meaningful for them?

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TREATMENT IS SOMETHING WE DO **FOR** AND **WITH** CLIENTS, NOT **TO** AND **ON** THEM
(MILLER & ROLLNICK, 2013)
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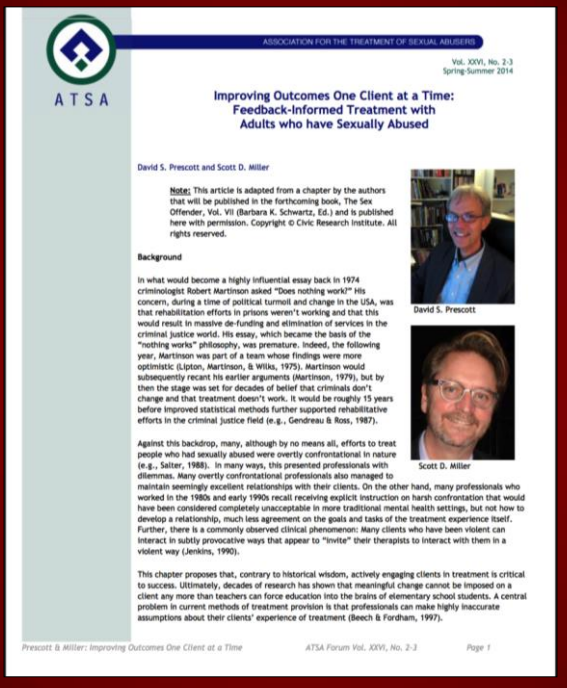
FURTHER INFORMATION



ATSA

ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS

Vol. XXVI, No. 2-3
Spring-Summer 2014

Improving Outcomes One Client at a Time: Feedback-Informed Treatment with Adults who have Sexually Abused

David S. Prescott and Scott D. Miller

David S. Prescott

Scott D. Miller

Background

In what would become a highly influential essay back in 1974 criminologist Robert Martinson asked "Does nothing work?" His concern, during a time of political turmoil and change in the USA, was that rehabilitation efforts in prisons weren't working and that this would result in massive de-funding and elimination of services in the criminal justice world. His essay, which became the basis of the "nothing works" philosophy, was premature. Indeed, the following year, Martinson was part of a team whose findings were more optimistic (Lipton, Martinson, & Wilks, 1975). Martinson would subsequently recant his earlier arguments (Martinson, 1979), but by then the stage was set for decades of belief that criminals don't change and that treatment doesn't work. It would be roughly 15 years before improved statistical methods further supported rehabilitative efforts in the criminal justice field (e.g., Gendreau & Ross, 1987).

Against this backdrop, many, although by no means all, efforts to treat people who had sexually abused were overtly confrontational in nature (e.g., Salter, 1988). In many ways, this presented professionals with dilemmas. Many overtly confrontational professionals also managed to maintain seemingly excellent relationships with their clients. On the other hand, many professionals who worked in the 1980s and early 1990s recall receiving explicit instruction on harsh confrontation that would have been considered completely unacceptable in more traditional mental health settings, but not how to develop a relationship, much less agreement on the goals and tasks of the treatment experience itself. Further, there is a commonly observed clinical phenomenon: Many clients who have been violent can interact in subtly provocative ways that appear to "invite" their therapists to interact with them in a violent way (Jenkins, 1990).

This chapter proposes that, contrary to historical wisdom, actively engaging clients in treatment is critical to success. Ultimately, decades of research has shown that meaningful change cannot be imposed on a client any more than teachers can force education into the brains of elementary school students. A central problem in current methods of treatment provision is that professionals can make highly inaccurate assumptions about their clients' experience of treatment (Beech & Fordham, 1997).

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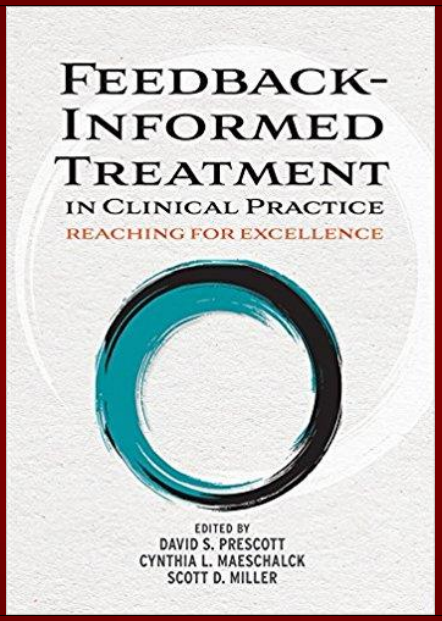

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WWW.ACE2018.SE

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