Agenda

- Flashbulb moments
- What works?
- Are we getting it right yet?
- Can we learn from our past(s)?
- Responsivity defined
- A deeper dive

Focus

- Professionals in Criminal Justice
- “The news you can use” for FIT Folks who may consult to criminal justice
Ambivalence

On one hand we want to obliterate the crime and the criminal

On the other hand we want them to live autonomously and responsibly

On one hand we want to impose our morals, attitudes, beliefs, and laws

On the other hand we want them to live voluntarily and purposefully within the law

Let's be clear

This is a prison

This is a Treatment Program
It’s simple

• It’s possible to put a treatment program inside a prison.
• It’s not possible to put a prison inside of a treatment program.

What works?

• Do we want them to do it again or not?
• What can we do?
• Who should we be?
• Is that enough?

What’s our goal?

• Stopping the behavior?
• Justice for the victim?
• Preventing re-offense?
• Better lives for all?

Are we getting it right yet?
The Current Status of Treatment

... and Supervision

... and Policy

Fit in Criminal Justice ACE 2018

David S. Prescott, LICSW
How did we get here?

- Quick look backwards
- 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)

My concern

During the past 30 years, the majority of our progress has been technological

17th century: Pascal's Pensees

“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.”

Samuel Butler (1612-1680)

A man convinced against his will is of the same opinion still
Many motivations

- Sexual
- Non-sexual

Martinson, 1974

Does nothing work?

Do all of these studies lead us irrevocably to the conclusion that nothing works, that we haven't the faintest clue about how to stop offenders and reduce recidivism? And if not, does this mean we should stop trying?

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 (Orlinsky, 1994)

Salter, 1988 (p. 93)

- (T)he process of treating child sex offenders is heavily weighted in the direction of confrontation. Treatment requires continual confrontation.
- No I don’t trust you and you would be pretty foolish to trust yourself.
- Give me a break. What do you mean one drink can’t do any harm?
- However, later says that treatment should not be hostile. How do we reconcile this?

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)

The Problem

- Smith, Goggin, & Gendreau, 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders, including juveniles

David S. Prescott, LICSW
No form of punishment reduces risk to abuse

ST. PAUL, Minn. (WCCO) — Two offenders in Minnesota’s high security treatment center say they are frustrated but hopeful they can someday be released.

That’s after a federal judge found the program unconstitutional, and ordered the state to find ways to reduce sex offenders.

Minnesota confines 723 people to sex offender programs at St. Peter and Miozzi Lake. So far, none of them has gone home.

“Not everybody here is the monster you think they are,” said Craig Boile, a sex offender housed at Miozzi Lake.

Boile served four years in juvenile detention for sexually assaulting his 11-year-old sister, and the last nine years in a sex offender treatment program at Miozzi Lake. There he realized immediately sex offender treatment is different from jail.

“And I asked somebody, ‘How do you get out of here?’ And I was given a very simple answer. ‘You get out by dying,’” he said.

Sex offenders like Boile were criminally sentenced after they served their sentences.

U.S. judge rules handling of state’s sexual predator program is unconstitutional

ST. LOUIS POST-DISPATCH

September 11, 2013 12:55 am • To Jesse Hogan

St. Louis is an excellent case from the federal lawsuits, U.S. District Judge Audrey G. B. Collins ruled last Friday, affirming that Missouri’s sexually violent predator law is unconstitutional, but not how it’s applied.

The judge wrote that there is a “peremptory sense of unreasonableness” in the Department of Mental Health’s sex offender hospitalization and Treatment Service, or SOTTS program, because patients can’t bring properly reduced.

On help from the state attorney general’s office, SOTTS is undoubtedly something about one people to treatment in the belief that they might find the program has been removed and reasonable change for them.

These days

• We know better
• We do worse
What works?

**Who works?**

**Treatmenet is something we do for and with clients, not to and on them**

(Miller & Rollnick, 2013)

**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.”

Time to Go Further

Am I the therapist that this client can respond to?

What can we do?

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

Arturo, 17

- Sexual abuse of two children three years previous. Assessment showed him to be low risk
- Others’ goals = no more victims
- My goal was building a better life
- His goal was getting others off his back
- As Jay Haley observed: The problem is being in therapy

Arturo’s initial ORS

- Scored at 31; cause for concern
- Discussed situational factors throughout first session and arrived at 21
- SRS was 35. Discussed how he was mostly angry about having to be in treatment at all
- Arrived at goal of showing others he was not who he had been three years earlier

Arturo and deliberate practice

- I had to review the goal before each session and intersperse it throughout in order to keep it alive and ensure it wasn’t just a token goal
- Arturo was able to discuss what happened because as far as he was concerned he had a new identity. He had a plan for preventing sexual aggression and for preventing allegations
Dynamic risk factors
(criminogenic needs)

- Abuse-related sexual interest/preference
- Hostility towards women
- Emotional identification with children
- Negative (and/or lack of positive) social influences
- Intimacy deficits
- Poor sexual self-regulation
- General self-regulation difficulties

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?
**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?

**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?

**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?

**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?

**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?

**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?
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?

Treatment is something we do for and with clients, not to and on them
(Miller & Rollnick, 2013)