

**CULTURAL COMPETENCE**  
(AND A FRESH LOOK AT RESPONSIVITY)

2018  
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Welcome!

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First...

# What questions do you have?

2

I GET BY WITH A LITTLE HELP FROM MY FRIENDS



3

### TAKE-HOME SKILL #1

- Express kindness and gratitude to your colleagues
  - Mind your manners
  - Use greetings in emails
  - Emojis in low doses

Remember that they are suffering as much or more than you.

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### AGENDA

1. Responsivity
2. Research
3. Discussion
4. Application



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### Cultural Competence in Sexual Violence – Why?

- Overrepresentation of racialized persons as victims and as adjudicated offenders
- Socio-cultural-historical constructions of violence and sex
- Need for competence in service delivery for victims and perpetrators

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### Cultural Competence: Definition

- Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence comprises five essential capacities. We must:
  - A. understand our own cultural positions and how they differ from and are similar to others
  - B. understand the social and cultural reality in which we live and work and in which our clients live and work
  - C. cultivate appropriate attitudes towards cultural difference
  - D. be able to generate and interpret a wide variety of verbal and non-verbal responses
  - E. understand structural oppression and demonstrate awareness and commitment to social justice

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### Why Cultural Competence?

- Difference in culture between therapist and client can create a barrier that makes counselling more difficult (c.f. Sue & Sue, 2013. *Counselling the Culturally Diverse*).
- Clients' cultures may contain resources or barriers to healing that therapist must navigate.
- Therapists must bring a critical perspective to counselling conventions that may need re-evaluating when working with some populations
- Clients are affected for good or ill by the culture that surrounds them. Critical, anti-oppressive, feminist, and other post-modern practice frameworks require the capacity to consider systemic oppression.

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### TAO ET AL. (2015)

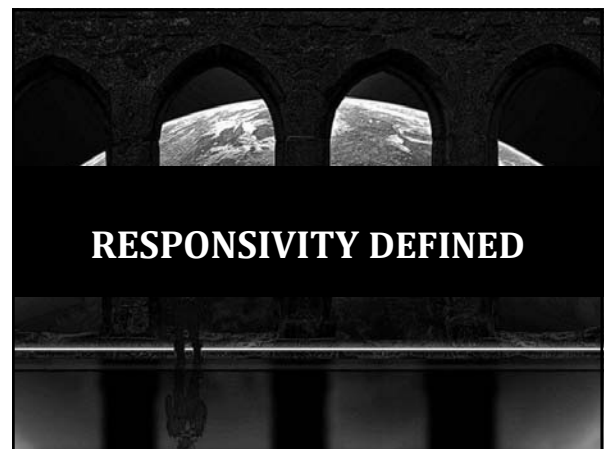
- “Client age, gender, the representation of racial-ethnic minority (R-EM) clients, and clinical setting were not associated with effect size variability.”
- Who the therapist is matters more than the other factors involved.
- What do we make of this?

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### BENISH ET AL. (2011)

- *“A meta-analysis comparing culturally adapted versus unadapted bona fide therapies. Whereas the summary of studies found that culturally adapted treatments were more efficacious than unadapted bona fide treatments, the researchers found that the efficacy of these culturally adapted treatments was moderated solely by the incorporation of the clients’ beliefs about the meaning behind their presenting issues... In other words, therapists’ integration of clients’ cultural narratives into the intervention significantly accounted for differences in client improvement.”*

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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/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx>

BONTA (2007)

"There are two parts to the responsivity principle: general and specific responsivity. General responsivity calls for the use of cognitive social learning methods to influence behaviour. Cognitive social learning strategies are the most effective regardless of the type of offender (i.e., female offender, Aboriginal offender, psychopath, sex offender). Core correctional practices such as prosocial modeling, the appropriate use of reinforcement and disapproval, and problem solving (Dowden & Andrews, 2004) spell out the specific skills represented in a cognitive social learning approach.

Specific responsivity is a "fine tuning" of the cognitive behavioural intervention. It takes into account strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual.

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

CORRECTIONS CANADA

[http://www.csc-scc.gc.ca/research/forum/e073/073k\\_e.pdf](http://www.csc-scc.gc.ca/research/forum/e073/073k_e.pdf)

Client Responsivity Factors	
<b>General Population Factors more common in offenders</b>	
Anxiety	Poor social skills
Self-esteem	Inadequate problem-solving skills
Depression	Concrete-oriented thinking
Mental illness	Poor verbal skills
Age	
Gender	
Race/ethnicity	

NAT'L INSTITUTE FOR JUSTICE

- ...the general responsivity principle, which states that programs should use theoretically relevant models for individual change, specifically cognitive-behavioral and cognitive-social learning models (Andrews & Bonta, 2010).  
- Taylor, 2015, NCJRS

<https://www.ncjrs.gov/pdffiles1/nij/grants/248590.pdf>

NIJ, continued

"The following techniques are consistent with these models: "role-playing, modeling, repeated practice of alternative behaviors, cognitive restructuring to modify thoughts/emotions, skills building, or reinforcement" (Andrews & Bonta, 2010, p. 50)."

[HTTP://WWW.NCSC.ORG/SITECORE/CONTENT/MICROSITES/CSI/HOME/~MEDIA/MICROSITES/FILES/CSI/EDUCATION/UNIT4\\_FACULTYHANDBOOK.ASHX](http://www.ncsc.org/sitecore/content/microsites/csi/home/~media/microsites/files/csi/education/unit4_facultyhandbook.ashx)

PowerPoint Slides with Faculty Notes

Slide 59

Unit 4: The Principle of Responsivity & Offender Motivation (30m)

Responsivity: matching the characteristics of the treatment program and treatment provider to characteristics of the individual offender.

Slide 60

Responsivity Principle

- To the intervention, treatment, program, or supervision
- To the personnel delivering the service to the offender

Lecture (1-2 minutes)

The responsivity principle is sometimes referred to in the literature as the principle of "specific responsivity." When the term "specific responsivity" is used in the literature to describe this principle, it is to contrast this principle with the previous principle we discussed, the "treatment" principle, which is then referred to in the literature not as the "treatment" principle but as the principle of "general responsivity." These semantic distinctions have proven frustrating in presenting this curriculum to judges. We include this note to faculty only in case a question on this point arises.

[HTTP://WWW.NCSC.ORG/SITECORE/CONTENT/MICROSITES/CSI/HOME/~MEDIA/MICROSITES/FILES/CSI/EDUCATION/UNIT4\\_FACULTYHANDBOOK.ASHX](http://www.ncsc.org/sitecore/content/microsites/csi/home/~media/microsites/files/csi/education/unit4_facultyhandbook.ashx)

**Responsivity Factors: Offender Characteristics**

- Age
- Gender
- Culture
- Learning Style
- Intelligence
- Mental Health

Lecture (3-4 minutes)

What are the offender characteristics that need to be "matched" to characteristics of the intervention and/or provider? They are often called "responsivity factors" and these are a few of the most common ones. See research on mental health at slide 30 and see Jennifer Skeem, et al., *Assessing Relationship Quality in Mandated Community Treatment: Blending Care with Control* 19 Psychol. Assessment 397-410 (2007); Jennifer Skeem, et al., *Exploring "What Works" in Probation and Mental Health*, 2008; Skeem, Manchak, and Johnson, *Specialty Mental Health vs. Traditional Probation*, 2008.

CONTINUED

**Promoting Offender Motivation**

- Coerced Treatment
- Extrinsic: ) Intrinsic Motivation
- Engagement
- The Offender is In Charge

Introductory Lecture (5 minutes)

The last responsivity factor we will discuss and perhaps the most important is "offender motivation."

- Coerced treatment is effective; offenders are rarely motivated to change behavior at the outset, and coercion can get the offenders into treatment and keep them there longer. But, external pressure and controls only work as long as the pressure is applied. The goal is to avoid the condition where the offender is only entering or remaining in treatment under coercion and going through the motions of compliance.
- Ultimately, offenders must become self-motivated; they must progress from "extrinsic" to "intrinsic" motivation. The ability to change must ultimately be accompanied by a willingness and a desire to change.
- The way the court and judge interact with the offender can play a

[HTTPS://WWW.NCSL.ORG/PRINT/CJ/SF-KOOPYPT.PDF](https://www.ncsl.org/print/cj/sf-kooyppt.pdf)

**Responsivity Principle**

- General Responsivity: Asserts the general power of behavioral, social learning and cognitive-behavioral strategies
- Specific Responsivity: Suggests matching the service with personality, motivation, learning styles abilities and with demographics
- It includes matching the personnel delivering the service to the population

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6. **General Responsivity Principle:** responsivity is defined as delivering a program or curriculum in a manner that matches the learning style and ability of the target audience. General responsivity means a program should use methods of delivery that are known to be most effective and include cognitive-behavioral and cognitive social learning approaches. Within cognitive-behavioral and cognitive social learning approaches, effective intervention techniques and strategies include modeling, reinforcement, role playing, skill building, cognitive restructuring, and practicing low-risk behaviors in high-risk situations.

WHAT'S MISSING?

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WRITE-PAIR-SHARE

1. How does culture impact your practice?
2. How does it impact your agency/mission?
3. What barriers exist?
4. What can you do?

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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)

MY CONCERN

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



IN THE BEGINNING...



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MARTINSON, 1974


probable duration of this  
not know.

**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 what works and reduce recidivism? And if*

PAUL GENDREAU

- “Something works”
- “What works!”




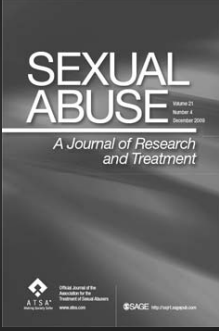
1979: EDWARD S. BORDIN

- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - (Norcross, 2002, would add client preference)
  - 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.*




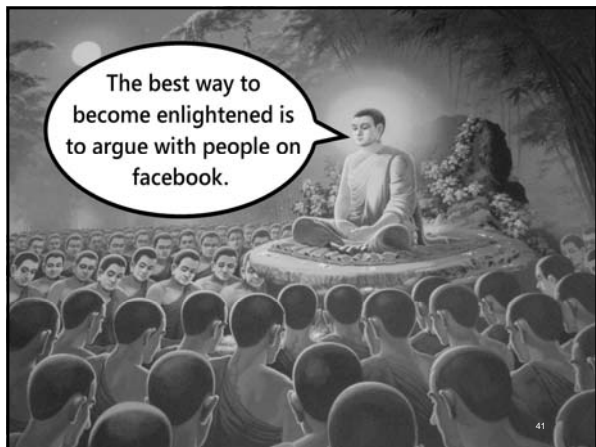
**WHAT ELSE WORKS?**

- **'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?**

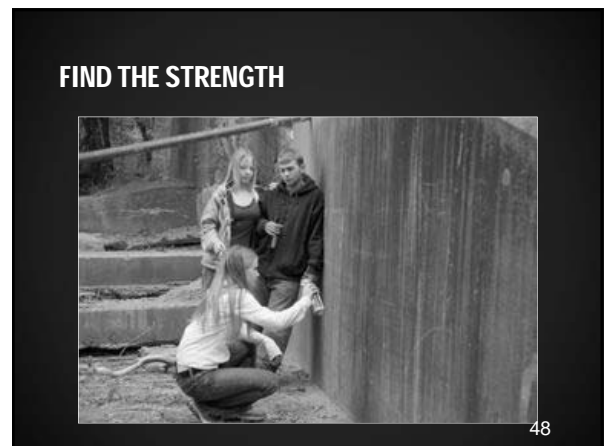
*Who works?*

**OPENNESS AND SURPRISE**

**TAKE-HOME SKILL**

- Let's all get humble about our abilities
  - If there hasn't yet been consensus about the definition of responsibility...
  - There are many people who speak with authority about RNR, and yet...
  - Maybe it's time to get back to the basics about how treatment works.
  - Ask yourself where cultural competencies fit into your mix






**HINT**

- Autonomy?
- Connection?
- Creativity?
- Competence?

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**FIND THE STRENGTH**



50

**HINT**

- Autonomy?
- Connection?
- Creativity (in the sense of novelty seeking)?
- Happiness and Pleasure?

51

**FIND THE STRENGTH**



52


**HINT**

- Autonomy?
- Connection?
- Life?

• What is the difference between where he is and where he wants to be?

53

**FIND THE STRENGTH**




54

**HINT**

- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?

55

**FIND THE STRENGTH**



56

**HINT**


- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?

---

- What's the difference between where he is and where he wants to be?

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**Consider...**



- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure


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- Can you see the ambivalence?
- The difference between where he is and where he wants to be?

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**Consider...**

- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure



- Can you see the ambivalence?
- The difference between where he is and where he wants to be?

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**MEET YOUR CLIENTS WHERE THEY DREAM**



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## 6) COMMON LIFE GOALS

### 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?

65

### 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?

66

**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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How do professionals get more effective?

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