

TREATMENT PLANNING AND BEYOND

2014
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Welcome!

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• *Healthy lives,*
• *Safe communities*



AGENDA

- Review of risk, need, responsivity
- Approach versus avoidance goals
- Key considerations
- Case discussions



DON'T WORRY!

- I won't call on you for answers
- I won't ask you to role play
- I won't put too much research into each slide
- Maybe some lighthearted profanity, though...

DAVID PRESCOTT: FRIEND OR FOE?



CHANGE

- Why?
- How?



WHERE WE ARE AND WHERE WE WANT TO BE



7

WHERE WE ARE AND WHERE WE WANT TO BE

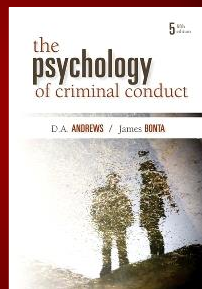


8

ANDREWS & BONTA (2010)

Three Principles:

- Risk
- Need
- Responsivity



HOPEFULLY, PROGRAMS...

- Consistent with literature on effective treatment programs
- Piloted before full implementation
- Values and goals are consistent with those of the community
- Meet specific needs
- Cost effective

EFFECTIVE PROGRAMS

- Pre-treatment assessment
- Assessment-driven treatment
- Specific foci:
 - What risks are there (e.g., violence, suicide)
 - What treatment needs exist that are related to these risks
 - What factors should we consider for tailoring treatment so our clients will "get it"

EFFECTIVE PROGRAMS

RISK Principle

- ❖ effective programs match the level of treatment intensity to the level of risk posed by the client
- ❖ high risk = high intensity
- ❖ mismatching can result in increased risk
- ❖ Criminal history = predictive

RISK: "THE BIG FOUR"

- Anti-social attitudes
- Anti-social associates
- History of antisocial behavior
- Anti-social personality pattern
 - psychopathy, impulsivity, restless aggressive energy, egocentrism, thrill-seeking, poor problem solving and poor self regulation skills

ALSO

- Problems at home (such as low levels of affection, caring and cohesiveness, poor parental supervision, neglect and abuse),
- Problems at school or work (low levels of education and achievement and unstable employment history), or with leisure (poor use of recreational time) and substance abuse.
- The ability to predict criminal behaviour increases with the number and variety of major risk factors assessed and with the number of different sources of information used.

NOT ASSOCIATED WITH RISK

- Denial/disclosure
- Empathy
- Psychological maladjustment
- Many personality features
- Most biographical features
 - *David, I have this really challenging case. Actually, it's quite interesting, he was adopted out a five, and wound up...*

EMPATHY

- Hojat et al (2009)
 - empathy among doctors
- Empathy scores did not change significantly during the first two years of medical school.
- However, a significant decline in empathy scores was observed at the end of the third year which persisted until graduation.
- Patterns of decline in empathy scores were similar for men and women and across specialties.

HOJAT ET AL 2009

Conclusions

It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential.

RISK ASSESSMENT

- Risk assessment is not comprehensive
 - Thinking skill: Be a master of exclusion
 - RRASOR = 4 items
- Risk assessment may/may not include threat assessment
- Risk as underlying, long-term propensity for violence, sexual violence, criminality
- HCR-20, VRAG, SARA, RSVP, Static-99r, LSI-R, etc.

CLOSER LOOK

- “proven” how?
- Satisfaction not the same as symptom reduction or risk factor management

DOSAGE

- High risk = twice moderate risk
- Moderate risk = twice low risk
- Problem: Dosage considerations are vital, but very little actual research has been done

RISK PRINCIPLE

- Forget morals
- Forget values
- Forget everything else...
- Risk is an underlying likelihood
- We can make people more dangerous as well as less

EFFECTIVE PROGRAMS

NEED Principle

- ❖ effective programs target identified criminogenic needs
- ❖ People who have sexually or violently abused require sex/violent offender specific treatment programming
- ❖ other programs may result in some ancillary gain, but risk for sexual re-offense likely will not be reduced

NEED PRINCIPLE

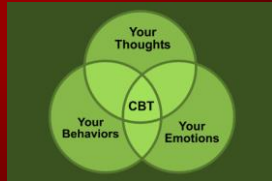
- Criminal interests
- Criminal attitudes/beliefs
- Criminal schemas
- Criminal associates/significant others
- Self-regulation/management
 - Problem-solving skills
 - Coping skills
 - Interoception

NEEDS ASSESSMENT

- Substance abuse screening
- Personality testing (?)
- HCR-20 (needs items)
- Self-report inventories for sexual abuse (e.g., MSI-II)
- Trauma (?)
- And ???

COGNITIVE-BEHAVIORAL THERAPY

- Addresses
 - problematic emotions
 - maladaptive behaviors
- Thoughts, attitudes, beliefs, and other cognitive processes
- Uses goal-oriented, explicit systematic procedures



MEICHENBAUM QUESTIONS

- So when this happens and you do that... what happens?
- So it's like a vicious ___
- So when this vicious cycle/circle happens, what's the price that you and others pay?
- If we work together, and I sincerely hope that we do, maybe we could work to find ways to...

MEICHENBAUM QUESTIONS

- Comorbidity: What other kinds of things have been troubling you?
- Finding strengths:
 - Despite X, Y, and Z, you still
- And some of the ways others can support you include ____
- And some of the systems you can access include ____
- One last question: What would be some of the things that get in your way?

EFFECTIVE PROGRAMS

- Train clients to self-monitor
- Rehearse alternative responses
- Practice prosocial behavior in increasingly difficult situations
- Clients have peers to whom they can turn for help

THINKING REPORTS/COGNITIVE CHECK-IN

- Describe the facts of the situation
- Thoughts you had
- Feelings and emotions
- Factual description of how you behaved and what your goals were
- What other options did you have?

POSSIBLE THINKING ERRORS

- Personalizing
- Obscuring
- Minimizing significance of events
- Maximizing significance of events (e.g., catastrophizing, awfulizing)
- Labelling
- Mind-reading
- Confirmation bias

POSSIBLE THINKING ERRORS

- Dichotomous thinking
- Compartmentalizing
- Unreasonable demands
- Cut-off
- Lack of Time Perspective
- Believing no one is hurt

SO WHAT?

- How do people come to use these thinking errors?
- What problems can be caused by them?
- When are some times you might have used this?
- What can you do if you think you're using this thinking error?

COMMON ISSUES

- Someone trying to control you
- Being criticized
- Being disrespected
- Being threatened
- Having a reputation
- Wanting things "fast and easy"

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

RESPONSIVITY ASSESSMENT

- Big Question: What gets in the way of accessing the services we have to offer
- What can we do to keep them responsive?
- IQ testing
- Trauma (?)
- Stages of change
- Motivation

BUILDING RESPONSIVITY

- 4:1 rule
 - Negatives should be accompanied by provision of healthy alternatives
 - Be vigilant for negative consequences of negatives, such as avoidance of professionals, increased punitive attitudes of clients, etc.
- Journaling
- Use specific language (e.g., reject vague language like "inappropriate")
- Adjunctive treatments
 - Yoga, meditation

FINALLY

- Personalize manuals before you manualize persons
- Maintain fidelity to your client as well as to the manual

UNDERSTANDING MOTIVATION

Versions 1.0, 2.0 & 3.0

THE PROBLEM

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

39

No form of punishment
reduced re-offense

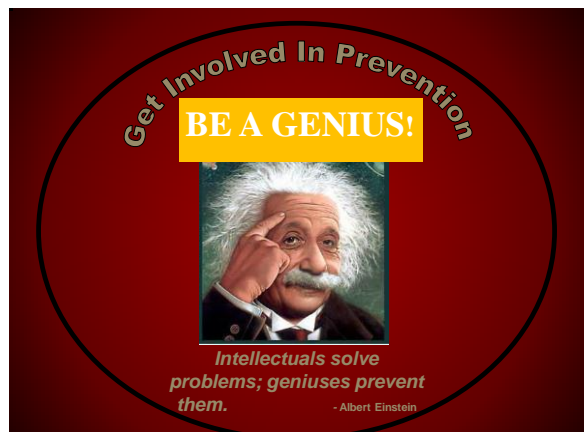


Two other large-scale studies
have since confirmed

A REAL PROBLEM

- *Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behavior.*
 - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
 - Some indication of increased risk for low-risk criminals
 - www.ccoso.org

41



Intellectuals solve
problems; geniuses prevent
them.

- Albert Einstein

THINK PREVENTION

Be prevention
You are prevention

We are all in the field of sexual abuse
prevention

43

OBJECTION!!!



44

OBJECTION OVER-ruLED

- These skills are not as “basic” as many people think
- Mastery can take 5-10 years



45

LET'S START WITH STRENGTHS

46

ESSENTIAL CONSTRUCT: 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 want people to be able to trust me. |
| • I don't want to smoke anymore. | • I want to be clean and sober. |
| • I don't want any more trouble with the law. | • I want to get my health back. |
| • I don't want any more violence towards my partner. | • I want a respectful relationship with my partner. |
| • I don't want to use drugs or alcohol to access any more. | • I want to save money. |
| • I don't want to gamble any more. | • I want to complete all my obligations to the court. |
| • I have been ordered to stay away from the victim of my crime. | • I want to be good at my job or good in school. |
| • I don't want to be on probation. | • I want to be able to keep myself calm. |
| • I don't want to look stupid. | • 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

49

STABLE - 2007 VS APPROACH

- | | |
|----------------------------------|---|
| 1. Significant Social Influences | 1. Relationships with supportive people |
| 2. Intimacy Deficits | 2. Experience self as competent and relate empathically |
| 3. General Self-regulation | 3. Take excellent care of himself, particularly when angry or anxious |
| 4. Sexual Self-regulation | 4. Find new ways to take excellent care of self |
| 5. Co-operation with Supervision | 5. Successfully complete terms of probation |

ACUTE 2007 VS APPROACH

- | | |
|-----------------------------|--|
| 1. Victim Access | 1. Keep self safe at all times and prevent further allegations |
| 2. Hostility | 2. Keep calm, gain peace of mind, check out his attitudes, etc. |
| 3. Sexual pre-occupation | 3. Develop a fuller range of interests, work with psychiatrist to determine best course of treatment |
| 4. Rejection of Supervision | 4. Develop skills for cooperation with legal system |

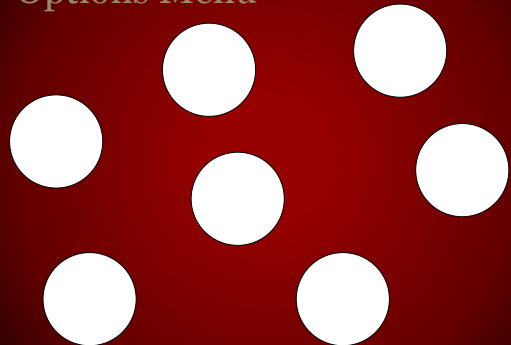
ACUTE 2007 VS APPROACH

- Emotional Collapse
 - Collapse of Social Supports
 - Substance Abuse
- Manage emotions and behavior; gain peace of mind
- Take a meaningful role in his community; Use community resources effectively; develop a support group; invest in relationships, etc.
- Work to remain clean and sober, etc.

WHEN YOU'RE WITH ME...

You always have options

Options Menu



ARE WE READY?

0 1 2 3 4 5 6 7 8 9 10

MOTIVATION = IMPORTANCE + CONFIDENCE

APPLICATION:

IDENTIFYING COMMON LIFE GOALS

COMMON LIFE GOALS (AKA PHGS)

- Life (including healthy living and functioning)
- Knowledge
- Excellence in play and work (mastery experiences)
- **Excellence in agency** (autonomy and self-directedness)
- **Inner peace** (freedom from emotional turmoil and stress)
- **Friendship/relatedness** (intimate, romantic, family relationships)
- Community
- Spirituality (meaning and purpose in life)
- **Happiness/Pleasure**
- Creativity

HOW DO PEOPLE CHANGE?

HOW DO PEOPLE CHANGE?

- Challenging “distorted cognitions”?
- Completing assignments?
- Following the manual?
- Through their experiences and discoveries?
- Or via a relationship experience where hope and possibility are renewed... or born.

EMPATHIC, ATTUNED INTERVENTIONS

- Unexpected
- Welcome
- Impactful

WHAT WE NEED

- Mindset
- Heartset
- Spirit
- Attitude
- Intention

POLITICAL CLIMATE

- Coercion
- Shame
- Blame
- Threats
- Punishment



WE CAN LEAVE NO ONE BEHIND



NEURO-RESEARCH REMINDS US:

- Compassion
- Respect
- Social justice for all, including our clients
- Prizing differences
- Human potential
- Collaboration

SUMMARY

- Many perspectives
- Keep learning
- Keep talking
- Share your experiences