




# Thriving at the Front Lines



---

# David Prescott: Friend or Foe?

- Treatment Assessment Director
    - Sharing resources
  - Many years in inpatient treatment, but
  - The front lines are where change happens
  - Trying hard not to work so hard
  - Many stories about excellent staff
  - The weird twilight world of sexual abuse
- 
- 

# Our Fears...



(AP PHOTO)

---

# Excellent Staff

- Dwain

- *“Just keep singing Sesame Street”*
- *“Just remember: These guys have nothing”*

- Shawn

- *“Just keep to the routines”*

- Ray

- *“Just keep talking to them”*
- *“Just remember where they’re from”*


- Kurt

- *“Just keeping listening”*
-



---

# Excellent Staff

- Keep routines going
  - Know their patients
  - Can spot trouble before it happens
  - Set limits early
    - *“We’re all going to set limits sooner or later, so we might as well do it now”*
- 
- 

---

# What it means

- Annoying behavior means *“I’m getting upset and need help”*
  - Disruptive behavior means *“listen to me”*
  - Dangerous behavior means *“I’m losing control”*
  - Possibly lethal behavior means *“Stop me”*
-



---

# Building patience

- Try to imagine a 15 minute video of the worst 15 minutes of their life
    - Do you think you *can* imagine it?
    - Do you want to watch it?
    - If you did, what would you learn
    - If you did, how would it change your view of them?
-

---

# The Big Question

- *Do we want them to re-offend or not?*
    - What works?
    - What're the key ingredients?
  - One thing in common for all patients:
    - Punishment didn't work
-

---

# The Law...

- “The courts therefore engaging in the familiar balancing exercises. Only ‘special and non-punitive circumstances’ may trump an individual’s liberty interest in a civil commitment case... The purpose of civil commitment here is not punishment, but rather the protection of society from [the individual’s] potential dangerousness.”

-Pfaffenroth, 2003, p. 2234

---



---

# So who are we?

- We're not the judge or jury
  - We're not the Warden
  - We're not the ones who are going to change these guys...
  - We're the ones setting up the environment where these guys can change
-

---

# Hubble et al.

- Meta-analysis of treatment outcome studies isolated a “big 4 factors”
  - Model/technique factors..... 15%
  - Placebo, hope, and expectancy.... 15%
  - Relationship factors..... 30%
  - Client/extra-therapeutic factors 40%!
- Good news for staff

---

# Where are we going?

- Treatment focus

- Engaging patients

- Gathering information

- listening

- Communication

- PCT's as having active roles in treatment

---

---

# The bottom line

- Punitive approaches are not an option
  - Behave at Sand Ridge as you would in church!
    - Be courteous even when the patients aren't
    - Use your best manners, and never swear!
  - Matter of fact approach
    - Airline pilot
-



---

# The bottom line...

- Disposition is more important than position
    - Chain of command, but all PCT's are in a leadership position
    - “Life is 10% what happens and 90% how we handle it”
    - *Responding* to patients is much easier than *reacting* to them
  - Easier said than done?
    - Collect simple techniques
    - Remember the mission
    - Verbal Judo
-

---

# What we've got

- Sexual Disorder

- How would we like to change our arousal patterns?

- Personality Disorder

- "Speed limits" example

- Coming to work means... It's...

**SHOWTIME!!!**

---

---


# Our Goals

- Safety
  - Keeping daily routines on track
    - If you can get them to grunt, you can get them to talk; If you can get them to talk, you can get them to follow routines
  - If you can tell the truth and be respectful when you're scared to death, you can reach these goals
-



---

# Eyes on the Prize

- It's OK if they don't "get better" as fast as we want
  - It's OK to be patient even when we're angry
  - It's OK not to overuse sanctions
  - Angry people don't listen very well
- 
- 



---

# The Problem

- It's easy to lose focus
- It's easy to lose patience
- It's easy to return to bad habits

---

# “Treatment Center”

- “A” Unit is both preparation for and Introduction to treatment
    - Patients have almost all failed in other treatment settings,
    - Possess a world view that treatment providers can't be trusted
  - Treat every patient like he's your best patient
-

---

# Dialogue

- Check in with all your patients first
    - “Hi-how-do-ya-do”
    - Small talk is great
  - Smile and then keep smiling
  - Humor is great, but keep it light
  - Stall for time, provide timeframes, but **ALWAYS** follow through
-

---

# Manners

- 4 basic skills:

- Please
- Thank you
- Excuse me
- I'm sorry

- Addressing patients respectfully:

- "*David*" or "*Mr. Prescott*", but never "*Prescott*"
-

---

# Staying on track

- Please...

- whoa...

- please...

- you have a choice...

- As soon as you \_\_\_\_\_, we can \_\_\_\_\_

---



---

# Teamwork

- Supporting patients starts with supporting each other
  - If you don't think you can talk about it somewhere, that's a real problem!



---

## Gaining Voluntary Compliance

- Put your spotlight on the goal, because everybody already knows the problem:
    - “Please” versus “You need to”
    - “We expect” versus “you will”
    - “Three strikes means you’re closer to the ball”
  - Always discuss the values behind the rules
    - People challenging the rules are teaching us about values
-



---


# When you come to work...

- Prepare
    - Use drive time; set things up the night before
  - Bring your manners with you: It's Showtime!
  - Expect resistance (“bring me the puck”)
  - Roll with resistance
-



---

# When you come to work...

- Be ready to listen
  - “Be the change you want to see”
  - Approach, Smile, Greet
    - (not “stalk, attack, kill)
  - Tell the truth
- 
- 

---


## When you get caught up...

- If it feels wrong, it probably is wrong
  - If you have any doubts, then there's no doubt
  - Team approach!
    - Bring in a PCS, another staff, etc.
  - Keep it simple and remember the basics: "It's really simple... I'm a PCT, and you're a patient. Any questions?"
-



---

# Good Attitudes

- I am not the same as my work
  - I'm not alone in this
  - My attitude will dictate a lot of what happens at work
  - Everyone's sexuality is different
  - No one has all the answers, but I have places to go to get them
- 
- 



---

# Good Attitudes

- The work day is only one small piece of the real work we do.
    - It's about contributing to reducing the harm of sexual abuse
    - In the end, whether a patient gave us a hard time today is much less of a concern
-

---

## Verbal Judo

- “First, make it your goal, your business, to win the person over. No matter what is said, you’re going to deflect the abuse, not take it personally, remain professional, and keep your eyes on the purpose. You want what the customer (patient) wants: satisfaction and a happy result. Let nothing stand in the way of that.” (P. 144)
-

---

# Verbal Judo

- “The best (leader) will come to work every day to make his people better than he ever was. That was a goal of the ancient masters, to see their students go beyond them. Success comes from others. Put your power into others, let them carry the day, and you will be seen as a successful leader.”
-