REACHING FOR EXCELLENCE: IMPROVING TREATMENT ONE PERSON AT A TIME

2016
David S. Prescott, LICSW
Welcome!

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

WELCOME NEWCOMERS!

ARE WE GETTING IT RIGHT YET?

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, & Cormac, 2006)

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
MY CONCERN
• During the past 30 years, the majority of our progress has been technical in nature

IN THE BEGINNING...

Speech is a mirror of the soul: as a person speaks, so is s/he

- Publilius Syrus, 100 BC

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.”

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 rehabilitate offenders and reduce recidivism? And if so, what...
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, 1998 (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?

1998

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)

2005: THE SOTEP RCT

- No overall differences between treated and untreated groups, but:

- Sex offenders who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they “got it” (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

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.

2007-12

• Wilson, Cortoni, et al.

• Collaborative risk management, RNR principles, & holistic community aftercare can contribute to reduced re-offense

• Motivation varied across subgroups

• Illustrates need for post-institution community follow-up
  - Goal of “balanced, self-determined lifestyle”
    - (Similar to NewStart program in Saskatchewan)

2011

• Attorney Larni Levi (SOMC-list)

• In Massachusetts, offenders are required to sign what’s called a Lamb Warning informing the individual that anything he says during treatment can be used against him.

2012

• http://www.dshs.state.tx.us/csot/csot_tdifference.shtml

• The most prominent difference is that the primary client in sex offender treatment is the community and the goal of treatment is **NO MORE VICTIMS**. With sex offender treatment, community safety takes precedence over any conflicting consideration...

2012 CONTINUED

• Sex offender treatment is different than traditional psychotherapy in that treatment is mandated structured, victim centered, and the treatment provider imposes values and limits. Providers cannot remain neutral because of the risk of colluding with, adding to, and/or contributing to the offender’s denial. In sex offender treatment, confidentiality is not maintained due to the enormous public safety issues.
We know better
We do worse

Motivational interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.
STEVE ROLLNICK, 2/28/10

- Motivational interviewing involves helping patients to say why and how they might change, and is based on the use of a guiding style

- Mission critical: The client makes the case for change.
  - This is easily forgotten in sexual offender treatment

MOTIVATIONAL INTERVIEWING

- In widespread use around the world
- But....
- Hettema, Steele, & Miller, 2005:
  - Observed effect sizes of MI were larger... when the practice of MI was not manual-guided.

WALFISH ET AL 2012

- No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
- On average, clinicians rated themselves at the 80th percentile
- Less than 4% considered themselves average
- No one rated themselves below average
- Only 8% rated themselves lower than the 75th percentile
- 25% rated their performance at the 90th% or higher compared to their peers

DIRTY LITTLE SECRETS

- ... from outcome studies
  - More difference between the best and the worst therapists within any treatment method, than there is between treatment methods
  - Some therapists are better than others
  - Hiatt & Hargrave (1995) asked therapists to estimate their effectiveness in a treatment study
  - The LEAST effective therapists rated themselves as being among the most helpful

WAMPOLD & BROWN, 2005

- 581 therapists
- 6,146 real world clients
- Average sessions = 10
- 46% depression, 30% adjustment disorder, 11% anxiety, plus other diagnoses
- Who got the best outcomes?
  - Training makes no difference
  - Profession makes no difference
  - EXPERIENCE makes no difference
  - Diagnosis makes no difference

HOW CAN WE GET BETTER?

Routine, structured feedback
EVIDENCE-BASED PRACTICE

- "Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences."


FIT DEFINED

- Pantheoretical approach for evaluating and improving the quality and effectiveness of behavioral health services
- Involves routinely and formally soliciting feedback from consumers regarding the therapeutic alliance and outcome
- Uses the resulting information to inform and tailor service delivery
- Consistent with and operationalizes the American Psychological Association’s (APA) definition of evidence-based practice...
TO OBTAIN SRS AND ORS

http://centerforclinicalexcellence.com

Click the link for “Performance Measures”

OBJECTIONS TO FIT
1. Measures don’t work for this client
2. Client won’t be honest
3. My clientele is different
4. It’s one more thing I have to do

= Subtle shift of responsibility to others

INTRODUCING THE ORS

• We work a little differently at this agency. Our first priority is making sure that you get the results that you want. For this reason it is very important that you are involved in monitoring our progress throughout therapy. We like to do this formally by using a short paper and pencil measure called the Outcome Rating Scale. It takes about a minute. Basically, you’ll fill it out at the beginning of each sessions and then we’ll talk about the results...

Continued...

• A fair amount of research shows that if we are going to be successful in our work together, we should see signs of improvement sooner rather than later. If what we’re doing work, then we’ll continue. If not, however, then I’ll try to change or modify the treatment. If things still don’t improve, then I’ll work with you to find someone or somewhere else for you to get the help you want. Does that make sense to you?

INTRODUCING THE SRS

• At the end of each session, you can fill out one additional form, the Session Rating Scale. Again, it’s very short, taking about a minute or less to complete and score. This scale helps me to know how the session went. It takes the “temperature” of the visit, so to speak. I ask you to fill this out because the research shows your experience of our work together during the visit is a good predictor of whether we’re successful. I’ll explain more about this at the end of the session. Does this make sense?

Let me ask again...

• If you were to establish a deliberate-practice plan to become a better therapist, what is one concrete step you would take?
EXERCISE

• Write a detailed description of your best work

• Compare your sessions for the next two weeks to it

THE KEY

• Treatment means building willing partners in change.

THE SAFEST SEX OFFENDER

• Someone who has a place to live

• connected to support people to which he or she is accountable,

• has work

• has everything to lose by repeating a sexual assault.

• Gwenda Willis, personal communication, August 2012

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

COMPASSION

WE CAN LEAVE NO ONE BEHIND