First...

What questions do you have?

I GET BY WITH A LITTLE HELP FROM MY FRIENDS

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.

AGENDA

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

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
Adolescents Who Sexually Abuse

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 sequences
  E. understand structural oppression and demonstrate awareness and commitment to social justice

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 therapists must navigate.
- Therapists must bring a critical perspective to counselling conventions that may need re-evaluating when working with some populations.
- Clients are affected by the culture that surrounds them. Critical, anti-oppressive, feminist, and other post-modern practice frameworks require the capacity to consider systemic oppression.

RESEARCH

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?

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.”

RESPONSIVITY DEFINED
**Responsivity** definition, the quality or state of being responsive (dictionary.com)

**BONTA (2007)**

"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.”


**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 methods are the most effective regardless of the type of offender (e.g., female offender, Aboriginal offender, psychopath, sex offender). General correctional practices such as prison gangs, 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.

http://www.csc-scc.gc.ca/research/forum/e073/073k_e.pdf

**CORRECTIONS CANADA**

Client Responsivity Factors

<table>
<thead>
<tr>
<th>General Population Factors more common in offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Self-esteem</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Mental illness</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Race/ethnicity</td>
</tr>
</tbody>
</table>

**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


**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).
Adolescents Who Sexually Abuse

Part 3 – Dallas 2018

HTTP://WWW.NCSC.ORG/SITECORE/CONTENT/MICROSITES/CSI/HOME/~/MEDIA/MICROSITES/FILES/CSI/EDUCATION/UNIT4_FACULTYHANDBOOK.ASHX

Responsibility: matching the characteristics of the treatment to characteristics of the individual offender.

Responsibility Principle

1. In vivo intervention, interview, programs, and enrichment
2. Program content responsive to individual needs

Responsibility 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 "responsibility factors" and these are a few of the most common ones. See research on mental health at slide 30 and see Jennifer Sieben, et al. Assembling Relationship Quality in Managed Community Treatment: Blending Care with Contact 19 Psychol. Assessment 307-410 (2007); Jennifer Sieben, et al., Exploding "What Works" in Probation and Mental Health, 2008; Steen, Boschuk, and Johnson, Sexually: Mental Health vs. Traditional Probation, 2008.

HTTP://WWW.NCSC.ORG/SITECORE/CONTENT/MICROSITES/CSI/HOME/~/MEDIA/MICROSITES/FILES/CSI/EDUCATION/UNIT4_FACULTYHANDBOOK.ASHX

CONTINUED

Promoting Offender Motivation

- Goal Setting
- Reinforcement
- Feedback
- Motivation

Introduction (Lecture 5 minutes)

The art of responsible sex offender assessment, and perhaps the most important is "offender engagement." The practice of treating sex offenders is effective; these offenders are rarely motivated to change behavior of the act, and have very little the offenders into treatment and keep them there longer. This external pressure "nudges" the offender with some motive to change; however 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.

- Other factors such as self-esteem, self-efficacy, and the way the court and judge interact with the offender are also important.

HTTPS://WWW.NCSL.ORG/PRINT/CJ/SF-KOOPYPT.PDF

Responsibility 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 demographic
- It includes matching the personnel delivering the service to the population

UTAH CJ CENTER

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?
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?

MY CONCERN

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

IN THE BEGINNING...

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)
MARTINSON, 1974

Probable duration of this does not know.

Does nothing work?

Do all of these studies lead us irrevocably to the conclusion that something works, that we haven’t the faintest clue about what it is? Does it work?

PAUL GENDREAU

- “Something works”
- “What works!”

1979: EDWARD S. BORDIN

- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - 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

- 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

The best way to become enlightened is to argue with people on Facebook.

TAKE-HOME SKILL

• Let’s all get humble about our abilities
  - If there hasn’t yet been consensus about the definition of responsivity ...
  - 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.
WHERE DOES CULTURAL COMPETENCE FIT IN?

5) Let’s Start with Strengths

MEET YOUR CLIENTS WHERE THEY’RE STRONG

LET’S GO DEEPER

LET’S GO WIDER

FIND THE STRENGTH
HINT

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

FIND THE STRENGTH

HINT

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

FIND THE STRENGTH

HINT

- Autonomy?
- Connection?
- Life?
- What is the difference between where he is and where he wants to be?
HINT
- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?

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

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?

MEET YOUR CLIENTS WHERE THEY DREAM
6) COMMON LIFE GOALS

**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?
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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?

ALWAYS MEET YOUR CLIENTS WHERE THEY DREAM

How do professionals get more effective?

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