

# Implementing Offender Competencies

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Domestic Violence Round Table

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# Differences between Old vs. New

- OLD
- Skills based
- Required tools taught
- Fixed minimum time
- Not researched based
- New
- Competencies
- Minimum constructs
- Individualized
- Research based
- Higher minimum standards

# Our Challenge!!

- Turning the competencies into meaningful, values changing, beliefs for our clients to live by.

How do we know when clients are doing more than just talk?

Can we measure change in our clients while in treatment?

# What competencies will require from therapists.

- Documentation
- Written demonstrations of understanding
- Behavioral changes
- External validation
- Regular communication with MTT

# Measuring with available tools

- Participation in group
- Written/verbal homework assignments
- Journaling
- Pre- Post testing
- Relate a past experience
- Clients teaching skill sets (such as time out, cycles of violence...)
- Role Plays
- Outside validation, i.e.. victim report, employer report, adjunct tx. providers, probation reports, medication trials, job stability...

# Behavioral Anchors

- Competencies offer a guide to better understand each construct. Such as...
- #M. Offender understanding and use of appropriate communication skills.
1. Demonstrates nonabusive communication skills that include how to respond respectfully to the offender's partner's grievances and how to initiate and treat one's partner as an equal.
  2. Demonstrates an understanding of the difference between assertive, passive, passive aggressive, and aggressive communication, and makes appropriate choices in expressing emotions.
  3. Demonstrates appropriate active listening skills.

# Role Plays

Reasoning and Rehabilitation, A Handbook for Teaching Cognitive Skills

➤ 37 Social Skills and Steps

#21 Responding to Complaints

- a) Listen carefully to the complaint.
- b) Ask for more information.
- c) Decide if the complaint is justified.
- d) Decide if you should accept or deny responsibility and what should be done.
- e) Express your view and your suggested solution.
- f) Ask for his/her reaction.

# Role plays, cont.

- Place steps on the board for all to see and discuss the importance of each step with the group.
- Develop a scene to be acted out using a frequent encounter from group members.
- Change the scene with new actors using home situations, work situations, family situations, and friend situations.

# Role Plays, cont.

- If possible video tape scenes for playback and review with clients.

## Questions for the group

Did the actor follow the steps?

How did the co-actor respond to the actor?

How might we improve the situation?

If the actor or co-actor was angry, how would that change to outcome?

# Ideas for Role Plays

From “Reasoning and Rehabilitation

- #2 Carrying a conversation
- #4 Listening
- #5 Expressing praise
- #6 Expressing appreciation
- #8 Asking for help
- #10 Expressing affection

# Ideas, cont.

- #11 Expressing a complaint
- #13 Expressing anger
- #14 Responding to praise
- #15 Responding to the feelings of others
- # 16 Apologizing
- # 19 Responding to mistakes
- # 27 Preparing for a stressful conversation

# Ideas, cont.

- #30 Identifying and labeling your emotions
- #32 Making requests assertiveness skills

# Likert Scales

3 point scale

YES=2

In Progress=1

No=0

NO= Offender continues to use abusive language, aggressive communication, or fails to appropriately express emotions. Offender does not communicate with partner in a way that treats partner as an equal or does not listen to partner.

Yes= Offender uses appropriate active listening skills and is able to demonstrate assertive communication skills. Offender is able to articulate differences in communication skills from assertive, passive, passive aggressive, and aggressive.

# Likert Scale, cont.

## 5 point scale

0= No work in this area.

1= Just beginning to learn skill.

2= Partial, has been successful in most role plays and participates in discussion.

3= Minimum understanding, can articulate assertive communication, no behavioral validation that it is being used outside of group setting.

4= Working at skill and can discuss its use at home and work with positive outcomes.

5= Has integrated assertive communication. Victim reports major change in communication and feels listened to with valued opinion.



NOW, IF WE, AS CHILDREN,  
CAN'T SOLVE WHAT ARE  
RELATIVELY MIND

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# Moral Dilemmas

- Using Conscience as a Guide: Enhancing Sex Offender Treatment In The Moral Domain

By Niki Delson

- Reasoning and Rehabilitation

By Robert Ross

# Questions to Have Group think About.

- What are the competing moral issues?
- Name all the people who might be affected by Simon's decision to forgive or not forgive?
- How might Simon's decision affect the community?
- What do you think is the most important issue for Simon to resolve in order to feel like he is a good person?
- How does this experience impact our decision to continue to use violence to solve problems?



AGGRAVATE MY  
HIGH BLOOD  
PRESSURE AT  
WORK TODAY

AREN'T  
YOU,  
BOSS?



NOW GET BACK TO  
WORK BEFORE  
YOUR LUCK  
RUNS OUT!!

# Jackson Katz

- Tough Guise
- Great discussion and relates to many competencies

# Healthy Sex

- Recent study- 250 Colorado men in outpatient treatment.
- 89% of the DV offenders disclosed having non-consenting sex with their partners.
- Over 40% identified non- physical coercion as consenting sex

What are we doing to promote healthy sexual relationships with our clients when we know most have engaged in intimate partner rape?

How could we build this component into our treatment programs and does it fit into competencies?

# Ideas

- Older, Wiser, Sexually Smarter (30 sex ed lessons for adults)
- The development of programs for the needs of 18-25 year old offenders (Young Adults Program) that uses brain development information.

What are you doing to meet  
competencies that you would be  
willing to share?

Discussion...