

## Text to join NCJTC email list

1) Text NCJTC to 22828 2) You will receive an email 3) You can update preferences



## **Evidence Based Practices in the Context of a Victim-Centered Approach**

October 5, 2021 | Presented by: Dr. Anjali Nandi, PhD, MAC, LAC





## Webinar Disclaimer

This project was supported by Grant No. 2017-TA-AX-K068 awarded by the Office on Violence Against Women, U.S. Department of Justice.

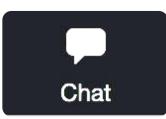
The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



## **Zoom Webinar Technical Overview**



Enter your questions into the Q&A box.



Watch the Chat for messages from the webinar organizers.



Click to view subtitles or a real-time transcript of the webinar.



## **Post-Webinar Information**

- A recording of this webinar will be available in the coming weeks at <u>www.NCJTC.org</u>.
- A certificate of attendance will be emailed within 2 weeks.
- Please complete the brief evaluation at the conclusion of this webinar.







## **Poll Questions**

- Poll questions will be asked during the webinar.
- This is your time to weigh in with your thoughts.
- Please respond promptly; polls are open for a short period of time.





# Which of the following best describes your role?

- Victim Services/Victim Advocate
- Probation/Community Corrections
- Law Enforcement
- CAC, Social Worker, Mental Health Worker
- Other



### **Today's Presenters**

#### Dr. Anjali Nandi, PhD, MAC, LAC

Associate, National Criminal Justice Training Center

anjalinandi@hotmail.com





#### **Greg Brown**

*Program Manager,* National Criminal Justice Training Center

browngr@fvtc.edu



## **Learning Objectives**

- Explain the importance of the relationship with victims and criminal justice clients in the change process.
- Identify evidence-based practices in criminal justice.
- Describe how to create a relationship that holds people accountable and provides appropriate advocacy in their path to healing.
- Recognize common biases and understand the impact of their interactions when biases are present.





## **Paradigm Shift**

#### Change as event

- Punishment
- Individual-oriented
- Judgement/Shame
- Assumption of choice
- Learning quick

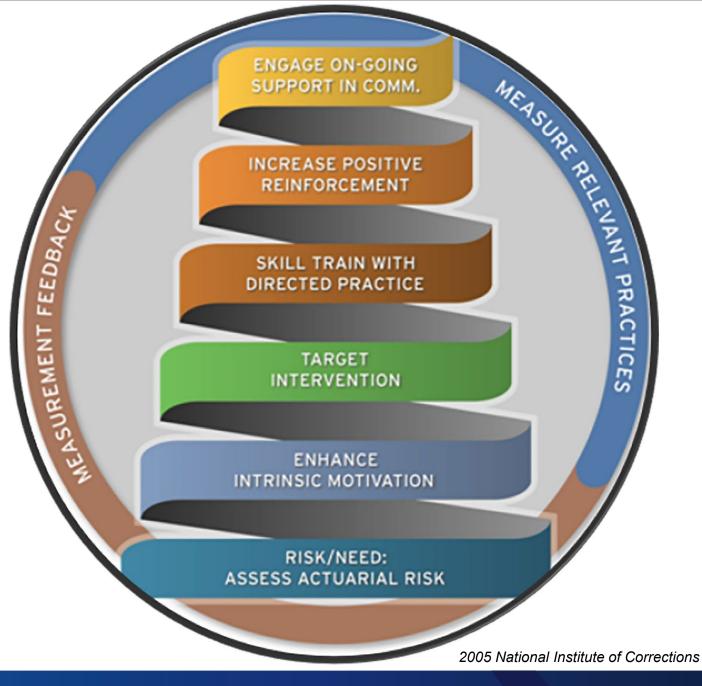


#### Change as process

- Behavior change
- Community-oriented
- Curiosity/Vulnerability
- Understanding of trauma
- Learning deep



## Eight Guiding Principles For Risk/Recidivism Reduction





## **Guideposts for Decision-Making**

- Risk Principle
- Need Principle
- Responsivity Principle





## **Risk Need Responsivity Summary**

#### **Risk Principle:**

Who to treat? (moderate-to-high risk)

<u>Need Principle:</u> What to treat? *(criminogenic needs)* 

#### <u>Responsivity Principle:</u>

How to treat? (cognitive-behavioral approaches tailored to offender attributes)





## **Role of Risk-Needs Assessment**

- Gain information about risk of re-arrest and future DV
- Understand each offender's specific array of needs
- Match offenders to appropriate CBT-based programs





## Information on Risk and Need

#### General: "Central Eight" Criminogenic Factors:

- 1. History of criminal behavior (static)
- 2. Antisocial personality
- 3. Criminal thinking (anti-social beliefs and attitudes)
- 4. Antisocial peers
- 5. Family or marital problems
- 6. School or work problems
- 7. Lack of prosocial leisure/recreational activities
- 8. Substance abuse

#### **DV Specific Risk Factors:**

- 1. Recidivism
- 2. Lethality





## **Conceptualizing Case Plan Priorities**

- 1. Highest Criminogenic Need
- 2. Most Intrinsic Criminogenic Need
- 3. Needs the Client is Motivated to Change
- 4. Stability Factors
- 5. Strengths/Protective Factors
- 6. Connected to Non-Criminogenic Needs
- 7. Impact of trauma on behavior



## **Outcome Attributions** (The Significance of General Factors)

#### Features of the Individual Client = 40%

- internal (IQ, Dual Diag., etc.)
- external (Social Support Insurance)

#### **Relationship w/ Practitioner**

- working 'alliance'
- accurate empathy

#### **Placebo** (anticipatory set)

Intervention model





= 30%

= 15%

= 15%

## **Tips To Re-establish Safety**

## 1. Notice a flipped lid

Reactivity, lack of humor or creativity, slowed processing, big emotions, lack of logic, referencing the past, are all signs of a flipped lid





## **Tips To Re-establish Safety**

#### 2. Grounding techniques

Breathe, observe, involve 5 senses, feet on the floor, wiggle toes, return to the here and now





## **Tips To Re-establish Safety**

#### 3. Respect and empathy

Expressing empathy is the fastest way to bring a lid down. Convey concern, care and understanding.

"I can see how hard this is..." "I get how important this is for you..."

Stay calm yourself and always convey respect. Remember their mirror neurons are picking up on your emotion, so check in with yourself.



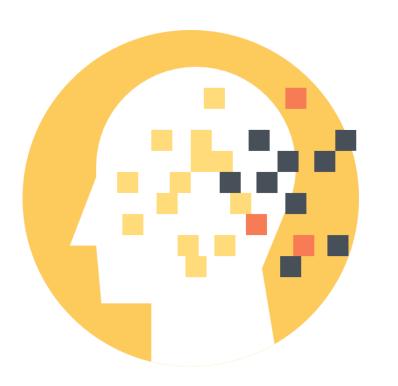




## **Criminogenic Need: Big Four**

- Antisocial behavior
- Antisocial personality
- Antisocial cognition
- Antisocial peers

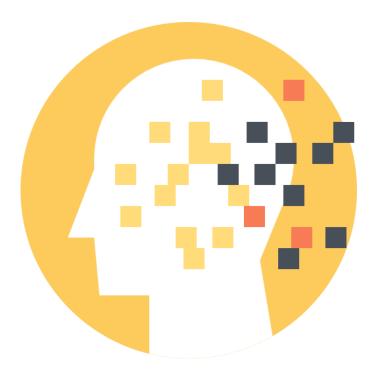




## Criminogenic Need: Next Four

- Substance use
- Dysfunctional family
- Employment
- Leisure time





## **Criminogenic Need**

Things to Consider:

- Use assessments to help determine priorities
- Pay attention to ongoing behavior
- Avoid the trap of attending to next four issues and missing big four issues
- Attend to big four issues in the moment



## **Stability Factors**

These are factors that are most important to the client and contribute to stability in the client's life.

- Housing
- Food
- Medication
- Medical issues

- Safety
- Clothing
- Access to transportation

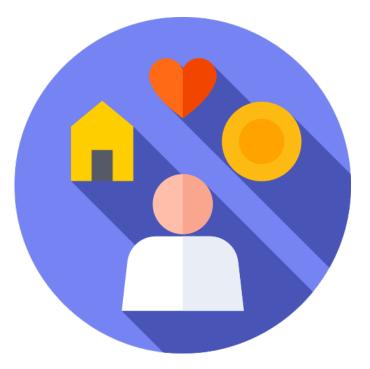




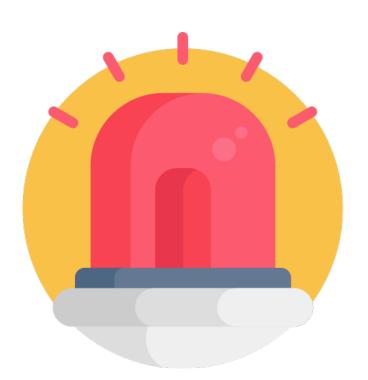
## **Stability Factors**

Things to Consider:

- Often, stability factors need to be attended to first
- Attending to stability factors does not reduce recidivism without also attending to criminogenic needs.







## **Crisis Du Jour**

- Clients will present in crisis mode
- Being in crisis is a learned behavior, a coping mechanism
- Being in crisis can be a result of trauma or addiction
- Look at patterns of behavior underneath the crisis
- Pause and consider what else might be going on





## **Crisis Du Jour**

Things to consider:

- Crises can be used to distract from the issue at hand
- Notice your own anxiety work to keep your lid down
- Being in a crisis is a window into areas that a client needs additional support
- If the client escalates, focus on safety, help them get their lid back down



## **Containment (Structure)**

Could the client benefit from additional structure or increased accountability? Consider adding/changing type and frequency of containment.

Examples of type:

- Phone check-ins
- Curfew
- Increased visits
- Increased monitoring

- EHM
- Day-reporting
- Detox
- Jail





## Capacity Building (Motivation and Skills)

Assess whether this is a motivation issue (I don't want to) or a skill issue (I don't know how).

#### Motivation considerations:

- Explore ambivalence
- Match your intervention to stage of change
- Increase friction for negative behaviors
- Reduce friction for positive behaviors
- Differentiate proximal and distal behaviors, set goals
- Use swift and relevant incentives and sanctions





## Capacity Building (Motivation and Skills)

Skill building:

- Name and identify specific skills
- Practice the skill use Carey Guides, role-plays, restructuring thinking, etc.
- Provide ongoing feedback
- Explore how the skill transfers or is relevant to other areas



## **Community (Social Support)**

- Explore what support the client has
- Complete a social network map
- Explore ambivalence around changing social network
- Brainstorm prosocial activities that could increase prosocial network
- Develop social skills



## Components of Cognitive Behavioral Therapy (CBT)



Cognitive Skills



Emotional Skills

Social Skills



## **Contingency Management**

- Identify target population
- Identify target behavior
- Offer a choice of a reinforcer
- Offer an incentive magnitude
- Define the incentive distribution frequency
- Determine incentive timing
- Determine duration of the incentive





## **Important Considerations**

- Motivational interviewing
- Gender-specific programming
- Trauma-informed care
- Frequent reassessment





## **Successful Strategies**

- Collaborative problem solving
- Prosocial modeling and reinforcement
- Attention to the PO/client relationship
- Frequent role clarification







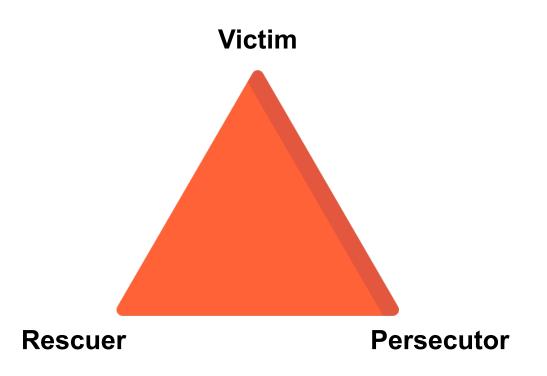
# Which area do you find yourself struggling the most with?

- Empathy
- Boundaries / Clear direction
- Role clarification
- Reinforcement
- Being a guide



## The Drama Triangle

- 1. Recognize the Drama Triangle
- 2. Ask "How Can I Help?"
- 3. Be blunt... But be careful
- 4. Ask "And What Else?"
- 5. Listen





# Accountability vs. Blame





## **Biases**

- Implicit bias
- Neuroscience
- Heuristics
- Confirmation bias





## **Brief Conversations**

#### What Does Not Work

- Advice giving
- Shaming
- Providing discrepancy
- Indifference
- Extreme consequences



#### What Does Work

- Developing discrepancy
- Heightening awareness
- Providing information
- Curiosity
- Options and natural consequences



## Things to be Curious About

- Concerns
- Abilities
- How things would be better/worse
- Benefits/consequences
- Possibilities
- Intentions





# What areas do you feel you could use more training in?

- Developing psychological safety
- Engaging in difficult conversations
- Balancing empathy with boundaries
- Giving feedback
- All of it!





General Inquiries info@ncjtc.org www.ncjtc.org (855) 866-2582



Dr. Anjali Nandi, PhD, MAC, LAC, anjalinandi@hotmail.com



Greg Brown browngr@fvtc.edu



## **Upcoming TTA Opportunities**

Visit <u>www.ncjtc.org</u> to view more upcoming training and technical assistance opportunities.



## **Post-Webinar Information**

- A recording of this webinar will be available in the coming weeks at <u>www.NCJTC.org</u>.
- A certificate of attendance will be emailed within 2 weeks.
- Please complete the brief evaluation at the conclusion of this webinar.





This presentation was produced with grant funding awarded under the OVW Training and Technical Assistance Program provided by the Office on Violence Against Women, U.S. Department of Justice.

Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse this presentation (including, without limitation, its content, technical infrastructure, policies, and any services or tools provided).

Additionally, points of view or opinions expressed are those of the presenter(s) and do not necessarily represent the official position or policies of the National Criminal Justice Training Center of Fox Valley Technical College.

