Improving therapeutic engagement with Indigenous youth who have sexually offended

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Acknowledgements
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Smallbone, S., Crissman, B., & Rayment-McHugh, S. (under review). Improving Therapeutic Engagement with Adolescent Sexual Offenders.

Griffith Youth Forensic Service

- Partnership between Department of Communities (Youth Justice Program) and Griffith University's Key Centre for Ethics, Law, Justice and Governance
- State-wide field based service provision (Queensland) for young people (10-17 years) who have appeared in court and either pleaded guilty to or been found guilty of a sexual offence
- Primary office in Brisbane, satellite office in Cairns
- Staffed by a Manager, Senior Clinician and 3 Clinicians
- Highest risk / needs + regional / remote referrals prioritised
- Increasing involvement with youth from remote Indigenous communities
- Approx 290 referrals since 2001
  - » 85% from outside Brisbane Metropolitan area
  - » 35% Indigenous youth

Therapeutic engagement with adolescents who commit sexual offences

- Therapeutic disengagement common problem in child and youth clinical settings (Dadds, 1997)
- Treatment disengagement (mandated clients) associated with breaches of statutory orders and further involvement in the justice system
- High rates of treatment drop-out reported for adolescents who commit sexual offences (up to 50-70%) (eg. Becker, 1990; Edwards et al, 2005)
- Sexual offenders (adolescent and adult) who begin but do not complete treatment are at higher risk for recidivism than both treatment completers and those who did not begin treatment (Hunter & Figueredo, 1999)
- Multisystemic programs reporting lower rates of treatment non-compliance (<10%) (Letourneau et al, 2009)
- Small body of research focused on non-completion with adolescent sexual offenders, no research specifically on engagement

Evaluation of GYFS clinical efforts

- Historically (pre-GYFS) treatment not available to Indigenous youth in remote communities in Queensland
- Equitable access to effective specialist treatment GYFS primary goal
- GYFS treatment non-completion rate very low (almost zero attrition)
- Treatment completion vs therapeutic engagement (a multifaceted construct)
- Concerns of GYFS clinicians about potential impact of geographic, cultural and systemic barriers to therapeutic engagement with Indigenous clients (and non-Indigenous clients)
- Total of 159 participants who attended GYFS treatment April 2001 to June 2009 across two cohorts
  - » 105 participants in cohort one (attended treatment April 2001 to May 2005)
  - » 54 participants in cohort two (attended treatment June 2006 to June 2009)
  - » 35.2% of participants identified as Indigenous Australians

Cohort One

- Multisystemic predictors of therapeutic engagement tested in cohort one
- Clinician rated *Engagement Measure* (Hall et al, 2001) used to assess therapeutic engagement across five dimensions using a five-point Likert scale
  - » Appointment keeping
  - » Client-therapist interaction
  - » Communication / openness
  - » Client's perceived usefulness of treatment
  - » Collaboration with treatment
- Cohort One Results
  - » Correlation analysis identified Indigenous status + impulsivity/antisociality + negative peer relationships to be associated with poorer therapeutic engagement
  - » Multiple regression identified Indigenous status and impulsivity/antisociality as unique predictors

GYFS clinical efforts to improve therapeutic engagement

- Study findings made available to clinical staff mid-2005
  - » Clinical efforts focused on improving engagement (particular focus on Indigenous youth and their families)
  - » Treatment model modified
- Ecosystemic collaborative field-based treatment model
  - » Individualised approach to assessment and treatment planning
  - » Interventions target the multiple ecological systems in which a young person is embedded
  - » Professionals, para-professionals, non-professionals, family partners
  - » Support, assistance with intervention, monitoring safety, consultation

GYFS clinical efforts to improve therapeutic engagement – all clients

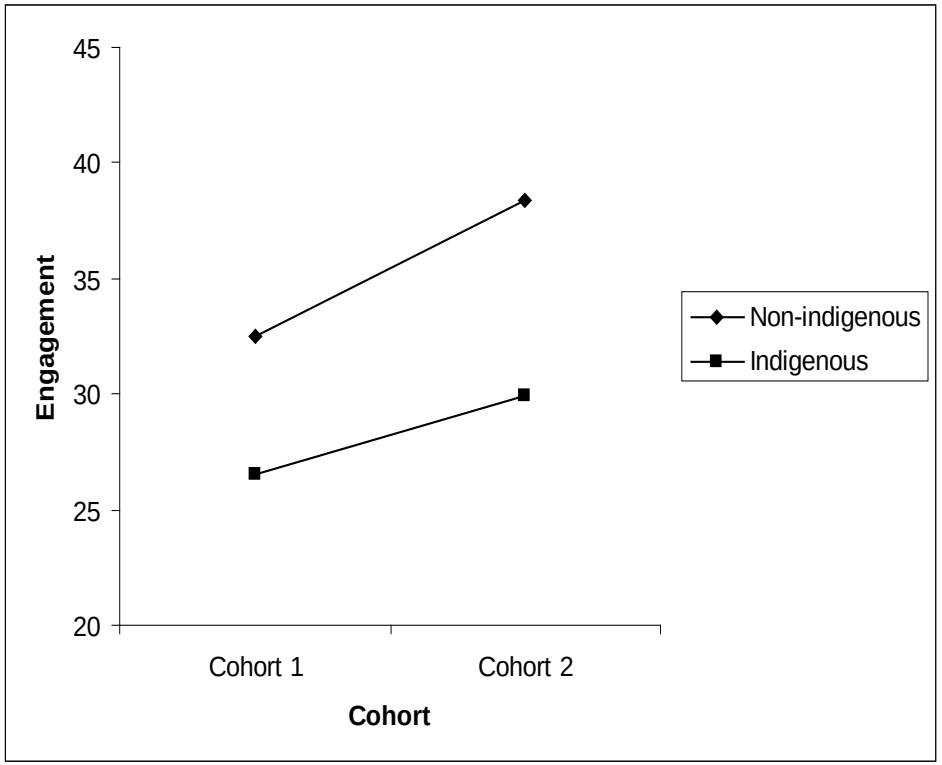
- Building capacity of collaborative partners to assist in enhancing engagement
  - » Formal training programs (Dadds et al, 2003)
  - » Case consultation, professional supervision, observation, resources (Smallbone et al, 2008)
- Shifting responsibility for therapeutic engagement to professionals, rather than the adolescent client
  - » Travelling to the young person for appointments
  - » Scheduling appointment times and locations to suit clients
  - » Engagement as a treatment goal – "*never give up*!"
  - » Recruiting collaborative partners to assist with engagement

GYFS clinical efforts to improve therapeutic engagement – Indigenous clients

- Increasing cultural competence (Westerman, 2004)
  - » Cultural consultant engaged on case by case basis
  - » Cultural supervision
  - » Increased preparation and knowledge building prior to engagement with a young person and their community
  - » Building relationships with each Indigenous community
  - » Learning language and cultural traditions
- Engaging Indigenous adults as collaborative partners

Cohort Two

- GYFS clinical efforts to improve therapeutic engagement were evaluated by comparing Cohorts One and Two
- Results
  - » Two-way ANCOVA, controlling for impulsivity/antisociality showed significant improvement in therapeutic engagement for both Indigenous and non-Indigenous youth
  - » Improved engagement with Indigenous clients
  - » BUT we haven't closed the gap - engagement level still lower than non-Indigenous clients
  - » Further improvement necessary



Improvements in therapeutic engagement for Indigenous and non-Indigenous adolescent sexual offenders