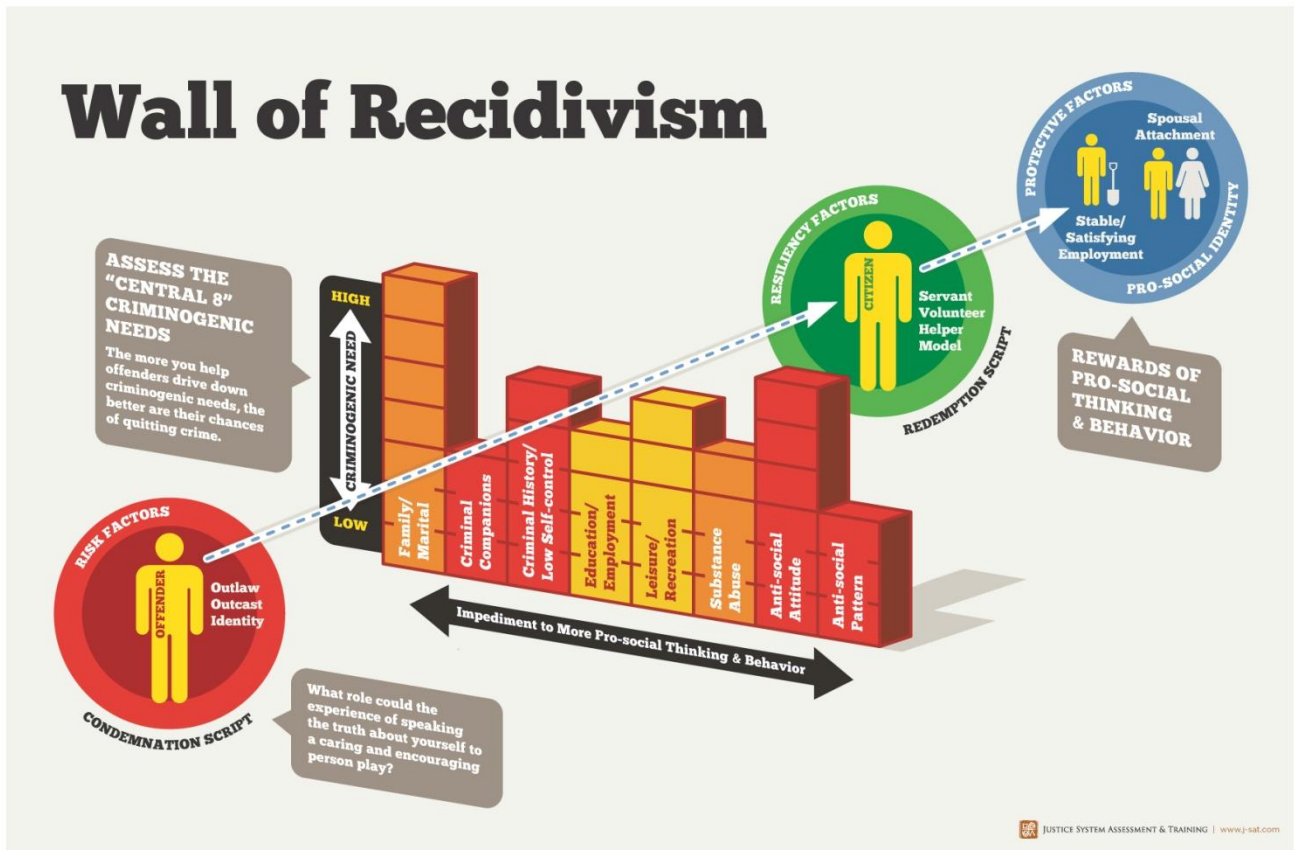


NAME: _____

Level of Service Inventory-Revised (LSI-R) Training Workshop



Participant's Guide

Day One

Page 5

1) Introductions

- Facilitated Introductions
- ABC Frame Social Learning Theory (just a peek)
- Brief Overview LSI-R
- Process (Tell/Show/Try—Parking Lot)

Page 15

2) Rapid (Involuntary Client) Engagement

- Role of Assessment in Engagement
- Four Categories of Common Factors in Therapy
- Precursor Model (Hanna, 2002)
- Working Alliance, MI, Assessment, Practice Models Are Related

Page 53

3) Corrections EBP Principles

- Risk – Need – Responsivity – Professional Override
- Connection Between Social Learning & PIC-R
- 'Central Eight' Criminogenic Factors: Wall of Recidivism
- LSI-R Scale Scores and 'Central Eight' Factors
- NIC 8 Principle Model for EBP Applied Differentially to Risk Levels

Page 87

4) LSI Scoring Mechanisms

- Four Scoring Mechanisms
- 10 Subscales and How they Score & Map to 'Central Eight'
- Protective Score
- Three Primary Summary Measures
- Scoring Paul Principle w Review

Page 105

5) Interview Stages (and Role Clarification)

- Set-Up or Structuring Statement
- Information-Gathering Funnel
- Close-Out
- Skill Demonstration and Rehearsals w Guided Practice

Page 109

6) Scoring an LSI-R Video

- Reasonable Inter-Rater Reliability = + / - 3 Pts
- Use All Scoring Conventions (e.g., X's, circling unknown items, count boxes, etc.)
- Avoid Violating Time Frames and If / Then Rules
- Three Scores: Total Risk, Total Protective, Top Criminogenic Need
- Debrief Scoring on Video

Day Two

7) Review of LSI-R

- What's Coming Together Around Assessment?
- Scavenger Hunt Re. LSI-R Technical Issues
- Adaptive Versus Technical Change
- Parking Lot!
- Dialogue*

Page 113

9) Introduction to MI

- Communication Styles (following, directing, guiding)
- Use of Active Listening (O A R S) PO 1, PO 2 Video*
- Practice O A R S
- MI Principles (DERS and LURE)

Page 121

10) Skill-Rating

- Coding System
- Discriminating Between Reflections and Closed Questions (Intonation)
- Ways Simple Reflections Can Be Turned Into Complex Reflections
- Video Tape (PO 1, PO 2) Rating Practice

Page 123

11) Simulated Interview

- Five Components of Summary Information LSI Provides
- Simulated Interview Guidelines
- Simulated Interview Feedback (less and more of what skills?)
- Summary Measures, Interpretation and Feedback

Page 125

12) MI Elicitation Skills

- Active Listening and Directive Communication Skills
- Change Talk
- Strategies for Eliciting Change Talk (IQLEDGE)
- Precursors to Change and Techniques for Helping Clients Engage Them

Review & Dialogue

- Review Rapid Involuntary Client Engagement (RICE) Flowchart (slide # 31)
- Conduct Dialogue re. Importance of First 3-5 Supervision Sessions

Day Three

Page 131

13) Quality Assurance

- Colorado QA Background Story
- Introduction of LSI-R QA Matrix w Practice
- Common LSI-R QA Problems (dipsticks)
- Singular QA Issue: Time Frames

Page 149

14) Working Alliance

- Common Factors
- Working Alliance: What Is It?
- Role of Precursors
- Common Traps (that Undermine Building Relationships)
- Practice Model Common Features
- SWOT Analysis Re. Building Working Alliances

Page 153

15) Case Planning

- Case Planning Cycle: Review 13 Steps/ Components
- Small Group Exercise Assembling Cycle
- Debrief Reviewing Sequential Logic
- Difference Between Case and Change Planning
- Case Plan QA

Page 159

16) Brief Interventions

- Social Network Mapping
- Decisional Balance\
- FRAMES
- Precursor Interventions

Page 163

17) Score LSI-R Video (# 2)*

- Reasonable Inter-Rater Reliability = + / - 3 Pts
- Use All Scoring Conventions (e.g., X's, circling unknown items, count boxes, etc.)
- Avoid Violating Time Frames and If / Then Rules
- Three Scores: Total Risk, Total Protective, Top Criminogenic Need
- Debrief Scoring on Latest Video

18) Exit Exam and Course Evaluations

LSI-R Course Module 1: Introductions

- | |
|--|
| <ol style="list-style-type: none">1. Facilitate Introductions of Participants & Trainer(s)2. Introduce the ABC Frame for Social Learning Theory3. Provide Brief Overview of the LSI-R Tool4. Acquaint Participants w/ Anticipated Flow of Training5. Compare and Contrast Adaptive vs Technical Change |
|--|

Self Introductions Activity:

Think about risky behaviors you completed as a child, teen and adult. Choose one and describe it to a table partner in using observable and measurable terms. Once you've each shared, introduce each other to the rest of the room.

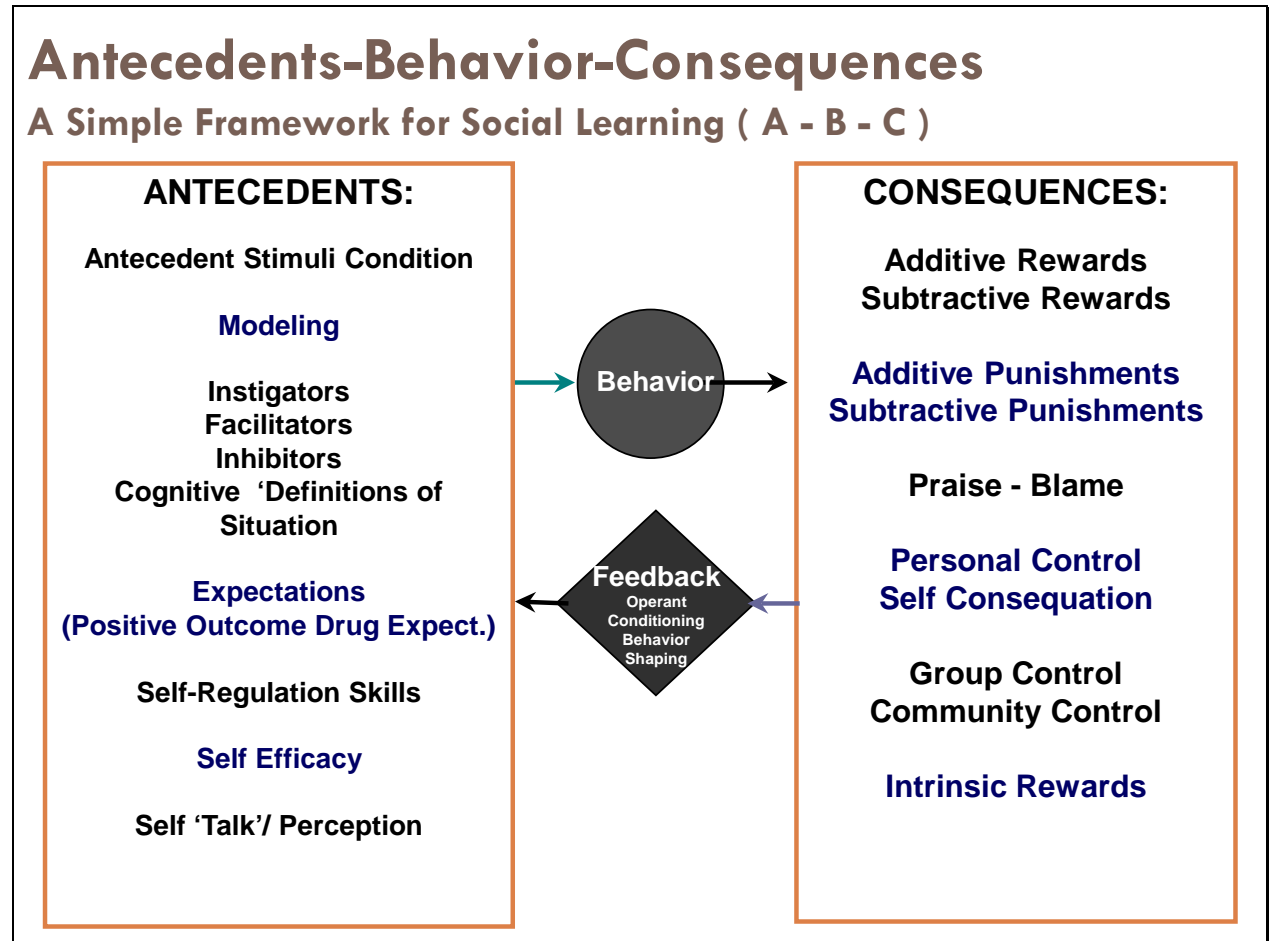
What were the circumstances?

What behavior did you perform? Use observable and measurable terms.

What were the consequences?

What lesson did you learn?

Social Learning Theory (SLT) and the LSI



Inmates, probationers and parolees often:

- don't recognize what happened before they acted.
- don't receive rewards for behaving the way society expects
- don't get meaningful feedback about consequences
- are lost about how they can change the antecedents (what happened before)

If we can figure out what happened before the behavior then we can help them change.

The LSI-R applies SLT to provide us a systematic framework for determining how an offender is reinforced across a variety of different dynamic risk factors organized into scales corresponding to the 'Big Eight' criminogenic needs.

Stimulus Cues

Not all antecedents are cognitive. Think about startle reflexes. What are some others?

Positive Outcome Expectancies: the things you anticipate will happen if you do a certain thing.

What are some positive outcomes you thought you would experience before your intro behavior?

Self-Efficacy: One's Belief about one's ability to do some THING.

What are some things you have high self-efficacy about and something you have low self-efficacy about. How likely are you to do these things? Did this play into your intro behavior? How or why not?

Modeling: (Vicarious Reinforcement) is the super highway for human being to learn.

Folks learn almost through osmosis when two essential elements are present:

- 1) the subject is frequently exposed to someone they value or think is cool;
- 2) the subject sees that individual get positively reinforced for a particular behavior that the subject does not yet have.

Self Perception Theory: when we hear ourselves talk we learn what we believe—

This is an important antecedent especially as it relates to Motivational Interviewing. Speaking about their thoughts about their level of efficacy or reasons to change a particular behavior strengthens the likelihood they'll try the behavior.

When you get closer to the determination stage and begin to hear statements supporting change invite, nurture and foster language that supports change rather than language that defends the status quo.

LSI-R Training Course Performance Objectives

1. In a one-hour simulated interview participants will
 - demonstrate satisfactory working knowledge of the 54 LSI items and scoring rules
 - achieve inter-rater reliability of 80% or greater
2. In the same one hour simulation:
 - apply the three steps used in an interview “set-up” or structuring statement and close-out
 - achieve an active listening skill balance range of between 30-50%
 - reduce the number of teaching/confrontations in your interview style
 - demonstrate active listening skills in an assessment interview
3. Comply with item definitions, and all if/then and time-restricted scoring rules in the LSI
4. Demonstrate competency in interpreting the LSI-R assessment in a manner consistent with the principles of Evidence Based Practice and affording setup of highly individualized case plans.
 - identify the appropriate risk level;
 - identify the appropriate highest criminogenic needs;
 - identify client’s motivational stage for a given priority criminogenic area.

LEVEL OF SERVICE INVENTORY - REVISED (IDOC)

Client Name: _____

IDOC#: _____

Staff Name: _____

LSI Completion Date: _____ Scoring Reminders for the Paper Scoresheet

Enter scores for items 1-54 using 0 for no (no risk) and 1 for yes (risk).

CRIMINAL HISTORY

1. _____ (E) Any prior convictions, adult / number Count Box
 2. _____ (E) Two or more prior convictions
 3. _____ (E) Three or more prior convictions
 4. _____ (C) Three or more present offenses / number
 5. _____ (E) Arrested under age 16 / age 1st arrest
 6. _____ (E) Ever incarcerated upon conviction
 7. _____ (E) Escape history - institution
 8. _____ (E) Ever punished for institutional misconduct / number
 9. _____ (E) Charge laid or probation / parole suspended during prior community supervision
 10. _____ (E) Record of assault / violence
- Subtotal Score** _____ /10 = (_____ %)

EDUCATION / EMPLOYMENT

- When in labor market:**
11. _____ (C, IN2) Currently unemployed
 12. _____ (YR, IN2) Frequently unemployed
 13. _____ (E) Never employed for a full year
 14. _____ (E) Ever fired
- School or when in school:**
15. _____ (E) Less than regular grade 10
 16. _____ (E) Less than regular grade 12
 17. _____ (E) Suspended or expelled at least once
- Homemaker, Pensioner: 18 only**
School, work, unemployed: 18, 19, 20

18. _____ (C) Participation / Performance + _____ Rater Box
 19. _____ (C) Peer interactions + _____
 20. _____ (C) Authority interactions + _____
- Subtotal Score** _____ /10 = (_____ %)

FINANCIAL

21. _____ (YR) Problems + _____
 22. _____ (YR) Reliance upon social assistance
- Subtotal Score** _____ /2 = (_____ %)

FAMILY / MARITAL

23. _____ (YR) Dissatisfaction with marital or equivalent situation + _____
 24. _____ (YR) Non rewarding, parental + _____
 25. _____ (YR) Non rewarding, other + _____
 26. _____ (E) Criminal family / spouse
- Subtotal Score** _____ /4 = (_____ %)

ACCOMMODATION

27. _____ (C) Unsatisfactory + _____
 28. _____ (YR, IN2) 3 or more address changes last year / number
 29. _____ (C) High crime neighborhood
- Subtotal Score** _____ /3 = (_____ %)

LEISURE / RECREATION

30. _____ (YR, IN2) No recent participation in organized activity
 31. _____ (YR) Could make better use of time + _____
- Subtotal Score** _____ /2 = (_____ %)

COMPANIONS

32. _____ (YR) A social isolate
 33. _____ (YR) Some criminal acquaintances
 34. _____ (YR) Some criminal friends
 35. _____ (YR) Few anti-criminal acquaintances
 36. _____ (YR) Few anti-criminal friends
- Subtotal Score** _____ /5 = (_____ %)

ALCOHOL / DRUG PROBLEMS

37. _____ (E) Alcohol problem, ever
 38. _____ (E) Drug problem, ever
 39. _____ (YR, IN2) Alcohol problem, currently + _____
 40. _____ (YR, IN2) Drug problem, currently + _____
Specify drug: _____
 41. _____ (YR) Law violation
 42. _____ (YR) Marital / family
 43. _____ (YR) School / work
 44. _____ (YR) Medical
 45. _____ (YR) Other Clinical indicators
- Subtotal Score** _____ /9 = (_____ %)

EMOTIONAL / PERSONAL

46. _____ (YR) Moderate interference
 47. _____ (YR) Severe interference
 48. _____ (E) Mental health treatment, past
 49. _____ (YR) Mental health treatment, current
 50. _____ (YR) Psychological assessment indicated
- Area: _____
- Subtotal Score** _____ /5 = (_____ %)

ATTITUDE / ORIENTATION

51. _____ (C) Supportive of crime + _____
 52. _____ (C) Unfavorable attitude toward convention + _____
 53. _____ (C) Poor attitude toward sentence / conviction
 54. _____ (C) Poor attitude towards supervision
- Subtotal Score** _____ /4 = (_____ %)

TOTAL RISK SCORE _____
 TOTAL PROTECTIVE SCORE _____
 HIGHEST CRIMINOGENIC NEED _____
 STAGE OF CHANGE _____

Total Risk = Total of 1s and 0s.
Total Protective = Total of all Rater Boxes
High Crim Need = most potent domain in the wall.
Stage of Change = client's stage of change in the high crim need you selected. You can use the Readiness Scale (Hanna's Precursor Model) to confirm.

	CH	E/E	Fin	Fam	Accm	Leis	Comp	A/D	Em/Pr	Att	
High	8-10	8-10	2	4	3	2	4-5	7-9	4-5	4	High
Mod/High	6-7	5-7		3	2		3	5-6	3	3	Mod/High
Moderate	3-5	3-4	1	2	1	1	2	3-4	2	2	Moderate
Low/Mod	1-2	2	0	1	0	0	1	1-2	1	1	Low/Mod
Low	0-1	0-1		0			0	0	0	0	Low

Area Interpretation Results

The LSI-R is an interview-driven (semi-structured interview) protocol or tool for conducting a broad-band assessment of risk and need factors for offenders. The tool was created in the late 70's in Canada by forensic psychologists (Andrews & Bonta) and then field tested with probation and prison staff for more input and design modifications. The LSI-R is currently used in over eight or more countries and over 30 states in the US. It has more than 30 validation studies in which it has been validated for very diverse populations (e.g., male and females, inmates, pretrial, probation, parole, Eskimos, Hispanic, White, Black, and SO, DV, and MH cases). In Gendreau's et al, 1996 meta-analysis of recidivism predictors, the LSI-R came out on top.

The LSI has 54 items that are scored yes (one point risk factor), or no (zero risk factor).

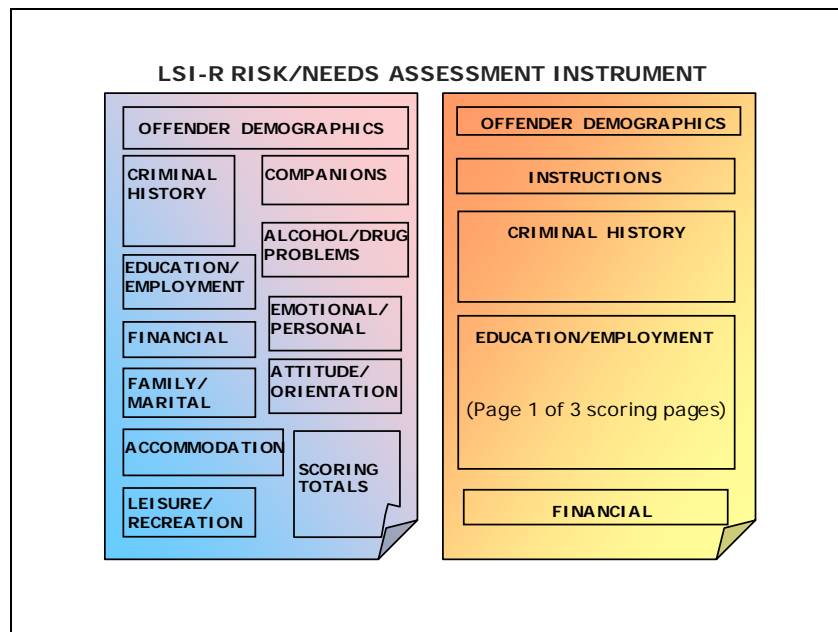
- Yes – 1 point risk
- No – 0 points risk

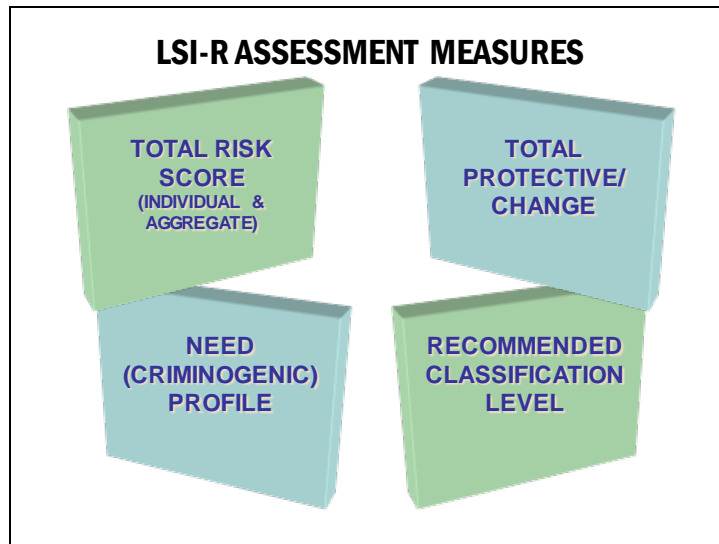
In addition it has 13 'rater' items that must be rated BEFORE the item is scored yes or no.

- 0 - no prosocial reinforcement
- 1 - inadequate prosocial reinforcement
- 2 - adequate prosocial reinforcement
- 3 - optimum prosocial reinforcement

When the ratings (0-3) of these rater items are added up in a given offender's assessment it provides a protective or change scale. In addition to the total risk and protective scales, there are 10 subscales in the LSI. These subscales loosely correspond to different criminogenic needs that research repeatedly indicates are related to recidivism (e.g., Anti-social Peers; Anti-social Attitudes; Criminal Personality; Low Self-control).

The LSI assessment interview takes a trained interviewer about one hour to conduct.





A completed LSI provides four different summary measures for each assessed offender. Each of these summary measures provides a slightly different kind of case insight or information that may be useful in case analysis prior to establishing a supervision agenda or real priorities for supervision. These measures also can be effectively used to provide meaningful feedback to offenders and they may serve at times as helpful reference points for supervision, particularly if the agent has a large caseload.

1. The **overall total risk score** is a robust predictor of risk for recidivism. This can be provided as a raw score or a percentile score, once there is sufficient data for norming. The total score is obtained by summing up the 0/1 scores of all 54 items. Theoretically, raw scores range from 0 – 54, but score ranges of 0 – 47 are generally found in practice.
2. A **profile of criminogenic needs** that indicates which areas are the most promising intervention targets for reducing recidivism. The subscale scores are derived by simply summing the number items in each subscale that score as current risk factors and divide this number by the possible number of scoring items in the scale.
3. A **protective or change** score is formed by adding the ratings of the 13 dynamic risk factors that have the 3-2-1-0 ratings attached to them. This rating system is applied the same for each of the 13 different items and is directly related to social learning theory. Higher scores translate to more positive reinforcement, buffering against risk or protective features. A low score represents the lack or absence of protective features. This protective or change scale ranges from 0 – 39, since there are 13 items that are added to provide the measure.

The protective scale is also called the change scale because all the 13 items in it are dynamic risk factors, unlike the total risk score. Because all the items are dynamic, the protective score is better suited for measuring case success.
4. **Classification category.** This is usually a function that norms and calibrates the LSI-R on a particular population and determines cut-off points for different risk levels. Many organizations currently using the LSI-R appear to be adopting four category systems.

A Few Basic Scoring Considerations

- Complete the LSI's scoring *after* the interview is over. This means you'll need a good *working knowledge* of the tool's items.
- For any missed content areas: check with the offender. It's always a good idea to have the offender wait a few minutes (fill out some paperwork while you score the instrument). Explain that additional data is needed for your notes and ask additional questions.
- Refer to collateral sources for accurate information: teacher, police officer, minister, or others (*after* getting the appropriate permissions).
- Score each item based on the total information available to you.



When discussion subjects move too far off a given task or topic, we'll check-in with the group to see if the topic warrants being put in a 'Parking Lot'. Parking Lot issues will be reviewed each day to see if we can obtain closure to know how to proceed on the issue.

Adaptive vs Technical Change

This course is all about change

- Offender change
- Practitioner change
- System change

Oakland A's & 'Moneyball's' 8 Lessons for Corrections:

Like in baseball:

1. Correctional Treatment Programs are the Oakland A's of Corrections.
2. Corrections is often based on "common sense," custom, and imitation--- rather than scientific evidence.
3. In corrections "looks" are more important than effectiveness.
4. In corrections the wrong theory can lead to stupid decisions.
5. In corrections actuarial data lead to more accurate decisions than personal experience and "gut level" decisions.
6. In corrections knowledge destruction techniques will be used to reject evidence-based approaches.
7. In corrections there is a high cost to ignoring the scientific evidence.
8. In corrections EBPs will eventually be difficult to ignore.

(Cullen et al, 2009)

Research supports data driven practices for improved outcomes. That being said, we'll be mindful not to neglect the relationship part of corrections.

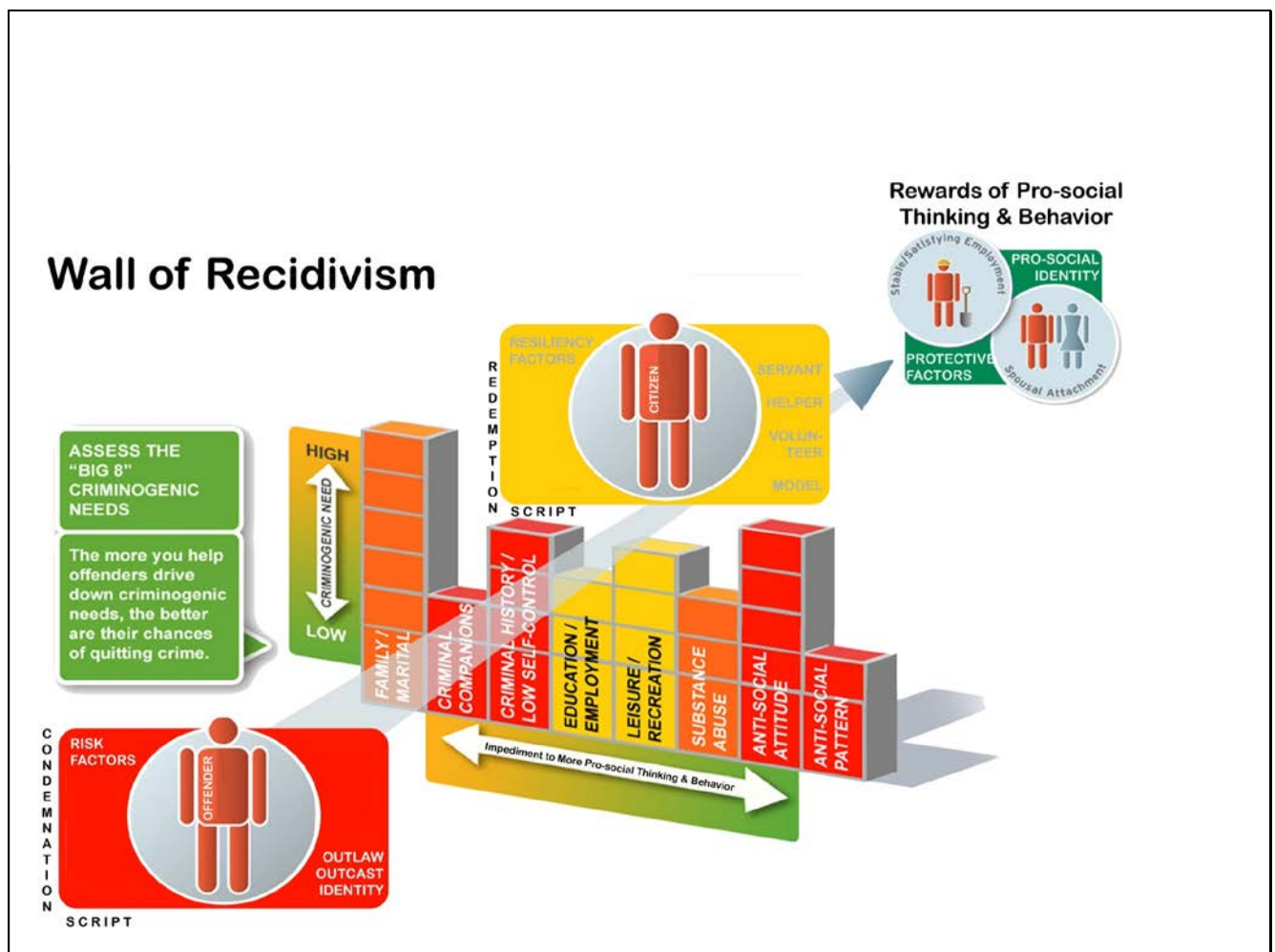
Conversely, we must balance system accountability and relationship building!

Overreliance on Measurement

- We start seeing "things" rather than people.
- We lose balance between valuing what can be measured and what can't.
- Dependence on measures displaces judgement and learning.

LSI-R Module 2: Rapid Engagement

1. Describe the Integral Role Probationer Assessment Has in In Client Engagement and Practice Models
2. List the Four Categories of General Factors
3. Describe Hanna's Precursor Model and How They Represent the Critical Moderators of Treatment
4. Explain How Working Alliance and MI Are Related to Assessment and Practice Models (e.g., STICS, EPICS)



Fundamental Agreements:

- Everyone is more or less socialized to finding an intimate partner and a stable satisfying job;
- The Central Eight Criminogenic Factors keep people involved in recidivism.
 - Some factors are more influential than others.
 - Red column factors (the big four) are associated with coefficients around .20
 - orange = .10
 - yellow .10;
 - The same factors that keep people in the criminal justice system are also barriers to obtaining a good intimate relationship and stable, satisfying job;
- The journey high risk people need to take to change and work on their ‘walls’ is like an epic journey that requires much effort and time. They CAN ultimately change much of their identity, self-talk and narratives or ‘story’.

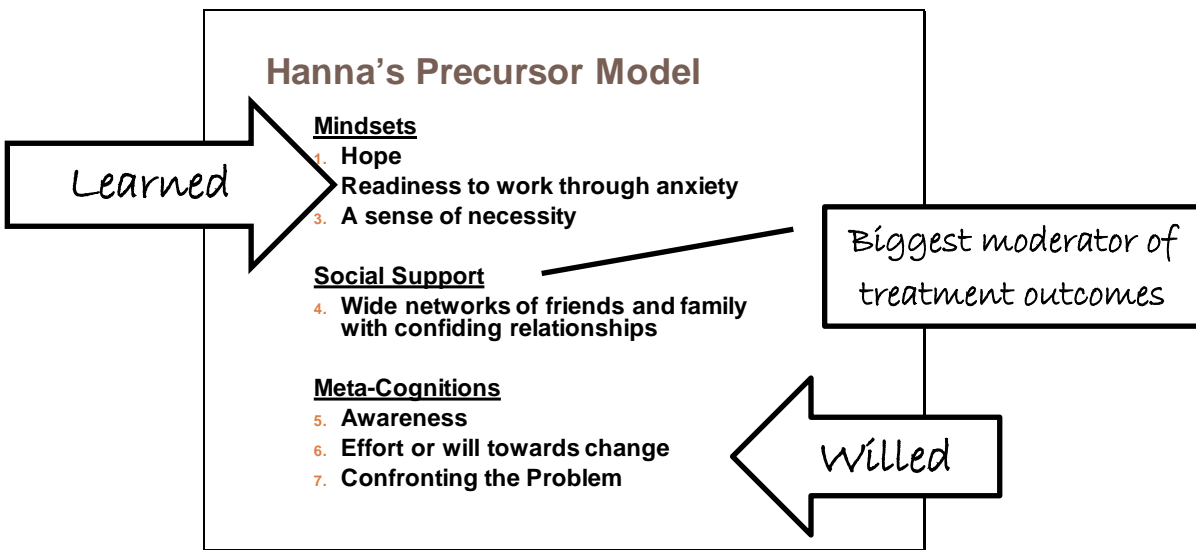
Outcome Attributions (The Significance of General Factors)	
Features of the Individual Client	= 40%
▪ internal (IQ, Dual Diag., etc.)	
▪ external (Social Support Insurance)	
Relationship w/ Counselor	= 30%
▪ working ‘alliance’	
▪ accurate empathy	
Placebo (anticipatory set)	= 15%
Intervention model	= 15%

(Lambert & Barley, 2001)

The above four categories are now discussed and referred to as the common factors of therapy. The features the client brings to the table are the bigger, more important moderators of outcomes. These include all the seven precursors, which are critical to success in changing behavior.

The Relationship elements are critical to an effective working alliance, which is also an important (30%) contributor to outcomes.

Broken down, the factors largely controlled by the practitioner FAR outweigh the actual intervention or program applied to the offender.



Key Points:

- The precursors operate interdependently
- The model calls for a quick assessment to
 - determine the weakest precursors (regarding a specific change target of the respective client)
 - immediately apply tactics (techniques) to activate more of that precursor.
- Because this model is foundational it is complimentary to but the opposite of a strength-based approach.
- The model states that change agents (correctional professionals) have their own sets of precursors relative to working with the respective client and may have similar foundational work to do around their weaker precursors.

Activity:

Think about your most challenging client (or other person or requirement in your life). Assess YOUR precursors regarding this person or responsibility using the assessment on the next page.

When you're done discuss your lowest precursors with a partner.

- What tactics can help you increase them.
- What might you be doing that's depleting them?

**SDRRC-R READINESS SCALE
(PREDICTING & ENHANCING CHANGE)
Precursors Assessment Form**

Problem or Issue:

Precursor & Its Markers	None (0)	Trace (1)	Small (2)	Adequate (3)	Abundant (4)
1. Sense of Necessity for Change Expresses desire for change Feels a sense of urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Willing to Experience Anxiety Open to experiencing emotion Likely to take risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Awareness Able to identify problems Identifies thoughts, feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Confronting the Problem Courageously faces the problem Sustained attention toward issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Effort Toward Change Eagerly does homework High energy; active cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hope for Change Positive outlook; open to future; High coping; therapeutic humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social Support for Change Wide network of friends, family Many confiding relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Precursor Score:

Scoring Guide*

* Scoring is intended only as a general guide to a complex process: Some precursors may be more potent than others.

- 0-6** Change unlikely: Educate client on change: Focus on precursors with lowest rating.
- 7-14** Change limited or erratic: Educate client and focus on precursors with lowest rating.
- 15-21** Change is steady and noticeable: Increase the lowest rated precursors to stay on track
- 22-28** Highly motivated to inspired client: Change occurs easily: Standard approaches work well.

Stage of Readiness

Circle the appropriate stage for a given problem or issue

Precursor 1. Sense of Necessity = 0, and Total Precursor Score is < 6, then Stage of Readiness =	PreContemplation
Precursor 1. Sense of Necessity = 1/2, and Total Precursor Score is 7-14, then Stage of Readiness =	Contemplation
Precursor 1, Sense of Necessity = 2/3, and Total Precursor Score is 15-21, then Stage of Readiness =	Determination
Precursor 1. Sense of Necessity = 3/4, and Total Precursor Score is 22-28, then Stage of Readiness =	Action/Maint.

(Other combinations than above require more discussion in order to identify stage.)

Supporting assumptions about our clients:

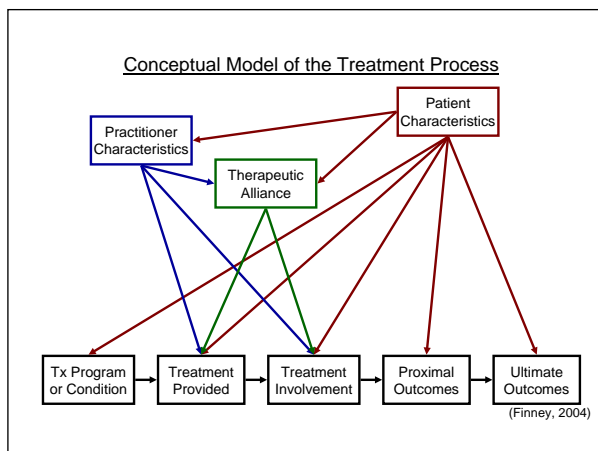
Assumptions Underpinning the Precursor's Model

1. The presence of the precursors makes therapeutic change possible. Without the precursors, change is unlikely in a client.
2. The absence of even one precursor can inhibit the progress of therapy. When the missing precursor is implemented, therapy can progress more smoothly.
3. Client resistance, no matter how one defines the term, indicates a lack of precursors of change.
4. The precursors regulate the rate, intensity, and magnitude of therapeutic change. The more they are present, the more change is likely to occur.
5. Therapy with difficult clients often involves the use of a different set of skills than therapy with clients who are motivated or involved in the therapy process.

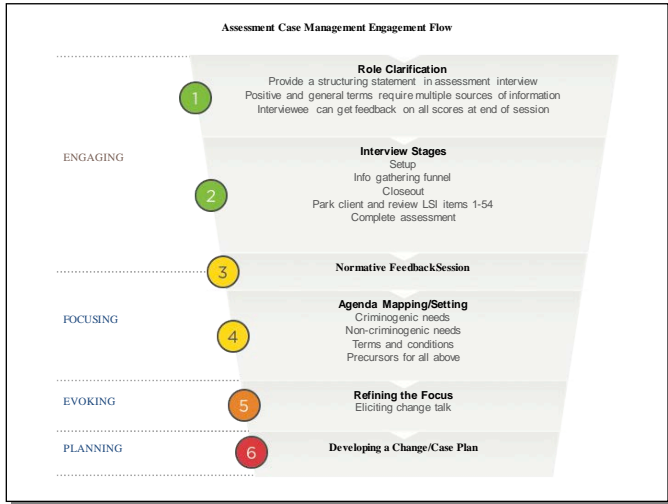
Supporting assumptions about US:

Assumptions Underpinning the Precursor's Model

6. With many difficult clients it is helpful to first establish precursors that are missing or deficient before proceeding to routine therapy approaches.
7. Difficult clients need particularly effective relationship skills on the part of the therapist and a level and degree of empathy that often surpass what is necessary for more willing and involved clients.
8. A therapist's lack of precursors can negatively effect the progress of therapy. Therapists can inadvertently inhibit the level of precursors of clients in a number of ways.
9. A remarkable number of techniques can be used to increase the presence of each of the seven precursors.
10. Therapeutic change is a skill. Clients can learn to do it as a matter of course, and then practice it on their own.

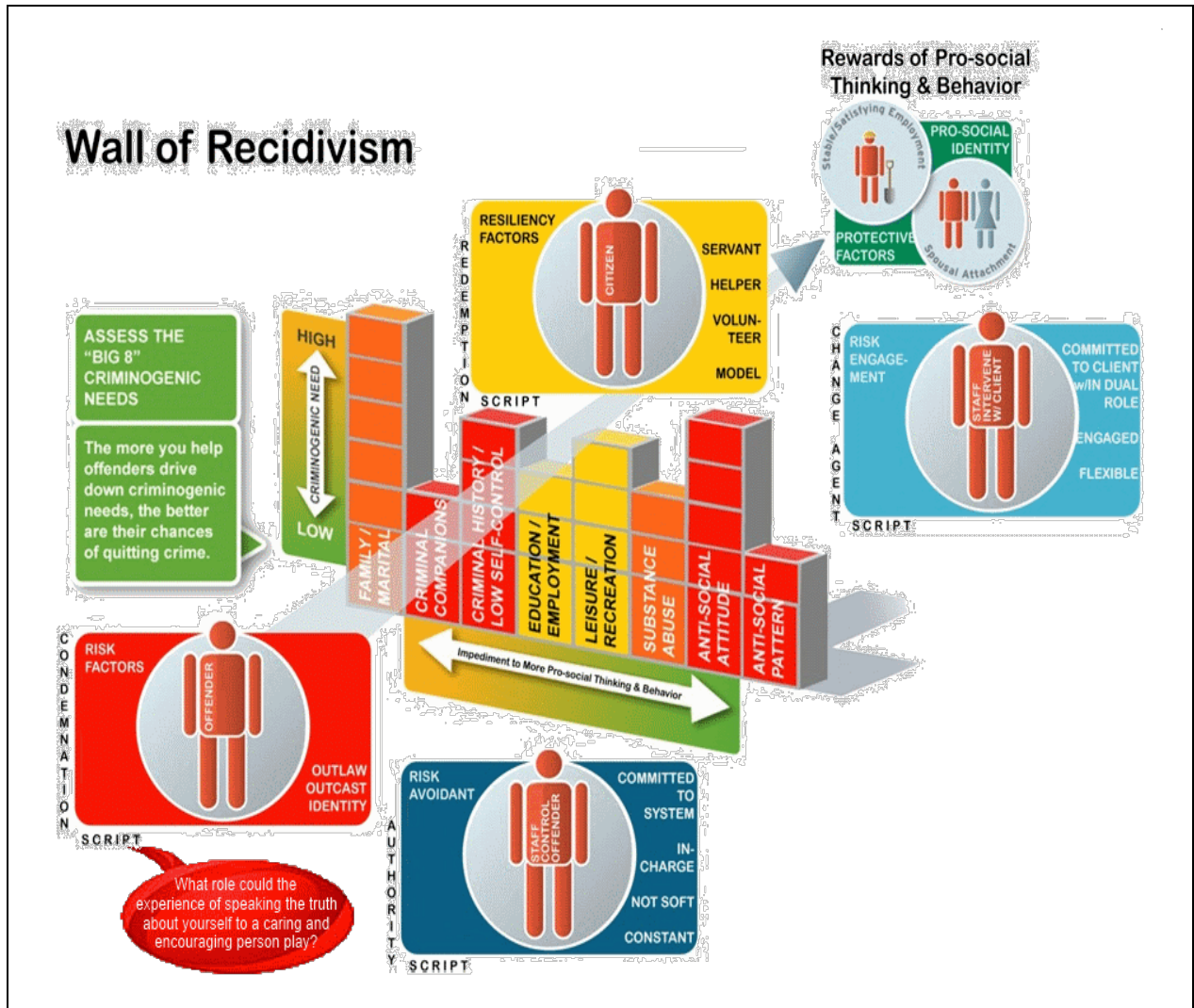


There are a number of conceptual models of the treatment process. ALL OF THEM center success on the therapeutic alliance.



How can this funnel approach (6 steps) help you:

- ✓ Create a strategy for the first 3-5 sessions?
- ✓ Improve engagement & build working alliance?
- ✓ Successfully move through the 4 processes of MI (Engage, Focus, Evoke and Plan)?





Research Summary



COGNITIVE-BEHAVIOURAL INTERVENTIONS IN COMMUNITY SUPERVISION

Question: How well do community supervision officers target procriminal attitudes/cognitions in one-on-one sessions with their clients?

Background: The research on ‘what works’ with offender interventions has demonstrated that some treatments can be effective in reducing future re-offending, especially if they follow the Risk-Need-Responsivity principles (see Research Summary, Vol. 12, No.6). Although the risk principle focuses on who receives services and the need principle focuses on what is targeted, it is the Responsivity principle that focuses on the ‘how’ of service delivery.

The Responsivity principle is concerned with the types of intervention that are best suited to the abilities and learning style of the client. The use of cognitive-behavioural techniques is considered to be a general Responsivity factor. Numerous reviews of the treatment literature have demonstrated that well-implemented cognitive-behavioural interventions in offender treatment produce the greatest reductions in recidivism.

As more community supervision agencies look to bring evidence-based practices into their organizations, it becomes more important to understand what happens during the face-to-face interactions during community supervision. The Responsivity principle provides clear guidance on what

those interactions should look like; at a minimum, the officer should employ cognitive-behavioural skills and intervention strategies that facilitate offender change. To date, no study has specifically assessed the use and impact of cognitive-behavioural strategies provided by the officers during their individual contact with clients. Given what is known about effective correctional interventions in general, and the limited examination of this ‘what works’ body of knowledge with community supervision, the present study attempted to build upon what is known about the practices and techniques that are applicable to community supervision.

Method: The prevalence rates of probation officers discussing procriminal attitudes/cognitions and their use of cognitive-behavioural intervention strategies during one-on-one supervision sessions with their clients was assessed, and the impact of these discussions and strategies on re-offending was examined. Audio-recorded supervision sessions from officers engaging in routine practice, as well as from officers who were trained in the Strategic Training Initiative in Community Supervision (STICS) model, were rated (see Research Summary, Vol.15, No.3).

Answer: The results indicated that without the STICS training, the probation officers infrequently discussed procriminal

attitudes/cognitions with their clients. Discussions of attitudes only occurred in approximately 5% of the recorded sessions and they only used cognitive-behavioural intervention skills/techniques with their clients in approximately 1% of sessions.

Officers who were STICS-trained showed significant improvement in talking about procriminal attitudes and using cognitive-behavioural intervention techniques. For these officers, discussions of procriminal attitudes took place in approximately 39% of sessions, and cognitive-behavioural interventions were used in 42% of sessions. In addition, the use of cognitive-behavioural intervention techniques was significantly related to lower rates of re-offending (13% for the experimental clients vs. 31% for clients of untrained officers). These findings support the general Responsivity principle within the context of one-on-one community supervision.

Policy Implications:

1. The demonstration of adherence to the general Responsivity principle by community supervision officers resulted in greater reductions in the re-offending of their clients compared to officers who did not employ these techniques.

A greater focus should be placed on ensuring that Responsivity-based policy and practice be implemented in order to enhance the effectiveness of community supervision.

2. Making use of methodologies, such as audio-recording one-on-one supervision sessions between officers and clients, would allow correctional agencies to monitor what takes place during supervision. This would facilitate high quality supervision practices in accordance with the Responsivity principle.
3. Without specific training, community supervision officers are unlikely to discuss or target procriminal attitudes/cognitions with their clients. Therefore, training that teaches and emphasizes the importance of the general Responsivity principle should be implemented with front-line workers/practitioners.

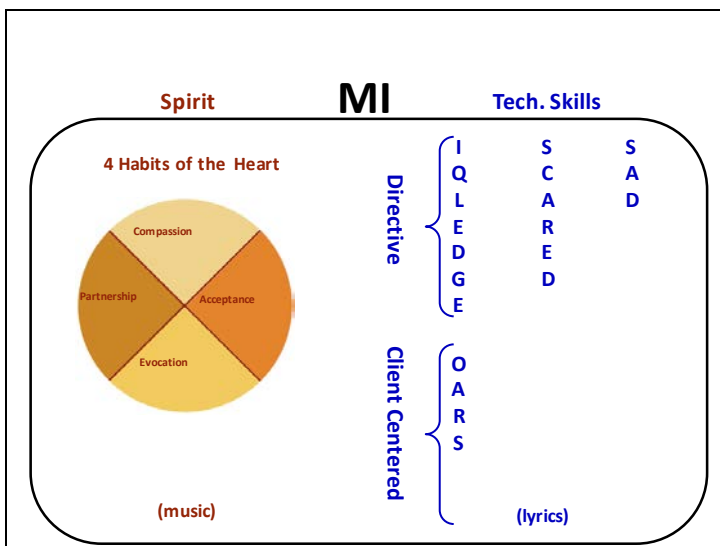
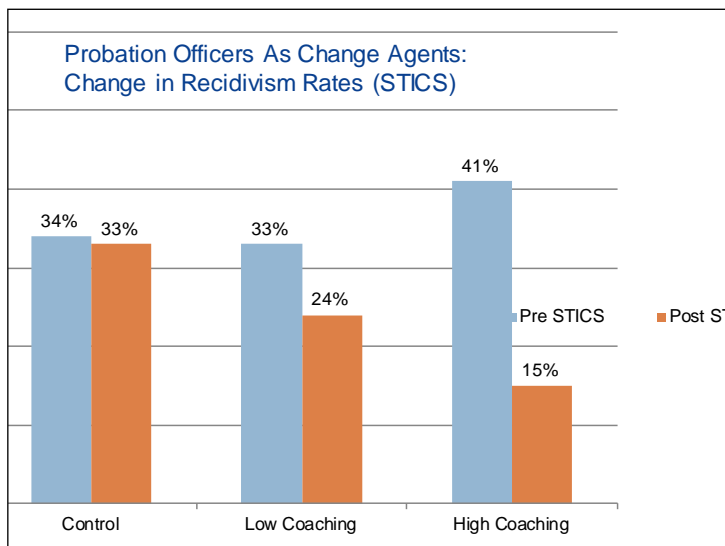
Source: Bourgon, G. & Gutierrez, L. (2012). The general responsivity principle in community supervision: the importance of probation officers using cognitive intervention techniques and its influence on recidivism. *Journal of Crime and Justice*, 35, 149-166.

For further information:

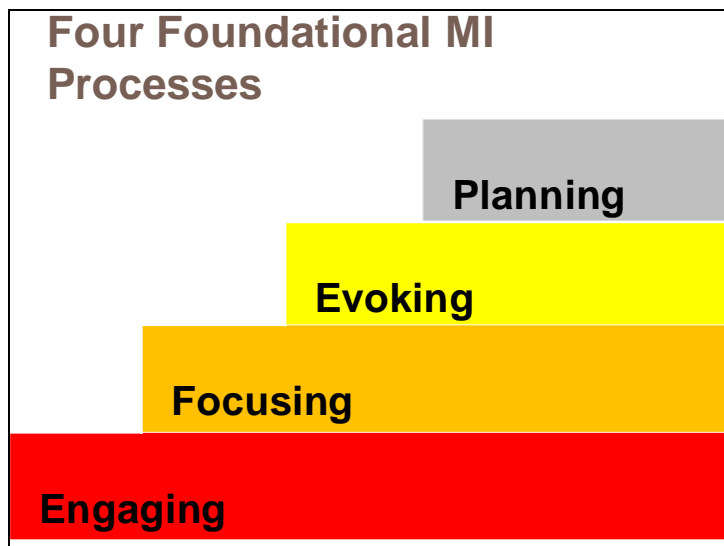
Leticia Gutierrez
 Corrections Research
 Public Safety Canada
 340 Laurier Avenue West
 Ottawa, Ontario K1A 0P8
 Phone: 613-949-9959 | Fax: 613-990-8295
 E-mail: Leticia.Gutierrez@ps-sp.gc.ca

Also available on Public Safety Canada's website at: www.PublicSafety.gc.ca

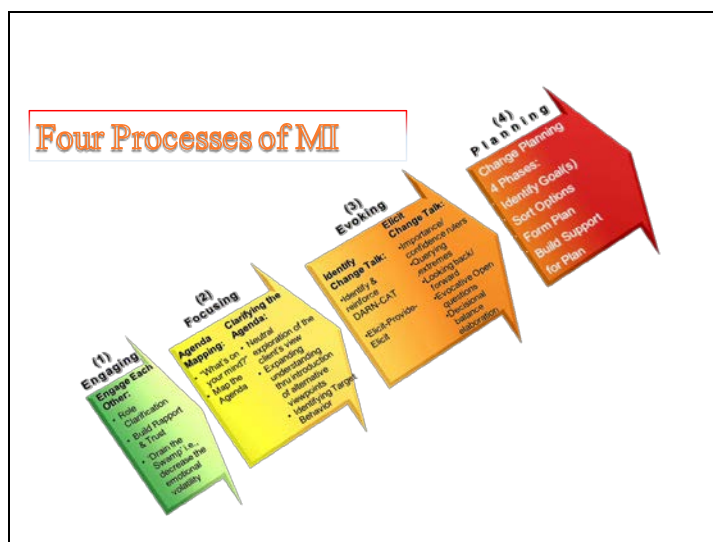
- ✓ Skills training with directed practice increases the correctional professional's outcomes with offenders.
- ✓ Exposure to officers with high skillsets on the job in and of itself can improve a PPO's skills.



- ✓ MI technical skills and manner of being are equally important.
- ✓ OARS are foundational. Officers must develop a high relational skill balance before the directive skills will be effective.



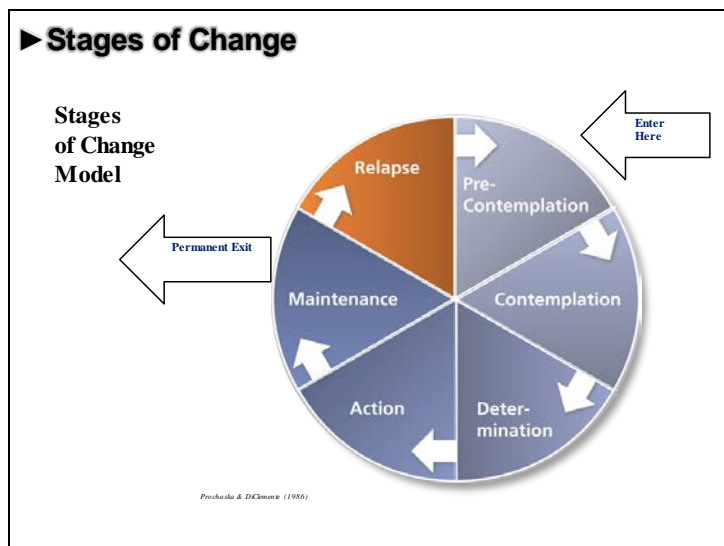
Remember: Blending the tactics in a way that mandates action BEFORE the client initiates it won't be as effective.



It's important not to use eliciting change talk skills too early. Let the client sufficiently explore the ambivalence about the behavior. THEN you can move on to exploring ambivalence about change using semi-directive techniques.

The first 2 phases of empathic, reflective listening

- shifts the client's ambivalence toward the "change" side and away from the "status-quo" side
- builds trust and rapport to an extent that the client is ready to collaborate with the PO in resolving the ambivalence toward change.
 - This allows the PPO to use questions that would earlier have been classified as roadblocks but now can *elicit* change and *resolve* ambivalence.



Researchers Prochaska and DiClemente (DiClemente & Valesquez, 2002) found that people go through similar stages of readiness to change behaviors they've identified. Language is our guide to help us understand what stage of change a client might be in for a specific behavior change.

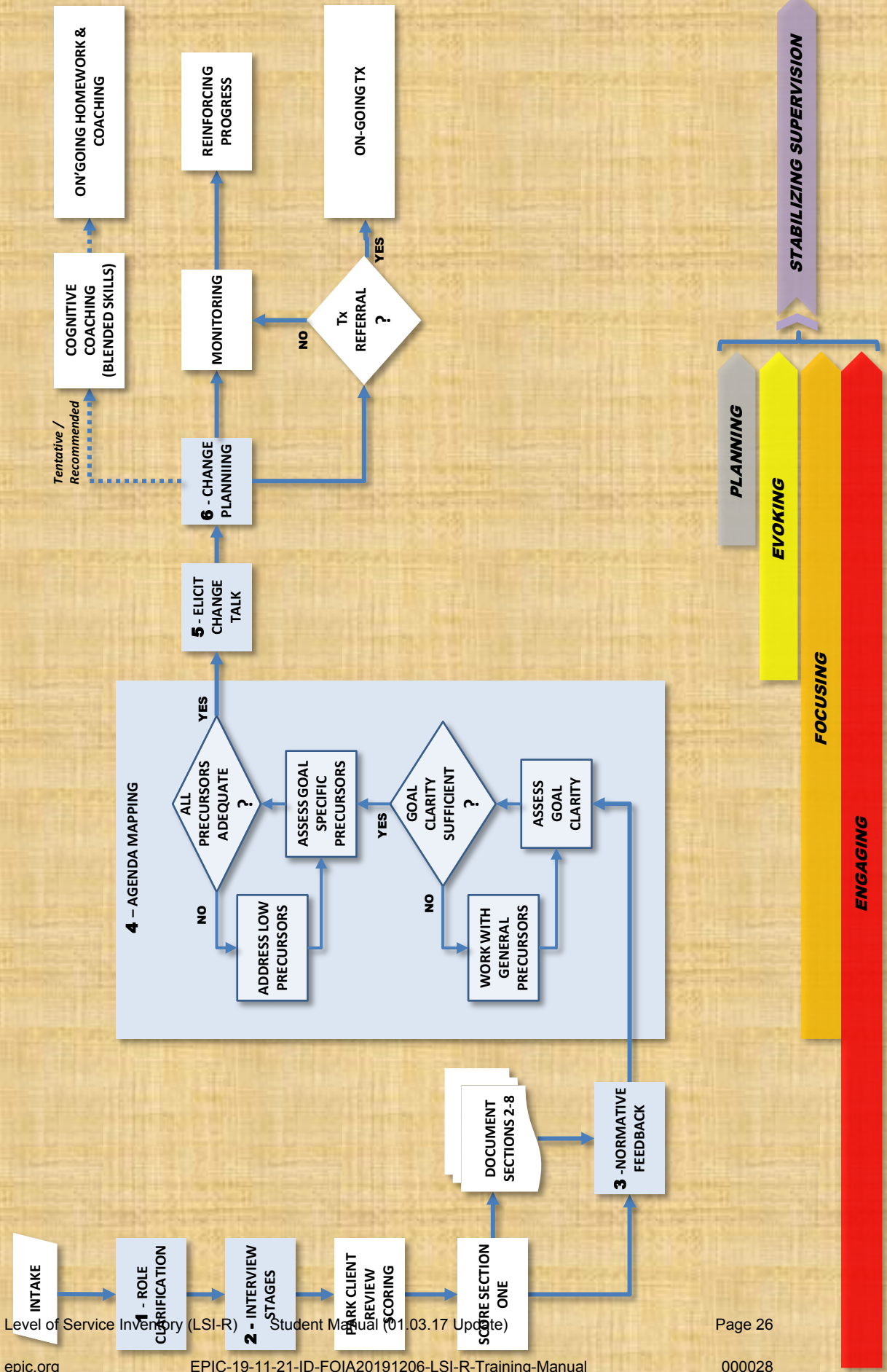
- **Pre-contemplation** – “There is no problem/I don’t have a problem.”
- **Contemplation** – “There might be a problem”
- **Determination/Planning** – “I’m ready to make a change”
- **Action** – “I am making a change”
- **Maintenance** – “I’ve been in recovery for more than 3-6 months”
- **Relapse** is possible as part of the change cycle during the action and maintenance stages.

Meet Clients Where They Are

It is important for us to know what stage of change someone is in for a particular problem area of target behavior because our interventions are tailored to match that stage. Otherwise, we run the risk of losing the individual to a previous stage! Most of our clients are in pre-contemplation or contemplation when they walk through the door. And yet, most treatment programs target people as if they are in the action stage - as if they are ready for change.

What happens if you treat someone that is in pre-contemplation or contemplation as if they are in action already? Precursors are like the tread on the tire for each stage of readiness.

RAPID INVOLUNTARY CLIENT ENGAGEMENT (RICE) Flowchart



Take a few minutes to compare and contrast the order of case events on this chart with what your ideas and current practice about case management. Jot down your ideas about change:

Change from the offenders' perspective if this became the norm.

Change from your perspective if this is to become your norm.

Change for the agency to give you the support and policy structure you need for this to be your norm.

Nine Uses of the LSI:

1. Get to know the client through a systematic review of all their major risk factors;
2. Obtain client actuarial measures for triaging population under supervision;
3. Empirically determine client's risk classification level;
4. Provide normative feedback re. risk and need factors to the client for building motivation & understanding;
5. Establish client's profile on criminogenic needs for targeting supervision goals and change planning;
6. Obtain aggregate pop. needs profile for planning;
7. Share w/ treatment providers client risk/need profiles;
8. Empirically establish the direction and magnitude of change over time in each case via reassessment;
9. Provide reference points for linking future supervision session discussions to criminogenic issues.

19

Is anything missing?

Does anything not belong?

Is anything inspiring?

RAPID NON-VOLUNTARY CLIENT ENGAGEMENT
Bradford M. Bogue, Director, JSAT (www.j-sat.com)
Feb. 8, 2014

Aligning for Growth & Change

In this evolving era of evidence-based practices we have an extraordinary array of knowledge to draw upon and improve many of our processes in corrections. We now have considerable knowledge and evidence on what are regarded as best practices for engaging new clients in what has come to be called an effective *working alliance* or working relationship. A strong working alliance is a function of a shared understanding and respect for each other's roles, the ability of the change agent to listen empathetically and a joint commitment to progress on behalf of the client. The research says the stronger the working alliance, the better the outcomes. However, establishing a working alliance with non-voluntary clients can often be challenging.

When a working alliance is not established, pseudo compliance and attrition are more apt to take place. The research¹⁻³ on offender compliance and attrition indicates the first few sessions are critical in determining the direction and course of supervision. Attrition is highest immediately after these early sessions. As any officer knows, when compliance issues arise, neither the clients nor the officer benefits from the complications that typically take place. In short, in community supervision, if there are ever any sessions that one doesn't want to screw-up, it would be the first 2-3 sessions.

The Assessment Function Provides a Great Opportunity To Align With the Client

What we can do as officers to avoid misunderstandings and create a good connection with our clients is as much an art as it is science. However research, again, is showing us some preferred paths that integrate a variety of EBP into the assessment process, where treatment and change, according to many, often begin.

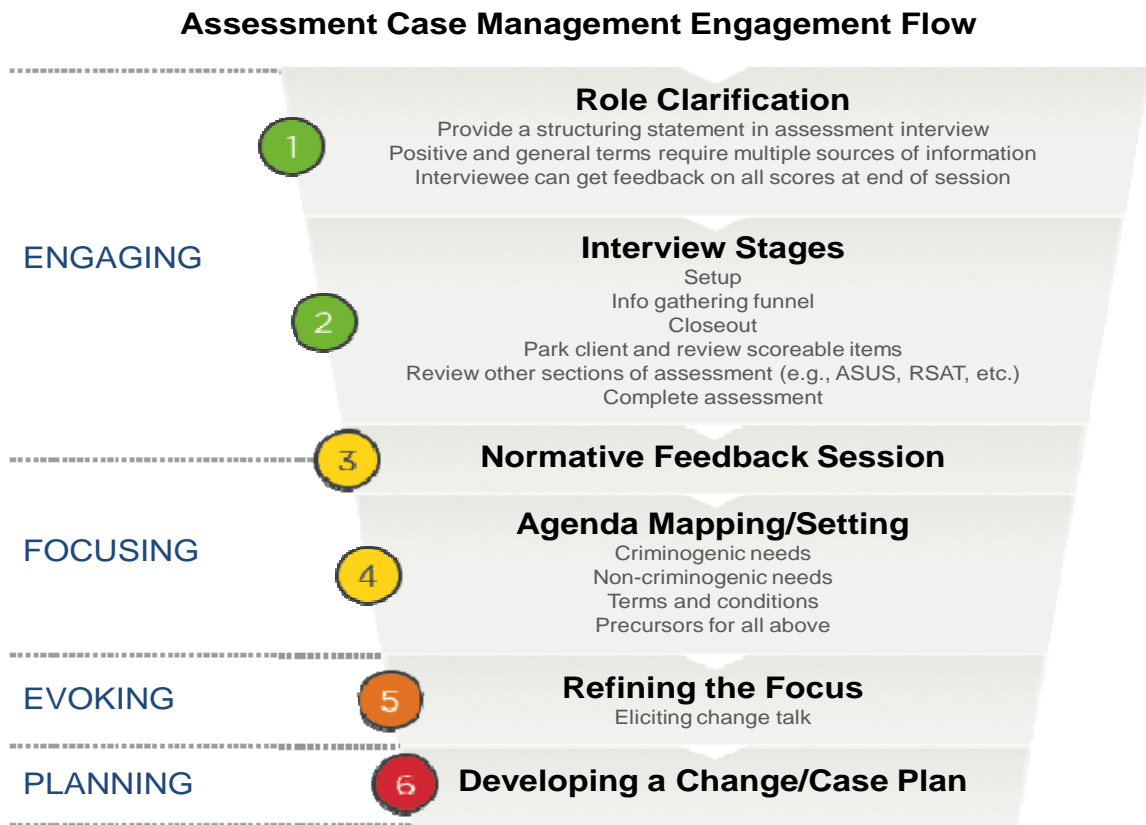
In the context of conducting a third generation assessment there is a potential intersect for several EBPs in corrections and human services: role clarification for non-voluntary clients^{4,5} Motivational Interviewing (MI)⁶⁻⁸; normative feedback⁹; and stimulating the precursors for change^{10,11}. These four practices are methods for engaging clients in a responsive manner. Not surprisingly, they are highly interdependent and effective in reducing discord, attrition and noncompliance.

Together the above practices make-up the guts of a very blended and rich skill set that ideally starts during the assessment process and readily carries over into subsequent sessions. MI is capable of encompassing the entire intake process from assessment to change planning. The other processes, however, are woven in and out of this larger

process, in conjunction with the unfolding steps necessary to complete an assessment and guide a person in developing a related plan of action. We see six steps in this larger process:

1. **Role Clarification;**
2. **Interview Stages;**
3. **Normative Feedback;**
4. **Agenda Mapping;**
5. **Refining the Focus;**
6. **Change Planning.**

Understanding the segues between the above strategies and how certain combinations of these strategies blend and can be integrated will be discussed and clarified after each strategy is described and discussed independently.



Motivational Interviewing:

In their most recent (3rd) edition of *Motivational Interviewing: Preparing People to Change* (2012), the creators of Motivational Interviewing (MI), William Miller and Stephen Rollnick greatly simplified how they portray MI. While emphasizing the same technical skills and spirit, they construe MI as an additive model that incorporates and ultimately utilizes four basic processes:

- Engaging
- Focusing
- Evoking
- Planning

The authors describe how MI begins with engaging clients to explore possibilities for a relationship and the need to adjust to the client's world during this process, via reflective listening. As a sense of trust and respect emerges, the interviewer naturally can shift into puzzling with the client about what values, changes and goals they might have that could provide a helpful shared focus. This second process of focusing builds upon the previous engaging process taking place between the two persons and leads to a clear focus or direction for subsequent discussion, with an emerging change target (e.g., quit smoking, exercise more, improve attitude, etc.). Once a mutually agreed upon change target is present the conversation will best be served (from an MI perspective) if the interviewer moves into the evoking process and begins to deliberately elicit and reinforce change talk regarding that topic. Finally, and not always in the same session, when the client expresses and demonstrates a definite commitment towards the target change, the last process of planning might be employed usefully.

Though there is clearly a sense of linear movement across the four processes of MI, it is not hard and fast and it can be relatively iterative. For example, when in the midst of focusing with a client to establish a good change agenda, if the client becomes overwhelmed and unsure, it may very well be a good time to shift back into engaging and concentrate on building the trust and rapport some more. Thus the four processes of MI provide loose guidelines for rolling out an entire assessment and case planning process. Give and take amongst the processes is assumed all along the way, where one is cycling in between two or more processes. However, there is good reason to also refer to the processes as markers, for ideally initiating certain stages or tactics.

As Figure 1, above suggests, certain MI processes are apt to be more associated with specific steps in the assessment/ change planning cycle. Use of reflective listening that is so core to engaging is quite consistent with moving through the information-gathering phase of the interview. Providing and exploring feedback with the assessment scores and profiles can readily trigger agenda-setting or the focusing process. By the same token, once a promising change target has emerged in a client's mind, even a cursory discussion of the client's precursors for making this change is apt to enable better evocation and for real change talk. In the following portion of this document, we'll try to make it clear how MI the four processes 'map' to other assessment steps (role clarification thru change planning).

The MI *Engaging* Process in Assessment

Whether engaging the client via active listening skills helps to facilitate the role clarification process or it's the other way around - it is a moot point. The two strategies go together well and both work best upfront, before the actual fact-finding part of the interview begins. Engaging is one of the four processes of MI and it is particularly well-suited for creating an inviting atmosphere in which to conduct the assessment interview. The primary skills for engaging are empathetic listening and use of active listening skills such as OARS.

Setting aside a few minutes *prior* to the subsequent information-gathering process, for simply drawing-out and listening to some of the client's in-the-moment concerns and agenda can be most productive. Clients often say interesting things when they aren't encumbered by any sort of agenda – they are just reinforced for being themselves and sharing whatever. Sometimes what they share provides answers to certain assessment items which thus don't need to be probed later. Or things they share are useful to get a better feel about pace and alignment possibilities during the rest of the interview. Ideally, off-the-cuff comments are helpful for establishing early on, a bit more of the personhood of both the client and the staff. Genuineness is a key component of engaging.

1. Role Clarification:

Chris Trotter's work⁴ analyzing outcomes for non-voluntary client populations such as probationers or social services neglect/abuse cases, identifies an often overlooked and underutilized mechanism – role clarification, as a promising practice. Trotter and others have determined that until a lot of repeated role clarification has taken place, there really are no safe assumptions about the nature of the relationship between staff and clients, when the clients are non-voluntary. Trotter has determined in numerous studies^{4, 5, 12, 13} that workers who spend extra effort clarifying roles (theirs', their client's, the agency mission, along with the limits of their authority and any non-negotiable terms) over time, have significantly better outcomes than other staff. Consequently, many of the recent practice models that have been adopted for integrating EBPs into probation/parole supervision sessions (e.g., STICS, EPICS, COMBINES, STARR, Vogelvang's, JSAT's generic model, etc.) incorporate role clarification as a core component.

When staff clarify their roles, the client's current expectations, their agency's mission and their use of authority it reduces second-guessing and helps make the engagement more effective and real. Role clarification can signal to the client aspects of the engagement that are soon to emerge, so that the client has had time to soak on and better accept them before the actual engagement occurs. For example, if staff spent a few minutes reviewing - in the abstract - then later on they may provide the client some skill coaching in job interviewing or drink/drug refusal skills, the client will have a better idea of what to expect and how to show-up for their part. This kind of clarification can be on-going, flexible and very situational. Staff might check-in to see if they can test some

statements (about what might be some of the client's thinking distortions) and specify that they would like the client to correct them when they can. Thus enabling a deeper dialogue.

Assessment is another context where role clarification applications can pay terrific dividends. For example, providing a *structuring statement*, as a prelude to a clinical interview, is standard practice. Usually these structuring statements deliberately include information that is likely to assure the person about to be interviewed that he or she is getting involved in a safe, engaging and productive process. The standard three or four bits of information the interviewer wants to convey are:

1. The purpose of the assessment interview in positive and general terms;
2. Because the assessment is so personal and has a lot of potential, drawing upon multiple sources of information is often helpful to make it as well-rounded and helpful as possible;
3. When the interview is over, there will be quite a bit scored, objective information – kind of like blood pressure measures – about how they compare to others in the criminal justice system (cjs), that can be shared with the individual, if he or she is interested; and,
4. How it's their story and their assessment and therefore asking questions back and forth is always a good thing.

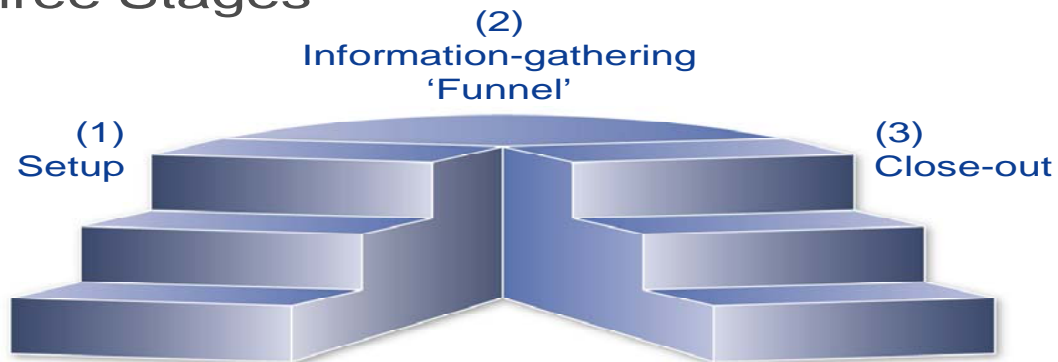
The above specific application of role clarification for assessment – providing a structuring statement, can help head-off subsequent uneasiness and second-guessing the purpose or direction of the interview on the client's part. It provides a foundation for the next phase where the interviewer generally funnels into progressively more personal and 'hot' case information. Consequently, the more the interviewer personalizes and tailors their upfront structuring statements to the client before them, even if they barely know them, the better. With practice, the interviewer develops a set of template statements in their skill portfolio that range along a continuum that corresponds to the different types of clients they typically see. When this takes place it makes adjusting the language in one's statements to fit individual clients easier, and, more effective. And as a result, clients become more engaged.

2. Interview Stages:

The actual assessment interview is best conducted in the context of the MI engaging process. This involves the use of considerable reflective listening while navigating and maintaining sensitivity to the stages of a clinical interview. Until the interviewer is really familiar with what items, in what domains, need to be scored, it can be challenging to 'trust the process', but ultimately that's what is called for.

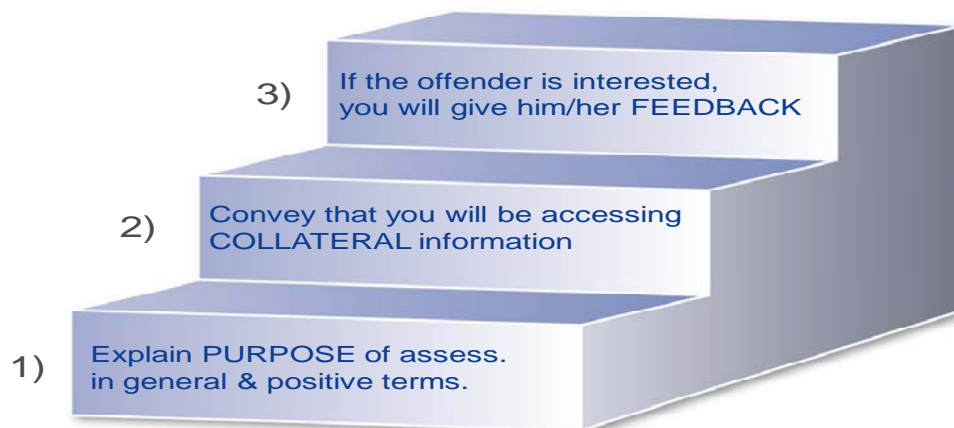
The three stages of an interview are: 1) the set-up, or structuring statement that is described above under role clarification; 2) the information gathering funnel that represents the bulk of the interview; and, 3) the close-out steps for getting strong closure.

Semi-Structured Interviewing – Three Stages



The interview set-up steps are designed to assure the client the interview will be safe – the interviewer has the client’s best interests at heart, meaningful and it may be of some use to them personally – thru the feedback that is provided later.

Interview Setup/Structuring Statement



The so-called ‘Information-Gathering Funnel’ refers to how most semi-structured assessment tools are built or organized, beginning with the more impersonal domains or subscales (e.g., criminal history, education or employment) and moving in a sequence to the progressively more personal content and subjects (i.e., regulating emotions, attitudes, etc.). Structuring interviews this way helps create a better chance of

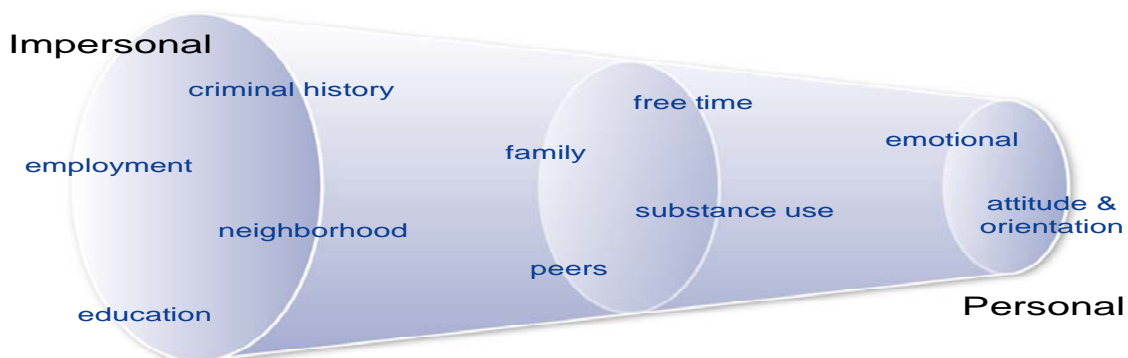
establishing and building rapport early on. Moreover, the nice thing about semi-structured interviews is that the interviewers are free to deviate from the order of the domains for the sake of gathering information in a more conversational style. And the more personable and engaging the style, the stronger the possibility for moving ahead with a fuller MI approach, in subsequent supervision sessions.

One way of initiating the information-gathering stage is to ask the client to tell their story regarding their involvement in the cjs. After providing the client a structuring statement, some officers find it's easy to get almost any client talking by asking them to:

“Please talk to me about your experience with the cjs. If you just start with the first time you ever were in trouble with the law, and then the next I’ll try to take notes on any patterns that emerge. It doesn’t have to be in perfect order either, we’ll probably get distracted talking about other things sometimes but this might provide at least one theme for us to follow.”

The latter technique should provide ample opportunity for the interviewer to employ empathy, lots of OARS and discernment. As the client brings up issues related to various domains (e.g., education/employment, alcohol and drugs, peers, self-regulation, etc.) the interviewer decides whether or not they want to systematically explore that area in the immediate moment or not. As they finish investigating any respective domain its great form to offer a summary on it to the client for closure, before bringing the interview to the next topic.

Information-gathering Funnel



When the interviewer begins to feel a bit confident that they have covered the ‘content space’ (they have enough information to score pretty much all the items of the respective assessment tool) of the assessment tool’s scoreable items it’s time for one

last gear change, to the last stage of the assessment – the close-out. There are several potential steps involved in this stage:

1. Segueing into a transition, using a grand summary, a ‘magic question’ or some other device to indicate that the interview has gone well and is about over – including asking the client to review or complete some paperwork while the interviewer double-checks for insufficiently probed items where they may actually not have enough information to be scored accurately;
2. Address any issues that have been flagged during the interview that need closure;
3. Either finish scoring and provide feedback, or suggest and set-up the future possibility for the client to receive feedback from the various scale scores in their assessment.

Signaling and bringing about the conclusion in a way that provides closure to the client and the interviewer is important. The client just spent the better part of an hour or more telling and sharing, for practical purposes, their life story with a relative stranger. The interviewer listened, took notes and guided the interview but he or she still has to score this assessment and use the results pragmatically. One way to respectfully acknowledge the client’s personal disclosure is to use a grand summary that pulls together the bigger patterns of the individual’s life: his or her experiences being in trouble, as well as other positive factors and strengths they have demonstrated that provide grounds for more hope in the future. Another method is to use some playful magic questions, now that there is some rapport established, to check if there aren’t still significant parts of the client’s life missing from the interview.

Magic questions are simply big, goofy open questions. For example:

“If your fairy Godmother were to jump out of your car’s glove box on the way home and tell you could have anything you wished for, providing you do it in 10 seconds... what would you wish for?”

“What have we not talked about that as far as you are concerned, might be important in terms of success on supervision?”

“What goals, short or long-term are you considering for yourself?”

“Suppose you died today and came back to your funeral in a few days... who would likely be there? What would they say about you? Why?”

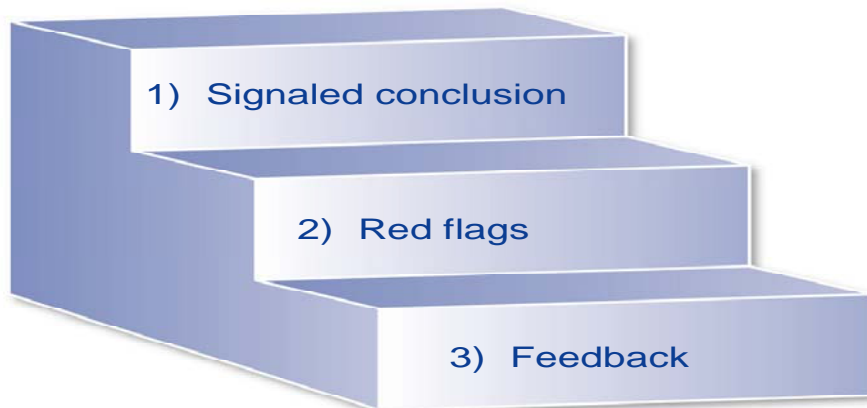
“What do you see your future looking like two years from now?”

When significant new aspects emerge, probe and explore them before concluding the interview with a last request. Ask the client to sit tight for a minute or two while the interviewer reviews the scoreable items of the respective assessment tool and more

often than not, identifies a few that they want to probe just a bit more – and do so. Sometimes this pause with the client for review can be facilitated by giving the client a required agency form to fill-out or a self-administered assessment, such as the ASUS, ASUDS, RSAT, etc., to complete; because both the client and the interviewer are then doing something useful.

Finally, once the assessment is scored or ready to be scored, it's appropriate to address any loose items like flagged items... any 'hot cognitions' such as suicidal ideation or other critical acute needs (e.g., necessary psychotropic or health medications, shelter problems, significant legal issues such as restraining orders, etc.). Then indicate arrangements for how the client can get feedback on the results of the assessment.

Interview Close-out



7

The MI *Focusing* Process in Assessment

Opportunities for developing a shared focus for supervision can emerge at almost any point during the assessment interview. It's not uncommon for corrections clients to indicate areas that they are interested in changing at various points throughout the assessment interview. These notions are always worth noting and sometimes reinforcing, especially when the area coincides with strong criminogenic factors (e.g., antisocial companions, attitudes, self-regulation skills, etc.). However, the focusing process most often begins in earnest once the interview is over.

3. Normative Feedback:

The best time to begin focusing on change goals with a client is whenever *they* are ready for this activity. Having said this, we also know that the process of providing normative feedback – feedback that is both personal and objective, such as sharing specific measures of blood pressure or scale scores in a risk/ need assessment – can often stir-up some readiness regarding the client’s interest in looking at personal goals. Due to the potential this strategy has for facilitating the focusing process it is important to plan for it deliberately, whenever possible.

Preparing to Provide Feedback

There are five simple steps to planning for providing normative feedback:

- 1) scoring all related assessment tools;
- 2) considering the overall patterns and relationships between the assessment score, notes and prior records, i.e., case analysis;
- 3) objectively identifying the top criminogenic and non-criminogenic case factors;
- 4) identifying the related possible lowest precursors to change for the priority target behavior and what some of the related strategies are for engaging that precursor might be with your respective client;
- 5) consider and select the best timing considerations for introducing feedback and related possible case focusing.

Once the interviewer has re-engaged the client and finished clarifying insufficiently probed items, it’s time to score the assessment. This may also be the time to set a follow-up appointment, thank the client and excuse them. Sometimes, for many intake officers, this may be the last time they will see the client and, therefore, they may have the client wait nearby while they finish scoring. Regardless, the scoring should take place soon after the interviewer completes the interview. This will enable the interviewer to capitalize on his or her immediate memory capacity and avoid having the case details blur with subsequent intervening other cases.

The complexity for assessment scoring and recording varies of course, depending on the assessment tools that are utilized. Most corrections systems rely upon what are referred to as ‘3rd generation risk/need tools’. These kinds of tools (e.g., LSI-R, Compass, SDRRC, SPIN, LS/CMI, etc.) minimally provide summary risk measures and a profile of the criminogenic needs factors currently in the client’s life. Some systems require the use of multiple tools, wherein the information tapped through an interview-driven protocol is complicated by knowledge gained through a self-administered survey tool. In order to analyze the case and prepare for giving the client feedback, it’s important to score and complete all the necessary tools and review their various components.

This case review needn’t take more than a few minutes. It should include any assessment notes, the resulting assessment scores, and the rap sheet or criminal

records as well as prior treatment and/or supervision records. These documents should enable the interviewer to piece together some of the larger patterns in their client's life and begin to assess where the most promising one or two change target areas are. When documents or information from different sources converge, or indicate the same thing, they might need to be taken more seriously. For example, if a client states things in the interview that causes the interviewer to score a particular subscale rather high, and in the case analysis the officer discovers that the client's self-report on a survey tool also score unusually high in this area, one can probably have more confidence to conclude that the respective area is significant in the client's life.

Be sure to consider non-criminogenic case factors or issues as well as the criminogenic ones. Sometimes certain non-criminogenic issues (e.g., needs for psych meds, recently blacklisted at the local shelter, serious tooth infection, etc.) have a way of trumping any other change targets until the issue is addressed. This isn't to say there shouldn't be some attention towards addressing the more criminogenic factors but just not necessarily to the exclusion of possible deal-breaking, non-criminogenic areas.

After reviewing the above assessment and case materials, the officer should be in a more informed place to determine what the top criminogenic factor is – the one that most likely currently has the most influence on the respective client's on-going criminal behavior. This factor or domain tentatively becomes one of the two top case priorities; the other being whatever domain is most important to the client. In some cases there may be so much ambiguity and/or ambivalence on the part of the client's perspective it may not be productive to plan further until the feedback has been presented and processed with client. In other cases it may be relatively clear however, what the top criminogenic factor is and/or what the client's preferred change targets are. To the degree that either of the latter are true, the final step in preparing can be taken.

There is now considerable research support that recommends that officers should focus with their clients on the more criminogenic change targets. For example, amongst the *central eight* factors this would be: antisocial peers; antisocial attitudes, history of antisocial behavior (aka low self-control); and, antisocial pattern or personality. The latter factors, sometimes referred to as the 'Big Four' because of their prominence in the meta-analysis research, are likely to have a more potent influence on criminal behavior than other factors. But this does not mean that other factors should not be considered.

Sometimes other so-called non-criminogenic factors such as mental or physical health, living situation, and clothing can become deal-breakers if not addressed upfront. Sorting criminogenic and non-criminogenic factors requires a high degree of discrimination and ability to navigate and negotiate what are sometimes very grey areas. Officers who maintain a balanced commitment to fulfilling both the need and the responsivity principles are less likely to sort in a rigid fashion.

When there are reasonably safe assumptions about what some of the future change targets might be, reviewing the client's possible precursor strengths is an excellent last step in preparing for providing feedback. The precursor model developed by Fred

Hanna represents a potential breakthrough in methods for working with challenging clients. Hanna and his colleagues have identified seven distinct personal change enablers or precursors to change. When these precursors are *not* 'onboard' or present in someone they represent obstacles that interfere with an individual's ability to make any fundamental change:

Precursors of Change (Hanna, 2002)

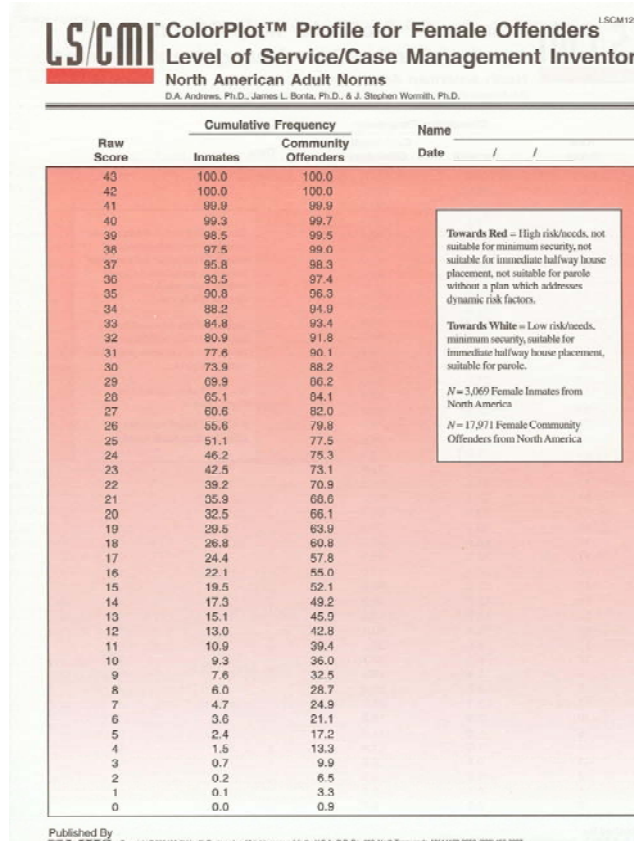
- 1) **Sense of Necessity for Change** – expresses desire for change and feels a sense of urgency;
- 2) **Willing to Experience Anxiety** – open to experiencing emotion and more likely to take risks;
- 3) **Awareness** – able to identify problems and sort thoughts and feelings;
- 4) **Confronting the Problem** – courageously faces the problem with sustained attention towards the issues;
- 5) **Effort Toward Change** – eagerly does homework, high energy; active cooperation;
- 6) **Hope for Change** – positive outlook; open to future; high coping; therapeutic humor;
- 7) **Social Support for Change** – wide network of friends, family; many confiding relationships.

The seven precursors of change can be used as a scale (see [Readiness Scale](#), Appendix A) to assess their presence within a client. This can be an invaluable aid with higher risk and potentially difficult clients. After reviewing the precursors for a particular client on a specific change target, officers that have some sense of which precursors are weakest can prepare themselves further by reviewing the techniques and strategies associated with those specific precursors¹⁴. This enables the client and officer to get the maximum alliance in the impending normative feedback session.

The last piece in preparing to provide assessment feedback is identifying some options for exactly how you are going to provide feedback. The key to normative feedback is providing personal information to someone in a manner that appears objective and unbiased. Therefore we often find it useful to share total scores for risk and protective measures and subscale scores and profiles. While it's quite appropriate to use the scored assessment tools themselves, sometimes it more helpful to refer to what are called norming charts or profile documents that sometimes can make things a bit more clear to clients and still come across as objective.

Below is an example of a norming chart for one commonly used assessment, note that men and women are normed separately, something that is now considered best practice in the assessment process. Norm charts typically show the client how their specific risk score falls into a range of all possible scores, for a representative sample of other clients. The client then can see what percent are more or less at risk.

Norming Chart for Feedback on Risk Score



Another format for providing feedback is to profile the various subscales in assessment so that they convey a sense for which subscale areas have more influence on a respective client's life. There are two ways to convey this. One approach is showing the proportion of items that scored as risk factors – this would be the intensity of the factor. The other is to depict the relative potency of the factors. For example, within the 'Central Eight' criminogenic factors, repeated meta-analysis results reinforces that certain factors, sometimes referred to as the 'Big Four' are much more influential on criminal behavior – at least two times more impactful – than other factors. Thus authors tend to emphasize these areas (i.e., history of criminal behavior aka, low self-control, anti-social attitudes, anti-social peers, anti-social personality or pattern). These facts can be indicated readily by color-coding that denote the more potent factors in red, the next in orange and the weakest factors in yellow. The chart below uses both methods. Can you tell from the shaded profile which areas are the strongest factors for the hypothetical client depicted?

LS/CMI Profile: High Risk / High Needs

	CH	EE	Fam	Leis	Peers	Alc/Drg	Attitude	Anti-social Pattern	Total Score Risk Levels
Very High	8	8-9	4	--	4	7-8	4	4	30+
High	6-7	6-7	3	2	3	5-6	3	3	20-29
Medium	4-5	4-5	2	1	2	3-4	2	2	11-19
Low	2-3	2-3	1	--	1	1-2	1	1	5-10
Very Low	0-1	0-1	0	0	0	0	0	0	0-4

Risk Level = 33 – 36 (Very High)

If you chose Criminal History (CH), a proxy for low-self control, we would have agreed with you. While not as salient or high-scoring as Employment, Family and Alcohol & Drug Problem subscales, it is still quite high, and, it is coded red or higher potency in terms of its influence on criminal behavior. These are all some of the things that can be discussed in the course of providing feedback on the assessment results.

One last format example for giving feedback is the use of legos. Since the whole idea behind the use of feedback is to help clients get aroused and involved with looking at the discrepancies in how they experience their lives, using a game like legos can be a useful fit. Legos can be used in several ways. One is after a quick explanation on the Central Eight criminogenic factors, ask the client to select and assemble a wall or fort made of legos that represents their biggest challenges to getting out of and staying out of the cjs. Whatever they come up with will usually provide an excellent set of reference points for the subsequent discussion. If at some point the client is interested in what obstacles the assessment indicated, then the officer can build a parallel wall alongside the client's, to compare and contrast in the conversation.

Legos Format for Feedback



Providing Normative Feedback

Thanks to research and the ever-expanding communities of MI adherents there is a well-established initial formula for providing and exploring feedback and information sharing. The rhythm or steps for providing feedback and advice are: 1) Elicit whether they are interested or not; 2) Provide the information succinctly; and, 3) Elicit what they make of that information, or what they need to make more sense of it. Thus the acronym E-P-E is often referenced for this process.

It turns out that asking someone if they would actually like to get some feedback is a respectful way to begin. It acknowledges the other person's autonomy and values his or her ability to self-regulate and make good decisions. It just so also happens that most clients or people, are fundamentally curious and they rarely turn down this offer. (When they do, fine, but just leave the door open if possible, for looking at this later, should they change their mind).

Some keys to presenting assessment feedback are: 1) use the KISS principle (keep it simple stupid); 2) tailor your language level to the client's; 3) remain open and ready to puzzle with the client what it might mean to *them*. The task when presenting feedback is to engage and partner with them, the residing expert on client, more than to educate. It's often very helpful to not push or promote a particular point of view too much, but

instead take a neutral position. If they are ready to learn anything from you, it will become evident as you go.

Finally, the last part of providing feedback/advice is exploring with the client how it 'lands on them' and what meaning do they give to it. This step is where active listening skills can really pay off for the interviewer. To be flexible and client-centered while the client sorts out the new information or perspective can be very effective. Let the client soak in whatever possible insights they might be processing and at the same time, be willing to really listen to them, often through the chorus of their defenses. If and when change talk emerges, massage and reinforce some of this with reflective listening.

4. Agenda Mapping:

When trying to set a practical course of change with a client Miller & Rollnick⁶ describe three common scenarios: 1) the client knows exactly what's eating his or her lunch and what steps they need to take to change and improve the situation; 2) the client is torn between 2-3 change targets and isn't sure of how to prioritize them or resolve the ambiguity and/or their ambivalence; and, 3) the client is overwhelmed by the magnitude of possible change and his or her perspective is very global and stuck. An interviewer might adopt very different agenda mapping strategies, depending on which scenario her client is presenting.

In case number one, where the client has a relatively good idea where he or she needs to be heading in terms of personal change, the segue from the focusing to the evoking process seems barely necessary. However, it still might not be a bad idea to review the possible targets to eliminate any loose ends with the client, before engaging the client in a way that draws out change talk for their targeted change and strengthens his or her commitment.

The second case is probably much more common for higher risk clients. They have multiple criminogenic factors present in their lives and the initial challenge is helping them sort out which one (or two) are the most important to them to change. There are various techniques to help clients with this sorting. One of them is to facilitate some decisional-balance or SWOT analysis work to the various contenders. Another approach might be to return to the precursor model and teach the client how to assess each possible target area for the presence of precursors, and consider starting the change process for success, with the area that has the greatest amount of precursors present.

In the third case, where an individual is confused and at best very global about what they would like to be different, a third strategy is recommended. When someone is so overwhelmed by the degree and variety of demanding change agendas confronting them that they find it is hard to focus, taking some steps 'backwards' can pay dividends. Just as attempting to untie a stubborn knot by randomly pulling hard on the strands can be quite unproductive, so too, fishing for priorities with a client that is stuck before many, many possible change options can be counterproductive. In this case, encouraging the

client to back-up for a bit and look at their life from a less constrained view may get better results.

Rather than diving into prioritizing and problem-solving, support this last type of client in detaching a bit, so they can discuss their problems more broadly and begin to articulate how they might be related. Once some of these larger patterns become more clear to the client it can become more productive for them to begin sorting their priorities. Out of the three strategies for focusing this last one often requires more equipoise and self-restraint of the officer's 'righting reflexes'.

Regardless of the strategy that is ultimately effective, the preferred result will be arriving at a mutually satisfactory change target or two, which become the on-going center of attention in the supervision process. What kind of attention depends on the stage of readiness the client is in. When a client remains essentially in the Contemplation stage, even though some agreement exists about the change objective, the primary goal is helping the client build the necessary commitment and resolve for change.

The MI *Evoking* Process in Assessment

In MI, evoking is a process that involves deliberately eliciting and reinforcing what is called *change* and *commitment talk* from the client's deeper well of resources and perspective. Client change talk consists of things a person might say when he or she is giving voice to desires, abilities, reasons and needs for change. Commitment talk continues and extends these same types of statements (e.g., I would love to be able to spend that money on other things besides...; If I could do it before, I'm pretty sure I can do it...; etc.) into a less abstract, more immediate, personal and volitional context (e.g., I will use that money to pay the back rent; Starting today, I am changing and not using any more). The goal with evoking is to encourage the client to both surface and settle into a clear and different cost-benefit understanding regarding the behavior or change area.

5. Refining the Focus:

Throughout the assessment process, starting with role clarification, there often can be many opportunities to elicit and strengthen change talk and commitment. However, until the client and agent have arrived at mutually understood change goals, facilitating change talk can: a) distract from the immediate task at hand; b) be premature; c) be ineffective; and, d) all the above. The best time, therefore, to place a premium on the client's change talk is once there is a rather sound agreement about the direction the client is headed. Once the client has acknowledged it's time for him or her to move beyond the fork(s) in the road and possibly take some action in a given direction, that's the time to start paying attention to how one is structuring the conversation relative to change talk.

There usually is quite a little journey involved when anyone moves from a natural and understandable ambivalence about changing and achieving a targeted behavior, to a full-on commitment, with no 'hole cards' or reservations. Within the framework of the

stages of change model, this is tantamount to traveling from the *Contemplation* stage, through *Preparation*, and into the *Action* stage. Moving through the Preparation stage is sometimes discussed as a relatively brief passage (compared to the time navigating Contemplation and Action can require). However, this does not mean it isn't a significant change, quite the contrary. The headset or mental model for someone in Action no longer revolves around talking or thinking about a change in the abstract, but taking active behavior-changing steps. The key to this journey is forging commitment.

Two main ingredients are necessary for fostering commitment: desire for the outcome and belief in one's ability to achieve it. Serious gaps in either of these commodities will undermine the growth of commitment. The term desire can be confusing because it is also referred to as a component of change talk (desires, abilities, reasons, needs). As an essential ingredient however, what is meant by the term is an overarching desire, comparable to importance. Many reasons, needs and smaller desires contribute to the relative importance of an objective – and determine whether or not it is an overarching desire. So it is that change talk builds towards and into commitment. However, while desire is essential or necessary, it may not be sufficient, for without belief in one's ability to accomplish the task, desire will often flicker and fail.

Belief in one's abilities to complete a specific task or objective has been termed self-efficacy by Albert Bandura¹⁵, a leader in developing social learning theory. According to Bandura, self-efficacy is strongly associated with the probability of someone initiating a new behavior. When someone believes they cannot accomplish a specific task there is a low probability for them either initiating or striving to complete it. A person must believe the objective is actually possible in order to have a commitment to it.

Using Techniques and Strategies to Develop Precursors (Readiness)

Earlier, in the context of preparing to provide normative feedback, we discussed the value of inventorying a generic set of seven precursors to change¹⁶. To the degree that someone has all these precursors fully 'on-board' regarding a specific change enterprise, the more likely they are to forge a real and successful commitment to change. Conversely, if certain precursors are negligible or non-existent, it can spell a very protracted, if not unsuccessful struggle to change. Therefore, with difficult clients it is very important to use some methods that help the person specifically engage his or her weakest precursors. Fortunately, a clearly defined set of techniques and strategies exists¹⁷ for helping clients develop each of the seven precursors.

Over 70 strategies and techniques for developing specific precursors are provided not only in Hanna's book, "Doing Therapy With Difficult Clients" but they are readily accessible in certain case management software as well as rolodex card prompts, to enable this urgent developmental process on-the-spot i.e., in real time. For example, if an officer were to determine that a client had only a trace of the precursor, '*Sense of Necessity*' for changing a priority change target (e.g., tapering substance abuse out of their life, terminating fist-fighting, obtaining a GED, finding some prosocial friends, etc.) , they might refer to a pull down in the software, or use the rolodex prompts and select one of the following:

A SENSE OF NECESSITY: Techniques & Strategies

1. **Align Client Values with Therapy**
2. **Reality Therapy Approach**
3. **Answer the “What’s-in-it-for-me?” Question**
4. **Subpersonality Approach**
5. **Increase Client Anxiety Levels**
6. **Explore if the Client Feels Deserving of Positive Change**
7. **Identify Secondary Gains**
8. **Scaling Necessity from 1 to 10**
9. **Identify and Refute Possible Core Beliefs that Inhibit Necessity**

For the sake of convenience, supposing the officer selects # 1 above, Align Client Values with Therapy. The coaching prompt that would follow, either in a dropdown in an automated application or rolodex or hardcopy guide for a manual application, would look something like the steps that follow below. It would be a simple set of reference points regarding the specific technique that the officer can readily use to guide them when initially engaging that particular technique.

1. **Align Client Values with Therapy**
 - A. Find out what is important to client
 - B. Reframe it in terms of the target change behavior and coaching/counseling
 - C. Point out that coaching/counseling can provide it
 1. For example, substance abuse seeks same goals as coaching/counseling
 - a) Find out what the person is trying to change drugs/alcohol
 - (1) Change in feelings
 - (a) narcotics
 - (b) benzodiazepines
 - (2) Change in beliefs
 - (a) cocaine
 - (b) crystal meth
 - (3) Change in behaviors
 - (a) alcohol
 - (4) Change in relationships
 - (a) marijuana
 - (b) ecstasy
 - b) Show how coaching/counseling can provide what drugs cannot

The above process of employing precursor strategies will be greatly enhanced if in keeping with strong engagement with non-voluntary clients the tenets listed below are adhered to. More detail on these tenets can be found in [Appendix B](#), Techniques for Motivating Difficult Clients: The Precursors Model of Change¹⁷ as well as in the book, “Therapy With Difficult Clients”¹⁰.

Relationship Building Strategies

- 1) prior to using these techniques the officer and client have spent a minute or two clarifying their roles (with the officer emphasizing their role as potential coach);
- 2) the officer is engaging his or her MI spirit;
- 3) the officer has strong precursors – all seven – for themselves engaging the client and working with the client’s precursors;
- 4) the officer ready, willing and able to “empathize, even when it hurts or sickens”;
- 5) attention is given to the metalog (what is being thought in the conversation but not given voice);
- 6) courtesy and permission are exercised – the officer is MI adherent and utilizes the rhythm of Elicit – Provide – Elicit as much as possible;
- 7) empathy is established before confronting (a la reality therapy, not critical judgment);
- 8) boundaries are set that further positive change and are referred to in subsequent role clarification;
- 9) find the connection with the client – it’s not something one has to necessarily wait for...;
- 10) develop the ability to see through situations, read between the lines and don’t take just any old bait;
- 11) leave your ego at the door, avoid taking things personally;
- 12) validate the client’s abilities;
- 13) admire negative behaviors and attitudes – adjust to the client’s world and sense the value and utility re: negative client behaviors and attitudes, before reframing or helping the client pivot the skill toward the positive;
- 14) give the client plenty of options for telling you to back-off.

Refining the focus for change involves fully appreciating what it’s really going to take for the client to develop and finish forging a commitment to change. Working more closely with the precursors to change quickly enables this process to become very granular and real. Discussing precursors eliminates the risk, vagueness and ambiguity of talking about things in the abstract and keeps the focus in room, on the kid and upon one’s relationship with the client.

The use of MI and coaching around the precursors go a long, long way towards helping clients find the desire and courage to change. With practice, officers can readily access and use various MI skills for structuring conversations to promote the client’s change talk. This activity alone can account for significant shifts in the importance a client places on a particular change target. In a similar fashion, engaging the client around their weaker precursors for change translates into a very straightforward method for drawing out and enhancing the client’s confidence for making the change. As a person’s desire (importance) and courage (confidence) move up, so does resolve or commitment

and probability for success. Planning out how a change can be made becomes less problematic once an individual has made a commitment to change something.

6. Developing a Change/Case Plan:

Once an individual is ready to commit to a change behavior the energy he or she has around that particular target begins to shift and increase making it much easier for the person to move and be open to new possibilities. A frequently used analogy is swooshing downslope on skis through 3-4 gates or stages of change planning. According to Miller & Rollnick⁶ and other MI trainers¹⁸ there are four sets of considerations inherent in change planning:

- 1) Setting goal(s);
- 2) Sorting options or strategies for change;
- 3) Formulating a plan, and;
- 4) Reinforcing commitment.

The above four steps form a natural or logical sequential order that makes guiding people through the 'gates' of change planning relatively simple. Setting goals is often just a matter of formalizing what has already been occurring in the conversation regarding the target behavior. Typically the interviewer might nudge the person by asking how things need to be different or what, specific goals might the client now have. Without being overly directive (and detracting from the client's sense of agency) the goal here is to get a better picture of the goal by getting everything on the table.

Sorting through the options can begin easily with some brainstorming for other possibilities that might not have surfaced thus far in the conversation. It might also be helpful during this step to make sure that all the client's relevant current strengths, attributes and resources (e.g., social network capital, available family and organizational support, etc.) are taken into consideration.

The segue into the next step, formulating the plan is often best proceeded by a certain type of structuring statement that suggests to the client that plans that are more complete and have some aspects of a SMART format can often help in terms of successfully achieving goals. If the client is open to suggestions, indicating how some of the following things can contribute and be useful is recommended:

- Putting the plan in writing
- Making the plan specific and concrete instead of abstract
- Setting objectives that are not too far out time-wise
- Putting the goal in positive terms of what you would like (and not emphasizing so much what you won't be doing)
- Identifying people that will support your goal-achieving efforts
- Identifying possible goal barriers and quick remedies ahead of time

- Sharing your plan with others and posting in conspicuously anywhere you hang-out

Such a structuring statement can then be followed with an invitation to begin drafting the plan: “What do you think about us trying to throw something together in writing?”

In this way one can begin a very collaborative process of generating a plan. Ideally this produces a written draft that can be subsequently refined by the individual. However, in some cases, especially when a person has an aversion to writing things down, this might start out by only verbalizing the plan – let the client drive the process and the format when possible!

Finally, look at ways the client can pick up extra reinforcement for his or her plan along the way. Who can they share the plan with that is almost certain to give them support? What milestones can be built into the plan for easy recognition and opportunities for self-reinforcement as well as positive reinforcement from the officer? Processes that are reinforced lead to completion and more successful outcomes. If the reader is interested in more detailed information regarding change planning please see [Attachment C⁸](#).

CONCLUSION

The above thought piece has been an effort in making sense of the wonderful intersecting research-supported strategies that field of community corrections has available for integrating into the first few sessions with our clients. The early sessions are so critical for forming effective relationships with our clients. The cognitive scientists like to tell us these days how people run on impressions and not necessarily facts. Sales people, on the other hand, are quick to point out that it’s the first and last impressions that matter. Regardless getting off to an effective start can’t be oversold.

Part of the inspiration for this inquiry unquestionably has been the emergence of practice models¹⁹, that deliberately integrate combinations of EBP into the space of typical case management sessions. These models are showing tremendous efficacy for reducing recidivism, underlying the good news that that officer can, after all, be the best possible intervention the system has. However, as straightforward as these practice replacement strategies are, they require enormous work of the individual officer, the supervisor and upper management to be effectively implemented. This piece was written to help us all better understand how the various moving parts of any practice model can be initiated, harmoniously, from the very start at assessment.

**SDRRC-R READINESS SCALE
(PREDICTING & ENHANCING CHANGE)
Precursors Assessment Form**

Problem or Issue:

Precursor & Its Markers	None (0)	Trace (1)	Small (2)	Adequate (3)	Abundant (4)
1. Sense of Necessity for Change Expresses desire for change Feels a sense of urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Willing to Experience Anxiety Open to experiencing emotion Likely to take risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Awareness Able to identify problems Identifies thoughts, feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Confronting the Problem Courageously faces the problem Sustained attention toward issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Effort Toward Change Eagerly does homework High energy; active cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hope for Change Positive outlook; open to future; High coping; therapeutic humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social Support for Change Wide network of friends, family Many confiding relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Precursor Score:

Scoring Guide*

* Scoring is intended only as a general guide to a complex process: Some precursors may be more potent than others.

- 0-6** Change unlikely: Educate client on change: Focus on precursors with lowest rating.
- 7-14** Change limited or erratic: Educate client and focus on precursors with lowest rating.
- 15-21** Change is steady and noticeable: Increase the lowest rated precursors to stay on track
- 22-28** Highly motivated to inspired client: Change occurs easily: Standard approaches work well.

Stage of Readiness

Circle the appropriate stage for a given problem or issue

Precursor 1. Sense of Necessity = 0, and Total Precursor Score is < 6, then Stage of Readiness =	PreContemplation
Precursor 1. Sense of Necessity = 1/2, and Total Precursor Score is 7-14, then Stage of Readiness =	Contemplation
Precursor 1, Sense of Necessity = 2/3, and Total Precursor Score is 15-21, then Stage of Readiness =	Determination
Precursor 1. Sense of Necessity = 3/4, and Total Precursor Score is 22-28, then Stage of Readiness =	Action/Maint.

(Other combinations than above require more discussion in order to identify stage.)

Endnotes

1. Daley, D.C. and A. Zuckoff, *Improving Treatment Compliance: Counseling & Systems Strategies for Substance Abuse & Dual Disorders* 1999, Center City, MN: Hazelden. 241.
2. Kennedy, S.M., *Treatment Responsivity: Reducing Recidivism by Enhancing Effectiveness*. Forum on Corrections Research, 2000. **12**(2): p. 19-23.
3. McMurrin, M. and A. McCulloch, *Why Don't Offenders Complete Treatment? Prisoners' Reasons for Non-completion of a Cognitive Skills Programme*. Psychology, Crime & Law, 2007. **13**(4): p. 345-354.
4. Trotter, C., *Working with Involuntary Clients* 1999, London: SAGE Publications. 165.
5. Trotter, C., *Pro-Social Modelling*. European Journal of Probation, 2009. **1**(2): p. 142-152.
6. Miller, W.R. and S. Rollnick, *Motivational Interviewing: Helping People Change*. Third ed 2012, New York, NY: The Guilford Press.
7. McMurrin, M., *Motivating Offenders to Change: A Guide to Enhancing Engagement in Therapy*. 1 ed. Wiley Series in Forensic Clinical Psychology, ed. M. McMurrin 2002: John Wiley & Sons. 264.
8. Bogue, B. and A. Nandi, *Motivational Interviewing in Corrections: A Comprehensive Guide to Implementing MI in Corrections*, 2012, National Institute of Corrections.
9. DiClemente, C.C., et al., *Process Assessment in Treatment Matching Research*. Journal of Studies on Alcohol, 1994. **12**: p. 156-162.
10. Hanna, F.J., *Therapy with Difficult Clients: Using the Precursors Model to Awaken Change* 2002, Washington, D.C.: American Psychological Association. 329.
11. Hanna, F.J., *Precursors of Change: Pivotal Points of Involvement and Resistance in Psychotherapy*. Journal of Psychotherapy Integration, 1996. **6**(3): p. 227-264.
12. Trotter, C., *The Impact of Different Supervision Practices in Community Corrections: Cause for Optimism*. Australian & New Zealand Journal of Criminology, 1996. **29**: p. 29-46.
13. Trotter, C., *The Supervision of Offenders: What Works?*, in *Contemporary Issues in Criminology*, L. Noaks, M. Levi, and M. Maguire, Editors. 1995, University of Wales Press: Cardiff. p. 236-250.
14. Hanna, F.J., C.A. Hanna, and S.G. Keys, *Fifty Strategies for Counseling Defiant, Aggressive Adolescents: Reaching, Accepting, and Relating*. Journal of Counseling & Development, 1999. **77**: p. 395-404.
15. Bandura, A. and D.A. Schunk, *Cultivating Competence, Self-Efficacy, and Intrinsic Interest Through Proximal Self-Motivation*. Journal of Personality and Social Psychology, 1981. **41**: p. 586-598.
16. Hanna, F.J., *The Seven Precursors to Change*, in *Therapy with Difficult Clients* 2002.
17. Hanna, F.J., *Techniques for Motivating Difficult Clients: The Precursors Model of Change*, 2012, University of Northern Colorado, Johns Hopkins University.
18. Rosengren, D.B., *Building Motivational Interviewing Skills: A Practitioner Workbook* 2009, New York: The Guilford Press. 335.
19. Bourgon, G., L. Gutierrez, and J. Ashton, *The Evolution of Community Supervision Practice: The Transformation from Case Manager to Change Agent*. Perspectives, 2012. **36**(3): p. 64-81.

LSI-R Module 3: Corrections EPB Principles

1. Explain the Risk, Need, Responsivity, Professional Override Principles
2. Describe How SLT and PIC-R Tie Together
3. Describe in Detail the Central Eight Criminogenic Factors
4. Link the LSI-R Scores to Their Corresponding Factors in the 'Central Eight'
5. Explain how the NIC Eight Principle model for EBP can be applied differentially based on offender risk levels

Principles	Description
Risk Principle	Devote your time, energy and resources to moderate and high risk cases.
Need Principle	Target the criminogenic needs of moderate and high risk offenders (i.e. the dynamic risk factors that, when changed, will change the probability of an offender's recidivism).
Responsivity Principle	General: Design your efforts around behavioral and cognitive-behavioral techniques. Specific: Tailor your efforts to the individual abilities (strengths), style, culture and personality of the client.

Risk, Need & Responsivity Principles

The Risk, Need & Responsivity Principles are the bedrock of EBP in Corrections.

Risk tells us *who* should get services, and grossly indicates the magnitude of the necessary services.

Need tells us *what* an offender's greatest service needs are, here based on identification of criminogenic needs/targets.

Responsivity informs us *how* we might best approach the individual offender, given some of his or her unique case needs, when assigning services (i.e., matching mode of service to compatible learning characteristics).

Correlations Between Treatment and Recidivism

CRIMINAL SANCTIONS	- .07 (30 tests)
INAPPROPRIATE TREATMENT	- .06 (38 tests)
UNSPECIFIED TREATMENT	.13 (32 tests)
APPROPRIATE TREATMENT	.30 (54 tests)

Andrews, et. al. (1990) Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52

The relative effect on recidivism of each of these categories compared to control groups who did not receive treatment.

Negative numbers mean recidivism rates were higher for the treatment group than the control group.

A number of comprehensive reviews of the offender treatment literature

have been conducted in recent years. While treatment in general has been shown to modestly reduce recidivism, programs that incorporate certain principles of effective treatment described in this report do far better. For example, in an analysis of 154 controlled outcome studies of treatment effectiveness, Donald Andrews and others at Carleton University divided programs into four groups: traditional punishments, inappropriate treatment, appropriate treatment, and unspecified treatment. (“Appropriate” and “inappropriate” refer to conformity with the principles of effective treatment.)

Why Do We Want to Identify the High Risk Offenders?

Applying the empirically-supported Risk Principle yields the greatest results in recidivism reduction. Risk/needs assessment & QA methods are the tools that enable this to happen. Applying principle means prioritizing case events by risk and the decision to intervene/not intervene accordingly.

Actuarial Risk defined – risk is the probability or likelihood of recidivism or future criminal behavior. The more risk factors present, the greater the likelihood of recidivism. Using statistical, research-based data, we can predict an offender’s level of risk for re-offending—known as actuarial risk.

PATTERNS IN RISK LEVEL & TX INTENSITY				
Offender Risk Level	% Recidivism:		Impact on Recidivism	Authors of Study
	Tx by Risk Level			
	Minimum Tx	Intensive Tx		
Low Risk	16%	22%	(↑ 6%)	O'Donnell et al, 1971
High Risk	78%	56%	(↓ 22%)	
Low Risk	3%	10%	(↑ 7%)	Baird et al, 1979
High Risk	37%	18%	(↓ 19%)	
Low Risk	12%	17%	(↑ 5%)	Andrews & Kiessling, 1980
High Risk	58%	31%	(↓ 27%)	
Low Risk	12%	29%	(↑ 17%)	Andrews & Friesen, 1987
High Risk	92%	25%	(↓ 67%)	

* Some studies combined intensive Tx with supervision or other services

Most agencies still have a long way to go to fully operationalize this principle. Three things appear to interfere with implementing changes to obtain fidelity:

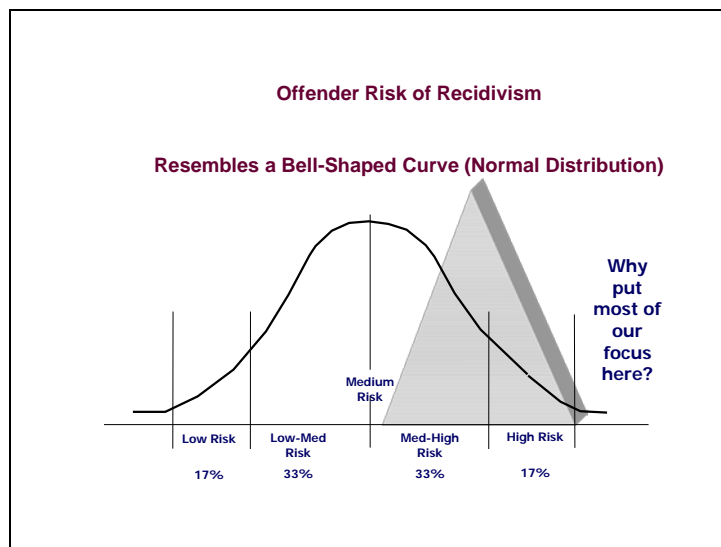
1. mandatory sentencing guidelines
2. inadequate information controls
 - few prison, parole or probation administrators know what percentage of high risk offenders are receiving treatment within their jurisdiction
3. higher risk offenders are more elusive, reactive and manipulative
 - therefore more difficult to get into treatment in the first place
 - there is a shortage of well designed and implemented treatment for high risk offenders

Treatment outcomes vary between low vs. high risk offenders in minimum vs. intensive treatment.

Why do you think that recidivism rates go up when low risk offenders are put in intensive services? Discuss how this illustrates social learning theory.

Why are higher risk offenders found to respond more favorably to treatment? Discuss how this illustrates social learning theory.

How else can placing a low risk offender into treatment, mandatory peer support, or house restrictions endanger protective factors they have in play?

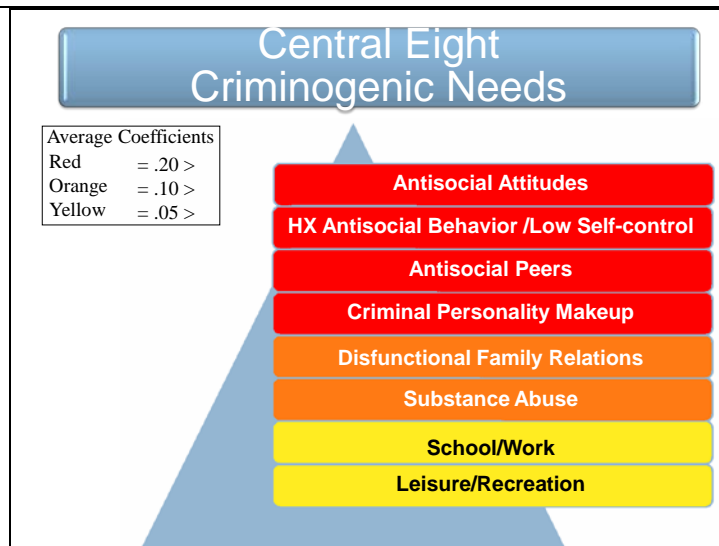


Threefold payoff for having fidelity to the risk principle:

- low risk offenders will not gain additional risk factors nor will they tie-up much precious CJS resources;
- high risk offenders have usually been experiencing considerable cumulative disruption in their lives as a direct result of their various and often multiple criminogenic needs.
 - They're often more ego dystonic (not OK) with some of their anti-social patterns,
- lower risk offenders or early stage high risk offenders are often ego-syntonic (perfectly OK) with their anti-social patterns;
- The higher the risk level of a group of offenders the greater the proportion of high base-rate offenders, who when effectively intervened upon will yield an exponentially greater public safety bang-for-the-buck than medium or lower base-rate offenders.

Applying the principle means triaging decisions to intervene/not intervene.

Share a recent example where you applied (or observed someone applying) the risk principle.



Note: Criminal behavior or history is an alternative term for low self-control in many cases. In addition, antisocial behavior is frequently a proxy for low self-control.

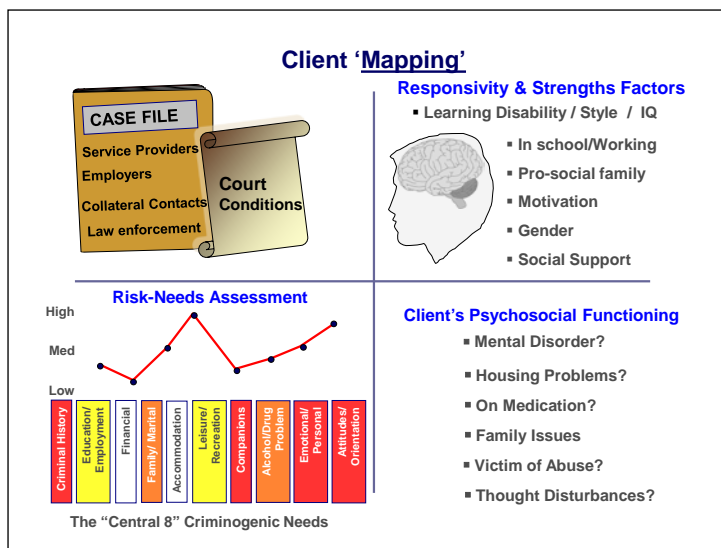
The Central Eight:

Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism.

Examples of criminogenic needs are:

- criminal personality
- antisocial attitudes, values, beliefs
- low self control
- criminal peers
- substance abuse
- dysfunctional family B

Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.



The mapping process is about amassing relevant case information for working with an offender towards pro-social change. In itself this process isn't very useful. As the saying goes 'faith, without works, is dead.'

Dialoguing or puzzling with the person helps them learn to set a more meaningful agenda for change targets. These conversations are rich with opportunities for MI and drawing out change talk.

Using the "map" made up of information gathered from the client's file, assessments, or other sources helps officers to know where offenders/clients were in the past and where they are now. That way, officers can better work with them to plan treatment and other services. The following sources of information can all contribute to this map.

A review of the **whole case file** can help to give a more comprehensive picture of the offender/client's current and past situation.

The **general recidivism risk level** from the assessment protocol tells officers the likelihood that certain offenses will reoccur. Flight risk might also suggest necessary placement choices.

Responsivity factors can be determined through the case file, from clinical and various other assessments, and from interacting one-on-one with offenders/clients. These may provide clues about learning and participation challenges that offenders/clients face as they attend treatment. Strengths and protective factors provide opportunities for officers to support offender/client self-efficacy that may be increased throughout supervision. They may also help in the treatment planning process.

High-scoring **criminogenic needs** provide a sketch of offender/client “problem areas.” However, the specific types of criminal behavior that offender/clients/offenders are most likely to repeat have yet to be determined unless their rap sheet lists the same crime over and over.

Psychosocial functioning includes other offender/client needs apart from the 8 criminogenic need areas noted above. Medication, housing problems, and disturbed thinking patterns can greatly impact offenders/clients' lives. If unattended, these needs can disrupt their ability to avoid violating court conditions and to benefit from treatment.

<p>Personal/Interpersonal Community Reinforcement (PIC-R)</p> <p>PIC-R - Social Learning / Cognitive-Behavioral Personal Interpersonal Community (or non-mediated) Reinforcement</p> <p>□ D.A. Andrews Clip 3</p>	<p>Activity: Think back to your self-intro behavior. Write down and discuss:</p> <p>Some personal reinforcers present</p> <p>Some Interpersonal reinforcers present</p> <p>Any non-mediated reinforcers present</p>		
<p>Consequences: 2 Types</p> <table border="0"> <tr> <td data-bbox="228 961 477 1035"> <p>Behavior results in factors being ADDED to the environment</p> <ul style="list-style-type: none"> □ There are <u>additive rewards</u> □ There are <u>additive costs</u> </td> <td data-bbox="526 961 797 1035"> <p>Behavior results in factors being REMOVED from the environment</p> <ul style="list-style-type: none"> □ There are <u>subtractive rewards</u> □ There are <u>subtractive costs</u> </td> </tr> </table>	<p>Behavior results in factors being ADDED to the environment</p> <ul style="list-style-type: none"> □ There are <u>additive rewards</u> □ There are <u>additive costs</u> 	<p>Behavior results in factors being REMOVED from the environment</p> <ul style="list-style-type: none"> □ There are <u>subtractive rewards</u> □ There are <u>subtractive costs</u> 	
<p>Behavior results in factors being ADDED to the environment</p> <ul style="list-style-type: none"> □ There are <u>additive rewards</u> □ There are <u>additive costs</u> 	<p>Behavior results in factors being REMOVED from the environment</p> <ul style="list-style-type: none"> □ There are <u>subtractive rewards</u> □ There are <u>subtractive costs</u> 		

So what do we DO with this awareness?

For any given offender behavior – what’s more immediate and powerful...

- the OFFICIAL punishment or reward we MIGHT add to the environment, or
- the immediate factors that were naturally added or subtracted both rewarding and negative?

What happens if we

1. really get to know an offender's characteristics and circumstances
2. identify behaviors unique to them linked to recidivism
3. identify pro-social alternatives
4. actively and purposefully manipulate the density of rewards and costs for identified behaviors and their pro-social alternatives?

<p>We will reduce the likelihood the criminal behavior will be repeated, reduce the offender's proclivity toward crime and improve the offender's circumstances.</p>	<p>§20-219 Idaho Code</p>
--	--

Unless we purposefully manipulate the density of rewards and costs that person is **FREE**. There's nothing to lose and nothing to gain through pro-social means. **You can't get subtractive punishment working effectively without a background density of a number and variety of rewards and satisfactions.**

The LSI helps you really get to know them by inventorying their satisfactions and de-motivators.

Inventory Satisfactions

LSI Rated Items


Reward Levels at

- Home
- School
- Work

Presence of rewards in anti-criminal situations.

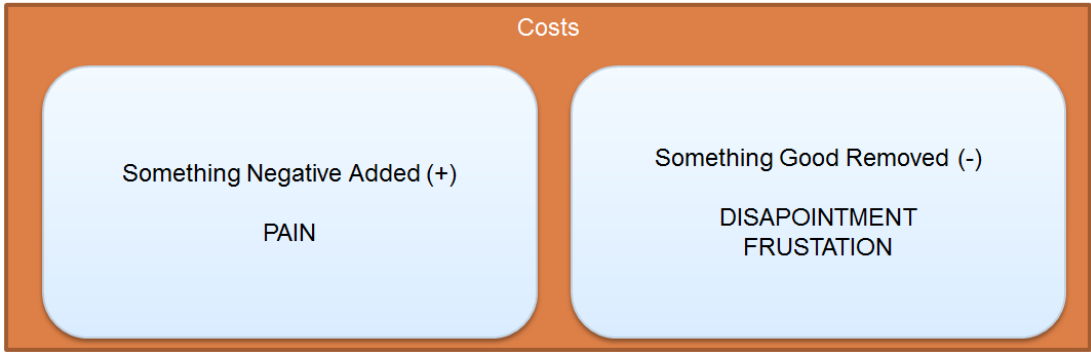
Presence of relationships and bonds.

Satisfaction with (attitude toward) crime in general.



EVERY TIME you score a rater item inventory satisfactions, supports, buffers, and pro-social models.

- Is there an absence of pro-social modeling?
- Are there barriers to activities and lifestyle that fosters pro-social ties?
- Has a problem behavior been avoided successfully for a recent sustained timeframe?



Inventory Rewards for Pro-Social Behavior

Additive	Subtractive
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Inventory Rewards for Criminal Behavior

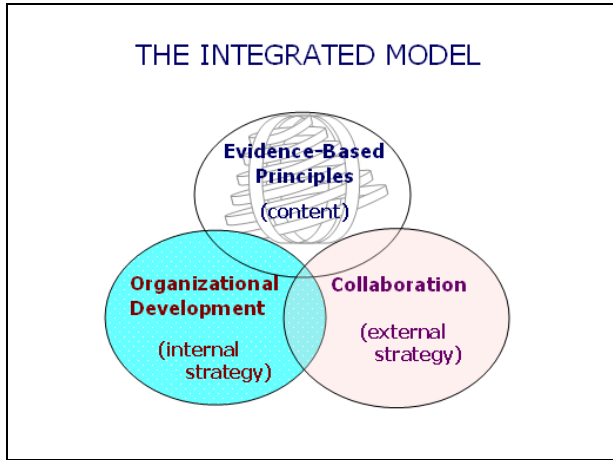
Additive	Subtractive
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Inventory Costs for Pro-Social Behavior

Additive	Subtractive
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Inventory Costs for Criminal Behavior

Additive	Subtractive
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



The Integrated Model

Organization Development – EBP Principles 1, 2 and 3 apply especially to this workshop. However, all 8 EBP principles apply to how well the information obtained from an assessment interview gets used. In order to make the necessary shift toward systematic implementation of EBP, an organization must undergo some changes in its:

- Assumptions about offenders and how its services will be conducted,
- Adaptability to new tools and technologies improving the state-of-the-science for community corrections, and
- The changing roles and merged roles expected of probation/parole officers and other vital staff who interact with and provide services to offenders.
- Collaboration – amidst decreasing (or static at best) budgets, and as administrators strive toward system reform, an increasing number of stakeholders must be actively involved in order to establish a continuity and momentum that enables EBP to operate as it was designed. All stakeholders need to be on the same page and share a common vision in the forthcoming change processes.

Often when new innovations are introduced to an agency the agency attempts to change and modify the innovation, rather than change themselves.

What happens to fidelity to the intervention when this happens?

We are learning in corrections that it is important to reconcile and realign dysfunctional or non-supportive elements or structures within an agency. In order to do this successfully in the public sector we need outside support from a variety of stakeholders.

List some stakeholders, internal supports, and external supports you think are beneficial.

Evidence-Based Practice (EBP)

Please provide examples of how each of the following 8 principles is being implemented, or how it could be implemented, in your system/agency. (*Note: this is not a test!*)



1. Assess Actuarial Risk/Needs:
2. Enhance Intrinsic Motivation:
3. Target Interventions:
 - a. *Risk* Principle: Prioritize supervision and treatment resources for higher risk offenders
 - b. *Need* Principle: Target interventions to criminogenic needs
 - c. *Responsivity*: be responsive to temperament, learning style, motivation, culture, gender, etc.,
 - i. General Responsivity
 - ii. Specific Responsivity
 - d. *Dosage*
 - e. *Treatment*
4. Skill Train with Directed Practice:
5. Increase Positive Reinforcement:
6. Engage Ongoing Support in Natural Communities:
7. Measure Relevant Processes/Practices:
8. Provide Measurement Feedback:



Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention



Project Vision: To build learning organizations that reduce recidivism through systemic integration of evidence-based principles in collaboration with community and justice partners.

Introduction and Background

Until recently, community corrections has suffered from a lack of research that identified proven methods of reducing offender recidivism. Recent research efforts based on meta-analysis (the syntheses of data from many research studies) (McGuire, 2002; Sherman et al, 1998), cost-benefit analysis (Aos, 1998) and specific clinical trials (Henggeler et al, 1997; Meyers et al, 2002) have broken through this barrier though and are now providing the field with indications of how to better reduce recidivism.

This research indicates that certain programs and intervention

strategies, when applied to a variety of offender populations, reliably produce sustained reductions in recidivism. This same research literature suggests that few community supervision agencies (probation, parole, residential community corrections) in the U.S. are using these effective interventions and their related concepts/principles.

The conventional approach to supervision in this country emphasizes individual accountability from offenders and their supervising officers without consistently providing either with the skills, tools, and resources that science

indicates are necessary to accomplish risk and recidivism reduction. Despite the evidence that indicates otherwise, officers continue to be trained and expected to meet minimal contact standards which stress rates of contacts and largely ignore the opportunities these contacts have for effectively reinforcing behavioral change. Officers and offenders are not so much clearly directed what to do, as what not to do.

An integrated and strategic model for evidence-based practice is necessary to adequately bridge the gap between current practice and evidence supported practice in community corrections. This model must incorporate both existing research findings and operational methods of implementation. The biggest challenge in adopting better interventions isn't identifying the interventions with the best evidence, so much as it is changing our existing systems to appropriately support the new innovations. Identifying interventions with good research support and realigning the necessary organizational infrastructure are both fundamental to evidence-based practice.

Specificity regarding the desired outcomes is essential to achieving system improvement. -Harris, 1986; O'Leary & Clear, 1997

An Integrated Model



Evidence-Based Practice (EBP)

Evidence-based practice is a significant trend throughout all human services that emphasize outcomes. Interventions within community corrections are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long-term contribution to public safety.

This document presents a model or framework based on a set of principles for effective offender interventions within state, local, or private community corrections systems. Models provide us with tangible reference points as we face unfamiliar tasks and experiences. Some models are very abstract, for example entailing only a set of testable propositions or principles (the model)

conversely, may be quite concrete and detail oriented.

The field of community corrections is beginning to recognize its need, not only for more effective interventions, but for models that integrate seemingly disparate *best practices* (Bogue 2002; Carey 2002; Corbett et al. 1999; Gornik 2001; Lipton et al. 2000; Taxman and Byrne 2001).

As a part of their present strategy for facilitating greater transfer of effective interventions, the National Institute of Correction (NIC), Community Corrections Division has entered into a collaborative

(Continued on pg 2)

**Scientific learning
is impossible
without evidence.**

Evidence-Based Practice (EBP) (con't.)

(Continued from pg 1)

effort with the Crime and Justice Institute to develop conceptual and operational models for evidence-based practice in state corrections systems. This current initiative will generate learning models that will enable effective corrections interventions (pretrial, jail, probation, parole, private/public, etc.) across varying local communities. Given the scope and variety of possible applications in this project, these initial models for integrating principles of effective interventions, organizational change, and collaboration have been deliberately developed as more abstract and general conceptualizations.

Community corrections will only develop into a "science" as it increases its commitment to measurable outcomes.

There are eight (8) Principles for Effective Offender Interventions that are integral to this project's learning models. The organization or system that is most successful in initiating and maintaining offender interventions and supervision practices consistent with these principles will likely realize the greatest net improvements in public safety impact.

This model recognizes that simply expounding on the scientific principles is not sufficient to guide the necessary ongoing political and organizational change to support these principles in a meaningful fashion. Separate, related strategies in external stakeholder collaboration and internal organizational development are both necessary and addressed elsewhere in this project's Evidence-Based Practice model.

Clarifying Terms:

- ||| The terms *best practices*, *what works*, and *evidence-based practice* (EBP) are often used interchangeably.
- ||| While these *buzz words* refer to similar notions, pointing out the subtle distinctions between them helps to clarify the distinct meaning of *evidence-based practices*.
- ||| For example, *best practices* do not necessarily imply attention to outcomes, evidence, or measurable standards.
- ||| Best practices are often based on the collective experience and wisdom of the field, and may be based on insufficient or inconclusive evidence; this type of tenet represents *received* rather scientifically tested knowledge.
- ||| *What works* implies linkage to general outcomes, but does not specify the kind of outcomes desired (e.g. just deserts, deterrence, organizational efficiency, rehabilitation, etc.). Specificity regarding the desired outcomes is essential to achieving system improvement (Harris 1986; O'Leary and Clear 1997).
- ||| In contrast, *evidence-based practice* implies that **1)** one outcome is desired over others; **2)** it is measurable; and **3)** it is defined according to practical realities (i.e. public safety) rather than immeasurable moral or value-oriented standards. Thus, while these three terms are often used interchangeably, EBP is more appropriate for scientific exploration within human service disciplines (Ratcliffe et al, 2000; Tilley & Laycock, 2001; AMA, 1992; Springer et al, 2003; McDonald, 2003). Throughout the remaining document, EBP in community corrections and the scientific principles associated with it will be referenced to the outcome of improved reductions in recidivism.

Any agency interested in understanding and improving outcomes, must reckon with managing the operation as a set of highly interdependent systems.

(See Appendix A.)

Two fundamentally different approaches are necessary for such an alteration in priorities.

(See Appendix B.)

The current research on offender rehabilitation and behavioral change is now sufficient to enable corrections to make meaningful inferences regarding what works in our field to reduce recidivism and improve public safety. Based upon previous compilations of research findings and recommendations (Burrell, 2000; Carey, 2002; Currie, 1998; Corbett et al, 1999; Elliott et al, 2001; McGuire, 2002; Latessa et al, 2002; Sherman et al, 1998; Taxman & Byrne, 2001), there now exists a coherent framework of guiding principles. These principles are interdependent and each is supported by existing research. (see Appendix A)

Evidence-Based Practice (EBP) (con't.)

The following framework of principles is described in developmental order. None of the principles operate in a vacuum though; they are all highly interdependent. For example, offenders must be assessed for risk before they are assessed for need. This allows agencies to target resources on high-risk offenders and avoid the pitfalls of expending large amount of resources on low-risk / high-need offenders. The guiding logic here is based on understanding that certain developmental steps must precede others, whether building a good client supervision relationship, a learning organization, or a system that deliberately improves public safety through risk and recidivism reduction. (see Appendix B)

Eight Evidence-Based Principles for Effective Interventions

1. Assess Actuarial Risk/Needs.
2. Enhance Intrinsic Motivation.
3. Target Interventions.
 - a. *Risk Principle*: Prioritize supervision and treatment resources for higher risk offenders.
 - b. *Need Principle*: Target interventions to criminogenic needs.
 - c. *Responsivity Principle*: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
 - d. *Dosage*: Structure 40-70% of high-risk offenders' time for 3-9 months.
4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).
5. Increase Positive Reinforcement.
6. Engage Ongoing Support in Natural Communities.
7. Measure Relevant Processes/Practices.
8. Provide Measurement Feedback.

1) Assess Actuarial Risk/Needs.

Develop and maintain a complete system of ongoing offender risk screening / triage and needs assessments. Sizing-up offenders in a reliable and valid manner is a prerequisite for the effective management (supervision and treatment) of offenders. Numerous principles of *best practice* in corrections (e.g., Risk, Need, and Responsivity) are contingent on obtaining timely, relevant measures of offender risk and need at the individual and population levels. Offender assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurate policy and procedures.

Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and offenders throughout the jurisdiction of supervision.

(Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

2) Enhance Intrinsic Motivation.

Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is quite often an *inside job*; for lasting change to occur, there needs to be a level of intrinsic motivation. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing-based communication to enhance intrinsic motivation. When the offender begins to present arguments for change, research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, more effectively enhance motivation for initiating and maintaining change behavior.

(Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000)

3) Target Interventions.

- A. **RISK PRINCIPLE:** Prioritize supervision and treatment resources for higher risk offenders.
- B. **NEED PRINCIPLE:** Target interventions to criminogenic needs.
- C. **RESPONSIVITY PRINCIPLE:** Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.
- D. **DOSAGE:** Structure 40-70% of high-risk offenders' time for 3-9 months.
- E. **TREATMENT PRINCIPLE:** Integrate treatment into the full sentence/sanction requirements.

a) Risk Principle

Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Shifting program and personnel resources to focus more on higher risk offenders promotes harm-reduction and public safety in several ways. First, higher risk offenders have a greater need for pro-social skills and thinking and consequently, are more apt to demonstrate significant improvements through related interventions. Second, offenders that are frequently involved in criminal behavior (high base-rate offenders) are found in greater prevalence in higher- rather than lower-risk offender populations. In terms of public safety, there is a much larger *bang-for-the-buck* when high base-rate offenders reduce or end their criminality. Finally, supervision and treatment resources that are focused on lower- risk offenders tend to produce little if any net positive effect on recidivism rates.

High-risk offenders generally present multiple criminogenic areas (e.g., dysfunctional family relations, anti-social peers, substance abuse, low self-control, and anti-social values and attitudes) needing to be addressed at significant levels. Successfully addressing this population's issues requires placing these types of offenders on smaller caseloads, applying well developed case plans, and placing offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs.

(Gendreau, 1997; Andrews & Bonta, 1998; Harland, 1996; Sherman, et al, 1998; McGuire, 2001, 2002)

b) Criminogenic Need Principle

Address offenders' greatest criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.

(Andrews & Bonta, 1998; Lipton, et al, 2000; Elliott, 2001; Harland, 1996)

(Continued on pg 5)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

(Continued from pg 4)

c) Responsivity Principle

Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment.

The principle of responsivity also requires that offenders are provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions.

Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including:

- a) Matching treatment type to offender;
- b) Matching treatment provider to offender; and
- c) Matching style and methods of communication with offender's stage of change readiness.

(Guerra, 1995; Miller & Rollnick, 1991; Gordon, 1970; Williams, et al, 1995)

d) Dosage

Occupy 40%-70% of these offenders' free time in the community over a three to nine month period. During this initial phase, higher risk offenders' free time should be clearly occupied with delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.) Providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources. Higher risk offenders require significantly more initial structure and services than lower risk offenders. Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these subpopulations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources.

(Palmer, 1995; Gendreau & Goggin, 1995; Steadman, 1995; Silverman, et al, 2000)

e) Treatment Principle

Integrate treatment into sentence/sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. Delivering targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offenders. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.

(Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998)

4) Skill Train with Directed Practice (using cognitive-behavioral treatment methods).

Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to offenders, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to implement predominantly programs that have been scientifically proven to reduce recidivism.

(Mihalic, et al, 2001; Satchel, 2001; Miller & Rollnick, 2002; Lipton, et al, 2000; Lipsey, 1993; McGuire, 2001, 2002; Aos, 2002)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

5) Increase Positive Reinforcement.

When learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time, when approached with *carrots* rather than *sticks*. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a ratio of *four positive to every one negative* reinforcement is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly.

Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate and graduated consequences, offenders and people in general, will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change.

(Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al, 1963; Bandura, 1996)

6) Engage On-going Support in Natural Communities.

Realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts). In addition, relatively recent research now indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives that are geared towards improving bonds and ties to pro-social community members.

(Azrin, & Besalel, 1980; Emrick et al, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Wallace, 1989; Project MATCH Research Group, 1997; Bonta et al, 2002; O'Connor & Perryclear, 2003; Ricks, 1974; Clear & Sumter, 2003; Meyers et al, 2002)

7) Measure Relevant Processes/Practices.

Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess offender change in cognitive and skill development, and evaluate offender recidivism, if services are to remain effective.

In addition to routinely measuring and documenting offender change, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

(Henggeler et al, 1997; Milhalic & Irwin, 2003; Miller, 1988; Meyers et al, 1995; Azrin, 1982; Meyers, 2002; Hanson & Harris, 1998; Waltz et al, 1993; Hogue et al, 1998; Miller & Mount, 2001; Gendreau et al, 1996; Dilulio, 1993)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

8) Provide Measurement Feedback.

An overarching quality assurance system is necessary to monitor delivery of services and maintain and enhance fidelity and integrity. Providing feedback builds accountability and is associated with enhanced motivation for change, lower treatment attrition, and greater outcomes (e.g., reduced drink/drug days; treatment engagement; goal achievement).

(Miller, 1988; Project Match Research Group, 1997; Agostinelli et al, 1995; Alvero et al, 2001; Baer et al, 1992; Decker, 1983; Luderman, 1991; Miller, 1995; Zemke, 2001; Elliott, 1980)

*Initial assessment followed by motivational enhancement will help staff to prepare for the significant changes ahead.
(See Appendix C.)*

*At an organizational level, gaining appreciation for outcome measurement begins with establishing relevant performance measurement
(See Appendix D.)*

*Too often programs or practices are promoted as having research support without any regard for either the quality or the research methods that were employed.
(See Appendix E.)*

Conclusion

Aligning principles and core components of an agency is a consummate challenge and will largely determine the impact the agency has on sustained reductions in recidivism. In order to accomplish this shift to an outcome orientation, practitioners must be prepared to dedicate themselves to a mission that focuses on achieving sustained reductions in recidivism. By themselves, the scientific principles presented in this document are unlikely to produce a mandate for redirecting and rebuilding an agency's mission - leadership in organizational change and collaboration for systemic change will both also be necessary.

The framework of principles and the developmental model they comprise can and should be operationalized at the three critical levels of: 1) the individual case; 2) the agency; and 3) the system. At each of these levels thorough, comprehensive and strategic planning will be necessary in order to succeed. Identifying, prioritizing, and formulating well-timed plans for addressing such particular issues are tasks requiring system collaboration and a focus on organizational development.

A final caveat here is a caution about implementation; the devil's in the details. Though the track record for program implementation in corrections may not be especially stellar, there is helpful literature regarding implementation principles. Prior to embarking on any implementation or strategic planning project, a succinct review of this literature is recommended (Mihalic & Irwin, 2003; Ellickson et al, 1983; Durlak, 1998; Gendreau et al, 1999; Gottfredson et al, 2000; Henggeler et al, 1997; Harris & Smith, 1996).

Page 7



Supporting the effective management and operation of the nation's community corrections agencies

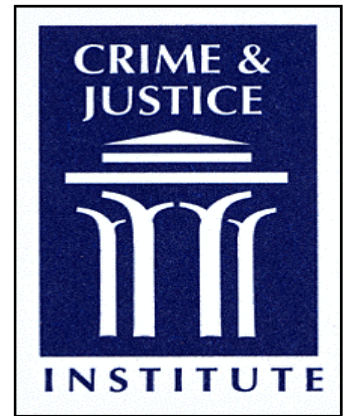
Project Contact Information:
National Institute of Corrections (NIC), Community Corrections Division
 WWW.NICIC.ORG

Dot Faust,
 Correctional Program Specialist
 dfaust@bop.gov
 (202) 514-3001

Crime and Justice Institute (CJI)
 WWW.CJINSTITUTE.ORG

Elyse Clawson, Project Director
 eclawson@crjustice.org
 (617) 482-2520, ext. 120

Lore Joplin, Project Manager
 ljoplin@crjustice.org
 (617) 482-2520, ext. 124



Creative, collaborative approaches to complex social issues

Special recognition and deepest thanks go to the following project team members who contributed to these documents:

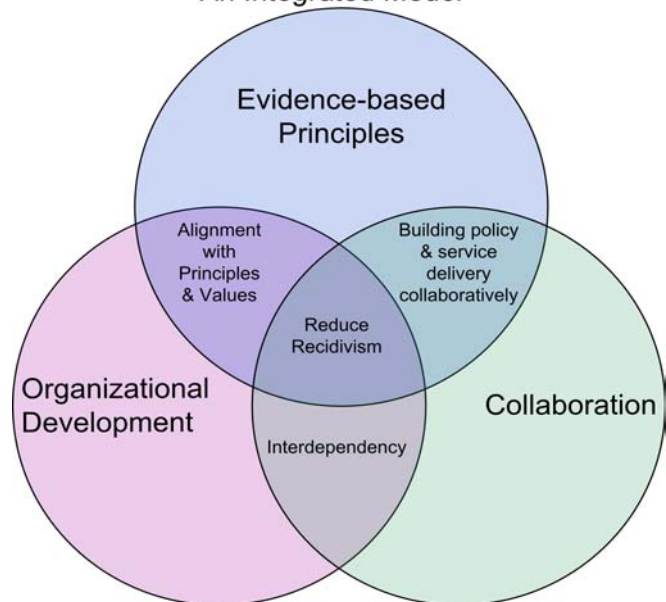
Brad Bogue (primary author), Nancy Campbell, Elyse Clawson, Dot Faust, Kate Florio, Lore Joplin, George Keiser, Billy Wasson, and William Woodward

The project team is committed to enhancing community corrections systems to better reduce recidivism using research-supported principles.

List of Appendices

- ◆ **Appendix A** (page 9):
Components of Correctional Interventions
- ◆ **Appendix B** (pages 10-11):
Implementing the Principles of Evidence-Based Practice
- ◆ **Appendix C** (page 12):
Applying the Principles at the Case, Agency and System Levels
- ◆ **Appendix D** (page 13-15):
Seven Recommended Strategies for Implementing Effective Interventions
- ◆ **Appendix E** (page 16):
Levels of Research Evidence
- ◆ **References** (pages 17-19)

Implementing Effective Correctional Management of Offenders in the Community: An Integrated Model



Appendix A: Components of Correctional Interventions

One way to deconstruct a community corrections treatment program for planning or evaluation purposes is to consider the separate aspects of the program experienced by an offender that might affect their outcome or potential for behavioral change. Researchers and practitioners both are quick to recognize a number of common elements in all programs that have some potential impact on outcomes such as recidivism:

- ⇒ **(The Skills of Staff)**—a wide array of ongoing interpersonal relations specifically pertaining to the communication skills and interactions exercised between staff and offenders;
- ⇒ **(Decisions on Program Assignment)**—continuous programmatic decisions that match offenders to varying levels and types of supervision conditions;
- ⇒ **(Programming)** – services, i.e. both treatment and monitoring interventions;
- ⇒ **(Sanctions)**—determinations of accountability for assigned obligations and accompanying compliance consequences, i.e., both positive and negative reinforcements;
- ⇒ **(Community Linkages)**—formal and informal interfaces with various community organizations and groups;
- ⇒ **(Case Management)**—a case management system that relegates individual case objectives and expectations within a prescribed set of policies and procedures; and
- ⇒ **(Organization)**—internal (operational) and external (policy environment) organizational structures, management techniques, and culture.

Each of these factors can be construed as separate processes that interact with each other continuously in any community corrections setting (e.g., probation, parole, outpatient treatment, residential, etc.). Depending on how well the processes are aligned and managed, they can either enhance or diminish successful outcomes. It is also quite possible that these different processes could compliment or acerbate other components. An agency, for example, might provide an excellent cognitive skill-building curriculum that has good research support but is delivered by staff with relatively limited clinical skills. Conversely, an agency might be structured so that there is no differentiation of services (one size fits all) and the programming has limited or negligible research support, but staff's overall skills are excellent. A broad interpretation of the existing research suggests that each of the above seven factors have their own independent effect on successful outcomes.

Any agency interested in understanding and improving outcomes, must reckon with managing the operation as a set of highly interdependent systems. An agency's ability to become progressively more accountable through the utilization of reliable internal (e.g., information) controls is integral to EBP. This approach is based on established business management practices for measuring performance objectives and assuring greater accountability for specified outcomes. Providing routine and accurate performance feedback to staff is associated with improved productivity, profit, and other outcomes.

Appendix B: Implementing the Principles of Evidence-Based Practice

Implementing the principles of Evidence-Based Practice in Community Corrections is a tremendous challenge requiring strong leadership and commitment. Such an undertaking involves more than simply implementing a research recommended program or two. Minimally, EBP involves:

- a) developing staff knowledge, skills, and attitudes congruent with current research-supported practice (principles #1-8);
- b) implementing offender programming consistent with research recommendations (#2-6);
- c) sufficiently monitoring staff and offender programming to identify discrepancies or fidelity issues (#7);
- d) routinely obtaining verifiable outcome evidence (#8) associated with staff performance and offender programming.

Implementing the a-d functions above is tantamount to revolutionizing most community corrections organizations. Nevertheless, many agencies are taking on this challenge and have begun to increase their focus on outcomes and shift their priorities. Two fundamentally different approaches are necessary for such an alteration in priorities. One brings insights gleaned from external research evidence to bear on internal organizational practices. The other increases organizational capacity to internally measure performance and outcomes for current practice. When these two interdependent strategies are employed, an agency acquires the ability to understand what's necessary and practicable to improve its outcomes. The following describes how these approaches support EBP in slightly different ways.

Outside (Evidence) — In Approach

Adopting research-supported program models fosters an outcome orientation and minimizes the syndrome of 'reinventing-the-wheel'. Insights, practices, and intervention strategies gleaned from external research can significantly improve the efficacy any program has if implemented with appropriate fidelity.

One approach to EBP is to pay strict attention to the external research and carefully introduce those programs or interventions that are supported by the best research evidence. There are a growing number of examples of internal promotion of external evidence-based programs. The Blueprint Project, conducted by the Center for the Study and Prevention of Violence used independent outside research to promote the implementation of good juvenile programs.

The National Institute of Justice commissioned research investigators to conduct similar reviews of both adult and juvenile offender programming, recommending programs according to the caliber of the research support (Sherman et al, 1998). The Washington State Institute for Public Policy regularly conducts and publishes similar reviews for adult and juvenile offender programming implemented in Washington (Aos, 1998).

What these strategies have in common is the promotion of research-supported external program models within internal implementation and operations. These are *outside-in* applications striving to replicate proven models with fidelity. This approach is limited by the fact that environmental, cultural, and operational features vary between organizations and often have significant effect on program efficacy (Kibel 1998; Palmer 1995). Thus, the second *inside-out* approach to evidence-based practice attends to these internal factors.

The Blueprint Project

The Blueprint Project, conducted by the Center for the Study and Prevention of Violence (CSPV), examined literature on over 500 different program interventions with at-risk or delinquent youth. Ten programs met CSPV's strict criteria for scientific support. These were labeled *Blueprint* programs, while programs that partially met the criteria were designated *Promising* (Mihalic et al. 2001).

CSPV documented the operational details of these programs and distributed the descriptions to practitioners, emphasizing the importance of maintaining fidelity to the program models.

Thus, programs that were scientifically determined to produce systematic and significant results were identified and promoted through a central clearing-house.

Appendix B: Implementing the Principles of Evidence-Based Practice (con't.)

Inside (Evidence) — Out Approach

Developing and maintaining ongoing internal controls, particularly information controls related to key service components (e.g., treatment dosage, treatment adherence measures, etc.) ensures greater operational ability to effect outcomes.

The program evaluation, performance, and audit research literature emphasizes that insufficient information controls not only hamper program assessment, but impede program performance (Mee-Lee et al, 1996; Burrell, 1998; Lipton et al, 2000; Dilulio, 1993). Such internal control issues appear not only in program evaluation research, but also in organizational development, business, and systems analysis.

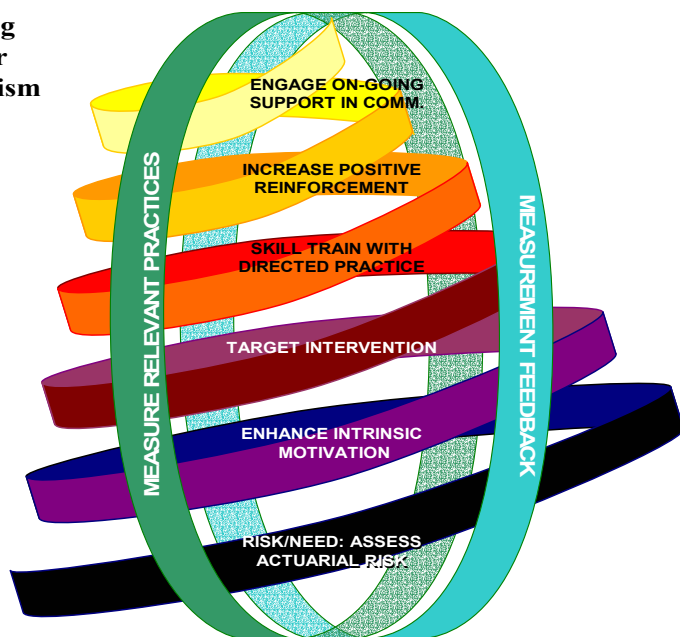
Internal controls provide information and mechanisms for ensuring that an agency will accomplish its mission (i.e., recidivism reduction). Agencies with *custodial* corrections orientations that emphasize *just-deserts* applications rarely utilize the same level of sophisticated information controls required by outcome-oriented corrections (Burrell 1998; Dilulio 1993; Justice 1996; Lipton et al. 2000). Therefore, developing new methods for gathering operational information and then sharing and learning from it is a large part of the transition from *custodial* to outcome orientation in corrections.

Information controls necessary for implementing new or *best* practices specifically focus on key components within the desired practices. They include an ongoing process of identifying, measuring, and reporting key operational processes and functions:

<p>⇒ Offender measures:</p> <ul style="list-style-type: none">-Risk Levels-Criminogenic Needs-Motivation	<p>⇒ Operational measures:</p> <ul style="list-style-type: none">-Program Availability-Program Integrity-Program Quality Assurance Norms	<p>⇒ Staff measures:</p> <ul style="list-style-type: none">-Interpersonal skills-Abilities to discern anti-social thinking and behavior-Attitudes and beliefs regarding interventions
---	---	--

Appendix C: Applying the Principles at the Case, Agency and System Levels

Eight Guiding Principles for Risk/Recidivism Reduction



The Eight Principles as a Guiding Framework

The eight principles (*see left*) are organized in a developmental sequence and can be applied at three fundamentally different levels:

- 1) the individual case;
- 2) the agency; and
- 3) the system.

Given the logic of each different principle, an overarching logic can be inferred which suggests a sequence for operationalizing the full eight principles.

Case Level

At the case level, the logical implication is that one must assess (principle #1) prior to triage or targeting intervention (#3), and that it is beneficial to begin building offender motivation (#2) prior to engaging these offenders in skill building activities (#4). Similarly, positively reinforcing new skills (#5) has more relevancy after the skills have been introduced and trained (#4) and at least partially in advance of the offender's realignment with pro-social groups and friends (#6). The seventh (measure relevant practices) and eighth (provide feedback) principles need to follow the activities described throughout all the preceding principles. Assessing an offender's readiness to change as well as ability to use newly acquired skills is possible anywhere along the case management continuum. These last two principles can and should be applicable after any of the earlier principles but they also can be considered cumulative and provide feedback on the entire case management process.

Agency Level

The principles, when applied at the agency level, assist with more closely aligning staff behavior and agency operations with EBP. Initial assessment followed by motivational enhancement will help staff to prepare for the significant changes ahead. Agency priorities must be clarified and new protocols established and trained. Increasing positive rewards for staff who demonstrate new skills and proficiency is straightforward and an accepted standard in many organizations. The sixth principle regarding providing ongoing support in natural communities can be related to teamwork within the agency as well as with external agency stakeholders. The seventh and eighth principles are primarily about developing quality assurance systems, both to provide outcome data within the agency, but also to provide data to assist with marketing the agency to external stakeholders.

System Level

The application of the Framework Principles at the system level is fundamentally no different than the agency level in terms of sequence and recommended order though it is both the most critical and challenging level. Funding, for most systems, channels through state and local agencies having either population jurisdiction or oversight responsibilities. Demonstrating the value of EBP and effective interventions is most crucial at this level, in order to effectively engage the debate for wiser future funding. However, as the scope and complexity increases with a system-wide application of these principles, the difficulties and challenges increase for communication, accountability, and sustaining morale. Therefore, in addition to adherence to a coherent strategy for EBP, development of implementation plans is warranted. Another distinction in applying the principles at the system level is the need for greater abstraction and policy integration. The principles for EBP must be understood and supported by policy makers so that appropriate policy development coincides effectively with implementation. Once a system decisively directs its mission towards an outcome such as sustained reductions in recidivism, it becomes incumbent on the system to deliberately rely upon scientific methods and principles.

Appendix D: Seven Recommended Guidelines for Implementing Effective Interventions

Seven Recommended Guidelines for Implementing Effective Interventions

- I. *Limit new projects to mission-related initiatives.*
- II. *Assess progress of implementation processes using quantifiable data.*
- III. *Acknowledge and accommodate professional over-rides with adequate accountability.*
- IV. *Focus on staff development, including awareness of research, skill development, and management of behavioral and organizational change processes, within the context of a complete training or human resource development program.*
- V. *Routinely measure staff practices (attitudes, knowledge, and skills) that are considered related to outcomes.*
- VI. *Provide staff timely, relevant, and accurate feedback regarding performance related to outcomes.*
- VII. *Utilize high levels of data-driven advocacy and brokerage to enable appropriate community services.*

These recommended guidelines for implementing effective interventions are based on recent preliminary implementation research as well as some of the collective experience and wisdom of the field. Therefore these guidelines are representative of *received* rather than scientifically tested knowledge.

I. Limit new projects to mission-related initiatives.

Clear identification and focus upon mission is critical within business and the best-run human service agencies. When *mission scope creep* occurs, it is detrimental to efficient processes, morale, and outcomes.

(Osborne & Garber, 1992; Senge, 1994; Harris & Smith, 1996; Currie, 1998; Lipsey, 2003; Moore, 2000; Ellickson et al, 1983)

II. Assess progress of implementation processes using quantifiable data.

Monitoring system implementations for current, valid information regarding progress, obstacles, and direction changes is pivotal to project success. These monitoring systems can not always be designed in advance but implementation plans should include provisions for obtaining this type of ongoing information.

(Harris & Smith, 1996; Burrell, 2000; Dilulio, 1993; Palmer, 1995; Mihalic & Irwin, 2003; Gottfredson et al, 2000)

Appendix D: Seven Recommended Guidelines for Implementing Effective Interventions (con't.)

III. Acknowledge and accommodate professional over-rides with adequate accountability.

No assessment tool, no matter how sophisticated, can (or should) replace a qualified practitioner's professional judgment. In certain instances, only human judgment can integrate and make the necessary subtle distinctions to adequately recognize and reinforce moral or behavioral progress. All professional over-rides need to be adequately documented, defensible, and made explicit.

(Burrell, 2000; Clear, 1981; Andrews, et al, 1990; Kropp, et al, 1995; Gendreau et al, 1999)

IV. Focus on staff development, including awareness of research, skill development, and management of behavioral and organizational change processes, within the context of a complete training or human resource development program.

Staff need to develop reasonable familiarity with relevant research. Beginning in the 1990's there has been tremendous growth in the volume and quality of corrections related research. Much of the more recent research is directly relevant to everyday operational practice, therefore it is incumbent on professionals in the field to keep abreast of this literature. The current research literature includes *in-house* investigations, internet resources, and other public sector articles, as well as professional and academic journal publications. This literature is also evolving and becoming more international and inter-disciplinary in scope.

It is the responsibility of agency leadership to assist in the successful dissemination of recent research findings relevant to respective classes of job performers. Informed administrators, information officers, trainers, and other organizational *ambassadors* are necessary to facilitate this function in larger agencies or systems. Effective fulfillment of this principle is essential to promoting *Learning Organizations*.

(Latessa, et al, 2002; Elliott, 1980; Harland, 1996; Andrews, 1989; Miller & Rollnick, 2002; Gornik, 2002; Taxman & Byrne, 2001; Taxman, 2002; Baer, et al, 1999; Gendreau, *ibid*; Durlak, 1998)

V. Routinely measure staff practices (attitudes, knowledge, and skills) that are considered related to outcomes.

Critical staff processes and practices should be routinely monitored in an accurate and objective manner to inform managers of the state of the operation. These measures occur at multiple levels (e.g., aggregate, for example: turnover and organizational cultural beliefs; and individual, for example: interviewing skills and ability to identify thinking errors) and should be organized accordingly and maintained in ongoing databases for the purposes of both supporting management and staff development.

(Gendreau, *ibid*; Henggeler et al, 1997; Miller & Mount, 2001)

Appendix D: Seven Recommended Guidelines for Implementing Effective Interventions (con't.)

VI. Provide staff timely, relevant, and accurate feedback regarding performance related to outcomes.

Programs and agencies that want to produce better outcomes will ultimately learn to pay closer and more attention to what is involved in generating their own outcomes. Initially, agencies have much to learn and incorporate into policy from the generic research literature in corrections. Ultimately however, in order to achieve deeper adaptations and organizational support of effective practices, immediate, objective, and internal measures of the respective agency will be routinely required.

At an organizational level, gaining appreciation for outcome measurement begins with establishing relevant performance measures. Measuring performance implies a relationship between a given activity and a given output or outcome. These types of measures can be established at either the agency (aggregate) or individual job performer levels and there are several important issues related to establishing effective performance measures:

- 1) If a certain kind of performance is worth measuring, it's worth measuring right (with reliability and validity);
- 2) Any kind of staff or offender activity is worth measuring if it is reliably related to desirable outcomes;
- 3) If performance measures satisfy both the above conditions, these measures should be routinely generated and made available to staff and/or offenders, in the most user-friendly manner possible.

The primary ingredients of any correctional system or treatment program are staff and offenders. Therefore when a commitment emerges to develop greater focus on outcomes, it behooves management to learn how to better measure staff, offenders, and their related interactions. The latter is an evolutionary and ongoing process rather than change of operational components. Some examples of promising performance measures at the organizational level are: proportion of resource gaps at various treatment levels; degree of implementation and program fidelity; staff turnover; and organizational cultural norms. Examples of promising job performer level measures are: adequacy of communication (motivational interviewing) skills; consistency in certain functions (e.g., assessment, case planning, treatment referrals); and caseload average *gain* scores for offender dynamic risk indicators.

(Burrell, 1998; Lipton, et al, 2000; Carey, 2002; O'Leary & Clear, 1997; Bogue, 2002; Maple, 2000; Henggeler, *ibid*; Miller, *ibid*)

VII. Utilize high levels of data-driven advocacy and brokerage to enable appropriate community services.

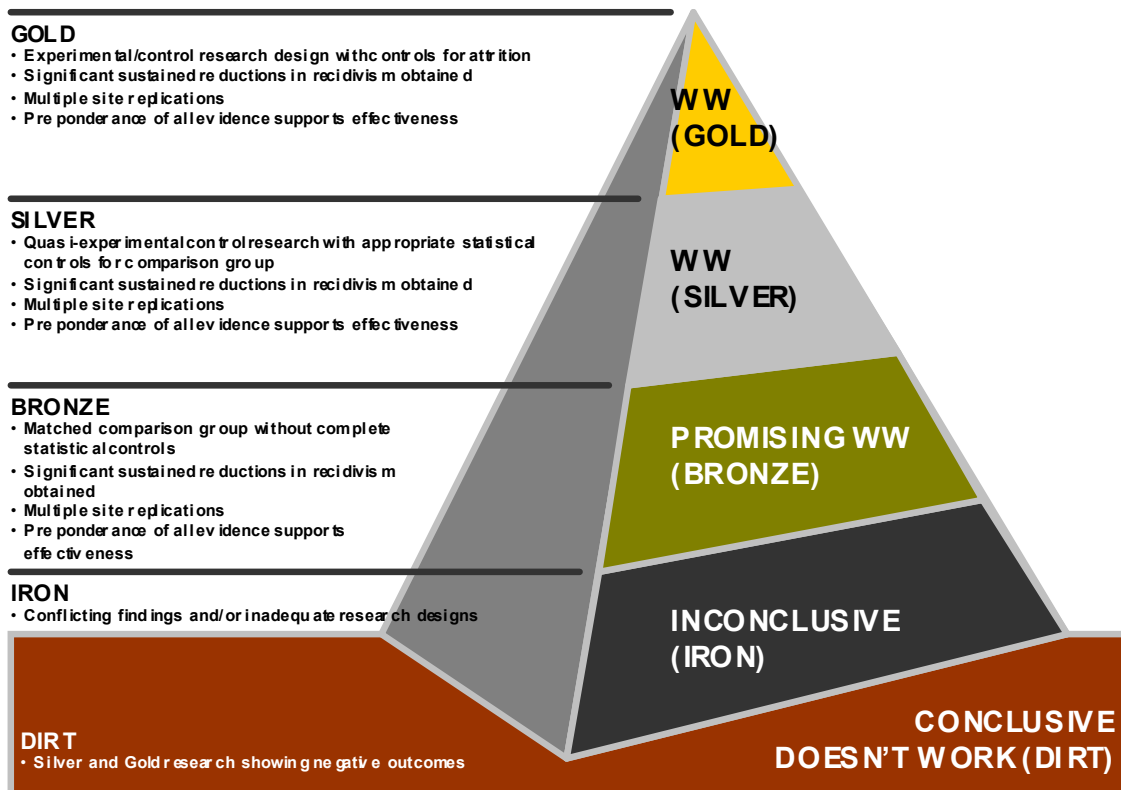
In terms of producing sustained reductions in recidivism, the research indicates that the treatment service network and infrastructure is the most valuable resource that criminal justice agencies can access. Collaborating and providing research and quality assurance support to local service providers enhances interagency understanding, service credibility, and longer-term planning efforts. It also contributes to the stability and expansion of treatment services.

(Corbette, et al, 1999; Gendreau & Goggin, 1995; Gendreau, et al, 1993; Gornik, 2002; Meyers & Smith, 1995; Bogue, 2002; Maple, 1999)

Appendix E: Levels of Research Evidence

We have identified eight separate principles related to reduced recidivism outcomes in the research literature. Research does not support each of these principles with equal volume and quality, and even if it did, each principle would not necessarily have similar effects on outcomes. Too often programs or practices are promoted as having research support without any regard for either the quality or the research methods that were employed. Consequently, we have established a research support gradient (*see below*) indicating current research support for each principle. All of the eight principles for effective intervention fall between *WW (Gold)* and *Promising WW (Bronze)* in research support.

RESEARCH SUPPORT GRADIENT



The five criteria listed above are similar to what has already been employed in a number of nationally recognized projects such as the Blueprints for Violence Prevention (Mihalic et al, 2001) and the National Institute of Justice's independent review of crime prevention programs (Sherman et al, 1998).

The highest quality research support depicted in this schema (gold level) reflects interventions and practices that have been evaluated with experimental/control design and with multiple site replications that concluded significant sustained reductions in recidivism were associated with the intervention. The criteria for the next levels of support progressively decrease in terms of research rigor requirements (silver and bronze) but all the top three levels require that a preponderance of all evidence supports effectiveness. The next rung lower in support (iron) is reserved for programs that have inconclusive support regarding their efficacy. Finally, the lowest level designation (dirt) is reserved for those programs that have research (utilizing methods and criteria associated with gold and silver levels) but the findings were negative and the programs were determined not effective.

References for Effective Interventions

- Agostinelli, G., Brown, J.M. and Miller, W.R.. (1995) Effects of normative feedback on Consumption among heavy drinking college students. *Journal of Drug Education* 25: 31-40.
- Alvero, A.M., Bucklin, B.R. & Austin, J. (2001) An objective review of the effectiveness and essential characteristics of performance feedback in organizational settings. *Journal of Organizational Behavior Management* 21(1): 3-29.
- AMA. (1992) Users' Guides to Evidence-based Medicine. Nov 4; 268(17):2420-5. Copyright 1992, American Medical Association. Or <http://www.cche.net/usersguides/ebm.asp>
- Andrews, D.A, J. Bonta, and R. Hoge. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior* 17:19-52.
- Andrews, D.A. (1989). "Personality and Crime: Knowledge Destruction and Construction in Criminology." *Justice Quarterly* 6:291-309.
- Andrews, D.A. & Bonta, J. (1998). *The psychology of criminal conduct*. Cincinnati: Anderson Publishing Co.
- Aos, S. (1998) Watching the bottom line: Cost-effective interventions for reducing crime in Washington. Washington State Institute for Public Policy. Olympia, WA.
- Azrin, N. H. and V. A. Besalel (1980). *Job club counselor's manual*. Austin, TX, Pro-Ed.
- Azrin, N. H., Sisson, R. W., Meyers, R. & Godley, M. (1982). Alcoholism treatment by disulfiram and community reinforcement therapy. *Journal of Behavioral Therapy and Psychiatry* 13(2): 105-112.
- Baer, J.S., Marlatt, A.G., Kivlahan, D.R., Fromme, K., Larimer, M.E. & Williams, E. (1992) An experimental test of three methods of alcohol risk reduction with young adults. *Journal of Consulting and Clinical Psychology* 60(6): 974-979.
- Baer, J.S., D.R. Kivlahan, and D.M. Donovan. (1999). Integrating Skills Training and Motivational Therapies: Implications for the Treatment of Substance Dependence. *Journal of Substance Abuse Treatment* 17:15-23.
- Bandura, A. (1996). Mechanisms of Moral Disengagement in the Exercise of Moral Agency. *Journal of Personality and Social Psychology* 71:364-374.
- Bandura, A., D. Ross, et al. (1963). Vicarious Reinforcement and Imitative Learning. *Journal of Abnormal and Social Psychology* 67(6): 601-607.
- Bigelow, G., E. & Silverman, K. (1999). "Theoretical and empirical foundations of contingency management treatments for drug abuse." Pp. 15-31 in *Motivating Behavior Change Among Illicit-Drug Abusers*, edited by Stephen T. Higgins & Kenneth Silverman. Washington, DC: American Psychological Association.
- Bonta, J., S. Wallace-Capretta, J. Rooney and K. McAnoy. (2002) An outcome evaluation of a restorative justice alternative to incarceration. *Justice Review*, 5(4): 319-338.
- Bogue, B. (2002). An evolutionary model for examining community corrections. Report to CT Judicial Branch Court Support Services Division, November, 2002.
- Burrell, W. (1998). Probation and Public Safety: Using Performance Measures to Demonstrate Public Value. *Corrections Management Quarterly* 2:61-69.
- Burrell, W.D. (2000). Reinventing probation: Organizational culture and change. *Community Corrections Report* 7:49-64.
- Carey, M. (2002). Social learning, social capital and correctional theories: Seeking an integrated model. Paper presented at International Community Corrections Association conference, November, 2002.
- Clear, T.R. (1981). Objectives-Based Case Planning. *NIC, Monograph 1981*.
- Clear, T.R. (2002). Prisoners, prisoners, and religion: Religion and adjustment to prison. Religion, the Community, and the Rehabilitation of Criminal Offenders, Vol. 35 (3/4), pp 129-161.
- Clements, C.B. (1996). Offender Classification, Two Decades of Progress. *Criminal Justice and Behavior* 23:121-143.
- Corbett, R.P., D.R. Beto, B. Coen, J.J. DiIulio, B.L. Fitzgerald, I. Gregg, N. Helber, G.R. Hinzman, R. Malvestuto, M. Pappozzi, J. Perry, R. Pozzi, and E.E. Rhine. (1999). "Broken Windows" Probation: The next step in fighting crime. Center for Civic Innovation at the Manhattan Institute, New York.
- Currie, E. (1998). *Crime and punishment in America*. New York, NY: Metropolitan Books.
- Decker, P.J. (1983) The effects of rehearsal group size and video feedback in behavior modeling training. *Personnel Training* 36: 763-773.
- Dilulio, J.J. (1993). Performance Measures for the Criminal Justice System. U.S. Bureau of Justice Statistics, Washington, DC.
- Durlak, J. A. (1998). Why program implementation is important. *Journal of Prevention & Intervention in the community* 17: 5-18.

References for Effective Interventions (con't.)

- Ellickson, P., Petersilia, J., Caggiano, M. & Polin, S. (1983). Implementing new ideas in criminal justice. Santa Monica, CA, The Rand Corporation.
- Elliott, D., N. J. Hatot, et al. (2001). Youth violence: A report of the Surgeon General.
- Elliott, D. (1980). A Repertoire of Impact Measures. *Handbook of Criminal Justice Evaluation*: 507-515.
- Emrick, C.D., J.S. Tonigang, H. Montgomery, and L. Little. 1993. Alcoholics Anonymous: Opportunities and Alternatives., edited by B.S. McCrady and W.R. Miller. New Brunswick, NJ: Alcohol Research Documentation, Inc., Rutgers Center of Alcohol Studies.
- Gendreau, P. and C. Goggin (1997). Correctional Treatment: Accomplishments and Realities. Correctional Counseling and Rehabilitation. P. V. Voorhis, M. Braswell and D. Lester. Cincinnati, Anderson.
- Gendreau, P. and C. Goggin. (1995). Principles of effective correctional programming with offenders. Center for Criminal Justice Studies and Department of Psychology, University of New Brunswick, New Brunswick.
- Gendreau, P., M. Paparozzi, et al. (1993). Does "Punishing Smarter" Work? An Assessment of the New Generation of Alternative Sanctions in Probation. Forum On Corrections Research 5: 31-34.
- Gendreau, P., T. Little, et al. (1996). A meta-analysis of the predictors of adult offender
- Gendreau, P., Goggin, C. & Smith, P. (1999). The forgotten issue in effective correctional treatment: Program implementation. *International Journal of Offender Therapy and Comparative Criminology* 43(2): 180-187.
- Gordon, T. (1970). *Parent Effectiveness Training*. NY:NY, Wyden.
- Gottredson, D. C. & Gottfredson, G.D. (2002) Quality of school-based prevention programs: Results from a national survey. *Journal of Research in Crime and Delinquency* 39: 3-35.
- Hanson, R. K. & Harris, A. (1998). Triggers of sexual offense recidivism. *Research Summary: Corrections Research and Development* 3(4): 1-2.
- Harland, A. T. (1996). *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*. Thousand Oaks, CA: Sage.
- Harper, R. and S. Hardy. (2000). An evaluation of motivational interviewing as a method of intervention with clients in a probation setting. *British Journal of Social Work* 30:393-400.
- Harris, P. M. & Smith, S. (1996). Developing community corrections: An implementation perspective. pp. 183-221, in Choosing correctional options that work: Defining the demand and evaluating the supply. Edited by A. Harland. Thousand Oaks, CA, Sage Publications.
- Henggeler, S. W., Melton, G. B., Brondino, M.J., Scherer, D.G. & Hanley, J.H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology* 65: 000-0013.
- Higgins, S. T. and K. Silverman, Eds. (1999). *Motivating behavior change among illicit-drug abusers: Research on contingency management interventions*. Washington, DC, American Psychological Association.
- Hogue, A., Liddle, H. A., Rowe, C., Turner, R.M., Dakof, G.A. & Lapann, K. (1998). Treatment adherence and differentiation in individual versus family therapy for dolescent substance abuse. *Journal of Counseling Psychology* 45: 104-114.
- Kropp, P., Hart, S., Webster, C., Eaves, D. (1995). Manual for the Spousal Assault Risk Assessment Guide.
- Latessa, E., F. Cullen and Gendreau, P. (2002). Beyond correctional quackery: Professionalism and the possibility of professional treatment. *Federal Probation*. September.
- Lipsey, M. W. and D. B. Wilson (1993). The Efficacy of Psychological, Educational, and Behavioral Treatment. *American Psychologist* 48(12): 1181-1209.
- Lipton, D. S., D. Thornton, et al. (2000). Program accreditation and correctional treatment. *Substance Use & Misuse* 35(12-14): 1705-1734.
- Ludeman, K. (1991) Measuring skills and behavior. *Training & Development* Nov.:61-66.
- Maple, J. (1999). *Crime Fighter*. NY:NY, Doubleday Publishing.
- McDonald, C. (2003) Forward via the Past? Evidence-Based Practice as Strategy in Social Work, The Drawing Board: An Australian Review of Public Affairs, March. Vol. 3(3): 123-142. Or <http://www.econ.usyd.edu.au/drawingboard/journal/0303/mcdonald.pdf>
- McGuire, J. (2001). What works in correctional intervention? Evidence and practical implications. Pp. 25-43 in *Offender rehabilitation in practice: Implementing and evaluating effective programs*., edited by D. F. Gary Bernfeld, Alan Leschied. New York, NY: John Wiley & Sons, LTD.
- McGuire, J. (2002). Evidence-based programming today. Paper presented International Community Corrections Association conference, Boston, MA, November, 2002.

References for Effective Interventions (con't.)

- Mee-Lee, D., L. Gartner, et al. (1996). Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition. *American Society of Addiction Medicine PPC-2*.
- Meyers, R.J. and J.E. Smith. (1995). *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach*. NY:NY, Guilford Press.
- Meyers, R.J. and J.E. Smith. (1997). Getting off the fence: Procedures to engage treatment-resistant drinkers. *Journal of Substance Abuse Treatment*, 14, 467-472.
- Meyers, R.J., W.R. Miller, J.E. Smith, and S. Tonnigan. (2002) A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others. *Journal of Consulting and Clinical Psychology*, Vol. 70:5, 1182-1185.
- Mihalic, S., K. Irwin, D. Elliott, A. Fagan, and D. Hansen. (2001). Blueprints for Violence Prevention. U.S. Department of Justice, Washington, DC.
- Mihalic, S. & Irwin, K. (in press). Blueprints for violence prevention: From research to real world settings - factors influencing the successful replication of model programs. Boulder, CO, Center for the Study & Prevention of Violence.
- Miller, W.R., Sovereign, G.R. & Kregge, B. (1988) Motivational interviewing with problem drinkers: II. The drinker's check up as a preventive intervention. *Behavioral Psychotherapy* 16: 251-268.
- Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change*. New York, NY: Guilford Press.
- Miller, W. R. and K. A. Mount (2001). A small study of training in Motivational Interviewing: Does one workshop change clinician and client behavior? Albuquerque, NM.
- O'Connor, T. & Perryclear, M. (2002) Prison religion in action and its influence on offender rehabilitation.
- O'Leary, V. & Clear, T. (1997). Community corrections: Approaching the 21st century. National Institute of Corrections, Washington, DC, 1-60.
- Palmer, T. (1995). Programmatic and non-programmatic aspects of successful intervention: New directions for research. *Crime & Delinquency*, 41(1): 100-131.
- Petersilia, J. (1997). Probation in the United States: Practices and Challenges. *National Institute of Justice Journal*: 2-8.
- Project Match Research Group (1997) Therapist effects in three treatments for alcohol problems. *Psychotherapy Research* 8(4):455-474.
- Ratcliffe, M.R., Collins, S., Leach, J., Millar, R.H. and Osborne, J.F. (2000). Towards Evidence-based Practice in Science Education (EPSE) - an ESRC funded Teaching and Learning Research Network. Paper presented to the British Educational Research Association Annual Conference, University of Cardiff, 7-9 September. Or <http://www.york.ac.uk/depts/educ/projs/publications.html>
- Ryan, R.M. and E.L. Deci. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist* 55:68-78.
- Sherman, L.W., D.C. Gottfredson, D.L. Mackenzie, J. Eck, P. Reuter, and S.D. Bushway. (1998). Preventing Crime: What works, what doesn't, what's promising. National Institute of Justice.
- Springer, D.W.; McNeece, C.A.; and Arnold, E.M. (2003) Substance Abuse Treatment for Criminal Offenders: An Evidence-Based Guide for Practitioners. Washington, D.C.: American Psychological Association. (RC 564 S585 2003).
- Steadman, H., S. Morris, et al. (1995). The Diversion of Mentally Ill Persons from Jails to Community-Based Services: A Profile of Programs. *American Journal of Public Health* 85 (12): 1630-1635.
- Taxman, F. (2002). Supervision: Exploring the dimensions of effectiveness. *Federal Probation*, September-Special Issue: 14-27.
- Taxman, F. and J. Byrne. (2001). Fixing broken windows probation together. *Perspectives* Spring: 23-29.
- Boulder, Colorado, Center for the Study and Prevention of Violence: 1-20.
- Tilley, N. and G. Laycock (2001) Working Out What To Do: Evidence-based Crime Reduction. Crime Reduction Series Paper 11, London: Home Office ISSN: 1468-5205, ISBN 1-84082-792-0 Or <http://www.crimereduction.gov.uk/skills14.htm>
- Waltz, J., Addis, M. E., Koerner, K. & Jacobson, N.S. (1993). Testing the integrity of a psychotherapy protocol: Adherence and competence ratings. *Journal of Consulting and Clinical Psychology* 61: 620-630.
- Wanberg, K. and H. Milkman. (1998). *Criminal conduct and substance abuse treatment: Strategies for self-improvement and change*. Thousand Oaks, CA: Sage Publications. Washington, DC, U.S. Department of Health & Human Service: 1-176.
- Williams, K.R., & D. Elliott, N.G. Guerra. (1999) The DART model: Linking development and Risk Together. The Center for the Study and Prevention of Violence, Boulder, CO.
- Zemke, R. (2001) Systems Thinking. *Training* February, 39-46

LSI-R Module 4: LSI Scoring Mechanisms

1. Define the LSI-R's Key Scoring Mechanisms
2. List the 10 LSI-R Subscales & How They Map to the Central 8
3. Explain the Steps for Obtaining a Summary Measure for Protective Factors in a Given Case
4. Describe What Each of the Three Main Summary Measures Tell Us

What makes the LSI-R a 3rd Generation tool?

1. _____
2. _____
3. _____
4. _____

What 2 selection criteria does the LSI-R have that makes it a dependable and useful instrument for institutional and community corrections professionals?

1. _____
2. _____

Don Andrews, Ph.D. and Jim Bonta, Ph.D., psychologists working in the Canadian corrections system developed the LSI to address a need for better use of correctional resources and services. These two psychologists worked with a wide variety of corrections line practitioners over a several year period to modify and revise the prototype LSI to everyone's satisfaction.

The LSI-R has been validated successfully on a wider variety of offender populations than any other risk/needs tool in the world. In reviews and meta-analysis (Goggin, et al, 1996) the LSI was found to be, on average, more predictive of recidivism than any other existing tool.

LEVEL OF SERVICE INVENTORY - REVISED (IDOC)

Client Name: _____

IDOC#: _____

Staff Name: _____

LSI Completion Date: ____/____/____

CRIMINAL HISTORY

1. _____ (E) Any prior convictions, adult / number
 2. _____ (E) Two or more prior convictions
 3. _____ (E) Three or more prior convictions
 4. _____ (C) Three or more present offenses / number
 5. _____ (E) Arrested under age 16 / age 1st arrest
 6. _____ (E) Ever incarcerated upon conviction
 7. _____ (E) Escape history - institution
 8. _____ (E) Ever punished for institutional misconduct / number
 9. _____ (E) Charge laid or probation / parole suspended during prior community supervision
 10. _____ (E) Record of assault / violence
- Subtotal Score** _____ /10 = (%)

EDUCATION / EMPLOYMENT

- When in labor market:**
11. _____ (C, IN2) Currently unemployed
 12. _____ (YR, IN2) Frequently unemployed
 13. _____ (E) Never employed for a full year
 14. _____ (E) Ever fired
- School or when in school:**
15. _____ (E) Less than regular grade 10
 16. _____ (E) Less than regular grade 12
 17. _____ (E) Suspended or expelled at least once
- Homemaker, Pensioner: 18 only**
School, work, unemployed: 18, 19, 20
18. _____ (C) Participation / Performance + _____
 19. _____ (C) Peer interactions + _____
 20. _____ (C) Authority interactions + _____
- Subtotal Score** _____ /10 = (%)

FINANCIAL

21. _____ (YR) Problems + _____
 22. _____ (YR) Reliance upon social assistance
- Subtotal Score** _____ /2 = (%)

FAMILY / MARITAL

23. _____ (YR) Dissatisfaction with marital or equivalent situation + _____
 24. _____ (YR) Non rewarding, parental + _____
 25. _____ (YR) Non rewarding, other + _____
 26. _____ (E) Criminal family / spouse
- Subtotal Score** _____ /4 = (%)

ACCOMMODATION

27. _____ (C) Unsatisfactory + _____
 28. _____ (YR, IN2) 3 or more address changes last year / number
 29. _____ (C) High crime neighborhood
- Subtotal Score** _____ /3 = (%)

LEISURE / RECREATION

30. _____ (YR, IN2) No recent participation in organized activity
 31. _____ (YR) Could make better use of time + _____
- Subtotal Score** _____ /2 = (%)

COMPANIONS

32. _____ (YR) A social isolate
 33. _____ (YR) Some criminal acquaintances
 34. _____ (YR) Some criminal friends
 35. _____ (YR) Few anti-criminal acquaintances
 36. _____ (YR) Few anti-criminal friends
- Subtotal Score** _____ /5 = (%)

ALCOHOL / DRUG PROBLEMS

37. _____ (E) Alcohol problem, ever
 38. _____ (E) Drug problem, ever
 39. _____ (YR, IN2) Alcohol problem, currently + _____
 40. _____ (YR, IN2) Drug problem, currently + _____
Specify drug: _____
 41. _____ (YR) Law violation
 42. _____ (YR) Marital / family
 43. _____ (YR) School / work
 44. _____ (YR) Medical
 45. _____ (YR) Other Clinical indicators
- Subtotal Score** _____ /9 = (%)

EMOTIONAL / PERSONAL

46. _____ (YR) Moderate interference
 47. _____ (YR) Severe interference
 48. _____ (E) Mental health treatment, past
 49. _____ (YR) Mental health treatment, current
 50. _____ (YR) Psychological assessment indicated
- Area: _____
Subtotal Score _____ /5 = (%)

ATTITUDE / ORIENTATION

51. _____ (C) Supportive of crime + _____
 52. _____ (C) Unfavorable attitude toward convention + _____
 53. _____ (C) Poor attitude toward sentence / conviction
 54. _____ (C) Poor attitude towards supervision
- Subtotal Score** _____ /4 = (%)

TOTAL RISK SCORE _____

TOTAL PROTECTIVE SCORE _____

HIGHEST CRIMINOGENIC NEED _____

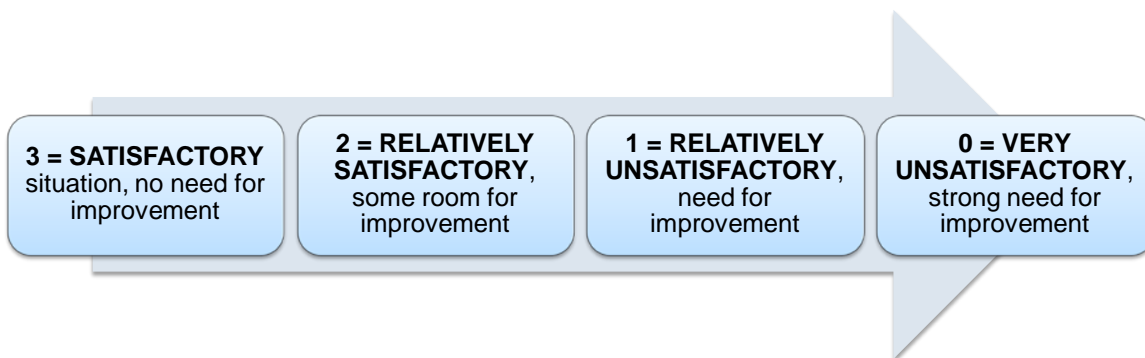
STAGE OF CHANGE _____

	CH	E/E	Fin	Fam	Accm	Leis	Comp	A/D	Em/Pr	Att	
High	8-10	8-10	2	4	3	2	4-5	7-9	4-5	4	High
Mod/High	6-7	5-7		3	2		3	5-6	3	3	Mod/High
Moderate	3-5	3-4	1	2	1	1	2	3-4	2	2	Moderate
Low/Mod	1-2	2	0	1	0	0	1	1-2	1	1	Low/Mod
	0-1	0-1		0			0	0	0	0	Low

Level of Service Inventory – Revised

RISK Yes = 1 pt. Risk
No = 0 pts. Risk

**PROTECTIVE/
STRENGTH** 3 = 3 pts. Protective
2 = 2 pts. Protective
1 = 1 pt. Protective and 1 pt. Risk
0 = 0 pts. No Protective 1 pt. Risk



You'll need to grasp the basic logic underlying two scoring components for accumulating risk points and accumulating protective/buffering points to obtain actual risk.

Keep in mind protective items refer to pro-social factors in an offender's life that help to lessen or minimize pro-criminal influences.

Small Group Activity: Speak-outs!

1. **Rater Boxes:** What are the rater box scores? How are the score used? What do they mean?
2. Provide some examples of **protective buffers** an offender may depend on, including:
 - Pro-social friends and acquaintances
 - Gainful employment
 - A spouse or significant other
 - A law-abiding neighborhood
 - Leisure time activities that are enjoyable and reinforce self-efficacy, etc.
3. Define **protective factors** in your own words and explain why scoring of protective items is as important as having risk items.

LSI-R Time Frames

Time/Age Restricted Items:

- C – Current Situation
- YR – The Past Year
- IN2 – Incarcerated 2 years or more, evaluate based on most recent year in institution; if less than 2 years, evaluate based on most recent year in the community
- E- Over offender’s Lifetime – EVER

Professional Discretion and Scoring Conventions

- Yes, you have professional discretion and we expect you to USE IT!
- Also, there are scoring conventions that MUST be followed.
- You can have the greatest reasons in the world for scoring an item wrong, and it’s still wrong.
- Not adhering to timeframes is the most common reason for scoring errors.
- Discounting social learning theory in your scoring decision follows close behind.

The Central 8 Criminogenic Needs	LSI-R Subscales
HX Anti-social Beh./Low Self-control	Criminal History
Education/Employment	Education/Employment
	Financial
Dysfunctional Family Relations	Family/Marital
	Accommodation
Leisure/Recreation	Leisure/Recreation
Anti-social Peers	Companions
AOD Problems	Alcohol/Drug Problem
Criminal Personality	Emotional/Personal
Pro-criminal Attitudes	Attitudes/Orientation

How does criminal personality relate to emotional/personal items

How does low self-control relate to criminal history?

The other seven LSI-R—Big 8 factors are more obviously related.

The topics are ordered from least to more anxiety producing .

CRIMINAL HISTORY

1. _____ (E) Any prior convictions, adult/number
 2. _____ (E) Two or more prior convictions
 3. _____ (E) Three or more prior convictions
 4. _____ (C) Three or more present offenses/number
 5. _____ (E) Arrested under age 16 /age 1st arrest
 6. _____ (E) Ever incarcerated upon conviction
 7. _____ (E) Escape history – institution
 8. _____ (E) Ever punished for institutional misconduct/number
 9. _____ (E) Charge laid or probation/parole suspended during prior community supervision
 10. _____ (E) Record of assault/violence
- SUBTOTAL SCORE _____/10 = (%)**

EDUCATION/EMPLOYMENT

When in labor market:

11. _____ (C,IN2) Currently unemployed
12. _____ (YR,IN2) Frequently unemployed
13. _____ (E) Never employed for a full year
14. _____ (E) Ever fired

School or when in school:

15. _____ (E) Less than regular grade 10
16. _____ (E) Less than regular grade 12
17. _____ (E) Suspended or expelled at least once

Homemaker, pensioner: 18 only

School, work, unemployed: 18, 19, 20

18. _____ (C) Participation/Performance -+
 19. _____ (C) Peer interactions -+
 20. _____ (C) Authority Interactions -+
- SUBTOTAL SCORE _____/10 = (%)**

FINANCIAL

21. _____ (YR) Problems -+
 22. _____ (YR) Reliance upon social assistance
- SUBTOTAL SCORE _____/2 = (%)**

FAMILY/MARITAL

23. _____ (YR) Dissatisfaction with marital
or equivalent situation - 0123+
24. _____ (YR) Non rewarding, parental - 0123+
25. _____ (YR) Non rewarding, other - 0123+
26. _____ (E) Criminal family/spouse
SUBTOTAL SCORE _____ / 4 = (%)

ACCOMMODATION

27. _____ (C) Unsatisfactory - 0123+
28. _____ (YR,IN2) 3 or more address changes
last year/number
29. _____ (C) High crime neighborhood
SUBTOTAL SCORE _____ / 3 = (%)

LEISURE/RECREATION

30. _____ (YR,IN2) No recent participation in organized activity
31. _____ (YR) Could make better use of time - 0123+
SUBTOTAL SCORE _____ / 2 = (%)

COMPANIONS

32. _____ (YR) A social isolate
33. _____ (YR) Some criminal acquaintances
34. _____ (YR) Some criminal friends
35. _____ (YR) Few anti-criminal acquaintances
36. _____ (YR) Few anti-criminal friends
SUBTOTAL SCORE _____ / 5 = (%)

ALCOHOL/DRUG PROBLEMS

37. _____ (E) Alcohol problem, ever
38. _____ (E) Drug problem, ever
39. _____ (YR,IN2) Alcohol problem, currently - [0][1][2][3]+
40. _____ (YR,IN2) Drug problem, currently - [0][1][2][3]+
Specify drug: _____
41. _____ (YR) Law violation
42. _____ (YR) Marital/family
43. _____ (YR) School/work
44. _____ (YR) Medical
45. _____ (YR) Other clinical indicators
Specify: _____
SUBTOTAL SCORE _____ / 9 = (%)

EMOTIONAL/PERSONAL

46. _____ (YR) Moderate interference
47. _____ (YR) Severe interference
48. _____ (E) Mental health treatment, past
49. _____ (YR) Mental health treatment, current
50. _____ (YR) Psychological assessment indicated
Area: _____
SUBTOTAL SCORE _____ / 5 = (%)

ATTITUDE/ORIENTATION

51. _____ (C) Supportive of crime - [0][1][2][3]+
52. _____ (C) Unfavorable attitude toward convention - [0][1][2][3]+
53. _____ (C) Poor attitude toward sentence/conviction
54. _____ (C) Poor attitude toward supervision
SUBTOTAL SCORE _____ / 4 = (%)

LSI-R Criminogenic Need Profile Norm Chart (3/08)

	CH	EE	Fin	Fam	Acmm	Leis	Peers	Alc/Drg	Emot Prb	Attitude
High	8-10	8-10		4-5		2	4-5	7-9	4-5	4
Med/High	5-7	5-7	2	3	2-3	2	3	4-6	3	3
Moderate	3-4	3-4	1	2	1	1	2	2-3	2	2
Low/Mod.	1-2	2	0	1	0	0	1	1	1	1
Low	0	0-1		0	0		0	0	0	0

Avg. Coefficients
 Red = .20+
 Orange = .10+
 Yellow = .05+

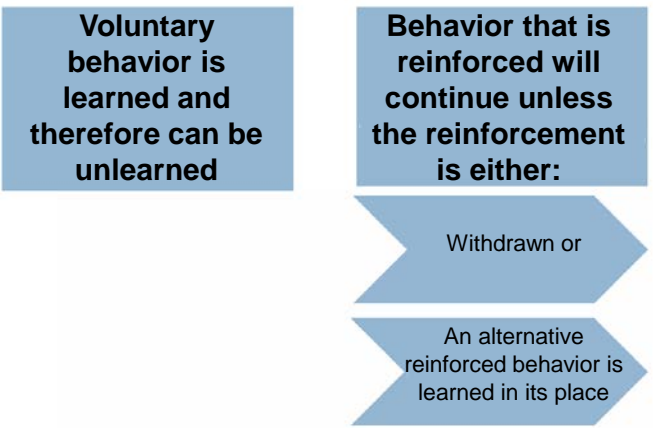
The last box bottom right of the score sheet builds the person's criminogenic "wall" of recidivism.

A given offender's profile will reflect both

- the relative magnitude at which an individual scored on a scale (the height of the 'X' in the column)
- the relative average strength of the influence on criminal behavior (the color coded average correlation with recidivism).

The colors serve as a reminder of which ones have the most potent influence on criminal behavior. Take these into consideration when selecting the high crim need you want to focus your efforts toward.

Social Learning Theory



Sophisticated 3rd generation tools take their direction from social learning theory. SLT has

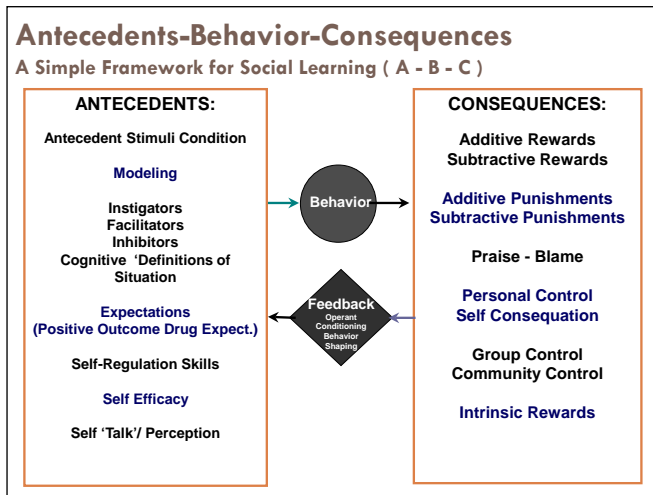
- established itself in many research studies
- produced many derivative theories
- informed various behavior-specific assessment tools

SLT is the backdrop upon which humans act, think, and get reinforced on a daily basis.

Offender Behaviors List

Big 4	Orange (Fam & AOD)	Yellow (E/E, Leis)

Closing Thoughts: If we pick the topics most potent to the offender, and apply SLT, behavior change is most likely.



How does the list above correlate to office appointment interview planning and case planning/management.

Can it help you have “conversations at the wall of recidivism.”

Can those conversations identify and address triggers - things that happen before a behavior - conditions “ripe” for wanting to commit the offense?

What is the offender’s backdrop upon which the offender acts, thinks, and gets reinforced on a daily basis. Some prefer to use the word “activating event” rather than antecedents.

- Outcome expectancies. Positive and Negative.
- Self-efficacy: If someone’s self-efficacy is high, what is the likelihood that they will do it? High. If it is low, how likely is it that they will do it? Low!
- Modeling: Vicarious reinforcement.
- Self-perception theory – what is the condemnation script? Redemption script? Move the offender from supporting the status quo to supporting the change.

LSI-R™ Case Study—Paul Principle

Interview date: February 24, 2007

Reason for Assessment

Paul Principle is a 27-year-old Caucasian male sentenced to 18 months probation for possession of controlled substances (crack cocaine). He has been court-ordered for drug testing and substance use classes.

Criminal History

Paul was arrested and convicted once when he was 23 for DUI, and once when he was 15 years old for possession of marijuana. He has never been incarcerated after conviction, and this is his first probation, which he is just beginning. He claims he has not breached probation and has no record of assault, and no outstanding charges.

Education/Employment

Paul is currently unemployed, after being fired from his job last month at a local gas station, where he had been working for eight months. His only steady job was working at a sporting goods store for three years just after he graduated from high school. He relies on his girlfriend and mother for some cash, and has never received government or social assistance of any kind. Paul is now thinking about applying for work at the same pizza place where his friend Joe works. He is not motivated to get a job, but needs the money. Another ex-offender friend of his works at the pizza place, and might help Paul get a job. During high school, Paul got suspended twice for doing drugs at school, but was never expelled.

Family/Marital

Growing up, Paul had problems with his father. When he was 10 years old, his father beat him with a belt. Paul tried to get away from his father, who subsequently pushed him down the stairs. Paul was hospitalized with a broken arm. His father was not charged, and there have been no other instances of violence involving his family. Paul now interacts with his father only occasionally—usually when he needs money. He has a younger sister who he does not stay in touch with. She has not been involved in the criminal justice system, nor have other members of his family. Paul does not have contact with other family members.

Accommodation

Paul and his girlfriend have been living together for the last four years in an apartment in a nice neighborhood near the college. Lately, however, Paul has been arguing frequently with her. She claims that Paul has become more difficult to talk to, is away from the house much more than he used to be, and is not looking for work. She accuses him of using drugs and says he has lost interest in doing activities they used to do together (e.g., going to movies, cooking, and hiking). She also complains that he is no longer contributing financially to the

household. Paul feels that she complains all the time and needs to give his some space, but still loves her and does not want to leave her. She does not have a criminal record, and is opposed to excessive drug and alcohol use.

Leisure/Recreation

Until recently, Paul played ultimate Frisbee (informally), rode his bicycle regularly, and went hiking and skiing with his girlfriend on weekends. His interest in these activities has lessened over the last six months. Recently he is less motivated to do much other than hang out with friends. He is not interested in enrolling in college although he likes the idea of having money and a nice truck and being respected by his peers.

Companions

For the past few months Paul has been hanging out with Joe Collier since just after Joe was released from a six-month stint in jail. Joe has been charged with breaking and entering, car thefts, and drug-related offenses. Joe and Paul spend a lot of time together drinking, smoking marijuana, and hanging out with Joe's friends. In addition to Joe, Paul has several other acquaintances that he drinks and does drugs with. He also has a group of friends from high school and several from around his neighborhood who he sees socially on a regular basis (approximately every two weeks); Paul says he does not party with these friends, and that they do not support the criminal lifestyle.

Alcohol/Drug Problem

Paul has been using substances increasingly since he made Joe's acquaintance. During his lifetime, he had used crack only a few times before getting arrested. Paul started drinking when was 17 years old and now drinks daily (sometimes heavily) and smokes pot several times a week. Paul admits that he drives while intoxicated and once sideswiped a car but never reported it. Having used alcohol and drugs consistently since he was a teenager, he claims he has no injuries or medical issues due to alcohol and drugs, nor does he have any other medical/clinical side effects. He does acknowledge that his drug and alcohol use has caused problems for him at school and created stress in his relationship.

Emotional/Personal

Paul has never been assessed for antisocial behavioral problems and his demeanor does not indicate the need for further consideration or assessment. He has not been diagnosed or treated for any mental illness, or personality disorders. He feels he becomes angry more easily than he used, and is frustrated by that.

Attitude/Orientation

Paul wants to finish up his probation without problems, and intends to comply with drug testing and attending classes. He doesn't have any specific problem with his probation officer at this point, and understands why he has been sentenced to probation. He does feel that his drug use is not causing harm to

anybody so he should be left alone. The classes are mandatory and he doesn't see the point in attending otherwise.

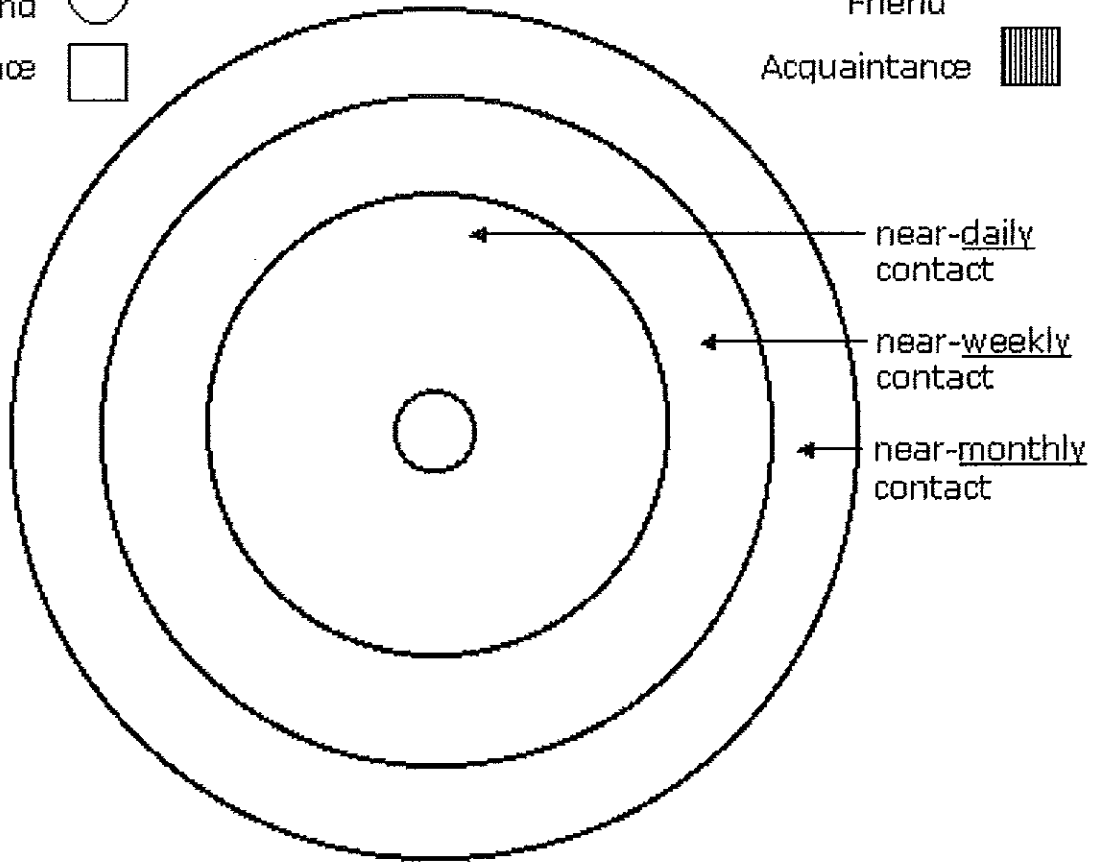
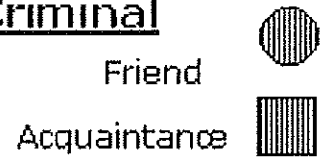
Other Client Issues

Paul reported no incidents of sexual or physical assault—as perpetrator or victim—in his life, other than the incident with his father when he was a boy. He claims he is not being threatened by anyone, is not racist/sexist, and does not stalk or harass people. He has no history of weapon use or setting fires, even when he was younger. He did admit to shoplifting late in his teenage years, but no other types of crime than previously reported. Paul has no learning or physical disabilities, has not been diagnosed with HIV/AIDS or FASD (Fetal Alcohol Spectrum Disorder), and has no reason to suspect other health-related conditions. He claims he is not depressed, and has never attempted, or considered attempting suicide. However, he does question his ability to get and hold down a job, and maintain his relationship with his girlfriend.

Pro-Social



Pro-Criminal



LEVEL OF SERVICE INVENTORY - REVISED (IDOC)

Client Name: _____

IDOC#: _____

Start Time: ____:____

Staff Name: _____

Interview Date: ____/____/____

End Time: ____:____

CRIMINAL HISTORY

1. _____ (E) Any prior convictions, adult / number
 2. _____ (E) Two or more prior convictions
 3. _____ (E) Three or more prior convictions
 4. _____ (C) Three or more present offenses / number
 5. _____ (E) Arrested under age 16 / age 1st arrest
 6. _____ (E) Ever incarcerated upon conviction
 7. _____ (E) Escape history - institution
 8. _____ (E) Ever punished for institutional misconduct / number
 9. _____ (E) Charge laid or probation / parole suspended during prior community supervision
 10. _____ (E) Record of assault / violence
- Subtotal Score _____ /10 = (_____ %)

Instant Offense: _____

Incarceration Dates Last 2 Years:

In _____ Out _____ / In _____ Out _____
In _____ Out _____ / In _____ Out _____
In _____ Out _____ / In _____ Out _____

EDUCATION / EMPLOYMENT

When in labor market:

11. _____ (C, IN2) Currently unemployed
12. _____ (YR, IN2) Frequently unemployed
13. _____ (E) Never employed for a full year
14. _____ (E) Ever fired

School or when in school:

15. _____ (E) Less than regular grade 10
16. _____ (E) Less than regular grade 12
17. _____ (E) Suspended or expelled at least once

Homemaker, Pensioner: 18 only

School, work, unemployed: 18, 19, 20

18. _____ (C) Participation / Performance + _____
 19. _____ (C) Peer interactions + _____
 20. _____ (C) Authority interactions + _____
- Subtotal Score _____ /10 = (_____ %)

FINANCIAL

21. _____ (YR) Problems + _____
 22. _____ (YR) Reliance upon social assistance
- Subtotal Score _____ /2 = (_____ %)

FAMILY / MARITAL

23. _____ (YR) Dissatisfaction with marital or equivalent situation + _____
 24. _____ (YR) Non rewarding, parental + _____
 25. _____ (YR) Non rewarding, other + _____
 26. _____ (E) Criminal family / spouse
- Subtotal Score _____ /4 = (_____ %)

ACCOMMODATION

27. _____ (C) Unsatisfactory + _____
 28. _____ (YR, IN2) 3 or more address changes last year / number
 29. _____ (C) High crime neighborhood
- Subtotal Score _____ /3 = (_____ %)

LEISURE / RECREATION

30. _____ (YR, IN2) No recent participation in organized activity
 31. _____ (YR) Could make better use of time + _____
- Subtotal Score _____ /2 = (_____ %)

**SDRRC-R READINESS SCALE
(PREDICTING & ENHANCING CHANGE)
Precursors Assessment Form**

Problem or Issue:

Precursor & Its Markers	None (0)	Trace (1)	Small (2)	Adequate (3)	Abundant (4)
1. Sense of Necessity for Change Expresses desire for change Feels a sense of urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Willing to Experience Anxiety Open to experiencing emotion Likely to take risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Awareness Able to identify problems Identifies thoughts, feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Confronting the Problem Courageously faces the problem Sustained attention toward issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Effort Toward Change Eagerly does homework High energy; active cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hope for Change Positive outlook; open to future; High coping; therapeutic humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social Support for Change Wide network of friends, family Many confiding relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Precursor Score:

Scoring Guide*

* Scoring is intended only as a general guide to a complex process: Some precursors may be more potent than others.

- 0-6** Change unlikely: Educate client on change: Focus on precursors with lowest rating.
- 7-14** Change limited or erratic: Educate client and focus on precursors with lowest rating.
- 15-21** Change is steady and noticeable: Increase the lowest rated precursors to stay on track
- 22-28** Highly motivated to inspired client: Change occurs easily: Standard approaches work well.

Stage of Readiness

Circle the appropriate stage for a given problem or issue

Precursor 1. Sense of Necessity = 0, and Total Precursor Score is < 6, then Stage of Readiness =	PreContemplation
Precursor 1. Sense of Necessity = 1/2, and Total Precursor Score is 7-14, then Stage of Readiness =	Contemplation
Precursor 1, Sense of Necessity = 2/3, and Total Precursor Score is 15-21, then Stage of Readiness =	Determination
Precursor 1. Sense of Necessity = 3/4, and Total Precursor Score is 22-28, then Stage of Readiness =	Action/Maint.

(Other combinations than above require more discussion in order to identify stage.)

LSI-R Module 5: Interview Stages

1. Describe the 3 Stages of an Assessment Interview
2. List 3 Steps Performed in an Interview Set-Up or Structuring Statement
3. Explain the Purpose of the Funnel Approach
4. List 3 Steps Performed in the Interview 'Close-Out'

Role Clarification: Laying a purposeful foundation

Role clarification is more than rapport and a safe working relationship with offenders. It is a tactic (a set of skills that promote mission success) that should be engaged every time a corrections professional has contact with a client.

1. Greet the client and reinforce any observed pro-social behaviors.
2. Explain the purpose of today's contact meeting
3. Explain your role and your expectations
4. Probe your client for their expectations, and for any concerns about the supervision process in general and/or how they view the working relationship.
5. Be explicit about your authority and somewhat dual roles.
6. Assure that your support in their efforts to turn their life around is fully committed.

Why does this matter if I'm not the case handling worker?

LSI interviews are often contacts that set the first impression (and to some degree, a positive or negative placebo or anticipatory effect) with a new client entering the system. Just as you're gathering information about them during intake, they're forming impressions about caring, support, stigmatization, type of treatment they might face (intimidating), and will they succeed in this experience.

Role Clarification

(Trotter, 1999 & 1995)

**Effective POs are skilled in clarifying their roles:
they have frequent, honest discussions with
offenders/clients about:**

1. The Purpose of Supervision
2. The PO's Dual Role as Law Enforcement and Supportive Agent of Change
3. The Offender/Client's Expectation of the PO
4. The Nature of the PO's Authority and How It Can Be Used
5. What Is Negotiable and What Isn't
6. The Limits of Confidentiality

Activity: 5 small groups.

Clarification Element Assigned: _____

Examples:

Purpose of Supervision	
Dual Role	
Expectations PO/Client	
Nature of Authority	
Negotiable & Non-negotiable	

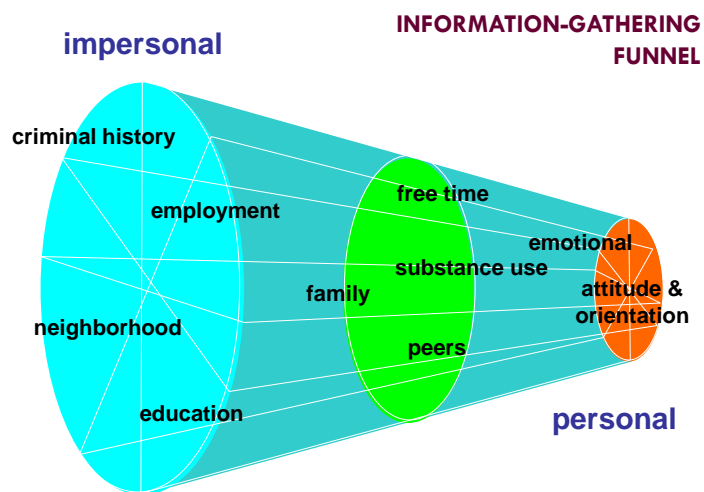
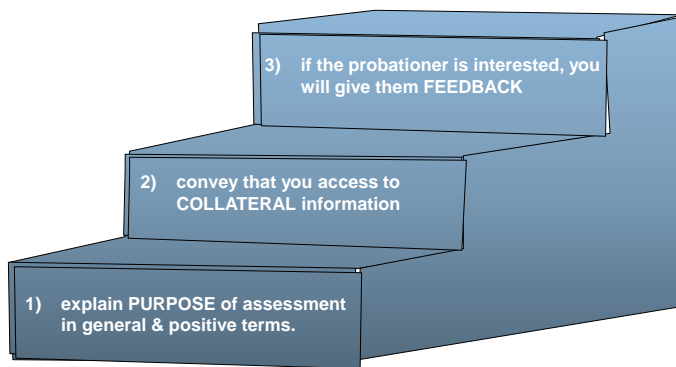
**SEMI-STRUCTURED INTERVIEWING –
THREE STAGES:**

1. The Set-Up

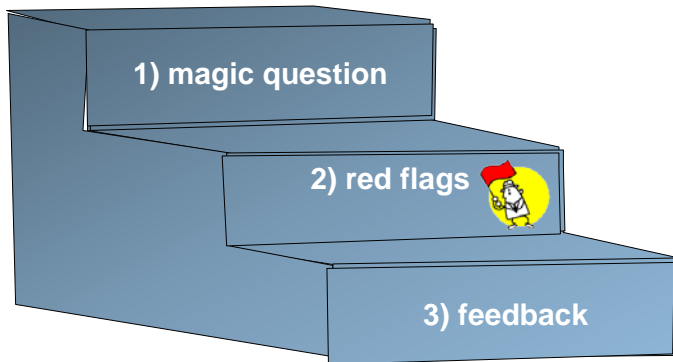
**2. Information-Gathering
'Funnel'**

3. Close-Out

**STRUCTURING STATEMENT
(THE 'SET-UP')**



Interview Close-Out



Elicit ♦ Provide ♦ Elicit

Elicit: Ask Open-ended Questions:

“What criteria did you use to rate your answers?”

Provide: Reflect, and Offer Feedback:

“Can I share my observations with you?”



Elicit: Use more Open-ended Questions:

“What would make this more useful to you?”

“Where do you see the most difficult change?”

Remember, feedback is most meaningful by permission and followed by a return to conversation.

Activity: Small Group Practice

LSI-R Module 6: Scoring an LSI-R Video

1. Score an LSI-R Interview w Reasonable Inter-rater reliability (within + / - 3 points)
2. Use all the Scoring Conventions (e.g., X's, circling unknown items, etc.) appropriately
3. Avoid Violating Any If / Then Rules
4. Apply Appropriate Time Frames for Each Item When Scoring an LSI-R

Reminders about scoring integrity:

- Correctly apply the instrument's item-weighting system using the Idaho Scoring Guide
- Comply with if/then rules
- Comply with time-frame rules
- Correctly compute subscale totals and risk/protective (rater box) totals
- Chose a high criminogenic need based on
 - research (big 4, most potent, most intrinsic)
 - readiness and stage of change for high crim needs

A Few Basic Scoring Considerations

- ***Do not*** circle an item you select. If you had to change that rating later, then is a good time to *circle* the correct rating.
- If an answer is unknown about an item, do not guess what it might be—leave it blank for now (see bullet below)
- For any missed content areas: phone the offender (or youth's family in the case of juveniles) to explain that additional data is needed for your notes and ask additional questions.
- Better sources for accurate information: teacher, police officer, minister, or others (*after* getting the appropriate permissions).

LEVEL OF SERVICE INVENTORY – REVISED (IDOC)

Client Name: _____

IDOC#: _____

Start Time: ____:____

Staff Name: _____

Interview Date: ____/____/____

End Time: ____:____

CRIMINAL HISTORY

1. _____ (E) Any prior convictions, adult / number
 2. _____ (E) Two or more prior convictions
 3. _____ (E) Three or more prior convictions
 4. _____ (C) Three or more present offenses / number
 5. _____ (E) Arrested under age 16 / age 1st arrest
 6. _____ (E) Ever incarcerated upon conviction
 7. _____ (E) Escape history - institution
 8. _____ (E) Ever punished for institutional misconduct / number
 9. _____ (E) Charge laid or probation / parole suspended during prior community supervision
 10. _____ (E) Record of assault / violence
- Subtotal Score** _____ /10 = (_____ %)

Instant Offense: _____

Incarceration Dates Last 2 Years:

In _____ Out _____ / In _____ Out _____
 In _____ Out _____ / In _____ Out _____
 In _____ Out _____ / In _____ Out _____

EDUCATION / EMPLOYMENT

When in labor market:

11. _____ (C, IN2) Currently unemployed
12. _____ (YR, IN2) Frequently unemployed
13. _____ (E) Never employed for a full year
14. _____ (E) Ever fired

School or when in school:

15. _____ (E) Less than regular grade 10
16. _____ (E) Less than regular grade 12
17. _____ (E) Suspended or expelled at least once

Homemaker, Pensioner: 18 only

School, work, unemployed: 18, 19, 20

18. _____ (C) Participation / Performance + _____
 19. _____ (C) Peer interactions + _____
 20. _____ (C) Authority interactions + _____
- Subtotal Score** _____ /10 = (_____ %)

FINANCIAL

21. _____ (YR) Problems + _____
 22. _____ (YR) Reliance upon social assistance
- Subtotal Score** _____ /2 = (_____ %)

FAMILY / MARITAL

23. _____ (YR) Dissatisfaction with marital or equivalent situation + _____
 24. _____ (YR) Non rewarding, parental + _____
 25. _____ (YR) Non rewarding, other + _____
 26. _____ (E) Criminal family / spouse
- Subtotal Score** _____ /4 = (_____ %)

ACCOMMODATION

27. _____ (C) Unsatisfactory + _____
 28. _____ (YR, IN2) 3 or more address changes last year / number
 29. _____ (C) High crime neighborhood
- Subtotal Score** _____ /3 = (_____ %)

LEISURE / RECREATION

30. _____ (YR, IN2) No recent participation in organized activity
 31. _____ (YR) Could make better use of time + _____
- Subtotal Score** _____ /2 = (_____ %)

Client Name: _____

IDOC#: _____

Staff Name: _____

LSI Completion Date: _____ / _____ / _____

Blank horizontal lines for handwritten notes or scores.

COMPANIONS

- 32. _____ (YR) A social isolate
 - 33. _____ (YR) Some criminal acquaintances
 - 34. _____ (YR) Some criminal friends
 - 35. _____ (YR) Few anti-criminal acquaintances
 - 36. _____ (YR) Few anti-criminal friends
- Subtotal Score _____ /5 = (_____ %)

ALCOHOL / DRUG PROBLEMS

- 37. _____ (E) Alcohol problem, ever
 - 38. _____ (E) Drug problem, ever
 - 39. _____ (YR, IN2) Alcohol problem, currently

0	1	2	3
---	---	---	---

 + _____
 - 40. _____ (YR, IN2) Drug problem, currently

0	1	2	3
---	---	---	---

 + _____
Specify drug: _____
 - 41. _____ (YR) Law violation
 - 42. _____ (YR) Marital / family
 - 43. _____ (YR) School / work
 - 44. _____ (YR) Medical
 - 45. _____ (YR) Other Clinical indicators
Specify: _____
- Subtotal Score _____ /9 = (_____ %)

EMOTIONAL / PERSONAL

- 46. _____ (YR) Moderate interference
 - 47. _____ (YR) Severe interference
 - 48. _____ (E) Mental health treatment, past
 - 49. _____ (YR) Mental health treatment, current
 - 50. _____ (YR) Psychological assessment indicated
Area: _____
- Subtotal Score _____ /5 = (_____ %)

ATTITUDE / ORIENTATION

- 51. _____ (C) Supportive of crime

0	1	2	3
---	---	---	---

 + _____
 - 52. _____ (C) Unfavorable attitude toward convention

0	1	2	3
---	---	---	---

 + _____
 - 53. _____ (C) Poor attitude toward sentence / conviction
 - 54. _____ (C) Poor attitude towards supervision
- Subtotal Score _____ /4 = (_____ %)

TOTAL RISK SCORE _____

TOTAL PROTECTIVE SCORE _____

HIGHEST CRIMINOGENIC NEED _____

STAGE OF CHANGE _____

Blank horizontal lines for handwritten notes or scores.

Pre-submission Self-Check

- Audio file is: wav, mp3, mp4, or wma
- Interviewee is an actual IDOC client (not a role-play)
- ^ Signed consent form and form is appended
- Audio quality is clear and loud enough to transcribe
- Audio is at least 20 but no longer than 90 minutes
- All scoring info is noted or appended
- Submission date is within 3 days of interview date

Submission Process

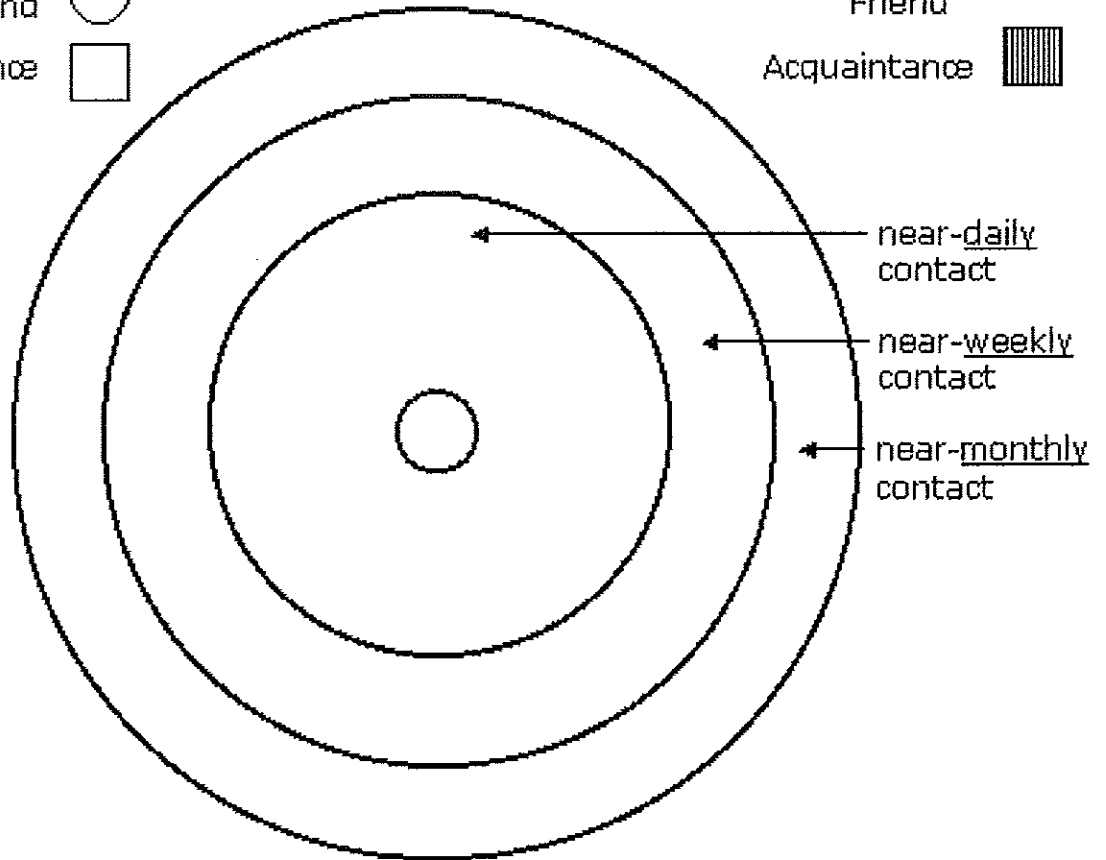
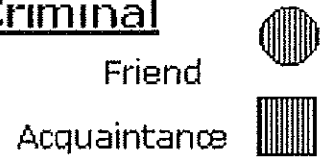
Scan the consent, scoresheet, and other info not in the interview/scoresheet you used for scoring. (Handwritten or typed summary only. Do not append case notes, PSI, etc.) Use the Hightail link on the eDoc P&P landing page to send these PDF docs along with the audio file. Email notice of submission to blamott@idoc.idaho.gov and cc your supervisor.

	CH	E/E	Fin	Fam	Accm	Leis	Comp	A/D	Em/Pr	Att	
High	8-10	8-10	2	4	3	2	4-5	7-9	4-5	4	High
Mod/High	6-7	5-7		3	2		3	5-6	3	3	Mod/High
Moderate	3-5	3-4	1	2	1	1	2	3-4	2	2	Moderate
Low/Mod	1-2	2	0	1	0	0	1	1-2	1	1	Low/Mod
Low	0-1	0-1		0			0	0	0	0	0

Pro-Social



Pro-Criminal



LSI-R Module 9: Intro to Motivational Interviewing

1. Differentiate between following, directing and guiding communication styles so it is possible to open up more MI spirit when relating to clients.
2. Demonstrate open-ended questions, affirmations, reflections and summarizations
3. Define the principles of MI in DERS or LURE
4. Identify stems and reflections and to improve OARS.

Real-play behaviors:

Behavior you have successfully changed:	
Behavior you currently want to change:	
Behavior someone else wants you to change:	
Something you feel ambivalent about :	

Motivational Traps:

1. Question – Answer
2. Premature Focus
3. Confrontation / Denial
 4. Blaming
 5. Expert
 6. Labeling

“The Question-Answer Trap”

What NOT to Say

- Using repeated questions without the use of OARS interspaced.
- **WHY:** WE are doing most of the talking. The client is placed in a passive role of answering.

What TO Say

- Avoid the “Triple-Trouble Rule” which cautions interviewers not to use more than 3 questions in a row without a reflection.

100

“Premature Focus Trap”

Premature focus on Change (per OUR Agenda)

What NOT to Say

- “We’ve been talking a lot about how important it is to get a job, next week you need to submit at least 5 job applications.”
- **WHY:** Moves toward a resolution, without buy-in from the client.

What TO Say

- “Ultimately you’re the one who has to decide whether you want to put in the hard work of finding a job. What do you think is a reasonable number of applications to put in next week?”

101

“Confrontation-Denial Trap”

Arguing the Positive Side

What NOT to Say

- “You need to stop making excuses and find a job.”
- **WHY:** Sets up an antagonistic relationship, encourages the client to give the counter-argument.

What TO Say

- “How would things be better for you if you found a job?”

102

“The Blaming Trap”

Asking Dead or Backwards Questions

What NOT to Say

- “Why did you go to that party if you knew it was going to get you into trouble?”
- “Did you really think the police were going to believe that?”
- **WHY:** Questions in this format encourage the client to give arguments in support of past behavior.

What TO Say

- “It sounds like that situation really got you into trouble.”
- “You believe you got ‘railroaded’ and unfairly convicted by the court. That leaves you frustrated. How can we use that frustration to move forward?”

103

“The Expert Trap”

Giving Unsolicited Advice

What NOT to Say

- “You don’t have a job because you’re not putting in enough applications.”
- “You need to get up in the morning, have a cup of coffee, and go fill out that application.”
- **WHY:** Sets up an antagonistic relationship, encourages the client to give the counter-argument. Doesn’t encourage them to think about the plan, making it less likely they’ll follow through.

What TO Say

- “What ideas do you have as to how you might get a job?”
- “If you decided you wanted to put in a job application, how would you go about that?”
- “Getting a job can be difficult. It’s hard to get into action. So, let’s back up. When you think of getting a job, what do you think about?”

104

“The Labeling Trap”

Using labels to try to gain an edge or push change

What NOT to Say

- “C’mon, look at your history! Admit it, you’re an alcoholic.”
- **WHY:** Sets up an antagonistic relationship, encourages the client to give the counter-argument.

What TO Say

- “Labels are not important right now. What is important is what you think.”
- “Let’s move past what some people are calling you. I want to hear what you think.”

105

Thomas Gordon's 12 Roadblocks to Listening

1. Ordering, directing
2. Warning, threatening
3. Giving advice, making suggestions, providing solutions
4. Persuading with logic, arguing, lecturing
5. Moralizing, preaching
6. Judging, criticizing, blaming
7. Agreeing, approving, praising
8. Shaming, ridiculing, name-calling
9. Interpreting, analyzing
10. Reasoning, sympathizing
11. Questioning, probing
12. Withdrawing, distracting, humoring, changing the subject

Reflective Listening

A guiding communication style that helps others identify and solve their own problems.

A good guide will:

- **Ask** where the person wants to go and get to know him or her a bit.
- **Inform** the person about options and see what makes sense to them.
- **Listen** to and respect what the person wants to do and help accordingly.

Elicit

Provide

Elicit

4 Guiding Principles of Motivational Interviewing

L	Listen with empathy.
U	Understand and explore motivations
R	Resist the righting reflex. (Arguing for change before they are.)
E	Empower – encourage with hope and optimism.

Good [MI Adherent] Early Supervision Questions

What is worrying you most today about being on supervision?

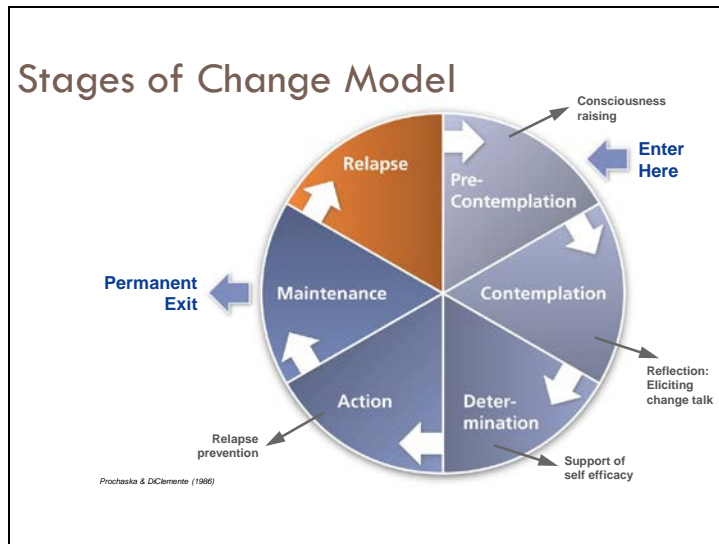
What concerns you most about your conditions of probation?

What exactly happens when you get that urge to use old behaviors that get you into trouble?

What do you make of these LSI results life areas I've been describing?

Ambivalence: The Dilemma of Change

- "...I want to, but I don't want to."
- "...is a state of mind in which a person has coexisting but conflicting feelings about something."
- "...is normal, acceptable, and understandable."
- Working with **AMBIVALENCE** is working with the heart of the problem.
- MI centers around the management of **AMBIVALENCE**.
- ...replaces denial as the target for intervention.



O	Open Ended Questions
A	Affirmations
R	Reflections
S	Summarizations <p style="text-align: center;">Tie together speaker's main points/perceptions. Clarify an assessment of what has happened and/or where things stand now. Denote relationships between main points (may contain facts and/or feelings)</p>

LSI-R Module 10: Skill Rating

1. Discriminate differentiate between reflections and closed questions
2. Identify Affirmations
3. Describe the role voice intonation plays in identifying communication skills
4. List the ways a simple reflection can be turned into a complex reflection

Starting Objective:

Confrontations	
Teaching/Advise	Only with permission and if necessary.
Qc	
Qo	
R	
Summarizations	
Affirmations	

LSI-R Module 11: Simulated Interview

1. List five elements of summary information one derives from an LSI assessment
2. Describe how the content and the process of an interview differ
3. Explain how the content and the process of an interview differ
4. Identify one skill you would like to use more and one you would like to use less of in interviews

MI Skill Balance Feedback

Count up the totals for all types of utterances coded and give each interviewer their coded the MI Skill Feedback form. Receive your coded sheets from team members who coded your portion of the interview.

Compare your totals with the target skill balance:

- Twice as many open ended questions as closed ended questions.
- Twice as many reflections as all questions.
- No more than three questions in a row.
- A few affirmations.
- A few summarizations.
- **No** teaching or advice except structuring statement and feedback.
- **No** confrontations.

Based on this feedback, which skills do you want to use more? _____

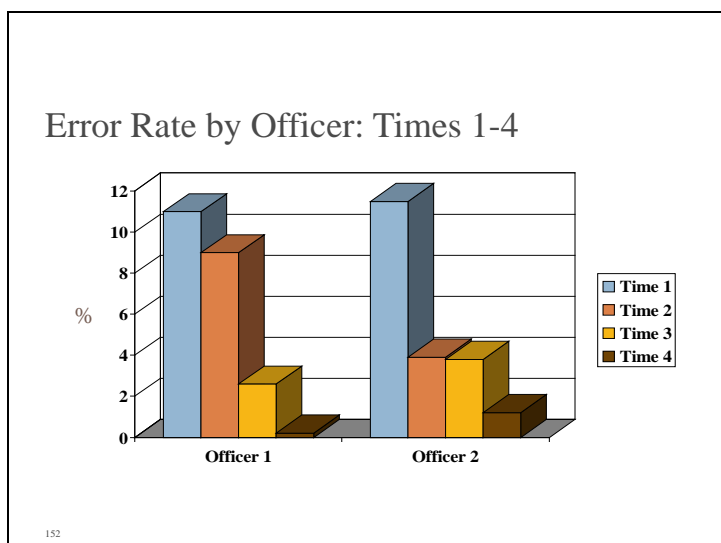
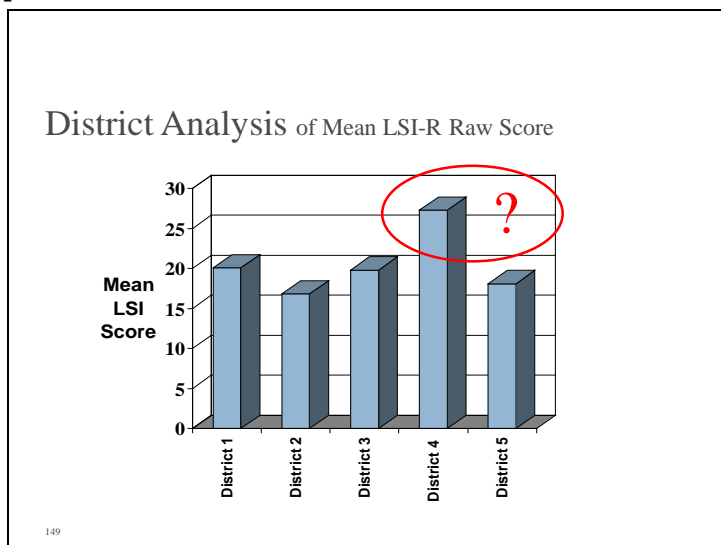
Which skills do you want to use less? _____

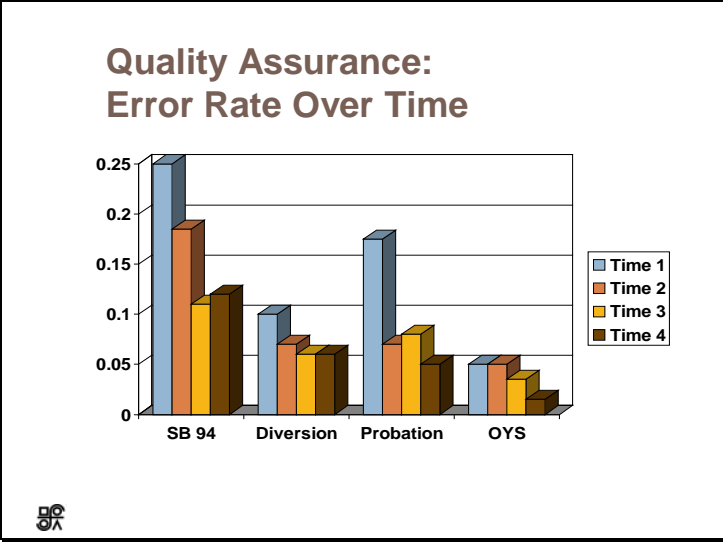
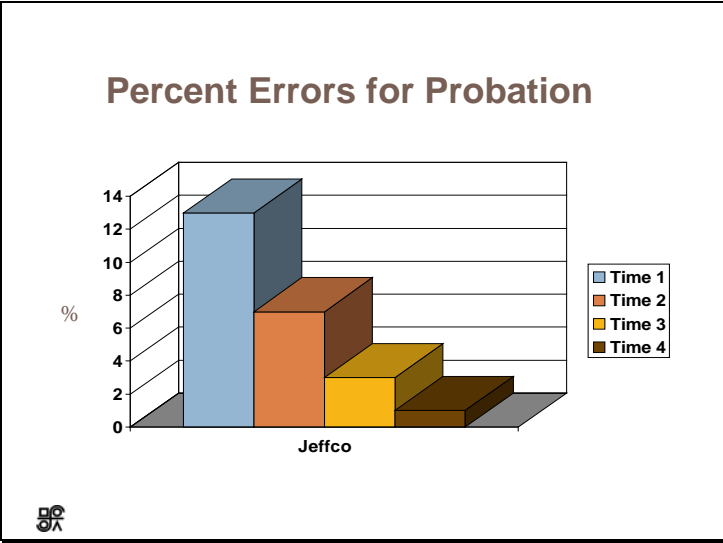
What are your thoughts about giving and receiving this kind of feedback? _____

LSI-R Module 13: Quality Assurance

1. Introduce Quality Assurance w/ a real world sample.
2. Identify the most common QA problems with LSI-R.
3. Discuss the role of Item Time Frames and the Inter-Rater Reliability.

Real-World Example: Technical Errors





Quality Assurance of Practice Methods

Small Group Activity: Quality Assurance Dipsticks – Performance Measurement and Feedback

IDOC P&P Assessment Observation Tool

0= Developing 1= Basic 2= Accomplished 3= Mastery X= Not Applicable

Preparation	0	1	2	3	X
<p>The PO was prepared for the interview prior to involving the client.</p> <p>0= Did not have needed forms, basic information or plan. 1= Did not review the case file including CIS offender history, PSI, formal reports, rewards, sanctions, etc.. Did not make note of information obtained related to items obtained from the case review. 2= Completed a case review with notations for the interview. 3= Reviewed case & the prior LSI and Caseplan goals. Made notations to check on stage of change /progress during the interview. Noted opportunities to show accurate empathy or look for red flags.</p>					
<p>PO scheduled enough time to explore all life areas, acute issues/red flags, & client concerns.</p> <p>0= PO did not intend to complete an assessment when initially scheduling the appointment or dedicated less than an hour. 1= PO ended the interview based on workload or time constraints without completing aspects of the set-up, interview funnel, and close-out. Did not invite client to express concerns or expectations. Parts of the interview seemed "rushed". 2= PO completed the set-up, information gathering funnel, and close out. Interview pace was natural and not "rushed". PO invited the client to express concerns or expectations. 3= PO met above description. Also linked findings to a scheduled next appointment to update the case plan or create an action plan.</p>					
<p>PO effectively minimized interruptions and distractions.</p> <p>0= Allowed peer interruptions without redirection. Kept LE radio on or earpiece in. Answered the phone call. Otherwise displayed avoidable divided attention. 1= Managed interruptions. Looked up information or entered information into the computer during the interview. 2= Made notes by hand and maintained appropriate eye contact and focus on the client. 3= PO's general work habits and environment are focused on preventing interruption, distraction, or signals a client could interpret as disrespect or lack of investment.</p>					

Interview Components	0	1	2	3	X
<p>Interview Structuring Statement</p> <p>0= Omitted structuring statement. Emphasized supvn levels rather than offender change. 1= Structuring statement was incomplete or over client's head/patronizing/demeaning.. 2= Structuring statement adequate but client's remarks suggest it was over or under-stated. 3= Covered all 3 points in easy to understand terms. Checked/ensured client understanding.</p>					
<p>Information Gathering Funnel</p> <p>0= Moved to personal areas prematurely; client began to show defensiveness. 1= Began with impersonal areas but phrased questions personally, or led off with numerous closed questions. 2= Aptly used open questions to ove from personal to impersonal, but did not get enough detail to score. 3= Used open questions, moved from impersonal to personal areas, or successfully followed the offender's lead.</p>					
<p>Interview Closeout</p> <p>0= Omitted one/more of the 3 closeout segments. 1= Language during any one of the 3 segments either confused or upset the offender; or PO ignored a red-flag point expressed. 2= Completed all 3 closeout segments, the feedback segment needs clearer/more basic explanation for offender to understand it. 3= Covered all closeout segments; clear signs PO was striving for a win-win at close of interview.</p>					

Fidelity	0	1	2	3	X	
PO gathered and used collateral/supplemental information. 0= The PO relied solely on probationer self-report to score the assessment items. 1= The PO collected <u>relevant</u> collateral/supplemental information to score each item. 2= The PO verified and confirmed info to ensure accurate information was use for scoring. 3= The PO verified and confirmed relevant info critical accurately scoring the assessment.						
PO reconciled inconsistencies in client self-reported and collateral information. 0= One/more instance of offender inconsistencies were clearly noted but never addressed. 1= Detected & questioned inconsistencies but failed to score the relevant item accordingly. 2= Got clarification. Needs to work on accusatory tone and/or nonjudgmental words. 3= Skillfully met inconsistencies spirit of acceptance & unconditional positive regard.						
PO adhered to Assessment Form Scoring Conventions 0= Scoring/notes illegible or data fields incomplete 1= Paper scoresheet does not match CIS assessment module entry 2= Only 1 of the above problems. 3= None of above and additional details produce consistent scoring results upon review.						
Interview and scoresheet/notations contain sufficient information apply the scoring guide. 0= Interview/sheets <u>insufficient</u> for rater to agree with scoring of 2 or more item's risk score. 1= Interview/sheets <u>insufficient</u> for rater to agree with scoring of 1 item's risk score. 2= Interview/sheets info <u>are sufficient</u> for rater to agree with scoring of all item risk scores. 3= Interview/sheets <u>are sufficient</u> for rater to agree with all rater boxes and risk scores.						
Left items unanswered only after adequate attempts to gather sufficient info. 0= More than 5 items unanswered or did not document rationale in CIS. 1= Less than 6 items unanswered. Did not document attempts to obtain needed information. 2= Described information lacking to score each item and documented attempts to reconcile. 3= Logged an action plan that will ensure the item can be answered upon re-assessment.						
PO applied the Idaho Scoring Guide accurately. 0= 3 or more scoring disagreements or total risk score was greater than +/-3 of rater's score. 1= 2 or less scoring disagreements or total risk score was greater than +/-3 of rater's score. 2= No more than 1 scoring disagreement and rater's total score was +/- 3 of PO's score. 3= No scoring disagreements. PO's total risk score was +/- 3 of rater's total risk score.						
				N	Y	X
Working Alliance (aka: Therapeutic Relationship, Professional Partnership)						
PO and client discussed the purpose assessments in general, positive , client-centered terms.						
Asked and responded to any questions or concerns the client expressed.						
Engaged the client. Asked open ended questions. Followed up with reflections/clarifying Qs.						
Explored specific responsivity factors (e.g. cultural, disabilities, trauma).						
Used rapport building skills (e.g. respect, hope, support, empathetic understanding).						
Recognized signs of defensiveness and used effective skills to alleviate and move forward.						
Regardless of the cause of an inconsistency, the PO reflected back to the offender without accusation that a discrepancy exists between statements made (or documentation and statements), encouraged the offender to clear it up.						

Observation Date	Feedback Date	Offender IDOC#
Observer Name	Officer Initials/Date/Comments	

LSI Interview Structuring Statement

When to Monitor & Coach this Skill:

- Within two weeks of staff completion of assessment interview training
- Quarterly (at minimum) to quality assure that skill 'drift' does not occur

Background on Skill Being Monitored:

Assessment interviews that are perceived by offenders as “more or less a conversation between two equal partners” are more likely to gather complete and accurate offender information. The more complete the interview structuring statement, the more likely an offender will be to disclose information.

In the first of three stages of an interview, structural statements are made to an offender. They set the tone, explain the interview process about to unfold, and also signify some boundaries and rewards for participating. A good structuring statement “prepares” the offender by getting three key points across:

1. Purpose of the interview [explained in positive, global terms].
2. Multiple sources of information will be used to get a fuller picture [especially important since an assessment impacts many areas relevant to offender supervision and services].
3. Feedback – when the assessment interview is finished, if the offender is interested, an overview of the assessment findings can be provided.

Assessing & Giving Positive & Corrective Feedback on Observed/Taped Staff Performance

Begin the feedback segment with a strong positive feature noted in the staff-person's skill application. Explain the performance level you have observed using terms similar to those in the rating scale below. Based on your rating, if remediation is suggested decide whether the next reassessment period is acceptable, or whether a 'dry run' or similar mock performance is immediately warranted.

Check the rating that best describes the staff-person being assessed.

0 []	1 []	2 []	3 []
Omitted structuring statement	Jargon/vocabulary was over offender's head; talked down to offender in patronizing/ demeaning way; or structuring statement was incomplete	Structuring statement was adequate but offender's remarks suggest it was over or understated. Needs more /less (specify)	Successfully covered the 3 key points in easy to understand terms; checked offender understanding

Sample Remediation/Coaching questions:

- What are some things you could do as a reminder to cover all 3 structuring statement components?
- Tell me some ways you could practice the structural statements so that they sound more natural?

Information Gathering Funnel

When to Monitor & Coach this Skill:

- Within two weeks of staff completion of assessment interview training
- Quarterly (at minimum) to quality assure that skill 'drift' does not occur

Background on Skill Being Monitored:

An assessment interview requires a certain kind of structure—that of gradually helping an offender to open up about personal information that may be difficult to share.

Interview research indicates that beginning with more *impersonal data* in the beginning will likely reduce offender defensiveness as opposed to beginning with more internal/sensitive information such as “tell me about your personality”.

Impersonal data enables the interviewer to begin to 'mine' the offender's underlying story in a non-threatening way. Often, as offenders become more open about themselves, they likewise open the interview up to discussion of new and possibly more sensitive content. Risk factor areas are shown in the above figure, moving from impersonal to impersonal/personal, to personal.

Use of *open questions* (How, What, Tell me, Explain, Say more) also encourage more open discussion than do closed questions. For example, the interviewer might say, "How does your family view your participation in school?" [Interviewer moved the discussion of *education* to *family* issues (note the impersonal—personal continuum in the figure above).]

Assessing & Giving Positive & Corrective Feedback on Observed/Taped Staff Performance

Begin the feedback segment with a strong positive feature noted in the staff-person's skill application. Explain the performance level you have observed using terms similar to those in the rating scale below. Based on your rating, if remediation is suggested decide whether the next reassessment period is acceptable, or whether a 'dry run' or similar mock performance is immediately warranted. Check the rating that best describes the staff-person being assessed.

0 []	1 []	2 []	3 []
Moved to personal areas prematurely, offender also began to show defensiveness.	Began with impersonal areas but phrased questions personally, or led off with numerous closed questions.	Aptly used open questions to move from personal to impersonal, but did not get enough detail to score.	Used open questions, moved from impersonal to personal areas, or successfully followed offender's lead.

Sample Remediation/Coaching questions:

Tell me some ways you could practice asking open questions that sound less personal? [Models an example: Instead of, 'Why were you beating your wife/girlfriend?' Asking, 'Describe the times when you argued with your wife/girlfriend and it got out of hand (or got physical).']

The LSI-R Interview Close-out

When to Monitor & Coach this Skill:

- Within two weeks of staff completion of assessment interview training
- Quarterly (at minimum) to quality assure that skill 'drift' does not occur

Background on Skill Being Monitored:

When closing an interview, 3 components are used: (a) asking a magic question, (b) addressing any red flags that surfaced, and (c) sharing assessment results if the offender wants to hear them.

1. **Magic Questions**: Towards the end of the interview, the offender is asked a 'magic question.' This question enables the offender to shift focus away from the more serious/sober content and summarize his/her life situation, or form a conclusion based on information shared. Examples include:
 - I'm wondering as I think about all that you've shared, where do you think you will be in five years (or what your life will look like)?
 - If you could have one wish, what would it be?
 - If you witnessed your own funeral, what would your friends be saying about you at the ceremony?
 - Think of a time in your life when everything was just about perfect: When was that and how is it different from now?
2. **Red Flags**: Also called 'hot cognitions,' an interviewer needs to get closure on any "hot issues" the offender brought up during the interview. Examples include: a) references to suicide, b) medication needs, and c) threats of harm to or from another person.
3. **Feedback**: As promised during the interview setup, the interviewer follows through on his/her offer to supply personal, objectively delivered feedback to the offender about the assessment findings. The information should be personal, but objectively given. The feedback should end on a positive and hopeful note—the results are not apocalyptic, rather, they point to areas that if properly addressed are most likely to result to a successful parole/probation completion.

Assessing & Giving Positive & Corrective Feedback on Observed/Taped Staff Performance

Begin the feedback segment with a strong positive feature noted in the staff-person's skill application. Explain the performance level you have observed using terms similar to those in

the rating scale below. Based on your rating, if remediation is suggested decide whether the next reassessment period is acceptable, or whether a 'dry run' or similar mock performance is immediately warranted. Check the rating that best describes the staff-person being assessed.

0 []	1 []	2 []	3 []
Omitted one/more of the 3 closeout segments	Interviewer's language during any one of 3 segments either confused or upset offender; or interviewer ignores a red-flag point expressed	Completed all 3 closeout segments, the feedback segment needs clearer/more basic explanation for offender to understand it	Successfully covered all 3 closeout segments; clear signs interviewer was striving for a win-win situation at close of interview

Sample Remediation/Coaching questions:

- What are some things you could do as a reminder to cover the 3 close-out points?
- Tell me some ways you could practice giving feedback so that it comes forth more naturally?

LSI-R If/Then Rules

When to Monitor & Coach this Skill:

- Within the first week of staff completion of assessment tool training
- Ongoing random spot checks of staff scoring samples first six months following training

Note: Knowledge of if/then rules comes under the "mission critical" definition: erring in applying them can have grave consequences for offender classification and subsequent case planning. While our current computer application offers some safeguards, it is up to the practitioner to follow the if/then rules consistently.

Background on Skill Being Monitored:

If/then rules are rules of logic and (general to specific) deductive reasoning. They are important because their adherence (or non-adherence) can affect an offender's classification.

For example, if an item, *Did not complete school beyond 10th grade, scores YES*, then *Did not complete school beyond 12th grade*, must also score YES. Risk factor areas that are likely to have items with if/then rules attached include:

- Criminal history
- Education (level completed)
- Criminal peers
- Alcohol/drug (current and past) use and impact on life functioning
- Emotional problems (degrees of severity)

Assessing & Giving Positive & Corrective Feedback on Staff Performance

Begin the feedback segment with a strong positive feature noted in the staff-person's skill application. Explain the performance level you have observed using terms similar to those in the rating scale below. Based on your rating, if remediation is suggested decide whether the next reassessment period is acceptable, or whether an immediate follow-up on the staff-person's next risk assessment scoring is warranted.

Check the rating that best describes the staff-person being assessed. Also consider quizzing the staff-person on ability to cite all if/then rules for the assessment instrument used. Interviewers need to know the if/then rules by rote, and then apply them consistently.

0 []	1 []	2 []	3 []
Majority of if/then rules that apply to reviewed assessment form were not enforced	More than one if/then rule violation was detected, affecting offender's total risk score and risk classification	One if/then rule violated—had no effect on offender risk classification	All if/then rules were enforced

Sample Remediation/Coaching questions:

- What are some things you could do to help you memorize all if-then rules?
- What might be an effective way for you to make sure these rules get checked before you compute summary scores?
- How can I support you in making sure these rules are working for you and your clients on a consistent basis?

Link Together Inconsistent Offender Responses

When to Monitor & Coach this Skill:

- Within two weeks of staff completion of assessment interview training
- Quarterly (at minimum) to quality assure that skill 'drift' does not occur

Background on Skill Being Monitored:

Ongoing scrutiny of consistency in offender responses is an integral part of the assessment interview. Checking for consistency includes comparing offender responses with statements from court and arrest records, and other resource documents from the offender case file.

Within the interview itself, the interviewer compares earlier details with statements supplied by the offender as the interview progresses. This is important because the offender's:

- Recollection of certain facts may be inaccurate, and therefore needs interviewer prompting to get the details as accurate as possible
- Responses may be intentionally distorted at times (to prevent legal recrimination, play down severity, minimize guilt, etc.)

Regardless of the causes of inconsistencies, by reflecting back to an offender, without accusation, that a discrepancy exists between statements made (or documentation and statements), encourages the offender to clear it up. Thus, it also shows that the interviewer is checking his/her facts and boosts confidence in post-interview item scoring.

Assessing & Giving Positive & Corrective Feedback on Observed/Taped Staff Performance

Begin the feedback segment with a strong positive feature noted in the staff-person's skills application. Explain the performance level you have observed in the critiqued session using terms similar to those in the rating scale below. Based on your rating, if remediation is suggested decide whether the next reassessment period is acceptable, or whether an immediate follow-up on the staff-person's next risk assessment interview is warranted.

Check the rating that best describes the staff-person being assessed.

0 []	1 []	2 []	3 []
One/more instances of offender inconsistencies were clearly noted but never addressed by interviewer	Detected and questioned all inconsistencies, but failed to score the relevant item accordingly	Detected and got clarification on inconsistencies; needs to work on accusatory tone and/or non-judgmental words	Skillfully addressed all inconsistencies in a spirit of acceptance and unconditional positive regard

Sample Remediation/Coaching questions:

- What are some ways you become more accustomed to hearing inconsistencies in interviews?
- How can I support your development along this line?
- How can I help you improve your communication skills, insofar as being able to neutrally point out an inconsistency to an offender?

LSI Underscored Subscales: Emotion/Mental & Attitudes/Values

When to Monitor & Coach this Skill:

- Within two weeks of staff completion of assessment interview training
- Quarterly (at minimum) to quality assure that skill ‘drift’ does not occur

Background on Skill Being Monitored:

Two common content areas that interviewers tend to gloss over during assessment interviews are the offender’s (1) emotional/mental functioning and (2) anti-social attitudes/values. Interviewers show a tendency to skip over the emotion-attitude domains possible because they possess knowledge deficits about those domains. Or the psychological jargon and theories addressing emotional stability, psychiatric history, disregard for social convention, etc., are confusing or uninteresting. Some interviewers may experience discomfort (and inadequate skill) associated with asking tactful-but-tough “clinical” questions of their offenders.

Some interviewers are able to question offenders on relevant clinical issues, but do not follow through appropriately—i.e., they score offender responses more leniently than when covering other subscales. Interviewers need to practice using open and closed questions that will elicit a clear picture of an offender’s emotional/mental state and his/her pro- vs. anti-social attitudes and values.

Assessing & Giving Positive & Corrective Feedback on Observed/Taped Staff Performance

Begin the feedback segment with a strong positive feature noted in the staff-person's skills application. Explain the performance level you have observed in the critiqued session using terms similar to those in the rating scale below. Based on your rating, if remediation is suggested decide whether the next reassessment period is acceptable, or whether an immediate follow-up on the staff-person’s next risk assessment interview is warranted.

Check the rating that best describes the staff-person being assessed.

0 []	1 []	2 []	3 []
No questions eliciting emotional/ attitude details from the offender were asked	Questions asked did not elicit sufficient details for accurate scoring of emotional/attitudes (item answers remain as Unknowns)	Scoring coincided with offender responses; more tactful-but-tough questions needed for confident scoring	Tactful questions elicited complete answers for all subscales; scoring coincided with offender responses

Sample Remediation/Coaching questions:

- Supply examples of tactful open questions that might elicit offender answers about anxiety and life stresses (or troubling emotions or thoughts)?
- Give examples of asking about previous mental health treatment.
- How would you probe for severity of the problem and type of treatment received?
- How would you tactfully ask about an offender's attitudes toward crime (or social conventions, or toward his/her current sentence, or toward correctional supervision)?
 - Tell me if you think you score leniently in these areas and why?
 - How can you compensate for that in the future?

Social Network Comprehension

When to Monitor & Coach this Skill:

- Within two weeks of staff completion of assessment interview training
- Bi-monthly random spot checks of staff scoring samples with taped interview (audio or video)

Background on Skill Being Monitored:

Interviewers are not mandated to construct social network maps with interviewed offenders. But they do need to be able to accurately comprehend the pro-social and pro-criminal context of an offender's social network. A social network map (see example on the following page) shows the frequency of an offender's interaction with pro-social and pro-criminal friends and acquaintances.

Outputs: Based on active listening skills (and fidelity to the assessment tool's items), the interviewer is likely to capture a number of risk and protective factor areas that need to be clearly understood in order to develop a sound and prudent case plan:

1. Number and interaction frequency of pro-criminal friends/acquaintances
2. Which individuals from #1 most reinforce offender risk of anti-social thinking/behavior
3. Number and interaction frequency of pro-social friends/acquaintances
4. Which individuals from #3 most reinforce offender pro-social thinking/behavior (protective)
5. Approximate percentage of offender time devoted to unstructured at-risk situations
6. Approximate percentage of offender time devoted to structured, pro-social activities

Assessing & Giving Positive & Corrective Feedback on Observed/Taped Staff Performance

Observe an interview conducted by a staff person (or view a taped interview). Explain how the social network map works. Direct the staff-person to create a map based on the reviewed interview. Observe and note correct/incorrect coding. Pose as questions the 6 social network map outputs (above). Coach and give positive reinforcement and correction as needed. Explain the performance level observed in this critique using terms similar to those in the rating scale below. Decide whether a follow-up session is warranted.

Check the rating that best describes the staff-person being assessed.

0 []	1 []	2 []	3 []
Could not supply accurate interaction frequency between offender and pro-social and pro-criminal associates and/or those most reinforcing	Satisfactorily supplied interaction frequencies and most reinforcing associates but was unable to estimate % of offender free time was devoted to structured/ unstructured activity	Social network map is at least 85% accurate on major details; and/ or answers to the 6 output questions indicate more interpretation and questioning is needed	Social network map is accurate and staff person's answers to the six output questions indicate impartial interpretation useful for case planning

Sample Remediation/Coaching questions:

- Describe the subscale areas you need to work on in order to get a fuller, more accurate picture of an offender.
- Give me several examples of open questions and follow-up questions you could use to better target an offender's frequency of interactions (or percentage of unstructured time, or percentage of pro-social structured activities offender's engaged in)?

LSI-R Module 14: Working Alliance

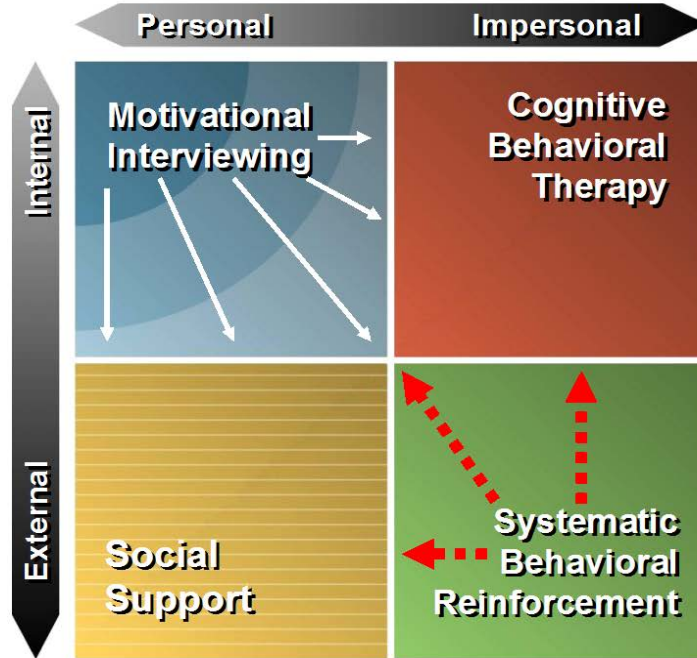
1. Discuss why developing a working alliance with clients is important.
2. Explain how addressing precursors (Module 2) is part of building a working alliance.
3. Identify common “traps” that can undermine a working alliance.

Outcome Attributions:

Features of the Individual Client	= 40%
▪ internal (IQ, Dual Diag., etc.)	
▪ external (Social Support Insurance)	
Relationship w/ Counselor	= 30%
▪ working ‘alliance’	
▪ accurate empathy	
Placebo (anticipatory set)	= 15%
Intervention model	= 15%

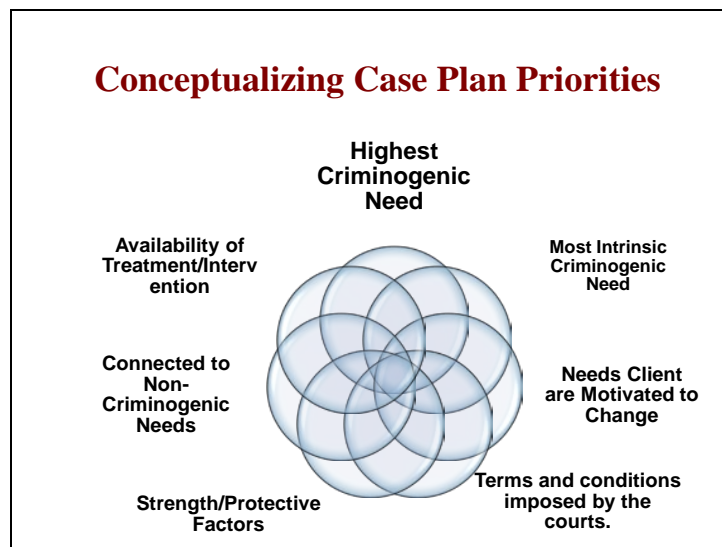
(Lambert & Barley, 2001)

Framework for Community Supervision



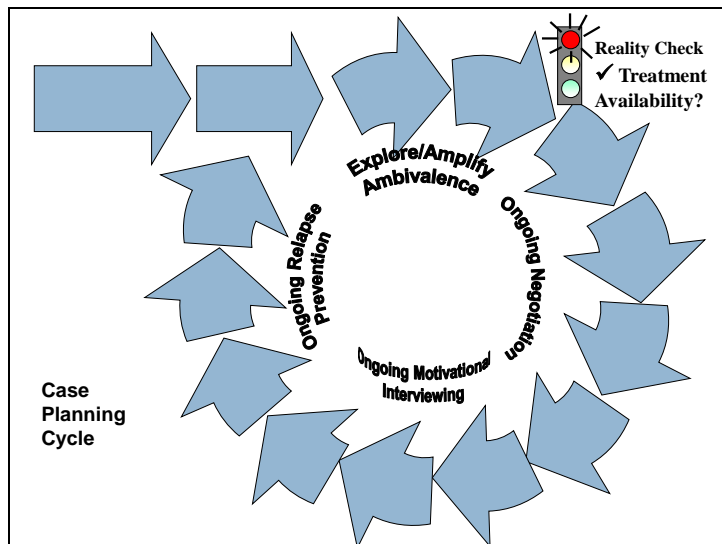
LSI-R Module 15: Case/Change Planning

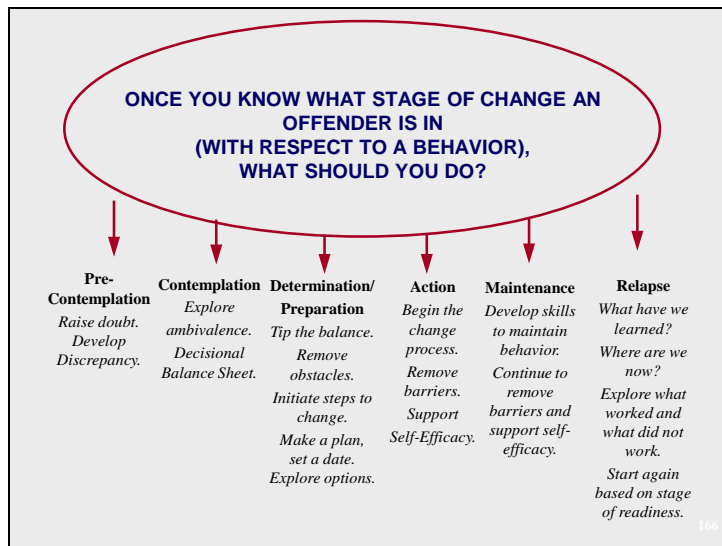
1. List 8 of the 13 steps in the Case Planning Cycle
2. Discuss the sequence of case planning and why some steps need to precede others for better results
3. Explain the difference between formulating an administrative case plan and developing a change plan based on agenda-setting with the offender

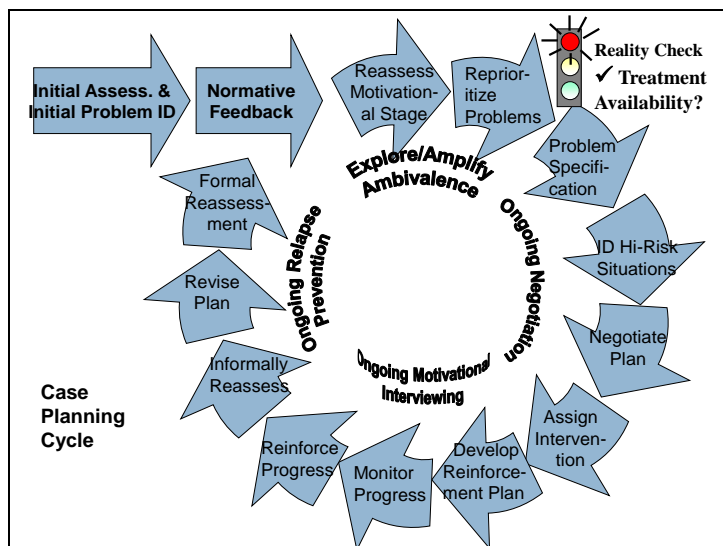


13 STEPS IN CASE PLANNING:

- Initial Assessment & Initial Problem Identification
- Develop Reinforcement Plan
- ID High Risk Situations
- Reassess Motivational Stage
- Revise Plan
- Problem Specification
- Negotiate Plan
- Assign Intervention
- Reprioritize Problems
- Monitor Progress
- Normative Feedback
- Reinforce Progress
- Informally Reassess







QUALITY ASSURANCE REVIEW of an INDIVIDUAL CASE PLAN

Staff/Practitioner Name: _____ Date: _____

Offender Name/ ID # _____

Reviewer _____ Date of Review _____

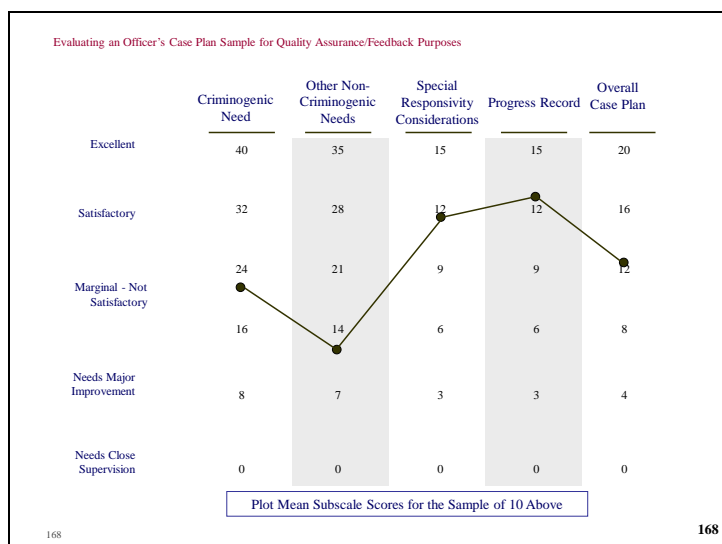
Instructions:

1. Randomly select 10 case plans for review (a separate QA form is required for each case plan).
2. Each criterion on this form has a scoring range of 0 (absent) to 5 (completely satisfied); thus, it uses a six-point scale (0 - 1 - 2 - 3 - 4 - 5), but only the extreme and middle criteria are defined for you. You may provide a rating of 0, 1, 2, 3, 4, or 5, and document it in the Score column.
3. After rating all criteria for the a plan component (i.e., 9.2.1; 9.2.2, etc...), tally and enter each subscale total in the space provided.
4. Transfer the subscale into the Case Review QA Scoring on all Subscales table.

CRIMINOGENIC NEEDS (9.2.1) - PLAN COMPONENT			Score
1. Was the Section 7's Risk/Need Profile grid completed accurately? (Note: while Section 7 is not part of Section 9, it is appropriately included here as it forms the foundation for Section 9)			(3)
5 Completed with no errors.	3 Completed with error(s)	0 Not completed.	
2. Is problem prioritization consistent with the LS/CM™ highest scoring subcomponents?			(2)
5 Problem prioritization consistent with needs identified in Section 7.	3 Ranking is questionable or not supported by Section 7, or by officer documentation.	0 Problem ranking is inconsistent with identified needs in assessments.	
3. Are specified goals appropriate to the respective Criminogenic Need, and are these goals stated as behavioral change objectives?			(2)
5 Yes on both counts above.			
3 Yes on only one of above two counts.			
0 No on either count above.			
4. Is each goal reasonable and measurable?			(1)
5 Goal focuses on the behavior changes that offender is capable of achieving and is expected to make an outcome of the case management interventions. Clearly stated so that progress/completion is measurable.	3 Goal focuses merely on attendance/completion, not on behavior change, or is not clearly stated, thus progress is hard to measure.	0 Goal does not meet either criterion.	

MH

Copyright © 2006 Multi-Health Systems Inc. All rights reserved. 167



Case Planning:

Emphasis is on...

- Written plan
- SMART format
- Criminogenic behavior targets
- Aligning plan w/client' motivation is optional
- Developing a case plan is an event

Change Planning:

Priorities are...

- Alignment w/client's motivation
- Criminogenic needs of client are considered
- Written plan is optional
- Change planning is a process (not an event) ¹⁶⁹

Building a Focus for Case Management

- 1. Is there a current written case plan? (1 pt)
- 2. Does the plan conform to a SMART format? (1 pt)
- 3. Does the plan focus on some of the top 3-4 criminogenic issues identified in the assessment? (1 pt)
- 4. Does the plan appear congruent with the offender's motivational readiness? (1 pt)
- 5. Do the progress notes or chronos support and dovetail with the plan? (2 pts)
- 6. Do chronos support and reflect consistent focus on higher criminogenic needs? (2 pts)

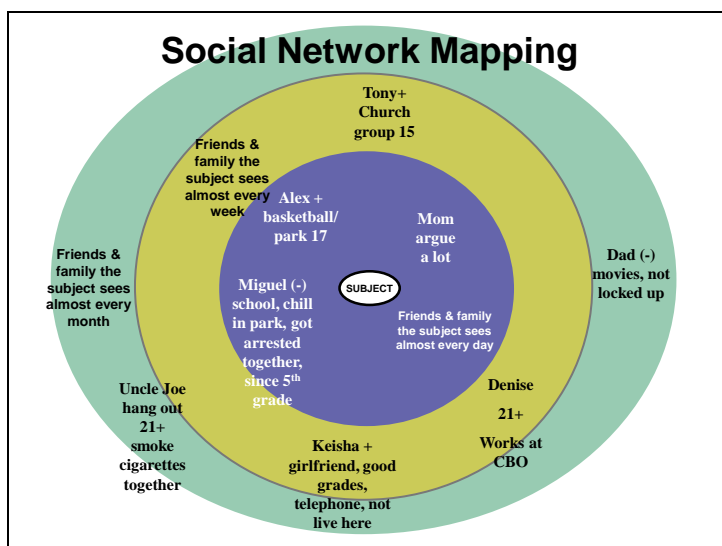
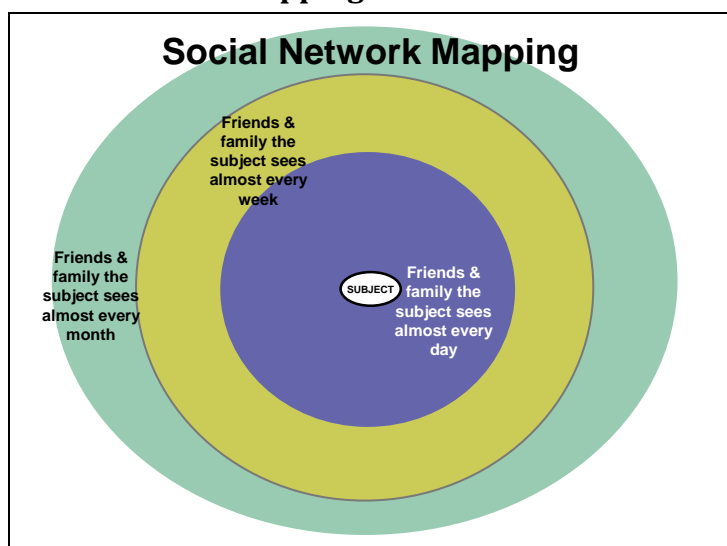
8 points – Masterful 0 points – Terms & Conditions 'Cop'

170

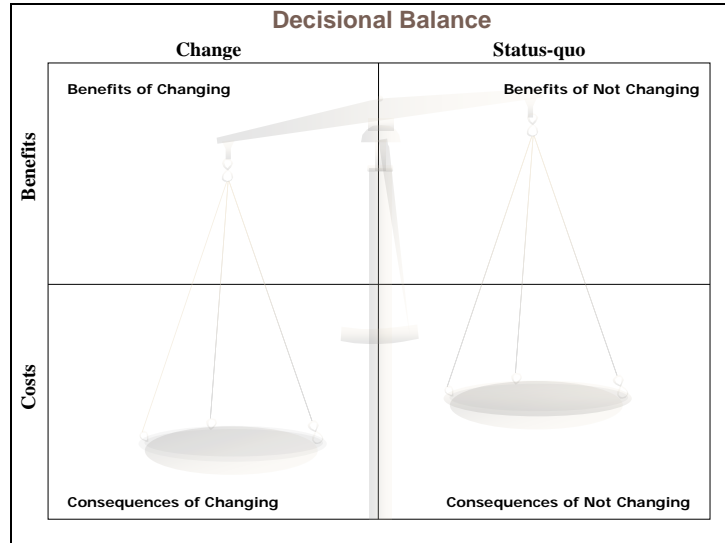
LSI-R Module 16: Brief Interventions

1. Explain the value of social network mapping
2. Describe how decisional balance helps with exploring clients' natural ambivalence about change
3. Define what the acronym FRAMES means
4. List four of the seven precursors

Social Network Mapping



Decision Balance



Frames

FRAMES (Guidelines for conducting brief intervention)	
F =Feedback R =Responsibility A =Advice M =Menu of options E =Empathy S =Self-efficacy	This acronym provides the guidelines for conducting brief intervention. Training can embrace the teaching of listening skills. Care should be taken about misunderstanding the use of advice-giving. (Rollnick & Miller, 1995; Senft et al., 1995)
175	

LSI-R Module 17: Scoring an LSI-R Video (#2)

1. Score an LSI-R Interview w Reasonable Inter-rater reliability (within + / - 3 points)
2. Use all the Scoring Conventions (e.g., X's, circling unknown items, etc.) appropriately
3. Avoid Violating Any If / Then Rules
4. Apply Appropriate Time Frames for Each Item When Scoring an LSI-R

Reminders about scoring integrity:

- Correctly apply the instrument's item-weighting system using the Idaho Scoring Guide
- Comply with if/then rules
- Comply with time-frame rules
- Correctly compute subscale totals and risk/protective (rater box) totals
- Chose a high criminogenic need based on
 - research (big 4, most potent, most intrinsic)
 - readiness and stage of change for high crim needs

A Few Basic Scoring Considerations

- ***Do not*** circle an item you select. If you had to change that rating later, then is a good time to *circle* the correct rating.
- If an answer is unknown about an item, do not guess what it might be—leave it blank for now (see bullet below)
- For any missed content areas: phone the offender (or youth's family in the case of juveniles) to explain that additional data is needed for your notes and ask additional questions.
- Better sources for accurate information: teacher, police officer, minister, or others (*after* getting the appropriate permissions).

LEVEL OF SERVICE INVENTORY - REVISED (IDOC)

Client Name: _____

IDOC#: _____

Start Time: ____:____

Staff Name: _____

Interview Date: ____/____/____

End Time: ____:____

CRIMINAL HISTORY

1. _____ (E) Any prior convictions, adult / number
 2. _____ (E) Two or more prior convictions
 3. _____ (E) Three or more prior convictions
 4. _____ (C) Three or more present offenses / number
 5. _____ (E) Arrested under age 16 / age 1st arrest
 6. _____ (E) Ever incarcerated upon conviction
 7. _____ (E) Escape history - institution
 8. _____ (E) Ever punished for institutional misconduct / number
 9. _____ (E) Charge laid or probation / parole suspended during prior community supervision
 10. _____ (E) Record of assault / violence
- Subtotal Score _____ /10 = (_____ %)

Instant Offense: _____

Incarceration Dates Last 2 Years:

In _____ Out _____ / In _____ Out _____
In _____ Out _____ / In _____ Out _____
In _____ Out _____ / In _____ Out _____

EDUCATION / EMPLOYMENT

When in labor market:

11. _____ (C, IN2) Currently unemployed
12. _____ (YR, IN2) Frequently unemployed
13. _____ (E) Never employed for a full year
14. _____ (E) Ever fired

School or when in school:

15. _____ (E) Less than regular grade 10
16. _____ (E) Less than regular grade 12
17. _____ (E) Suspended or expelled at least once

Homemaker, Pensioner: 18 only

School, work, unemployed: 18, 19, 20

18. _____ (C) Participation / Performance + _____
 19. _____ (C) Peer interactions + _____
 20. _____ (C) Authority interactions + _____
- Subtotal Score _____ /10 = (_____ %)

FINANCIAL

21. _____ (YR) Problems + _____
 22. _____ (YR) Reliance upon social assistance
- Subtotal Score _____ /2 = (_____ %)

FAMILY / MARITAL

23. _____ (YR) Dissatisfaction with marital or equivalent situation + _____
 24. _____ (YR) Non rewarding, parental + _____
 25. _____ (YR) Non rewarding, other + _____
 26. _____ (E) Criminal family / spouse
- Subtotal Score _____ /4 = (_____ %)

ACCOMMODATION

27. _____ (C) Unsatisfactory + _____
 28. _____ (YR, IN2) 3 or more address changes last year / number
 29. _____ (C) High crime neighborhood
- Subtotal Score _____ /3 = (_____ %)

LEISURE / RECREATION

30. _____ (YR, IN2) No recent participation in organized activity
 31. _____ (YR) Could make better use of time + _____
- Subtotal Score _____ /2 = (_____ %)

Client Name: _____

IDOC#: _____

Staff Name: _____

LSI Completion Date: ____/____/____

COMPANIONS

- 32. _____ (YR) A social isolate
- 33. _____ (YR) Some criminal acquaintances
- 34. _____ (YR) Some criminal friends
- 35. _____ (YR) Few anti-criminal acquaintances
- 36. _____ (YR) Few anti-criminal friends

Subtotal Score _____ /5 = (_____ %)

ALCOHOL / DRUG PROBLEMS

- 37. _____ (E) Alcohol problem, ever
- 38. _____ (E) Drug problem, ever
- 39. _____ (YR, IN2) Alcohol problem, currently

0	1	2	3
---	---	---	---

 + _____
- 40. _____ (YR, IN2) Drug problem, currently

0	1	2	3
---	---	---	---

 + _____
- Specify drug: _____
- 41. _____ (YR) Law violation
- 42. _____ (YR) Marital / family
- 43. _____ (YR) School / work
- 44. _____ (YR) Medical
- 45. _____ (YR) Other Clinical indicators

Specify: _____
Subtotal Score _____ /9 = (_____ %)

EMOTIONAL / PERSONAL

- 46. _____ (YR) Moderate interference
- 47. _____ (YR) Severe interference
- 48. _____ (E) Mental health treatment, past
- 49. _____ (YR) Mental health treatment, current
- 50. _____ (YR) Psychological assessment indicated

Area: _____
Subtotal Score _____ /5 = (_____ %)

ATTITUDE / ORIENTATION

- 51. _____ (C) Supportive of crime

0	1	2	3
---	---	---	---

 + _____
- 52. _____ (C) Unfavorable attitude toward convention

0	1	2	3
---	---	---	---

 + _____
- 53. _____ (C) Poor attitude toward sentence / conviction
- 54. _____ (C) Poor attitude towards supervision

Subtotal Score _____ /4 = (_____ %)

TOTAL RISK SCORE _____

TOTAL PROTECTIVE SCORE _____

HIGHEST CRIMINOGENIC NEED _____

STAGE OF CHANGE _____

Pre-submission Self-Check

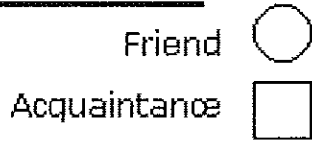
- Audio file is: wav, mp3, mp4, or wma
- Interviewee is an actual IDOC client (not a role-play)
- ^ Signed consent form and form is appended
- Audio quality is clear and loud enough to transcribe
- Audio is at least 20 but no longer than 90 minutes
- All scoring info is noted or appended
- Submission date is within 3 days of interview date

Submission Process

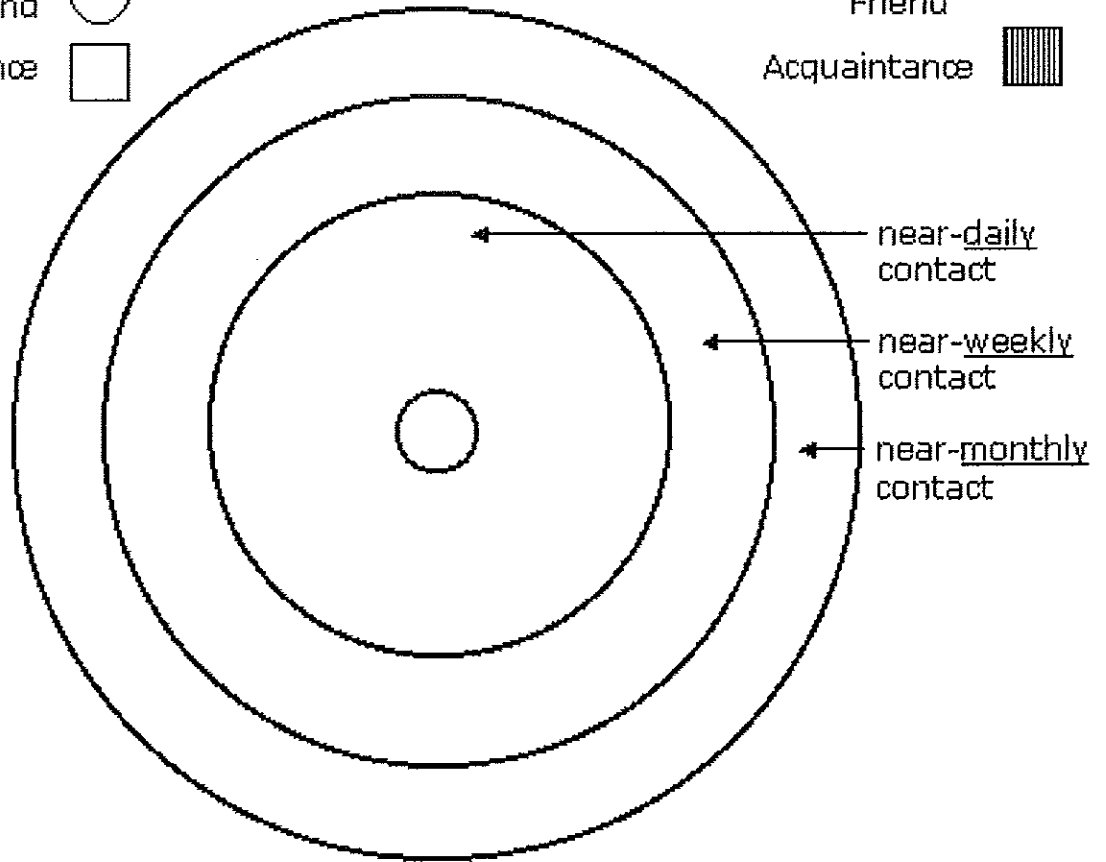
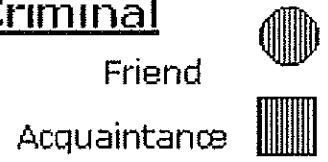
Scan the consent, scoresheet, and other info not in the interview/scoresheet you used for scoring. (Handwritten or typed summary only. Do not append case notes, PSI, etc.) Use the Hightail link on the eDoc P&P landing page to send these PDF docs along with the audio file. Email notice of submission to blamott@idoc.idaho.gov and cc your supervisor.

	CH	E/E	Fin	Fam	Accm	Leis	Comp	A/D	Em/Pr	Att	
High	8-10	8-10	2	4	3	2	4-5	7-9	4-5	4	High
Mod/High	6-7	5-7		3	2		3	5-6	3	3	Mod/High
Moderate	3-5	3-4	1	2	1	1	2	3-4	2	2	Moderate
Low/Mod	1-2	2	0	1	0	0	1	1-2	1	1	Low/Mod
Low	0	0-1		0			0	0	0	0	Low

Pro-Social



Pro-Criminal



IDAHO LSI-R SCORING GUIDE

TIME FRAMES KEY

- C** = Evaluate according to offender's CURRENT situation (on the date of assessment).
- YR** = Evaluate over the PAST ONE YEAR (which includes current situation).
- IN2** = If the offender has been incarcerated 2 years or more, evaluate the most recent year in the institution. If the offender has been incarcerated less than 2 years, evaluate the most recent year in the community.
- E** = Ever. Evaluate over the offender's LIFETIME.

*** You may leave up to 5 questions unanswered, and the tool is still valid. ***

SCORING KEY

RISK
 Yes = 1 pt. Risk
 No = 0 pts. Risk

**PROTECTIVE/
 RATER BOXES**
 3 = 3 pts. Protective
 2 = 2 pts. Protective
 1 = 1 pt. Protective *and* 1 pt. Risk
 0 = 0 pts. Protective *but* 1 pt. Risk

Rater Box Scoring Key

Rater Boxes should be scored, using rater box guides, *prior* to a determination of risk.

#	0	1	2	3
	Item represents a severe risk factor - clearly increasing the offender's likelihood of recidivism. Very Unsatisfactory - strong need for improvement. ANTI-SOCIAL	Item represents a risk factor - most likely increasing the offender's likelihood of recidivism. Relatively Unsatisfactory - need for improvement. ANTI-SOCIAL	Item is not a risk factor at this time, or within the time frames established for rating the item. Relatively Satisfactory - some room for improvement. PRO-SOCIAL	Item represents a protective factor or strength - possibly mitigating the chances of future criminal activity. Satisfactory - no need for improvement. PRO-SOCIAL

If/Then Rules for Scoring the LSI-R

<u>Item #:</u>	<u>IF</u>	<u>Item #:</u>	<u>THEN</u>
	2 scores		1 scores
	3 scores		2 & 1 score
	15 scores		16 scores
	11 scores		18, 19, 20 score 0
	34 scores		33 scores
	39 scores		37 scores
	40 scores		33 & 38 score
	40 scores	}	@ least 1 item
	39 scores		from items 41
	47 scores		through 45 scores
			46 scores

The 10 LSI-R Subscales and their corresponding Central 8 Criminogenic Needs

Criminal History	History of Antisocial Behavior*
Education/Employment	Education/Employment
Financial	n/a
Family/Marital	Dysfunctional Family Relations
Accommodation	n/a
Leisure/Recreation	Leisure/Recreation
Companions	Antisocial Associates*
Alcohol/Drug Problems	Substance Abuse
Emotional/Personal	Antisocial Personality Pattern*
Attitude/Orientation	Antisocial Cognition*

* The Big 4 are:

History of Antisocial Behavior
 Antisocial Associates
 Antisocial Personality Pattern
 Antisocial Cognition

CRIMINAL HISTORY

1. ANY PRIOR ADULT CONVICTIONS [E]

Criminal History is not an area of criminogenic need per se. However, it is crucial for risk analysis and is an important part of this assessment. The Criminal History domain is an indicator of History of Antisocial Behavior/Low Self Control, which is one of the Big Four criminogenic need areas. Criminal history is a long established predictor of future behavior. The versatility, stability, and frequency of the offender's criminal behavior patterns are key factors in assessing the risk for recidivism.

- a. Check "Yes" if the offender has any prior adult convictions.
- b. Enter the total number of convictions with a number (i.e. 7) only.
- c. Do not count the present offense.
- d. Count convictions 18 or older unless waived to adult court. Do not count Contempt, FTA or PV.
- e. Any number of offenses, or counts, under the same case number is considered one conviction.
- f. Do not count dismissed cases, juvenile offenses, or the current offense.
- g. If the offender is being supervised on two or more cases, the most recent sentencing date is considered the current offense. All others are counted as prior convictions unless sentenced on the same date.
- h. Do not count enhancements to crimes, such as Habitual Violator or Use of a Firearm in the Commission of a Felony.
- i. Include all criminal convictions, including misdemeanors, Withheld Judgments and Alford Pleas.
- j. Count misdemeanor traffic offenses, but not infractions.

2. TWO OR MORE PRIOR ADULT CONVICTIONS [E]

Criminal history is an established risk predictor for future criminal behavior.

- a. Includes the definitions of a conviction from question 1.
- b. If "Yes", then question 1 must also be "Yes".

3. THREE OR MORE PRIOR ADULT CONVICTIONS [E]

Criminal history is an established risk predictor for future criminal behavior. A more extensive history means a greater likelihood of future criminality.

- a. Includes the definitions of a conviction from question 1.
- b. If "Yes", then questions 1 and 2 must also be "Yes".

4. THREE OR MORE PRESENT OFFENSES [C]

Versatility of criminal behavior is often associated with continued criminal behavior. In items 1-3 we referred to “convictions” as a single sentencing episode. In this item we are counting the number of actual “offences” making up that sentencing date.

- a. Check “Yes” if the offender has 3 or more current offenses (or has been found guilty or plead guilty to 3 charges at sentencing).
- b. If the offender is being supervised or incarcerated for two or more cases; the most recent sentencing date is considered the current offense. All others are counted as prior convictions unless sentenced on the same date.
- c. Do not count dismissed cases.
- d. Do not count outstanding charges, or charges that have been dropped or plea-bargained away.
- e. Count the number of dispositions (regardless of the number of cases) as the number of present offenses.
- f. Count the number of crimes, and/or the number of counts on any case, for the **most recent** offense for which the offender was convicted and is currently serving a sentence in the community or in an institution.
- g. Enhancements to the current offense(s) do not count as separate convictions (i.e. Habitual Violator, Use of a Firearm in the Commission of a Felony, etc.).

5. ARRESTED UNDER AGE 16 [E]

Early onset of criminal behavior is predictive of future criminal behavior. The earlier it starts, the more likely it is to continue.

- a. Check “Yes” if the offender was arrested, cited, or convicted of any offense under the age of 16.
- b. Count any legitimate contact with law enforcement resulting from criminal conduct or “status” offenses (truancy, curfew violations, and run-away). Physical arrest is not necessary for a “Yes” score.

6. EVER INCARCERATED UPON CONVICTION [E]

Exposure to incarceration can increase the risk of recidivism due to modeling of pro-criminal behavior, identification as part of a group, indoctrination and reinforcement of criminal behaviors, and institutionalization.

- a. Check “Yes” If the offender served jail time, prison time, or juvenile detention as a result of any conviction, prior or current, **juvenile or adult**.
- b. Incarceration includes: jail, prison, detention center, half-way house, and inpatient treatment if resulting from sentencing upon conviction. Can include foster or group home if placement was mandated due to sentencing upon conviction.
- c. Incarceration does not include pretrial detention or jail time prior to conviction, unless the judgment orders credit for time served.
- d. Projected confinement time counts, if it is a result of a sentencing order.
- e. Home detention, electronic monitoring, and community service do not count.

7. ESCAPE HISTORY FROM A CORRECTIONAL FACILITY [E]

Past behavior is the best predictor of future behavior. Prior escape history may indicate psychological reactance, unwillingness to follow rules, impulsivity gratification, and/or high sensation-seeking.

- a. Check "Yes" if the offender ever escaped or attempted to escape from a secure juvenile or adult correctional facility.
- b. Correctional facility includes prison, jail, or secure residential treatment facility.
- c. Do not count escape or walk-away from work release or a non-secure facility.
- d. Do not count absconding supervision.

8. EVER PUNISHED FOR INSTITUTIONAL MISCONDUCT [E]

Past behavior is the best predictor of future behavior. Prior misconduct history may indicate psychological reactance, inability to follow rules, and/or impulsivity gratification. The less a person believes he should obey the rules, the more likely he is to violate them.

- a. Check "Yes" if the offender was ever formally punished or sanctioned after being found guilty of a Disciplinary Offense Report (DOR) or jail write-up.
- b. Includes both adult and juvenile periods of incarceration.
- c. Count only institutional misconduct that resulted in a formal sanction (i.e. Loss of privileges, segregation, etc.).
- d. Record number of times punished, not number of disciplinary hearings.
- e. Do not count infractions, written warnings, and verbal warnings.
- f. Do not count if no consequences resulted from the incident, even if found guilty at hearing.

9. CHARGE LAID OR PROBATION/PAROLE SUSPENDED DURING PRIOR COMMUNITY SUPERVISION [E]

Non-compliance while under community supervision or sanction suggests that the offender's criminal behaviors are persistent, well-established, and likely to recur.

- a. Check "Yes" if the offender was charged with any new criminal offense occurring during a period of community supervision.
- b. Check "Yes" if the offender ever officially violated the terms and conditions of his probation/parole, juvenile or adult. Score for any sanction that resulted in a regression, suspension, revocation, new charge, or other action taken (or approved by) the jurisdictional authority.
- c. Community supervision is probation, parole, residential placement, mandatory supervision (even if unsupervised), and release on pre-trial or bail/bond.

10. OFFICIAL RECORD OF ASSAULT OR VIOLENCE [E]

History of violent offenses means risk of future violent behaviors. Past behavior is the best predictor of future behavior.

- a. Check “Yes” if there is any official record of assaultive or violent behavior. A conviction is not necessary to be counted.
- b. Include both adult and juvenile history of violence.
- c. Count recorded incidents of violent behavior where an intent to harm, threaten, coerce, or intimidate, by whatever means (physical or psychological), was demonstrated. Consider prior and current offenses when scoring.
- d. Sex offenders are a default “Yes”.
- e. Check “Yes” for violence against animals.
- f. School records, military incidents, institutional behavior, etc., that meet the above criteria are counted.

EDUCATION/EMPLOYMENT

11. CURRENTLY UNEMPLOYED [C, IN2]

Employment is a primary socialization structure in our culture that provides a crucial source of social bonds.

- a. Check “Yes” if the offender is currently unemployed.
- b. Check “Yes” if the offender is currently working less than 30 hours per week and is not enrolled in school.
- c. Current is defined as the immediate moment at which the assessment is administered.
- d. Verify whether “self-employment” is legitimate. Working “under the table” is not legitimate and should be checked “Yes”.
- e. Check “Yes” if the offender is a seasonal worker, during off season, and has not made financial provisions for this period of time.
- f. Check “No” if the offender is:
 - Employed full time.
 - A full time student.
 - Retired from the labor market and receiving a pension or Social Security.
 - A homemaker (when scoring, consider dependents, productivity and financial situation). Is this a choice as an “unpaid” job, with other means of support? Is this status creating a risk?
 - Receiving SSD/SSI and able to meet financial obligations without working.
 - A seasonal worker, not in season, who has provided financially for the period of unemployment. This does not include collecting unemployment benefits.
 - Being paid to participate in a work skills training program, whether incarcerated or not.
 - Has never entered the labor market because still in school in the community.
 - Employed in the institution.
 - Serving 2 years or less and it is verified they will be returning to the job held just prior to incarceration.
- g. **If this item scores “YES”, then question 18, 19 & 20 rater boxes must be scored “0”**

12.FREQUENTLY UNEMPLOYED [YR, IN2]

Lack of consistent employment reflects a higher risk for return to criminal lifestyle.

- a. Check "Yes" if employed less than 50% of last 12 months in the community.
- b. Check "No" if the offender has been retired for the previous 12 months.
- c. If not in the labor market, such as disabled, homemaker or student, score "No".
- d. If incarcerated and has been for less than 2 years, evaluate based on last 12 months in the community labor market.
- e. If has been incarcerated for more than 2 years, evaluate over last 12 months in the institution.

13.NEVER EMPLOYED FOR A FULL YEAR [E]

Job stability is a major factor in reducing recidivism.

- a. Check "Yes" if the offender has never held one job in the community or in an institution for a continuous 12 months.
- b. Check "Yes" if the offender if the offender is not old enough to have been in the labor market for more than a year.

14.EVER FIRED [E]

A history of poor job performance and attitude signifies disregard for pro-social reinforcements.

- a. Check "Yes" if the offender has ever been fired.
- b. Check "Yes" if the offender was laid off, let go, or otherwise instructed not to return to work due to reasons of performance.
- c. Check "Yes" if the offender resigned in lieu of termination.
- d. Check "Yes" if the offender received a Dishonorable Discharge, Bad Conduct Discharge, or Other Than Honorable Discharge from the military.
- e. Check "Yes" for termination from employment in an institution/work release.

15.LESS THAN REGULAR GRADE 10 [E]

Overall academic achievement is related to stability of crime-free lifestyle.

- a. Check "Yes" if the offender quit school before completing the 10th grade.
- b. Check "No" if the offender has obtained a GED or HSE. Include GED or HSE obtained through correspondence or online programs if recognized in a formal manner by educational authorities, such as a State Department of Education.
- c. If "Yes" then question 16 is "Yes".

16.LESS THAN REGULAR GRADE 12 [E]

Social achievement particularly of a significant academic milestone precludes return to criminal lifestyle.

- a. Check "Yes" if question 15 is "Yes".
- b. Check "Yes" if the offender quit school before completing the 12th grade.
- c. Check "No" if the offender has obtained a GED or HSE. Include GED or HSE obtained through correspondence or online programs if recognized in a formal manner by educational authorities, such as a State Department of Education.

17.SUSPENDED OR EXPELLED AT LEAST ONCE [E]

Delinquent behavior is related to greater risk of relapse to criminal lifestyle.

- Check "Yes" if the offender has ever been asked to leave school, temporarily or permanently, for disciplinary reasons.
- Check "Yes" for in-school suspensions, unless for academic reasons in college.

*** Scoring Note for questions 18, 19, & 20:**

For Attending School, Working, or Unemployed: Score 18, 19 & 20.

For Homemakers, Pensioners/Retirees, or SSD/SSI: Score 18 only, leave 19 & 20 unscored.

18.PARTICIPATION/PERFORMANCE [C]

Involvement and interest in job is a protective factor.

- Score rater box "0" if question 11 is scored "Yes".
- If offender is in school, evaluate on school participation and rewards.
- If in school and working, evaluate activity most influential to individual.
- For homemakers, pensioners/retirees, or SSD/SSI, rate in relation to their day-to-day activities and any risks or rewards associated with the situation.
- Unless determination is made that pro-social rewards are present, score rater box "0" or "1".

#18	0	1	2	3
Work	Offender hates job or is bored with it. The offender can't perform well and wants to change jobs. Offender has unreliable attendance or arrives late. No positive rewards.	Offender dislikes the job and performs at a less than adequate level. Offender receives verbal rewards on an inconsistent basis.	Offender displays some interest in job. May desire a different type of job. Performance is adequate, but offender receives little appreciation from boss or co-workers for good work.	Expresses a strong interest in job, pride in abilities/performance, reliable attendance, willing to work overtime, wants to stay in same line of work. Has received positive input for performance. Feelings of personal rewards.
School	Offender has active dislike of school and work activities. Homework assignments are often late or not completed. Offender is truant and wants to quit. Grades are below average (D or F).	Offender does not derive much enjoyment from school and is disinterested in classes. Offender misses some homework assignments and is receiving average to below average grades (C or D). Attendance is inconsistent.	Offender enjoys school work, but for some reason does not find the activities rewarding. Regularly attending classes and doing assignments, but may have some difficulty understanding course material. (C or higher).	Offender maintains a high interest in school work and school-related activities. Homework, readings, assignments are completed promptly and reliably. Rarely misses class. Average to above average grades.

*** Scoring Note for questions 18, 19, & 20:**

For Attending School, Working, or Unemployed: Score 18, 19 & 20.

For Homemakers, Pensioners/Retirees, or SSD/SSI: Score 18 only, leave 19 & 20 unscored.

19. PEER INTERACTIONS [C]

Stronger peer cohesion indicates an interest in a higher degree of pro-social reinforcement through work or school.

- a. Score rater box "0" if question 11 is scored "Yes".
- b. If offender is in school, evaluate based upon relationships with student peers.
- c. If in school and working, evaluate activity most influential to individual.
- d. If self-employed, evaluate based upon relationship with vendors and customers if information is available. If no information available, leave unscored.
- e. Unless determination is made that pro-social rewards are present, score rater box "0" or "1".

#19	0	1	2	3
Work	Offender has continuous problems with co-workers or is isolated from co-workers. Fighting or arguing frequently ensues with co-workers. Participates in anti-social activities with co-workers.	Offender actively dislikes co-workers or has only limited contact with them. Offender sometimes engages co-workers in arguments, but more often lets angry feelings toward others build up inside.	Offender likes co-workers, but does not participate in activities with them that are unrelated to work. Co-workers provide a pro-social influence and network.	Offender gets along with co-workers. Time is spent together on breaks, on lunch, or other leisure activities. Help each other on the job. Offender is friendly and cooperative to others. Co-workers encourage pro-social behaviors.
School	Offender has significant, ongoing problems with peers, or has virtually no contact with peers. Participates in anti-social activities with peers.	Offender actively dislikes fellow students or has only limited contact with them. Offender sometimes engages peers in arguments, but more often lets angry feelings build up inside.	Offender gets along well with other students, but only infrequently associates with them for activities outside of school.	Offender gets along with fellow students. Engages in outside activities with them. Offender has close friends at school.

*** Scoring Note for questions 18, 19, & 20:**

For Attending School, Working, or Unemployed: Score 18, 19 & 20.

For Homemakers, Pensioners/Retirees, or SSD/SSI: Score 18 only, leave 19 & 20 unscored.

20.AUTHORITY INTERACTIONS [C]

Poor relations with figures of authority signify poor attitude and lack of concern or ability to deal with individuals in positions of power.

- a. Score rater box "0" if question 11 is scored "Yes".
- b. If offender is in school, evaluate based upon relationships with teachers.
- c. If in school and working, evaluate activity most influential to individual.
- d. If self-employed, evaluate based upon relationship with vendors and customers if information is available. If no information available, leave unscored.
- e. Unless determination is made that pro-social rewards are present, score rater box "0" or "1".

#20	0	1	2	3
Work	Offender experiences significant and continuing conflicts with supervisor. Offender won't follow orders and frequently argues with supervisor. Offender feels others are treated better by the boss. Supervisor engages in anti-social activities.	Offender dislikes supervisor, but puts on a front to get along with boss. Offender remains distant from boss, even when problems related to the job arise. Passive resistance to instructions from supervisor.	Offender respects supervisor and talks to him/her about work-related problems. However, avoids discussions except for important matters and does not approach supervisor for personal matters. Follows instructions from supervisor.	Offender shows respect, if not liking, for supervisor. Offender talks with supervisor, even regarding non-job matters, and would approach supervisor with problems. Orders are willingly followed.
School	Offender hates and avoids teacher(s). Offender is disruptive in class, heckles or argues with teacher.	Dislikes teacher(s) and remains silent in class. Offender does not approach teacher with questions or problems outside of class.	Offender talks to teacher(s) only about course-related materials. Although offender shows respect for teacher(s), does not seek advice for personal/interpersonal problems.	Offender talks to teacher(s) in and out of class. Offender has (or would) seek the opinion of a teacher regarding a personal/interpersonal problem or accomplishment. Respects teacher(s) and values opinion.

FINANCIAL

21. PROBLEMS [YR]

Financial stability and self-sufficiency are pro-social. Problems are considered stressors which may be indicative of anti-social attitudes or precipitators of inappropriate ways to get money. Financial problems may be an impediment to successful intervention and treatment.

- a. Past bankruptcy does not mean that financial difficulties still exist.
- b. "Under the table" income from an employer is considered an anti-social income source and is considered a risk factor.

#21	0	1	2	3
	Severe difficulty, not managing financial situation. Financial needs/expenses are not met with current legal income. Income sources may be from anti-social or criminal means. Behind on most/all bills. Severe stressors due to financial situation, or a complete disregard for finances. Lacks skills to effectively manage finances. May be impulsive with money. Wages may be garnished or withheld by a government agency or court.	Some difficulty managing financial situation. Financial needs/expenses may not be met with current legal income. Income sources may be from anti-social or criminal means. Frequently worried due to stressors from financial situation. May lack the skills to effectively manage finances. Some impulsiveness, or little planning concerning finances. Wages may be garnished or withheld by a government agency or court.	Current financial stability. Managing needs/debts well. Financial needs/expenses are met with current legal income. Income sources are from pro-social, non-criminal means. While there may be some stressors present due to finances, they are not severe. Has basic skills required to manage finances, but could use improvement.	Long-term, effective management of finances. Financial needs/expenses are clearly met with current legal income. Income sources are from pro-social, non-criminal means. Has no reason to be concerned about finances.

22. RELIANCE UPON SOCIAL ASSISTANCE [YR]

Dependence on fixed or occasional public assistance indicates a lack of self-sufficiency, increased time on hands, and places limits on legally-obtained income.

- a. Check "Yes" if offender is receiving, or has established a pattern in the past year of receiving, any financial assistance from: Aid for Dependent Children, food stamps, worker's compensation, unemployment benefits, disability income, housing assistance, etc. Consider assistance provided by government agencies, recognized charities, churches, etc.
- b. Do not consider income from relatives as social assistance.

FAMILY/MARITAL

The Family/Marital domain focuses on current family and marital interactions and their influence on an offender. You should attempt to get a picture of the rewards the relationship/family life offer, as opposed to merely seeking to find stressors or the absence of stressors. Explore pro-social and anti-social rewards that may be present in the relationships to help determine its quality.

Questions 23, 24, & 25 should be rated based upon the offender's level of satisfaction in the relationship.

23.DISSATISFACTION WITH MARITAL OR EQUIVALENT SITUATION [YR]

A satisfying family or marital situation indicates pro-social relationships and ties which are negatively correlated with criminal risk. Strong marital ties have been identified as one of the strongest protective factors.

- a. Score based upon relationships during the past year.
- b. When assessing an incarcerated offender, consider the number and quality of personal visits and other contacts.
- c. If there is no current involvement in a relationship, assess the offender's satisfaction is being single.
- d. Count as marital equivalents:
 - Live in partner (co-habitation)
 - Common law spouse
 - Same sex partner
 - Engagement
 - Long term partner
- e. Do not consider:
 - Newly formed relationships
 - Multiple partners/relationships at one time
 - Casual sexual partners

#23	0	1	2	3
	Unpleasant or hostile relationship. Relationship involves abuse, perpetrated by either offender or spouse. Indifferent or uncaring attitude towards partner. Perpetrating or experiencing harassment of partner or ex-partner. Offender is lonely or frustrated by single status.	Significant conflicts or problems resulting in dissatisfaction. Stressors may include verbal abuse, lack of respect, indifference. Few rewards or positive support from relationship.	Relationship is mostly rewarding and caring. Relationship stressors handled reasonably well. Offender is generally satisfied with single status, but may be looking for a partner.	Highly satisfying relationship. Satisfaction with single status.

24. NON-REWARDING, PARENTAL [YR]

Parental influence is a behavioral control which inhibits anti-social behavior and is a source of pro-social modeling.

- Score based upon interactions during the past year.
- Assess the quality of the offender's relationship or interactions with biological, adoptive, or step-parent if the step-parent had a role in raising the offender.
- If the offender is incarcerated, consider quality of contacts with parents (either visits or correspondence/telephone contact).
- Rate on parental figure with whom the offender has had the most contact with over the past 12 months.
- If both parents are deceased, rater box should be scored "0" regardless of how positive the relationship was. This item is measuring/assessing how much support they presently have.

#24	0	1	2	3
	Relationship absent, hostile, punishing, and/or uncaring. The relationship may range from dislike to hatred. The offender may not care what parents think feel or expect. Both parents deceased.	Significant conflicts, frequent arguing. Offender reports problems, dissatisfaction, and/or indifference regarding relationship.	Mostly rewarding, positive relationship. Good attempts at caring and positive influence. Maintains regular contact with parents.	Highly satisfying relationship. Obvious caring, affection and positive influence. Maintains regular contact with parents.

25. NON-REWARDING, OTHER RELATIVES [YR]

Uncaring, negative or hostile relationships with relatives who have frequent contact are indicative of poor social and problem-solving skills and a lack of pro-social modeling. Presence of caring, supportive relationships entailing regular contact with relatives represent bonds that provide pro-social modeling and controls.

- Score based upon interactions during the past year.
- Consider those family members with whom the offender has **regular contact**, in person or otherwise, or absence of. They may include siblings, aunts, uncles, cousins, grandparents, in-laws.
- Consider others in extended family roles who may not have blood ties i.e., foster family, blended family members.
- Does not include the offender's children.

#25	0	1	2	3
	Relationships absent, hostile, or uncaring.	Significant conflicts, problems; positive modeling absent or infrequent.	Mostly rewarding, positive relationships. Positive modeling and caring is most frequent situation. Gets along with most relatives.	Highly satisfying relationships. Regular, frequent contacts. Obvious pro-social modeling.

26.CRIMINAL FAMILY/SPOUSE [E]

Criminal family member(s) indicate negative modeling and exposure to pro-criminal influences and/or vicarious reinforcement of anti-social attitudes and behaviors.

- a. Score “Yes” if an offender’s parent, sibling, current spouse/equivalent, or other close relative has a criminal record, or an established pattern of criminal behavior.
- b. Criminal record is defined as any conviction, deferred judgments, or deferred prosecution for any criminal misdemeanor or felony.

ACCOMMODATION

27.UNSATISFACTORY ACCOMMODATION [C]

A stable and comfortable residence can reflect ties to and participation in normal society. Dissatisfaction may contribute to decreased opportunity to form positive normative ties and attachments.

- a. This item should primarily be rated based upon the offender’s level of satisfaction with the residence.
- b. Primary consideration should be based upon the home environment, with less focus placed on the other residents within the offender’s home.
- c. If incarcerated, factor in satisfaction with institutional housing assignment, cell environment, and satisfaction with cell mates.
- d. If the offender is homeless or has no fixed address, rater box should be scored “0”.

#27	0	1	2	3
	Mostly unhappy and dissatisfied. Wants to move, or others in the residence want offender to move. Offender has no fixed address. Very strong need for improvement, no positive rewards from accommodation.	Unhappy and not taking action to improve the accommodation. Ties and attachments to neighborhood lacking.	Satisfied with situation and willing to keep the place reasonably well maintained. Some personal rewards available.	Happy and takes pride in residence and neighborhood. Keeps place in good condition. Ties to neighborhood established.

28.THREE OR MORE ADDRESS CHANGES WITHIN THE LAST YEAR [YR, IN2]

A stable residence shows some ties to a neighborhood. Many changes in residence reflect insufficient neighborhood ties and could mean more exposure to or influence of pro-criminal attitudes.

- a. Check “Yes” if the offender has moved 3 or more times within the past 12 months.
- b. Check “Yes” if offender has no permanent residence (i.e., is homeless or stays with various friends).
- c. Being placed in custody is not an address change. Do not include periods of incarceration as changes of address.
- d. If incarcerated less than 2 years, evaluate based on 12 months prior to incarceration.
- e. Score “No” if the offender has been incarcerated more than 2 years.

29.HIGH CRIME NEIGHBORHOOD [C]

In a high crime neighborhood there may be more opportunities for pro-criminal modeling and rewards for anti-social behaviors and attitudes.

- a. Use information from the offender, and also your own knowledge of the area or collateral sources of information such as local law enforcement.
- b. Lower economic status/poverty is not, by itself, evidence of a high crime neighborhood.
- c. Considerations for a “Yes” score may be a high proportion of offenders living in the area, criminal opportunities that exist in the area, or frequent police presence.
- d. Check “Yes” if the offender is currently incarcerated.

LEISURE/RECREATION

30.ABSENCE OF RECENT PARTICIPATION IN ORGANIZED ACTIVITY [YR, IN2]

Recent regular involvement with a group of pro-social individuals is an indicator of attachment and bonds that would tend to constrain the individual’s criminal activities.

- a. Check “Yes” if the offender has NOT shown an established and consistent pattern of involvement in any formal, community-based activity during the last 12 months. Examples of this may be a sports team, service club, church, or social support group.
- b. Check “No” if the offender has shown an established and consistent pattern of involvement in any formal, community-based activity during the last 12 months. Examples of this may be a sports team, service club, church, or social support group. The offender is likely to actively participate in the group’s social activities. The offender is receiving social rewards from participation.
- c. Participation in a self-help group, such as a 12-step group, should be considered for this item:
 - Check “Yes” if the offender is attending a self-help group, but their attendance is mandatory, they are NOT participating in the group’s social activities, and/or they are NOT receiving social rewards from participation.
 - Check “No” if the offender is attending a self-help group, EVEN IF their attendance is mandatory, but they are actively participating in the group’s social activities, and/or they are receiving social rewards from participation.
- d. If offender is incarcerated and has been for less than 2 years, evaluate based on last 12 months in the community.
- e. If offender has been incarcerated for more than 2 years, evaluate over last 12 months in the institution.

31. COULD MAKE BETTER USE OF TIME [YR]

This item assumes that an excess of idle or unstructured free time presents an added dimension of risk.

- a. If leisure or free time activities are anti-social or criminal in nature, score rater box "0".

#31	0	1	2	3
	The offender has no leisure activities and is bored during free time. The offender may engage in activities that place him at risk or involve criminal activity.	The offender's activities are sporadic and inconsistent in terms of gratification, or may be strictly passive activities such as watching TV or movies. Leisure activities may involve risky behaviors, people, or settings.	The offender is involved in at least a couple different recreational activities, but either their involvement is inconsistent or the activities are not entirely rewarding.	The offender is regularly involved in highly rewarding and satisfying, pro-social activities.

COMPANIONS

32. SOCIAL ISOLATE [YR]

Social isolation has been identified as a risk factor. Social isolation precludes ample pro-social modeling opportunities and, in itself, may reflect psychological disturbances or cognitive social skills deficiencies.

- a. Check "Yes" if offender lacks at least one significant, intimate and mutual relationship with a non-relative. The offender may express difficulty in meeting others or keeping friends, or is unable to get along with others. The offender may express extreme independence or disregard for the feelings and expectations of others.
- b. Check "Yes" if the offender engages in solitary activities, but not by his/her choice.
- c. If this item is checked "Yes", then item 34 must be checked "No" and item 36 must be checked "Yes".

33. SOME CRIMINAL ACQUAINTANCES [YR]

The presence of some criminal acquaintances is associated with an opportunity for pro-criminal modeling, a concept that is considered a major risk factor.

- a. Check "Yes" if the offender associates with (or, if currently incarcerated, did associate with prior to incarceration) some individuals who are not close friends, but have criminal records or are involved in criminal activity.
- b. For acquaintances or friends that have criminal records but are now clearly pro-social and stable e.g., AA/NA sponsor with several years clean and sober, do not count these individuals as a pro-criminal influence.
- c. Check "Yes" if the offender is currently incarcerated.
- d. If item 34 is checked "Yes", then this item must also be checked "Yes".

34.SOME CRIMINAL FRIENDS [YR]

Attachments to pro-criminal others is a well-documented predictor of criminal behavior, with roots in both of the major explanatory theories in criminology: social control and social learning.

- a. Check "Yes" if the offender has friends (or, if currently incarcerated, did prior to incarceration) who have criminal records or are involved in criminal activity.
 - Friends are associates with whom one spends leisure time, whose opinions are valued, who provide help when in difficulty, etc.
- b. If this item is checked "Yes" then item 33 must also be checked "Yes".
- c. If this item is checked "Yes" then item 32 must be checked "No".

35.FEW ANTI-CRIMINAL ACQUAINTANCES [YR]

Social networks and peer influence that are predominately or entirely supportive of criminal behavior represent "densely signaled rewards" (for criminal behavior) and are major criminogenic need factors. The lack of anti-criminal companions indicates two things: first, there is a diminished opportunity to observe pro-social models, and second, there is an absence of companions who can actively reinforce pro-social behavior and punish undesirable behavior. Anti-criminal = pro-social.

- a. Check "Yes" if the offender has little or no pro-social influence from acquaintances.
- b. Check "Yes" if most of the offender's social network appears to be involved in criminal activity or have a criminal record.
- c. Check "No" if the offender receives pro-social reinforcement from acquaintances.
- d. Offender must have at least 2 pro-social acquaintances to check "No".
- e. If this item is checked "Yes" then item 36 must also be checked "Yes".

36.FEW ANTI-CRIMINAL FRIENDS [YR]

Social networks and peer influence that are predominately or entirely supportive of criminal behavior represent "densely signaled rewards" (for criminal behavior) and are major criminogenic need factors. The lack of anti-criminal companions indicates two things: first, there is a diminished opportunity to observe pro-social models, and second, there is an absence of companions who can actively reinforce pro-social behavior and punish undesirable behavior. Anti-criminal = pro-social.

- a. Check "Yes" if the offender has little or no pro-social influence from friends.
- b. Check "Yes" if most of the offender's friends are involved in criminal activities. They do not need to have criminal records.
- c. Check "No" if the offender has friends that have not been involved in criminal activity.
- d. Offender must have at least 2 pro-social friends to check "No".
- e. If this item is checked "No" then item 32 must also be checked "No".

ALCOHOL/DRUG PROBLEMS

37.ALCOHOL PROBLEM, EVER [E]

An alcohol problem is considered a risk factor in terms of health and criminal behavior.

- a. Some offenders will report heavy alcohol consumption but also claim it is/was no problem. Determination of an alcohol “problem” is made by the interviewer rather than the offender using the criteria that a problem constitutes any negative impact in a major life area, e.g., work, family, health, financial, etc.
- b. Consider any positive UA/BAC results and related circumstances.
- c. Behavior congruent with labels such as alcohol abuse, dependent, addicted, and problem drinker will count.
- d. If the rater box on Item 39 is scored either “0” or “1”, this item must be checked “Yes”.

38.DRUG PROBLEM, EVER [E]

A drug problem is considered a risk factor in terms of health and criminal behavior.

- a. Some offenders will report heavy drug use but also claim it is/was no problem. Determination of a drug “problem” is made by the interviewer, not the offender.
- b. Consider any positive UA results and related circumstances.
- c. Behavior congruent with labels such as drug abuse, dependent, addicted, and problem drug user will count.
- d. Experimentation with drugs is not considered a drug problem.
- e. If the rater box on Item 40 is scored either “0” or “1”, this item must be checked “Yes”.

39.ALCOHOL PROBLEM, CURRENTLY [YR, IN2]

An existing alcohol problem is a risk factor in terms of health and criminal behavior.

- a. Score rater box "0" or "1" if the offender perceives a problem.
- b. Consider any drinking while incarcerated.
- c. When assessing an offender incarcerated less than two years, consider drinking behavior for the year prior to incarceration.
- d. When assessing an offender incarcerated two years or more, consider only drinking behavior during the incarceration.
- e. Consider any positive UA/BAC results and related circumstances.
- f. If rater box is scored "0" or "1", then item 37 must be checked "Yes".
- g. If rater box is scored "0", at least one of items 41 – 45 **must** be scored.
- h. If rater box is scored "1", any of items 41 – 45 **may** be scored.

#39	0	1	2	3
	<p>* Intoxication at least <u>once a week</u> PLUS engaging in high risk behavior (i.e. driving while intoxicated) or experiencing negative consequences (i.e. employment, family, medical).</p> <p>* Regular pattern of intoxication PLUS experiences negative consequences as a result.</p> <p>* Frequent problems due to drinking, even if drinking is infrequent.</p> <p>* Offender or others have perceived a need to control offender's drinking; yet, attempts to control drinking are unsuccessful.</p> <p>* Maintenance drinking.</p> <p>* Personality changes or social problems due to alcohol abuse.</p> <p>* At least one of the problems in items 41 - 45 have occurred in the last year.</p>	<p>* Intoxication at least twice in the last year PLUS engaging in high risk behavior (i.e. driving while intoxicated) or experiencing negative consequences (i.e. employment, family, medical).</p> <p>* Regular pattern of intoxication, even if negative consequences are not experienced.</p> <p>* Offender or others have perceived a need to control offender's drinking.</p> <p>* Increased tolerance by at least 50%.</p>	<p>* Drank to legal or perceived intoxication less than twice in the last year AND had no negative consequences due to the intoxication.</p>	<p>* Did not drink to intoxication in the last year.</p> <p>* Abstinence in the last year.</p> <p>* The offender is a controlled social drinker.</p>

40.DRUG PROBLEM, CURRENTLY [YR, IN2]

Drug problem is a risk factor for criminal behavior. An existing drug problem is a risk factor in terms of health and criminal behavior.

- a. Score rater box "0" or "1" if the offender perceives a drug problem.
- b. Consider any drug use while incarcerated.
- c. When assessing an offender incarcerated less than two years, consider drug-using behavior for the year prior to incarceration.
- d. When assessing an offender incarcerated two years or more, consider only drug-using behavior during the incarceration.
- e. Consider any positive UA results and related circumstances.
- f. Specify the drug(s) used in the space provided.
- g. If rater box is scored "0" or "1", then item 33 must be checked "Yes".
- h. If rater box is scored "0" or "1", then item 38 must be checked "Yes".
- i. If rater box is scored "0", at least one of items 41 – 45 **must** be scored.
- j. If rater box is scored "1", any of items 41 – 45 **may** be scored.

#40	0	1	2	3
	<p>* Drug use more than twice per week</p> <p>AND</p> <p>Experienced <u>more than one occurrence</u> of the following problems: law violation/arrest, marital/family, school/work, medical, other clinical indicators.</p> <p>OR</p> <p>* Frequent problems due to drug use, even if drug use is infrequent.</p> <p>* Offender or others have perceived a need to control offender's drug use; yet, attempts to control drug use are unsuccessful.</p> <p>* Maintenance use.</p> <p>* Personality changes or social problems due to drug use.</p>	<p>* Drug use twice per week or less</p> <p>AND</p> <p>Experienced <u>at least one occurrence</u> of the following problems: law violation/arrest, marital/family, school/work, medical, other clinical indicators.</p> <p>OR</p> <p>* Regular pattern of drug use, even if negative consequences are not experienced.</p> <p>* Offender or others have perceived a need to control the offender's drug use.</p> <p>* Increased tolerance.</p> <p>* Drug use while under criminal justice supervision.</p>	<p>* Rare or infrequent, minimal use in the past year e.g., no more than 3 lapses (isolated incidents) and no full relapse (return to prior level of problematic use).</p> <p>* No use while under criminal justice supervision in the last year.</p>	<p>* No drug use in the past year.</p>

ITEMS 41 THROUGH 45 ARE EVALUATED BASED UPON DRUG OR ALCOHOL USE OVER THE PAST 12 MONTHS. IF THE OFFENDER HAS NOT USED DRUGS OR ALCOHOL WITHIN THE PAST 12 MONTHS, AUTOMATICALLY CHECK "NO" FOR ALL.

IF RATER BOXES FOR ITEMS 39 OR 40 ARE SCORED "0", AT LEAST ONE OF ITEMS 41 THROUGH 45 MUST BE CHECKED "YES". IF RATER BOXES FOR ITEMS 39 OR 40 ARE SCORED "1", ANY OF ITEMS 41 THROUGH 45 MAY BE CHECKED "YES".

41.LAW VIOLATION [YR]

Patterns of crimes committed under the influence of alcohol or other drugs leads to or causes criminal behavior, i.e., substance misuse facilitates or instigates criminal behavior.

- a. Check "Yes" if the use of alcohol or other drugs contributed, is now contributing, or could contribute to violations of the law. Evaluation is based on offender's official record, offender self-report, or evaluator's knowledge of the offender's situation.
- b. Check "No" if drug transactions are determined to be exclusively for financial gain. Consider scoring drug sales for financial gain under Financial and Attitude/Orientation domains.
- c. Check "No" if the offender has not used drugs or alcohol in the last year.

42.MARITAL/FAMILY [YR]

The offender's alcohol or other drug use contributed to problem with marital and/or other family situation or that significant others have had complaints about the offender's drug use or drinking. Substance abuse problems which erode significant pro-social bonds are assumed to increase criminal risk.

- a. Check "Yes" if the use of alcohol or drugs contributed to problems with marital (or equivalent) or family situation.
- b. Check "Yes" if significant others have had complaints about the offender's drinking or drug use.
- c. Check "No" if drug or alcohol use has not resulted in any family or marital problems in the last year.
- d. Check "No" if the offender has not used drugs or alcohol in the last year.

43.SCHOOL/WORK [YR]

Substance abuse problems which interfere with critical pro-social role development are assumed to increase criminal risk.

- a. Check "Yes" if the use of alcohol or other drugs contributed to problems with school or work. Examples may be: hangover prevents attendance, asked to leave school or work because of substance use or intoxication, fired due to drug or alcohol use or intoxication. Review scoring of items 14, 17, and 18.
- b. Check "No" if drug or alcohol use has not resulted in any school or work problems in the last year.
- c. Check "No" if the offender has not used drugs or alcohol in the last year.

44.MEDICAL [YR]

The use of alcohol or other drugs which contribute to physical problems is indicative of higher risk behavior in general.

- a. Check “Yes” if the use of alcohol or other drugs has contributed to problems with the offender’s physical health or medical status in the last 12 months.
- b. Check “Yes” if the use of alcohol or other drugs has contributed to physical complaints or a health care professional has warned the offender about alcohol or other drug use.
- c. Check “No” if drug or alcohol use has not resulted in any health problems in the last year.
- d. Check “No” if the offender has not used drugs or alcohol in the last year.

45.OTHER CLINICAL INDICATORS [YR]

Extensive or extreme symptoms of substance abuse are associated with poor self-regulation skills and therefore place the individual at a greater risk for criminal behavior.

- a. This item assesses the effects of drug or alcohol use, not the causes for the use.
- b. If the offender is pre-contemplative, they may report drug/alcohol consumption, but be unable to identify it as a problem, despite extreme symptoms.
- c. This item explores symptoms beyond those that would normally be associated with substance use or substance abuse. It is meant to assess clinical indicators that are more likely indicative of substance dependence.
- d. Check “Yes” if:
 - Withdrawal that may include; hallucinations, confusion, seizures, fever, anxiety, shaking or trembling, sweating, nausea and vomiting, insomnia, depression, etc.
 - The need to use to avoid withdrawal symptoms, such as morning use, or sneaking use throughout the day.
 - An increase in tolerance that requires frequent use in high quantities. May report being able to use or drink more than their associates without being able to feel the effects.
 - A loss of control over their use. They are using more than they intended, over a longer period of time than they intended, despite telling themselves they wouldn’t.
 - A persistent desire or need to stop, but all efforts to stop have failed.
 - Extreme symptoms may include substance-induced delirium, substance-induced persisting dementia, substance-induced psychotic disorder, substance-induced mood disorder, substance-induced anxiety disorder, substance-induced sexual dysfunction, substance-induced sleep disorder, etc.
- e. If “Yes”, record the reason for the rating in the space provided.
- f. Check “No” if drug or alcohol use has not resulted in any clinical indicators in the last year.
- g. Check “No” if the offender has not used drugs or alcohol in the last year.

EMOTIONAL/PERSONAL

46.MODERATE INTERFERENCE [YR]

Mild anxiety (insomnia, worrying); mild depression (quiet, withdrawn) etc., can interfere with an individual's ability to respond to occupational, social and psychological stressors. Coping deficiencies in the latter areas may be related to greater risk for criminal behavior.

- a. Check "Yes" if the offender reports moderate interference or emotional distress e.g., signs of mild anxiety (insomnia or worrying), mild depression (quiet, under assertive), withdrawn.
- b. If offender is diagnosed with severe interference, but their emotional and cognitive functioning seems stabilized through mental health intervention, consider scoring this item.
- c. Check "No" if the offender reports no emotional or personal distress in the last year.
- d. Check "No" if emotional problems appear to be normal occurrences of stressors or appear to be normal moods or expressions of emotions.
- e. If item 47 is checked "Yes", this item must also be checked "Yes"

47.SEVERE INTERFERENCE, ACTIVE PSYCHOSIS [YR]

Active psychosis and other severe emotional and cognitive problems can severely interfere with an individual's ability to respond to life's stressors and to the quality of functioning in the real world. This item also assumes that severe interference can significantly increase the risk of criminal behavior.

- a. Check "Yes" if there are any indications of a possible serious mental health problem. However, the main intent is to detect active psychosis.
- b. Consider the following before scoring:
 - Is there concern over emotional stability?
 - Is psychiatric consultation being considered?
 - Is voluntary admission to a psychiatric facility being considered?
 - Is commitment to a psychiatric facility needed?
 - Is there imminent suicide risk?
 - Is interference so severe as to require a mental health consult in planning for services to the offender?
 - Severe emotional and cognitive interferences may also be detected by observing the following indicators:
 - Excessive sweating; extreme passivity or aggression; verbal abusiveness; odd or strange verbalizations; very slow or very fast speech; rambling conversation; auditory and/or visual hallucinations; delusional thinking.
- c. Assess offender's level of functioning over the last 12 months.
- d. If offender has been diagnosed with a serious mental health problem, but is stabilized on medication, check this item "No" and consider scoring question 46 "Yes".
- e. If "Yes" then question 46 must also be scored "Yes".

48.MENTAL HEALTH TREATMENT – PAST [E]

Offenders who received prior mental health treatment are at greater risk for subsequent mental health problems, and, in turn, also share an increased risk for criminal behavior.

- a. Check “Yes” if the offender has ever seen a mental health professional. (Psychologists, psychiatrists, social workers, pastoral counselors, and mental health workers will count.)
- b. Count substance abuse therapists **IF** dual diagnosis was a presenting issue.
- c. Check “Yes” for sexual deviancy treatment.
- d. Check “Yes” for mental health medication monitoring by a medical or mental health professional.
- e. Do not count 12-step groups, self-help groups, or offender change groups facilitated by uncertified correctional professionals.
- f. Do not count routine psychological screenings and/or evaluations.

49.MENTAL HEALTH TREATMENT – PRESENT [YR]

Offenders who are receiving current mental health treatment are at greater risk for subsequent mental health problems, and, in turn, share an increased risk for criminal behavior.

- a. Check “Yes” if the offender is currently seeing a psychologist, psychiatrist, social worker, pastoral counselor, or mental health worker.
- b. Check “Yes” if the offender has been in mental health treatment in the past 12 months.
- c. Count substance abuse therapists **IF** dual diagnosis is a presenting issue.
- d. Check “Yes” for sexual deviancy treatment.
- e. Check “Yes” if the prescribing physician is/was a psychiatrist, and the medication was an antipsychotic (for schizophrenia), a mood stabilizer (for bi-polar affective disorder), or if taking psychotropic medications.
- f. Do not count 12-step groups, self-help groups, or offender change groups facilitated by uncertified correctional professionals.
- g. Do not count routine psychological screenings and/or evaluations.

50.PSYCHOLOGICAL ASSESSMENT INDICATED [YR]

Offenders currently exhibiting symptoms of mental illness may need immediate attention and are at greater risk for criminal behavior until mental health needs are addressed.

- a. This item emphasizes the characteristics of antisocial personality (broadly defined). Explore the following areas:
 - Intellectual functioning.
 - Excessive fears; negative attitude towards self, depression, tension.
 - Hostility; anger; potential for assaultive behavior; over-assertion/aggression.
 - Impulse control; self-management skills.
 - Contact with reality; severe withdrawal; over-activity; possibility of delusion/hallucination.
 - Disregard for feelings of others; possibility of reduced ability or inability to experience guilt/shame; may be superficially “charming” but appears to repeatedly disregard rules and feelings of others.
 - Criminal acts, which do not make sense, appear irrational.
- b. Check “Yes” if the offender’s presentation of self is in accordance with 5 of the following 6 features of psychopathic personality:
 - Glib
 - Grandiose
 - Deceitful
 - Remorseless
 - Self-centered
 - Little consideration (empathy) for others
- c. Check “Yes” if, overall, the offender’s behavior or emotional/personal condition seems irregular to such a degree that they should be further evaluated by a mental health professional.
- d. Check “Yes” if the offender has been assessed within the past year to have problems with any indicators listed above.
- e. Check “Yes” if there is a need for a psychosexual evaluation.
- f. Check “Yes” if the prescribing physician is/was a psychiatrist, and the medication was an antipsychotic (for schizophrenia), a mood stabilizer (for bi-polar affective disorder), or if taking psychotropic medications.
- g. Do not count routine evaluations that found no indicators of mental health problems.
- h. If “Yes”, record the reason for the rating in the space provided.

ATTITUDES/ORIENTATION

Consider the entire interview rather than just the items in this section. Many of the indicators for these items should already have been uncovered during the course of the interview.

51.SUPPORTIVE OF CRIME [C]

A criminal value orientation is consistent with extreme instrumentality – where the ends always justify the means. This amoral orientation is strongly associated with future criminal behavior, antisocial personality disorder and psychopathy.

- a. Review both the content and the affect the offender has presented throughout the course of the interview. To what degree are they: self-centered; high sensation seeking; indifferent or callous towards others?
- b. Explore how the offender understands and relates remorse to their victims; in particular, assess their ability to experience real empathy (vs. intellectualize it).

#51	0	1	2	3
	The offender places emphasis on the usefulness of criminal activities. Motives are more readily served by crime than by non-crime. The offender expresses rationalizations for law violations (e.g. "It wasn't my fault"; "Nobody got hurt"; "The cops were always trying to bust me for something"). The offender does not appear to have the ability to genuinely be sensitive to the feelings and wishes of others, including the victims of criminal behavior.	At this level the offender expresses guilt or remorse for the victim(s) but has mixed other expressions of self-concern in (e.g., "If only I had done _____, I wouldn't have been caught", "I wouldn't be in this mess if people would just keep their mouths shut"). This level of rating reflects a person with a mixed orientation to criminal behavior, who is in essence, still willing to "bend the rules" when it will benefit them.	The offender's recent behavior and self-disclosure indicate their basic inclinations are pro-social. They have a sense of respect for rules beyond just talking the talk. They sometimes have minor trouble with boundaries and taking responsibility, but not to the extent they would support pro criminal behavior. Offender has some awareness of the effects of their criminal behavior on the lives of others.	At this level the offender places an emphasis on the negative consequences of law violation for himself, the victim and the community. Accepts responsibility for his own actions and the consequences for those actions. The offender rejects, or places more realistic limits on rationalizations or justifications for law violations. Identifies with the victim of the crime, and expresses the risks involved in associating with criminal others or accepting their values.

52.UNFAVORABLE TOWARD CONVENTION [C]

Here, “convention” means an alternative to a criminal (fast) lifestyle. Lifestyles predicated on sensation-seeking, “getting over”, and general acceptance of criminal orientation are associated with poor informal social controls and problematic modeling of vicarious rewards for antisocial behaviors.

- a. Probe and explore the offender’s basic life orientation; are they looking for quick fixes or are they committed to something basically stable and pro-social?
- b. Be sure to examine the offender’s affect; is it glib and superficial?

#52	0	1	2	3
	The offender has a generalized disregard for convention/non-crime alternatives. Non-supportive, hostile and rejects the underlying values of society. The offender has weak ties to conventional settings such as home, school and work. Negative, hostile and rejecting of non-criminal others (“I don’t care what they think”). Invalidates or rejects non-criminal activities (and their rewards) and has a tolerance for deviance in general.	The offender has a selective disregard for convention/non-crime alternatives. On the one hand, the offender is supportive of many pro-social activities (e.g., school, work, organized sports, etc.) while on the other hand, is also supportive of specific criminal behaviors (e.g., drug use, battering, macho violence in general, etc.).	The offender is supportive of a relatively pro-social lifestyle. Has a few ties to conventional settings (home, family, school, work) that are fairly strong. Is generally rejecting of criminal values and orientation, but may benefit from some further values clarification. • The offender’s unsolicited endorsements of conventional norms, and behavior throughout the interview are as important in scoring as any responses to specific probes in this area.	The offender is committed and invested in society’s institutions (government, business, family, school, spiritual institutions) and their underlying values (order, peace, justice, love, etc.). The offender indicates positive functions of conventional activities, e.g., working, studying, playing sports, etc., and places an emphasis on rewards of such activities.

53.POOR TOWARD SENTENCE [C]

Offenders emphasizing discrepancies between their crime and its subsequent sanctions are more likely to engage in techniques of neutralization, a personal endorsement of antisocial/pro-criminal sentiments.

- a. Check “Yes” if the offender denies the fairness or appropriateness of the sentence, denies or minimizes responsibility for current offenses, and the consequences to direct and indirect victims. Offenders may view themselves as the victims of circumstances, misunderstandings, other people, or an unfair system.
- b. If assessed during pre-sentence, assess attitude toward the fairness of conviction and possible sanctions.

54.POOR TOWARD SUPERVISION [C]

The best predictors for recidivism have been found to also be the best predictors for institutional misconduct. While some of these items may not be equally predictive for community supervision, i.e., technical violations, they undoubtedly tap the same construct-tendency toward rule-breaking behavior. Poor attitudes and sentiments expressed about supervision or “the system” tend to indicate internalization of antisocial values.

- a. Check “Yes” if the offender objects to his classification or placement, and/or there is an unwillingness to comply or cooperate, or to seek assistance for significant issues.

LEVEL OF SERVICE INVENTORY – REVISED (IDOC)

Client Name: _____

IDOC#: _____

Start Time: ____:____

Staff Name: _____

Interview Date: ____/____/____

End Time: ____:____

CRIMINAL HISTORY

1. _____ (E) Any prior convictions, adult / number
 2. _____ (E) Two or more prior convictions
 3. _____ (E) Three or more prior convictions
 4. _____ (C) Three or more present offenses / number
 5. _____ (E) Arrested under age 16 / age 1st arrest
 6. _____ (E) Ever incarcerated upon conviction
 7. _____ (E) Escape history - institution
 8. _____ (E) Ever punished for institutional misconduct / number
 9. _____ (E) Charge laid or probation / parole suspended during prior community supervision
 10. _____ (E) Record of assault / violence
- Subtotal Score** _____ /10 = (_____ %)

Instant Offense: _____

Incarceration Dates Last 2 Years:

In _____ Out _____ / In _____ Out _____
 In _____ Out _____ / In _____ Out _____
 In _____ Out _____ / In _____ Out _____

EDUCATION / EMPLOYMENT

When in labor market:

11. _____ (C, IN2) Currently unemployed
12. _____ (YR, IN2) Frequently unemployed
13. _____ (E) Never employed for a full year
14. _____ (E) Ever fired

School or when in school:

15. _____ (E) Less than regular grade 10
16. _____ (E) Less than regular grade 12
17. _____ (E) Suspended or expelled at least once

Homemaker, Pensioner: 18 only

School, work, unemployed: 18, 19, 20

18. _____ (C) Participation / Performance + _____
 19. _____ (C) Peer interactions + _____
 20. _____ (C) Authority interactions + _____
- Subtotal Score** _____ /10 = (_____ %)

FINANCIAL

21. _____ (YR) Problems + _____
 22. _____ (YR) Reliance upon social assistance
- Subtotal Score** _____ /2 = (_____ %)

FAMILY / MARITAL

23. _____ (YR) Dissatisfaction with marital or equivalent situation + _____
 24. _____ (YR) Non rewarding, parental + _____
 25. _____ (YR) Non rewarding, other + _____
 26. _____ (E) Criminal family / spouse
- Subtotal Score** _____ /4 = (_____ %)

ACCOMMODATION

27. _____ (C) Unsatisfactory + _____
 28. _____ (YR, IN2) 3 or more address changes last year / number
 29. _____ (C) High crime neighborhood
- Subtotal Score** _____ /3 = (_____ %)

LEISURE / RECREATION

30. _____ (YR, IN2) No recent participation in organized activity
 31. _____ (YR) Could make better use of time + _____
- Subtotal Score** _____ /2 = (_____ %)

Client Name: _____

IDOC#: _____

Staff Name: _____

LSI Completion Date: ____ / ____ / ____

COMPANIONS

32. _____ (YR) *A social isolate*
33. _____ (YR) *Some criminal acquaintances*
34. _____ (YR) *Some criminal friends*
35. _____ (YR) *Few anti-criminal acquaintances*
36. _____ (YR) *Few anti-criminal friends*
- Subtotal Score** _____ /5 = (_____ %)

ALCOHOL / DRUG PROBLEMS

37. _____ (E) *Alcohol problem, ever*
38. _____ (E) *Drug problem, ever*
39. _____ (YR, IN2) *Alcohol problem, currently*

0	1	2	3
---	---	---	---

 + _____
40. _____ (YR, IN2) *Drug problem, currently*

0	1	2	3
---	---	---	---

 + _____
- Specify drug: _____
41. _____ (YR) *Law violation*
42. _____ (YR) *Marital / family*
43. _____ (YR) *School / work*
44. _____ (YR) *Medical*
45. _____ (YR) *Other Clinical indicators*
- Specify: _____
- Subtotal Score** _____ /9 = (_____ %)

EMOTIONAL / PERSONAL

46. _____ (YR) *Moderate interference*
47. _____ (YR) *Severe interference*
48. _____ (E) *Mental health treatment, past*
49. _____ (YR) *Mental health treatment, current*
50. _____ (YR) *Psychological assessment indicated*
- Area: _____
- Subtotal Score** _____ /5 = (_____ %)

ATTITUDE / ORIENTATION

51. _____ (C) *Supportive of crime*

0	1	2	3
---	---	---	---

 + _____
52. _____ (C) *Unfavorable attitude toward convention*

0	1	2	3
---	---	---	---

 + _____
53. _____ (C) *Poor attitude toward sentence / conviction*
54. _____ (C) *Poor attitude towards supervision*
- Subtotal Score** _____ /4 = (_____ %)

TOTAL RISK SCORE _____

TOTAL PROTECTIVE SCORE _____

HIGHEST CRIMINOGENIC NEED _____

STAGE OF CHANGE _____

Pre-submission Self-Check

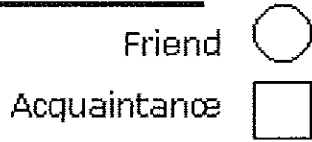
- Audio file is: wav, mp3, mp4, or wma
- Interviewee is an actual IDOC client (not a role-play)
- ^ Signed consent form and form is appended
- Audio quality is clear and loud enough to transcribe
- Audio is at least 20 but no longer than 90 minutes
- All scoring info is noted or appended
- Submission date is within 3 days of interview date

Submission Process

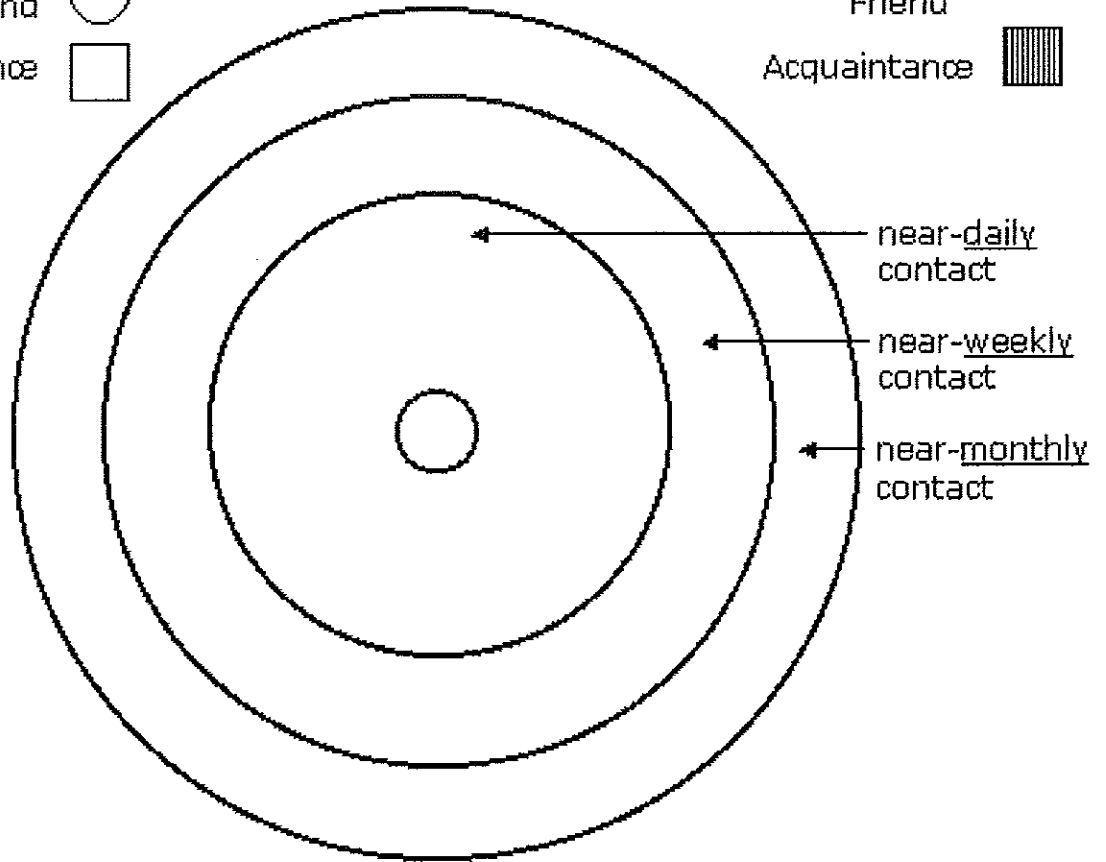
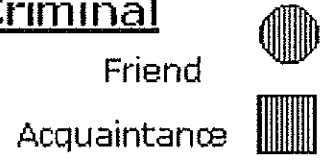
Scan the consent, scoresheet, and other info not in the interview/scoresheet you used for scoring. (Handwritten or typed summary only. Do not append case notes, PSI, etc.) Use the Hightail link on the eDoc P&P landing page to send these PDF docs along with the audio file. Email notice of submission to blamott@idoc.idaho.gov and cc your supervisor.

	CH	E/E	Fin	Fam	Accm	Leis	Comp	A/D	Em/Pr	Att	
High	8-10	8-10	2	4	3	2	4-5	7-9	4-5	4	High
Mod/High	6-7	5-7		3	2		3	5-6	3	3	Mod/High
Moderate	3-5	3-4	1	2	1	1	2	3-4	2	2	Moderate
Low/Mod	1-2	2	0	1	0	0	1	1-2	1	1	Low/Mod
Low	0-1	0-1		0			0	0	0	0	0

Pro-Social



Pro-Criminal





**WAIVER AND CONSENT
TO PARTICIPATE IN VIDEOTAPED/RECORDED INTERVIEW**

I understand that I am protected by state codes to my right to privacy and confidentiality. I understand that I have the right to refuse to participate in any interview that is videotaped or recorded. I hereby waive these rights and consent to participate in a videotaped or recorded interview.

By: _____ **Date** _____

Purpose: The videotaped or recorded interview is to be used to train prevention/intervention practitioners in the field of corrections and treatment.

Restrictions: This videotape/recording will only be used to train practitioners in the field of corrections and treatment. If videotaped, the video camera will be focused on the interviewer, and only indirectly on the criminal justice client. The client will mainly be represented in the audio portion of the tape. The identity of the client including the name, address or social security number will not accompany the tape when it is reviewed. The tape will not be subject to public viewing or release.

Client _____ **Date** _____

Name Printed _____

(For minors) I concur with my child's waiver of his/her rights to confidentiality and privacy and consent to the videotaped interview.

Parent/Legal Guardian _____ **Date** _____

Interviewer _____ **Date** _____

Name Printed _____

LSI-R Criminogenic Need Profile Norm Chart (3/08)

	CH	EE	Fin	Fam	Acmm	Leis	Peers	Alc/Drg	Emot Prb	Attitude
High	8-10	8-10		4-5		2	4-5	7-9	4-5	4
Med/High	5-7	5-7	2	3	2-3	2	3	4-6	3	3
Moderate	3-4	3-4	1	2	1	1	2	2-3	2	2
Low/Mod.	1-2	2	0	1	0	0	1	1	1	1
Low	0	0-1		0	0		0	0	0	0

Avg. Coefficients	
Red	= .20 >
Orange	= .10 >
Yellow	= .05 >

LSI-R Subscales

The Central 8 Criminogenic Needs

- | | |
|---|---|
| <ul style="list-style-type: none"> HX Anti-social Beh./Low Self-control Education/Employment Dysfunctional Family Relations Leisure/Recreation Anti-social Peers AOD Problems Criminal Personality Pro-criminal Attitudes | <ul style="list-style-type: none"> Criminal History Education/Employment Financial Family/Marital Accommodation Leisure/Recreation Companions Alcohol/Drug Problem Emotional/Personal Attitudes/Orientation |
|---|---|

Assessment Case Management Engagement Flow

