

Client Management Classification

**An Interviewing and
Case Planning System for
Adult Corrections Clients**

T R A I N I N G M A N U A L

Client Management Classification and Risk/Needs Assessment Training Schedule

Day One

8:45 a.m. Introduction - Overview and Purpose of Session
9:15 Introduction to the System
10:00 Break
10:15 Introduction to the CMC Interview
11:15 Tape #1 (listen only)
12:15 p.m. Lunch
1:15 Client Supervision Group Demonstrated by Tape #1
1:45 Tape #2 (Score Section-by-Section)
3:15 Break
3:45 Scoring with Templates

Day Two

8:45 a.m. Client Supervision Group Demonstrated by Tape #2
9:15 Tape #3 (Score Section-by-Section)
10:45 Break
11:00 Client Supervision Group Demonstrated by Tape #3
12:15 p.m. Lunch
1:15 Introduction to Case Planning
2:45 Develop Case Plan Based on Tape #3
3:15 Break
3:30 Role Play

Day Three

8:45 a.m. Follow-up on Role Play and Case Plans
9:15 Tape #4 (Score and Develop Case Plans)
10:45 Break
11:00 Client Supervision Group Demonstrated by Tape #4
11:30 Review Case Planning on Tape #4
12:15 p.m. Lunch
1:15 Introduction to Risk and Needs Assessment
2:45 Break
3:00 Risk and Needs Scoring on Tape #4
3:45 Taping and Feedback Instructions
4:15 Overview of Training - Issues and Questions - Evaluation
4:45 Adjourn

CLIENT MANAGEMENT CLASSIFICATION

The Client Management Classification System (CMC), which was developed and first utilized in Wisconsin in 1975, is a pragmatic and easily administered classification and case handling approach designed for adult probation or parole clients. The procedures employed by the CMC assist agents in:

- Rapidly gaining an understanding of the client's problems and needs;
- Anticipating impediments to effective solutions for these problems; and
- Developing a meaningful casework plan.

When the CMC System is employed at intake, clients are assigned to the appropriate casework groups on the basis of their responses to an objectively scored, semi-structured interview. The CMC System approach eliminates for agents the initial problem of trying to identify quickly those particular areas where a newly assigned client most needs help. By utilizing such a system, agents are able to develop a timely, coherent casework plan.

DEVELOPMENT OF THE SYSTEM

The CMC System uses a semi-structured interview to place clients in one of five differential casework treatment modalities. Developed for Wisconsin's Bureau of Community Corrections as part of the Case Classification/Staff Deployment Project, the system was designed specifically for use in adult probation and parole agencies.

The system was constructed empirically. When developing the system, the feasibility of using the I-level and Quay systems was explored since these were used most extensively in corrections to classify offenders into case-handling groups. Utilization of these systems was rejected for a number of reasons; foremost among them was that neither of these systems had been designed or used extensively with adult probation and parole clients. However, the better features of both of these systems were combined with the practical experience of dealing with probation and parole clients by the developers of CMC.

As a first step in constructing the new system, items with potential for differentiating among basic offender types were generated. A forced-choice rating form was developed to measure these items, utilizing information derived from client interviews. Due to difficulties in obtaining reliable ratings, a semi-structured interview with scripted questions was developed to insure that the appropriate information was obtained. Subsequently, a "scoring guide" was also developed to improve reliability. Questions and items were continually revised and simplified over time to improve the flow of the interview.

The final version of the classification interview consists of 45 items dealing sequentially with the clients' attitudes about their offense, offense history, family, interpersonal relationships, current problems, and future plans. For each of these general areas, one or two open-ended questions are provided, followed by more specific questions designed to elicit the needed information. In addition to the structured interview, these are 11 objective background and offense history items, eight behavior ratings (based on interview behavior), and seven items calling for agents' impressions of the clients'

most and least important problem areas. The "scoring guide" covers all parts of the classification system, and is included at the bottom of each page for easy reference (the interview format is provided in Appendix A).

The client interview using the structured interview format requires approximately 45 minutes to administer, and approximately five minutes to score.

EVALUATION

Since the CMC System was first developed in 1975, the scoring system was evaluated for validity and reliability and a survey of agents who were trained to implement the system was conducted to assess the usefulness of the system as a case classification device.

Validity and Reliability of the Scoring System

The CMC System interview has gone through many modifications to improve the content, the style of questions, the ability of agents to rate items reliably, and the ability of the system to differentiate clients into treatment groups. The reliability and validity of the scoring system has been improved since the initial evaluation study was completed in August 1977, due to the inclusion of data from a group of agents trained in the CMC System. Interviews of 110 clients from this group provided a retest of the validity of the scoring system. The current version of the interview (see Appendix A) contains items that have met the criteria established for weighting items, utilizing the combined samples of over 250 clients.

CMC System items are scored in a positive or negative direction. For example, a positive Casework/Control score (one of the classification groups), predicts the client is more likely to fall in the C.C. group, while a negative C.C. score predicts the opposite. Each positive or negative score is weighted 1, 2, or 3. These weights were determined by establishing validity and reliability criteria for each weight.

<u>Item weight</u>	<u>No. of items</u>	<u>Item reliability</u>	<u>Item validity</u>
±3	59	.90 or better	.001 or better
±2	70	.80 or better	.01 or better
±1	97	.70 or better*	.05 or better

Thus, for an item to be weighted C.C. ±3 it must show an interrater reliability of .90 and differentiate the C.C. clients from other groups at the .001 level (Chi Square analysis).

* Five items narrowly missed this criterion but were included anyway, with modifications in wording designed to improve reliability.

The original taxonomies, upon which the item validity analyses were performed, were selected by members of Wisconsin's Case Classification/Staff Deployment Project. This group consisted of two clinical psychologists, Dr. Cary Arling, and Dr. Kenneth Lerner and one probation and parole agent, Mr. Gene Moen. Each had approximately 10 years direct experience working with clients in a probation and parole system. After thorough evaluations, clients were subjectively placed in one of the casework groups, based on an assessment of the client's needs, problems, personality, criminal style, etc., and the type of recommendations the development team would have provided to agents working with those clients. The Chi Square procedure described above was then performed to determine the extent to which each item influenced their decision.

The reliability and validity of the total interview is higher than that for individual items. Different raters obtain the same client groups approximately 90% of the time. In about 10% of the cases, 2 groups scores are close enough to be considered a tie by the system. About half the ties are broken by scoring rules. If there is no rule for breaking the tie, the agent then discusses the case with the supervisor and together they choose the "primary" casework strategy.

Using the initial sample of cases, a discriminant analysis was completed, which demonstrated that with only a limited number of scoring variables (about 20), 100% of the clients could be placed correctly into the four groups. This analysis was utilized to test the accuracy of the scoring system. However, the weighting system utilized rater reliability factors which were not considered in the discriminant analysis. It was felt that the interview presents a comprehensive picture of the client, and that scoring redundancy added to overall reliability of the interview. Furthermore, to focus on a few of the most significant variables would damage the quality of the information and relation provided by this format and would diminish the understanding of the client developed during the course of the interview.

Survey of Agents

In June 1980 a survey was conducted of 23 agents who had had 6 months community field experience using CMC. There are two sources of data on the agents' response to this system. The first of these is a survey taken at the end of an initial three-day training session in the use of the system. These training sessions have been conducted in a number of locations with agents of varying degrees of experience with probation and parole work. The one consistent factor is that the training was contracted through management, i.e., the agents participated on a non-voluntary basis. As might be expected, the initial level of enthusiasm for the training was very different from agent to agent. However, greater consistency was found in the evaluation of the training at the end of the 3 day session. The agents surveyed had an average of four years experience and were assigned to take CMC training on a non-volunteer basis.

Inconsistencies in the response rates for these data as well as those that follow are due to failure by the agents to respond to specific items.

Nineteen of the agents surveyed recommended CMC training for all agents while four agents recommended the training for inexperienced agents only.

In rating CMC as an initial interview tool, 16 of the agents felt it was excellent and six thought it was a good device. None of the agents responding to the question felt the device was fair or poor.

Nineteen of the agents felt the information gained from the CMC interview helped them fill out risk and need scales while only one agent responding to the question felt the CMC interview was not helpful. Nineteen agents said they were comfortable with the interview format while two agents responding to the question said they were not.

In response to the question, "Do you feel CMC helps you to get a 'handle' on a client sooner than you would without the system?" 15 of the agents responding answered "yes" and six answered "sometimes." None of the responding agents answered "no."

Twenty of the agents stated that they felt the CMC System's description of anticipated attitudes and behavior is generally accurate, while one responding agent said it was "questionable." None of the responding agents answered in the negative.

The agents were then asked to rate five items on the basis of their six-month experience with the CMC System and the results are as follows:

	<u>Improved</u>	<u>Remained About the Same</u>
a. Knowledge and understanding of client	21	2
b. Case planning	16	7
c. Appropriateness of referrals	12	11
d. Ability to anticipate problems clients present	17	6
e. Interviewing skills	16	7

The final question asked agents for their overall opinion of the CMC as a tool for agents. Thirteen of the responding agents found it "very helpful" while eight of the agents rated it as "helpful." One agent said the CMC was "moderately helpful." None of the agents said the CMC was "of little help." (One agent did not answer the question.)

Overall, it can be stated that the CMC System presents a reliable means of classifying probation and parole clients for differential case handling. It is an easily administered system, requiring an average of 45 minutes per client interview. Scoring is fairly simple. The CMC System, provides agents with an objective "consult" to combine with their own subjective impressions in formulating a case plan. Most importantly, it allows agents to assume a proactive, rather than a reactive, role with clients.

TREATMENT MODALITIES

The Client Management Classification System consists of four treatment modalities:

1. Selective Intervention-Situational and a sub-type, Selective Intervention-Treatment
2. Environmental Structure
3. Casework/Control
4. Limit Setting

The CMC System is an attempt to develop differential treatment models for the four different groups of clients and the one sub-group. Probation and parole agents being trained to implement the system are advised that individual case needs, when they differ from the general recommendations for a group, should override the more general treatment recommendations. The general treatment recommendations should lead to a consistent approach in case planning by providing a framework within which the agent can formulate more specific plans appropriate to the individual.

The labels identifying the four groups and one sub-group were derived from the characteristic supervision strategy utilized with each group. The supervision strategies should be viewed as a framework for initiating work with the client. As experience with a particular client is generated over time, modifications should be made in line with more specific needs or circumstances which may be uncovered. In addition, as the client makes substantial progress, some modifications in the agent's approach will be desirable.

The five treatment modalities are described in the material which follows:

SELECTIVE INTERVENTION

The most prominent characteristic of clients in this group is that they generally tend to have relatively stable and pro-social life styles. They are usually steadily employed, established in the community, and have minimal offense histories. The current offense will frequently be their first involvement with the law. (Distinction should be made between this group and the successful, professional criminal who has been involved over a long period in law-violating behavior but was never previously caught.) Offenses committed by this group are generally motivated by some isolated and stressful event or a relatively specific, neurotic problem. Their offenses can be viewed as a temporary lapse or suspension of an otherwise normally functioning social value system. The lapse is often brought about by an unusually stressful circumstance or a compulsion to fulfill a particular neurotic need (e.g., exhibitionism). With appropriate intervention these clients are least likely to get involved in further legal difficulties.

As suggested above, there are actually two types of clients within this group (selective intervention - situational and selective intervention - treatment.) The characteristics of these two types of clients suggest slightly

different approaches. While the interview scoring system does not differentiate between these two types, criteria for the selective intervention treatment sub-type along with special treatment considerations are listed at the end of the selective intervention section.

Goals

1. Help these clients deal with the temporary situational crisis or isolated neurotic problem which produced the offense.
2. Help them get back on the track of their generally pro-social life pattern.

Client-Agent Relationship

1. These clients generally require the least time and present the fewest supervision problems to the agent.
2. Develop a supportive relationship that allows the client to utilize probation and parole resources as needed but doesn't make the client feel the agent is directing his (her) life.
3. It is generally appropriate to accept the self-reports of this group.
4. While these clients tend to be relatively honest and straightforward, attempts to overly minimize their illegal behavior should heighten the agent's concern and prompt a deeper look into their emotional problems.
5. When appropriate, attempt to foster a relationship which will facilitate insight-oriented discussion of their problems.
6. Avoid increasing guilt and criminal identification in these clients. They may be highly sensitive about their offense and the fact that they are under supervision.

Auxiliary Services

1. Clinical referral should be utilized if the agent is unsure about the seriousness of the emotional problems presented by these clients.
2. Out-patient treatment and family counseling should be considered. Short-term therapeutic interventions may be very useful with this group.
3. Generally, these clients won't require many auxiliary services. Where specific problems or need areas (e.g., vocational training) are identified, the agent should attempt to help the client deal with those needs.

Treatment Techniques

1. These clients are often able to benefit from more verbal and abstract discussions of their problems with their agents.
2. Insure that the temporary crisis or emotional problem leading up to the offense is being dealt with or has been resolved.
3. Involvement of the client's family may be appropriate, especially during the early stages of supervision. This may be aimed at marital or family stresses which helped produce the illegal behavior or to assist both the client and family in dealing with feelings resulting from the client's offense.
4. Use rational problem-solving approaches.
5. Casework counseling is a preferred method.

Selective Intervention Treatment Sub-type

Include clients in this group if any of the following characteristics are identified:

1. Sexual offense history.
2. Ongoing drug or alcohol abuse.
3. Serious emotional disturbance.
4. Assaultive offense history.

Special Sub-Type Considerations: Clients in this group will often have a specific ongoing problem which will necessitate special handling by the agent. Generally, outpatient psychotherapy or family therapy will be most appropriate. While these clients tend to do well in other areas of their lives (e.g., vocational adjustment, living stability etc.) agents should recognize that this does not indicate a successful resolution of the specific emotional problem. Agents should be especially alert to clients when they deny or minimize these emotional problems.

If the agency uses a system of minimal or write-in supervision for selected low risk clients, this sub-type should not be included until after treatment needs are dealt with satisfactorily.

ENVIRONMENTAL STRUCTURE

A predominant characteristic of clients in this group is a lack of social and vocational skills. Intellectual deficits may also contribute to their problems. Their law-breaking behavior is usually a result of their inability to succeed in the world at large and a strong tendency to be lead by more sophisticated associates. They demonstrate little foresight about consequences for criminal activity, and there is a high element of impulsiveness in their behavior. They have difficulty being introspective and learning from past mistakes. Malice as a motivation for criminal activity is rare. However,

involvement in physically assaultive offenses could take place at the direction of more sophisticated peers upon whom they tend to be dependent.

Goals

1. Develop increased survival (work and daily living) skills.
2. Develop alternatives to association with criminal peers, particularly those that instigate criminal behavior and take advantage of people in this group.
3. Improve social skills.
4. Increase impulse control.

Client-Agent Relationship

1. Assume a giving, caring, and non-threatening stance with these individuals. Be patient and prepared for very gradual changes and avoid becoming discouraged by slow progress.
2. Attempt to play a guidance (teacher) role.
3. Maintain frequent contacts. This group may report even when it isn't required, simply to tell their agent what's happening and receive verbal support.
4. These clients will form quick attachments to an agent who is perceived as accepting and helpful. Foster this initial dependence by providing tangible forms of assistance.
5. Don't prolong the client's dependency after he begins demonstrating a reasonably stable adjustment. Gradually help him do more things for himself and encourage more independent decision making.
6. Initially, don't expect these clients to follow through without some direct assistance (e.g., going apartment or job hunting with them).
7. When expectations for these individuals are too high, they are likely to avoid the agent and unlikely to confront him (her). The agent should take a more directive approach toward rectifying relationship problems, and not necessarily expect the clients to express their grievance directly.
8. Don't be overly confrontive or upset if these clients lie. Their lies often reflect fears of disappointing the agent as well as getting into trouble for what they have done wrong. The agent should allow unimportant lies to go unchallenged since constant challenges will make these clients feel more threatened and increase the likelihood of further lying.

Auxiliary Services

1. Sheltered work situations (e.g., Goodwill) or appropriate on the job training rather than long term training abstractly related to a job.
2. Sheltered or group living situations (e.g., half-way houses and even adult foster homes in selected cases).
3. Financial management and budgeting training.
4. Evaluation of intellectual and/or vocational potentials.
5. Clinical services can assist in the above evaluations and help the agent develop contingency behavioral programs, role rehearsal, role playing, assertiveness and social training techniques with these clients.
6. Volunteer-type programs (e.g., Volunteers in Probation).
7. Remedial academic programs.
8. Social skills training.
9. Medical assistance.
10. Visiting nurse services.
11. County homemaker services.
12. Guardianship - limited form (e.g., for finances).
13. Legal aid.
14. Planned parenthood.

Treatment Techniques

1. Reward participation and effort by these clients and not absolute achievements or attainments of goals.
2. Utilize behavioral contingency contracting and set small, concrete, and achievable goals.
3. Emphasize positive rather than negative reinforcements.
4. Deal with immediate consequences of situations, using immediate reinforcers.
5. Increase their ability to delay gratification by gradually introducing more delayed rewards.
6. Provide a few simple, concise rules to help them deal with problem situations.

7. Be redundant. Don't expect these clients to generalize from one situation to another.
8. Deal with one situation or problem at a time and stress achieving a specific solution or conclusion.
9. Avoid discussing issues at an abstract level. For example, in the case of a client making obscene calls, focus the discussion on the specific incident and the likely consequences, not underlying personality dynamics.
10. Increase their ability to empathize by pointing out the effects of their behavior on others.
11. Role rehearsal and role playing should be practiced to assist them in dealing with problems in social situations.
12. These clients can sometimes benefit from problem-solving groups, if the groups are supportive and not confrontive.
13. Assertiveness training can be beneficial.
14. Promote a positive self-image in these clients by focusing on tasks or assignments which can help build self-esteem.

LIMIT SETTING

Clients in this group generally display a fair degree of comfort with a criminal life-style and often demonstrate a pattern of long-term involvement with criminal activities. Unlike clients in other groups, members of this group often view "being a successful criminal" as a major goal in their lives, in preference to achieving success in a more conventional manner. Their crimes appear to be motivated by a need to overprove their ability to manipulate people and "beat the system." These needs are generally manifested in crimes motivated toward material gain and could involve situations which present danger to others. Guilt over criminal activities is generally superficial and has a programmed flavor (i.e., little contrition is present). While they often are reasonably capable of functioning adequately in society, they appear unmotivated to use their abilities in a pro-social manner. They tend to minimize or deny any personal problems and assign the blame for criminal activity to others or to circumstances. They generally function well in correctional institutions because they are adept at dealing with this system. Good behavior and program attainments within prison rarely change their basic values which lead them back to crime after they are released.

Goals

1. Change attitudes to motivate involvement in non-manipulative relationships and pro-social usage of client's abilities.
2. Provide community protection through close supervision.

Client-Agent Relationship

1. The agent will generally need to be directly involved, rather than a case manager, with these individuals. Although they may have some pronounced needs, motivation to work on these problems is often questionable.
2. The agent is more likely to obtain respect from these clients by demonstrating an openness toward helping the client and willingness to confront their failure to comply with rules. Even minor violations may be tests and the agent's failure to act assertively will be viewed as a sign of weakness. These tests often appear early in the client-agent relationship.
3. Frequent office contacts are appropriate until demonstrable progress is seen in the client's life situation.
4. Be skeptical when these clients are overly conforming, agreeable and friendly, but don't show appropriate behavioral changes to accompany their seemingly positive attitudes. They are often verbal and capable of making a good impression. Sometimes they talk about pleasant extraneous issues to avoid scrutiny by the agent.
5. Be prepared to resist the client's attempts to manipulate rules and be willing and able to establish reasonable limits. Don't set rules you can't enforce, because this costs the agent the respect of these clients.
6. Anticipate hostility from these clients who resent interference with their lives, and may become angry when demands are being placed on them.
7. These clients tend to frustrate and alienate those working with them through their callousness and manipulateness. Agents can anticipate these feelings and should not allow them to significantly interfere with their working relationship.
8. Manipulation skills are often so well refined as to put agents (especially inexperienced) in compromised positions. Ploys designed to promote social guilt and sympathy are commonly used.

Auxiliary Services

1. Enlist assistance from police and street contacts to monitor client's activities.
2. Vocational testing and training should be utilized if the client lacks marketable work skills.
3. Clinical services may be most appropriately utilized on a consulting basis to help develop behavioral programs and to help agents deal with the hostility and frustrations these clients arouse.

4. These clients can benefit from involvement in structured leisure time activity programs.
5. Therapy is often used by this group as a means of avoiding incarceration or legal consequences. Group therapy which emphasizes peer pressure and confrontation is often useful with this group because it pushes them to become involved, and it's harder to fool a group of their peers.
6. These clients often have high aspirations (sometimes unrealistic) and if properly motivated can benefit from long term academic or vocational training.
7. When they begin working, financial management and budgeting assistance may help them from overextending their credit.

Treatment Techniques

1. Provide necessary surveillance and control to protect society. Unscheduled home visits may be very helpful, but caution must be exercised regarding potential dangers.
2. Legal procedures, revocation, and incarceration (short periods in county jail) are useful tools to improve reporting and cooperation with rules.
3. Insure that limits and consequences are clearly spelled out for this group, since they tend to abuse more ambiguously structured situations.
4. Good record-keeping is often essential in dealing with these clients who tend to argue with their agents in legalistic ways and try to deny and play games with non-documented statements made by the agent.
5. Decreasing the number of office contacts after progress has been made can be a strong reinforcer for this group.
6. Avoid confronting the client's asocial morals with stereotyped value judgments. The agent should attempt to deal with the client's morals in innovative ways, for example, by showing the impractical and punitive consequences of the client's behavior.
7. Try to develop alternative social behaviors with this group. They often spend excessive time around alcohol and drug-related activities, although they may not be alcoholics or addicts. Drugs and drinking are often part of the street scene they habituate.
8. Help focus these clients on their responsibility for their own behavior and their responsibility to follow rules, etc. Don't allow them to distract efforts at dealing with their behavior by throwing up past sufferings or victimization by society. These arguments may have some factual foundation but in working with these clients they are often used as an excuse to justify the client's behavior and not as a means of increasing their insight about themselves.

9. Encourage a realistic point of view concerning the difficulties created for the clients by their criminal lifestyle. Discuss the likelihood of negative long-term consequences in spite of the short-term success or excitement they experience.
10. Attempt to develop innovative, challenging opportunities to provide this group with satisfying alternatives to a criminal lifestyle. They often have capabilities which can be channeled into profitable and legal areas.

CASEWORK/CONTROL

The predominant characteristic of clients in this group is a general instability in their life situation (e.g., inability to hold full-time employment, many problems in the home, family and living situation) and a general lack of goal-directedness in their lives. Habitual involvement with alcohol or other drugs is often a prominent feature with these clients. The offense pattern, once established, usually shows a considerable number of misdemeanor arrests, along with a few more serious crimes. Offenses generally stem from serious long-term emotional problems, drinking or drug problems, or negative self-perceptions. While some of these clients possess marketable job skills and many have the potential for developing them, their inability to deal appropriately with personal problems usually prevents them from acquiring and maintaining steady employment. Their personal histories often include a somewhat chaotic childhood which tends to be repeated with their own families with numerous changes in residence, marital problems, or inability to provide consistent financial support.

Goals

1. Increase stability in all areas of their life, work, family, and housing.
2. Achieve greater utilization of their potential abilities by helping them overcome their basically negative self-concept and eliminate self-defeating behavior. This usually requires helping them deal with long-term emotional, alcohol, or drug problems.

Client-Agent Relationship

1. This group requires a great deal of direct agent involvement, as well as considerable coordination or brokering of auxiliary programs.
2. Generally, agents are case managers (motivators or facilitators of treatment) with these clients rather than direct providers. Often, they will have to use considerable leverage to keep these clients involved in auxiliary programs.
3. Be supportive of attempts to deal with their long-term problems. This group is easily discouraged by failure and agent support during crisis periods is crucial. However, if they avoid dealing with basic personal problems, the agent should take a more confrontive stance.

4. These clients often create considerable frustration in people who are attempting to work with them by their constant thwarting of plans to improve their situation. Earlier failures to resolve their problems and redirect their life may make them reluctant to involve themselves in new efforts. At times, they may even be testing the agent to see whether he (she) will readily give up on them.
5. These clients produce considerable frustration by their many rules violations (e.g., continue to drink and screw up), even when there is an absence of new serious offenses. Often they have problems with authority stemming from the family, and will unconsciously sabotage the agent's efforts even when their behavior is costly to themselves.
6. Most up and down group emotionally. They report everything is fine one week, and everything is hopeless (even to the point of suicidal gestures or threats) the next week. The agent should slow them down when they're up, and encourage them when they're down.
7. Although these clients seem exceedingly needy (have frequent crises), avoid taking too much responsibility for them. A balance must be maintained between extending help and making sure the client puts forth some effort. Doing too much for them lowers their self-concept and increases their guilt.
8. Avoid feeling personally guilt-ridden or professionally inadequate if these clients continue to get in trouble. They may try to get the agent to feel responsible for problems in their life. They often have a strong need to fail, which may be difficult to overcome.

Auxiliary Services

1. Mental health programs (out-patient and in-patient).
2. Alcohol and drug information and treatment programs (e.g., A.A., detoxification programs, out-patient and in-patient).
3. Half-way housing facilities.
4. Programs geared to the development of more constructive uses of leisure time.
5. Vocational testing and training if the client lacks marketable work skills or clear vocational goals.
6. Medical assistance (often they may have developed undetected medical problems resulting from their self-abuse).
7. Clinical services should be used to evaluate the seriousness of the client's overall problems and to help develop treatment programs. They may become involved in treatment of hard-to-motivate clients or when the combination of agent-clinician effort is seen as being more effective than an outside resource. Collaboration between clinical services and agents may also be useful in working with their spouses and families.

8. Marital and family counseling.

Treatment Techniques

1. Closely monitor involvement with proposed programs for attendance and participation. These clients often defeat themselves and programs by losing interest and gradually avoiding the help being offered. The agent should use the leverage at his disposal to promote client involvement.
2. Since these clients have difficulty with sustained efforts, and tend to seek and expect very quick, superficial, solutions to their problems, agents should make special efforts to reinforce sustained and consistent efforts rather than quick improvements.
3. Behavioral contracting is highly appropriate. This group is more likely to present problems by sabotaging plans rather than by committing new offenses. Contracts could contain both positive and negative sanctions, and the consequences of contract violations should be spelled out and readily enforceable.
4. Require the client's involvement in program planning and commitment to follow through on these plans. They have a tendency to get intensive programs established for which they feel little personal responsibility.
5. For clients who have repeatedly exhausted existing resources and lack motivation or have a need to defeat programs, it may be appropriate to discontinue major efforts to restructure their lives. As a last gasp effort, when all else seems to have failed, expect nothing more than legal conformity from them. For those who have been fighting you for a long time, it takes the wind out of their sails and if they wish to continue fighting you, they almost have to make a positive adjustment to prove you wrong.

IMPLEMENTATION AND TRAINING

The Client Management Classification System is fairly simple to implement in a probation and parole agency. The semi-structured interview format is administered to clients at intake, and requires 45 to 50 minutes to complete. With a semi-structured interview, agents can utilize their interviewing skills and interact with the client in a comfortable style. This process promotes deeper understanding of the client along with fulfilling its purpose of classification.

Scoring is accomplished by using eight templates (a positive and negative template for each group). The templates fit over the scoring page and the agent counts the points accumulated by the client. The highest group score is the classification for the client. In about 10 to 15% of the cases, scores will be close enough to require the application of an additional scoring rule. If this does not break the 'tie', the agent should discuss the case with the supervisor, making a final decision based upon the most appropriate treatment strategy for the individual involved.

Once the new client has been classified, the agents refer to the treatment recommendations provided and combine these with their own thinking to develop an individualized treatment plan. The treatment recommendations guide alerts the agent to the client's needs and problems. By combining the guidelines and their own skills and knowledge of case specifics, the agents should be able to produce a better plan than could be developed by the guidelines or the agent alone.

The CMC System treatment plan guidelines present:

1. General descriptions of clients;
2. Suggested treatment goals;
3. Anticipated client-agent relationship (positives and negatives);
4. Auxiliary referral sources likely to be used; and
5. Suggested techniques for approaching clients in each group.

The treatment guides focus on different supervision approaches for each group and correspond to client differences. The group labels reflect major case management emphasis and minimize the stigma of client classification. While offenses within each group can be the same, clients differ on lifestyles, motivation, and their responses to supervision. The CMC System emphasizes an understanding of why the client committed the offense in order to develop an appropriate corrective strategy.

Wisconsin's Case Classification/Staff Deployment Project staff found that about 40% of the clients fit the Selective Intervention Treatment mode (30% in Selective Intervention-Situational and 10% in Selective Intervention-Treatment); 15% of the clients are classified in the Environmental Structure group; 30% fit into the Casework/Control grouping; and 15% are classified into the Limit Setting group.

TRAINING

In order to realize the full potential of the CMC System, it is necessary to train agents and supervisors in its use. Training is a two phase process. The initial phase is a three-day group workshop which familiarizes the agent with the overall system and provides the basic training in the use of the interview and treatment guide. A goal of this phase is to begin to train the agents to reliably administer and score the interview. This is done via group scoring and discussion of taped demonstration interviews: agents listen to demonstration tapes of clients and practice scoring procedures. An overview of the differential treatment modalities is also presented. The primary emphasis here is to begin assisting the agents with appropriate use of the treatment guide to assist them in developing their own ideas about the clients in formulating an initial case plan.

The second phase of the training consists of agents returning to their home units and conducting client interviews using the CMC format. When the agents feel comfortable with the CMC format, they are asked to conduct an interview on tape and mail it to the workshop's training directors for review

and critique. The critiquing is done by the trainers with each individual agent on return visits to the home agency site.

Agents repeat this process three or four times. However, in order to derive the maximum benefit from these individual feedback sessions, agents are asked to wait for feedback on the previous interview before proceeding. As part of the final session, taped interviews are selected for a group case staffing involving other trained agents; the group discusses the case and the development of the case recommendations. The primary goal of the taping and feedback phase of the training is to bring the agent to a satisfactory level of reliability in scoring the interview and provide further training in the formulation of case plans on their own clients.

The developers of CMC have recently undertaken a program to train agency personnel in the system who could then assume responsibility for training others within the agency. This has obvious advantages of cost savings and providing individuals within the agency who could train newly hired agents in the system.

SUMMARY

The Client Management Classification System provides several advantages to adult probation and parole agents and systems. Its advantages to the agent include:

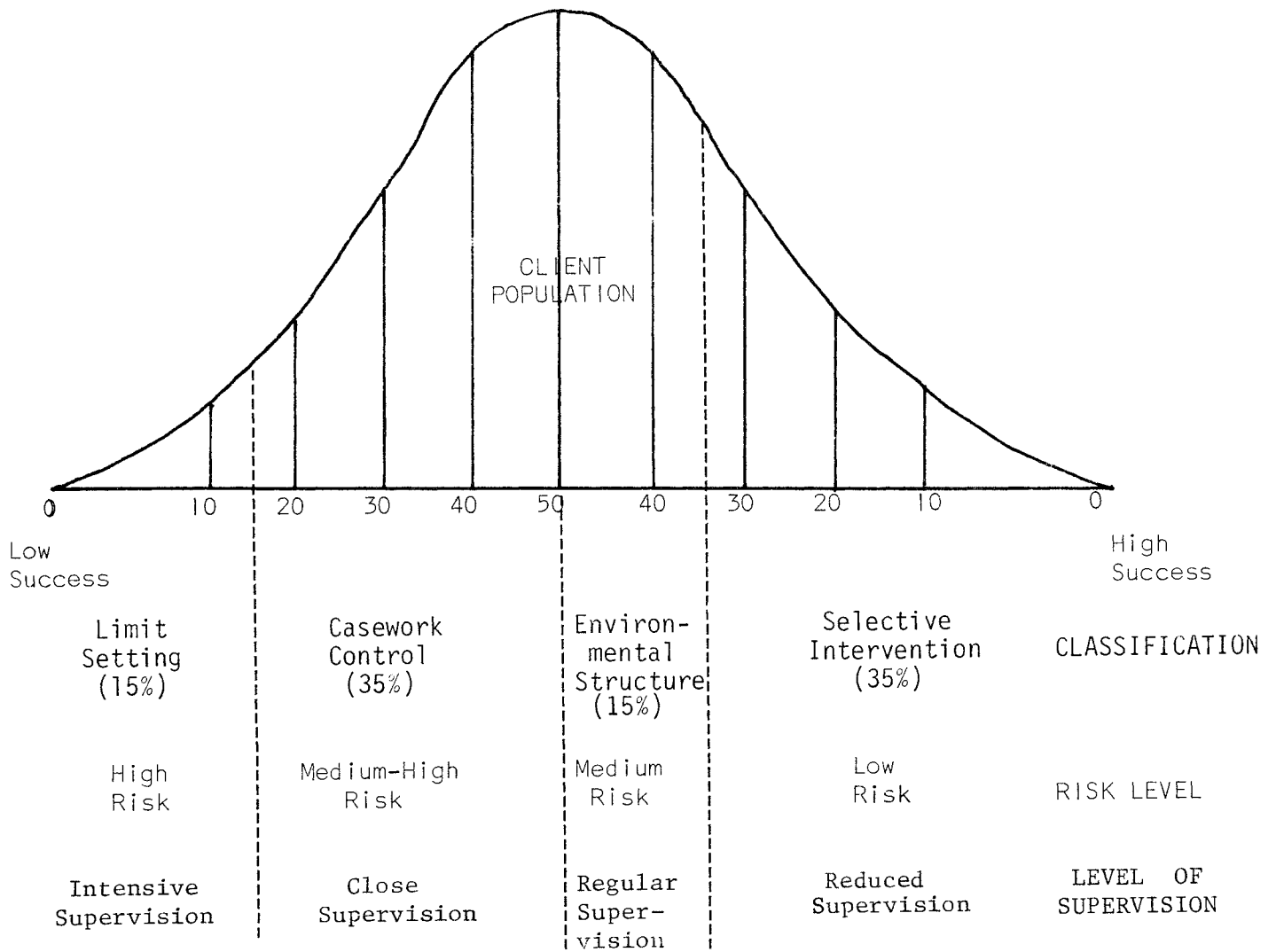
1. CMC provides a format and training for intake interviewing which agents can develop further incorporating their own styles or unique situations. CMC has been found to be particularly beneficial for newer agents as it provides training in one of the most important aspects of the job; interviewing and information analysis. It also helps more experienced agents evaluate their own techniques for bad habits.
2. Agents often accumulate vast amounts of information about clients: CMC provides a systematic way of integrating the varied pieces of information to provide a comprehensive picture of the client.
3. CMC provides probation and parole offices with an enhanced understanding of a client within a 45-minute interview; it may otherwise take months to formulate a clear comprehensive picture of the client.
4. It allows the agent to quickly formulate a more in-depth case plan; the agent doesn't have to wait for many trial and error experiences with the client to learn how the client is going to behave. The agent is often able to anticipate problems before they occur.
5. Agents begin to form impressions of clients rather quickly. These impressions may be based on biases an agent harbor against certain types of offenses or offenders. The CMC provides an objective consult on each client with which agents can compare their own first impressions. (It must be stressed that CMC does not represent competition between the agent and the system but that the observations of each could lead to the generation of more appropriate expectations and case plans for clients).

Advantages to the agency include:

1. The CMC System has a potential for assigning cases in a manner which takes advantage of individual agents' skills or preferences for working with certain types of clients.
2. The CMC provides supervisors with general expectations about each case allowing them to become more involved in casework and training. They can then assist agents to develop strategies and methods for dealing with client needs and problems. It also provides a basis for evaluating case plans.
3. It produces better trained, more capable agents, who are able to adjust their personal styles and approaches to more appropriately deal with each client.

One disadvantage of the system is that in order to implement it appropriately the agents must be trained in its use. An average of 28 hours per agent is the recommended commitment. There is the potential for the misuse of the system with inadequate training and therefore it is strongly suggested that it not be implemented unless the agency is willing to make the necessary commitment to training.

CLIENT MANAGEMENT CLASSIFICATION SYSTEM



CLIENT MANAGEMENT CLASSIFICATION

Instruction Sheet

There are four parts to the Client Management Classification Procedure:

- A. Attitudes
- B. Objective history
- C. Interview behavior
- D. Agent impressions of contributing factors

Whenever possible, the above sequence (A to D) of procedures should be used with each client.

A Scoring Guide is included to provide criteria and assistance in scoring questionable answers.

Instructions for Attitude Interview (45 items)

A semi-structured interview with suggested questions has been developed to elicit the attitude information. Use a comfortable, natural wording appropriate for yourself and the client when asking questions. If the client presents some interesting information requiring follow-up, feel free to follow through on the information before going back to the structured sequence. For each item, you must choose only one alternative. If you can't choose an alternative, don't rate the item.

Each section of the attitude interview is headed by one or two open-ended questions, which may provide material for rating specific items. If the information has not been obtained from the open-ended questions, more specific questions are also provided for individual items. If the specific questions fail to elicit the information, continue to inquire in a different or more direct manner unless you see the word -STOP-. "-STOP-" means to discontinue inquiry (except to repeat or clarify the question if it was misunderstood). For some items A & B questions are included. If the B question is asterisked (*) always ask it. If B isn't asterisked, ask B if the information wasn't elicited from question A.

Instructions for Objective Background Items (11 items)

These items follow the attitude interview. The information can probably be obtained quite rapidly with direct questions.

Instructions for Interview Behavior Ratings (8 items)

These ratings are based on the client's behavior during the interview.

Instructions for Agent Impressions (7 items)

These ratings should reflect the agent's impression of the importance of each contributing factor to the client's legal difficulties. On this part the agent must rate at least one factor as "highly significant (1)" and at least one as "not significant (5)."

ATTITUDES ABOUT OFFENSE

Could you tell me about the offense that got you into trouble?

- 1a. How did you get involved in this offense?
- 1b. How did you decide to commit the offense?
1. Motivation for committing current offense
 - (a) emotional motivation (e.g., anger, sex offense, etc.)
 - (b) material (monetary) motivation
 - (c) both emotional and material motivation
2. Could you tell me more about the circumstances that led up to the offense?
 2. Acceptance of responsibility for current offense
 - (a) admits committing the offense and doesn't attempt excuses
 - (b) admits committing the offense, but emphasizes excuses (e.g., drinking, influenced by friends, family problems, etc.)
 - (c) denies committing the offense
3. Looking back at your offense, what's your general feeling about it? -STOP-
 3. Expression of guilt about current offense
 - (a) expresses guilt feelings or spontaneous empathy toward victim
 - (b) expresses superficial or no guilt
 - (c) victimless crime

SCORING GUIDE

1. A. -using drugs
 - B. -assault (not for robbery)
 - C. -prostitution
 2. B. -car theft (except for joy riding)
 - C. -stealing primarily for peer acceptance
 - stealing from parents for revenge
 - man who won't pay alimony, primarily because he is angry with his ex-wife
 2. B. -"I would never have done it if I hadn't been drinking."
 - C. -"My friends get me in trouble."
 - C. Clients who deny committing any significant aspect of the offense are scored "C".
 - client admits helping to jimmy a car window but denies responsibility for removing valuables because his friends removed them.
3. A. Client must feel some personal shame and regret (not just verbalization to impress the agent)
 - B. -"I feel bad because now I have a record."
 - C. -"People are disappointed in me." (Indicates some regret but not necessarily guilt.)
 - "I know it was wrong" (emphasis on having done wrong, not on feeling bad because one has done wrong.)
 - drug usage
 - sexual activities between consenting adults

OFFENSE PATTERN

I'd like to talk about your prior offenses. Have you been in trouble before?
(Obtain a complete picture of client's offense style, including current offense,
when scoring items 5-8.)

- | | | |
|---|----|--|
| 4a. What prior offenses have you been convicted of? | 4. | Offense and severity |
| *4b. Were you ever in trouble as a juvenile? | | (a) no prior offenses (skip items 5, 6, 7, and 8) |
| | | (b) mainly misdemeanors |
| | | (c) no consistent pattern |
| | | (d) mainly felonies |
| 5a. Have you ever been armed or hurt someone during these offenses? | 5. | Was client ever involved in offense where he (she) was armed, assaultive, or threatened injury to someone? |
| *5b. Did you ever threaten anyone? | | (a) yes |
| | | (b) no |
| 6a. How did you decide to commit these offenses? | 6. | Offenses were <u>generally</u> |
| 6b. Did you plan these offenses beforehand?
(Discuss offenses individually until a clear pattern emerges.) | | (a) planned |
| | | (b) no consistent pattern |
| | | (c) impulsive |
| 7. Were you drinking or high on drugs when you committed your offenses? | 7. | Percent of offenses committed while drinking or high |
| | | (a) never |
| | | (b) 50% or less |
| | | (c) over 50% |
| 8. Did you commit your offenses alone or with others? | 8. | Offenses were <u>generally</u> committed |
| | | (a) alone |
| | | (b) no consistent pattern |
| | | (c) with accomplices |

SCORING GUIDE

- | | | |
|--|-------|---|
| 4. Items 4, 5, 6, 7 and 8 should include juvenile offenses and <u>serious traffic offenses</u> (e.g., drunk driving, hit and run).
B. Should <u>not</u> be used if client has more than two serious felonies. (Use choice "C" or "D".)
D. Over 50% of client's convictions are felonies. | 6. A. | -exhibitionist who drives around in a car looking for girls to expose himself to
-person who decides to commit an offense, then drinks to build courage
-exhibitionist driving to work, suddenly saw a girl and pulled over and exposed himself
-persons gets drunk and into bar fight |
|--|-------|---|

5-8. Use current and prior offense factors to score 5 through 8.

SCHOOL AND VOCATIONAL ADJUSTMENT

Now I'd like to find out some things about your background. Let's begin with school. How did you like school?

9. What was your favorite subject in school? -STOP- 9. Favorite subject
(a) vocational
(b) academic
(c) gym
(d) no favorite subject
- 10a. Did you have a favorite teacher in high school? 10. Attitude toward teachers
*10b. What did you like about him/her? (a) no favorite teacher
(b) teacher chosen because of certain qualities the client admired
(c) teacher chosen because of close personal relationship with the client
- 11a. How far did you go in school? 11. Client's school performance
*11b. Did you have any problems with schoolwork? (a) no problems
(If client didn't graduate from high school find out why.) (b) learning problems (difficulty performing schoolwork)
(c) behavior problems or lack of interest
12. What kind of jobs have you had? 12. Primary vocation
(a) unskilled labor
(b) semi-skilled
(c) skilled labor or white collar
(d) no employment history (homemaker). (Skip 13 and 14.)
(e) student or recent graduate. (Skip 13 and 14.)

SCORING GUIDE

9. A. -business courses
B. -music or art
11. A. Don't use A for client who didn't complete high school.
B. For client whose learning problems result from a lack of capacity (not just from lack of interest or behavioral problems). If client has both a lack of capacity and behavioral problems, score Choice B since lack of capacity takes precedence over other problems.
-client who's been in remedial or slow learner classes.
12. A. Use Choice A for client who's been in job market over 6 months, but has no employment history. (Also score items 13 and 14.)
D. For homemaker, use prior vocational history if available. If not, check Choice D and skip items 13 and 14.
E. For client who recently (within 6 months) finished school and hasn't had an opportunity to establish an employment pattern, check Choice E and skip items 13 and 14.

13. How long did you work on your most recent job?
(Start with most recent, and go backwards until
a clear pattern is established.)

13. Percent of working life where client was employed
full time
(a) over 90%
(b) over 50%
(c) 50% or less

14a. Have you had problems getting jobs?
14b. What were your reasons for leaving jobs?

14. Primary vocational problem
(a) none
(b) problems due to lack of skills or capacity
(c) problems due to attitude

15a. Where do you live now?
*15b. Have you moved around much? (Deal with time
period after client turned 18.)

15. Living stability background
(a) essentially stable living arrangements
(b) some unstable periods
(c) essentially unstable living arrangements

16. Have you had any trouble supporting yourself
or received welfare?

16. History of being self supporting
(a) client usually able to support him/herself
(b) client has had several periods where unable to
support him/herself
(c) client has been essentially unable to support
him/herself

FAMILY ATTITUDES

Can you tell me what your childhood was like?

17a. How do (did) you get along with your father?
17b. How do you feel about your father?

17. Present feelings toward father
(a) close
(b) mixed or neutral
(c) hostile

SCORING GUIDE

13. Subtract time in school, institutions, etc.
from client's potential working life.
14. A. Don't use for clients working less
than 90% of time.

16. Illegal activities and welfare are not counted as self
supporting. For clients who have not had the opportunity
to support themselves (e.g., homemaker or person living
off relatives) estimate the likelihood of their being
able to support themselves.

17. In multi-father families, use the person whom the client
identifies as father.
B. -"We get along" (without implication of closeness.)

- 18a. If you did something wrong as a teenager, how did your father handle it?
18b. What kind of discipline did he use?
- 19a. How do (did) you get along with your mother?
19b. How do you feel about your mother?
- 20a. If you did something wrong as a teenager, how did your mother handle it?
20b. What kind of discipline did she use?
- 21a. Were you ever abused by your parents?
21b. Did they ever go overboard on the punishment?
-STOP-
- 22a. How would your parents have described you as a child (prior to adolescence)?
*22b. Did both parents see you the same way?
18. Type of discipline father used (during client's teenage years)
(a) verbal or privilege withdrawal
(b) permissive (generally let client do as he/she pleased)
(c) physical
19. Present feelings toward mother
(a) close
(b) mixed or neutral
(c) hostile
20. Type of discipline mother used (during client's teenage years)
(a) verbal or privilege withdrawal
(b) permissive (generally let client do as he/she pleased)
(c) physical
21. Was client ever physically abused by a biological, step or adoptive parent
(a) yes
(b) no
22. Parental view of client (prior to adolescence)
(a) good kid (normal)
(b) problem child
(c) parents differed

SCORING GUIDE

18. If the client didn't live with father or father figure during at least part of their adolescent years, do not rate Item 18.
B. - "He always left it to Mom."
19. In multi-mother families, use the person whom the client identifies as mother.
B. - "We get along" (without implication of closeness)
20. If the client didn't live with mother or mother figure during at least part of their adolescent years, do not rate Item 20.
B. - "She always left it to Dad."
21. Item 21 should be based on facts described, and not whether the client felt abused.
A. -cuts on face
-severe body bruises
-sexual abuse
-locked in closet or starved for unusual periods of time
22. A. -no special problem
-like anybody else
B. -"parents always complaining about me"
- "gave them lots of trouble"
-seen as "strange kid"

23. How would you describe yourself as a child prior to adolescence? 23. As a child client describes self as
 (a) good kid (normal)
 (b) problem child
- 24a. How do you get along with your brothers and sisters? 24. General feelings toward siblings
 (a) close
 (b) neutral or mixed
 (c) hostile
 (d) no siblings
- 24b. How do you feel about them?
25. Would you describe your early childhood prior to adolescence as happy or unhappy? --STOP-- 25. General attitude toward childhood
 (a) happy
 (b) not happy
26. If you could change anything about your childhood, what would you change? 26. Satisfaction with childhood
 (a) basically satisfied (little change)
 (b) dissatisfied with material aspect
 (c) dissatisfied with family, self or emotional climate
27. Can you describe your father's personality? (If answer is unclear, ask client to describe another person they know well.) 27. Client's description
 (a) multi-faceted
 (b) superficial (e.g., good, bad, nice, etc.)

SCORING GUIDE

23. *Accept what the client says, even if their behavior doesn't match their perception. (Examples from Item 23 also apply here.)* 27. *The focus of this item is the complexity with which the client views people. The ability to describe attributes, or explain the reasons for behavior, is being measured. "Superficial" indicates a lack of capacity to perceive depth in personality, and not just an evasion of the question. One or two complex statements are sufficient for an (A) score.*
24. *Include half-siblings, exclude step-siblings.* B. *"like some, not others"*
25. *Accept client's view*

- A. *"ambitious and honest"*
"sensitive to others"
"Dad was strict because that's the way he was brought up."
"no-good drunk" (with no further elaboration)
"mean"
"kind"
"don't know"

INTER-PERSONAL RELATIONS

Let's talk about your friends now. Do you spend much time with them?

28. Have your friends (associates) been in trouble with the law? (If client has no current associates, use prior associates.) 28. Client's present associates are
(a) essentially non-criminal
(b) mixed
(c) mostly criminal
- 29a. How do you get along with your friends? 29. In interactions with friends, client appears
*29b. How do they act towards you? (a) used by others
(b) withdrawn
(c) other problems
(d) normal
- 30a. Do you have a closest friend? 30. Description of client's relationship with his/her
*30b. What do you like best about him/her? -STOP- closest friend
(a) talk (share feelings) or help each other
(b) do things together (less emphasis on talking or sharing feelings)
(c) has none
31. Are you satisfied with the way you get along with people? 31. Satisfaction in interpersonal relationships
(a) feels satisfied
(b) feels dissatisfied
32. In general, do you tend to trust or mistrust people? -STOP- 32. General outlook towards people
(a) basically trusting
(b) mixed or complex view
(c) basically mistrusting

SCORING GUIDE

28. Don't count marijuana use (by itself) as criminal. 30. A. -"Do things for each other"
For parolees coming out of prison, use the last associates they had before entering prison. B. -"We're like brothers"
A. Don't use A if client committed offense with accomplices. -"He's a hunter too"
29. This item should be based on the agent's judgment of the quality of the client's interactions. If the agent feels the client is being used by his friends and the client feels he gets along O.K., check Choice A. 31. Accept the client's statement.
32. B. A complex view of people (e.g., trusts people in certain situations and not others)
- "trust people too much"
- "takes a while to get to know them"

33a. How much socializing do you do with women (men)?
 33b. Do you generally go out with a lot of women (men) or date the same person for long periods?

33. Client's opposite sex relationship pattern generally is
 (a) long term (over 6 months) or serious relationships
 (b) short and long term relationships
 (c) short term less emotionally involved relationships, or little dating experience

34. In your relationship with your wife or girlfriend (husband or boyfriend) who tends to make the decisions?

34. In interaction with the opposite sex, client generally
 (a) asserts self or dominates
 (b) is average or adequate
 (c) is nonassertive or dominated

FEELINGS

Do you have any problems handling your feelings?

35. Do you consider yourself to be a nervous (or anxious) person? --STOP--

35. Does client view himself (herself) as a nervous person?
 (a) yes
 (b) no

36a. What kinds of things get you depressed?
 36b. What do you do when you're feeling depressed?

36. What client does when he (she) feels depressed
 (a) seeks someone to talk to, or tries to figure it out
 (b) seeks an activity to distract self
 (c) drinks or uses drugs
 (d) isolates self

37a. Have you ever thought seriously about hurting or killing yourself?
 37b. (If client says yes to above) Have you ever tried it?

37. Self destructive behavior
 (a) never seriously contemplated it
 (b) had definite thoughts of suicide
 (c) attempted it

SCORING GUIDE

33. C. Short-term relationships with no solid commitments to people

35. Accept the client's statement

34. Do not accept the client's response without probing their relationships or how some specific decisions are made (e.g., who decides what to do or whom to socialize with -- who controls the money).

36. B. "forget about them".
 -"katch T.V."
 D. -"I pray".
 -"Go to sleep".

- 38a. Wh do you do when you're feeling angry with people?
 *38b. Have you every hurt anybody when you were angry?
- 39a. Can you describe your personality?
 39b. What do you like and dislike about yourself?
 -STOP-

- In handling anger, client
 (a) is physically aggressive toward people
 (b) avoids expression to others or has trouble expressing anger appropriately
 (c) responds appropriately
39. In describing themselves, client
 (a) emphasizes strength
 (b) emphasizes inadequacy (client tends to downgrade self)
 (c) can't describe self
40. Openness in discussing feelings
 (a) discusses openly
 (b) evasive or superficial

PLANS AND PROBLEMS

41. Aside from legal problems, what is the biggest problem in your life now? -STOP-
41. What does the client view as his/her important problem area right now
 (a) personal
 (b) relationships
 (c) vocational - educational
 (d) financial
 (e) no big problems presently (score item 42 as A)

SCORING GUIDE

38. Based on all sources of reliable information (e.g., offense), and not just client's statement. Physically aggressive problems should take precedence over other choices.
 B. - "break things".
 - denies getting angry
39. If the client gives both positive and negative statements about himself, choose the one emphasized the most. If the positive and negative have equal emphasis, choose the one given first.
 C. Choice C is designed to pick out those clients who are not capable of showing much insight or complexity in their view of themselves.
 - "I'm O.K." (and can't elaborate)
 - "I'm a nice person"
 - "I get into too much trouble".

40. A. If the agent felt that the client was fairly straightforward in talking about his feelings.
 B. If the agent felt that the client was superficial or evasive.
41. A. - "Drinking or drugs"
 - "Get my head together"
 B. - "Get things straightened out with my fiancée"
 - "Try to get along better with my parents"

42. How do you expect this problem (from item 41) to work out? 42. Attitude toward solving problems
 (a) optimistic, expects to succeed (include 41e)
 (b) unclear
 (c) pessimistic, expects to fail
- 43a. What goals do you have for the future?
 *43b. How do you expect to accomplish your goals?
 -STOP- 43. Future plans
 (a) short-term goals (most goals can be fulfilled within about 6 months)
 (b) unrealistic goals
 (c) realistic long-term goals (most goals are well developed and extend beyond 6 months)
44. (No questions asked - based on information throughout interview on education, jobs, training programs, following through on goals, or treatment, etc.) 44. Client usually sticks with or completes things he/she begins
 (a) yes
 (b) no
- 45a. How will being on probation (parole) affect your life? 45. Client's general expectations about P & P supervision
 (a) no effect
 (b) monetary, counseling, or program help
 (c) hopes supervision will keep them out of trouble
 (d) negative expectations
 (e) mixed or unclear expectations
- 45b. What do you expect to get from being on probation (parole)? -STOP-

SCORING GUIDE

42. A. -"O.K. because I've got a better paying job." 43. A. -"No goals, live day to day"
 B. -"O.K., I hope". B. Strange, way out, or impossible to achieve goals.
 C. -"I'll be O.K. if I get a better paying job."
 Client is pessimistic about the outcome or can't figure out a solution.

OBJECTIVE BACKGROUND ITEMS

1. Age of earliest court appearance:
 - a. 14 or below
 - b. 15 - 17
 - c. 18 - 22
 - d. 23+

 2. Number of prior offenses:
 - a. none
 - b. 1 - 3
 - c. 4 - 7
 - d. 8+

 3. Number of commitments to State or Federal Correctional Institutions:
 - a. 0
 - b. 1
 - c. 2 or more

 4. Time spent under probation supervision:
 - a. none
 - b. 1 year or less
 - c. over 1 year - 3 years
 - d. over 3 years

 5. Medical history: (circle all applicable choices)
 - a. back or stomach problems, or frequent headaches
 - b. serious head injuries
 - c. prior psychiatric hospitalization
 - d. out-patient psychotherapy
 - e. none of the above
-

SCORING GUIDE

1. *Include juvenile offenses and serious traffic offenses (e.g., drunk driving, hit and run).*

2. *Exclude the client's present offense in rating this item. Include juvenile and serious traffic offenses.*

3. *Include juvenile commitments.*

4. *Exclude probation time for the current offense. Include juvenile supervision.*

5. *A. -vague complaints not diagnosed by a physician
B. -skull fractures
-head injuries which required treatment (beyond X-ray)*

School History

6. Highest grade completed:
 - a. 9th or below
 - b. 10th to 12th
 - c. high school graduate (exclude GED)
 - d. some post high school training leading toward a degree

7. Did client ever receive special education or remedial help in school?
 - a. yes
 - b. no

Family Development

8. Client was raised primarily by:
 - a. intact biological family
 - b. other

9. Did either parent have a history of:
(circle all applicable choices)
 - a. being on welfare
 - b. criminal behavior
 - c. psychiatric hospitalization
 - d. suicide attempts
 - e. drinking problems
 - f. none of the above

SCORING GUIDE

7. *Include special programs for learning deficiencies (rather than behavior problems).*

8. *Choice A requires both natural parents in an intact home until client reaches about 16 years of age.*

9. *Includes step and adopted parents.*

10. Have siblings (include half and step sibs) ever been arrested?

- a. none
- b. some
- c. most
- d. not applicable

11. Currently, client is:

- a. single (never married)
- b. single (separated, divorced, widowed)
- c. married (includes common law)

BEHAVIORAL PATTERNS

Please rate the following behaviors as observed during the interview.

1. Grooming and Dress:

- A. ___ Below Average B. ___ Average C. ___ Above Average

2. Self Confidence:

- A. ___ Lacks Confidence B. ___ Average C. ___ Overly Confident

3. Attention Span:

- A. ___ Easily Distractible B. ___ Average C. ___ Very Attentive

4. Comprehension:

- A. ___ Below Average B. ___ Average C. ___ Above Average

5. Thought Processes:

- A. ___ Sluggish B. ___ Average C. ___ Driven (Accelerated)

6. Affect:

- A. ___ Depressed B. ___ Average C. ___ Elated

7. Self Revealing:

- A. ___ Evasive B. ___ Average C. ___ Very Open

8. Cooperation:

- A. ___ Negativistic B. ___ Average C. ___ Eager to Please

AGENT IMPRESSIONS

Please rate the significance of each factor as it contributes to the client's legal difficulties. (Each client must receive at least one score of 1 and 5.)

	#1 Highly Significant	#2 Significant	#3 Somewhat Significant	#4 Minor Significance	#5 Not Significant
1. Social inadequacy	1	2	3	4	5
2. Vocational inadequacy	1	2	3	4	5
3. Criminal orientation	1	2	3	4	5
4. Emotional factors	1	2	3	4	5
5. Family history problems	1	2	3	4	5
6. Isolated situational (temporary circumstances)	1	2	3	4	5
7. Interpersonal manipula- tion	1	2	3	4	5

SCORING GUIDE

- Item A - Refers to the client's social skills in dealing with others, their ability to perceive the motives and concerns of others, and their ability to survive in society and care for themselves.
- Item B - Refers to client's ability or skills to obtain relatively permanent and reasonably paying employment.
- Item C - Refers to whether criminal behavior is an acceptable, common part of their life and they attempt to live off of crime. They don't really try to make it in a prosocial way.
- Item D - Refers to degree of emotional problems in the client's life.
- Item E - Refers to parental family problems experienced during childhood and adolescence.
- Item F - Refers to some unusual or temporary circumstance in the client's life, which is unlikely to be repeated.
- Item G - Refers to client's need to control others to gain their own end. Generally, these clients aren't overly concerned about using or manipulating other people.

CMC INVENTORY

Client _____ # _____ Agent _____ # _____ Date _____

Age _____ Sex _____ Race _____ Offense _____

HISTORY

10	(a)	6	(a)	1	(a)
	(b)		(b)		(b)
	(c)		(c)		(c)
	(d)		(d)		(d)
11	(a)	7	(a)	2	(a)
	(b)		(b)		(b)
	(c)		(c)		(c)
	(d)		(d)		(d)
8	(a)	8	(a)	3	(a)
	(b)		(b)		(b)
	(c)		(c)		(c)
9	(a)	9	(a)	4	(a)
	(b)		(b)		(b)
	(c)		(c)		(c)
	(d)		(d)		(d)
	(e)		(e)		(e)
	(f)		(f)		(f)
5	(a)	5	(a)	5	(a)
	(b)		(b)		(b)
	(c)		(c)		(c)
	(d)		(d)		(d)
	(e)		(e)		(e)

ATTITUDES

42	(a)	38	(a)	33	(a)	28	(a)	23	(a)	18	(a)	13	(a)	9	(a)	4	(a)	1	(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
43	(a)	39	(a)	34	(a)	29	(a)	24	(a)	19	(a)	14	(a)	10	(a)	5	(a)	2	(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
44	(a)	40	(a)	35	(a)	30	(a)	25	(a)	20	(a)	15	(a)	11	(a)	6	(a)	3	(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
45	(a)	41	(a)	36	(a)	31	(a)	26	(a)	21	(a)	16	(a)	12	(a)	7	(a)	4	(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
	(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)
	(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)
	(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
	(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)
	(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)
	(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
	(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)
	(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)
	(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
	(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)
	(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)
	(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
	(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)
	(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)
	(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)
	(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)		(d)
	(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)		(e)
	(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)		(a)
	(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)		(b)
	(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)		(c)

BEHAVIOR

1.	A	B	C
2.	A	B	C
3.	A	B	C
4.	A	B	C
5.	A	B	C
6.	A	B	C
7.	A	B	C
8.	A	B	C

IMPRESSIONS

a.	1	2	3	4	5
b.	1	2	3	4	5
c.	1	2	3	4	5
d.	1	2	3	4	5
e.	1	2	3	4	5
f.	1	2	3	4	5
g.	1	2	3	4	5

(S.I.+) _____ (C.C.+) _____ (E.S.+) _____ (L.S.+) _____

+ (50) + (50) + (50) + (50)

= _____ = _____ = _____ = _____

(S.I.-) - _____ (C.C.-) - _____ (E.S.-) - _____ (L.S.-) - _____

S.I. Total _____ C.C. Total _____ E.S. Total _____ L.S. Total _____

CLASSIFICATION: Primary _____ Secondary _____

OBJECTIVES-BASED CASE PLANNING

by

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The first active step in the supervision process is the construction of a case plan.

The case plan is a detailed description of the supervision officer's approach to handling the case. The purpose of case planning is to enable officers to carefully analyze the case, think through various approaches to supervision, and select the strategy most likely to help the client successfully complete the supervision period.

Objectives-based case planning (OBCP) is an approach to achieving this purpose by requiring the officer to specify the objectives he or she intends to achieve during supervision in terms of changes in the client's behavior. These client-behavior objectives, and the strategies and resources needed to achieve them, become the central focus of the supervision effort. The intention is to put the officer in a proactive stance with regard to his or her clients -- actually planning supervision activities instead of merely reacting to circumstances as they occur in the caseload. Ultimately, the goal is to help officers manage their cases more effectively by planning them more carefully.

Ordinarily, some experience with OBCP is required before officers can comfortably apply this approach to their cases. Typically, this means officers need to practice their case planning skills on a handful of cases and then receive feedback on those plans in the form of a critique by a person skilled in OBCP. After some practice, however, officers are generally able to usefully apply this method to their cases with a minimum of time requirement. Once the basic skill is learned, the quality of the officer's case planning and management is constrained only by his or her interpersonal skills.

In the first section of this paper, the components of OBCP are presented and illustrated in application to a probation case named Henry Ward. An illustration is used in order to demonstrate how the objectives and resources become the driving force of a probationer's supervision period.

However, once an initial case plan has been written, there are a number of other uses to which it can be put during supervision. Some of these uses are discussed in the remainder of this paper, including strategies for increasing the effectiveness of supervision.

1. THE OBJECTIVES-BASED CASE PLAN: AN ILLUSTRATION

The objectives-based case plan has four basic components:

1. Analysis of key forces in the case -- By creating an array of crime-related forces in the case, a basis is established for identifying and selecting key intervention points.

2. Classification -- Using policy-related supervision classifications, the supervision requirements of the case are specified. The classification serves to set outer limits on appropriate intervention levels during supervision and provides the organization with information for setting supervision priorities in case management.

3. Objective-specification -- Using the technique of behavioral objectives, a set of measurable and specific intended outcomes of the supervision process are written. This step makes supervision discretion visible by identifying its purposes, and provides information on areas for supervision which can be further used to identify case management priorities.

4. Resource-specification -- For each of the supervision objectives, the intervention method (resource) used to achieve it is listed. This provides information on the use and effectiveness of various agency resources.

In order to illustrate how these steps work, each will be explained and demonstrated with respect to a simulated probation case -- Henry Ward. Since the reader will find it helpful to understand some of the case's background, a full narrative summary of the case is given in Appendix I. However, a brief summary of the key elements in Ward's case can be listed here: Ward is a 19 year old who has pleaded guilty to assault -- a fight with an acquaintance -- and was sentenced to three years on probation. He has four prior arrests, one for auto theft which resulted in three years on juvenile probation. Henry has a ninth grade education and a sporadic employment record. His school performance has been poor and he expresses little interest in further pursuing his education. Henry now lives with his mother, though he has a "steady" relationship with a girlfriend, Diane. His psychological evaluation indicates he is immature and quick-tempered, though he does not have any severe emotional problems. His relationship with his mother has been ambivalent.

A. Analysis of Key Forces in the Case

The interventions used in probation supervision should be related to problems which interfere with the offender's ability to live in the community without breaking the law. Recent discussions of community supervision have tended to focus on the various techniques an officer may use to help an offender remain crime-free. The thrust of these discussions is often that the probation officer's job is to provide services, to be a referral agent, to be an "advocate" or a counselor, almost as if these desires were an end in themselves. In fact, these are instead supervision techniques, means to the end that the offender not break the law. The distinction seems an obvious one. Yet, because so much of the discussion of community supervision focuses on the activities of the officer, it is easy to lose sight of the fact that the hoped-for end result is not simply a service delivered or a referral made, but is the crime-free behavior of the client in the community that results from such an activity.

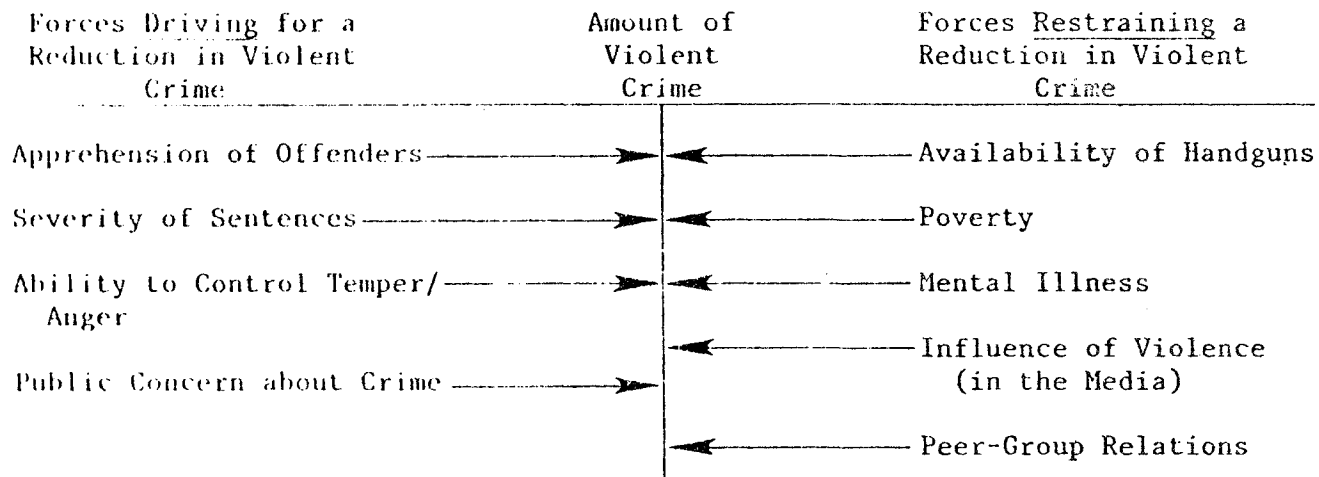
One of the difficulties in keeping this focus on promoting crime-free living is that so little is known about how various factors and problems are actually linked to prevention of new crimes. In the absence of such knowledge, some systematic technique for identifying potentially crime-related problems in cases must be used. The technique used in OBCP is an adaptation of Kurt Lewin's force-field analysis.²

As originally developed by Lewin, force-field analysis was both a means for analyzing the reasons why an event occurs in society and a technique for planning how to modify the frequency of the occurrence of that event.

Lewin argued that any social event can be visualized as occurring at a given frequency in a given social group. The exact frequency will be determined by various forces acting on the social event, some of which tend to lead to an increased frequency of the event, others which seem to have the opposite effect. In the case of violent crime, for example, the availability of handguns would tend to increase its frequency while the apprehension of offenders would tend to decrease its frequency. An event occurs at a given frequency at a given time because the forces acting on it have attained a "semi-stable equilibrium," whereby the total strength of the forces tending to increase its frequency ("driving" forces) are roughly equal to the total strength of the forces decreasing its frequency ("restraining" forces). The reason that an event shows a steady pattern of change in its frequency is that the forces which determine its frequency are themselves changing steadily. Thus one can describe a given phenomenon or event in terms of an array of the forces that surround it. Figure 1 is a visual presentation of a partial force-field analysis of "violent crime," when the purpose of the analysis is to reduce the amount of violent crime.

FIGURE 1

EXAMPLE OF FORCE-FIELD ANALYSIS



Obviously this example does not provide an exhaustive set of forces, but it illustrates how a force-field is constructed and will also help illustrate how key forces can be selected in a change effort. In general, change is achieved by either increasing driving forces, decreasing restraining forces, or both. Thus the target of change is not the event "violent crime," but the forces which determine its frequency. In selecting the target forces, four guidelines can be used:

1. Strength -- Those forces which play an important role in determining the frequency of the event.

2. Alterability -- Those forces for which the means exist to change the degree or nature of their influence on the event.

3. Speed -- Those forces which can be manipulated quickly with short-range effect.

4. Interdependency -- Those forces which are core in the sense that a change in them will have an influence on many other forces.

Simply because a force meets one or two of these guidelines does not mean it should be made a change target. Rather, it is the interaction of these guidelines which helps to determine target forces. For example, many writers have stressed the theoretical relationships between level of crime and certainty of apprehension (strength), but given the nature of violent crime there are finite limits on the ability of the police to apprehend offenders (alterability). On the other hand, availability of handguns may be a strong force which is also relatively easy to change through economic and legal reforms. While poverty may be a heavily interdependent force in this case since it is linked to several other forces, the speed for which it can be changed is suspect. Thus, using the limited force-field example given here, a change strategy for reducing violent crime might be based, for example, on reducing the availability of handguns.

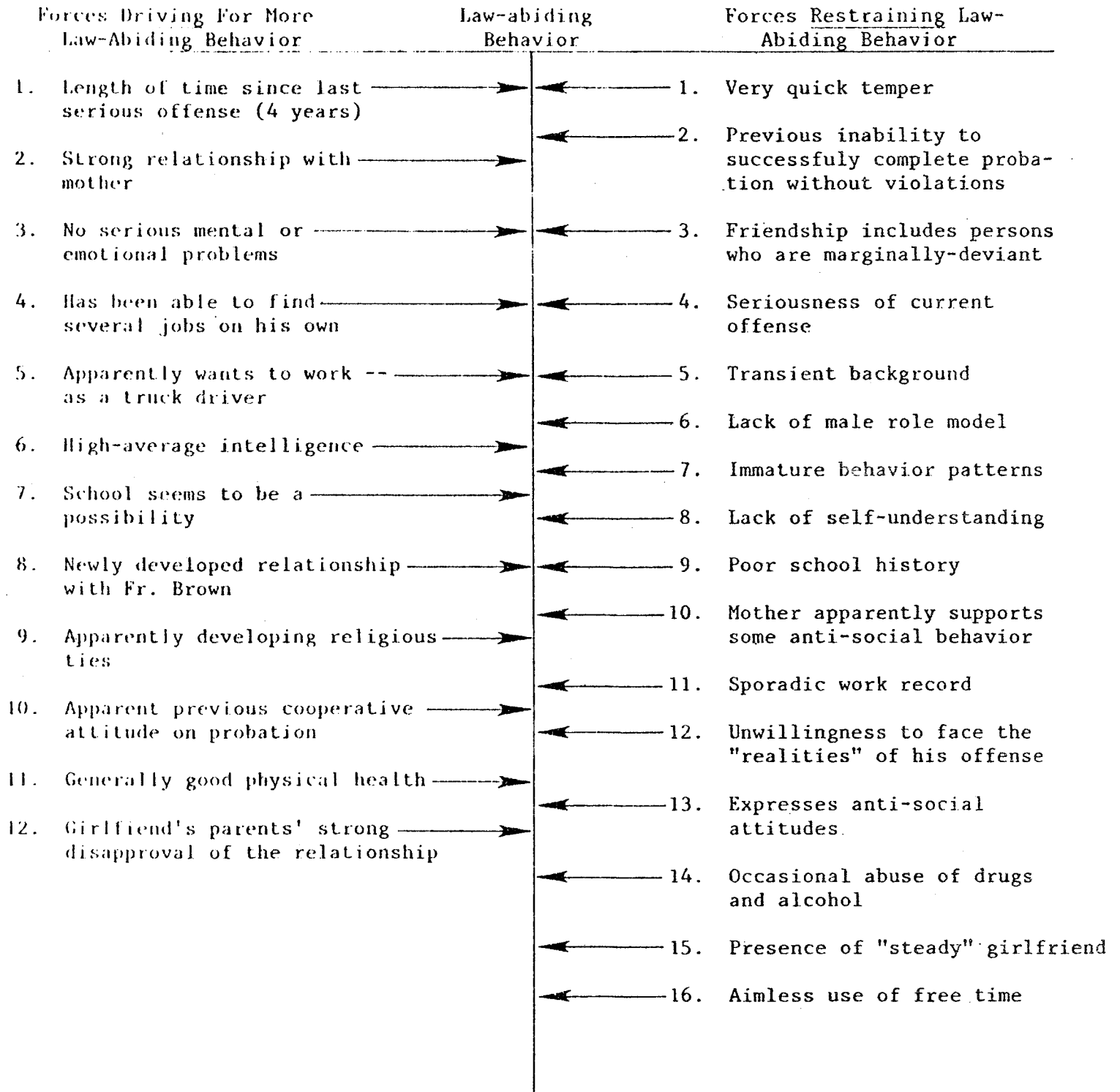
A final suggestion of the force-field method is that the change agent should work on both sides of the force-field for maximum efficient impact. The temptation is always to add driving forces for the change (pass new laws, threaten punishments, etc.), but new forces have the effect of creating tension in the system. The most long-lasting changes are those achieved without a net increase in total strength of forces in the system by achieving a reduction in restraining forces to compliment any increases in driving forces.

This same kind of analysis can be done in a more comprehensive manner on the change tasks presented by a client under probation supervision. In this case, the problem is to increase the amount of law-abiding behavior. The forces that exist in the client and his or her environment can then be arrayed in a force-field in terms of their relationships to law-abiding behavior.

Figure 2 is a presentation of the force-field on Henry Ward.

FIGURE 2

FORCE-FIELD ON PROBATIONER HENRY WARD



The forces are not listed from any particular theoretical framework. As a result, some factors in the case will appear as complex forces, having aspects that both drive for and resist law-abiding behavior. In Henry's case, for example, the attachment to the mother is a potentially stabilizing force, but her behavior towards him makes it a potentially restraining force, as well.

In constructing the force-field, every effort should be made to get a complete listing of driving forces because these are so often ignored in analyzing a case. The driving forces are the strengths on which a supervision plan is built; a comprehensive listing of the potential strengths is therefore important. Key restraining forces, however, will frequently become the targets of change in the supervision effort.

Because so little is known about the "correct" way to interpret all problems of a client, one must hesitate to assume that any particular analysis of Henry Ward would be, somehow, best. Instead, the "best" force-field analysis is one which assists the officer in selecting a successful approach to the case -- the more complete the force-field, the more likely this will happen. The example presented here serves simply to illustrate the diagnostic technique -- differing points of view on the nature of the forces affecting Henry could be taken with some validity.

Given that caveat, several patterns emerge. The most interdependent forces have to do with the mother's role -- Henry now lives at home and her influence reduces his willingness to face the meaning of his offense. A particularly strong force, however, is his unemployment which also relates to a number of other forces, such as "free-time." Unemployment is potentially a problem that can be changed with speed. Some aspects of Henry's problems do not appear easily alterable -- it is unlikely that supervision will dramatically increase his skill level, for example. Thus, a brief analysis of forces indicates some candidate targets for change:*

Strength: Relationship to mother, use of "free-time"

Speed: Unemployment

Alterability: Unemployment, lack of male role model

Interdependence: Unemployment, relationship to mother

B. Classification

Force-field analysis provides the basis for evaluating factors relating to the client's risk to the community and overall needs. Using force-field, classification becomes a judgment based on an evaluation of the interacting forces in the case. Classification decisions can also be aided by the use of an objective scoring instrument, a number of which have been developed for assessing both risk and needs. Typically these instruments use an additive point scale, based on a series of factors which give the officer an

*Though forces have been listed for each criterion, it should be stressed that frequently only one or two key forces will emerge. The person completing the force-field should not feel compelled to overselect forces, since overselection may lead to overly intrusive supervision or lack of focus in the use of available resources.

overall assessment of the client's general risk and needs relative to other clients under supervision. The use of an objective classification device, in combination with the more subjective force-field analysis, is a particularly powerful approach to classification, one which is recommended here.*

The ultimate purpose of a classification system is to provide line officers with information on supervision priority. Given typically heavy workloads, the first issue facing officers in developing case plans is not "How shall I supervise this case?", but rather "How much priority should I give to this case in terms of my available time and attention?" The classification of the case helps to determine supervision priority by giving the officer an idea of the level of time and resources that ought to be devoted to each case compared to others on the caseload.

Ordinarily, agency policy establishes three or four levels of priority which can be attached to cases in order to simplify classification. In the illustration below, a risk-oriented, three-level priority system is used. Based on the force-field analysis, Henry Ward would be classified by placing him in one of three levels of supervision, listed in descending order of supervision priority.

Level I: Client recently assigned to probation with a history of violent behavior against others, or he is likely to commit a fairly serious violation of the law or the requirements imposed by the court can be enforced only by very close and persistent supervision. (High priority; at least weekly contacts)

Level II: Client does not pose a significant threat to the public and he does not require close supervision because of a specific condition imposed by the court; however, he is currently coping with a significant set of problems, specifically related to potential violations of the law which the client has some expectation of overcoming with the assistance of the probation service. (Moderate priority; between 2 and 4 contacts each month, depending on needs).

*A number of objective instruments have been developed in recent years, and their merits vary. For example, with regard to risk instruments, classification systems differ with respect to ease of use, item reliability and predictive power. Current research has not yet produced a single prediction device which is notably superior to competing instruments, and so it is not appropriate to suggest a specific instrument for readers to adopt. For a general discussion of this issue and a number of sample classification devices, see: Marvin Bohnstedt, et. al., Screening for Risk: Classification Instruments for Criminal Justice Decisions, National Institute of Corrections, Washington, D.C., 1979; also see Christopher Baird, et. al., The Wisconsin Case Classification/Staff Development Project: A Two-Year Follow-up Report Wisconsin Bureau of Community Corrections (July, 1979) for an analysis of the use of risk and need assessment devices as classification tools.

Level III: Client does not now pose a significant threat to the public, no requirements of the court call for close supervision and he does not face any important problems which are specifically related to potential serious violations of the law and which the probation service can reasonably expect to affect substantially. (Low priority; no more than one contact every three months)

C. Stating the Behavioral Objectives of Supervision

The third step in the case plan is the specification of supervision objectives. This step is important because it articulates the problem areas the offender is expected to work on during the supervision period --the behavioral objectives are the focal point of the supervision process. But the act of specifying objectives is also important because of how it relates to the control of officer discretion.

The need for identifying the intended outcomes of supervision at the initial stages of the supervision process stems, in part, from the nature of the officer-client relationship. The probation officer needs to make visible the extent of the intrusiveness of his or her use of supervision discretion. In doing so, the officer must identify, in specific language, the intended outcomes of supervision. This requires using measurable criterion of offender change (such as behavior) rather than the less tangible offender changes (such as attitudes). In the process, the supervision officer makes apparent the assumptions being made about links between the supervision plan, the offender's behavior, and the crime-related dynamics of the case. In addition to facilitating the control of discretion, objective-specification facilitates alternative-testing, whereby less intrusive interventions may be used when they achieve the same supervision objective. For example, an offender may prefer group therapy to methadone/urinalysis as an alternative way of pursuing an objective which eliminates patterns of drug use. The key element, of course, is to clearly articulate the behavioral changes the officer requires in order to resolve the drug problem.

To provide for specific, measurable outcome statements, a technique for recording planned outcomes is needed. As was done for the force-field analysis, the technique used here -- behavioral objectives -- is adapted from its use in another discipline -- in this case, education. As a technique, specification of behavioral objectives has been well-developed in education, and this experience serves as a starting point for presenting the adaptation used in OBCP.

A number of how-to-write objectives manuals have been published by educators. Each has its own prescription for writing high quality objectives, but the differences are not as great as the similarities. The book most widely recommended by experts is Robert F. Mager's Preparing Instructional Objectives (also published under the title Preparing Objectives for Programmed Instruction).³ Mager's description of the technique is fairly representative, and the book is recommended as further reading on learning objective-specification techniques.

Mager begins by defining the terminology objectives:

Behavior -- refers to any visible activity displayed by a learner (student).

Terminal Behavior -- refers to the behavior you would like your learner to be able to demonstrate at the time your influence over him ends.

Criterion -- is a standard or test by which terminal behavior is evaluated.⁴

A behavioral objective is a stated outcome that uses "visible activity" as its focus. It avoids ambiguous terminology.

Though it is all right to include such words as 'understand' and 'appreciate' in a statement of an objective, the statement is not explicit enough to be useful until it indicates how you intend to sample the 'understanding' and 'appreciating.' Until you describe what the user will be DOING when demonstrating that he 'understands' or 'appreciates,' you have described very little at all. Thus, the statement which communicates best will be one which describes the terminal behavior of the learner well enough to preclude misinterpretation.⁵

Identification of the terminal behavior is the first of a three-step, objective declaration process:

First, identify the terminal behavior by name; we can specify the kind of behavior which will be accepted as evidence that the learner has achieved the objective.

Second, try to further define the desired behavior by describing the important conditions under which the behavior will be expected to occur.

Third, specify the criteria of acceptable performance by describing how well the learner must perform to be considered acceptable.⁶

Therefore, according to Mager, a "meaningful" objective contains three components: terminal behavior, condition and criterion. For example:

1. (Given a list of 35 chemical elements) the learner

condition

(must be able to recall and write the valences) (of at least 30)

terminal behavior

criterion

2. (Without the aid of a slide rule) the learner will

condition

(be able to calculate square roots)

terminal behavior

(of at least 20 out of 25 two digit integers)

(accurately to the 2 hundredths of a percent.)

criterion

It is a fair question whether supervision objectives in probation need to be so detailed as these education examples. There are some considerations that argue for the use of less complex, though specific, objectives in probation. Perhaps most important, by allowing more general statements, it may be possible to prevent the requirement of trivial activities on the part of the probationer simply to satisfy the technical requirements of a written "objective." In addition, it is difficult to see precisely what form the "condition" will take in a written supervision objective since the "performances" do not occur in the limited environment of the classroom but take place in real life. It makes little sense, for example, to try to include "conditions" in the objective "to discontinue all use of heroin." On the other hand, "absent an excuse accepted by the probation officer, the probationer will not be more than 15 minutes late to any office visits" includes all three of Mager's characteristics and is a more useful objective because of it. Due to the nature of probation supervision, the most reasonable requirement may be for the probation officer to write each objective as specifically as possible, including a "criterion" for achievement whenever possible, but at a minimum to state the exact behaviors being expected of the probationer.

In addition, there may be occasions when the probation officer needs to write an "expressive" objective. For example, the officer may want the client to be diagnosed professionally, although the behavioral goals following the diagnosis may be largely unpredictable. In these circumstances, an objective such as "to attend Kellog psychiatric center for diagnosis one hour a week until a full diagnosis is completed" might be acceptable.

It might also be argued, though, that expressive objectives should not be used in probation, that these represent interventions which have unclear goals and therefore ought not to be allowed, since they specify case activities rather than outcomes. Such approaches may neutralize the value of the objective-specification process. As a result, expressive objectives should be avoided whenever possible.

The key consideration is not some abstract idea of the technically accurate objective; rather, the intent is to write objectives which will be useful for guiding supervision decisions, articulating the basis for discretionary supervision decisions, and evaluating the effectiveness of supervision methods. As a key to writing useful objectives, five guidelines can be stressed.

1. The objective should describe behavior. The most common problem in written objectives is that they do not describe the behavioral referent. Instead, non-behavioral referents are often used, such as in attitude-related objectives. For example, the goal "to increase self-confidence" does not contain a behavioral referent. When the change-goal for a client is primarily attitudinal, in order to set a behavioral objective, the supervision officer

must ask what behavior he or she would look for as an indicator that the attitude change has occurred. If the supervision officer is working on self-confidence in order to help the client look for employment, for example, the behavioral objective may be "to look for employment by visiting at least one potential employer a day until a job is found." Thus, the officer has specified a behavioral objective which shows the behavioral outcome expected as a result of improved self-confidence.

2. The behavior described should be that of the client, not the agency. Another common error in stating objectives is to write the goals of the caseworker rather than the case itself. For example, "to help the probationer learn to read at current grade level" is a behavioral objective for the officer, not the client. This objective can be easily corrected by dropping out all references to the caseworker's activities -- it becomes "to learn to read at current grade level."

3. The behavior should be as specific as possible. Many case objectives could be made more specific. For example, "to finish education" can be changed into "to complete GED requirements by December 31." The more specific an objective, the easier it is to know when it has been achieved. While specificity is a general rule of behavioral objectives, it may sometimes be impossible to be completely specific about a case objective -- the goal is to be as specific as possible.

4. The objective should describe an outcome, not a technique. An additional common error in setting objectives is to include the technique in the statement of the objective. A true objective only describes a goal. If the objective is specific enough, it will aid in the decision-making about the best technique for achieving the objective, but the technique should not be included in the statement itself. For example, the objective "to give client and mother counseling to reduce their fighting" is a statement that confuses technique and goal as well as client and officer behavioral goals. "To reduce amount of fighting with mother" would be a clearer objective. The resource (or technique) of counseling by the probation officer can be listed separately as related to that goal, and its effectiveness could later be evaluated.

5. A case should not be overloaded with behavioral objectives. Sometimes the supervision officer setting objectives will feel that something is left out of a case once the objectives have been stated. A common response is to write more objectives for that case, leading to overloading a case with objectives. It is important to remember that a single objective such as "to discontinue all associations with Broad Street gang members" may require a major change in the client's life (and a great deal of work by the supervision officer) in order to be achieved. Frequently, clients have many problems with which they are attempting to cope, but the supervision effort can attend to only two or three key concerns. To overload such a case with too many objectives would be to set unrealistic goals for the client.

Most behavioral objectives can be written in a three-part format: To [behavioral goal] [criterion]. The objective should start with the word "to", because that forces the statement to be made in the form of a future occurrence. The second part of the objective is the "behavioral goal" targeted for change. The final part of the objective -- one which is not always necessary -- is the "criterion", which indicates a date for achieving the change, a level of

behavior needed for success, or some such other modifier of the objective. The list below demonstrates this three part format for objectives, and Figure 3 shows some common errors made in objective writing and how they may be corrected.

To continue to be employed full-time at Harper's Food Mart while on probation.

To obtain full-time employment as a mechanic within one month.

To select, attend and complete a job training program by the end of the first assessment period of probation.

To complete high school equivalency program and receive G.E.D.

To discontinue all use of narcotic drugs while on probation.

To limit drinking to no more than two beers per weekday, four per day on weekends.

To stop spending any time with co-defendant.

To make two new friendships with co-workers in the next six weeks.

To talk to mother about school performance at least once a week.

Returning to the case of Henry Ward, it will be recalled that four key forces were identified as target forces for supervision:

1. Unemployment
2. Use of free time
3. Relationship to mother
4. Lack of male role model

These four forces could be translated in the following group of behavioral objectives:

1. To obtain full time employment and stay employed during supervision period. (critical)
2. To attend night school at least two nights a week for the Fall term, taking courses of his own choice. (somewhat important)
3. To move out of mother's home into a residence approved by probation officer within six months. (very important)
4. To continue to meet with Fr. Brown at least once-a-week for the next 4 months. (somewhat important)

FIGURE 3

Example of Common Errors in Writing Objectives

Incorrect Example	Corrected Example
<p>NON-BEHAVIORAL:</p> <ol style="list-style-type: none"> 1. To improve relationship with father. 2. To develop self-control. 3. To accept responsibility for behavior. 	<p>BEHAVIORAL:</p> <ol style="list-style-type: none"> 1. To stop fighting with father. 2. To be at home by 10 p.m. on weekdays. 3. To pay \$100 per month child support to girl-friend as long as he is not living with her.
<p>NON CLIENT-RELATED:</p> <ol style="list-style-type: none"> 1. To get probationer to stop carrying a switchblade. 2. To help probationer stay in school. (not get expelled) 3. To motivate probationer to discuss problems with wife. 	<p>CLIENT-RELATED:</p> <ol style="list-style-type: none"> 1. To stop carrying a switchblade while on probation. 2. To stay in school (not get expelled) for remainder of term. 3. To discuss problems with wife instead of leaving the house angry and going to drink with friends.
<p>NON-SPECIFIC:</p> <ol style="list-style-type: none"> 1. To go to school 2. To stop fighting. 3. To improve school performance. 	<p>MORE SPECIFIC:</p> <ol style="list-style-type: none"> 1. To attend school regularly with no unexcused absences each month. 2. To stop fighting with peers at school. 3. To receive no grades below "C" this term.
<p>COMBINATIONS:</p> <ol style="list-style-type: none"> 1. To get probationer to develop inner controls. 2. To relate better to probation officer. 3. To have probationer attend mental health clinic. 	<p>CORRECTED:</p> <ol style="list-style-type: none"> 1. To stop fighting with people when they say things that make him angry. 2. To discuss daily activities openly with probation officer for next three months of supervision. 3. To make and attend regular appointments at the mental health clinic until diagnosis is completed.

In this case, a behavioral objective has been written in response to each key force, but that need not always be true. Sometimes, a force will require more than one objective; for other clients, some key forces will be ignored to avoid overloading the case with objectives.

The final aspect of objective specification involves rating the importance of each objective, which is merely a means for differentiating supervision priorities and providing a basis for more relevant evaluation of supervision outcomes. Objectives can be rated as being "critical", "very important", "somewhat important" or "of little importance" (which should apply only very infrequently).

D. Identification of Resources Used to Achieve Objectives

The final step in the OBCP process is to list the resources being used to achieve each objective that has been specified. Specific resources are listed rather than general functions or activities because this allows later evaluation of the utility of those resources for assisting in meeting the objectives. Therefore, titles such as "Merton Mental Health Clinic" would be used instead of the general description of "individual counseling."

A number of variants in this step can be used. For example, it may be the case that more than one resource will be related to an objective. If so, then a "primary" and "secondary" resource can be listed. Conversely, the same resource may be intended to achieve several objectives, in which case it would be listed separately for each objective (it may turn out later that a particular community agency is effective at helping clients meet some objectives but not others for which it is frequently used).

Frequently, the probation officer (or the general supervision process) will be the major means for achieving the objective. In that case, the officer can specify the resource as "individual counseling by probation officer" or simply "probation officer." Some officers believe that the client should be allowed as much responsibility as possible for the change effort and would therefore be tempted to write in "client" under the resource heading for some objectives. It is important to bear in mind that the resource articulation phase enables evaluation of methods of intervention, and therefore the method (or agency of resources) itself should be specified. In this case the method is one of non-directiveness, and the resource is really the supervision relationship between the officer and the client. Therefore, the resource should be listed as supervision officer, although the officer is choosing an approach of non-directiveness.

Four objectives were written for Henry Ward, and a specific resource needs to be listed for each. Figure 4 displays the final version of the hypothetical OBCP, excluding the force-field analysis, for Henry Ward.

FIGURE 4

Objectives and Resources for Henry Ward

Objectives	Importance of Objective	Resource
1. To obtain full-time employment and stay employed during supervision period	critical	Lake City Employment Agency
2. To attend night school at least 2 nights a week for the Fall term taking courses of his own choice	somewhat important	Central High School
3. To move out of mother's house into a residence approved by probation officer within six months	very important	Counseling by Probation Officer
4. To continue to meet with Fr. Brown at least once-a-week for the next 4 months.	somewhat important	Fr. Brown

11. USING THE OBCP AS A SUPERVISION TOOL

After the plan has been completed, it remains to be used as a supervision tool. The ways OBCP lends itself to four areas of the supervision process are outlined and summarized below.

1. Completing the initial case plan. The initial case plan consists of a listing of more behavioral goals the officer and client think are most likely to help the client stay out of trouble with the law. Consequently, the initial plan should not be completed until the officer has enough of an understanding of the client's situation to be confident about the most important behavioral changes to be pursued. Ordinarily, this requires several interviews during the initial period of supervision. When officers have not conducted a pre-sentence or pre-release investigation on the client, this typically requires a 30-day "intake" period and up to four office visits before the plan can be written.

It is most helpful, of course, to involve the client in the planning process as much as possible. Doing so has several benefits for the supervision process. First, clients become more aware of their probation-related problems. Second, clients may develop an increased commitment to working on those problems. Third, officers can clarify for clients the difference between supervision objectives and court conditions, -- the latter are legally-imposed constraints on client behavior which the officer must enforce while the former are negotiable treatment goals to resolving the client's problems. Finally, involvement gives clients a more clear understanding of the probation officer's expectations of probationer performance while under sentence.

Some officers increase client involvement by "teaching" the case planning process to the client and jointly completing all four steps of the case plan, from force-field to resources. This approach makes the officer a consultant to the client's decision-making and problem-solving. Of course, not all clients are equally suitable for involvement in case planning at the earliest stages of supervision, and so officer's must use their judgment in applying this technique.

2. Using the plan as a tool during supervision. The supervision process is a dynamic one and the case plan, to accurately reflect supervision realities, must remain dynamic, as well. Objectives will sometimes need to be modified as circumstances require and, frequently, new objectives will be added when previously established objectives have been achieved. Therefore, it is important to link the OBCP to the routines of the supervision process.

One way to do this is to establish the case objectives with the supervision reassessment periods in mind. That is, most case management approaches require routine progress reports (or assessments) every 3 to 6 months for each client. Objectives can be linked to this process, by requiring the officer to evaluate the client's performance on each objective at these regular intervals while taking this opportunity to update the plan by writing whatever new objectives appear to be appropriate for the upcoming assessment period.

Another approach is to use objectives as a basis for contracting supervision. Again, the reassessment period is used as a frame of reference for setting objectives, but specific contingencies are agreed to when those objectives are first set. For example, an officer and client could agree to reduce the reporting schedule of the client (downgrade the classification level) if all of the objectives set initially have been achieved by the end of the first assessment period. Not all clients will be amenable to this kind of contracting, of course, and officers will need to be careful in negotiating contracts, being certain that objectives are sufficiently clear and specific to allow unambiguous assessment. However, this approach allows officers to give some control over the supervision process back to the client.

The key to the usefulness of the case plan as a dynamic supervision tool is for officers to refer to it regularly in the supervision process. Consequently, OBCP forms cannot be simply completed as "paperwork" to be filled out and returned to the client's file. Instead, the OBCP must be made a part of the routine note keeping officers regularly use. For most agencies, this means insuring that the case plans are kept in the officers' "casebooks" (or "roadbooks") that are used for entering the chronological contacts officers have with their cases. In that way, it will be possible for officers to

easily refer to the case plans whenever they are in contact with a client. This regular reliance on and use of the case plans is crucial to their viability as a supervision tool.

3. Auditing the plans. Thus far, the suggestions have focused on how the line officer uses OBCP in supervision. However, as was stated earlier, these documents are also a means for making line officer discretions visible so that they may be reviewed and controlled. The responsibility to do this lies with the line supervisor, and this is a normal part of the supervisor's regular case auditing responsibilities.

The basic purpose of case auditing is to increase accountability. Thus, the supervisor should review every case plan, at the initial stages and after reassessment, to insure that the officer has logically approached the case, made decisions consistent with organizational policy and mission and not abused the authority invested in the role of probation officer. By being involved in every case plan through routine review, the supervisor comes to share accountability for the quality of supervision that officers are providing to clients.

Beyond accountability, however, auditing can become a tool for supervisors to use in consulting with staff. By selecting occasional cases for detailed audit, the supervisor can discuss at length with the officer, the case assessment and plan, going over the interpretations and assumptions the officer put into the plan, perhaps suggesting alternative approaches to handling the case that may be more effective.

In any event, the auditing procedure is critical to the credibility of case plans, since it reinforces the importance of maintaining a high quality of case planning and management. Moreover, the audit, if done routinely, provides a mechanism for supervisors to become aware of line officer biases and knowledge gaps, since these will eventually emerge as patterns of objectives an officer establishes for clients.

4. Learning from the case planning process. The information contained in the case plans can be aggregated to provide important data on the effectiveness of various supervision approaches. This involves creating a "feedback loop", in which information kept on case plans is routinely summarized and studied.

The first step in creating case plan feedback is to have officers evaluate the client's performance on each objective contained in the plan, whether the client "achieved" it, showed "some progress" or "no progress." This outcome scale serves several functions. First, it allows an informed study of supervision strategies to determine which kind of objectives, when achieved, appear to be most closely associated with successful termination of supervision. Second, it allows an analyses of resources to determine which agencies are most successful at helping clients achieve thier supervision objectives. Third, probation administrators may compare staff as to their skills at helping clients meet their objectives. This last function can serve as a basis for staff training needs assessments, specialized workloads and staff performance evaluations.

In order to obtain this kind of feedback, of course, it is necessary to systematize the format for collecting and storing case plan information. For further discussion of the administrative applications of aggregated OBCP data, the reader can be referred to analyses presented elsewhere.⁷ The documentation for the application of OBCP to a management information system is provided in Appendix II, and serves to illustrate how OBCP can become a part of a data base for long range management purposes. By including case plan data on an MIS, it is possible for managers to routinely review the aggregate case planning policies of their employees.

SUMMARY

This paper has presented the objectives-based case plan (OBCP) as a systematic approach to organizing, reviewing and evaluating the supervision process. The major purpose of this paper has been to explain the rationale for and component parts of OBCP. However, the brief discussion of the applications of OBCP presented above has shown it to be a flexible approach which facilitates a variety of supervision-related tasks at the line, supervisor and administrator level.

Because OBCP attempts to bring a planning logic to supervision, it is a flexible approach that can be adapted to fit a variety of settings and paperwork formats. Usually, existing supervision forms can be easily modified by an agency to provide for the four steps used in OBCP. The most time consuming aspect of OBCP comes in the learning phase, when officers must become familiar with the application of the planning logic to cases currently under supervision. To facilitate that learning process, the reader may wish to use the "training" form included in Appendix III.

¹ Elliot Studt, Surveillance and Service in Parole Supervision, UCLA, Los Angeles, 1969.

² Kurt Lewin, Field Theory in Social Science, Harper and Row. New York, 1951.

³ Robert F. Mager, Preparing Objectives for Programmed Instruction, Fearon Press, Palo Alto, CA, 1962.

⁴ Ibid., p. 2.

⁵ Ibid., p. 11.

⁶ Ibid., p. 12.

⁷ See Todd R. Clear, et. al., Case Management Institutes (National Council on Crime and Delinquency: Hackensack, NJ, 1981); especially Chapter 1, and Todd R. Clear, A Model for Supervising the Offender in the Community Report to the National Institute of Corrections, 1978.

CLIENT MANAGEMENT CLASSIFICATION - CASE PLANNING SHEET

Client's Name _____ Case Number _____ Date _____

CIC Classification _____ Risk Score _____ Need Score _____ Supervision Level _____

Condition _____ Conditions (Non-negotiable) _____ Completion Date/Initial _____
Monitoring Plan _____

1) _____ 1) _____ 1) _____

2) _____ 2) _____ 2) _____

3) _____ 3) _____ 3) _____

Area of Concern _____ Objective _____ Negotiated Case Plan _____ Completion Date/Initial _____
Plan of Action _____

1) _____ 1) _____ 1) _____

2) _____ 2) _____ 2) _____

3) _____ 3) _____ 3) _____

4) _____ 4) _____ 4) _____

Client Signature _____ Agent Sign. _____ Supv. Initial _____

CLIENT MANAGEMENT CLASSIFICATION
CASE PLANNING CHECKLIST

1. Does the objective describe a behavior?
2. Is the behavior that of the client, not the agency?
3. Is the behavior as specific as possible?
4. Does the objective describe an outcome, not a technique?
5. Does the plan have an overload of behavioral objectives?
6. Do the written objectives start with "to"?
7. Are the objectives an important force in the clients criminality?
8. Do the objectives reflect behaviors which can be changed?
9. Are the outcomes described short-range in effect?
10. Are the objectives core in the sense that a change in them will influence other objectives?

CLIENT MANAGEMENT CLASSIFICATION - CASE PLANNING SHEET

Client's Name _____ Case Number _____ Date _____

CMC Classification _____ Risk Score _____ Need Score _____ Supervision Level _____

Conditions (Non-negotiable) _____
Monitoring Plan _____

- 1) _____ Completion Date/Initial _____
- 2) _____
- 3) _____

<u>Area of Concern</u>	<u>Objective</u>	<u>Negotiated Case Plan</u>	<u>Plan of Action</u>	<u>Completion Date/Initial</u>
1) Unemployed	1) To obtain employment within 30 days and report weekly to office with employer contact list.	1) Agent will assist client in contacting the employment office within one week to obtain an appointment.		1)
2) Alcohol	2) To attend Beaufort County Commission on Alcohol and Drug Abuse weekly for 10 weeks.	2) Agent will call and make appointment with counselor at BCCADA within 10 days and provide client with appointment date.		2)
3) \$1,000 restitution	3) To budget income in order to pay \$100 per month for 10 months.	3) Agent will assist client in budgeting income during contacts with client.		3)
4) Drug Usage	4) To discontinue use of all drugs (except prescribed) and report weekly to Coastal Empire Mental Health Center for urinalysis.	4) Agent will contact CEMH weekly to obtain results of urinalysis.		4)

Client Signature _____ Agent Sign. _____ Supv. Initial _____

OFFENDER RISK ASSESSMENT

The concept of risk in probation and parole is generally stated in one of two ways: The risk of continued criminal activity (recidivism) or the risk of future assaultive behavior. Offenders representing very different degrees of risk enter probation and parole systems. Some will never commit another offense; others will continue to commit crimes and move continually in and out of various segments of the correctional system. The risk each probationer or parolee represents should be a principle determinant of the amount of agency resources allocated to an individual.

The need to rate the relative risk of each offender is approached in several different ways by probation and parole agencies. Some rely on the judgement of the supervising officer; others utilize actuarial or base expectancy tables; a few use psychological screening devices and; others use some combination of the above methods. The task of risk assessment is difficult since it is an attempt to project future behavior. Obviously specific predictions (i.e., type of crime) are more difficult to make than are more general predictions (recidivism). Attempts to predict assaultive behavior have met with very limited success. Additionally, even instruments developed to predict general recidivism fail to explain much of the variance in criminal activity among individuals. Because of this low predictive power, many agencies have been cautioned against the use of such instruments.

However, it is not realistic to expect any instrument to predict accurately on an individual basis given that there are dozens (if not hundreds) of factors related to recidivism that are specific to each case. Several instruments have demonstrated that they provide reasonably accurate estimates for aggregate populations. For example, one subset of an offender population may be 20 times as likely to recidivate as another subset. While predictions as to which individuals within each group will commit new offenses cannot be made, the information is still very valuable and should be used to help allocate agency resources. These types of actuarial tables are used in many disciplines, not to make predictions about individuals but to provide a rational basis for allocating staff, funds, services and other resources.

Recently, the use of risk assessment instruments in probation and parole has expanded dramatically. Often, agencies adopt scales developed elsewhere and this has raised concerns regarding transferrability. Close examination of the more successful scales, however, indicates that there is considerable similarity among instruments no matter where they were developed. While items, definitions and weights do vary somewhat, all of the better scales generally contain some combination of factors related to prior criminal history, stability, substance abuse, and employment. Based on these similarities and supported by a recent study which demonstrated that several different risk assessment instruments were about equally predictive when tested on a single offender population, NIC is advocating that jurisdictions adopt an existing validated instrument rather than undertake an extensive developmental effort.

In sum, the risk assessment component of the model program approach is based on the following premises:

1. Several risk assessment instruments provide reasonably accurate estimates of risk for aggregate populations. Such information is vital to effective and efficient management of probation and parole agencies.
2. Probation and parole agencies should adopt a proven risk assessment instrument rather than undertaking expensive and time consuming developmental efforts. The scale should be incorporated in the agency information system to provide data so that it can be routinely evaluated and modified if appropriate.
3. While the prediction of violence is an important concept, it is extremely difficult to do with any degree of accuracy. Therefore, the types of instruments advocated in the model deal more generally with the risk of recidivism.
4. Risk assessment instruments and the manner in which they are utilized can and should reflect agency policy. Policy statements can, in fact, be incorporated into risk scales.

The Wisconsin Risk Assessment Scale

Wisconsin sought to avoid developing a risk assessment scale based simply on revocation or discharge as the outcome criterion, but one which would assess an offender's propensity for further unlawful or rule-violating behavior. To accomplish this, the outcome measure utilized included absconsions, rules violations, arrests, misdemeanor convictions, felony convictions, and revocations. After randomly selecting a construction sample, criminal history and socioeconomic factors were entered in a multiple regression analysis to determine the combination of variables that would best predict future behavior. Ten factors were isolated and weighted, many of which appear on other risk assessment instruments.

In the interest of community protection and at the request of the Wisconsin Division of Corrections, offenders who have committed an assaultive offense within the last five years are placed under maximum supervision for (at least) the first six months of probation or parole. This policy is reflected by the last item on the scale that assigns 15 points for recent assaultive offenses (15 or more points places an individual in maximum supervision). At reevaluation, assaultive offenders are not assessed these points, but are assigned to supervision levels based solely on risk and need scores.

The Wisconsin Bureau of Community Corrections has had over three years of experience with the risk assessment scale and it has proven to be a valid predictor of future criminal activity.

ASSESSMENT OF CLIENT RISK

Client Name (Last)	(First)	(MI)	Parole No.	SID No.
Release Date (Month, day, year)	Agent Name			Date

Select the appropriate answer and enter the associated weight in the score column. Total all scores to arrive at the risk assessment score.

		SCORE
Number of Address Changes in Last 12 Months: (Prior to incarceration for parolees)	0 None 2 One 3 Two or more	_____
Percentage of Time Employed in Last 12 Months: (Prior to incarceration for parolees)	0 60% or more 1 40% - 59% 2 Under 40% 0 Not applicable	_____
Alcohol Usage Problems: (Prior to incarceration for parolees)	0 No interference with functioning 2 Occasional abuse; some disruption of functioning 4 Frequent abuse; serious disruption; needs treatment	_____
Other Drug Usage Problems: (Prior to incarceration for parolees)	0 No interference with functioning 1 Occasional abuse; some disruption of functioning 2 Frequent abuse; serious disruption; needs treatment	_____
Attitude:	0 Motivated to change; receptive to assistance 3 Dependent or unwilling to accept responsibility 5 Rationalizes behavior; negative; not motivated to change	_____
Age at First Conviction: (or Juvenile Adjudication)	0 24 or older 2 20 - 23 4 19 or younger	_____
Number of Prior Periods of Probation/Parole Supervision: (Adult or Juvenile)	0 None 4 One or more	_____
Number of Prior Probation/Parole Revocations: (Adult or Juvenile)	0 None 4 One or more	_____
Number of Prior Felony Convictions: (or Juvenile Adjudications)	0 None 2 One 4 Two or more	_____
Convictions or Juvenile Adjudications for: (Select applicable and add for score. Do not exceed a total of 5. Include current offense.)	2 Burglary, theft, auto theft, or robbery 3 Worthless checks or forgery	_____
Conviction or Juvenile Adjudication for Assaultive Offense within Last Five Years: (An offense which involves the use of a weapon, physical force or the threat of force)	15 Yes 0 No	_____

TOTAL _____

REASSESSMENT OF CLIENT RISK

Client Name (Last)	(First)	(MI)	Parole No.	SID No.
Release Date (Month,day,year)	Agent Name			Date

		SCORE
Number of Address Changes in Last 12 Months:.....	0 None 2 One 3 Two or More	_____
Age at First Conviction (or Juvenile Adjudication)	0 24 or older 1 20-23 3 19 or younger	_____
Number of Probation/Parole Revocations: (Adult or Juvenile)	0 None 2 One or more	_____
Number of Prior Felony Convictions:..... (or Juvenile Adjudications)	0 None 1 One 3 Two or more	_____
Convictions or Juvenile Adjudications for:..... (Select applicable and add for score. Do not exceed a total of 3. Include current offense.)	1 Burglary, theft, auto theft, or robbery 2 Worthless checks or forgery	_____

RATE THE FOLLOWING BASED ON PERIOD SINCE LAST CLASSIFICATION

Percentage of Time Employed:	0 60% or more 1 40% — 59% 2 Under 40% 0 Not applicable	_____
Alcohol Usage Problems:	0 No interference with functioning 2 Occasional abuse; some disruption of functioning 5 Frequent abuse; serious disruption; needs treatment	_____
Other Drug Usage Problems:	0 No interference with functioning 1 Occasional abuse; some disruption of functioning 2 Frequent abuse; serious disruption; needs treatment	_____
Problems With Current Living Situation:.....	0 Relatively stable relationships 3 Moderate disorganization or stress 5 Major disorganization or stress	_____
Social Identification:.....	0 Mainly with non-criminally oriented individuals 3 Mainly with delinquent individuals	_____
Response to Board or Court Imposed Conditions:	0 No problems of consequence 3 Moderate compliance problems 5 Has been unwilling to comply	_____
Use of Community Resources:.....	0 Not needed 0 Productively utilized 2 Needed but not available 3 Utilized but not beneficial 4 Available but rejected	_____

TOTAL _____

OFFENDER NEEDS ASSESSMENT

Of the 23 agencies surveyed by the American Justice Institute (AJI) and the National Council on Crime and Delinquency (NCCD) in the development of their report on probation and parole classification, it was found that many agencies classify offenders according to their need for services as well as their risk of reoffending.⁹ By including client needs in the classification process, an officer is able to consider both the relative threat of the offender to the community, as well as the rehabilitative needs of the client.

A structured, formalized needs assessment component:

- o Ensures that certain types of problems are considered;
- o Provides an additional measure for judging the amount of effort that should be expended on an individual case relative to the entire caseload;
- o Provides a base for monitoring the client's progress; and
- o Forces qualitative review of every case through periodic assessments and provides a basis for judging the relative effectiveness of the case plan and casework approach. This process should lead to changes where appropriate.

The Wisconsin Needs Assessment Scale

In developing a Needs Assessment Instrument, Wisconsin sought to standardize the manner in which agents assess the problems and deficit areas of their clients. This objective led to the development of a table which identifies and assigns weights to eleven categories of needs commonly evidenced in probationers and parolees. The Needs Assessment Scale, (see the following page), was the result of the cooperative efforts of Wisconsin probation and parole agents and research staff.

Staff determined that crisis needs should not be considered as classification criteria. An immediate need for shelter or meal money, for example, is usually the result of a more extensive problem such as unemployment, drug abuse, or emotional instability. Although an important agent function, crisis intervention generally provides temporary solutions to problems symptomatic of more complex needs.

An extensive list of possible client needs was prepared and used to survey incoming clients over an eight-month period in Madison. The eleven categories of needs which comprise the final scale are thought to encompass the wide range of problems that are most commonly evidenced in probationers and parolees. The scale is designed not only to be a classification device, but to provide a common denominator for assessing the composite severity of problems, to aid in formulating a case plan, and to provide an instrument for uniformly assessing the progress of clients.

Reevaluations are required at six-month intervals to reflect changes in the client's situation, service needs, and risk of continued criminal activity. Reclassifications also require the agent to review case progress and, if appropriate, alter the case plan, goals, and objectives accordingly.

The system is designed to move clients to lower levels of supervision as their need for services are met. Thus, while approximately 45% of new clients are initially placed in maximum supervision, about half move to lower supervision levels at subsequent evaluations.

Each area of need is subdivided into three or four categories - major problem, minor problem, no problem, and strength (if appropriate). As an aid to consistency in needs assessment, concise definitions were developed for each severity level (see Figure 10). Furthermore, a manual dealing with problem identification, treatment approach, referral and community resources for each of the need categories was prepared by experienced officers to serve as a training tool for new staff and to increase consistency in need ratings (see Appendix 2). Consistency (or reliability) in needs assessment is particularly important when the instrument is used as a classification device since "placement" (in this case, level of supervision) can be a direct result of the needs score.

Inter-Rater Reliability of the Needs Assessment Scale

Since needs assessment instruments provide a basis for judging the amount of time a case will require (relative to all others) inter-rater reliability is an important issue. Wisconsin explored inter-rater thoroughly to determine if the definitions associated with each need category on the Wisconsin Scale result in consistent ratings when different agents assessed the same clients based on identical information.

Consideration was given to two different methods of presenting client information to agents participating in the study: Presentence Investigations and taped interviews. Missouri, for example, used presentence investigations to test the reliability of the Client Analysis Scale utilized in that state.³ Agents were asked to read presentence reports and make independent ratings of each scale item. This technique, however, was rejected by Case Classification/Staff Development staff on the basis that the agent writing the report had already selected information contained in the Social; hence a percentage of any reliability statistic attained could be attributed to this factor. The CC/SD Project chose to have agents independently rate clients' needs based on taped interviews between client and agent. A semi-structured format (of approximately 45 to 60 minutes duration) was used which, in most cases, covered all eleven categories of needs to be assessed. Of the nearly 200 interviews that were taped, nine were selected for use in this study. The selection was based primarily on the clarity of the tape, not on content or client characteristics. No attempt was made to use tapes where the existence and severity of problems was unusually apparent.

Groups of agents from ten different locations participated in the study. Efforts were made to obtain a reasonable mix of urban, rural, new and experienced agents.

Two assumptions were made regarding the reliability analysis:

1. Taped interviews are not the best media for assessing inter-rater reliability. Ideally, a group of agents should participate in all client and collateral contacts for the first 30 days of supervision and then independently rate client needs.

However, given the time constraints of field staff, the use of taped interviews was the best method available for testing reliability. It was assumed that because agents generally base actual needs assessments on more than one contact and on more information than was presented in the interview, agreement on the existence or non-existence of a problem (rather than level of severity) would be a sufficient measure of inter-rater reliability.

2. Certain need categories would be difficult to assess without verifying evidence. For example, if an individual was suspected of having mental deficiencies which severely limit independent functioning, agents would generally request intelligence testing to determine the extent of the problem. Therefore, it was assumed that the reliability figure attained for some items (emotional stability, mental ability, and sexual behavior) would be lower than reliability attained in actual practice.

ASSESSMENT OF CLIENT NEEDS

Client Name (Last)	(First)	(MI)	Parole No.	SID No.
Release Date (Month, day, year)	Agent Name			Date

Select the appropriate answer and enter the associated weight in the score column. Higher numbers indicate more severe problems. Total all scores. If client is to be referred to a community resource or to clinical services, check appropriate referral box.

					REFERRAL	SCORE
ACADEMIC/VOCATIONAL SKILLS						
-1 High school or above skill level	0 Adequate skills; able to handle every-day requirements	+2 Low skill level causing minor adjustment problems	+4 Minimal skill level causing serious adjustment problems	<input type="checkbox"/>	_____	
EMPLOYMENT						
-1 Satisfactory employment for one year or longer	0 Secure employment; no difficulties reported; or homemaker, student or retired	+3 Unsatisfactory employment; or unemployed but has adequate job skills	+6 Unemployed and virtually unemployable; needs training	<input type="checkbox"/>	_____	
FINANCIAL MANAGEMENT						
-1 Long-standing pattern of self-sufficiency; e.g., good credit rating	0 No current difficulties	+3 Situational or minor difficulties	+5 Severe difficulties; may include garnishment, bad checks or bankruptcy	<input type="checkbox"/>	_____	
MARITAL/FAMILY RELATIONSHIPS						
-1 Relationships and support exceptionally strong	0 Relatively stable relationships	+3 Some disorganization or stress but potential for improvement	+5 Major disorganization or stress	<input type="checkbox"/>	_____	
COMPANIONS						
-1 Good support and influence	0 No adverse relationships	+2 Associations with occasional negative results	+4 Associations almost completely negative	<input type="checkbox"/>	_____	
EMOTIONAL STABILITY						
-2 Exceptionally well adjusted; accepts responsibility for actions	0 No symptoms of emotional instability; appropriate emotional responses	+4 Symptoms limit but do not prohibit adequate functioning; e.g., excessive anxiety	+7 Symptoms prohibit adequate functioning; e.g., lashes out or retreats into self	<input type="checkbox"/>	_____	
ALCOHOL USAGE						
0 No interference with functioning	+3 Occasional abuse; some disruption of functioning	+6 Frequent abuse; serious disruption; needs treatment	<input type="checkbox"/>	_____		
OTHER DRUG USAGE						
0 No interference with functioning	+3 Occasional substance abuse; some disruption of functioning	+5 Frequent substance abuse; serious disruption; needs treatment	<input type="checkbox"/>	_____		
MENTAL ABILITY						
0 Able to function independently	+3 Some need for assistance; potential for adequate adjustment; mild retardation	+6 Deficiencies severely limit independent functioning; moderate retardation	<input type="checkbox"/>	_____		
HEALTH						
0 Sound physical health; seldom ill	+1 Handicap or illness interferes with functioning on a recurring basis	+2 Serious handicap or chronic illness; needs frequent medical care	<input type="checkbox"/>	_____		
SEXUAL BEHAVIOR						
0 No apparent dysfunction	+3 Real or perceived situational or minor problems	+5 Real or perceived chronic or severe problems	<input type="checkbox"/>	_____		
RECREATION/HOBBY						
0 Constructive activities apparent	+1 Some constructive activities	+2 No constructive leisure-time activities or hobbies	<input type="checkbox"/>	_____		
AGENT'S IMPRESSION OF CLIENT'S NEEDS						
-1 Minimum	0 Low	+3 Medium	+5 Maximum	<input type="checkbox"/>	_____	

TOTAL _____

SUPERVISION (TREATMENT) GUIDELINES FOR CLIENT NEEDS

INTRODUCTION

After the Assessment of Client Needs scale was developed, the Case Classification/Staff Deployment Project sought to develop treatment guidelines for each need category listed.

Agents and Field Supervisors were surveyed to establish lists of agents considered to have expertise in dealing with a specific type of client need. From these lists, agents were selected to serve on one of the eleven committees charged with developing guidelines.

Each committee dealt with one of the following need categories:

- 1. Academic/Vocational Needs*
- 2. Employment*
- 3. Financial Management*
- 4. Marital/Family Relationships*
- 5. Companions*
- 6. Emotional Stability*
- 7. Alcohol Usage*
- 8. Other Drug Usage*
- 9. Mental Ability*
- 10. Health*
- 11. Sexual Behavior*

This report outlines the work of these committees.

ACADEMIC/VOCATIONAL SKILLS

A. Identification of Problem

The absence of a high school diploma may be an indication of inadequate academic or vocational skills. (A high school diploma, however, does not automatically mean competence). While job experience without a diploma may be adequate under some circumstances, most situations call for a high school diploma to satisfy basic needs for employment, job security and/or promotional potential.

More specifically, a client exhibits a problem in the area of Academic/Vocational Skills if any of the following interfere with daily functioning:

1. General lack of reading or writing skills.
2. Poor motor skills (coordination).
3. Lack of math skills (ability to make change, keep time, read calendar, etc.).
4. Lack of specific vocational skills.
5. No regular or equivalency high school diploma.

All the resources normally contacted in doing a Pre-Sentence or Social Investigation can be helpful in determining the client's current situation and his motivation and ability to pursue an academic or vocational education. Factors in the investigation which are particularly important are school records, assessments by school personnel and current ability tests.

B. Treatment Approach

It is important to determine the client's attitude toward education, his perception of his academic ability and his actual ability. It is also important to determine from medical and social records whether the client has any particular physical or emotional deficiency which would affect his participation in an educational setting. For example, the client might have a speech, hearing, or visual problem or a particularly strong emotional reaction to testing procedures; there may also be special educational problems such as dyslexia and dysgraphia. If education is to be a planned intervention strategy, the following are prerequisites: having a private place which can be used for studying; having enough time set aside both for attending school and for doing homework; frequently there must be family support; transportation must be available; and the necessary financial arrangements must be explored and planned for.

The first phase in forming a case plan is to identify the client's short and long range academic and vocational goals. Although Probation and Parole clients have seldom experienced much success in an educational setting and seldom have concrete vocational objectives, goals can be explored and developed based upon long-range vocational ambitions or aspirations. Information concerning prerequisites and available resources for satisfying the prerequisites for a particular vocational ambition can be provided by the agent or a referral source.

The second phase in case planning is to prepare step-by-step, realistic plans with the client. It is imperative that goals be realistic in relation to the client's abilities if the client is to experience any degree of success. It is

important that the individual steps of the implementation strategy can be readily accomplished in order that the client can experience successes along the way; this also provides the agent with the opportunity to congratulate the client for accomplishing his own goals. Plans should be quite explicit whether they are written or verbal arrangements with the agent; contracting in a written form which may be attached to the Probation Agreement is sometimes helpful. It is important to remember that educational intervention strategies must be primarily voluntary on the part of the client. The contract may make certain demands upon the agent as well as the client. For example, in the first stages of implementation, the agent might test the client's motivation by making him responsible for going through the time-consuming and frustrating experience of enrolling at an educational facility, with the agent assisting in whatever way possible to secure financial assistance. A form of incentive for the client might be an early discharge contingent upon completion of the ultimate academic or vocational goals.

When the case plan is implemented, it is important for the agent to monitor the client's progress through collateral and personal contacts. Since this is primarily a voluntary intervention strategy, the agent generally takes a supportive and treatment strategy, reenforcing periodic client success and putting failures into proper perspective. It is essential that the ongoing monitoring and information gathering be used in a reformulation and reevaluation of the original plan, sometimes explicitly renegotiating a new written or verbal contract with the client.

C. When to Make a Referral

Referrals should be made in cases when the agent, in conference with the supervisor, reviews the case and determines that the agent lacks time and/or the specific expertise necessary to provide effective treatment. However, when a referral is made, the agent continues to maintain primary case responsibility in close liaison with collateral contacts to insure an effective relationship with the resource. When resources are used, it is important that roles are clearly defined and proper communication and coordination exist.

EMPLOYMENT

A. Identification of Problem

Probation and Parole Agents deal with a unique segment of the labor force. Although some clients possess the skills necessary to obtain and maintain gainful employment, the majority suffer from chronic unemployment, sporadic employment or under-employment. Some of the underlying factors of an employment problem are: family disorganization; emotional instability; low motivational levels; low self-esteem; lack of training, education or skills; lack of desire for change; physical or emotional handicaps; race, class and sex discrimination. Typically, with men and women under supervision a number of these handicaps and disabilities are present in varying degrees.

Identification of problem areas can be accomplished through the agent's basic problem identification instrument, the social history (Pre-Sentence Investigation, Probation Social or Admission Investigation).

B. Treatment Approach

1. Direct Approach(Advocacy): In cases where clients have manifest deficiencies in terms of lack of saleable skills, low motivation or poor attitude, agents have traditionally operated as motivators, teachers and disciplinarians working to manage and overcome the client's limitations. The Direct Approach should include practical approaches such as accompanying employment visits, encouraging early rising and structuring employment search. Advocacy by agents can be utilized to deal with prejudicial attitudes and practices of certain employers. Role-playing can assist a client in learning how to make a positive impression during job interviews.
2. Educational and Vocational Placement: In cases where clients require basic types of training to acquire saleable skills or in situations where clients possess the ability to acquire more sophisticated or complex skills, the agent functions to inform the client of opportunities, sometimes to motivate the client and to help set up funding to cover the client's financial needs. This strategy is, of course, a long-range strategy and sets economic self-sufficiency as a longer-range goal.

C. When to Make a Referral

When the client does not possess the necessary skills or training to qualify for work in the existing job market, the agent should seek the appropriate educational training resource, as discussed under the Academic/Vocational Skills Standard. However, in cases where clients have suitable skills, attitudes and behavior to seek, secure and maintain appropriate employment a referral should be made. Here, the agent extends the least amount of personal involvement, merely making the client aware of existing opportunities and referring him to responsible persons in public and private employment agencies. In these cases the client must have demonstrated an ability to "follow through" with assignments.

FINANCIAL MANAGEMENT

A. Identification of Problem

Financial management problems are viewed as being an integral part of other behavioral problems. In our society, a person's worth is generally measured in economic terms thus supporting the view that many offenses stem from economic motivation.

The offense may be a cue to a financial management problem (worthless checks, welfare fraud, forgery, embezzlement, shoplifting, theft). An interview is necessary to establish whether the motivation for the crime was primarily economic rather than the result of some other behavioral manifestations. In addition to the client's view of his or her financial management status, the following sources may indicate the existence of a problem.

1. A verified listing of the client's assets and liabilities.
2. Present address and number of recent moves.
3. A credit card check or Credit Bureau check.
4. Prior garnishment or bankruptcy.
5. Client utilization of a checking account.
6. Information from creditors or spouses.
7. Type and length of employment, and present net income.
8. A discrepancy between stated income and standard of living (determined as the result of a home visit).
9. Personal habits such as gambling, drinking or use of drugs may indicate abnormal expenditures.

B. Treatment Approach

Agents may establish treatment in the following ways:

1. Establish a budget for the client to include a savings plan and a continuous update of assets and liabilities.
2. Control of client's money through disbursement or wage assignment
3. Review records from the credit bureau for monitoring purposes. (This resource can be located by contacting the local Chamber of Commerce).
4. Counsel client to agree to voluntary repossession of property by creditors.
5. In extreme cases, counsel in the direction of amortization or bankruptcy.

C. When to Make a Referral

Referral is appropriately made in the following instances:

1. At the request of the client.
2. When the agent does not have time or expertise to deal with the problem.
3. When there is an apparent need for some type of financial assistance, such as medical assistance, food stamps or SSI.

MARITAL/FAMILY RELATIONSHIPS

A. Identification of Problem

Stresses within a marriage or family can negatively affect the personal and social adjustment of the client. Disorganization or stress is likely to create conditions resulting in a high probability of client failure under supervision and requires early detection and treatment. It is important to note that a positive relationship within a marriage and/or family can provide support and strong motivation for the client to successfully adjust to supervision in the field or in an institution.

To determine if a problem exists, the agent should:

1. Explore the client's social history using the Pre-Sentence Investigation and/or files from previous periods of supervision.
2. Interview the client and family members to determine their perception of problems.
3. Contact collateral resources having knowledge of the client and family (schools; public and private social service agencies; medical resources).
4. Possibly request a psychological or psychiatric evaluation.
5. Assess the client's needs based on strengths, weaknesses and overall functioning of the family unit.

B. Treatment Approach

1. Individual, marital and family counseling, divorce counseling (degree and treatment modalities depend on needs and agent's expertise). Counseling areas could include personal adjustment, employment, budgeting, intra-family relationships, sexual dysfunction and relationships outside the family.
2. Group counseling (parent groups; couple groups).
3. Special effort should be made to cooperate with institutional social services staff to coordinate and insure that services to the client and his family are provided during a period of incarceration.

C. When to Make a Referral

1. Referrals should be made when the agent, alone or in conference with the supervisor, reviews the case and determines that he lacks the time and/or expertise to provide treatment.
2. Referrals should be made if there may be a need for "diagnostic" evaluation. Evaluation can take place at any stage in the process.
3. When a referral has been made, the agent maintains primary case responsibility and contact with the resource to insure that proper communication and coordination exist.

COMPANIONS

A. Identification of Problem

A problem exists when a client has a lack of positive associates or when his/her companions or associations are a group that is detrimental to the client's ability to successfully complete the period of supervision. Associations can be assessed and evaluated via the routine investigatory process.

B. Treatment Approach

1. Individual or group counseling by the agent.
2. Encouragement or arrangement of positive personal relationships.
3. Restrict specific relationships on probation agreement as a condition of probation.
4. Arrange specialized treatment program with agent follow-up to insure that treatment is progressing.
5. Environment manipulation such as group or foster homes, county jails, half-way houses, placement with friends or relatives, etc.
6. Positive approach to leisure time management - spare time activities.
7. Utilization of county jail during non-working hours.

C. When to Make Referrals

1. When negative companions are due to problems with alcohol, other drugs, mental ability, etc., refer to the appropriate treatment standard.

EMOTIONAL STABILITY

A. Identification of Problem

The primary emotions causing people difficulty are anger, fear, guilt, anxiety and grief. These emotional states can be dichotomized into those which are internalized (turned inward) or those which are externalized (acted-out). The four major categories of instability with which corrections officers have to deal are: depression, anxiety, acting-out behaviors and volatile situations.

1. Characteristics of Mild and Moderate Depression

- a. Loneliness
- b. Hopelessness
- c. Isolation and withdrawal from social contact
- d. Self-recrimination and guilt
- e. Feelings of worthlessness
- f. Low self-esteem
- g. Pessimism
- h. Lack of energy
- i. Boredom
- j. Somatic complaints

2. Characteristics of Severe Depression

The same characteristics under mild and moderate depression appear in severe depression, but in a more pronounced state with the following additional characteristics:

- a. Reality contact remarkably impaired
- b. Disturbances in thinking--delusions (false beliefs)
- c. Hallucinations - Perception of strange objects and events without any appropriate external sensory stimuli (hearing voices)
- d. Little insight into the nature of his behavior
- e. Thoughts, threats, or attempts at suicide

3. Characteristics of Anxiety

Anxiety is a less common emotional problem than others exhibited by correctional clients. An individual suffering from anxiety may become involved in attention-seeking behaviors and "cries for help" rather than offenses based on a profit motive (shoplifting, annoying phone calls and other nuisance offenses). The agent should distinguish anxiety exhibited when a person is placed on supervision from chronic anxiety.

- a. Relatively constant state of tension.
- b. Restlessness and diffuse uneasiness.
- c. Generalized irritability.
- d. Difficulty in concentrating and making decisions.
- e. Fear of making mistakes.
- f. Occasional insomnia.
- g. Chronic state of alarm and mobilization.

4. Characteristics of Acting-Out Behaviors

- a. Inadequate conscience development.
- b. Lack of anxiety or guilt.
- c. Inability to profit from mistakes.
- d. Impulsivity.
- e. Irresponsibility.
- f. Low frustration tolerance.
- g. Poor judgment.
- h. Defective social relationships.
- i. Ability to put up a good front to impress and exploit others.
- j. Authority problems.
- k. Ability to quickly rationalize and project the blame on others.

5. Characteristics of Potential Volatile Situations

- a. Drinking client.
- b. The armed client.
- c. The out-of-control client.
- d. Volatile family quarrels.
- e. Agent-induced stress (apprehensions and searches).

B. Treatment Approaches

1. Mild Depression - Attempt to mobilize individual's energy toward more positive productive and self-fulfilling or satisfying behaviors.

- a. Identify client's existing interests and attempt to create or structure opportunities for success through contracting concrete goals.
- b. Attempt to stimulate new, easily obtainable interests.
- c. Help the individual to learn new ways of perceiving himself, responding and relating to others; e.g., assertive training.

2. Severe Depression

- a. Seek and encourage in-patient treatment.
- b. Secure psychiatric evaluation for medication.
- c. Although suicidal threats or behaviors may occur under any of the three major categories, they generally are an outgrowth of severe depression.

1. Treatment techniques for suicidal threats by telephone:

- a. Respond to all calls as serious threats.
- b. Attempt to secure information regarding individual's whereabouts (phone number and address).
- c. Attempt to get individual to ventilate.
- d. Let individual know you don't want him to make that choice.
- e. Attempt to arrange meeting as soon as possible with client.
- f. Try to persuade individual to stay with someone (relative, friend, volunteer).
- g. Attempt to persuade individual to call back within a couple of hours to determine if he is alright.
- h. If suicidal attempt seems imminent, notify police, rescue squad, etc.
- i. Plan more intensive treatment program.
- j. Recognize that the call itself implies a desire to live.

3. Anxiety

- a. Provide appropriate reassurance.
- b. Establish contracts and develop concrete goals (decision-making, adjustment of the client or his family to the consequences of decisions).
- c. Engage in reality testing to honestly evaluate fears.
- d. Be aware of the agent's own anxiety. (Keep one's cool).

4. Acting-Out Behaviors

(These individuals tend to be the most difficult to "treat", because they do not recognize that they have a problem and if they do, they may not want to do anything about it.)

- a. Avoid traditional insightful approaches (exploring behavior's origins).
- b. Develop concretely structured programs with realistic expectations; i.e., contracts (effects of behavior). It is important that the agent follow through with both negative and positive terms of the agreement.
- c. Provide close surveillance.
- d. Assertive training is frequently helpful in teaching clients to meet needs without alienating others.

5. Potential Volatile Situations

- a. The primary consideration of all potentially volatile situations is the safety of all parties concerned. If gentle persuasion appears to be ineffective, attempt to remove yourself and others from the scene.
- b. Do not escalate the hostility.
- c. Give the individual an out and terminate the interview when it appears appropriate.
- d. Attempt to secure reinforcements such as another agent or someone else in the office or notify the police.
- e. Effective ways of dealing with hostility either in anticipation of or following the precipitating event:
 - a. Allow individual to ventilate.
 - b. Retain calm voice throughout interview.
 - c. Avoid personal confrontation ("It's the job, not me.").
 - d. Acknowledge agent mistakes.
 - e. Teach individual displacement techniques and alternative physical ways of relieving anger (running, hitting a punching bag).

6. Referral for All Emotional States

1. Consultation with Clinical Services and fellow agents, as well as supervisory conferences, should be considered if the need for referral is questioned.
2. A referral should always be made whenever the agent feels he is unable to effectively deal with the problem. A referral should be made in anticipation of actual crisis situations, when severe problems present themselves.

ALCOHOL USAGE

A. Identification of Problem

Alcohol abuse is the deliberate use of alcohol in a way that interferes with the client's physical and/or mental health, his relationships with other people or his ability to hold a job. It is both a cause and a symptom of individual disorganization.

The Pre-Sentence or Social Investigation phase of receiving a new probationer or parolee is an ideal medium for gaining insight into the client's attitude and behavior. Parts of the Pre-Sentence or Social Investigations which are particularly relevant to an assessment of alcohol usage are:

1. Police reports indicating alcohol abuse problems.
2. Employment record.
3. Client's medical problems, especially liver, kidney and "nerve" problems.
4. The pattern of behavior of an alcoholic client when drinking (quantity, frequency and length of time of alcohol abuse).
5. Family attitudes toward alcohol abuse and toward the abusing client.

B. Treatment Approach

Treatment must involve the client's immediate family unit. The treatment goal is socially acceptable behavior that allows functioning on a daily basis and minimizes or eliminates self-destructive behavior and/or behavior detrimental to persons or property.

1. Phase 1 - CONFRONTATION

- a. The client should be confronted with the results of the study and diagnosis of his alcohol abuse. Confrontation is accomplished in a constructive manner with the final goal of this phase being a client's acceptance of the fact that he abuses alcohol.

2. Phase 2 - VOLUNTARY TREATMENT

- a. Treatment options and community resources are discussed in detail with the client.
- b. The client is guided and his decision making process is monitored, but the client makes his own decisions about treatment plan involvement.
- c. The client is required to give specific details of his treatment plans and, in the agent's presence, make a commitment to begin treatment.
- d. The agent's responsibility is surveillance of the individual, monitoring treatment progress and modifying goals based on progress.

3. Phase 3 - DIRECTIVE

- a. Forced treatment is indicated when alcohol abuse is deemed a critical factor in the individual's disorganization and the client refuses to involve himself in Phase 2 treatment or is personally unable to successfully engage in Phase 2 treatment. Forced treatment should be made a

special condition of probation, in writing, and a signed Consent to Release of Information form must be secured. The condition must be an enforceable one.

- b. A treatment program of the type where progress can be measured should be used.
- c. Treatment options include, but are not limited to: out-patient treatment; in-patient treatment; halfway house placement (both as treatment resources and aftercare facilities); chemical support; psychiatric and psychological counseling. These may be used in any combination, but can be augmented by casework support of the agent.

4. CRISIS INTERVENTION

- a. Voluntary or forced detoxification may be necessary.
- b. Detention may be indicated if the client is dangerous while drinking. Clients who display assaultive or aggressive behavior as the result of drinking are to be considered dangerous and require the immediate action of the agent.

5. MODIFICATION OF CASE PLANNING

Modification at any point should be the logical consequence of set-backs, resistance or failure. This can include a logical progression from Phase 2 to Phase 3, or between treatment options enumerated in Phase 3. Modification can be made by the agent or by the court to include confinement as a condition of probation. In the face of frequent, chronic or severe set-backs, revocation may be considered.

C. When to Make a Referral

While agents should usually take immediate action to insure early treatment involvement of alcohol abusive clients, referrals are appropriate at any phase of treatment. Familiarity with community resources and knowledge of the client's needs may narrow available treatment options that are appropriate.

OTHER DRUG USAGE

Identification of Problem

Drug abuse is the use of illicit chemicals, other than alcohol, which interferes with: health (psychological or physiological); family relationships; or vocational, educational or legal aspects of one's behavior.

An operational treatment approach assumes study of the client's background and a diagnosis of his drug abuse problem. The following sources may indicate the existence of drug abuse:

1. Client, family and/or peer group interviews.
2. Pre-Sentence Investigations; the Probation Social.
3. Testing and evaluations.
4. Information obtained from Federal, State and local law enforcement agencies.
5. Other social service agencies (assuming the agent has access to these sources).

B. Treatment Approach

1. The client should be educated as to the consequences of continued illicit drug activity.
2. Agent and client should discuss the results of identification and diagnose the extent of the problem.
3. After the severity of the problem is established, appropriate treatment modalities should be discussed. Included would be a continuum of level of structures, i.e. from low level (agent and/or outpatient counseling and urine surveillance) to high level (secured, in-patient treatment).
4. A resource listing of drug treatment agencies utilized by agents, and provided by the drug and alcohol abuse section, will facilitate the referral and agency selection process.
5. After a treatment plan is devised, the agent's responsibility should include initiation and monitoring of the referral, if appropriate. Consent to Release of Information forms should be initiated.
6. Treatment agencies' responsibilities, in addition to treating the client, should include submission of treatment plans, progress reports, staffing, mutually agreed upon dates of discharges, and other pertinent agreed upon responsibilities.
7. In cases of involuntary treatment, i.e., when the client does not agree with the treatment plan but the severity of the problem requires therapeutic intervention, the treatment should be written into the agreement as a special condition of probation and parole. This procedure is also recommended, but is left to the discretion of the agent, in cases of voluntary treatment.
8. In the case of a drug abuse client, one should anticipate treatment failures which may necessitate modification of the current treatment plan. If modification of the current treatment plan is warranted, then reassessment and development of a new treatment plan may be necessary. An amended agreement is strongly recommended.

C. When to Make a Referral

If the client does not respond to individual counseling, a referral to a specialist or to another resource may be necessary. The agent, in conference with the supervisor, should review the situation to determine if the agent has time and/or expertise necessary to provide effective treatment.

MENTAL ABILITY

1. Identification of Problem

A mental ability problem refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior. Impairment can include one or more of the following aspects of adaptive behavior:

1. Maturation - acquisition of early developmental skills.
2. Learning ability - facility with which knowledge is acquired as a function of experience.
3. Social adjustment - degree to which an individual is able to maintain himself independently in the community and in gainful employment; ability to meet and conform to other personal and social responsibilities and standards set by the community.

Approximately 3% of the population is considered retarded. An estimated 120,000 individuals in Wisconsin fall into the following categories:

1. Borderline ("slow learners") - IQ 68-85 - have difficulty with tasks requiring reasoning and/or verbal facility, but can meet routine uncomplicated demands.
2. Mild (educable) - IQ 57-67 - capable of independent and productive lives.
3. Moderate (trainable) - IQ 35-51 - capable of developing self-help, self-protection; have limited skills; can contribute partially to their self-support if given adequately protected, stimulating environment (e.g., sheltered workshop).
4. Severe and profound - IQ 0-35 - need constant care or supervision throughout lives.

If it is determined during the pre-sentence process that the client is so limited and unable to participate in the investigative and supervision process, the court should be informed of this fact; further diagnostic study is recommended.

If an agent suspects borderline intelligence or mild retardation, the extent of the problem should be determined by:

1. Reviewing previous Bureau contacts (case file; Central Records Unit file).
2. Determining the client's ability to comprehend the probation or parole conditions or counseling instructions by reviewing the agreement form or through verbal inquiry.
3. Contacting collateral resources having knowledge of client; i.e., educators, social service agencies, family. Consent to Disclosure of Privileged Information form (C-159) is required.
4. Observing personality attributes of client; one or more of the following may be exhibited: Extraordinary desire for recognition and acceptance; extraordinary desire to "please" others; unmet need for meaningful heterosexual experiences; low frustration tolerance; lack of communication skills; lack of academic/vocational skills.
5. Consider having a diagnostic evaluation completed by the Bureau of Clinical Services or by public or private social service agencies.

B. Treatment Approach

1. The degree and treatment modalities of individual or family counseling depend on client needs and the agent's expertise. Areas of counseling could include personal, employment, budgeting, intrafamily relationships and relationships outside the family. Expectations of the client should be realistic, i.e., based on needs and limitations.
2. Assist the client in obtaining employment if needed, by providing supportive services which could include transportation, helping to complete applications and exploring job openings. The agent should also provide follow-up services with the employer and the client.
3. If indicated, counseling the client and/or family members may be necessary regarding possible institutional placement.
4. If the client is so limited that he/she is unable to participate in the supervision process, consideration should be given for the return of the client to court for Judicial Review and a recommendation should be made for vacating or modification of the order. However, the agent should have an alternative plan; e.g., institutionalization or other agency involvement. (The present state law should be clarified so that severely limited retarded individuals (51 and below IQ) would not be placed under the criminal justice system).

C. When to Make a Referral

1. When a diagnostic evaluation is considered necessary.
2. When the client does not respond to individual counseling or the deficiencies limit independent functioning, there may be a need to utilize other resources. The agent alone, or in conference with the supervisor, should review the situation to determine if the agent has the time and/or the expertise necessary to provide effective treatment. It should be understood that regular weekly or more frequent sessions with the client could be necessary. Sessions may be required for a prolonged period until treatment goals are met.

Note: A close working relationship with resources should be maintained. Roles should be clearly defined to assure proper coordination and communication.

HEALTH

A. Identification of Problem

Because physical and emotional health are closely associated with behavior and self-concept, it is important to explore this need area at the time of a Pre-Sentence or during an intake Social Investigation. Questions, such as the eight that follow, can be used during an interview to determine health needs.

1. Do you have any health problems which worry you?
2. Have you ever missed work/school or been unable to care for yourself or your family for several days at a time because of serious illness or accident?
3. Have you ever been hospitalized for a physical or emotional problem? If affirmative, ask client to sign a medical release form.
4. When was the last time you saw a doctor. If client is a woman who has not had a Pap exam during the past year, the agent should explain the importance of this simple exam.
5. Have you ever seen a psychiatrist, psychologist or counselor?
6. When was the last time you saw a dentist?
7. Are you presently taking any medication or receiving treatment for any health problems?
8. Do you have health insurance or are you now receiving medical assistance?

There are other health concerns which can be probed and discussed during the collection of data for the PSI or Social Investigation, or at a later time during the supervision period. Examples of such topics would include the following:

- a. Family planning and birth control.
- b. VD and personal hygiene.
- c. Nutritional practices.

B. Treatment Approach

Since the agent does not do any actual treatment of physical problems, the agent should counsel client by educating and informing the client of the existing problem considering client perspective, prior attempts to deal with the situation and alternative solutions available. Then the appropriate referral should be made.

C. When to Make a Referral

1. At the request of the client.
2. When the agent perceives a situation as serious and demanding immediate attention such as contagious or fatal diseases, conditions which result in inability to keep a job or produce extreme social ostracism, or a degenerative

condition. In these extreme situations, the agent may use persuasion, or if necessary, the coercion of special conditions on the Supervision Agreement or request that the Court impose a special condition.

3. When non-urgent health concerns which improve well-being and life-style are expressed by the client, the agent could give information to the client about resources or make appointments with the agreement of the client. (Examples of these concerns would be immunization, relaxation and exercise, weight control and general health education programs.)

Whenever an agent makes a referral or a client reports hospitalization or treatment, the agent should seek follow-up reports through the use of a signed information release form.

SEXUAL BEHAVIOR

A. Identification of Problem

Sexual behavior causes problems when that behavior is considered illegal or adversely affects the individual's social functioning and emotional adjustment.

Unlike other treatment areas, sexual problems, because many manifestations are illegal, can be identified through the current offense or previous criminal history of the client. However, it is possible for the individual to exhibit sexual problems which have not as yet led to a confrontation with the legal system. When the sexual problem is not the current offense, it is important for the agent to scrutinize the client's file to determine if there were any other previous offenses or problems documented. Problems may also be uncovered through the course of supervision and experience with the client. Illegal sexual behavior includes the following:

1. Exhibitionism
2. Voyeurism
3. Pedophilia
4. Incest
5. Rape
6. Prostitution
7. Homosexuality

B. Treatment Approach

(It is important to treat not only the sexual problem exhibited but also the underlying social and emotional problems).

1. Treatment Approach for Exhibitionism and Voyeurism
 - a. Attempt to develop a non-threatening relationship by moving slowly. Avoid rushing before the individual has admitted the need for change.
 - b. Attempt to reduce or eliminate stress factors. Most behavior occurs immediately after a frustrating experience or disappointment.
 - c. Attempt to develop feelings of accomplishment or self-worth.
 - d. Help the client work through guilt feelings.
 - e. Reduce passivity through assertive training.
 - f. Encourage independence, initiative and channel aggression to acceptable behavior.
 - g. Encourage more social contacts with both sexes.

- h. Include family members in treatment in an effort to overcome any attitude of rejection or ridicule directed toward the client.
 - i. If the behavior pattern persists, an immediate referral to Clinical Services is warranted.
2. Treatment Approach for Child Molesting
- a. Formalize conditions in the probation agreement prohibiting association with juveniles and requiring participation in a treatment program.
 - b. Use supportive techniques aimed at reducing feelings of inadequacy.
 - c. Assertive training may be required.
 - d. Use family members in counseling to overcome attitudes of rejection or ridicule directed toward the client.
 - e. Encourage more frequent contacts and social exposures with adults of both sexes.
 - f. Make an immediate referral to Clinical Services.
3. Treatment Approach for Incestual Behavior
- a. Remove the offender from the home where the offense occurred.
 - b. Contact protective services for the protection of the victim.
 - c. Make an immediate referral to Clinical Services, since this behavior is usually associated with serious mental illness, senile deterioration and/or alcoholism.
4. Treatment Approach for the Rapist
- a. Help the client recognize the aggressive and hostile qualities of the action.
 - b. Structure a situation to help the client ventilate hostility and discover more appropriate ways of expressing hostility.
 - c. Encourage activities which enhance self-confidence and reduce the need for control.
 - d. Since forcible rape is frequently associated with antipersonalities who have displayed aggressive tendencies in the past, consider treatment techniques utilized in dealing with other acting-out behaviors.
 - e. Always make a clinical referral.
5. Treatment Approach for the Prostitute
- a. Attempt to establish the source of motivation (psychological, monetary or both).
 - b. Consider clinical referral.

- c. Provide supportive techniques to improve self-confidence.
- d. Consider confrontation and reality orientation regarding the undesirable and detrimental aspects of the behavior.
- e. Provide vocational or employment counseling.

6. Treatment Approach for Homosexuality

- a. This form of sexual behavior is extremely difficult to change, especially if the individual has no desire to become heterosexual. If there is no motivation to change, efforts should be directed as follows:
 - 1. Ensure that the client has relations only with consenting adults.
 - 2. Counsel the client to become more discrete and to avoid public display.
 - 3. Assist the client in resolving guilt and anxieties associated with homosexuality and concomitant social pressures.
 - 4. Counsel the client to avoid potential problem areas such as triangle relationships.
- b. If there is motivation for change, efforts should be directed as follows:
 - 1. Evaluate for clinical referral.
 - 2. Attempt to help the individual overcome his fears in relating to the opposite sex; provide opportunities for this experience through the use of an agent of the opposite sex.
 - 3. Help to improve the individual's overall functioning in all areas (family, job peer relationships, etc.).
 - 4. Consider group therapy which is generally very effective with this type of problem.

C. When to Make a Referral

In addition to specific situations where a referral is mandatory, referrals should be made in cases where the agent lacks the time or the expertise necessary to provide effective treatment.

Pennsylvania Board of Probation and Parole

NIC Model Probation and Parole Project

NEEDS ASSESSMENT SCORING GUIDE

Introduction

The needs assessment form has been constructed to provide a standardized information base from which programs may be developed. Its purpose is to serve as a tool in making objective classification decisions.

The items and scores on the instrument are based on agent time required to deal with the various problem areas and levels. The basic idea behind the scoring of each item is the same - to what extent, if any, is the client's ability to function in the day to day world impaired. The Needs Assessment instrument differs from the Risk Assessment instrument in that both positive and negative points are awarded.

The form is designed to indicate areas of programming need and to distinguish among those clients who definitely need programming, those who may require some programming and those who need no programming in each designated area. The needs assessment form has not been designed to make classification a more rigid, mechanical or routine process, nor is its purpose to eliminate client input. Client input into his/her own supervision plan is of vital importance. After scoring the needs assessment form, the agent would discuss the results with the client. In those areas where programming is definitely needed or may be needed, the agent should discuss with the client various program options and the nature of each program.

After discussing the areas of needed programming and the options available, the agent and the client should attempt to arrive at agreement on a supervision plan.

The usefulness of the needs assessment instrument is largely dependent upon the quality of the information relied upon.

The goal of the needs assessment instrument is to eliminate subjectivity and the personal interpretation from the classification decision-making process. The new classification process will consist of decision based upon objective criteria. It is believed that this process will be beneficial to both agents who must justify their decisions and to clients being classified who demand fairness.

Academic/Vocational Skills

The item focuses upon functional skills rather than actual academic credentials. Therefore, a skilled craftsman may receive "-1" even though he/she may have little formal education. The individual's ability to make his/her way in the world is the important consideration. High school diploma or GED is not enough - ability must be shown.

- 1 College/high school diploma/GED and demonstrates ability.
- 0 Adequate functioning without problems. Adequate skills.

- +2 Low skill level may have high school diploma or GED but demonstrates difficulty to read and write. Real difficulty filling out written reports or job applications. Has ability to do better.
- +4 Minimal - retarded, special education classes or unable to read, write or simple mathematical computations.

Employment

The agent must look beyond simple employment/unemployment in rating the item. Underemployment should be taken into account as should "unsatisfactory" employment. An example of "unsatisfactory" employment would be provided by a client with a serious alcohol problem and repeated alcohol-related offenses who is employed as a bartender. In order to score this item, the agent must establish a firm employment chronology. While attempting to do so, the agent should be particularly sensitive to gaps in employment.

- 1 Satisfactory
 - Likes the job.
 - Salary sufficient to pay for basic needs.
 - Been there more than one year.
 - Educational or vocational background.
- 0 Secure
 - Chance for upward advancement with current employer.
 - Homemaker, supported by husband.
 - Student who is not in need of employment.
 - Retired.
- +3 Unemployed
 - Working, but the job has no future.
 - Person has abilities to find stable employment.
- +6 Unemployable
 - Large gaps in employment.
 - Culturally handicapped.
 - Self-employment highly questionable.

Financial Management

Does the client have the skills to handle the simple financial responsibilities of everyday life such as maintaining a checking account and preparing a personal budget?

- 1 Well Off
- 0 Providing - not overextending.
 - No serious indebtedness.
- +3 Employed but not making it.
 - Difficulty in paying court obligations.
 - Overextending - difficulty paying bills.
- +5 AFDC
 - Can't pay court obligations.
 - Bankruptcy

Marital/Family Relationships

This item is straightforward with the agent being asked to determine whether the client's close relationships provide for support (-1), serious stress (+5), or fall at some intermediate point.

- 1 Marriage Intact - no history of separation.
Both parents together.
No prior record of family members.
Good attitude towards spouse/parents.
- 0 Relatively stable.
Getting along.
No noticeable problems.
- +3 Disorganized
Recognize problems exists.
Motivation to change.
- +5 Major
Children removed.
Recently separated or divorced; eg: 2 years.
History of bad marriage.
Extensive prior criminal records of family members.
Sexual abuse.
Lack of control.
Abusive drinking.
Domestic violence.

Companions

Little comment is necessary here as this is an area of traditional concern. Again, support as contrasted to manipulation or stress is the guide. Clients with co-defendants are given at least a "+2".

- 1 Exceptional
Good support and good influence.
- 0 No adverse relationships.
- +2 Co-defendants in current charge and still associating.
Some of the friends have prior records.
- +4 Associations completely negative.
Friends also in trouble.

Emotional Stability

Guides for the agent in regard to this item are as follows: Does the client deal with anger appropriately? Does he/she exhibit excessive anxiety or become immobilized by stress? Ability to cope with day to day life situations is the concern here. The "+4" score would be used for the neurotic client with the "+7" reserved for those with psychotic characteristics.

- 2 Highly unlikely.
- 0 No apparent stress, well-adjusted.
- +4 Neurotic; mild symptoms of depression, anxiety, or acting-out.
Occasional abuse of alcohol or other drugs.

- +7 Psychotic, severe symptoms of depression, anxiety, or acting-out. Frequent abuse of alcohol or other drugs; suicidal.

Alcohol Usage

As on the Risk Assessment instrument, "interference with functioning" is the key here. Agents are to avoid moral judgment regarding alcohol use and focus instead upon the role of alcohol in the client's life. Alcohol-related driving offenses receive a "+6".

- 0 No alcohol abuse.
- +3 Gets "drunk" by own definition twice a month or more; some disruption in functioning when drinking (whether or not "drunk") with family, work, socially, etc. Minor alcohol-related offenses.
- +6 Drinks irregularly and although never or rarely gets "drunk" has withdrawal symptoms if stops drinking; has physical symptoms of alcoholism: memory lapses, black outs, passing out; serious dysfunctioning at work: absenteeism, fired, fights with co-workers or supervisors or customers; with family: becomes violent, neglectful, abusive towards spouse, children, parents, can't pay bills, separation current; past driving record involving alcohol; present offense or any arrest within past five years involving alcohol before or during.

Other Drug Usage

The scoring of this item is to be accomplished in the same manner as the "Drug Usage" item on the Risk Assessment instrument. A "+3" score would apply to clients convicted of marijuana possession, while the "+5" would refer to present involvement with the drug.

- 0 No abuse
- +3 Convicted of marijuana possession, but no longer using.
- +5 Addiction or current or recent use of marijuana, narcotics, medication as not prescribed; conviction for possession or intent to deliver; deals in selling of drugs.

Mental Ability

This item looks at organic cognitive capacity as opposed to emotional ability. Hence, the problem levels relate to the possibility of retardation. Is the client mentally alert and able to function effectively?

- 0 Appears to be of average intelligence. Can comprehend what is being said in normal conversation. Can read and comprehend rules of probation/parole.
- +3 Has difficulty in understanding written or verbal communication. Has difficulty completing forms without assistance; has difficulty using or reading a clock, ruler, calendar, dictionary. Has difficulty in following directions. Emphasis is on difficulty in comprehension.
- +6 Client is borderline mentally retarded or below; client cannot function independently; client receives SSI benefits for reasons due to a developmental disability; client is employed at a sheltered workshop.

Health

The agent should take mental health into account (particularly in the case of the substance abuser), as well as the presence of physical handicaps. The difference between "+1" and "+2" is whether health problem is under control. Alcoholism or drug abuse is automatically a "+2".

- 0 No problems.
- +1 Client may have a condition which restricts employment, requires occasional medical attention (e.g.: high blood pressure, heart condition, epilepsy, missing limb, back problem, etc.).
- +2 Client has a condition which severely restricts employment and program participation. He/she requires frequent medical attention and may be on medication (e.g.: blindness, serious heart condition, terminal disease, deafness, paralysis, etc.).

Sexual Behavior

The client's ability to function sexually, both physically and emotionally, is to be considered. The emphasis is upon both real and perceived problems. The agent must look beyond the simple offense history. The agent must avoid moral judgments upon such subjects as homosexuality. In the case of a homosexual, the question should become - does the sexual preference generate day to day life problems and/or does it adversely influence the client's self-image?

- 0 No known or apparent sexual problems.
- +3 History of current involvement in prostitution or pimping; dysfunctioning sexual behavior, eg: transvestite, etc. Difficulty in accepting own sexual preferences.
- +5 History of current sexual assault behavior by statute criteria admitted or convicted.

Recreation/Hobby

This item focuses on the client's use of his/her leisure time.

- 0 Participates in organizational/church activities on a regular basis.
Takes courses for self-improvement (adult education, etc.)
Reads newspaper, etc. regularly
Participates in sports activities regularly
- +1 Occasional involvement in leisure time activities.
- +2 Spends most of the time on the street corner.

Agent's Impression of Client's Needs

This item is designed to accommodate the agent's subjective impressions.

NIC Model Probation and Parole Project

RISK REASSESSMENT SCORING GUIDE

- This scale emphasizes behavior while on supervision.
- The reassessment is based on behavior since the last classification form was completed.
 1. Number of address changes in last 12 months...
 - a. When completing reassessments for clients who have been on supervision less than 12 months, count the number of address changes since placement on supervision.
 - b. Refer to item "1" on the Risk Assessment Scoring Guide for discussion of "address change."
 2. Age at first conviction...(or juvenile adjudication)...
 - a. Refer to item "6" on the Risk Assessment Scoring Guide.
 3. Number of probation/parole revocations...(adult or juvenile)...
 - a. Refer to item "8" on the Risk Assessment Scoring Guide.
 4. Number of prior felony convictions...(or juvenile adjudications)...
 - a. Refer to item "9" on the Risk Assessment Scoring Guide.
 5. Convictions or juvenile adjudications for...(Do not exceed a total of 3. Include current offense)...
 - a. The only possible responses are 0, 1, 2, or 3. Enter "0" if item does not apply.
 6. Percentage of time employed in last 12 months...(prior to incarceration for parolees)...
 - a. Refer to item "2" on the Risk Assessment Scoring Guide.
 7. Alcohol usage/problems...
 - a. Refer to item "3" on the Risk Assessment Scoring Guide.
 8. Other drug usage/problems...
 - a. Refer to item "4" on the Risk Assessment Scoring Guide.
 9. Problems with current living conditions...
 - a. Response to this item is based upon agent's assessment of client's current living situation.
 - b. This category should be rated on the quality of the relationships with whom the probationer/parolee co-habits. This includes spouses, children and/or roommates. Major problems are characterized by such incidents as physical confrontations, arrests, or medical treatment, etc.

10. Social identification...
 - a. Response to this item is based upon agent's assessment of the nature of the client's relationships.
11. Response to Board or Court imposed conditions...
 - a. This item addresses how the client has been cooperating with the requirements of supervision.
 - b. For interpretation of arrests, see item "6" "Age at First Conviction" on the Risk Assessment Scoring Guide.
12. Use of community resources...
 - a. Response to this item is based upon the agent's judgment of client need for services and the client's response to the services.
 - b. When the agent has made multiple referrals, determine if client is cooperating in those deemed most critical to client's positive adjustment.

NIC Model Probation and Parole Project

RISK ASSESSMENT SCORING GUIDE

- Throughout the instrument, interpret "prior to incarceration as also meaning "prior to residential treatment". This applies for clients on parole or probation.
- 1. Number of address changes in last 12 months (prior to incarceration for parolees)
 - a. "Address change" is understood to mean that client does not plan to return to original residence and mailing address changes.
 - b. A commitment to hospital, treatment or jail does not constitute a change of address.
 - c. Note: The agent does not need to know all client address changes, only enough to know if client receives 0, 2, or 3 points.
- 2. Percentage of time employed in last 12 months (prior to incarceration for parolees)
 - 0 60% or more
(31 weeks or 7.2 months)
 - 1 40% to 59%
 - 2 Under 40%
(21 weeks or 4.8 months)
 - 0 Not applicable
 - a. Base percentage on 40-hour week. Part-time employment should be averaged. For example, an individual employed 20 hours per week for 12 months would be rated at 50% and scored a "1".
 - b. Students are scored "not applicable" even though they may be working part-time.
 - c. Use "not applicable" if in the agent's judgment there are valid reasons why client could not have been employed, as in situations of extended illness, disability, or are not required to seek work due to family obligations.
- 3. Alcohol usage problems (prior to incarceration for parolees)
 - a. Agents should interpret this item to mean "in the last 12 months."
 - b. The key to scoring this item is found in the phrase "interference with functioning." The agent is not to make a judgment based simply on numbers of drinks consumed per day or information of that nature. Rather, does the client's drinking interfere with his/her ability to function and meet day to day demands? Indications of problems in this area would thus include such things as arriving late for work due to a hangover, frequent drunken quarrels at work or home, excessive expenditures on alcohol, etc. Alcohol related arrests should generally be coded as indicative of serious problems.

- c. Parolees doing time for such crimes as DUI and manslaughter should automatically be scored as "4".
4. Other drug usage problems (prior to incarceration for parolees)
 - a. Agents should interpret this item to mean "in the last 12 months."
 - b. The scoring of this item is similar to that of the "alcohol" item with one difference. The agent must bear in mind that drug usage may in itself be in violation of the law and, thus, is much more threatening to the client's remaining out of legal trouble. The agent should be attuned to other problems stemming from legal drug usage as well. In this regard, prescriptions which the client has should be scrutinized in terms of both frequency and duration of usage.
5. Attitude
 - a. While this item is inherently somewhat subjective, the agent will find scoring easier if he/she focuses upon the phrase "motivated to change." Does the client recognize the need for change and does he/she accept responsibility for change? Are there any indications that he/she is beginning to make initial behavioral changes? The difference between "3" and "5" is in degree.
6. Age at first conviction
 - a. Conviction may be for a felony or a misdemeanor. For this category, include grants of ARD or PWV as a conviction.
 - b. Exclude routine traffic such as speeding, stop sign, parking violation, etc.; however, include convictions for DUI, aggravated driving violation, reckless driving, careless driving, etc.
 - c. For juveniles, include only those instances where the person has actually been "adjudicated" for a crime they could be convicted of if they were an adult.
7. Number of prior periods of probation/parole supervision (adult or juvenile)
 - a. Revocation hearings which result in continuance are not counted as a new period of probation/parole.
 - b. For juvenile records, count only those periods of probation that follow an actual adjudication.
 - c. Note: The agent needs only one prior probation/parole in order to move client out of "0" category. It is not necessary to know the total number of revocations which may have occurred.
8. Number of prior probation/parole revocations (adult or juvenile)
 - a. Disposition of the court or Board must be revocation even though the client may later be reinstated or immediately granted a new parole/probation.

9. Number of prior felony convictions...(or juvenile adjudications)
 - a. Do not count the present offense(s). The item refers to priors.
 - b. Multiple convictions are counted as separate offenses.
 - c. For juveniles, this includes only behavior which would be a felony if committed by an adult.
10. Convictions or juvenile adjudications for...(select applicable and add for score. Do not exceed a total of 5. Include current offense.)
 - a. Can be felony or misdemeanor convictions.
 - b. The only possible answers are 0, 2, 3, or 5. If the item does not apply, enter "0". The only way to receive "5" points is to have at least one offense which receives 2 points plus one which receives 3 points.
11. Convictions or juvenile adjudication for assaultive offense within last five years
 - a. If the client was committed to treatment or custody, exclude the time spent in those facilities as part of the "last five years" unless client was convicted for a new offense (exclusive of institution conduct violations during incarceration).
 - b. For parolees, count assaultive offense occurring five years prior to incarceration.
 - c. An assaultive offense is defined as an offense against a person which involves the use of a weapon, physical force or the threat of force, all forcible felonies.
 - d. The current offense is counted if it is assaultive.

OBJECTIVE BACKGROUND ITEMS

1. Age of earliest court appearance:
 - a. 14 or below
 - b. 15 - 17
 - c. 18 - 22
 - d. 23+

 2. Number of prior offenses:
 - a. none
 - b. 1 - 3
 - c. 4 - 7
 - d. 8+

 3. Number of commitments to State or Federal Correctional Institutions:
 - a. 0
 - b. 1
 - c. 2 or more

 4. Time spent under probation supervision:
 - a. none
 - b. 1 year or less
 - c. over 1 year - 3 years
 - d. over 3 years

 5. Medical history: (circle all applicable choices)
 - a. back or stomach problems, or frequent headaches
 - b. serious head injuries
 - c. prior psychiatric hospitalization
 - d. out-patient psychotherapy
 - e. none of the above
-

SCORING GUIDE

1. *Include juvenile offenses and serious traffic offenses (e.g., drunk driving, hit and run).*

2. *Exclude the client's present offense in rating this item. Include juvenile and serious traffic offenses.*

3. *Include juvenile commitments.*

4. *Exclude probation time for the current offense. Include juvenile supervision.*

5. *A. -vague complaints not diagnosed by a physician
B. -skull fractures
-head injuries which required treatment (beyond X-ray)*

School History

6. Highest grade completed:
 - a. 9th or below
 - b. 10th to 12th
 - c. high school graduate (exclude GED)
 - d. some post high school training leading toward a degree

7. Did client ever receive special education or remedial help in school?
 - a. yes
 - b. no

Family Development

8. Client was raised primarily by:
 - a. intact biological family
 - b. other

9. Did either parent have a history of:
(circle all applicable choices)
 - a. being on welfare
 - b. criminal behavior
 - c. psychiatric hospitalization
 - d. suicide attempts
 - e. drinking problems
 - f. none of the above

SCORING GUIDE

7. *Include special programs for learning deficiencies (rather than behavior problems).*

8. *Choice A requires both natural parents in an intact home until client reaches about 16 years of age.*

9. *Includes step and adopted parents.*

10. Have siblings (include half and step sibs) ever been arrested?

- a. none
- b. some
- c. most
- d. not applicable

11. Currently, client is:

- a. single (never married)
- b. single (separated, divorced, widowed)
- c. married (includes common law)

BEHAVIORAL PATTERNS

Please rate the following behaviors as observed during the interview.

1. Grooming and Dress:

- A. ___ Below Average B. ___ Average C. ___ Above Average

2. Self Confidence:

- A. ___ Lacks Confidence B. ___ Average C. ___ Overly Confident

3. Attention Span:

- A. ___ Easily Distractable B. ___ Average C. ___ Very Attentive

4. Comprehension:

- A. ___ Below Average B. ___ Average C. ___ Above Average

5. Thought Processes:

- A. ___ Sluggish B. ___ Average C. ___ Driven (Accelerated)

6. Affect:

- A. ___ Depressed B. ___ Average C. ___ Elated

7. Self Revealing:

- A. ___ Evasive B. ___ Average C. ___ Very Open

8. Cooperation:

- A. ___ Negativistic B. ___ Average C. ___ Eager to Please

AGENT IMPRESSIONS

Please rate the significance of each factor as it contributes to the client's legal difficulties. (Each client must receive at least one score of 1 and 5.)

	#1 Highly Significant	#2 Significant	#3 Somewhat Significant	#4 Minor Significance	#5 Not Significant
a. Social inadequacy	1	2	3	4	5
b. Vocational inadequacy	1	2	3	4	5
c. Criminal orientation	1	2	3	4	5
d. Emotional factors	1	2	3	4	5
e. Family history problems	1	2	3	4	5
f. Isolated situational (temporary circumstances)	1	2	3	4	5
g. Interpersonal manipula- tion	1	2	3	4	5

SCORING GUIDE

- Item A - Refers to the client's social skills in dealing with others, their ability to perceive the motives and concerns of others, and their ability to survive in society and care for themselves.*
- Item B - Refers to client's ability or skills to obtain relatively permanent and reasonably paying employment.*
- Item C - Refers to whether criminal behavior is an acceptable, common part of their life and they attempt to live off of crime. They don't really try to make it in a prosocial way.*
- Item D - Refers to degree of emotional problems in the client's life.*
- Item E - Refers to parental family problems experienced during childhood and adolescence.*
- Item F - Refers to some unusual or temporary circumstance in the client's life, which is unlikely to be repeated.*
- Item G - Refers to client's need to control others to gain their own end. Generally, these clients aren't overly concerned about using or manipulating other people.*

CLIENT MANAGEMENT CLASSIFICATION

Instruction Sheet

There are four parts to the Client Management Classification Procedure:

- A. Attitudes
- B. Objective history
- C. Interview behavior
- D. Agent impressions of contributing factors

Whenever possible, the above sequence (A to D) of procedures should be used with each client.

A Scoring Guide is included to provide criteria and assistance in scoring questionable answers.

Instructions for Attitude Interview (45 items)

A semi-structured interview with suggested questions has been developed to elicit the attitude information. Use a comfortable, natural wording appropriate for yourself and the client when asking questions. If the client presents some interesting information requiring follow-up, feel free to follow through on the information before going back to the structured sequence. For each item, you must choose only one alternative. If you can't choose an alternative, don't rate the item.

Each section of the attitude interview is headed by one or two open-ended questions, which may provide material for rating specific items. If the information has not been obtained from the open-ended questions, more specific questions are also provided for individual items. If the specific questions fail to elicit the information, continue to inquire in a different or more direct manner unless you see the word -STOP-. "-STOP-" means to discontinue inquiry (except to repeat or clarify the question if it was misunderstood). For some items A & B questions are included. If the B question is asterisked (*) always ask it. If B isn't asterisked, ask B if the information wasn't elicited from question A.

Instructions for Objective Background Items (11 items)

These items follow the attitude interview. The information can probably be obtained quite rapidly with direct questions.

Instructions for Interview Behavior Ratings (8 items)

These ratings are based on the client's behavior during the interview.

Instructions for Agent Impressions (7 items)

These ratings should reflect the agent's impression of the importance of each contributing factor to the client's legal difficulties. On this part the agent must rate at least one factor as "highly significant (1)" and at least one as "not significant (5)."

CLIENT'S NAME _____

ATTITUDES ABOUT OFFENSE

Could you tell me about the offense that got you into trouble?

- 1a. How did you get involved in this offense?
 - 1b. How did you decide to commit the offense?
 2. Could you tell me more about the circumstances that led up to the offense?
 3. Looking back at your offense, what's your general feeling about it? --STOP--
1. Motivation for committing current offense
 - (a) emotional motivation (e.g., anger, sex offense, etc.)
 - (b) material (monetary) motivation
 - (c) both emotional and material motivation
 2. Acceptance of responsibility for current offense
 - (a) admits committing the offense and doesn't attempt excuses
 - (b) admits committing the offense, but emphasizes excuses (e.g., drinking, influenced by friends, family problems, etc.)
 - (c) denies committing the offense
 3. Expression of guilt about current offense
 - (a) expresses guilt feelings or spontaneous empathy toward victim
 - (b) expresses superficial or no guilt
 - (c) victimless crime

SCORING GUIDE

1. A. -using drugs
-assault (not for robbery)
B. -prostitution
C. -car theft (except for joy riding)
-stealing primarily for peer acceptance
-stealing from parents for revenge
-man who won't pay alimony, primarily because he is angry with his ex-wife
2. B. -"I would never have done it if I hadn't been drinking."
C. -"My friends get me in trouble."
-Clients who deny committing any significant aspect of the offense are scored "C".
-client admits helping to jimmy a car window but denies responsibility for removing valuables because his friends removed them.
3. A. Client must feel some personal shame and regret (not just verbalization to impress the agent)
B. -"I feel bad because now I have a record."
-People are disappointed in me." (Indicates some regret but not necessarily guilt.)
C. -"I know it was wrong" (emphasis on having done wrong, not on feeling bad because one has done wrong.)
-drug usage
-sexual activities between consenting adults

SCHOOL AND VOCATIONAL ADJUSTMENT

Now I'd like to find out some things about your background. Let's begin with school. How did you like school?

9. What was your favorite subject in school? --STOP--
- 10a. Did you have a favorite teacher in high school?
*10b. What did you like about him/her?
- 11a. How far did you go in school?
*11b. Did you have any problems with schoolwork?
(If client didn't graduate from high school find out why.)
12. What kind of jobs have you had?
9. Favorite subject
(a) vocational
(b) academic
(c) GYM
(d) no favorite subject
10. Attitude toward teachers
(a) no favorite teacher
(b) teacher chosen because of certain qualities the client admired
(c) teacher chosen because of close personal relationship with the client
11. Client's school performance
(a) no problems
(b) learning problems (difficulty performing schoolwork)
(c) behavior problems or lack of interest
12. Primary vocation
(a) unskilled labor
(b) semi-skilled
(c) skilled labor or white collar
(d) no employment history (homemaker). (Skip 13 and 14.)
(e) student or recent graduate. (Skip 13 and 14.)

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9. A. -business courses
B. -music or art
11. A. Don't use A for client who didn't complete high school.
B. For client whose learning problems result from a lack of capacity (not just from lack of interest or behavioral problems). If client has both a lack of capacity and behavioral problems, score Choice B since lack of capacity takes precedence over other problems.
-client who's been in remedial or slow learner classes.
12. A. Use Choice A for client who's been in job market over 6 months, but has no employment history. (Also score items 13 and 14.)
B. For homemaker, use prior vocational history if available. If not, check Choice D and skip items 13 and 14.
C. For client who recently (within 6 months) finished school and hasn't had an opportunity to establish an employment pattern, check Choice E and skip items 13 and 14.

13. How long did you work on your most recent job? (Start with most recent, and go backwards until a clear pattern is established.)
13. Percent of working life where client was employed full time
 (a) over 90%
 (b) over 50%
 (c) 50% or less
- 14a. Have you had problems getting jobs?
 14b. What were your reasons for leaving jobs?
14. Primary vocational problem
 (a) none
 (b) problems due to lack of skills or capacity
 (c) problems due to attitude
- 15a. Where do you live now?
 *15b. Have you moved around much? (Deal with time period after client turned 18.)
15. Living stability background
 (a) essentially stable living arrangements
 (b) some unstable periods
 (c) essentially unstable living arrangements
16. Have you had any trouble supporting yourself or received welfare?
16. History of being self supporting
 (a) client usually able to support him/herself
 (b) client has had several periods where unable to support him/herself
 (c) client has been essentially unable to support him/herself

FAMILY ATTITUDES

Can you tell me what your childhood was like?

- 17a. How do (did) you get along with your father?
 17b. How do you feel about your father?
17. Present feelings toward father
 (a) close
 (b) mixed or neutral
 (c) hostile
13. Subtract time in school, institutions, etc. from client's potential working life.
14. A. Don't use for clients working less than 90% of time.
16. Illegal activities and welfare are not counted as self supporting. For clients who have not had the opportunity to support themselves (e.g., homemaker or person living off relatives) estimate the likelihood of their being able to support themselves.
17. In multi-father families, use the person whom the client identifies as father.
 B. -"We get along" (without implication of closeness.)

SCORING GUIDE

- 18a. If you did something wrong as a teenager, how did your father handle it?
 18b. What kind of discipline did he use?
- 19a. How do (did) you get along with your mother?
 19b. How do you feel about your mother?
- 20a. If you did something wrong as a teenager, how did your mother handle it?
 20b. What kind of discipline did she use?
- 21a. Were you ever abused by your parents?
 21b. Did they ever go overboard on the punishment?
 -STOP-
- 22a. How would your parents have described you as a child (prior to adolescence)?
 *22b. Did both parents see you the same way?
18. Type of discipline father used (during client's teenage years)
 (a) verbal or privilege withdrawal
 (b) permissive (generally let client do as he/she pleased, physical)
 (c) physical
19. Present feelings toward mother
 (a) close
 (b) mixed or neutral
 (c) hostile
20. Type of discipline mother used (during client's teenage years)
 (a) verbal or privilege withdrawal
 (b) permissive (generally let client do as he/she pleased)
 (c) physical
21. Was client ever physically abused by a biological, step or adoptive parent
 (a) yes
 (b) no
22. Parental view of client (prior to adolescence)
 (a) good kid (normal)
 (b) problem child
 (c) parents differed

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18. If the client didn't live with father or father figure during at least part of their adolescent years, do not rate Item 18.
 B. -"He always left it to Mom."
19. In multi-mother families, use the person whom the client identifies as mother.
 B. -"We get along" (without implication of closeness)
20. If the client didn't live with mother or mother figure during at least part of their adolescent years, do not rate Item 20.
 B. -"She always left it to Dad."
21. Item 21 should be based on facts described, and not whether the client felt abused.
 A.
 -cuts on face
 -severe body bruises
 -sexual abuse
 -locked in closet or starved for unusual periods of time
22. A.
 -no special problem
 -like anybody else
 -"parents always complaining about me"
 -"gave them lots of trouble"
 -seen as "strange kid"

23. How would you describe yourself as a child (prior to adolescence)?
23. As a child client describes self as
- (a) good kid (normal)
 - (b) problem child
- 24a. How do you get along with your brothers and sisters?
24. General feelings toward siblings
- (a) close
 - (b) neutral or mixed
 - (c) hostile
 - (d) no siblings
- 24b. How do you feel about them?
25. Would you describe your early childhood (prior to adolescence as happy or unhappy? -STOP-
25. General attitude toward childhood
- (a) happy
 - (b) not happy
26. If you could change anything about your childhood, what would you change?
26. Satisfaction with childhood
- (a) basically satisfied (little change)
 - (b) dissatisfied with material aspect
 - (c) dissatisfied with family, self or emotional climate
27. Can you describe your father's personality? (If answer is unclear, ask client to describe another person they know well).
27. Client's description
- (a) multi-faceted
 - (b) superficial (e.g., good, bad, nice, etc.)

SCORING GUIDE

23. Accept what the client says, even if their behavior doesn't match their perception. (Examples from Item 22 also apply here.)
23. The focus of this item is the complexity with which the client views people. The ability to describe attributes, or explain the reasons for behavior, is being measured. "Superficial" indicates a lack of capacity to perceive depth in personality, and not just an evasion of the question. One or two complex statements are sufficient for an (A) score.
24. Include half-siblings, exclude step-siblings.
24. A. - "ambitious and honest"
 - "sensitive to others"
 - "Dad was strict because that's the way he was brought up."
 B. - "no-good drunk" (with no further elaboration)
 - "mean"
 - "kind"
 - "don't know"
25. Accept client's view

Let's talk about your friends now. Do you spend much time with them?

- 28. Have your friends (associates) been in trouble with the law? (If client has no current associates, use prior associates.)
 - 28. Client's present associates are
 - (a) essentially non-criminal
 - (b) mixed
 - (c) mostly criminal
- 29a. How do you get along with your friends?
 - 29. In interactions with friends, client appears
 - (a) used by others
 - (b) withdrawn
 - (c) other problems
 - (d) normal
- 29b. How do they act towards you?
 - 30. Description of client's relationship with his/her closest friend
 - (a) talk (share feelings) or help each other
 - (b) do things together (less emphasis on talking or sharing feelings)
 - (c) has none
- 30a. Do you have a closest friend?
 - 31. Satisfaction in interpersonal relationships
 - (a) feels satisfied
 - (b) feels dissatisfied
- 30b. What do you like best about him/her? -STOP-
- 31. Are you satisfied with the way you get along with people?
 - 32. General outlook towards people
 - (a) basically trusting
 - (b) mixed or complex view
 - (c) basically mistrusting
- 32. In general, do you tend to trust or mistrust people? -STOP-

SCORING GUIDE

- 28. Don't count marijuana use (by itself) as criminal. For parolees coming out of prison, use the last associates they had before entering prison.
 - 30. A. -"Do things for each other"
 - "We're like brothers"
 - B. - "He's a hunter too"
- 29. This item should be based on the agent's judgment of the quality of the client's interactions. If the agent feels the client is being used by his friends and the client feels he gets along O.K., check Choice A.
 - 31. Accept the client's statement.
 - 32. B. A complex view of people (e.g., trusts people in certain situations and not others)
 - "trust people too much"
 - "takes a while to get to know them"

33a. How much socializing do you do with women (men)?
33b. Do you generally go out with a lot of women (men) or date the same person for long periods?

33. Client's opposite sex relationship pattern generally is
(a) long term (over 6 months) or serious relationships
(b) short and long term relationships
(c) short term less emotionally involved relationships, or little dating experience

34. In your relationship with your wife or girlfriend (husband or boyfriend) who tends to make the decisions?

34. In interaction with the opposite sex, client generally
(a) asserts self or dominates
(b) is average or adequate
(c) is nonassertive or dominated

FEELINGS

Do you have any problems handling your feelings?

35. Do you consider yourself to be a nervous (or anxious) person? -STOP-

35. Does client view himself (herself) as a nervous person?
(a) yes
(b) no

36a. What kinds of things get you depressed?
36b. What do you do when you're feeling depressed?

36. What client does when he (she) feels depressed
(a) seeks someone to talk to, or tries to figure it out
(b) seeks an activity to distract self
(c) drinks or uses drugs
(d) isolates self

37a. Have you ever thought seriously about hurting or killing yourself?
37b. (If client says yes to above) Have you ever tried it?

37. Self destructive behavior
(a) never seriously contemplated it
(b) had definite thoughts of suicide
(c) attempted it

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33. C. Short-term relationships with no solid commitments to people

35. Accept the client's statement

34. Do not accept the client's response without probing their relationships or how some specific decisions are made (e.g., who decides what to do or whom to socialize with -- who controls the money).

36. B. -"forget about them".
- "watch T.V."
D. - "I pray".
- "Go to sleep".

- 38a. What you do when you're feeling angry with people
- *38b. Have you every hurt anybody when you were angry?
- 39a. Can you describe your personality?
- 39b. What do you like and dislike about yourself?
-STOP-
40. (No question asked - should be based on impression from client's discussion of feelings.)
38. In handling anger, client
(a) is physically aggressive toward people
(b) avoids expression to others or has trouble expressing anger appropriately
(c) responds appropriately
39. In describing themselves, client
(a) emphasizes strength
(b) emphasizes inadequacy (client tends to downgrade self)
(c) can't describe self
40. Openness in discussing feelings
(a) discusses openly
(b) evasive or superficial

PLANS AND PROBLEMS

41. Aside from legal problems, what is the biggest problem in your life now? -STOP-
41. What does the client view as his/her important problem area right now
(a) personal
(b) relationships
(c) vocational - educational
(d) financial
(e) no big problems presently (score item 42 as A)

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38. Based on all sources of reliable information (e.g., offense), and not just client's statement. Physically aggressive problems should take precedence over other choices.
B. -"break things".
-denies getting angry
39. If the client gives both positive and negative statements about himself, choose the one emphasized the most. If the positive and negative have equal emphasis, choose the one given first.
C. Choice C is designed to pick out those clients who are not capable of showing much insight or complexity in their view of themselves.
-"I'm O.K." (and can't elaborate)
-"I'm a nice person"
-"I get into too much trouble".
40. A. If the agent felt that the client was fairly straightforward in talking about his feelings.
B. If the agent felt that the client was superficial or evasive.
41. A. -"Drinking or drugs"
-"Get my head together"
B. -"Get things straightened out with my fiancée"
-"Try to get along better with my parents"

