



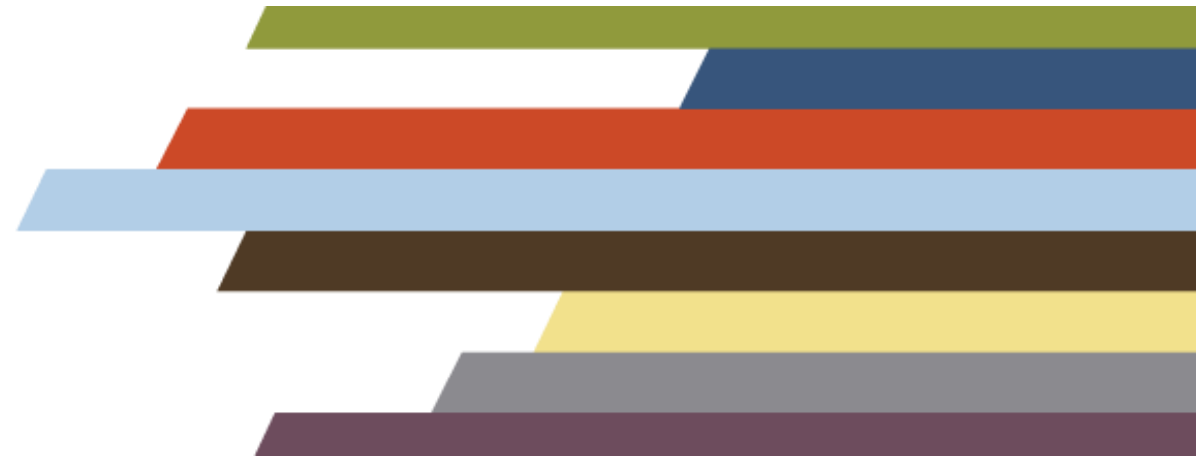
New England (HHS Region 1)

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Criminal Justice M.A.T.R.S.:

Utilizing Criminogenic Risk Assessment to  
develop effective treatment plans



# Disclosures

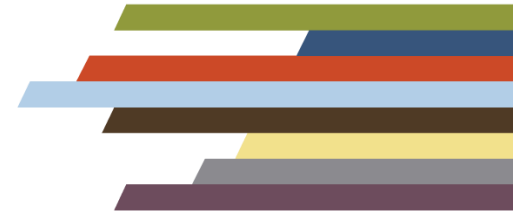
- The development of these training materials were supported by grant 1 UR1 TI024234 (PI: D. Squires) from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services. The views and opinions contained within this document do not necessarily reflect those of the US Department of Health and Human Services, and should not be construed as such.



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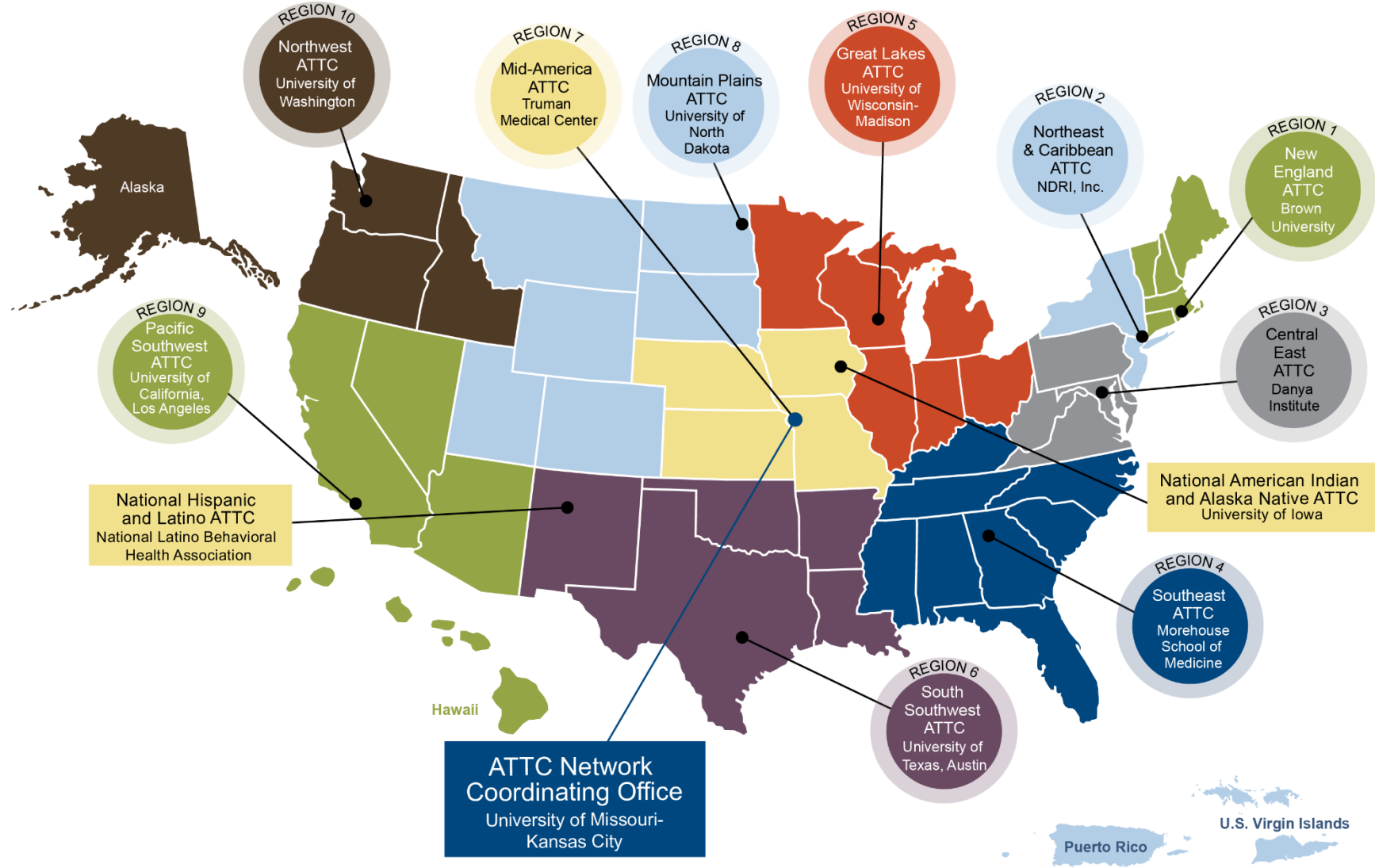




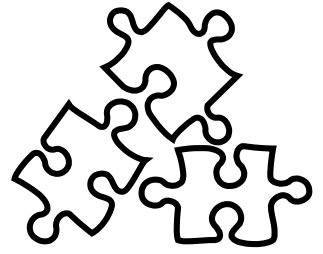
**ATTC**

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**U.S.-based ATTC Network**

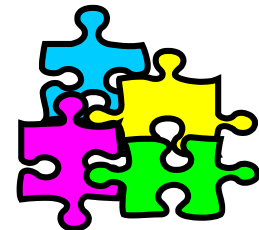


# Introductions



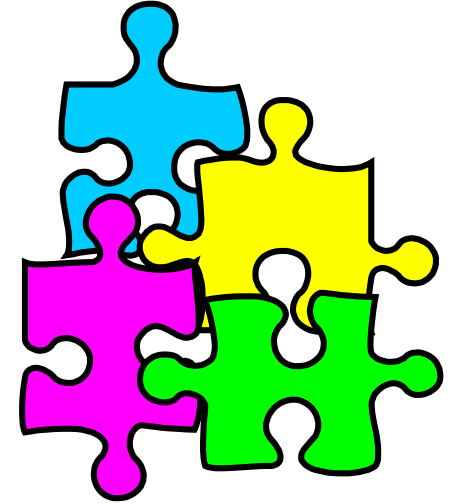
## Trainer introduction(s):

- Presenter
- Title/Role
- Clinical experience
- Expertise in assessment, tx planning
- Experience with Criminogenic assessment tools

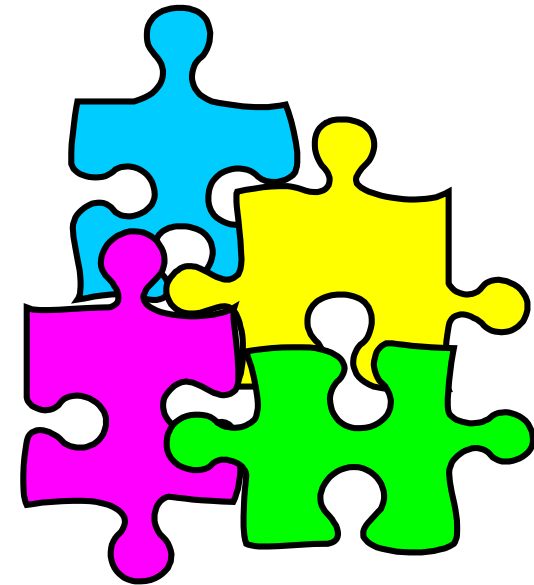


# Participant Introductions

- Your name
- Agency
- Role
- Experience with assessment and treatment planning?
- Experience with Risk-Need-Responsivity model of Criminogenic risk?

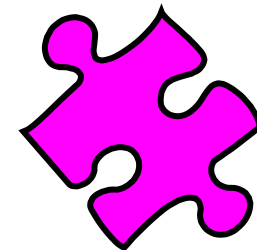


What do you expect to get from today's training?



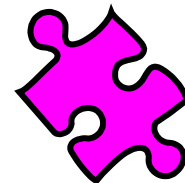
# Here's What You'll Get Today...

- How to use Criminogenic risk assessment information to make a counselor's job easier with the criminal justice involved client
- Build an individualized or person-centered treatment plan
- Practice, practice, practice



# Training Expectations

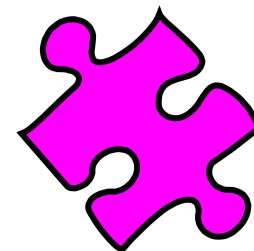
1. Identify characteristics of a program-driven treatment plan versus an individualized treatment plan
2. Understand how individualized treatment plans improve client retention and ultimately lead to better outcomes





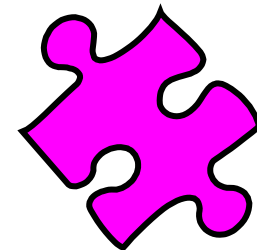
# Training Expectations

3. Use Master Problem List (provided) to formulate treatment plans and develop:
  - **Problem Statements**
  - **Goals** based on Problem Statements
  - **Objectives** based on Goals
  - **Interventions** based on Objectives



# What is Not Included in Training

- Administering any Criminogenic Risk Assessment instrument
- Training on clinical interviewing



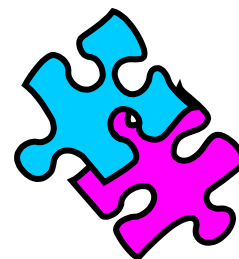
# The Goal of this Training is...

- To connect the

Criminogenic Risk Assessment

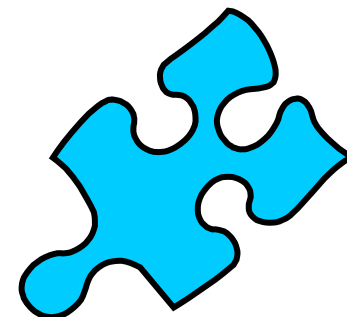
and

treatment planning processes



# What do people think of...

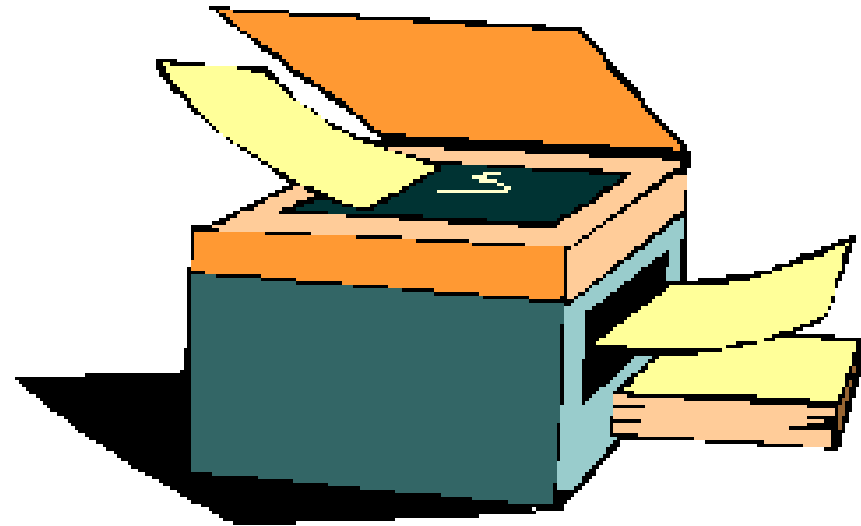
- When they hear the word treatment plan?



# Treatment Plans are...

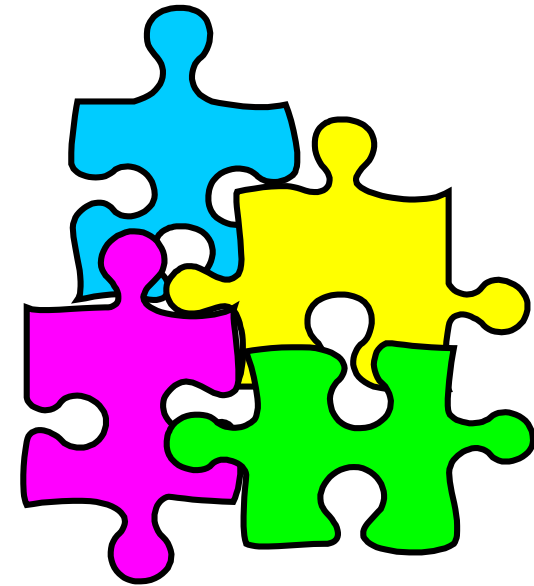
“Meaningless & time consuming”

“Ignored”



“Same plan, different names”

# The What, Who, When, How of Treatment Planning



# What is a Treatment Plan?

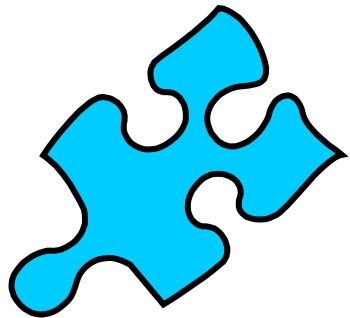
A written document that:

- Identifies the client's most important goals for treatment
- Describes measurable, time sensitive steps toward achieving those goals
- Reflects an agreement between the counselor and client

Center for Substance Abuse Treatment, 2002

# Who Develops the Treatment Plan?

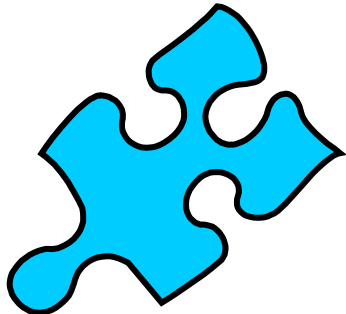
- Client partners with treatment providers (ideally a multi-disciplinary team including Probation Officer or other Department of Corrections personnel ) to identify and agree on treatment goals and identify the strategies for achieving them





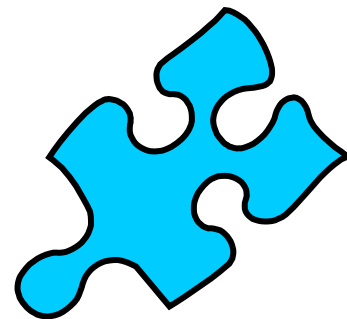
# When is the Treatment Plan Developed?

- At the time of admission
- And continually updated and revised throughout treatment



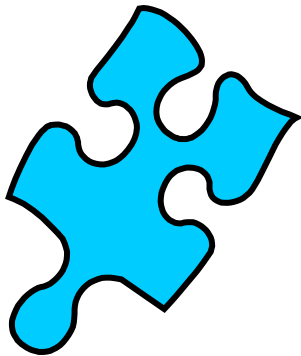
# How Does Assessment Guide Treatment Planning?

- The assessment identifies client Risk, Needs and Responsivity issues.
- The assessment guides delivery of services that will lower the client's risk of reincarceration and increase successful community reentry.



# How Does Assessment Guide Treatment Planning?

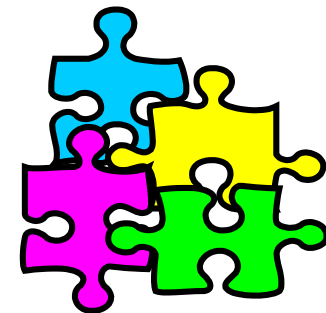
- Treatment goals address those problems identified by the assessment
- Then, the treatment plan guides the delivery of services needed



# Examples of Criminogenic Risk Assessment instruments are the LSI-R, ORAS and PCRA

These are:

- Reliable and valid instruments, widely used both nationally and internationally
- Conducted in a semi-structured interview format
- Able to be effectively integrated into clinical care

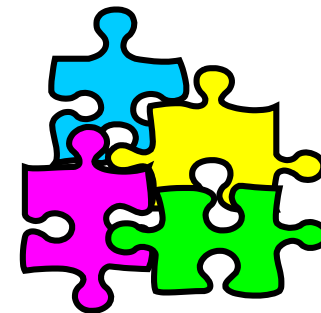


# What is in Criminogenic Risk assessment?

## Federal Post Conviction Risk Assessment: PCRA

- Domains assessed:

1. Criminal History
2. Education/ Employment
3. Substance Abuse
4. Social Networks
5. Cognitions
6. Housing, Finances, Recreation
7. Responsivity Factors
8. General Criminal Thinking: Proactive, Reactive
9. Criminal Thinking Styles

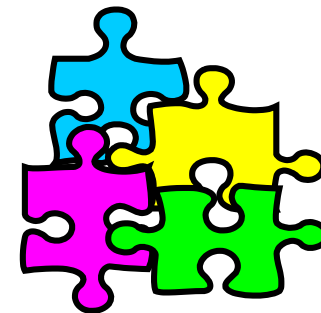


# What is in Criminogenic Risk assessment?

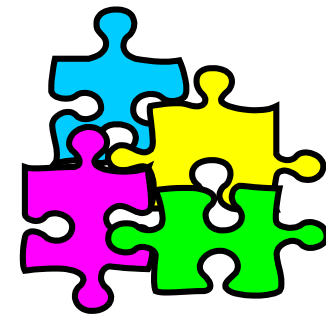
LSI-R: Level of Service Inventory Revised

- Domains Assessed:

1. Criminal History
2. Education/Employment
3. Financial
4. Family/Marital
5. Accommodation
6. Leisure/Recreation
7. Companions
8. Alcohol/Drug Problems
9. Emotional/Personal
10. Attitude/Orientation

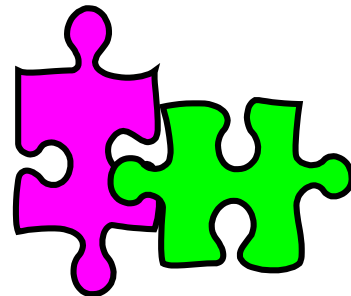


# What Other Areas Should Be Covered In An Assessment?



## 2.2 Clinical Application: Why use an assessment?

- Prompts counselor to focus session on important problems, goals, and objectives
- Basis for length of care/length of supervision reviews and documentation
- Basis for discharge plan

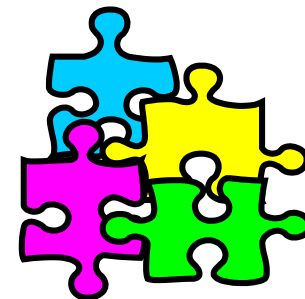




## 2.3 Clinical Application: Why use an assessment?

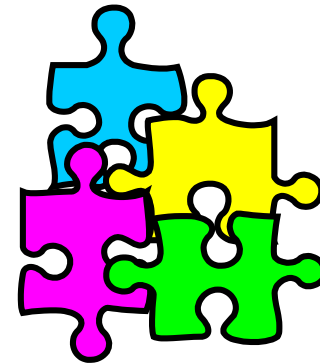
### NIDA Principle 3

- To be effective, treatment must address individual's drug use and any associated medical, psychological, social, vocational, and legal problems



## 2.4 Clinical Application: Clinical use of assessment improves rapport

“...If patients’ problems are accurately assessed, they may feel ‘heard’ by their counselor potentially leading to the development of rapport and even a stronger helping alliance.”



Barber et al., 1999, 2001; Luborsky et al., 1986, 1996

## 2.5 Clinical Application: Using assessment to match services to client problems improves retention

“ . . . Patients whose problems are identified at admission; and then receive services that are matched to those problems, stay in treatment longer.”

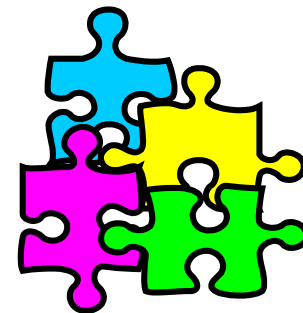


Carise et al., 2004; Hser et al., 1999; Kosten et al., 1987; McLellan et al., 1999

# 3.1 Evaluation Uses

## For Program Directors

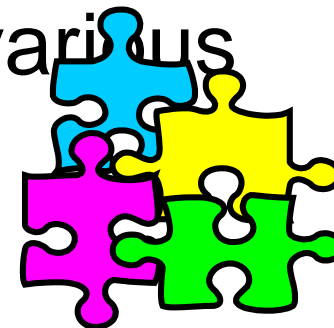
- Identifies types of client problems not addressed through in-house services
- Quantifies client problems
- Identifies trends over time



# 3.2 Evaluation Uses

## For Program Directors

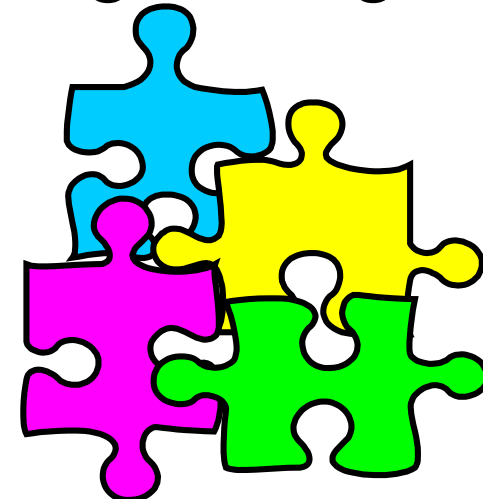
- Assists with level of care choices
- Provides quantifiable measure of program success
- Documents unmet client service needs
- Includes data needed for reports to various stakeholders



# 3.3 Evaluation Uses

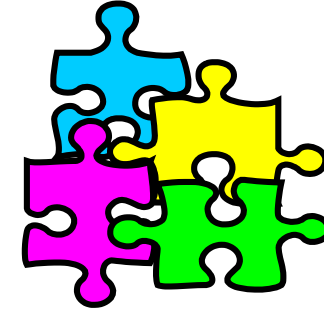
## For Program Directors

- Validated instruments, like the LSI-R, PCRA or ORAS position programs for increased funding through criminal justice agency contracting



## 3.4 Evaluation Uses

### For Clinical Supervisors



- Assessment data can be used to:
  - Match clients to counselor strengths
  - Match clients to program interventions
  - Identify trends in client problems

# Other Organizational Considerations

1. Information **requirements** of funding entities/managed care?
2. Is there **duplication** of information collected?
3. Is **technology** used effectively?
4. Is **paperwork useful** in treatment planning process?





# Field of Substance Abuse Treatment: Early Work

## Program-Driven Plans

“One size fits all”



# Program-Driven Plans

- Client needs are not important as the client is “fit” into the standard treatment program regimen
- Plan often includes only standard program components (e.g., group, individual sessions)
- Little difference among clients’ treatment plans



# Program-Driven Plans

Client will . . .

1. “Attend 3 AA meetings a wk”
2. “Complete Steps 1, 2, & 3”
3. “Attend group sessions 3x/wk”
4. “Meet with counselor 1x/wk”
5. “Complete 28-day program

***“Still don’t fit right”***



# Program-Driven Plans

- Often include only those services immediately available in agency
- Often do not include referrals to community services (e.g., parenting classes)

***“ONLY baggy jeans?”***



# Treatment Planning: A Paradigm Shift

## Individualized Treatment Plans



–Many colors/styles available

–Custom style & fit



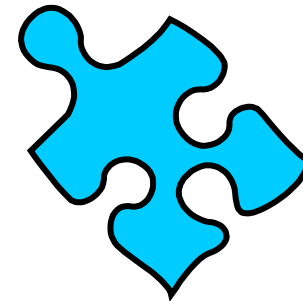
# Individualized Plan



“Sized” to match client problems and needs

# To Individualize a Plan, What Information is Needed?

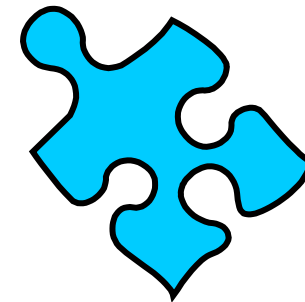
1. What does a counselor need to discuss with a client before developing a treatment plan?
2. Where do you get the information, guidelines, tools used, etc.?



# To Individualize a Plan, What Information is Needed?

Possible sources of information might include:

- **Criminogenic Risk Assessment Reports**
- **Probation reports**
- **Screening results**
- **Assessment scales**
- **Collateral interviews**







Why are we seeing a shift toward the use of risk/needs assessment tools in the treatment of criminal justice involved populations and requirement for incorporating cognitive behavioral approaches into the treatment process?



# DOSAGE PROBATION: X

Rethinking the Structure  
of Probation Sentences

Center For Effective Public Policy

Prepared for the  
National Institute of Corrections  
January 2014

# Evidence-based decision making in public administration and Criminal Justice

The Risk principle

The Need principle

The Responsivity principle

## The Risk-Need-Responsivity (RNR) Model

The underlying principles of the RNR model are:

**Risk Principle: Match the intensity of individuals' treatment to their level of risk for reoffending.**

Research shows that prioritizing supervision resources for individuals at moderate or high criminogenic risk can lead to a significant reduction in recidivism among this group. Conversely, intensive supervision interventions alone for individuals who are at a low risk of recidivism will do little to actually change the individuals' likelihood of committing future criminal acts, and may even be harmful. High-intensity supervision for low-risk people is an ineffective use of resources to reduce reoffending. All persons with significant behavioral health needs should have access to comprehensive and effective services.

**Need Principle: Target criminogenic needs—those dynamic factors that contribute to the likelihood of reoffending.**

The need principle states that individuals have criminogenic and noncriminogenic needs and that treatment and case planning should prioritize the core criminogenic needs that can be changed through treatment, supervision, or other services and supports. Research indicates that the greater the number of criminogenic needs addressed through interventions, the greater impact the interventions will have on the likelihood of recidivism.

**Responsivity Principle: Address individuals' barriers to learning in the design of treatment interventions.**

The responsivity principle highlights the importance of reducing barriers to learning by addressing learning styles, reading abilities, cognitive impairments, and motivation when designing supervision and service strategies. Accordingly, the presence of a mental disorder may need to be addressed to accommodate individuals' level of processing so they can learn from service providers and comply with the conditions of their supervision or release.

*Excerpt from Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*

Table 2. "Central Eight" Risk Factors That Place a Person at Risk for Future Criminal Behavior

Risk Factor	Description
Antisocial Behavior	Early and continuing involvement in a number and variety of antisocial acts in a variety of settings
Antisocial Personality Pattern	Adventurous, pleasure-seeking, weak self-control, restlessly aggressive
Antisocial Cognition	Attitudes, values, beliefs, and rationalizations supportive of crime; displays of anger, resentment, and defiance; and negative attitudes toward the law and justice systems
Antisocial Associates	Close association with criminals and relative isolation from law-abiding individuals; positive and immediate reinforcement for criminal behavior
Family and/or Marital	Poor relationship quality with little mutual caring or respect; poor nurturance and caring for children; and few expectations that family members will avoid criminal behavior
School and/or Work	Poor interpersonal relationships within school or work setting; low levels of performance and satisfaction in school and/or work
Leisure and/or Recreation	Low levels of involvement and satisfaction in non-criminal leisure pursuits
Substance Abuse	Abuse of alcohol and/or other drugs (tobacco excluded)

Table adapted from Andrews, D. A., James Bonta, and Robert D. Hoge. (1990). Classification for effective rehabilitation: Rediscovering psychology, *Criminal Justice and Behavior*. 17(1): 19-52.

## ***Major Risk/Need Factors Associated with Committing Future Crimes***

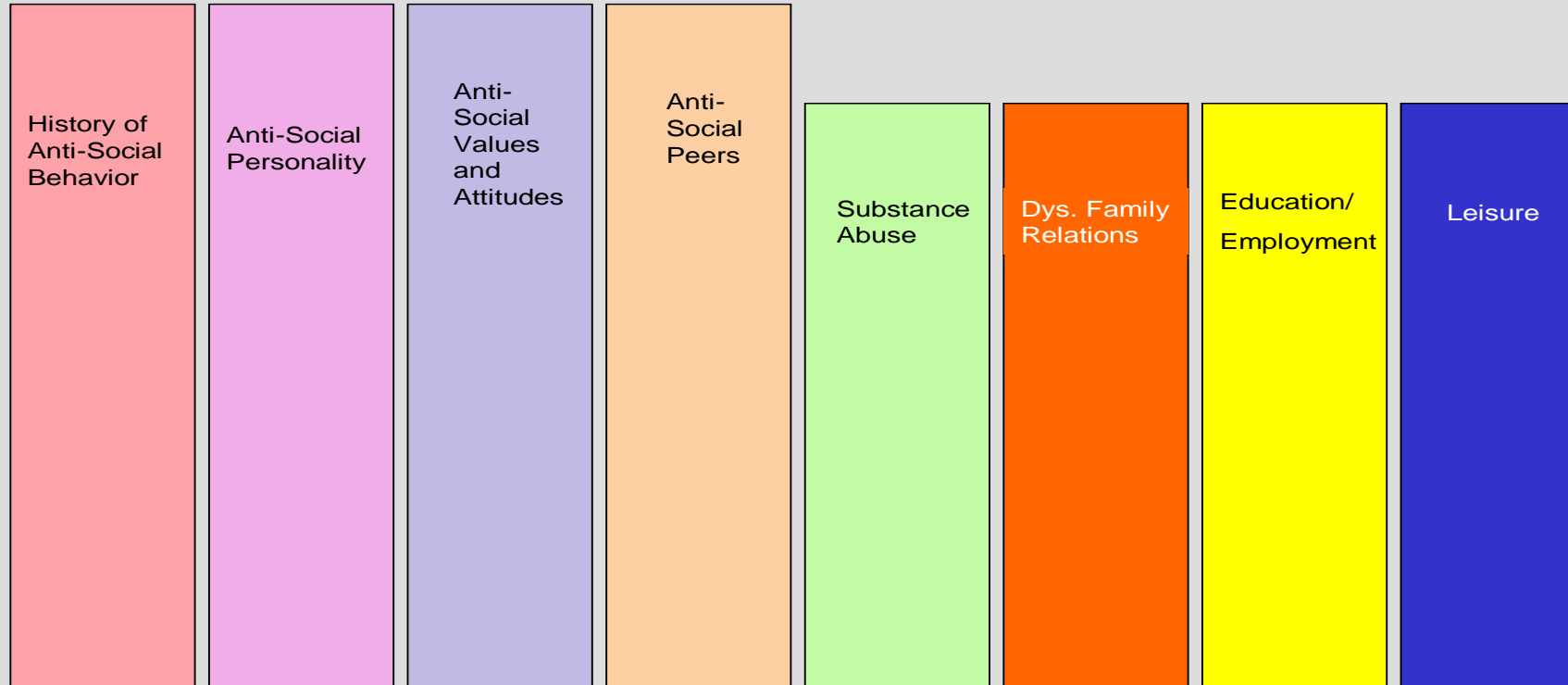
Researchers have identified the “central eight” risk factors (see Table 2, page 10) that place a person at risk for future criminal behavior and have found the first “big four” should be effectively addressed before a focus on the remaining factors will show positive outcomes.

Behavioral health care providers have historically assessed and provided services to address the bottom four risk factors. The top four—those involving antisocial attitudes and behaviors—have not typically been perceived as part of their mission. Understanding criminogenic risk, however, is an important part of identifying and responding to dangerousness and violence, so assessing individuals’ risk and needs is essential to creating safe service environments.

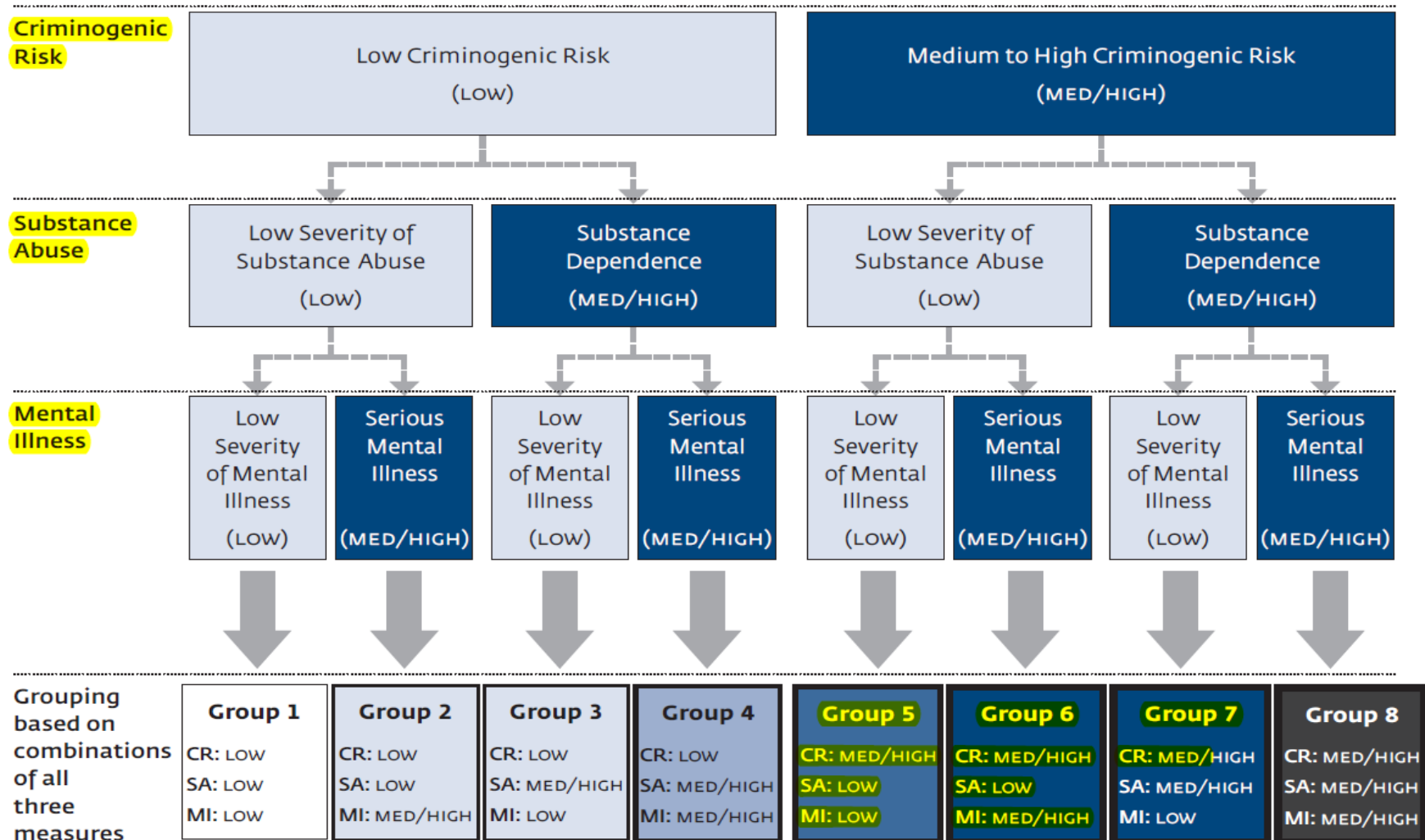
On the other hand, criminal justice staff have traditionally assessed for and provided services to address the top four risk factors, and are increasingly identifying the bottom four as treatment priorities.

The suggested citation for this resource is Blandford, Alex M. and Fred C. Osher. Guidelines for the Successful Transition of Individuals with Behavioral Health Disorders from Jail and Prison. Delmar, NY: SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation, 2013.

# “Big 8” Criminogenic Needs



**FIGURE 5. Criminogenic Risk and Behavioral Health Needs Framework\***





# Research Findings

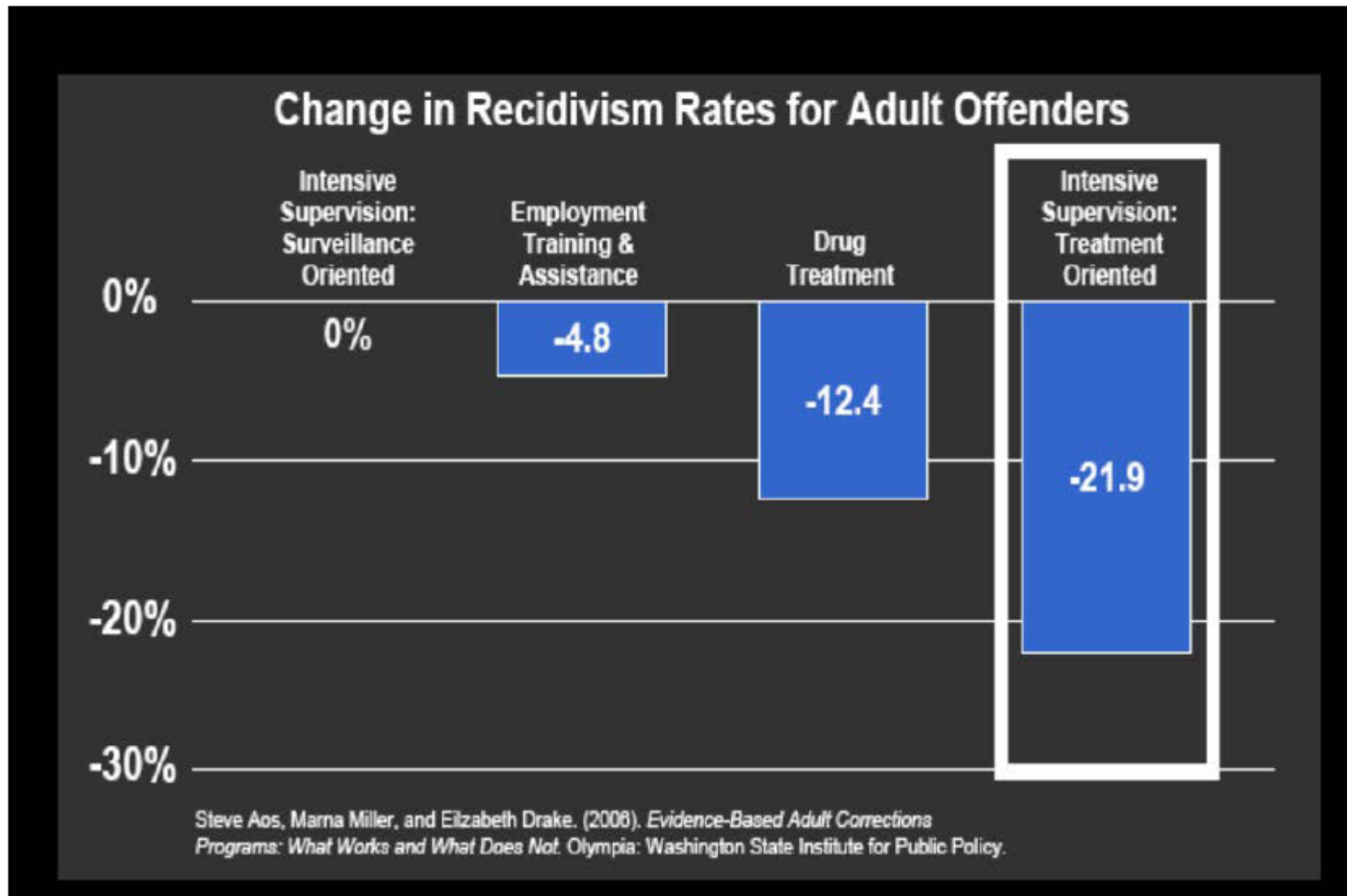
Supervision approaches that engage the offender in a collaborative change process and provides evidence-based treatment have been correlated with recidivism reduction.

(Taxman, 2006)

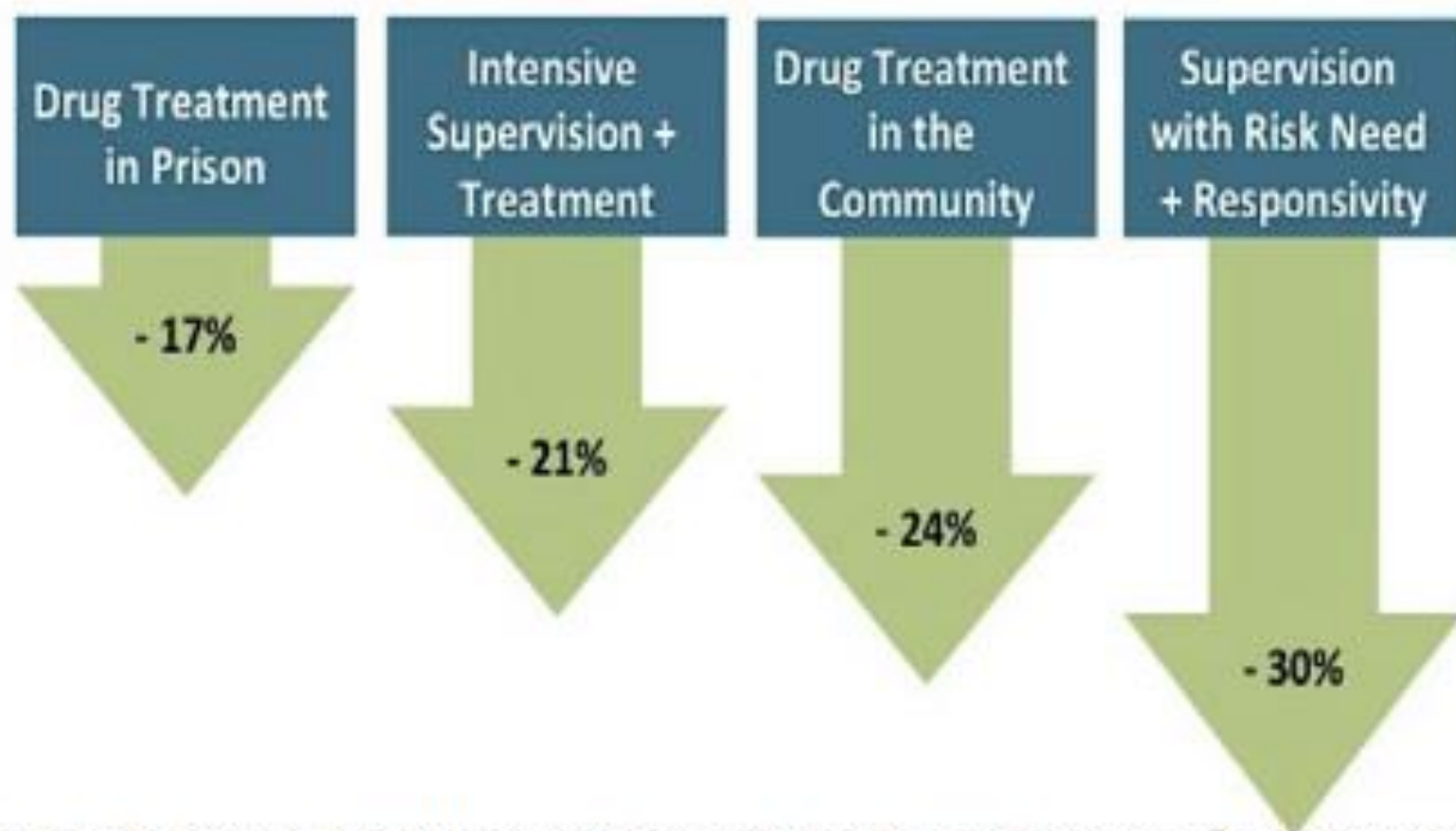
# Eight Core Practices

1. Assess Risk, Needs and Strengths
2. Build a Supervision Alliance
3. Enhance Motivation
4. Develop a Case Plan
5. Target Criminogenic Needs
6. Establish Behavioral Reinforcements
7. Focus on Behavior Change
8. Demonstrate Pro-Social Modeling and Develop Pro-Social Networks

# Integrated Treatment & Supervision Has Most Impact



## Treatment Impact on Recidivism Rates



Stephanie Lee, Steve Aos, Elizabeth Drake, Annie Pennucci, Marna Miller, Laurie Anderson, "Return on Investment: Evidence-Based Options to Improve Statewide Outcomes," (Olympia: Washington State Institute for Public Policy, April 2012); D.A. Andrews and James Bonta, "ColorPlot Profile Form for Men," The Level of Service Inventory - Revised: U.S. Norms, (North Tonawanda: Multi-Health Systems, Inc., 2003).

# The Basics

- Treatment Works!
- Yes...CBT, but...
- Aim for criminogenic targets!

**Risk**

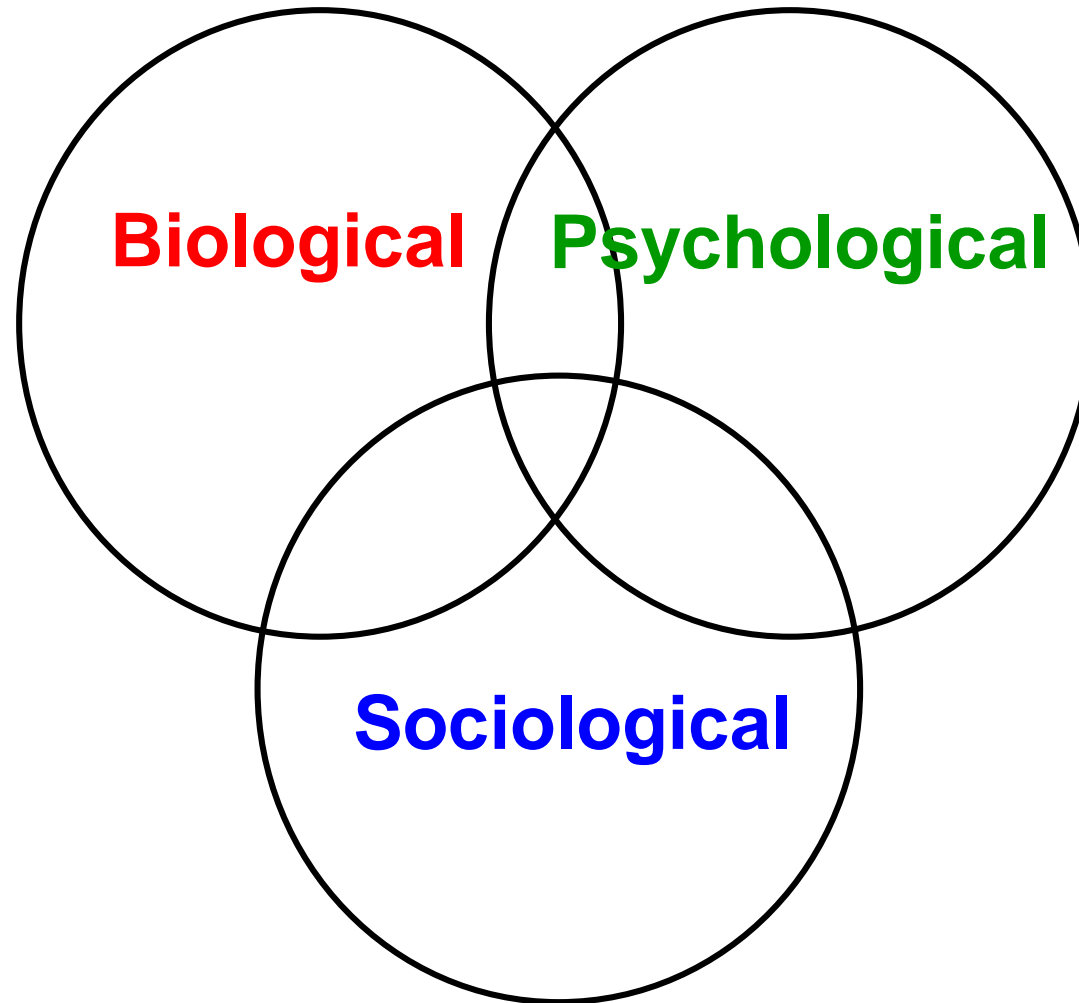
**Need**

**Responsivity**

**Dosage**

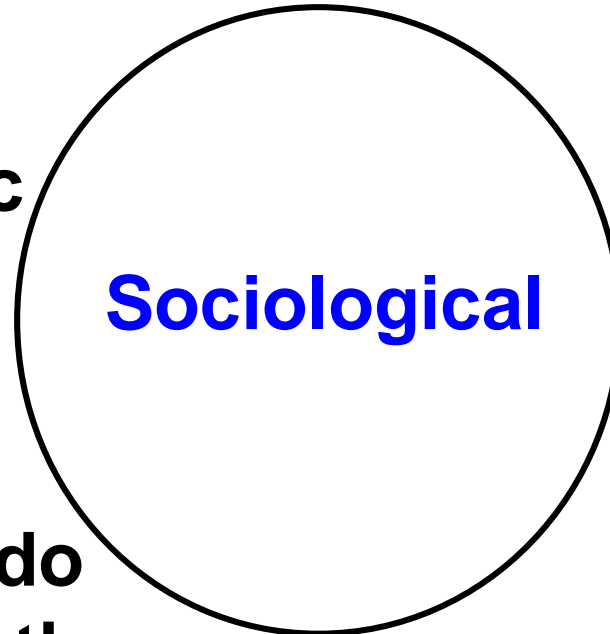
**Treatment**

# Biopsychosocial Model...



# Biopsychosocial Model Example...

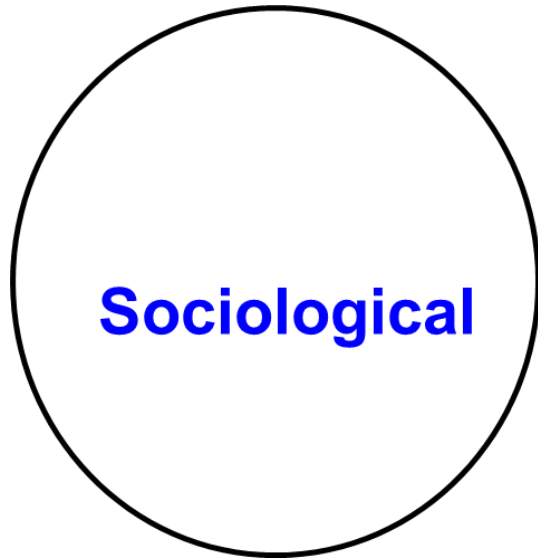
**Does the client  
have a car? Can  
they access public  
transportation?**



**How available  
are drugs or  
alcohol in the  
home?**

**How close do  
they live to the  
treatment  
center?**

# Biopsychosocial Model Example...



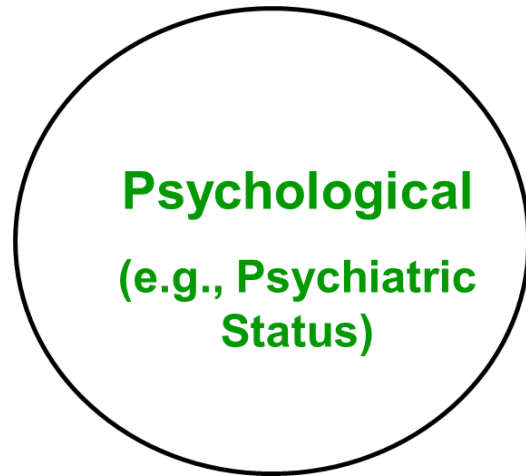
LSI-R: Level of Service Inventory Revised

Domains Assessed:

1. Criminal History
2. Education/Employment
3. Financial
4. Family/Marital
5. Accommodation
6. Leisure/Recreation
7. Companions



# Biopsychosocial Model Example...

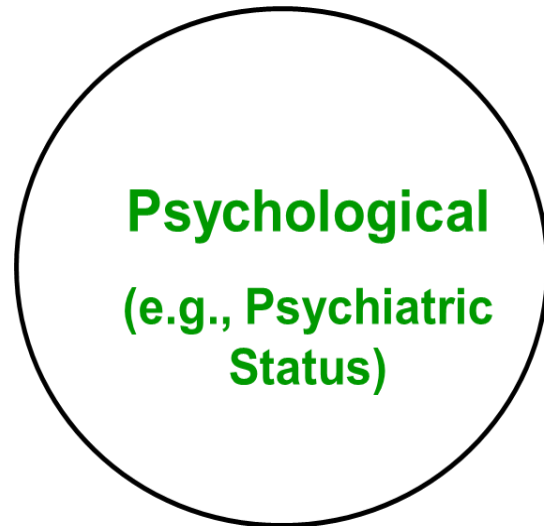


LSI-R: Level of Service Inventory Revised

Domains Assessed:

8. Emotional/Personal
9. Attitude/Orientation

# Assessment Problem Domains and the Biopsychosocial Model-Risk Increasing Cognitions



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Cleveland, OH 44113  
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Fax: 216-502-2242  
E-mail: [info@RDAPLawConsultants.com](mailto:info@RDAPLawConsultants.com)

## Criminal Thinking Patterns

- 1) **IRRESPONSIBILITY:** Failing to meet obligations to family, friends, employer, or community.
- 2) **SELF-INDULGENCE:** Thinking of oneself/no regard for consequences.
- 3) **INTERPERSONAL INTRUSIVENESS:** Intruding/violating other's rights.
- 4) **SOCIAL RULE BREAKING:** Transgressing rules of home, workplace and /or society.
- 5) **MANIPULATION:** Influence/control over personal gain or advantage.
- 6) **GRANDIOSITY:** Criminal pride. Being proud of the fruits of your crime. Exaggerating the extent of your criminality. "I sold 50 keys, had money, cars, jewelry"

# Assessment Problem Domains and the Biopsychosocial Model-Risk Increasing Cognitions



## Criminal Thinking Errors

- 1) **Cutoff** – With practice, the lifestyle criminal eliminates normal feelings which deter criminal action through a simple phrase (“fuck-it”, “just chill”), image, or musical theme. In some cases the offender will use drugs or alcohol to cutoff fear, anxiety, guilt, or other common deterrents to criminal activity.
- 2) **Cognitive Indolence** (Mental Laziness) – As lazy in thought as in behavior, lifestyle criminals take short-cuts which inevitably lead to failure, low self evaluation, and poor critical reasoning skills.
- 3) **Power Orientation** – Choosing power and external control over self-discipline and internal control, lifestyle criminals attempt to exert power and control over others. Consequently, they feel weak and helpless (zero state) when not in control of a situation. They attempt to alleviate this feeling by manipulating, intimidating, or physically assaulting others (power thrust).
- 4) **Discontinuity** – Lifestyle criminals have difficulty maintaining focus over time because of being easily influenced by events and situations occurring around them. As a result, they have difficulty following through on initially good intentions.

# Assessment Problem Domains and the Biopsychosocial Model-Risk Increasing Cognitions

## Criminal Thinking Errors



- 5) **Mollification** – Lifestyle criminals seek to play down the seriousness of past criminal conduct and current interpersonal conflicts by blaming problems on external circumstances, making excuses for their behavior, pointing out unfairness in the world, or de-valuing their victims.
- 6) **Entitlement** – The lifestyle criminal believes that he is entitled to violate the laws of society and the rights of others by way of an expressed attitude of ownership (“it’s mine”), privilege (“I’m above the law”), or by labeling wants as needs (“I needed a new car, expensive clothing, a trip to Las Vegas, etc.”).
- 7) **Sentimentality** – Like most people, the lifestyle criminal has an interest in being viewed as a “nice guy”. However, this creates a serious dilemma, given the level of interpersonally intrusive activity they have engaged in. Consequently, they may perform various “good deeds” with the intent of cultivating a “Heck-of-a-guy” or “Robin Hood” image.
- 8) **Super-Optimism** – Experience has taught lifestyle criminals that they get away with most of their crimes. This leads to a growing sense of overconfidence in which they believe they are invulnerable, indomitable, and unbeatable. Ironically, this belief leads to their eventual downfall.

**Subject: Jan**  
**Scoring for LSI-R**

**DOB: 11/23/1963**  
**(DOB: 11/23/1963):**

Score Description	Value	Score Bar / Threshold / Comment
<b>LSI-R Total Score</b>	<b>25</b>	Below 24 threshold Moderate-High Risk/Needs:
<b>LSI-R Risk Group</b>	<b>9</b>	Female offenders who score in this range have, on average, a 57% probability of recidivism.
LSI Percent of Total	38	#####
LSI-R Criminal History Need Percent	20	####
LSI-R Education/Employment Need Percent	50	#####
LSI-R Financial Need Percent	50	#####
LSI-R Family/Marital Need Percent	75	#####
LSI-R Accomodation Need Percent	0	
LSI-R Leisure Need Percent	100	#####
LSI-R Companion Need Percent	60	#####
LSI-R Alcohol/Drug Need Percent	90	#####
LSI-R Emotional/Personal Need Percent	20	####
LSI-R Attitude/Orientation Need Percent	100	#####



# Federal Post Conviction Risk Assessment Example-Dan

**Offender Name:** r  
**Probation Officer:**  
**Date Administered:** 12/14/2010

**PACTS Number:**  
**District:** New Hampshire  
**Date Assessed:** 12/14/2010

[Print](#)

## Risk Category

Federal Risk Screening Instrument Score

### High

In this category, 73% of offenders have their supervision revoked and 40% are rearrested within the first case plan period. If appropriate risk factors are effectively addressed, these failure rates decline in subsequent case plan periods

## Dynamic Risk Factors

Federal Needs Screening Instrument Indications

- #1 Social Networks
- #2 Alcohol/Drugs
- #3 Education/Employment

## Offender Self-Report Results

Valid Profile Yes  
Exhibits General Criminal Thinking Moderate(60-69)  
Proactive None(<55)  
Reactive High(70+)  
Predominant Style Reactive  
Profile Differentiated Yes

## Elevated Offender Thinking Styles

Cutoff (Co) - Ignoring Responsible Action  
Discontinuity (Ds) - Getting Sidetracked  
Cognitive Indolence (Ci) - Lazy Thinking



# The Program-Driven Method

## Problem Statement

### “Alcohol Dependence”

- Not individualized
- Not a complete sentence
- Doesn't provide enough information
- A diagnosis is not a complete problem statement



# The Program-Driven Method

## Goal Statement

**“Will refrain from all substance use now and in the future”**

- Not specific for Jan or Dan
- Not helpful for treatment planning
- Cannot be accomplished by program discharge





# The Program-Driven Method

## Objective Statement

**“Will participate in outpatient program”**

- Again, not specific for Jan or Dan
- A level of care is not an objective



# The Program-Driven Method

## Intervention Statement

**“Will see a counselor once a week and attend group on Monday nights for 12 weeks”**



- This sounds specific but describes a program component



# Individualized Treatment Plans

- **Leads to increased retention rates which are shown to lead to improved outcomes**
- **Empowers the counselor and the client, and focuses counseling sessions**



# Why Make the Effort?

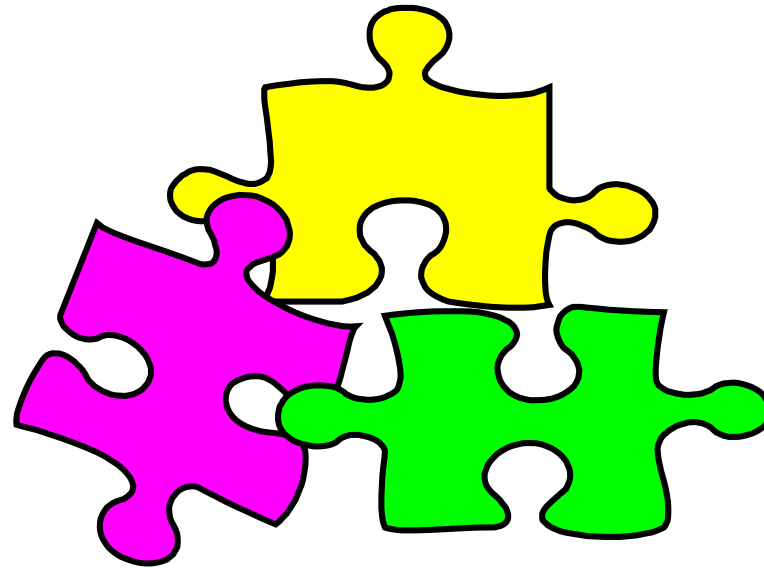
## Individualized Treatment Plans:

- Like a pair of jeans, this plan “fits” the client well
- Like measurements, the plan is used to “fit” the client’s services to his/her specific needs



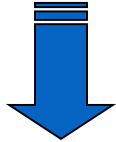
501's Size Guide	
To determine your size, please use the following as a guide:	
If you wear size	Order waist size
size 5 thru 7	... 27, 28 or 29 inch
size 9 thru 11	... 29, 30 or 31 inch
size 13	..... 32 inch

# What is included in any treatment plan?

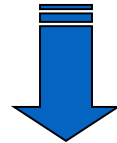


# What Components Are Found in a Treatment Plan?

**1. Problem Statements**



**2. Goal Statements**



**3. Objectives**

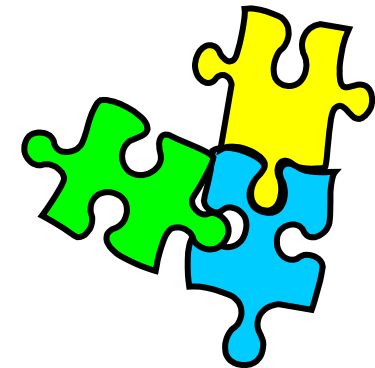


**4. Interventions**



# Treatment Plan Components

1. **Problem Statements** are based on information gathered during the assessment
2. **Goal Statements** are based on the problem statements and reasonably achievable in the active treatment phase



# Problem Statement Examples

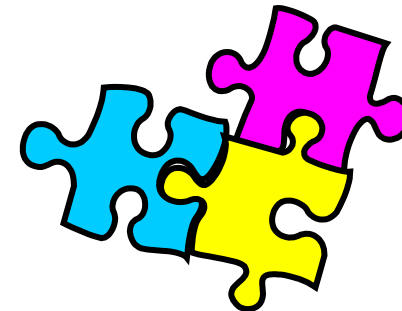
**Jan\* experiences criminal attitudes and orientation which increases her risk of relapse for criminal behavior and substance use as evidenced by her LSI-R scores.**

**•Dan\* experiences criminal thinking errors of cutoff, cognitive indolence and discontinuity that increase his risk of relapse for criminal behavior and substance use as evidenced by his PCRA results**

**•Van\* is experiencing increased tolerance for alcohol as evidenced by the need for more alcohol to become intoxicated or achieve the desired effect**

**•Meghan\* is currently pregnant and requires assistance obtaining prenatal care**

**•Tom's\* psychiatric problems compromise his concentration on recovery**

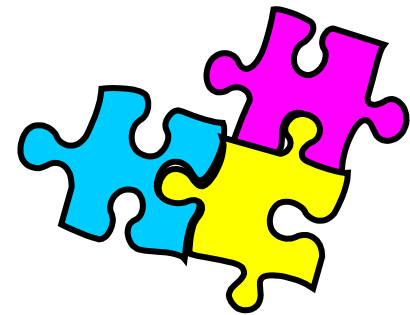


**\*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt**



# Goal Statement Examples

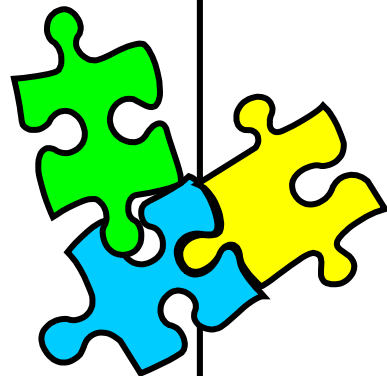
- **Jan will reduce her criminal orientation and attitudes reducing her risk for relapse and increasing her ability to function in the community.**
- **Dan will reduce his criminal thinking errors and increase his pro-social thoughts.**
- **Van\* will safely withdraw from alcohol, stabilize physically, and begin to establish a recovery program**
- **Meghan\* will obtain necessary prenatal care**
- **Reduce the impact of Tom's\* psychiatric problems on his recovery and relapse potential**



**\*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt**

# Treatment Plan Components

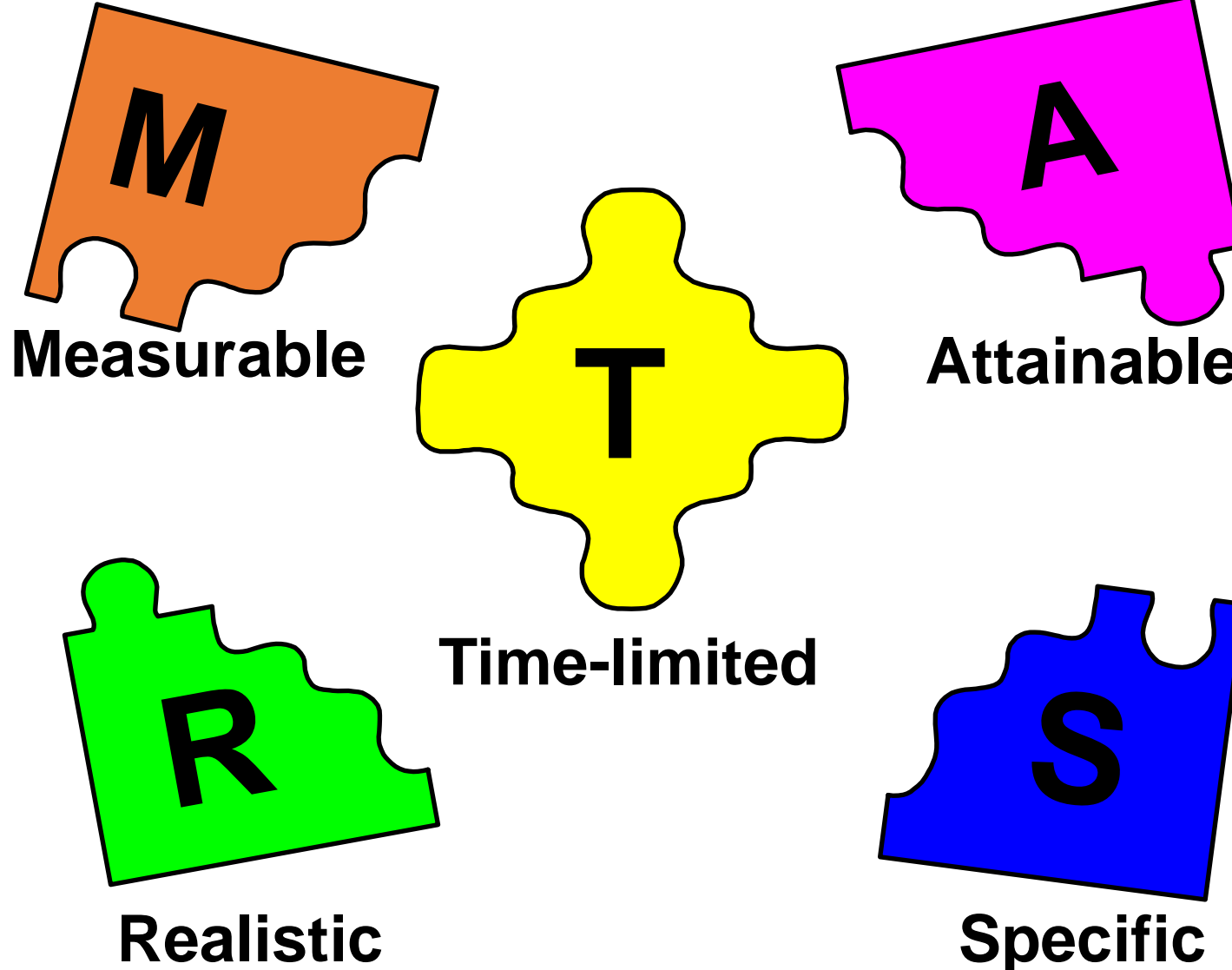
3. **Objectives** are what the client will do to meet those goals
4. **Interventions** are what the staff will do to assist the client



## Other common terms:

- Action Steps
- Measurable activities
- Treatment strategies
- Benchmarks
- Tasks

# How we write an objective or intervention statement M.A.T.R.S.



# Objectives & Interventions (It M.A.T.R.S.!)

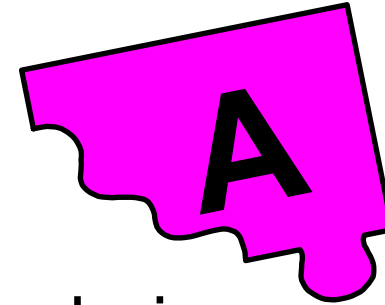


## Measurable

- Objectives and interventions are measurable
- Achievement is observable
- Measurable indicators of client progress
  - Assessment scales/scores
  - Client report
  - Behavioral and mental status changes

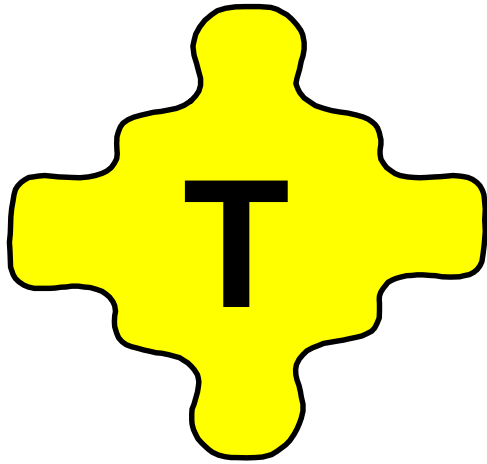
# Objectives & Interventions (It M.A.T.R.S.!) (It M.A.T.R.S.!)

## Attainable



- Objectives and interventions attainable during active treatment phase
- Focus on “improved functioning” rather than cure
- Identify goals attainable in level of care provided
- Revise goals when client moves from one level of care to another

# Objectives & Interventions (It M.A.T.R.S.!)



## **Time-limited**

- Focus on time-limited or short-term goals and objectives
- Objectives and interventions can be reviewed within a specific time period

# Objectives & Interventions (It M.A.T.R.S.!)

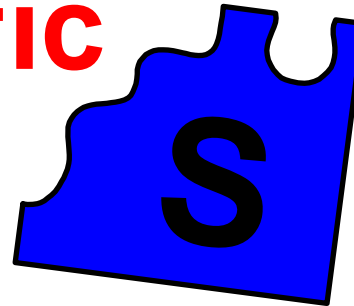


**Realistic**

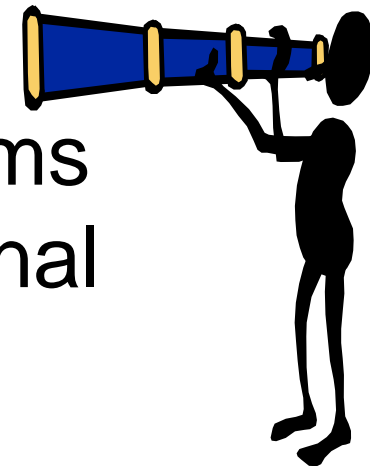
- Client can realistically complete objectives within specific time period
- Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning
- Progress requires client effort

# Objectives & Interventions (It M.A.T.R.S.!)

**Specific**



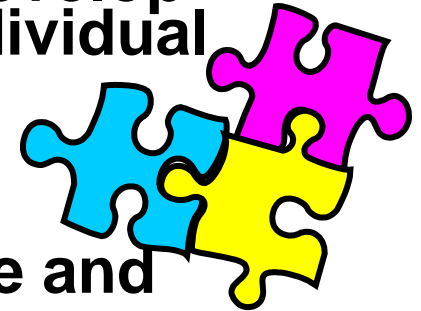
- Objectives and interventions are specific and goal-focused
- Address in specific behavioral terms how level of functioning or functional impairments will improve





# Examples of Objectives: What's missing?

- **Jan will complete the Thinking for a Change criminogenic risk reduction curriculum and be able to demonstrate her pro-social skills(i.e.- responding to anger *lesson 14*) during individual sessions.**
- **Dan will be able to identify at least 3 incidents of criminal thinking errors of cutoff, cognitive indolence and discontinuity and develop pro-social thought replacements for each incident during individual counseling sessions.**
- **Van will report acute withdrawal symptoms**
- **Van will begin activities that involve a substance-free lifestyle and support his recovery goals**
- **Meghan will visit an OB/GYN physician or nurse for prenatal care**
- **Tom will list 3 times when psychological symptoms increased the likelihood of relapse**



# Intervention Examples: What's missing?

- **Jan's individual counselor will enroll her in the Thinking for a Change criminogenic risk reduction curriculum group.**
- **The group facilitator will deliver the Thinking for a Change curriculum with fidelity to Jan.**
- **Dan's individual counselor will provide criminal thinking error education during individual sessions.**
- **Dan's individual counselor will provide CBI thought replacement exercise education and skill-building exercises during individual sessions.**
- **Staff medical personnel will evaluate Van's need for medical monitoring or medications**
- **Staff will call a medical service provider or clinic with Meghan to make an appointment for necessary medical services**
- **Staff will review Tom's list of 3 times when symptoms increased the likelihood of relapse and discuss effective ways of dealing with those feelings**



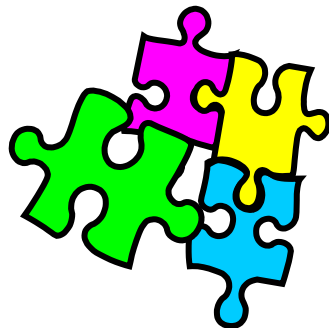
**1. Problem Statements** (information from assessment)



**2. Goal Statements** (based on Problem Statement)



**3. Objectives** (what the client will do)



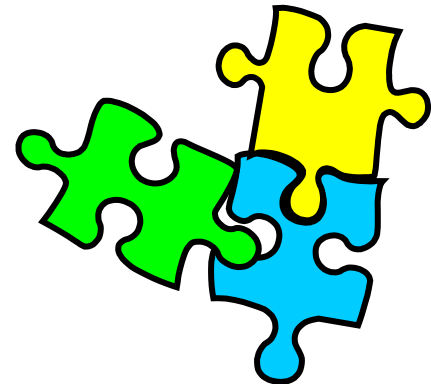
**4. Interventions** (what the staff will do)

# Review: Components in a Treatment Plan

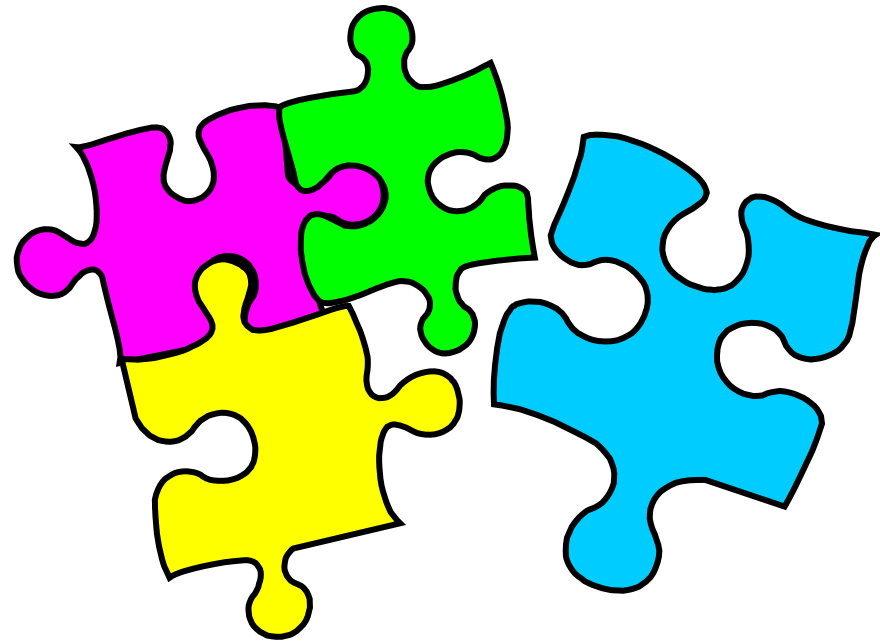
## Treatment Plan Components

5. Client Strengths\* are reflected

6. Participants in Planning\* are documented



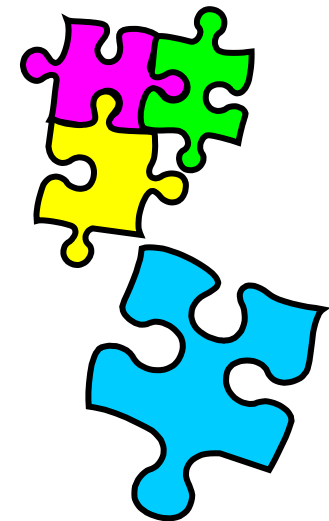
# Narrative and Master Problem List



# Master Problem List

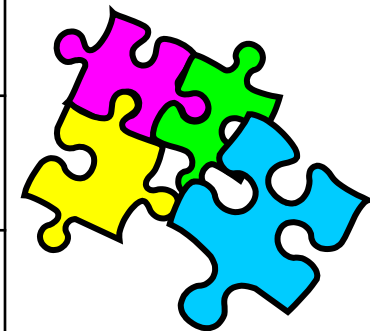
(Module 2, Handout 1 LSI-R Jan)

- Review LSI-R report
- Focus on problems identified in the:
  - **Attitude/Orientation** domain
  - **Leisure Need** domain
  - **alcohol/drug** domain



# Master Problem List

Date Identified	Domain	Problem	Status	Date Resolved
	Attitudes/ Orientation	Jan displays behavior reflecting her attitudes, values, beliefs and thinking are predominately procriminal and antisocial.		
	Attitudes/ Orientation	Jan displays behavior that is unfavorable toward convention. She displays lifestyle behaviors predicated on sensation-seeking, getting over, and a general acceptance of criminal orientation that is associated with poor informal social controls.		
	Leisure/ Recreation	Jan has a lack of pro-social community ties and has poor time management skills.		
	Alcohol/ Drug	Jan displayed a use pattern and symptom profile during her last 12 months in the community that meets the diagnostic criteria for a Alcohol use disorder, moderate and Marijuana use disorder, severe.		
		Jan has engaged in criminal behavior during her last 12 months in the community in order to obtain alcohol and marijuana.		
		Jan's marital and family relationships have been adversely effected by her alcohol and marijuana use during her last 12 months in the community.		



**Sample Handout**

**Master Problem List**

# Considerations in Writing...

- All problems identified are included regardless of available agency services
- Include all problems whether deferred or addressed immediately
- Each domain should be reviewed
- A referral to outside resources is a valid approach to addressing a problem

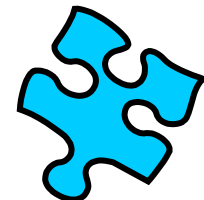




# Tips on Writing Problem Statements

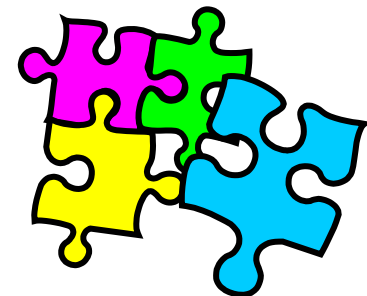
- Non-judgmental
- No jargon statements
  - Client is in denial.
  - Client is co-dependent.
- Use complete sentence structure

**Problem Statements**



# Changing Language

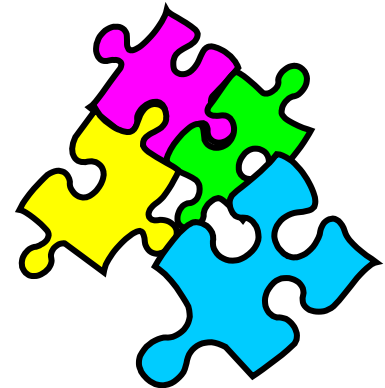
- 1. Client has low self-esteem.**
- 2. Client is in denial.**
- 3. Client is alcohol dependent.**



**Problem Statements**

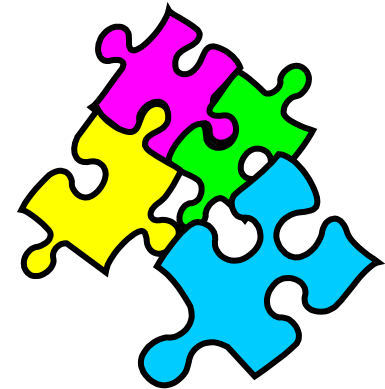
# Changing Language

4. **Client is promiscuous.**
5. **Client is resistant to treatment.**
6. **Client is on probation because he is a bad alcoholic.**



# Changing Language: Pick Two

- Think about how you might change the language for 2 of the preceding problem statements
- Rewrite those statements using non-judgmental and jargon-free language



**Problem Statements**

# Changing Language - Examples

## 1. Client has low self-esteem.

- Client averages 10 negative self-statements daily

## 2. Client is in denial.

- Client reports two DWIs in past year but states that alcohol use is not a problem

## 3. Alcohol Dependent.

- Client experiences tolerance, withdrawal, loss of control, and negative life consequences due to alcohol use

**Problem Statements**



# Changing Language - Examples

## 4. Client is promiscuous

- Client participates in unprotected sex four times a week

## 5. Client is resistant to treatment.

- In past 12 months, client has dropped out of 3 treatment programs prior to completion

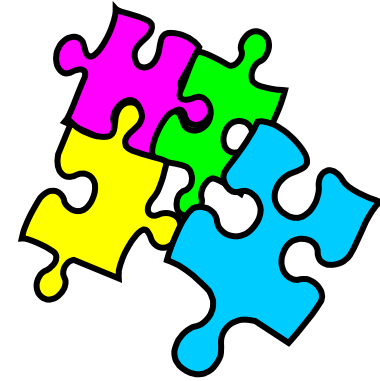
## 6. Client is on probation because he is a bad alcoholic.

- Client has legal consequences because of alcohol-related behavior



# Case Study Problem Statements

- Attitude/Orientation domain
- Leisure/Recreation domain
- Alcohol/drug domain



**Write 1 problem statement for each domain**

**Problem Statements**

# Treatment Plan Format

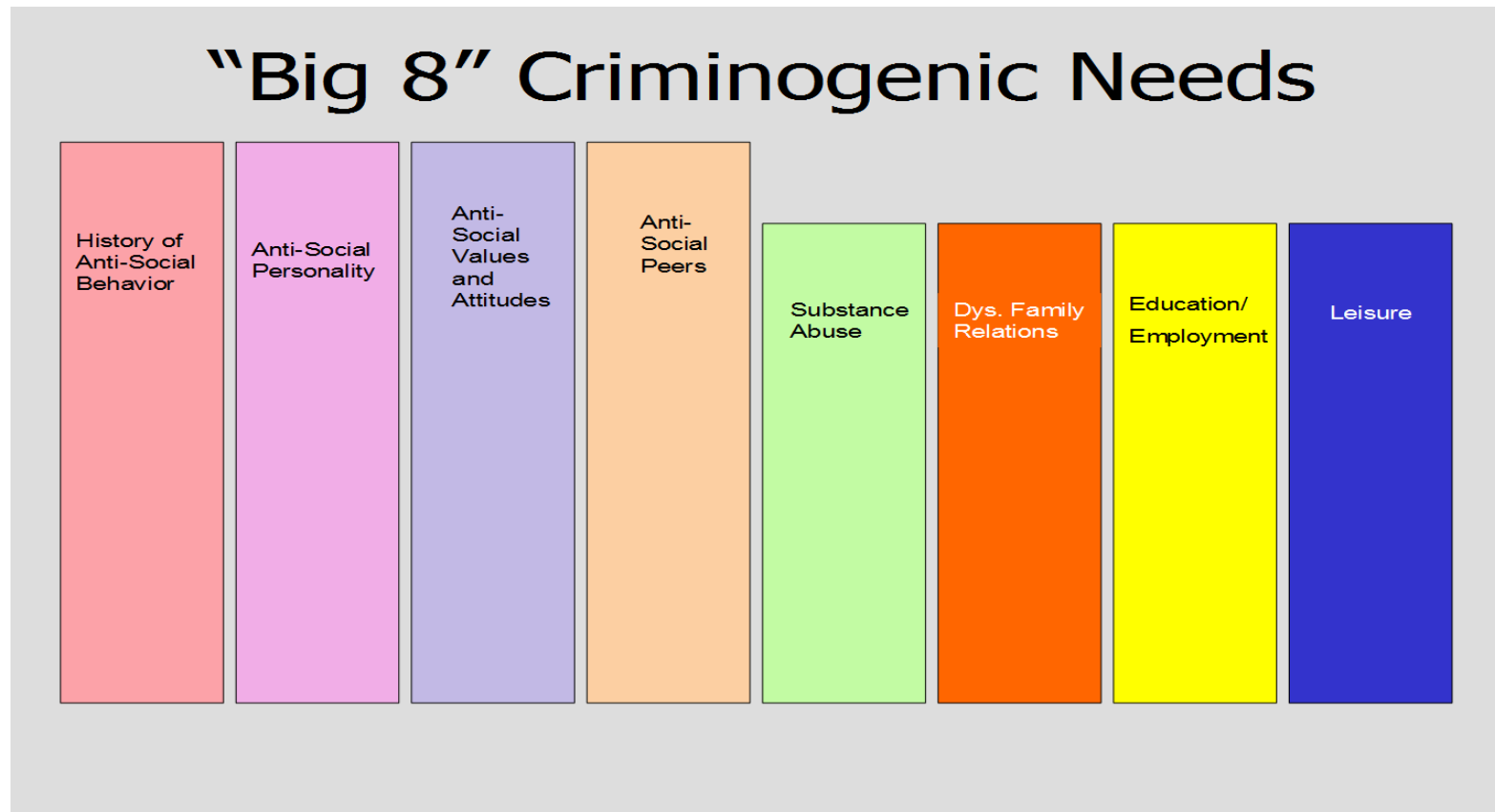
## Module 2 – Handouts 3, 4, & 5

The image displays three overlapping treatment plan templates, each titled 'ASI Treatment Plan Template (ASIDENS Format)'. The top-most template is for a 'Family Issues Plan', the middle one for a 'Medical Plan', and the bottom-most one for a 'Drug & Alcohol Plan'. Each form includes fields for 'Client Name' (John Smith) and 'Counselor Name' (Exercise Handout). The 'Family Issues Plan' and 'Medical Plan' forms have a 'Date' and 'Problem Statement' section. The 'Drug & Alcohol Plan' form includes a 'Goals' section, 'DIC Criteria' (with sub-sections for Objectives and Interventions), and a table for 'Interventions' with columns for 'Service Codes', 'Target Date', and 'Resolution Date'. The 'Family Issues Plan' also includes a table with columns for 'Service Codes', 'Target Date', and 'Resolution Date'.



# Now that we have the problems identified...

- How do we prioritize problems?



# Criminogenic Needs?

Table 2. "Central Eight" Risk Factors That Place a Person at Risk for Future Criminal Behavior

Risk Factor	Description
Antisocial Behavior	Early and continuing involvement in a number and variety of antisocial acts in a variety of settings
Antisocial Personality Pattern	Adventurous, pleasure-seeking, weak self-control, restlessly aggressive
Antisocial Cognition	Attitudes, values, beliefs, and rationalizations supportive of crime; displays of anger, resentment, and defiance; and negative attitudes toward the law and justice systems
Antisocial Associates	Close association with criminals and relative isolation from law-abiding individuals; positive and immediate reinforcement for criminal behavior
Family and/or Marital	Poor relationship quality with little mutual caring or respect; poor nurturance and caring for children; and few expectations that family members will avoid criminal behavior
School and/or Work	Poor interpersonal relationships within school or work setting; low levels of performance and satisfaction in school and/or work
Leisure and/or Recreation	Low levels of involvement and satisfaction in non-criminal leisure pursuits
Substance Abuse	Abuse of alcohol and/or other drugs (tobacco excluded)

Table adapted from Andrews, D. A., James Bonta, and Robert D. Hoge. (1990). Classification for effective rehabilitation: Rediscovering psychology, *Criminal Justice and Behavior*. 17(1): 19-52.

# Criminogenic Needs

1st { Antisocial Behavior  
Antisocial Personality Pattern  
Antisocial Cognition  
Antisocial Associates

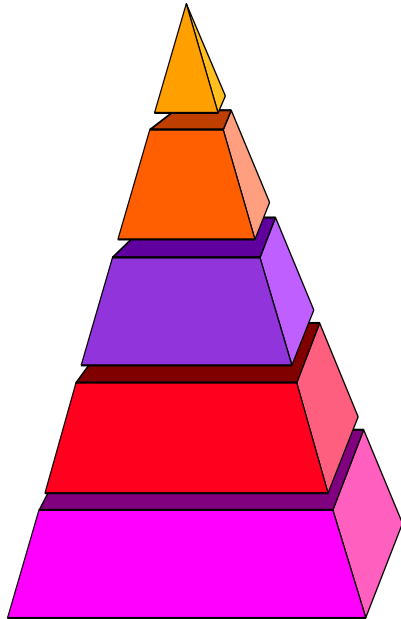
2nd { Substance Abuse  
Dysfunction Family Relations  
Education/Employment  
Leisure

# Criminogenic Needs

- Prioritization indicated by assessment instrument.
- Report identifies strength of relationship
- Report reports step-wise multiple regression analysis.

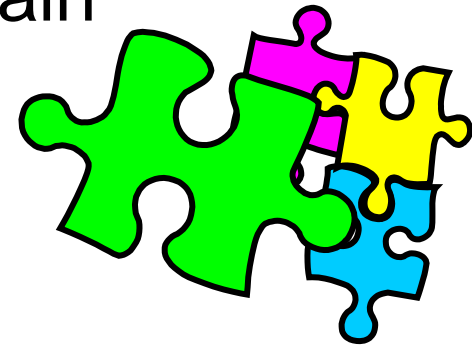
# Practice Prioritizing

- Pick 3 problem domains for Jan which appear most critical
- Which domain should be addressed 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and why?



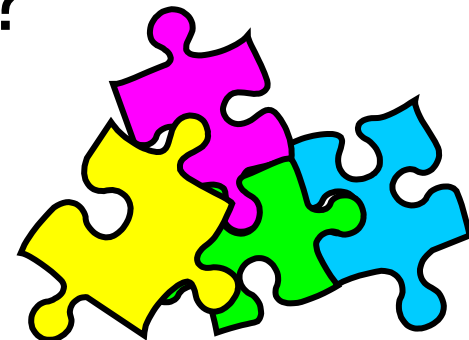
# Begin Writing Goal Statements

- Use Treatment Plan Handouts
  1. Attitude/Orientation domain
  2. Leisure/Recreation domain
  3. Alcohol/drug domain
- Write at least 1 goal statement for each domain
- Write in complete sentences



# Check-In Discussion

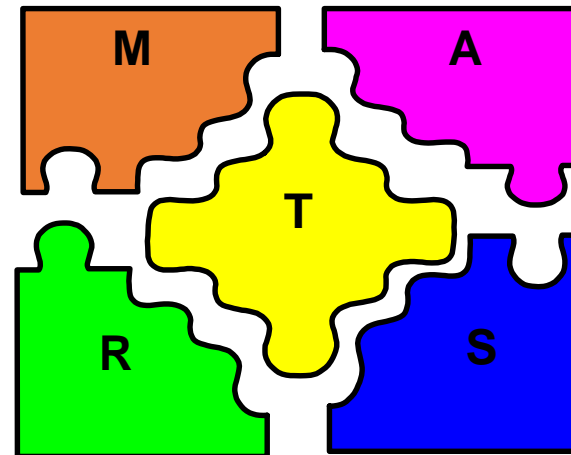
- Will the client understand the goal?
  - (i.e., No clinical jargon?)
- Clearly stated?
- Complete sentences?
- Attainable in active treatment phase?
- Is it agreeable to both client and staff?



# Clinical Example

## Problem Statement:

**Client reports 3 emergency room visits for physical injuries (bruised ribs, broken arm) in last 6 months due to physical arguments with live-in boyfriend**





# Clinical Example

## **Example Goal:**

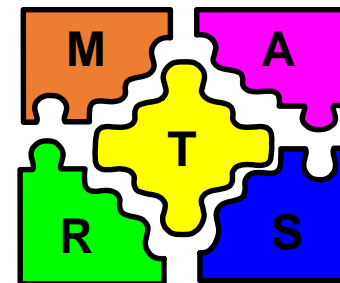
**Client will develop a safety plan and discuss it in group sessions**

## **Example Objective:**

**Client will attend 6 domestic violence awareness classes during the next 6 weeks**

## **Example Intervention:**

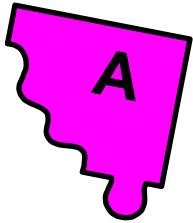
**Counselor will assist client in contacting the Committee to Aid Abused Women by a specified date**



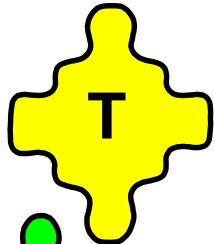
# Examples Pass the M.A.T.R.S. Test?



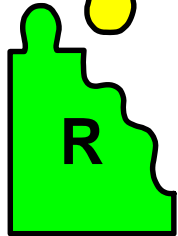
**Yes, counselor can evaluate how many classes client attended**



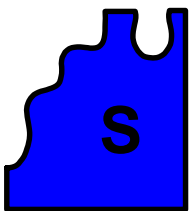
**Yes, client has transportation to attend classes**



**Yes, class runs for 6 weeks**



**Yes, client has ability to attend classes**



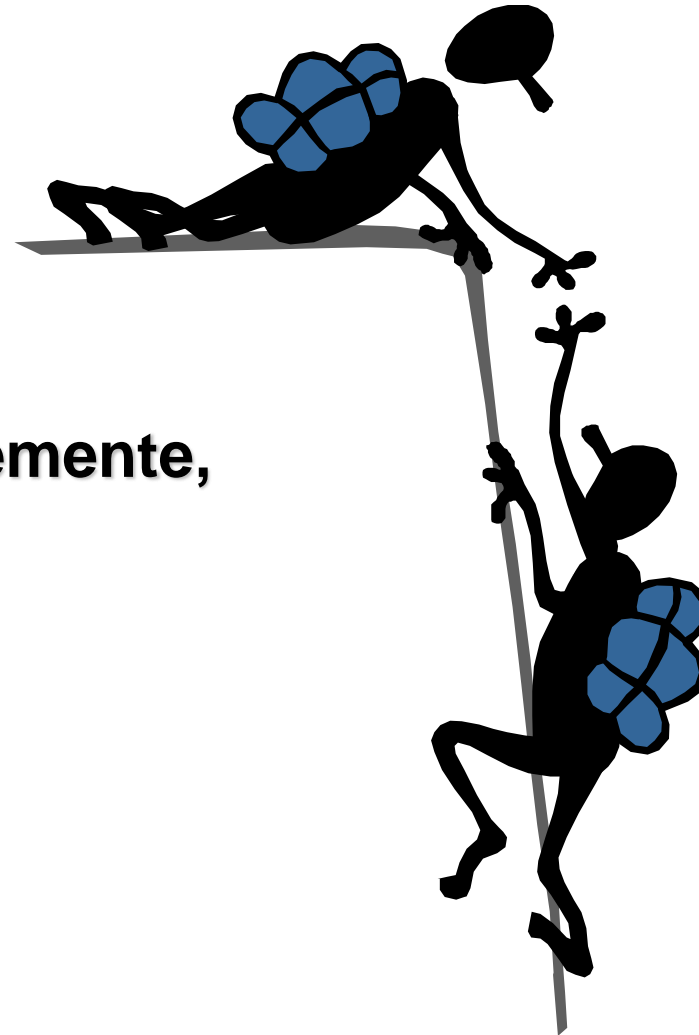
**Yes, examples include specific activities**

# Treatment Planning Process Review

1. Conduct assessment
2. Collect client data and information
3. Identify problems
4. Prioritize problems
5. Develop goals to address problems
6. Remember M.A.T.R.S.
  - Objectives to meet goals
  - Interventions to assist client in meeting goals

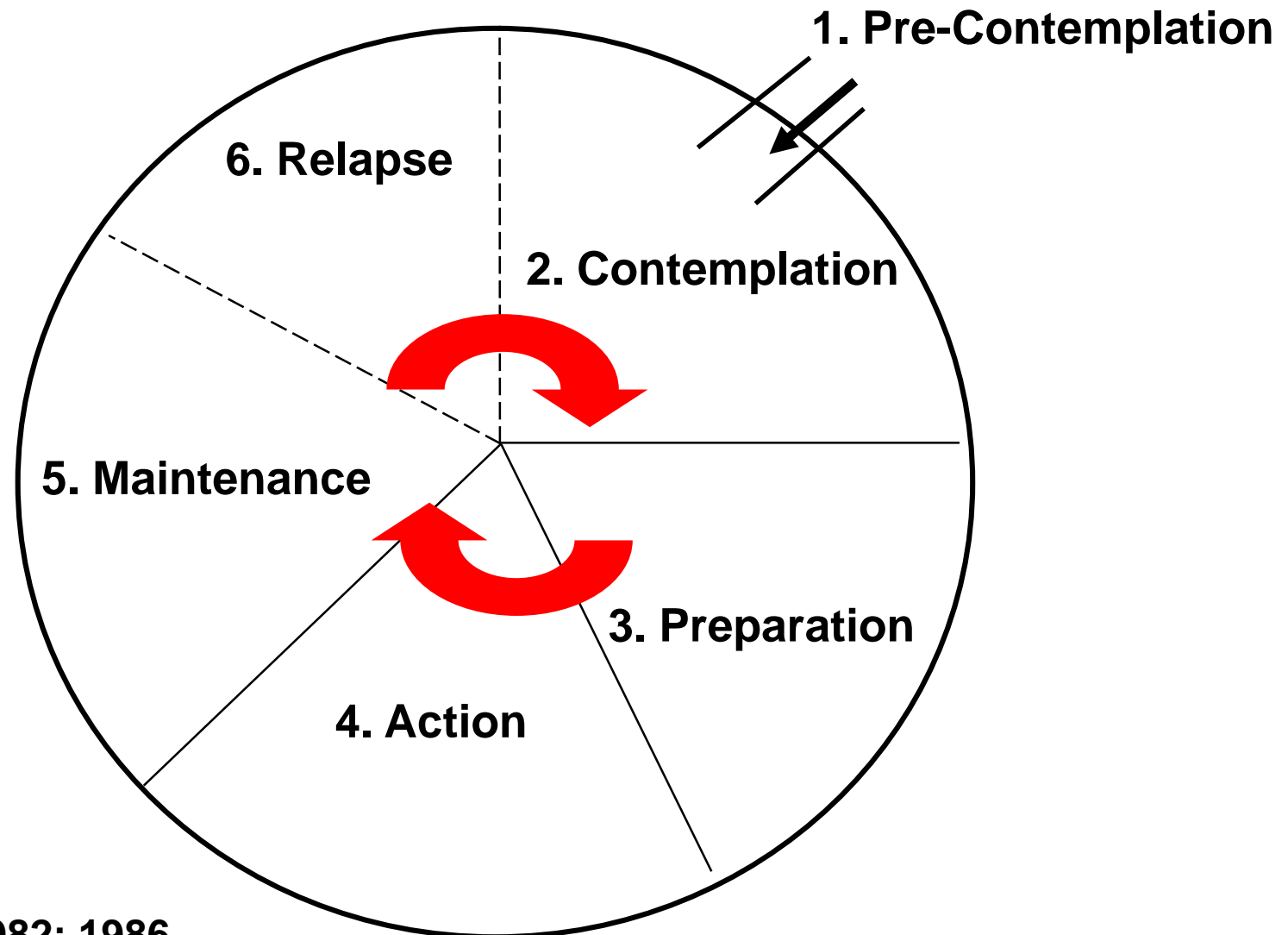


# The Stages of Change – Illustrated

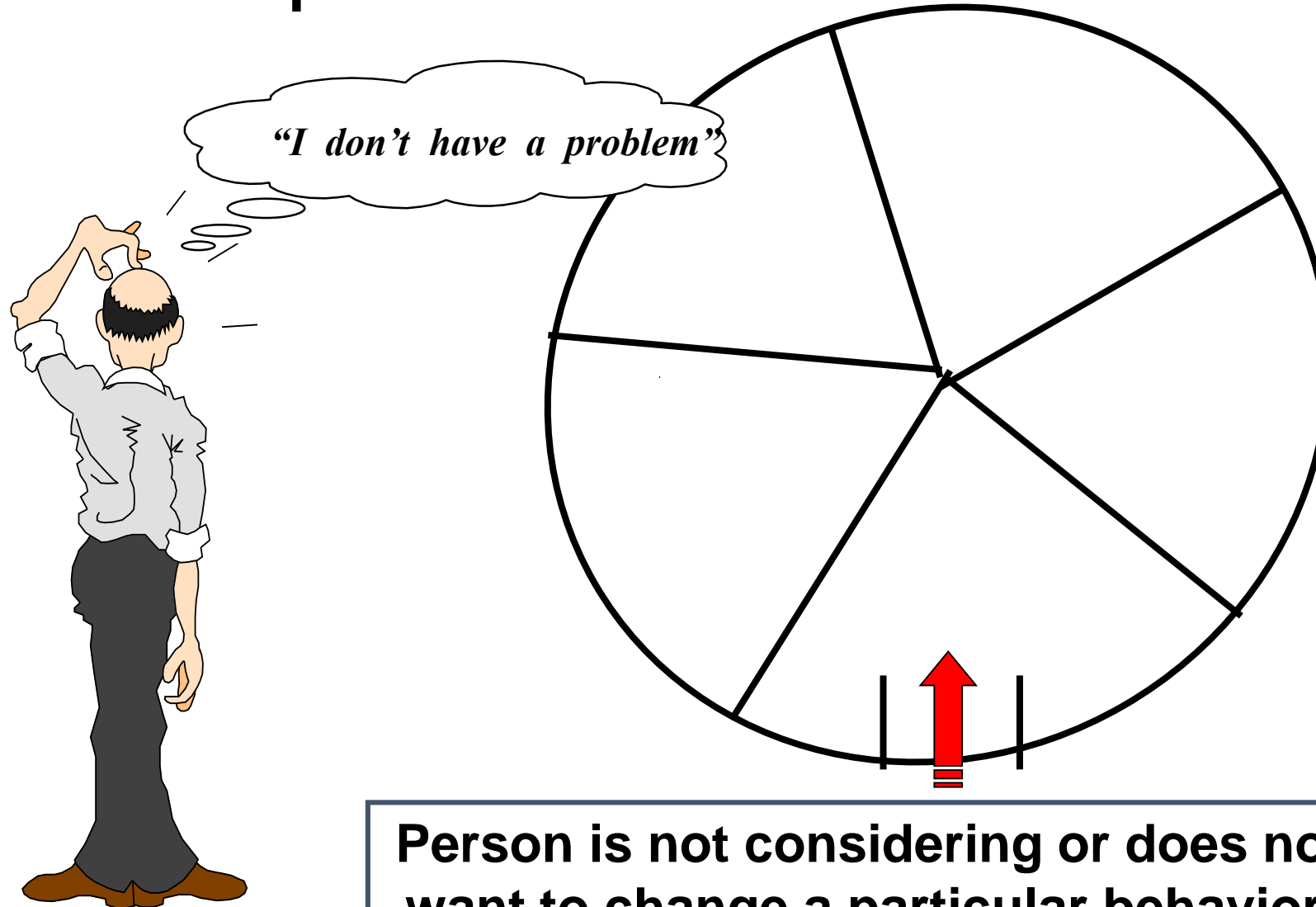


**Adapted from Prochaska & DiClemente,  
1982; 1986**

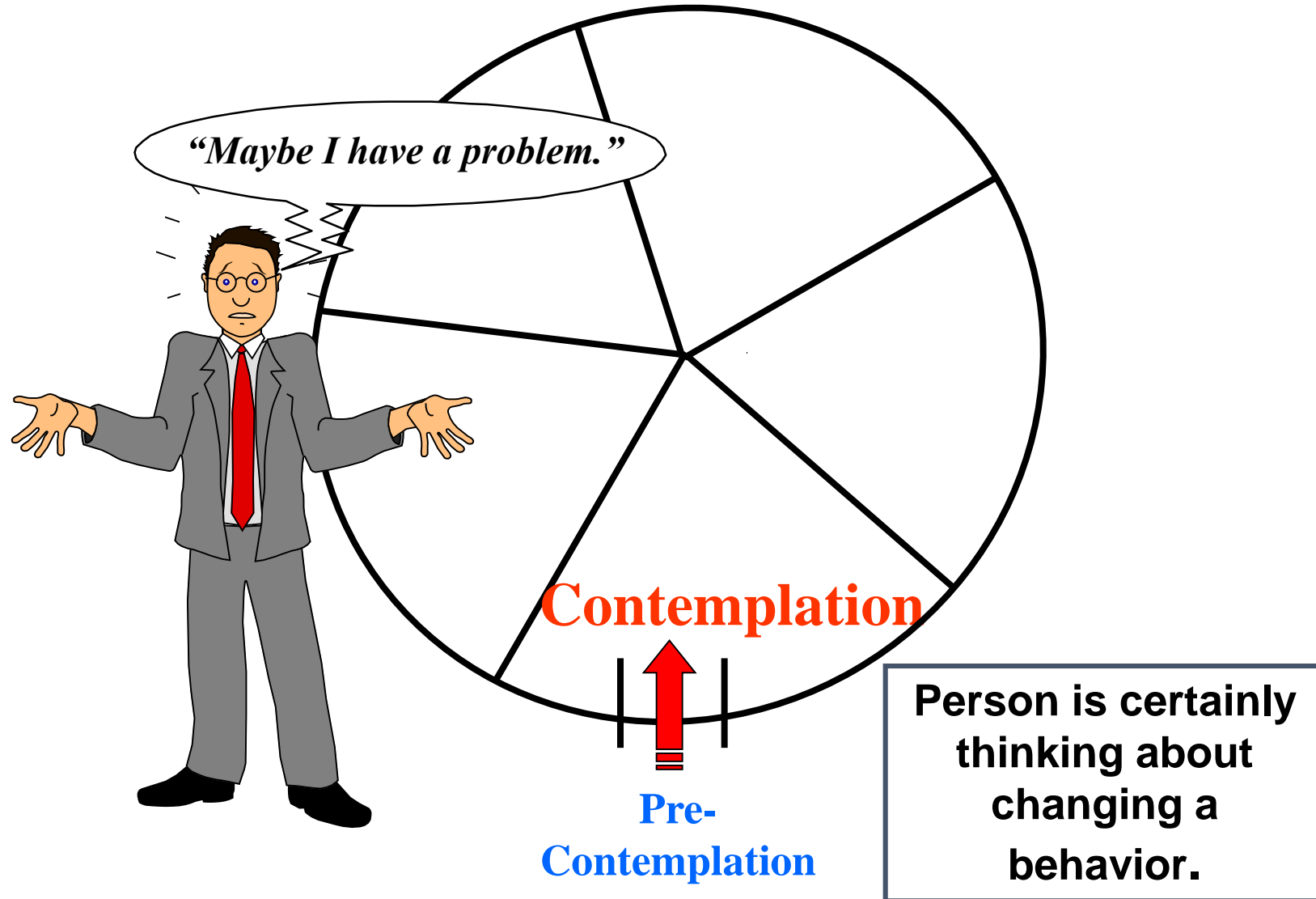
# Consider “Stages of Change”



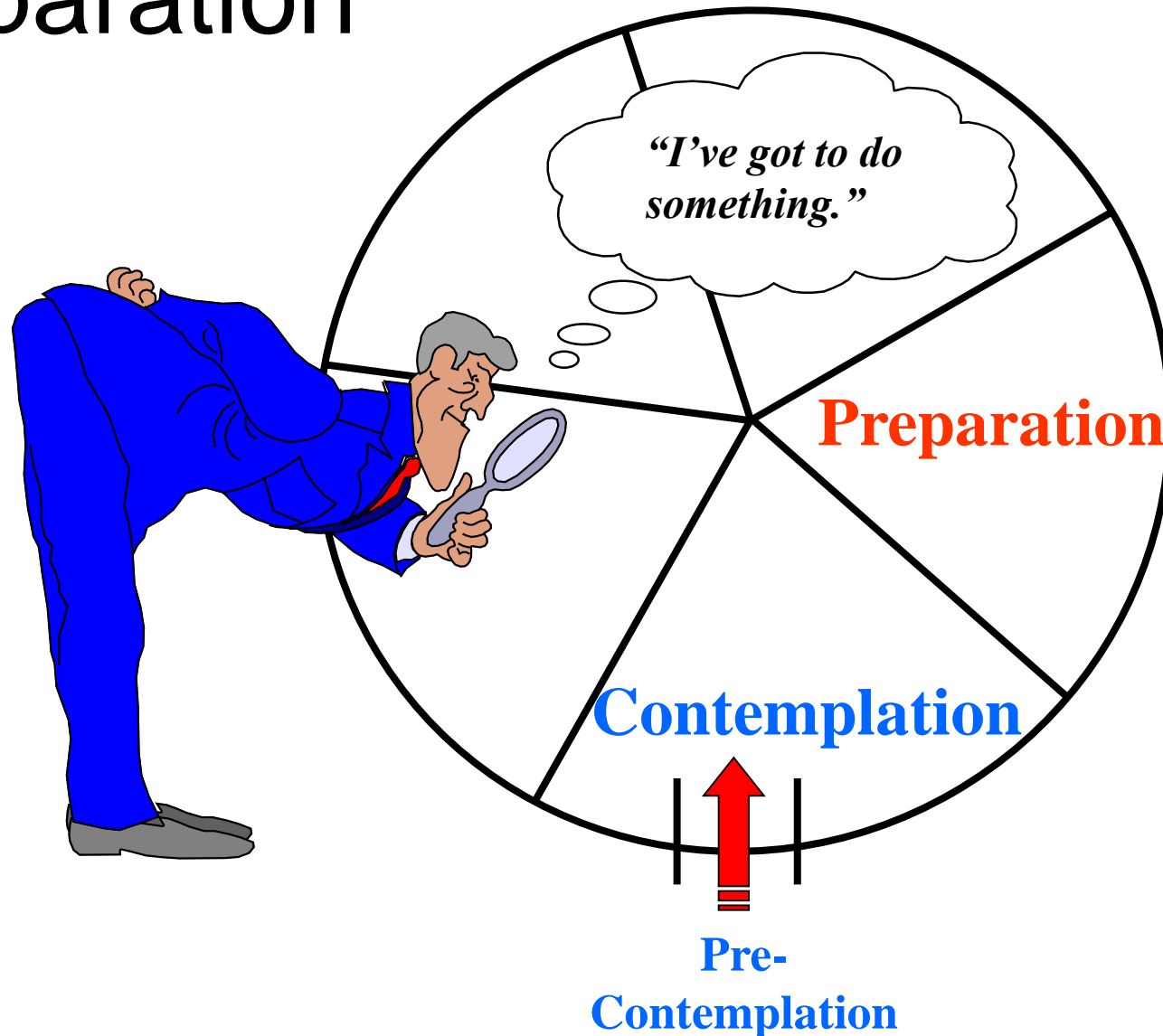
# Pre-Contemplation



# Contemplation



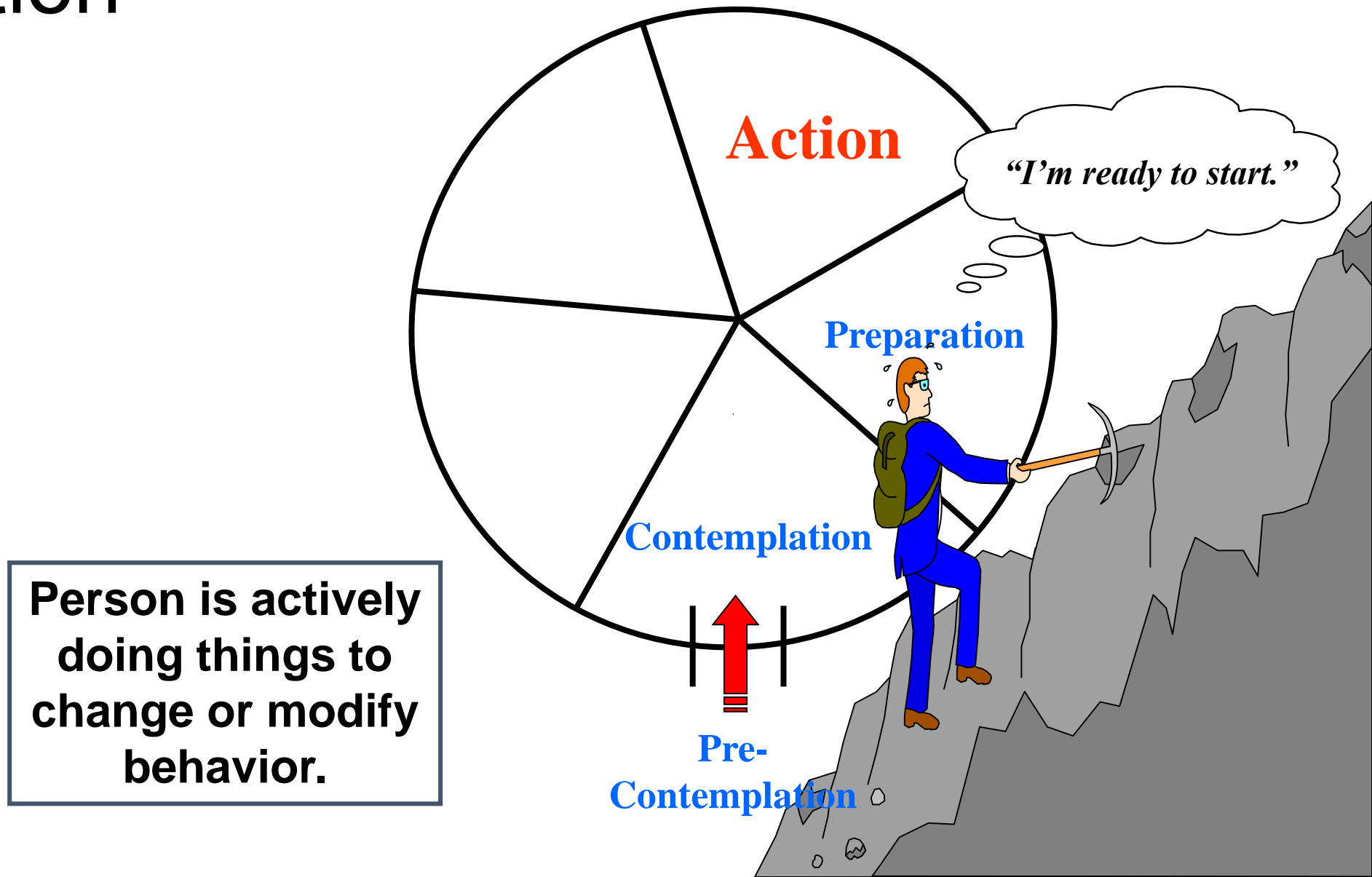
# Preparation



Person is seriously considering & planning to change a behavior and has taken steps toward change.



# Action



# Maintenance

*“How do I keep going?”*

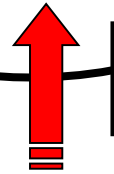


**Maintenance**

**Action**

**Preparation**

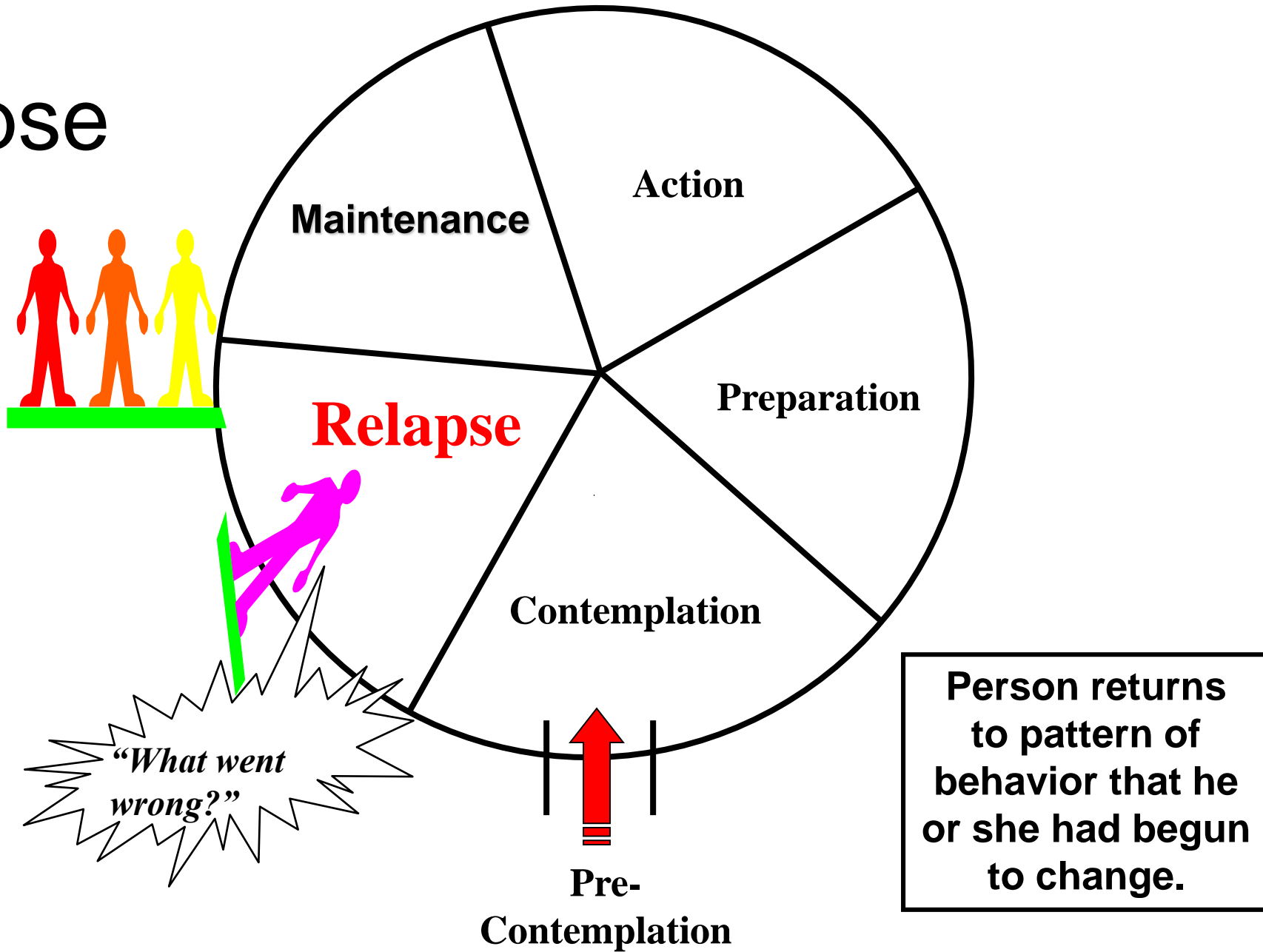
**Contemplation**



**Pre-Contemplation**

**Person continues to maintain behavioral change until it becomes permanent.**

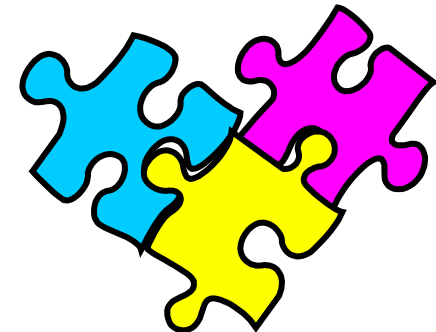
# Relapse



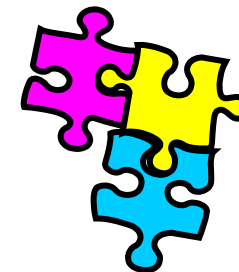
# Objectives & Interventions (It M.A.T.R.S.!!)

## Attitude/Orientation domain

- Write 2 objective statements
  - Required or optional for discharge?
- Write 2 intervention statements
  - Assign service codes and target dates



# The M.A.T.R.S. Test



**Measurable?** Can change be documented?

**Attainable?** Achievable within active treatment phase?

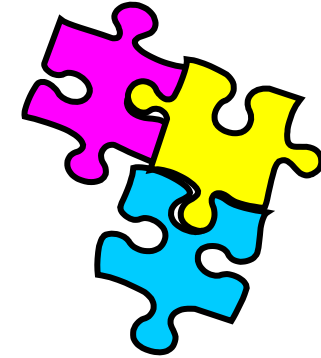
**Time-Related?** Is time frame specified? Will staff be able to review within a specific period of time?

**Realistic?** Is it reasonable to expect the client will be able to take steps on his or her behalf? Is it agreeable to client and staff?

**Specific?** Will client understand what is expected and how program/staff will assist in reaching goals

# Objectives & Interventions (It M.A.T.R.S.!!)

1. **Leisure/Recreation domain**
2. **Alcohol/drug domain**



**Write 2 objective statements**

- Required or optional for discharge?

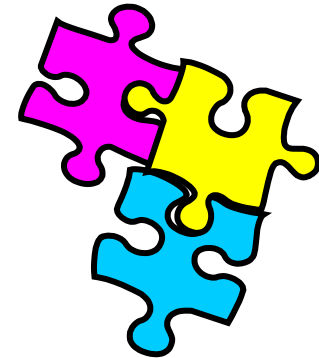
**Write 2 intervention statements**

- Assign service codes and target dates

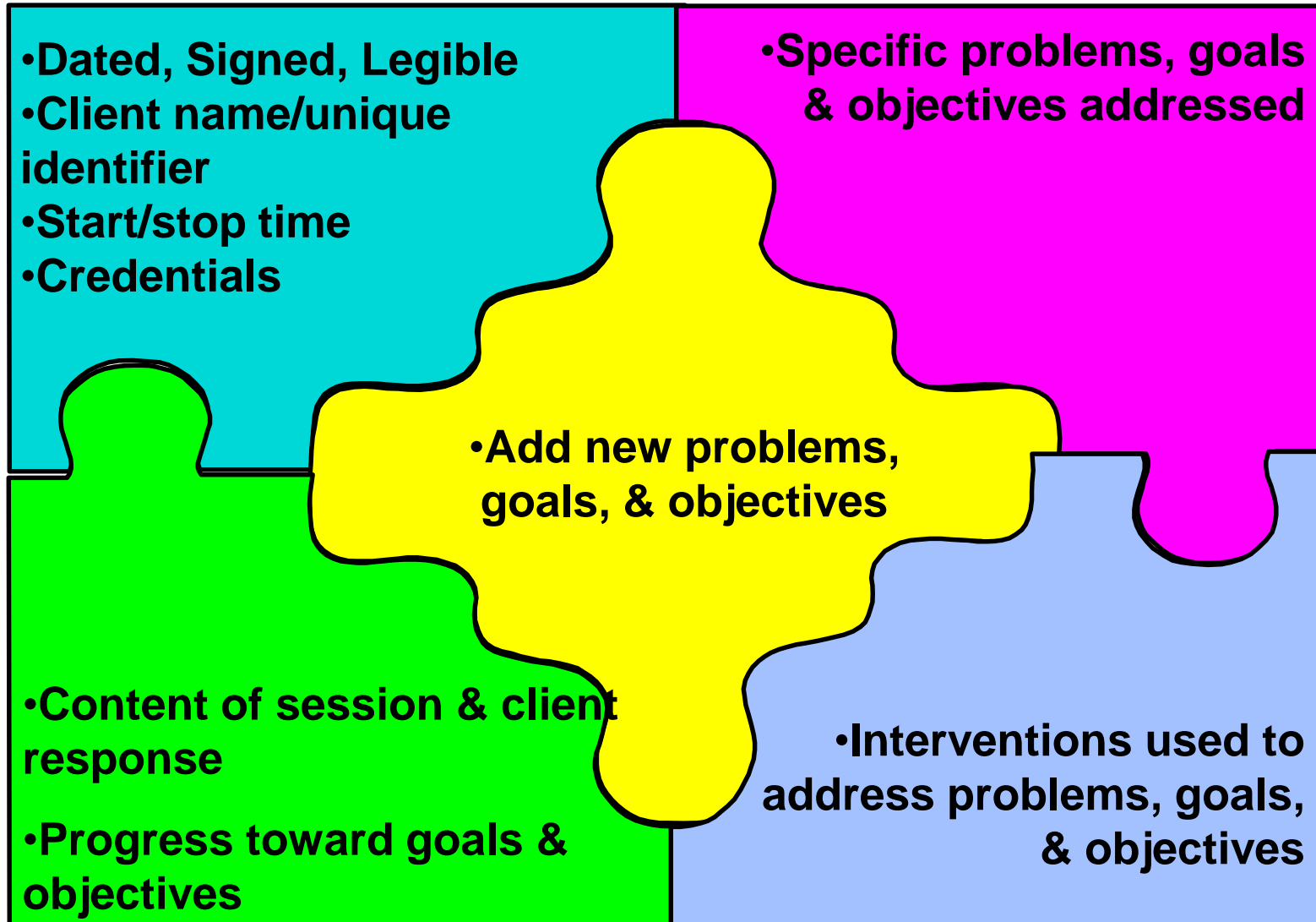
# Other Required Elements

Guides counselor in documenting:

- Client Strengths
- Participants in Planning Process



# Documentation – Basic Guidelines

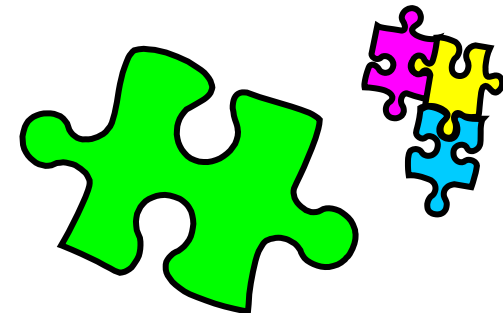




# Documentation: Basic Guidelines

## Entries should include...

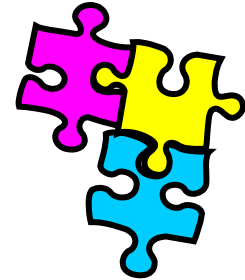
- Your professional assessment
- Continued plan of action



# Documentation: Basic Guidelines

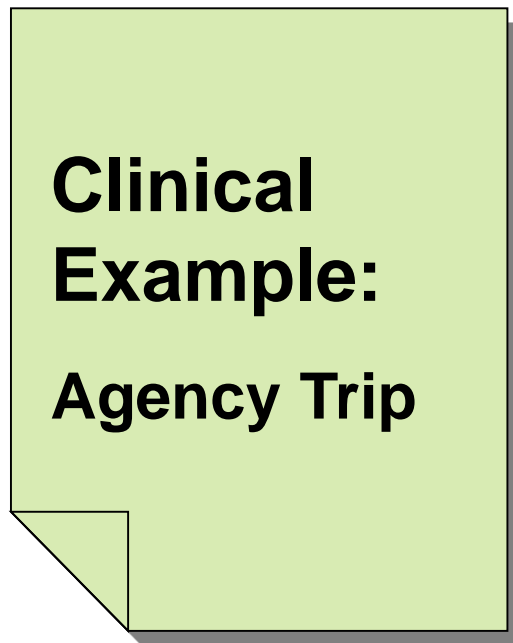
## Describes...

- Changes in client status
- Response to and outcome of interventions
- Observed behavior
- Progress towards goals and completion of objectives



# Documentation: Basic Guidelines

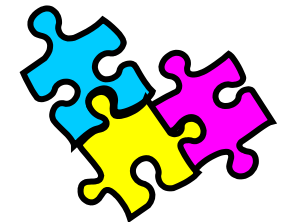
The client's treatment record is a legal document



# Documentation: Basic Guidelines

## Legal Issues & Recommendations:

- Document non-routine calls, missed sessions, and consultations with other professionals
- Avoid reporting staff problems in case notes, including staff conflict and rivalries
- Chart client's non-conforming behavior
- Record unauthorized discharges and elopements
- Note limitations of the treatment provided to the client



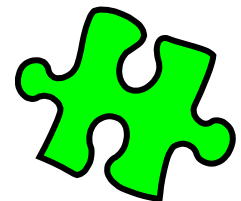
# S.O.A.P. Method of Documentation

**S**ubjective - client's observations or thoughts, client statement

**O**bjective – counselor's observations during session

**A**ssessment - counselor's understanding of problems and test results

**P**lan – goals, objectives, and interventions reflecting identified needs

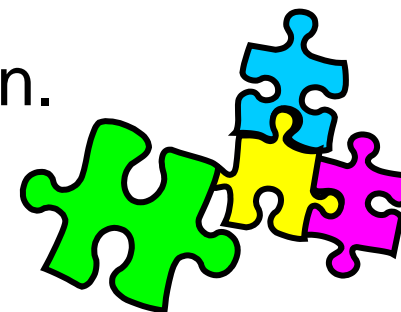


# S.O.A.P. Note - Example

07/30/07: Individual Session

- S:** “My ex-wife has custody of the kids and stands in the way of letting me see them.”
- O:** Tearful at times; gazed down and fidgeted with belt buckle.
- A:** Client feels strongly that family is important in his recovery process. He is motivated to actively parent his children and is looking to resolve conflicts with his ex-wife.
- P:** Addressed Tx Plan Goal 2, Obj. 3, Int. 4.  
Address Tx Plan Goal 3, Obj 1 in next 1:1 session.

*B. Smart, CADAC*




# Tx Plan Reflected in Documentation?

  
*Client quote*

**S:** “My ex-wife has custody of the kids and stands in the way of letting me see them.”

  
*Physiological observations?*

**O:** Tearful at times; gazed down and fidgeted with belt buckle.

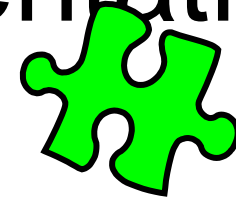
  
*Problem statements, testing results, ASI severity ratings, non-judgmental professional assessment*

**A:** Client feels strongly that family is important in his recovery process. He is motivated to actively parent his children and is looking to resolve conflicts with his ex-wife.

  
*Goals, Objectives, Interventions*

**P:** Addressed Tx Plan Goal 2, Obj. 3, Int. 4.  
Address Tx Plan Goal 3, Obj 1 in next 1:1 session.

# C.H.A.R.T. Method of Documentation



**C**lient Condition

**H**istorical Significance of client condition

**A**ction – What action counselor took in response to client condition

**R**esponse – How client responded to action

**T**reatment Plan – How it relates to plan



# Write a Documentation (Progress) Note

## Case Note Scenario

*You are a case manager in an adult outpatient drug and alcohol treatment program. The center you work for provides only intensive outpatient and outpatient services. As a case manager, for the outpatient component, you have an active caseload of 25 patients. You primarily work with young adults between the ages of 18 and 25 who have some sort of involvement with the adult criminal justice system. Jennifer Martin is your patient.*

**Case Manager:** “I am glad to see you made it today, Jennifer. I am starting to get worried about your attendance for the past two weeks.”

**Jennifer:** “I’ve just been really busy lately. You know, it is not easy staying clean, working, and making counseling appointments. Are you really worried about me or are you just snooping around trying to get information about me to tell my mom and probation officer?”

**Case Manager:** “You seem a little defensive and irritated. Are you upset with me or your mom and your probation officer, or with all of us?”

# Other Organizational Considerations

1. Information **requirements** of funding entities/managed care?
2. Is there **duplication** of information collected?
3. Is **technology** used effectively?
4. Is **paperwork useful** in treatment planning process?

