An Argument for Simplicity

• In each industry they simplified complex issues

“When I look over the books I have written, I know exactly which parts I understood and which parts I did not understand when I wrote them. The poorly understood parts sound scientific. When I barely understood something, I kept it in scientific jargon. When I really comprehended it, I was able to explain it to people in language they understood.”
Understanding Involves Three Stages

1. Simplistic
2. Complex
3. Profoundly simple

Order lies beneath complexity
Learning Objectives

By the end of this training, you will

• understand the sequence and purpose of each of the 10 steps and why they are important to risk reduction

• learn how the use of a set of practical tools can increase the likelihood of achieving the purpose of each step especially given how easy it is to get distracted

• prioritize the tools you are most likely to use
Four Core Competencies/Skill Sets That Facilitate Offender Behavior Change

- Building Professional Alliance
- Appropriately Using Rewards and Responses to Noncompliance
- Engaging in Skill Practice
- Effective Case Planning & Management

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The Tools are Designed to Align With These Research Concepts

<table>
<thead>
<tr>
<th>Skill Cluster</th>
<th>Researchers’ Concepts/Terminology</th>
<th>Researchers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Professional Alliance</td>
<td>• Relationships</td>
<td>Andrews</td>
</tr>
<tr>
<td></td>
<td>• Engagement</td>
<td></td>
</tr>
<tr>
<td>Engaging in Skill Practice</td>
<td>• Modeling</td>
<td>Bonta</td>
</tr>
<tr>
<td></td>
<td>• Cognitive Restructuring</td>
<td>Dowden</td>
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<td></td>
<td>• Dealing with Antisocial Attitudes</td>
<td>Gendreau</td>
</tr>
<tr>
<td></td>
<td>• Problem Solving</td>
<td>Latessa</td>
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<td></td>
<td>• Social Skills</td>
<td>Lowenkamp</td>
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<tr>
<td></td>
<td>• Teaching Concrete Skills</td>
<td></td>
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<tr>
<td></td>
<td>• Role-Playing/Skill Practice</td>
<td>Miller</td>
</tr>
<tr>
<td></td>
<td>• Graduated Practice</td>
<td>Taxman</td>
</tr>
<tr>
<td></td>
<td>• Take-Home Assignments</td>
<td>Trotter</td>
</tr>
<tr>
<td>Effective Case Planning &amp; Management</td>
<td>• Effective Case Planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Advocacy/Brokerage</td>
<td></td>
</tr>
<tr>
<td>Appropriately Using Rewards &amp; Responses to</td>
<td>• Extinction</td>
<td></td>
</tr>
<tr>
<td>Noncompliance</td>
<td>• Punishment</td>
<td></td>
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<tr>
<td></td>
<td>• Reinforcement</td>
<td></td>
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<td></td>
<td>• Effective Disapproval</td>
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<tr>
<td></td>
<td>• Effective Use of Authority</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Positive Incentives</td>
<td></td>
</tr>
</tbody>
</table>

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10 Steps to Risk Reduction

The steps help you determine a focus for your one-on-one appointments

1. Establish positive expectations
2. Share initial assessment results and incentivize
3. Identify 1–2 case plan goals
4. Write a SMART case plan
5. Teach skills to reduce risk
6. Practice skills to reduce risk
7. Reward positive behavior
8. Address noncompliant behavior
9. Anchor community support
10. Prepare for successful discharge

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Appointment Structure

- Check-in: 4–5 minutes
- Review: 4–5 minutes
- Intervention: 10 minutes
- Take-home assignment: 1 minute
Mark: 1) As discussed, instead of putting the Appointment Structure Four-Point Checklist slide (i.e., showing that it's a tool), I just put the structure here.  2) Erin put the (now gone) tool and the rabbit hole video before the steps, but I thought it flowed better here, particularly in the Trainer's Manual. See what you think.

Debbie Smith, 10/27/2016
Beware of the Rabbit Hole!

The situation:
• You have a goal for your appointment
• During the check-in, the offender tells you about a potential crisis
• Down the rabbit hole you go as you address the crisis—sidetracked from the purpose of the appointment

How do you avoid going down the rabbit hole?
Mark, is this slide OK? (I added it)
Debbie Smith, 11/4/2016
Five Key Questions

• What is the offender’s risk level?
• What are the offender’s criminogenic needs?
• Of those criminogenic needs, which one is the driver?
• What specific skill deficits should we be working on?
• How are we teaching new skills to overcome the deficits?
Mark, I added this.
Debbie Smith, 11/4/2016
35 Tools

1a. 14 Traits of Professional Alliance
1b. Role Script
1c. Guide Tool: Identifying Strengths
1d. 8 Keys to Success Folder
2a. Guide Tool: Identifying Meaningful Rewards
2b. Guide Tool: Preventing Violations
2c. Guide Tool: My Life Until Now
2d. Criminogenic Needs Card
3a. Driver Workbook
3b. Behavioral Analysis Worksheet
4a. Guide Tool: Increasing the Odds of My Success
4b. Guide Tool: The Ways I Learn Best
4c. Guide Tool: Request for Stabilization Services
4d. 8 Keys to Success Skills Poster
4e. Case Planning Handbook
5a. Guide Tool: Thought-Feeling-Action Link
5b. Goal Appointment Card
6a. The Sequential Steps of Skill Practice
6b. Guide Tool: Conducting a Practice Session
6c. Appointment Structure Four-Point Checklist
6d. BITS Problem Solving Tool
6e. BITS Who I Spend Time With Tool
6f. 2nd Edition Carey Guides Sequencing Chart
6g. Guide Tool: Recognizing Physical Signs of Anger
6h. Dosage Tracking Worksheet
6i. Appointment Feedback Questions
7a. Rewards Matrix
7b. Skill Steps: Linking Positive Choices to Goals
8a. Responses to Noncompliance Matrix
8b. 4:1 Behavior Management System™
8c. Skill Steps: Linking Harmful Choices to Goals
8d. Skill Steps: Effective Use of Authority
9a. Family Foundations Curriculum
10a. Discharge Preparation Worksheet
10b. Exit Survey

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Step 1: Establish positive expectations

One appointment: 1 hour

Goal: Build rapport; clarify roles; identify offender strengths
14 Traits of Professional Alliance

There are 14 traits that contribute to effective professional alliance, such as:

• Open, genuine, and nonjudgmental communication
  - Engage the offender in the most positive way despite difficult circumstances, leading to the offender’s conclusion that you can be trusted and that you want what is best for them

• Empathetic
  - Understand (not approve of) how the offender came to the point of committing the illegal act(s); avoid lecturing and suspend judgment

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14 Traits Self-Assessment

• Articulate
• Attentive
• Authentic
• Confident
• Empathetic
• Empowering
• Flexible

• Listens effectively
• People-oriented
• Purposeful
• Reinforcing
• Respectful
• Sense of humor
• Strength-based

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Role Clarity

We hold two equally important roles

What are they?
Planning a Script

Think about the three most important things you would want to include in your “script” of what you would tell the offender at the first appointment.
Guide Tool: Identifying Strengths

Tool 1 from the Maximizing Strengths Carey Guide
8 Keys to Success Folder

- Keeps offender work organized
- Reinforces expectations
Introduce Take-Home Assignments

- Guide Tool: Identifying Meaningful Rewards
- Guide Tool: Preventing Violations (optional)
Step 2: Share initial assessment results and incentivize

One appointment: 1 hour

Goal: Collaborate with offender around assessment results; identify meaningful rewards
Review Take-Home Assignments

- Guide Tool: Identifying Meaningful Rewards
- Guide Tool: Preventing Violations (optional)
Guide Tool: Identifying Meaningful Rewards

Tool 1 from the *Rewards and Sanctions* Carey Guide

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Guide Tool: Preventing Violations

Tool 1 from the Responding to Violations Carey Guide

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Guide Tool: My Life Until Now

Tool 1 from the Your Guide to Success Carey Guide

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Criminogenic Needs Card

• Why is it important to share assessment results with offenders?

• What do you say when you share results?

• What words do you use to discuss criminogenic needs? Risk levels?
Step 3: Identify 1–2 case plan goals

One appointment: 1 hour

Goal: Identify most influential criminogenic need
Review Take-Home Assignment

- Driver Workbook
- Behavioral Analysis Worksheet (alternative)

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Identifying the Driver

Skill Definition:

The ability to identify which criminogenic need is the dominant force behind the illegal behavior.

This need(s) tends to influence exposure to other criminogenic areas. For example, antisocial associates can result in an offender hanging out in the wrong place and being influenced to do things they say they don’t want to do (e.g., use drugs).

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Drivers

• Not all criminogenic needs are of equal influence
• “High presence” does not necessarily mean priority target
• The driver tends to be one of the four most influential criminogenic needs, but not always
• Some criminogenic needs may be derivatives of others (e.g., “employment” may be a derivative of antisocial cognition)
William is on supervision for burglary. He is scheduled for random urinalysis testing. On Friday, he finds out that his color is being called in for a test. He plans on taking the test at noon that day. He has not been using. Just before he leaves, his friend stops by and tells him that there are tickets available for a concert that night, but that they have to leave now to get in line. William decides to leave with his friend and not provide a UA. The corrections professional submits a violation under “presumed positive test,” as per policy.
Identify 1–2 Case Plan Goals

- Start with one or two goals
  - If we identify too many goals, offenders will be overwhelmed
- You choose one goal; the offender chooses the other
  - One goal should relate to the driver

What has worked for you?

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Introduce Take-Home Assignment(s)

- Guide Tool: Increasing the Odds of My Success
- Guide Tool: The Ways I Learn Best (optional)
- Request for Stabilization Services (optional)
Step 4: Write a SMART case plan

One appointment: 1 hour

Goal: Determine skill deficits related to driver; write case plan activities to address deficits; introduce cognitive model
Case Planning

• Where the rubber meets the road

• Too little, too much

• Focused goals
  • The driver
  • Plus either a stabilization need or another CN

• Laser focused on skill deficits

• Set the stage for skill practice

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Review Take-Home Assignments

- Guide Tool: Increasing the Odds of My Success
- Guide Tool: The Ways I Learn Best (optional)
- Request for Stabilization Services (optional)
Guide Tool: Increasing the Odds of My Success

Tool 2 from the *Your Guide to Success* Carey Guide

This tool helps narrow down the skills needed to address the criminogenic need(s)

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8 Keys to Success Skills Poster

- Links skill deficits to risk factors
  - One way to engage the offender is to help them identify the skill(s) that would have helped them avoid trouble
SMART Action Steps

SMART Action Steps

1. __________
2. __________
3. __________
Case Planning Handbook

Identifies specific skill deficits, case plan activities, and interventions
Introduce Take-Home Assignment

• Guide Tool: Thought–Feeling–Action Link
Step 5: Teach skills to reduce risk

One appointment (to teach the cognitive model): 30 minutes
AND
Additional teaching of skills during multiple appointments conducted over several months

Goal: Teach skills related to skill deficits
Review Take-Home Assignment

- Guide Tool: Thought–Feeling–Action Link

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Guide Tool: Thought-Feeling-Action Link

Tool 1 from the Antisocial Thinking Carey Guide

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What Is Commonly Observed in Appointments with Offenders?

Observations of one-on-one appointments reveal a few common problems:

- Lack of continuity from one appointment to the next
- Subject wandering and unclear/changing goals within an appointment
Introduce Take-Home Assignments (Examples)

- BITS Problem Solving Tool
- BITS Who I Spend Time With Tool
- Guide Tool: Recognizing Physical Signs of Anger

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Goal Appointment Card

- Keeps us focused
- More importantly, keeps offender focused
- Reinforces and returns us to the skill we are working on
Step 6: Practice skills to reduce risk

Multiple appointments conducted over several months: 30 minutes/appointment (on average)

Goal: Practice skills related to skill deficits
Review Take-Home Assignments (Examples)

- BITS *Problem Solving* Tool
- BITS *Who I Spend Time With* Tool
- Guide Tool: Recognizing Physical Signs of Anger
# Four Elements of Social Learning

Social learning theory explains how we learn best

<table>
<thead>
<tr>
<th>Skill Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modeling</td>
<td>If you want to get a behavior going, demonstrate it</td>
</tr>
<tr>
<td>Skill Practice</td>
<td>Set up opportunities for practice with corrective feedback</td>
</tr>
<tr>
<td>Reinforcement</td>
<td>If you want to keep a behavior going, reward it</td>
</tr>
<tr>
<td>Graduated Practice</td>
<td>Break down complex behaviors into simpler skill steps and practice the smaller steps</td>
</tr>
</tbody>
</table>
The Sequential Steps of Skill Practice

How to conduct a skill practice: a step-by-step guide

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Guide Tool: Conducting a Practice Session

Tool 1 from the *Behavioral Techniques* Carey Guide

This tool helps increase willingness of individual to conduct practice sessions throughout supervision.

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Placement?
Appointment Structure
Four-Point Checklist

• It is common for interactions to consist of
  - unplanned activities
  - monitoring conditions
  - crisis management
  - “winging it”

• Create an intentional, purposeful interaction

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Use Tools Whenever Possible

The Brief Intervention Tools (BITS)

The Carey Guides

The Change Companies' Journals

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One of the most common skill deficit areas has to do with the ability to solve problems

Conduct a practice session with Tony
Guide Tool: Recognizing Physical Signs of Anger

Tool 1 from the *Anger* Carey Guide

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Dosage

• According to research, what amount of dosage is required to maximize the risk reduction outcome for a moderate risk offender?
• What counts toward dosage?
• How do we keep track of dosage?
## Dosage and Intensity: Adults

<table>
<thead>
<tr>
<th>Risk</th>
<th>Low</th>
<th>Moderate</th>
<th>Moderate/High</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosage</strong></td>
<td>Not applicable</td>
<td>100 hours</td>
<td>200 hours</td>
<td>300 hours</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Minimal</td>
<td>3–6 months</td>
<td>6–9 months</td>
<td>9–18 months</td>
</tr>
<tr>
<td><strong>Intensity</strong></td>
<td>Minimal</td>
<td>Once/week</td>
<td>Twice/week</td>
<td>Three/week or resid.</td>
</tr>
</tbody>
</table>
Dosage Tracking Worksheet

In small groups, review the dosage tracking worksheet and answer these questions:

• What are the potential advantages of using a worksheet such as this?
• What are the potential barriers to using this worksheet?
• How should the offender be involved in tracking their dosage?

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One-on-One Dosage

Corrections professionals’ interactions with offenders can have a profound impact on recidivism if they focus on the right issues and have sufficient time to devote to criminogenic needs.

<table>
<thead>
<tr>
<th>Time Devoted Per Appointment</th>
<th>Recidivism Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–15 minutes</td>
<td>49%</td>
</tr>
<tr>
<td>16–39 minutes</td>
<td>36%</td>
</tr>
</tbody>
</table>

16–39 minutes represents a 26.5% reduction in recidivism as compared to 0–15 minutes.

Source: Bonta et al., 2008

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Appointment Feedback Questions

- Simple, quick tool to get feedback early
- Outcome rating scale

For more information on feedback tools, see the Guide to Using Outcomes and Feedback Tools with Children, Young People, and Families, edited by Duncan Law and Miranda Wolpert

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Step 7: Reward positive behavior

Reward throughout appointments, as warranted

Goal: Internalize rewards by reinforcing link between prosocial behavior and achievement of goals
Optimal Number of Rewards

• Effective behavioral intervention strategies require that reinforcements outnumber expressions of disapproval by a ratio of at least 4:1
• Rewards are most effective when they are administered in concert with appropriate responses to noncompliance

Sources: Andrews & Bonta, 2010; Gendreau, 1996
Effective Positive Reinforcement

For positive reinforcements to be effective, they must meet certain criteria. For example, they must be:

• genuine
• immediate
• customized
• specific
• meaningful.

While rewarding someone, take care that you don’t make others feel bad, as if they have “lost.”

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Rewards Matrix

- The goal is for rewards to be swift, certain, and customized
- Increasingly, agencies are using a matrix or other decision making tool to determine the appropriate “level” of response to prosocial behavior
Skill Steps: Linking Positive Choices to Goals

1. Ask the offender to identify their goal(s)
   "You have been very clear that long-term sobriety is very important to you. Congratulations on not using drugs when your friend offered them to you!"

2. Ask the offender how their choice positively impacted or could positively impact their goal(s)
   "How did your choice not to use drugs help you get closer to your goal of long-term sobriety?"

3. Ask the offender what other goals they might achieve if they continue to make this choice
   "What other goals will you achieve if you continue to choose not to use drugs?"

4. Ask the offender, on a scale of 1 to 10, how confident they are that they can continue to make this choice
   "On a scale of 1 to 10, how confident are you that you will be able to choose not to use drugs the next time a situation like this arises?"
Step 8: Address noncompliant behavior

Address throughout appointments, as needed

Goal: Internalize consequences by reinforcing link between harmful behavior and achievement of goals
Responses to Noncompliance Matrix

- The goal is to increase swiftness, certainty and fairness
- Increasingly, agencies are using a matrix

<table>
<thead>
<tr>
<th>Severity of Noncompliance</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low Response</td>
<td>Low Response</td>
<td>Medium Response</td>
<td>High Response</td>
</tr>
<tr>
<td>Medium</td>
<td>Low Response</td>
<td>Medium Response</td>
<td>Medium Response</td>
<td>High Response</td>
</tr>
<tr>
<td>High</td>
<td>Medium Response</td>
<td>Medium Response</td>
<td>High Response</td>
<td>High Response</td>
</tr>
</tbody>
</table>
4:1 Behavior Management System™

The 4:1 BMS™:

• helps staff determine consistent and appropriate responses to noncompliant behavior and to prosocial attitudes and behaviors
  - takes into account factors such as offenders’ level of risk, criminogenic needs, severity of violation behavior, mastery of prosocial behavior, etc.

• allows staff and managers to generate reports reflecting the history of prosocial and noncompliant behavior, ratio of behaviors to responses, time lapse between behaviors and responses, etc.

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Skill Steps: Linking Harmful Choices to Goals

1. Ask the offender to identify their goal(s)
   *Remind me: What goal did you want to work on?*

2. Ask the offender how their choice negatively impacted or could negatively impact their goal(s)
   *How did your choice to use drugs when your friend offered them to you affect your goal of long-term sobriety?*

3. Ask the offender what other goals would be negatively affected if they continue this behavior
   *What other goals might be at risk if you continue to choose to use drugs?*

4. Ask the offender what they would do differently in the future
   *What could you do differently the next time you are in a situation like this that would lead to a better outcome for you?*

5. Ask the offender, on a scale of 1 to 10, how confident they are that they can make a different choice in the future
   *On a scale of 1 to 10, how confident are you that you will be able to choose not to use drugs the next time a situation like this arises?*

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Step 9: Anchor community support

- Nine sessions (one/week) for family members: 2 hours/session
- Can be provided at any point during supervision

Goal: Empower offender’s family member(s) to reinforce loved one’s prosocial lifestyle
Family Foundations Curriculum

A curriculum to help family members support justice-involved loved ones succeed on supervision and beyond
Step 10: Prepare for successful discharge

One to two appointments: 1 hour/appointment

Goal: Develop a plan to guard against illegal activity after discharge
Many, if not most, offenders want to avoid returning to the justice system. However, the best of intentions are not always realized. The purpose of this worksheet is to develop a plan to increase the likelihood of a successful discharge and prevent hopelessness and self-sabotage.
Exit Survey

Prior to discharge, collect additional feedback

<table>
<thead>
<tr>
<th>Exit Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Officer:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>I was treated with respect by my supervising officer</td>
</tr>
<tr>
<td>The rules of my supervision were clearly explained to me</td>
</tr>
<tr>
<td>If I had a complaint about my supervising officer I knew with whom I needed to talk</td>
</tr>
<tr>
<td>I understand the expectations of what I needed to do in order to successfully complete my supervision</td>
</tr>
<tr>
<td>The length of my supervision was about right</td>
</tr>
<tr>
<td>My supervising officer listened to me</td>
</tr>
<tr>
<td>My supervising officer cared about whether I succeeded</td>
</tr>
<tr>
<td>I was given the opportunity to acquire the skills and knowledge to succeed</td>
</tr>
<tr>
<td>I had input in my case plan</td>
</tr>
<tr>
<td>My family/significant other was as involved as I wanted them to be</td>
</tr>
<tr>
<td>Overall I was pleased with how my supervision went</td>
</tr>
</tbody>
</table>

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EBP Peer-to-Peer Forum
ebppeertopeerforum.com

Online platform for discussions with other practitioners about EBP and risk reduction tools and resources