Diedre R. Fleming, M.S., B.A., A.A.S., A.S., LCDC III, SWA, SWT

Truth, Care, and Concern

A COMPASSIONATE APPROACH TO THE RISK, NEED, AND RESPONSIVITY MODEL
PERSONAL WORK/EDUCATION HISTORY

• INTENSIVE OUTPATIENT COUNSELOR 4+ YEARS
• WORKED SPECIFICALLY WITH SUD SPECIALTY DOCKET PARTICIPANTS FOR 6+ YEARS
• MEMBER OF THE ADVISORY COMMITTEE FOR COMMON PLEAS DRUG COURT 3+ YEARS
• MASTER IN SCIENCE OF CRIMINOLOGY
• CURRENTLY IN MY MASTER OF SOCIAL WORK PROGRAM

ASHTABULA COUNTY

• FOUR SPECIALITY DOCKETS
  • ASHTABULA COMMON PLEAS DRUG COURT
    • 10 YEAR ANNIVERSARY
  • RECOVERY COURT
  • FAMILY DEPENDENT COURT
  • MENTAL HEALTH COURT
REFERRAL DEMOGRAPHICS

Sources

- Probation/Parole: 70%
- Drug Court: 26%
- Self: 4%

BASICALLY, THIS MY JAM!
AGENDA

PRESENTATION OUTLINE
AGENDA

1. THEORETICAL FRAMEWORK/MODEL
   • PRINCIPLES OF EFFECTIVE INTERVENTIONS
   • RNR MODEL (TRUTH, CARE, CONCERN)

2. TRUTH (RISK)
   • ACTUARIAL RISK/NEEDS ASSESSMENT
   • ORAS
   • SUMMARY EXAMPLE

AGENDA CONT.

3. CARE (NEED)
   • COGNITIVE-BEHAVIORAL INTERVENTIONS
   • UNIVERSITY OF CINCINNATI CORE CURRICULUM
   • ACTIVITY-ROLE PLAYING
AGENDA CONT.

4. CONCERN (RESPONSIVITY)
   • BARRIERS
   • CASE MANAGEMENT
   • SEEKING SAFETY
   • CASE PLAN EXAMPLE

5. CLOSING

THEORETICAL FRAMEWORK

PRINCIPLES OF EFFECTIVE INTERVENTIONS
THEORETICAL FRAMEWORK

- DEVELOPED BY CANADIAN PSYCHOLOGISTS ANDREWS, BONTA, AND GENDREAU
  - CREATED INSTRUMENTS TO CLASSIFY OFFENDERS BY RISK LEVEL
  - CONDUCTED META-ANALYSIS ON MAIN PREDICTORS (CRIMINOGENIC NEEDS) OF RECIDIVISM
  - EXAMINED TREATMENT INTERVENTIONS THAT ARE RESPONSIVE TO THESE RISK FACTORS

RISK, NEED, AND RESPONSIVITY (RNR) MODEL

- RISK PRINCIPLE (TRUTH)
  - IDENTIFY RISK LEVEL OF PARTICIPANTS
  - OBJECTIVE TRUTH

- NEED PRINCIPLE (CARE)
  - IDENTIFY DYNAMIC RISK FACTORS
  - CARE WE PROVIDE PARTICIPANTS TO EQUIP THEM WITH SKILLS TO MANAGE RISK AND LIVE A MORE PRO-SOCIAL LIFE

- RESPONSIVITY PRINCIPLE (CONCERN)
  - IDENTIFY POTENTIAL BARRIERS
  - CONCERNS PRESENTED BY PARTICIPANTS
TRUTH (RISK) PRINCIPLE
IDENTIFY RISK LEVEL WITH ACTUARIAL ASSESSMENTS

WHAT IS AN ACTUARIAL ASSESSMENT?

-Question-
ACTUARIAL ASSESSMENTS

• A STATISTICAL METHOD OF ESTIMATING THE RISK OF A PARTICULAR EVENT’S OCCURRENCE
  • THE RISK OF A PARTICIPANT/PERSOON COMMITTING A NEW OFFENSE
  • DIFFERENTIATE BETWEEN HIGH-RISK AND LOW-RISK
  • IDENTIFY THE CRIME-PRODUCING NEEDS THAT SHOULD BE TARGETED FOR CHANGE

ACTUARIAL ASSESSMENTS CONT.

• FOUR GENERATIONS OF ASSESSMENT INSTRUMENTS
  • EARLY VERSIONS ONLY FOCUSED ON PAST BEHAVIORS OR STATIC INDICATORS
  • LATEST INSTRUMENTS COMBINE STATIC AND DYNAMIC FACTORS TO PROVIDE MORE ACCURATE PREDICTIONS
ACTUARIAL ASSESSMENTS CONT.

• THE MOST RECENT RISK ASSESSMENTS ARE ABLE TO:
  • GUIDE AND STRUCTURE DECISION MAKING FOR PRACTITIONERS BY PROVIDING PERTINENT PARTICIPANT INFORMATION
  • REDUCE USER BIAS
  • ENHANCES PUBLIC SAFETY BY IDENTIFYING HIGH-RISK INDIVIDUALS INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM
  • HELPS MANAGE CASE LOADS EFFICIENTLY

WHY IS ALL OF THIS SOOOOOOOOO IMPORTANT?
THE GOOD OL’ DAYS WITH “RISK ASSESSMENTS”

• CORRECTIONAL CLASSIFICATION/ASSESSMENTS OF RISK WERE BASED ON PROFESSIONAL “JUDGEMENT”
  • TIME-CONSUMING
  • INEQUITABLE, UNJUST
  • SUBJECTIVE
  • DISCRETIONARY
• GOING WITH YOUR GUT!

THE GOOD OL’ DAYS CONT.

WRONG TWO OUT OF THREE TIMES!!!!!!!
WHO ME?

THE “IDK THERE’S JUST SOMETHING ABOUT THEM” SYNDROME
THINGS TO CONSIDER

• IMPLICIT BIAS
  • UNCONSCIOUS ATTRIBUTION OF PARTICULAR QUALITIES TO A MEMBER OF A CERTAIN SOCIAL GROUP.
  • OFTEN THE MOST WELL-INTENTIONED, ARE UNAWARE OF THE BIASES THAT INFLUENCE THEIR ACTIONS.

FACTS ARE FACTS!!
OBJECTIVE TRUTH

• Several studies suggest that the effectiveness of programs are mitigated by the risk level of the participants they serve

• Most intensive interventions should be allocated to high risk participants

• Lower risk participants should receive little to no treatment interventions

INTENSIVE REHABILITATION SUPERVISION STUDY RESULTS

- Rates of recidivism for high risk offenders:
  - Treatment: 31.6%
  - No treatment: 51.1%

- Rates of recidivism for low risk offenders:
  - Treatment: 32.3%
  - No treatment: 14.5%
HOW DO WE DETERMINE OBJECTIVE TRUTH?

OHIO RISK ASSESSMENT SYSTEM (ORAS)

• DEVELOPED BY THE UNIVERSITY OF CINCINNATI CORRECTIONS INSTITUTE

• A STATISTICAL METHOD OF ESTIMATING THE PROBABILITY THAT A PARTICIPANT WILL RECIDIVATE

• CONSISTS OF SELF-REPORT SURVEY AND STRUCTURED INTERVIEW GUIDE

• COVERS POTENTIAL PREDICTORS OF RECIDIVISM ACROSS DIFFERENT DOMAINS
OHIO RISK ASSESSMENT SYSTEM (ORAS) CONT.

- Nine different instruments in total which include the assessments and short screeners
  - Pre-Trial Tool
  - Community Supervision Tool
  - Misdemeanor Tool
  - Prison Intake Tool
  - Reentry Tool

- Domains include static/dynamic risk factors
  - Criminal History
  - Education, Employment, and Financial Situation
  - Family and Social Support
  - Neighborhood Problems
  - Substance Use
  - Peer Associations
  - Criminal Attitudes and Behavioral Patterns
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**Gain-SS Assessment:**

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<th>SCORE: Internalizing Disorder-3, Externalizing Disorder-3, Substance Disorder-3, Crime and Violence-2</th>
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**Comments:** Anything with a 2 or higher is considered high score. A high score means there is a high probability that the participant has a behavioral health diagnosis and needs additional assessment or other services. The candidate would be recommended to undergo substance abuse and mental health assessment.

**Risk Assessment:**

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**Comments:** The candidate meets the risk level for Post-Conviction Drug Court.

**Needs Assessment:**

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<th>DATE: August 13, 2018</th>
<th>DIAGNOSIS: Severe Other Stimulant Use, In controlled environment; Severe Cannabis Use, In controlled environment</th>
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**Comments:** The candidate meets the needs level for Post-Conviction Drug Court.

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**CARE (NEED) PRINCIPLE**

**IDENTIFY CRIMINOGENIC NEEDS AND IMPLEMENT CBI CURRICULA**
WHAT ARE CRIMINOGENIC NEEDS?

CRIMINOGENIC NEEDS

• MAJOR RISK FACTORS ASSOCIATED WITH CRIMINAL CONDUCT
• BASICALLY TWO TYPES: STATIC AND DYNAMIC
CRIMINOGENIC NEEDS CONT.

STATIC
HISTORY OF CRIMINAL INVOLVEMENT
- JUVENILE ARRESTS
- PRIOR OFFENSES
- PROBATION/PAROLE VIOLATIONS

DYNAMIC
- ANTISOCIAL PERSONALITY PATTERN
- ANTISOCIAL COGNITION
- ANTISOCIAL PEERS
- FAMILY FACTORS
- SCHOOL/WORK
- LEISURE/RECREATION
- SUBSTANCE USE

CRIMINOGENIC NEEDS CONT.

• THESE DYNAMIC RISK FACTORS ARE THE TARGETS FOR CHANGE

• THE MOST EFFECTIVE PROGRAMS TO ELICIT PRO-SOCIAL CHANGE ARE COGNITIVE-BEHAVIORAL INTERVENTIONS
SO, WHAT’S CBI AGAIN?

COGNITIVE-BEHAVIORAL INTERVENTIONS

- INCORPORATE STRATEGIES FROM SOCIAL LEARNING, COGNITIVE THEORY, AND BEHAVIORISM
  - SOCIAL LEARNING SUGGESTS THAT BEHAVIOR IS LEARNED FROM THE ENVIRONMENT THROUGH A PROCESS OF OBSERVATIONAL LEARNING
  - COGNITIVE THEORIES ASSERT THAT THOUGHTS, ATTITUDES, AND BELIEFS/VALUES DRIVE OUR BEHAVIOR
  - BEHAVIORISM IS BASED UPON CLASSICAL AND OPERANT CONDITIONING INVOLVING SHAPING BEHAVIOR VIA POSITIVE/NEGATIVE REINFORCERS
COGNITIVE-BEHAVIORAL INTERVENTIONS CONT.

• EFFECTIVE CBI INTERVENTIONS
  • FOCUS ON THE PRESENT
  • THERAPEUTIC STRATEGIES TO CHANGE CURRENT RISKY BEHAVIORS
• FOCUS ON LEARNING
  • UNDERSTANDING THE CONNECTION BETWEEN THOUGHTS, FEELINGS, AND BEHAVIORS
• ACTION-ORIENTED
  • PARTICIPANTS ENGAGE IN ROLE-PLAYS TO PRACTICE/REHEARSE SKILLS REGULARLY

AND WHY DOES THIS MATTER?
OLD TIMEY TIMES WITH INTERVENTIONS

• INTERVENTIONS NOT EFFECTIVE TO REDUCE RECIDIVISM:
  • TALKING CURES
  • INTENSIVE SERVICES TO LOW-RISK OFFENDERS
  • INTENSIVE SERVICES FOCUSING ON NONCRIMINOGENIC NEEDS
  • AUTHORITARIAN APPROACHES
  • NOT UTILIZING MOTIVATIONAL INTERVIEWING APPROACHES, SANCTION ORIENTED
  • “RIGHTING REFLEX”

Me: YAS
Autocorrect: yes
Me:

LISTEN...
NO
REALLY
JUST
LISTEN
THE “IF YOU WOULD JUST DO WHAT I AM TELLING YOU TO DO” SYNDROME

THINGS TO CONSIDER

• MOTIVATIONAL INTERVIEWING
• ELICIT CHANGE BY HELPING PEOPLE EXPLORE AND RESOLVE AMBIVALENCE
• AMBIVALENCE IS HAVING MIXED FEELINGS OR CONTRADICTORY IDEAS ABOUT SOMETHING
• DEVELOPING A THERAPEUTIC RELATIONSHIP WITH PARTICIPANTS THAT REVOLVE AROUND CARE, EMPATHY, WARMTH, ACCEPTANCE, AND MUTUAL AFFIRMATIONS
THINGS TO CONSIDER CONT.

**MOTIVATIONAL INTERVIEWING**
- Asking Open Questions
- Affirming
- Reflective Listening
- Summarizing
- Informing and Advising

**CORE CORRECTIONAL PRACTICES**
- Effective Reinforcement
- Effective Disapproval
- Quality Interpersonal Relationships
- Cognitive Restructuring
- Anti-Criminal Modeling

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THINGS TO CONSIDER CONT.

SUPERFICIAL COMPLIANCE

VS.

SUSTAINABLE CHANGE
THE MOST IMPORTANT THING IS....

IMPORTANCE OF TARGETING NEEDS WITH CBI

• MOST EFFECTIVE PROGRAMMING TARGETS CRIMINOGENIC NEEDS
• CRIMINOGENIC NEEDS WHEN CHANGED, RESULT IN REDUCTIONS IN RECIDIVISM
• META-ANALYSES RESULTS SHOW PROGRAMS THAT TARGET AT LEAST 4-6 CRIMINOGENIC NEEDS HAVE A 31 PERCENT REDUCTION IN RECIDIVISM
RISK INTERVENTION STUDY RESULTS

REDUCTIONS IN RECIDIVISM

TARGET NON-CRIMINOGENIC
TARGET 4-6 CRIMINOGENIC

CORE CORRECTIONAL PRACTICES CONT.

RECIDIVISM RATES

FORMS OF INTERPERSONAL CONTACT

CORE CORRECTIONAL
TRADITIONAL
HOW DO WE PROVIDE THE CARE FOR THESE NEEDS?

UNIVERSITY OF CINCINNATI CORE CURRICULUM

• CURRICULUM BASED ON RNR FRAMEWORK
• DESIGNED FOR MODERATE TO HIGH RISK OFFENDERS
• FOCUS ON CRIMINOGENIC NEEDS (DYNAMIC RISK FACTORS)
• UTILIZING SOCIAL LEARNING, COGNITIVE-BEHAVIORAL, AND MOTIVATIONAL ENHANCEMENT APPROACH
UNIVERSITY CINCINNATI CORE CURRICULUM CONT.

• GROWING EVIDENCE THAT CBI APPROACH IS EFFECTIVE WITH CO-OCCURRING DISORDER POPULATIONS
  • INTEGRATES STRATEGIES THAT ADDRESS SYMPTOM REDUCTION (MENTAL HEALTH) AS WELL AS CRIMINOGENIC NEEDS
  • ADDITIONAL EXAMPLES, ACTIVITIES, AND PRACTICE OPPORTUNITIES ABOUT MENTAL HEALTH NEEDS
  • RESPONSIVITY TIPS THROUGHOUT SESSIONS AND MODIFIED WORKSHEETS SPECIFICALLY DESIGNED FOR PERSONS WITH CO-OCCURRING DISORDERS

UNIVERSITY OF CINCINNATI CORE CURRICULUM CONT.

• PLACES HEAVY EMPHASIS ON:
  • COGNITIVE-RESTRUCTURING-GOAL IS FOR THE PARTICIPANTS TO IDENTIFY, CHALLENGE, AND POSITIVELY REPLACE ANITSOCIAL THINKING
  • PROBLEM-SOLVING-LEARN AND PRACTICE STEPS TO EFFECTIVE PROBLEM-SOLVING THAT MAY BE APPLIED TO ANY TYPE OF PROBLEM A PARTICIPANT MAY FACE
  • SKILLS TRAINING-DESIGNED TO HELP PARTICIPANTS GAIN CONTROL OVER NEGATIVE ATTITUDES, DIFFICULT SITUATIONS, AND MANAGE THOUGHTS ABOUT CRIMINOGENIC NEEDS AND/OR ANTISOCIAL BEHAVIORS
UNIVERSITY OF CINCINNATI CORE CURRICULUM-SOCIAL SKILL BASICS

• INTRODUCE AND DISCUSS THE SKILL
  • DEFINE IT AND DISCUSS WHY ITS IMPORTANT
  • HAND OUT SKILL CARDS AND MAKE SURE SKILLS ARE POSTED
  • IDENTIFY THINKING OR ACTION STEP
  • REVIEW WHY EACH STEP IS IMPORTANT

• MODEL SKILL (FACILITATOR DEMONSTRATES)
• ROLE PLAY (PARTICIPANT PRACTICE)
• PROVIDE FEEDBACK

LETS SEE THIS IN ACTION!

This Photo by Unknown Author is licensed under CC BY-NC-ND
AVOIDING TROUBLE WITH OTHERS

• STEP 1: DECIDE IF YOU ARE IN A SITUATION THAT COULD LEAD TO TROUBLE FOR YOU. (THINKING)

• STEP 2: REMIND YOURSELF OF YOUR GOALS TO BE SUCCESSFUL. (THINKING)

• STEP 3: THINK OF DIFFERENT WAYS TO TELL THE PERSON ‘NO’. (THINKING)

• STEP 4: TELL THE OTHER PERSON THAT YOU CANNOT ENGAGE IN THE ACTIVITY. (ACTION)

CONCERN (RESPONSIVITY) PRINCIPLE

IDENTIFY POTENTIAL BARRIERS AND HELP RESOLVE THEM
WHAT DOES RESPONSIVITY MEAN?

RESPONSIVITY

• TWO PARTS: GENERAL AND SPECIFIC
• GENERAL RESPONSIVITY RefERS TO THE INTERVENTIONS THAT YIELD THE LARGEST REDUCTIONS IN RECIDIVISM FOR MOST PARTICIPANTS (I.E. CBI)
RESPONSIVITY CONT.

• SPECIFIC RESPONSIVITY ARE FACTORS IF LEFT UNADDRESS WILL INTERFERE WITH TREATMENT ENGAGEMENT/COMPLETION AND INCREASE THE LIKELIHOOD OF RECIDIVATING

• FACTORS INCLUDE:
  • INTELLIGENCE
  • MENTAL HEALTH
  • READING ABILITY
  • LANGUAGE/CULTURAL BARRIERS
  • TRANSPORTATION/HOUSING
  • TRAUMA
  • INTERPERSONAL CONTACT WITH CRIMINAL JUSTICE SYSTEM (TREATMENT FACILITATORS)

Okay so...?

Okay so much work byyyyye
IN THE WAY WAY BACK MACHINE WITH CONCERN FOR BARRIERS

• Ignore a participant's functioning level
• Not address logistical barriers to begin engagement in treatment
• I shouldn’t be working harder than them at their recovery

Seriously

Get it together

UMMMMMM REALLY THO
THE “OLD PULL YOURSELF UP BY YOUR BOOTSTRAPS” SYNDROME

THINGS TO CONSIDER

• HIERARCHY OF NEEDS
  • UNSTABLE HOUSING
  • NO TRANSPORTATION
  • NO CHILD CARE
• MENTAL HEALTH
  • SEVERELY SYMPTOMATIC
  • NO ACCESS TO PSYCHOPHARMACOLOGY/MEDICATION
THINGS TO CONSIDER CONT.

POST-TRAUMATIC STRESS DISORDER CRITERIA

• CRITERION A
  • EXPOSURE TO ACTUAL OR THREATENED DEATH, SERIOUS INJURY, SEXUAL VIOLATION

• CRITERION B
  • INTENSE OR PROLONGED PSYCHOLOGICAL DISTRESS

• CRITERION C
  • AVOIDANCE, DETACHMENT

• CRITERION D
  • PERSISTENT NEGATIVE EMOTIONAL STATE, NEGATIVE BELIEFS ABOUT ONESELF/Others/World

POST-TRAUMATIC STRESS DISORDER CRITERIA

• CRITERION E
  • IRRITABILITY, RECKLESS/SELF-DESTRUCTIVE BEHAVIOR, CONCENTRATION PROBLEMS

• CRITERION F
  • SYMPTOM DURATION AT LEAST ONE MONTH

• CRITERION G
  • CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT ON FUNCTIONING

• CRITERION H
  • NOT DUE TO ANOTHER MEDICAL CONDITION

THINGS TO CONSIDER CONT.

• TRAUMA, PTSD, AND SUBSTANCE USE OVERLAP:

• TRAUMA SURVIVORS SEEK OUT PSYCHOACTIVE SUBSTANCES AS A WAY TO “SELF-MEDICATE” POSTTRAUMATIC STRESS

• THOSE WHO HEAVILY USE SUBSTANCES ARE MORE EASILY VICTIMIZED OR THOSE PRONE TO TRAUMA EXPOSURE

• MAJOR SUBSTANCE USE LEADS TO MORE SYMPTOMATOLOGY IN THOSE EXPOSED TO TRAUMA
THINGS TO CONSIDER CONT.

• INSERT VICIOUS CYCLE HERE:
  • EARLY TRAUMA EXPOSURE INCREASES LIKELIHOOD OF ADDITIONAL TRAumas LATER IN LIFE
  • ACCUMULATION OF THESE TRAUMAS LEADS TO SIGNIFICANT POSTTRAUMATIC STRESS AND DYSPHORIA, AND INTERFERES WITH THE DEVELOPMENT OF AFFECT REGULATION SKILLS

THINGS TO CONSIDER CONT.

• INCREASED, INSUFFICIENTLY MODULATED DISTRESS MOTIVATES THE USE OF DRUGS AND ALCOHOL AS “SELF-MEDICATION”
• DRUG AND ALCOHOL USE LEADS TO DECREASED ENVIRONMENTAL AWARENESS AND INVOLVEMENT IN “RISKY” BEHAVIORS
• THESE EFFECTS INCREASE THE LIKELIHOOD OF ADDITIONAL TRAUMA AND POSTTRAUMATIC DISTRESS
• INCREASED DISTRESS POTENTIALLY LEADS TO MORE SUBSTANCE USE
CHILL DIA, THE IMPORTANT THING TO POINT OUT IS…

LOSES A CHILD IN EVERY ROOM
MOVES ON LIKE NOTHING HAPPENED

TAKE A DEEP BREATH
IMPORTANCE OF ADDRESSING RESPONSIVITY

• Perceived social supports reduces the likelihood of recidivism by mediating the negative impact of stressful life events.

• Forensic research suggests pro-social support from family, friends, and social community investments well known protective factors against antisocial behavior.

IMPORTANCE OF ADDRESSING RESPONSIVITY

• Factors that help participants desist from criminal involvement:
  • Getting older and maturing
  • Family and relationships
  • Abstinence/recovery
  • Employment
  • Hope and motivation
  • Having something to give to others
  • Having a place within a social group
  • Not having a criminal identity
  • Being “believed in”
IMPORTANCE OF ADDRESSING RESPONSIVITY

PHILOSOPHY BY INTEGRITY CLASSIFICATION

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<th>EFFECT SIZE (RECIDIVISM RATES)</th>
<th>DETERRENCE LOW</th>
<th>DETERRENCE MODERATE</th>
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HOW DO WE ADDRESS THESE CONCERNS?
CASE MANAGEMENT

- LINK PARTICIPANT TO SERVICES FOR:
  - HOUSING ASSISTANCE PROGRAMS
    - RECOVERY HOUSING
    - SHELTER PLUS CARE/PUBLIC HOUSING
  - TRANSPORTATION SERVICES
    - PROVIDE PAID PUBLIC TRANSPORTATION
    - LICENSE ISSUES
    - SR-22 BONDS

SUPPORTED EMPLOYMENT

- ALL PARTICIPANTS WITH MENTAL ILLNESS ARE CAPABLE OF WORKING COMPETITIVELY IN THE COMMUNITY
- FIND A NATURAL “FIT” BETWEEN A PARTICIPANTS STRENGTHS/WORK EXPERIENCES AND JOBS WITHIN THE COMMUNITY
- SUPPORT IS PROVIDED THROUGHOUT THE WHOLE PROCESS EVEN AFTER EMPLOYMENT IS ACHIEVED
SEEKING SAFETY

• Evidence-based, present-focused model to help participants attain safety from trauma and substance use

• Topics include:
  • Safety
  • Help-seeking
  • Setting boundaries
  • Re-traumatization
  • Self-care
  • Recovery

TRAUMA-INFORMED CARE

• Safety
  • Emotionally, physically, psychologically

• Transparency and trustworthiness
  • Task clarity, consistency, interpersonal boundaries

• Peer support
  • Building support, establishing trust, empowerment
TRAUMA-INFORMED CARE

• COLLABORATION AND MUTUALITY
  • MEANINGFUL SHARING OF POWER AND DECISION MAKING

• EMPOWERMENT, VOICE, AND CHOICE
  • RESILIENCE AND STRENGTH ARE RECOGNIZED

• CULTURAL, HISTORICAL, AND GENDER ISSUES
  • MOVES PAST CULTURAL STEREOTYPES AND BIASES, OFFERS GENDER-RESPONSIVE SERVICES, RECOGNIZES AND ADDRESSES HISTORICAL TRAUMA

FIDELITY

ADHERENCE TO PROGRAM INTEGRITY AND DATA COLLECTION
EVALUATION FORM

- UCCI GROUP EVALUATION FORM FOR CBI CURRICULA THAT MEASURES:
  - GROUP STRUCTURE/FORMAT
  - FACILITATOR KNOWLEDGE/MODELING
  - TEACHING SKILLS
  - BEHAVIOR MANAGEMENT
  - COMMUNICATION
  - INTERPERSONAL CHARACTERISTICS

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**EVALUATION FORM CONT.**

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LET ME GET THEM DIGITS!

DATA COLLECTION

- RECOVERY MAINTENANCE CHECK-IN
- TELEPHONE INTERVIEW WITH PARTICIPANTS AFTER DISCHARGE FROM PROGRAM
  - MONTHLY FOR FIRST 6 MONTHS
  - BI-MONTHLY FOR NEXT 12 MONTHS
  - QUARTERLY FOR NEXT 18 MONTHS
  - TOTAL OF 36 MONTHS
DATA COLLECTION

• TELEPHONE INTERVIEW CHECKLIST
  DOMAINS:
    • HOUSING
    • FAMILY/SOCIAL STATUS
    • HEALTH STATUS
    • SUBSTANCE USE
    • FINANCIAL/OCCUPATIONAL STABILITY
    • CRIMINAL ACTIVITY

CLOSING STATEMENTS

GOALS
CHANGING THESE NUMBERS…

Ashtabula County inmates in ODRC
Admissions - Calendar Year 2017:

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INTO THIS NUMBER

0
PREVENT THIS 😞

PROMOTE THIS 😊
CARDI B MOMMA SAYS THANK YOU!!!!!!!!!!!
References


References


