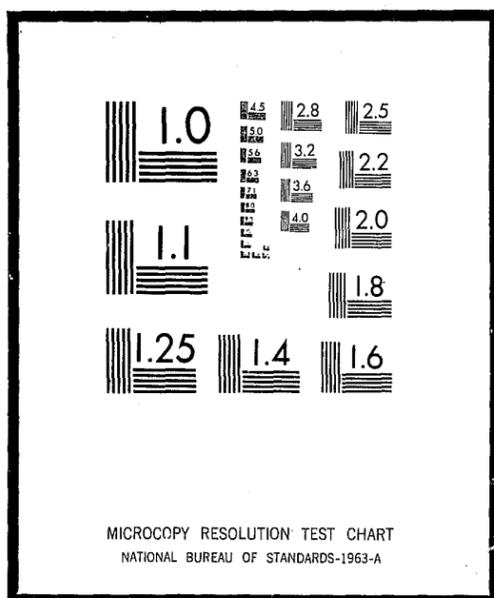


NCJRS

This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U.S. Department of Justice.

U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

Date filmed 6/30/75

THE COOPERATIVE BEHAVIOR DEMONSTRATION PROJECT

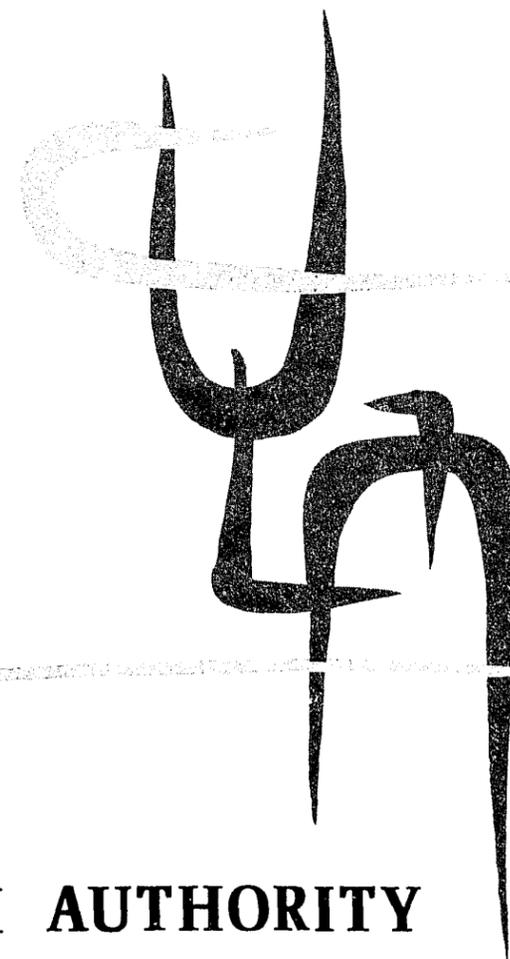
Submitted As The Second Annual Report To The Office Of Criminal Justice Planning

April, 1974

014246

PROPERTY

CALIFORNIA
YOUTH AUTHORITY



State of California

RONALD REAGAN
Governor

Health and Welfare Agency

JAMES E. JENKINS
Secretary



THE COOPERATIVE BEHAVIOR DEMONSTRATION PROJECT

Submitted as the Second Annual Report
To the Office of Criminal Justice Planning
April 1973

**Department of the
Youth Authority**

KEITH S. GRIFFITHS
Chief of Research

CARL F. JESNESS
Project Director

TOM S. ALLISON
Research Specialist II

PAUL M. McCORMICK
Research Specialist II

ROBERT F. WEDGE
Associate Social Research Analyst

MARY LYNN YOUNG
Research Specialist I

ALLEN F. BREED,
DIRECTOR

GEORGE R. ROBERTS,
CHIEF DEPUTY DIRECTOR

MARGARET BAER,
DEPUTY DIRECTOR

RESEARCH, EVALUATION AND
DEVELOPMENT BRANCH

YOUTH AUTHORITY BOARD

ALLEN F. BREED,
DIRECTOR AND CHAIRMAN

JULIO GONZALES,
VICE CHAIRMAN

ED BOWE
RICHARD W. CALVIN, JR.
PAUL A. MEANEY
WILLIAM L. RICHEY
GLADYS L. SANDERSON
JAMES E. STRATTEN

Project Staff:

Carl F. Jesness, Ph.D.	Project Director
Tom S. Allison, Ph.D.	Research Specialist II
Paul M. McCormick	Research Specialist II
Mary Lynn Young, Ph.D.	Research Specialist I
Robert F. Wedge	Associate Research Analyst
Leilani J. Johnston	Senior Stenographer
Rita H. Ramirez	Clerk-Typist II

TABLE OF CONTENTS

	Page
Background	1
Project Objectives	2
Participating Agencies	3
Training	7
The approximation model	7
Interview training	8
Research Method	10
Subjects	10
Subject and Treater Variables	10
Data on subjects	10
Data on field officers	11
Process Data	12
Case Review Outline	12
The Intervention Strategy Report Form	14
Overall Case Evaluation Form	16
The Case Planning Worksheet	17
Follow-Up	18
Evaluation of caseworker performance	18
Case outcome evaluation	19
Progress to Date	21

TABLES

Table 1 - Agencies Involved in CBDP and Cases Designated as Project Cases	4
----------------------------------------------------------------------------------------	---

APPENDIXES

Appendix A - Specification of Behaviors in Treating Clients on Parole or Probation	23
Appendix B - Training Exercises in Interviewing for Contingency Contracting	34
Appendix C - Case Review Outline	42
Appendix D - Client Treatment Summary	46
Appendix E - Case Review Outline Rating	47
Appendix F - Intervention Strategy Report	49
Appendix G - Overall Case Evaluation	50
Appendix H - Case Planning Worksheet	51
Appendix I - Offense Severity Scale	53

Cooperative Behavior Demonstration Project:

Second Annual Report

Carl F. Jesness

This report describes the progress made during the second year of the Cooperative Behavior Demonstration Project (OCJP #0862-E). The period covered is that between April 1, 1973 and April 30, 1974. The fact that the second "year" of the project comprised 13 rather than 12 months was due to the fact that the duration of the second year of the project was extended for one month.

The report describes a) the background leading up to the project, b) project objectives, c) the approach used in achieving the objectives, d) progress made in achieving the objectives, and e) findings to date.

Background

The Cooperative Behavior Demonstration Project grew out of a need to develop effective, practical community-based correctional programs. During the past several years there has been an increasing shift away from the concept of institutional treatment to an emphasis on the need for community programs. The conviction has grown that to be effective, all aspects of the correctional process must be linked to the community. In 1966, the California Youth Authority added impetus to this movement by the adoption of the California Subsidy program.

In addition to the growing consensus on the potential value of community-based correctional programs, there has developed a greater conviction that the deeper the penetration of offenders into the criminal justice system, the lower is the probability that they will be amenable to rehabilitation. Thus, attention has become focused on aspects of the system that intervene early and minimally. Probation services appear to be in an unusually strategic position to influence and intervene in the career development of delinquent offenders. Just how effective they presently are is, however, a moot question, for hard data is virtually non-existent on the subject of probation effectiveness.

Consequently, there is general agreement that such data must be collected and that alternative approaches to intervention and rehabilitation must be tried. The Cooperative Behavior Demonstration Project was designed to evaluate the effectiveness of existing probation services and compare the effectiveness of these programs with innovative methods based on the principles of social learning theory, also known as behavior modification.

The selection of behavior modification and the techniques of contingency management as the basic treatment approach came as a consequence of the rapidly accumulating evidence of their success in the treatment of a wide variety of behavioral problems. Most exciting to researchers in the corrections field are the reports of considerable success with delinquents. One of the major advantages of the use of behavior modification techniques is the actual treatment program, once developed by an expert, can be carried out by paraprofessionals such as parents, guardians, teachers, or the client himself. Thus, behavior modification can be provided in virtually any setting, and relatively continuously rather than just occasionally or periodically as would be the case in the institution, clinic or treater's office.

Most counties have neither the research specialists nor data collection systems to enable them to develop innovative programs or to systematically evaluate their effectiveness. Thus, the Cooperative Behavior Demonstration Project was designed to provide both the technical assistance to the counties in evolving innovative, meaningful intervention rehabilitation programs, and establishing data collection systems enabling them to evaluate the effectiveness of these programs.

Project Objectives

The ultimate objectives of the Cooperative Behavior Demonstration Project are: a) to assess the extent to which trained paraprofessionals will implement learning theory principles and behavioral management techniques in the treatment of clients within their probation caseloads; b) to

compare the effectiveness of behavioral interventions with other intervention strategies in reducing identified delinquent behaviors of the clients; and c) to develop an effective method of assisting probation departments in the implementation of behavioral interventions in the natural environment. To achieve these long-term objectives it was also necessary that:

- 1) an effective training package and method for dissemination be developed,
- 2) supervisors and caseworkers be trained in social learning theory and behavioral techniques,
- 3) relevant subject and treater characteristics be identified,
- 4) alternative contingency contracting strategies for field settings be developed,
- 5) methods be established for measuring caseworker performance,
- 6) measures of client performance be established, and
- 7) the entire procedure be carefully documented.

Participating Agencies

Listed in Table 1 are the participating agencies. The table shows the location of the unit, the number of staff participants and the number of clients as of 3/31/74.

During the year there were several changes in the units participating in the project. The major changes have been 1) the addition of probation units from Santa Clara, 2) reduction in the level of participants of several units, 3) the addition of a day care center and a juvenile hall, and 4) the assumption of two new tasks involving a CYA institutional treatment team and a training assignment with OCJP, Region K.

In March, Santa Clara County asked to become a participant in the project. In April, two supervisors and the training officer from the probation department attended an abbreviated training course in Stockton. The seven training sessions were spread out somewhat more to enable the trainees to do more "homework", and were more heavily oriented toward field experience. Lessons learned from previous training groups were incorporated into this training package and should result in a better transfer of knowledge from the classroom to the field. In June the Santa Clara staff began field training agents of two probation units. One of these units carried through admirably, while the other has gradually stopped performing.

TABLE 1
Agencies Involved in CDBP and Cases
Designated as Project Cases

Agency	Supervisors and Agents Involved	Experimental Cases Assigned		
		Regular Experimental	Former Control A Clients	Total
Alameda Prob.	15	53	52	105
Marin Prob.	4 (also 3 Day-Care Center)	11	6	17
Sacramento Prob.	14	32	29	61
Santa Clara Prob.	13	11	5	16
San Francisco Prob.*	4	8	3	11
San Francisco Par.*	5	8	5	13
San Joaquin Prob.	19	63	47	110
Solano Prob.	14 (also 5 juvenile hall)	29	14	43
Yolo Prob.*	6	12	6	18
Total	94 (+ 8)	227	167	394

* No longer active

There was a change in the level of participation of several other units. For a variety of reasons, primarily related to turnover of staff both at the DPO and supervisory level, Yolo county early in the year indicated a desire to decrease the extent of their participation in the project. Follow-up data was collected on all subjects involved in the project, but no new assignments were included in the project. Further training needs would have been difficult to meet. Furthermore, some field agents had expressed a wish to withdraw from the project.

In August 1973, further participation of the San Francisco Community Parole Center proved impossible when the concept of the parole center was abandoned, and parole agents were dispersed and assigned to specialized tasks such as finding jobs, doing group treatment, locating foster homes, etc.

The table, therefore, includes some agencies, units, and staff who are no longer active. At this point in time, most of the project's consultants' time is being spent with probation staff from Solano County (including the juvenile hall), Marin County (including the Day-Care Center), a probation subsidy unit in Sacramento County, a subsidy unit in Santa Clara County, and two probation units in Alameda County. New cases continue to be assigned only in units where contingency contracting is in fact being applied.

Two new tasks have been undertaken by the Cooperative Behavior Demonstration Project. One of the living units at the O. H. Close School, a CYA institution for boys located in Stockton, is receiving consultation from CDBP staff in goal analysis and behavioral techniques with the ultimate goal in integrating their existing transactional analysis program with behavioral technology. A second task has recently been undertaken at the request of the Region K Office of Criminal Justice Planning.

From its inception, one of the primary objectives of the Cooperative Behavior Demonstration Project has been to develop a general behavioral intervention model that would be applicable to a wide variety of settings. In addition to the participating field probation units, successful programs incorporating the basic concepts are now operational in a day-care center, a juvenile hall, a short-term residential treatment center and, just recently under way, programs in several group foster homes.

Recently, staff of the CYA's O. H. Close School expressed an interest in building upon their existing program to develop a model treatment program that would integrate transactional analysis with behavioral modification. Staff-ward participatory management would also be emphasized.

After several meetings with O. H. Close staff, it was decided that staff from one residential unit, El Dorado hall, would become involved in the CDBP project. Specific objectives will include:

- 1) documentation and evaluation of existing program components
- 2) training of El Dorado staff in goal analysis and the specification of measurable treatment objectives

- 3) training of El Dorado staff in principles of behavioral contracting and contingency management (when appropriate)
- 4) collection of data on staff and ward behaviors
- 5) measurably increase the rate at which staff a) provide objective specifications of behavior change goals, b) collect data and c) use intervention strategies compatible with behavioral principles.

Although the participation of O. H. Close comes rather late in the CBDP project, this appears to be an unusually good opportunity to further develop and test the behavioral intervention model.

The second task has been recently undertaken at the request of Region K Office of Criminal Justice Planning. Region K was selected by OCJP to develop a more effective regional evaluation capacity and a diversion program evaluation model. The Region K Criminal Justice Planning Board subsequently requested the California Youth Authority to serve as consultant to them in this project. The group of CYA personnel who were regarded as unusually well qualified to assist Region K in this task were those of the staff of the Cooperative Behavior Demonstration Project. Discussions among Region K staff and project staff indicate that the objectives of Region K's assignment sufficiently parallel those of the Cooperative Behavior Demonstration Project so that involvement in this proposed endeavor would be doubly beneficial.

Therefore, staff of the Cooperative Behavior Demonstration Project tentatively agreed to provide the following services to Region K:

- 1) Basic training in evaluation design (i.e. goal analysis, performance measurement and reliability-check systems, and experimental design). (Two three-day seminars: 144 man-hours).
- 2) In the context of the above training, provide a specification of the performances required of Region K, OCJP, Evaluation Project staff to accomplish evaluation of a diversion program, and assist Evaluation Project staff in development of a project proposal format that will help future grant applicants to provide information that will facilitate evaluation.

- 3) Accompany Region K Evaluation Project staff on-site visits to projects being evaluated, and to assist and further train Region K Evaluation Project staff in designing and implementing evaluation strategies in various settings. (150 man-hours).
- 4) Consultation at the CBDP offices at NCYC, regarding progress of the evaluation of the three specified diversion programs, processing and interpretation of acquired data, and the critiquing of the final report. (148 man-hours).

The contract for these services has not as yet been finalized.* Nevertheless, because Region K training needs are compatible with project objectives, project staff will provide limited assistance to Region K whether a contract is or is not formalized. The first 3-day workshop was held on February 26-28 with 15 participants from the region.

Training

The basic training model adopted by the project was an exponential model in which the project staff trained supervisors who in turn trained field agents. As was described in the first annual report, training of supervisors took approximately 72 hours, after which the supervisors with the help of project staff provided approximately 40 hours of training to their field staff. This training was followed by weekly consultant meetings sometimes held with the supervisors alone, and at other times with the field officers present. Unfortunately, even though an attempt had been made to avoid a formal academic classroom approach to training, the training did not readily transfer or generalize to the applied field setting.

The approximation model. Consequently, in July, 1973, at a time after the agents had been trained and were supposed to be using behavior contracting with their clients, a major change in procedure was made. It was found that the classroom learning had not effectively generalized to the practical setting and that most field staff were either not motivated or were not sufficiently knowledgeable of social learning theory to use behavioral technology in contracting with their individual clients. Therefore, after a period of floundering, project staff changed their emphasis to a method

*The contract became official at the end of April, just as this report was being prepared to be printed.

that did not attempt to suddenly replace, but instead to gradually build upon the techniques already used by field agents in their routine contacts with the clients. The approach called for the consultant to provide explicit approval for approximations of contingency contracting and the withholding of criticisms for non-performance. The project trainer-consultants determined as clearly as possible what the agent's treatment objectives were with each of his project clients. After documenting the method being used to reach those goals, and specifying the data to be collected that would determine the success of the intervention, the consultant returns later to evaluate together with the agent the extent to which the plan had succeeded in achieving each of the objectives. Where the procedure was successful, the agent continued to use the method; where it was not successful, the agent worked together with the consultant to establish an alternative plan that might prove more effective. Following this plan will enable us to evaluate the effectiveness of the various approaches used including strategies other than contingency management. This extensive documentation of the activity of the agents will provide a major source of data for the project. The focus of research attention has gradually shifted from an almost exclusive attention to the behavior of the clients, to an equally detailed documentation of the behavior of the agents. It is only if certain agent (treater) behaviors occur that any treatment effect can be inferred. Changes in client behaviors can only be attributed to probation agent intervention where some active intervention strategy has been employed.

Interview training. A second major innovation in training, also made as a result of the fact that most participants in the CBDP were slow to negotiate formal contingency contracts with their probationers or parolees, occurred in July, 1973. Many of the officers reported that their experimental clients were not good prospects for behavioral treatment because the clients apparently would not identify acceptable goals, admit having behavior problems, or ask for ethically acceptable reinforcers. CBDP's consultants then asked the workers to tape record their interviews so that the workers' questions and interventions could be examined for clues that might point to specific difficulties. The recordings were immediately useful.

Some officers were too willing to accept the first response of a client, like, "I don't know", or, "I haven't thought about that," as evidence that the client could not, or at least would not, negotiate. The workers' voice tone, or selection of words, or failure to pursue a point, or tendency to question in a way that made "no" the most probable answer (e.g., "Isn't there anything you want from probation besides getting off it?") indicated the probable usefulness of training in interviewing for contingency contracting.

Consultant staff prepared a role-playing and behavior-rehearsal training course to assist the workers in improving their negotiating skills. The mimeographed outline included an eleven-page statement on stimulus control, the advantages of awareness in learning, and a list of assumptions helpful in negotiating contracts intended ultimately to lead to self-management (see Appendix A).

The course consisted of seven group exercises designed as practice sessions in interviewing for contracting: 1) the first interview; 2) goal setting; 3) looking for strengths to build on; 4) identifying problem behaviors of the client; 5) identifying problem behaviors the client sees in others; 6) identifying potent reinforcers; 7) negotiating contracts (See Appendix B).

CBDP consultant staff conducted the training in the project participants' offices, usually with the unit supervisor and his whole staff attending as a group. The workers took turns as interviewers, not role playing, but being themselves. Their colleagues role-played an actual client, responding to the interviewer as they thought the client would respond. Some units soon preferred bringing in real clients, volunteers who agreed to be interviewed in front of the group.

The interviews were video taped for immediate play-back, and for critiquing by the consultants, the workers themselves, the worker's fellow staff, or the client volunteers. Improvements in interviewing techniques were often immediately evident. Many of the participants discovered that they were more potent interviewers than they had believed they were.

The objective of the course was to teach the workers to avoid, whenever possible, imposing treatment contracts on clients, but to negotiate for behavior changes, reinforcers and goals specified by the client himself, not by the worker. Practicing this strategy enabled the more authoritarian workers to reexamine some of the assumptions about their probationers' capabilities and degree of good will.

Research Method

Subjects

Originally, two types of control subjects were defined. Control type A were those clients under the supervision of an officer trained in behavioral methods but not receiving systematic contingency management treatment. Control Bs were probationers selected at random from caseloads of workers not trained in behavioral methods. The concept of Control As proved unworkable, for those officers most convinced of the effectiveness of the behavioral approach were least able to differentially forget or ignore their training. The concept of control As was dropped in favor of using as controls only those subjects from caseloads of officers not trained by the project. The treatment strategies used with these former control As are being documented, and the subjects will be part of the experimental pool.

Subject and Treater Variables

Four rather distinct types of data are being collected. The first is comprised of background, psychological, and behavioral data on the subjects; the second comprises a roughly similar type of data on the treater (field officer); the third consists of the data about the process; and the fourth indicates evaluation and follow-up information.

Data on subjects. Rather extensive data has been collected on the study subjects in order to a) determine if there are important individual differences in the responses of subjects of different types to different intervention strategies, b) to provide descriptive data about the study population, and c) to provide information of help to the officers in treatment. Included are:

- 1) Background Questionnaire
- 2) Jesness Inventory
- 3) Jesness Behavior Checklist (observer form)
- 4) Jesness Behavior Checklist (self-appraisal form)
- 5) Basic Data Collection Forms
- 6) Relationship Questionnaire (client form).

The Jesness Behavior Checklist (self-appraisal form) and the Inventory provide the necessary data to obtain the computer-determined I-level (Interpersonal Maturity Level) probabilities. These probability data are combined through a set of explicit rules to derive I-level subtype classification.

It was also originally intended that the tests would be administered twice, and that changes from pretest to posttest would be evaluated. This has not proved feasible, primarily because obtaining posttests turned out to be extremely difficult with probationers. Even the initial testing has proved a considerable problem for consultants and probation staff alike. Some agencies (especially San Joaquin County) established efficient, practical procedures. Others never have been able to provide data, and as a result, complete data will probably be available on about one half the sample. Perhaps the most intriguing data are those obtained from the observer form of the Behavior Checklist. In many instances parents and friends have been willing to complete ratings on the subjects. These ratings, when compared with the subjects' self-ratings, often provide potent information for use in treatment.

Data on field officers. Participating officers have been most helpful in providing data about themselves that will enable the project to determine if there are any treater characteristics that tend to facilitate or be predictive of effective treatment. Data collected has included:

- 1) Strong Vocational Interest Blank
- 2) Staff Preference Survey
- 3) Relationship Questionnaire (Observer Form)
- 4) Officer Background Information Questionnaire.

The primary use of the Strong and Staff Preference Survey is to determine if matching of client to worker, either in terms of the I-level system or the Betz A-B treater types shows any differential effects. One of the uses of the Relationship Questionnaire is to provide a basis for evaluating the effects of matching on the mutual regard shown by worker and client.

Process Data

By far the most complex data collected by the project is that relating to the description of the treatment process itself. The distinction between process and outcome is usually made on the basis that process variables are those that describe what is happening in treatment, rather than how effective it is. However, the distinction breaks down as the specification of the behaviors becomes more detailed. In the CBDP project the most important documents (and procedures) used to aid in summarizing information about each intervention and each behavior problem are a) the Case Review Outline, b) the Intervention Strategy Report, c) the Overall Case Evaluation Form, and d) the Case Planning Worksheet. In the paragraphs that follow each of these forms will be described in some detail, for the evaluation of the forms reflects to a considerable extent the evolution of the consulting model from the project's inception up to the present time.

Case Review Outline. During the initial stages of the field consulting phase of the Cooperative Behavior Demonstration Project, the consultants discovered that in most instances there was an extreme delay between assignment of the client to an agent and the implementation of treatment. One factor that seemed to account for the delay was that agents lacked the basic information about a client that would facilitate his planning intervention strategies. Many agents were unable to skillfully interview clients in order to obtain information about the clients' future plans, positive behaviors and skills, preferred activities, material and social reinforcers, and problem behaviors. Frequently, information that agents could provide about client behavior was non-specific, subjective, and of little value in planning treatment.

The Case Review Outline (CRO) shown in Appendix C was designed to help the deputies to obtain and organize treatment relevant information about clients. Most of the information in the CRO is obtained from the client directly and supplemented by reports of parents, guardians, school personnel, and other community sources.

The officer is asked to use the CRO as a guide in interviewing the client. He is encouraged to provide as much objective information as he can in each category. Completed Case Review Outlines are screened by supervisors and consultants for descriptions of behaviors that are too general and may need further objective specifications. The agent either completes the more objective specification with the information available to him or is asked to obtain more specific behavioral definitions at a later interview.

When the Case Review Outline information is complete and all the client's skills and positive behaviors as well as problem behaviors have been objectively described, the information is used to help agents to design behavioral treatment programs, based upon the client's own goals and objectives.

The Case Review Outline and consultant-supervisor screening procedures serve two purposes. They are used primarily to train and shape the agents' skills in interviewing and objective specification of client behaviors. Secondly, they provide an overall synopsis of all the information that an agent may use in designing behavioral treatment programs and negotiating contingency contracts with clients. The Client Treatment Summary form was issued for this purpose (Appendix D).

Initial Case Review Outline information is rated by the Cooperative Behavior Demonstration Project Staff according to established criteria (see Appendix E). Section I of the outline is not rated because this information can be obtained from client's files and pertains to client's vital statistics.

Only information from the initial review is rated; information added to a later review is not counted. The rating of the Case Review thus reflects

a rating of the agent's skills at obtaining information in initial interviews with clients. The project will test the hypothesis that as the agents become more skilled in interviewing clients, the amount of complete information obtained during these initial interviews should increase.

Adequate specification of behaviors by the agent is also evaluated in the rating score. Consultants allow an agent one opportunity to provide a more operational definition of a behavior that is initially written down or verbalized in an abstract or generalized way. If further questions or prompts are required to elicit an objective behavioral definition from an agent, a note is made on the Case Review Outline at screening indicating that the item is not to be rated as the agent's work. The staff also hypothesizes that the behavioral specifications provided by agents in case reviews will be increasingly more operational.

The Intervention Strategy Report Form. The Intervention Strategy Report Form (Appendix F) was developed to simplify and systematize the collection and reporting of information about the types of treatment, or intervention strategies employed by field agents to modify the deviant behaviors of their clients. An additional use of the I.S.R. forms was to facilitate reporting of treatment outcomes with specific interventions.

At the beginning of the experimental phase of the CBDP, information about the treatment strategies used by field agents was written by the project consultants. The information was obtained from each agent's immediate supervisor, who was to have obtained the information directly from the agent. This two-step procedure was found to be cumbersome. Some supervisors failed to obtain all necessary information (if they obtained any at all), failed to identify all of the problem behaviors of the client, or failed to specify the problem behaviors with sufficient objectivity to be of value for the evaluation of outcomes.

The instances of supervisor failure were, in most cases, attributable to insufficient training. Therefore, towards the end of the project's first year the CBDP consultants began additional training for supervisors, consisting of modeling by consultants of the behaviors necessary to obtain

adequate intervention strategy information from agents.* This was done in the context of the case review meeting involving the agent, supervisor and consultant. It was immediately apparent that this training could be facilitated by the adoption of a standard format for intervention strategy reports.

The first I.S.R. form was relatively unstructured. It had spaces to be filled in with the name of the client, agent, and agency, the description of the specific problem behavior to be treated, and the description of the data collection system and intervention used in the case, if any. Agents were given a set of instructions describing the information needed.

It soon became apparent to the CBDP staff that the actual range of specific treatments used by field agents were relatively narrow. Therefore, a second I.S.R. form was developed that listed the most common types of intervention, as well as variations of Behavior Modification treatment. A numerical coding system was developed to be used to indicate which intervention strategies were used to deal with each behavior problem. The second version of the I.S.R. form also provided spaces to write numerical codes to indicate if any other basic data collection system was employed in the treatment effort, and to report the outcome of the intervention. This form simplified the summary of information about intervention strategies, and the numerical codes provided a method for submitting data for computer analysis.

The final version of the I.S.R. form, now in use, was a simplification and expansion of the second version. Simplification was achieved by omitting a coding system used in the second form to identify reasons that agents did not employ certain treatment strategies in specific cases. (The revision was decided upon because it had become apparent that, in many

* Supervisors and agents also obtained further training in data collection and Behavior Modification skills in the context of the meetings with consultants.

instances, the coding system did not accurately reflect the reasons.) The final I.S.R. form was expanded to include codes identifying the durations of time from detection of a problem behavior to onset of treatment, of actual treatment efforts, and of follow-up assessment.

In its current version, the I.S.R. form provides a semi-structured format for interviewing field agents regarding their case treatment strategies. Consultants or supervisors may ask agents about their data collection and treatment strategies in various ways, but the I.S.R. form cues them regarding the information that must ultimately be provided. The amount of structure provided is sufficient to assist supervisors or agents in learning to report important information about intervention strategies, data collection, and treatment progress and outcome.

Completed I.S.R. forms are also used to communicate intervention strategy and treatment outcome data to computer disc for analysis.

Overall Case Evaluation Form. To evaluate the impact of the specific methodology employed, the extent and quality of Behavior Modification treatment afforded to clients in the experimental sample must be assessed. The Overall Case Evaluation Form was developed to standardize this assessment.

The Overall Case Evaluation Form (OCE) shown in Appendix G lists six criteria which the professional consulting staff of the CBDP agree would, if met, constitute a minimum for adequate Behavior Modification treatment programs. Some of these criteria would also be minimal expectations in other forms of treatment. Spaces are provided on the form for consultants to fill in a number code identifying the extent to which each criterion was achieved in a specific case.

At the termination of a case, the consultant and/or supervisor conducts a final intervention strategy interview with the responsible field agent. All of the I.S.R. forms for all of the presenting problem behaviors are completed. The consultant then examines the Case Review Outline, Intervention Strategy Reports, and any other relevant information about the case

(e.g., samples of contingency contracts, data graphs, etc.), then fills out an O.C.E. form, rating the case on each criterion, one by one. The actual outcomes of specific interventions, or of the case in general, is to be ignored in rating the case; interest is in the conduct of the case rather than in its immediate outcome. (A random sample of cases will be rated "blind to outcome" by another consultant to test the reliability and validity of rating.) O.C.E. evaluations will be correlated with data on probation and post probation success to test the predictive validity of the O.C.E. evaluations.

It is expected that a new O.C.E. form will be developed as a result of the findings of the CBDP. This new form will consist of evaluative criteria derived from analysis of overall case intervention strategies shown to be significantly effective in achieving client success. However, it is hypothesized that most, if not all of the criteria on the present O.C.E. form will be found to be of value in predicting client success during and after probation supervision.

The Case Planning Worksheet. The worksheet is the latest procedural refinement introduced into the consulting model. The worksheet shown in Appendix H is designed to aid the consultant, supervisor, and caseworker in establishing a sequential plan that specifies: 1) the behavior problem manifested by the client, 2) the behavioral change objectives, and whether the rate of occurrence of each performance is to be increased or decreased, 3) any involvement of others in the plan, 4) the client's reinforcers, 5) the data collection system to be used including who will collect what type of data and when the collection will occur, 6) a summary of the contingency management program, or proposed contracts for each behavioral change objective, and 7) an indication of the treatment evaluation procedure (reversal, multiple baseline, etc.) to be used.

Among its other virtues, the case planning approach using the worksheet clarifies the initial status of each case, helps to get treatment underway, encourages the worker to formulate a plan that enables him to initiate a

goal-oriented treatment intervention strategy rather than merely responding to crises.

Follow-Up

The evaluation of project success in meeting its objectives will attend to the behaviors of both the probationers as well as the probation officers. In addition to the traditional methods of evaluating training effectiveness (knowledge of content taught), data are being collected to compare the use of behavioral techniques by probation officers at a time early in their training as contrasted with their behavior after a longer period of consultation and field work. The hypothesis is that the rate of desired behaviors will increase in proportion to the officers' involvement with consultants and supervisors.

Evaluation of caseworker performance. The desired treatment behaviors charted will include a) adequacy and completeness of the case review data, b) relative frequency of use of contingency management in treatment of project cases, c) proportion of contracts with project clients that met the minimum standards for contingency contracting established by project staff, d) time from assignment of case to initiation of treatment, and e) relative frequency of successful outcomes as defined by a decrease in frequency of the clients' specified problem behaviors.

A second set of variables will provide information about the effectiveness of the techniques used. The quality and intensity of the contingency contracting employed will be related to a decrease in rate of such undesired behaviors as late hours, and an increase in rate of desired behaviors such as school attendance. Behavior problems such as truancy will be analyzed separately, for it is the impression of many caseworkers that certain kinds of behaviors are more amenable to behavioral techniques than others for data on the behaviors are more readily obtained, and the behaviors are more readily reinforced.

A third analysis will be made comparing rates of problem behaviors, both in relation to their frequency of occurrence before and after intervention, but also in relation to other control subjects not involved in

behavioral types of interventions. There are many problems associated with this type of outcome evaluation in probation, some of which are discussed in the section that follows.

Case outcome evaluation. There is little information in the literature relating to the effectiveness of community probation programs. As is apparently true of other probation departments, the counties participating in the CBDP project did not maintain meaningful records on the number of subjects successfully completing probation, or data on those who "failed" probation by becoming involved in further delinquent activities. The reason for this lack of data was not only a consequence of inadequate record keeping practices, but was also related to the inherent difficulty of defining meaningful probation performance measures.

To evaluate the effectiveness of the behavior intervention model in probation settings, it therefore was necessary to go directly to case records to collect data regarding the delinquent behavior of the subjects in the community. In order to obtain these data, a record of each client's offenses was extracted from the probation officer's report to the court at the time of his removal from probation. The court report includes a list of offenses committed by the subject beginning with the first time he was brought to the attention of a legal agency, whether it was the local police department, probation department, or juvenile court. Similar data is being collected at two points in time on a sample of more than 300 control cases randomly selected from the caseloads of DPOs not involved in the project.

Three periods of assessment of community behavior have been defined: 1) a 24 month baseline period preceding assignment to the project as an experimental subject (for controls the corresponding period will be 24 months prior to a specified point in time at which the data was recorded), 2) the active intervention or project period, consisting of that time during which the subject was on active probation, and 3) the 12 and 24 month post-project follow-up periods following removal from probation.

Data on offenses occurring after the subjects' removal from probation will be obtained from probation files when these are available; otherwise,

the data will be extracted from "rap sheets" obtained from the California Justice Department's Bureau of Criminal Statistics. A rap sheet contains a record of arrests, convictions, and dispositions, and are maintained routinely by the bureau on all persons reported as committing offenses in the state. A major problem with the rap sheets is the inconsistency among counties in the completeness and accuracy of their reports. Nevertheless, some rough index of the effectiveness of existing probation programs can be estimated from comparisons between experimental and control subjects as well as from comparisons of the subjects' performance before, during, and after active behavioral intervention.

The data on delinquent behaviors will be analyzed in several ways. The project will document the type of offenses committed, the rate or frequency of offenses, and the relative severity of offenses. The type, rate, and severity of offenses for experimentals and controls in the pre-project period will be contrasted with figures for the post-project period. It will be possible to make statements regarding change in the rate or severity of offense behavior for subjects who experienced intervention and those who did not.

The severity of offense rating scale (see Appendix I) is a revision of a similar scale first devised by the California Youth Authority in 1958. The placement of each particular offense was first done by the consensus of persons in the criminal justice field, taking into account both the criminal nature of the behavior and the reaction of the community to the behavior. Only minor changes in the scale have been made since then. Listed in Appendix I are the offenses arranged in groups from the least severe (curfew, runaway) to the most severe (murder).

In addition to attending to the severity of the offense, it appears necessary to consider the type of offense, for an intervention program could conceivably affect the nature of as well as the frequency and severity of delinquent behaviors.

The type of offenses are being classified into the following categories:

- 1) Offenses against persons (murder, manslaughter, assault, armed robbery, etc.).
- 2) Offenses against property (burglary, theft, auto theft, destruction of property, etc.).
- 3) Narcotics and drug offenses (use, sale, or possession of narcotics, drugs, or marijuana).
- 4) Sex offenses (forcible sex acts, sex perversion, promiscuity, etc.).
- 5) Forgery and checks offenses.
- 6) Miscellaneous offenses (escape, drunk driving, malicious mischief, trespassing, disturbing the peace, etc.).
- 7) Juvenile non-criminal offenses (incorrigible, runaway, curfew, etc.).

Progress to Date

The project is on schedule and should be completed as originally projected. During the entire second year we have been in the project's fourth phase (of five). This fourth phase is the "action" phase during which the further refinement and implementation of behavioral intervention strategies in field settings has been of highest priority. We will continue in this phase for six more months. The attention of staff during the project's final six month will be concentrated on data analysis and writing of the final report.

Further progress has been made in refining the consulting model, and in improving techniques for obtaining and organizing data. Formats for placing the data onto the computer for analysis have been established and the computer programs have been fully debugged. After considerable experimentation with alternative ways of organizing the data, the task of summarizing data has begun.

The project has met almost all of its specific objectives on schedule. These accomplishments can be summarized as follows:

- 1) Training package. The curriculum and method for teaching the basic concepts of behavior contracting has been under almost

continuous revision. A "final" version is being prepared that builds upon all that staff has learned from field experience.

- 2) Delivery of training. Training in the basic concepts of behavior modification and contingency contracting has been directly provided to more than 40 supervisors and directly and/or indirectly to more than 120 caseworkers. Advanced applied training has continuously been provided through weekly or biweekly consulting sessions. In many instances the expertise of the consultants has been wisely used and taken advantage of by the participating units; in other units, the consultants' visits have been viewed as an infringement upon the time of the caseworkers and supervisors.
- 3) Supervisory quality control model. One of the major unanticipated accomplishments of the project has been the development of techniques that can be used by supervisors to establish and monitor staff behavior performance objectives. Several of the supervisors have contributed significantly to the development of the model.
- 4) Use of contingency contracts in community settings. One of the project's major contributions to correctional workers will be its description of innovative contingency contracting techniques for use by caseworkers in community settings. For example, although the involvement of the judiciary has been limited, project findings could suggest ways for the courts to increase their effectiveness. The project's consultation services to Marin County have led to the development of a Day Care Center program that may prove to be an excellent model for other programs elsewhere. Similarly, the Solano County Juvenile Hall Behavior Modification program seems well on its way to establishing a workable model for a juvenile hall program.

Most of the problems encountered by the project staff in implementing behaviorally based treatment programs in probation have already been alluded to in prior reports. Rather than restating these problems at this time, further discussion of them will be postponed until the project's final report at a point when the impressions gained can be accompanied by data.

SPECIFICATION OF BEHAVIORS IN TREATING
CLIENTS ON PAROLE OR PROBATION

BEHAVIOR MODIFICATION

No matter what correctional workers, teachers, psychiatrists, parents, or police think they are doing with people, they are in fact doing some kind of behavior modification, constructively or destructively. Every social stimulus results in a social response. The emitter of a social stimulus may not be morally culpable for the responses he gets from others, but the probabilities are that he can be a powerful influencer. He does not in the strict sense control another's behavior by the stimuli he offers, or by the reinforcers he provides for certain responses, but he can emit stimuli and supply reinforcers that are likely to elicit predictably desirable or undesirable behavior from another. The recipient of the stimuli, and of the reinforcers, sometimes responds unpredictably. Too many variables in human behavior are at work for a treater to manage them all, especially in an environment as uncontrollable as the open community, but the skilled treater can learn to predict the client's probable responses to all of his interventions in an interview or treatment session.

The corrections worker, whether his job is in a prison or a probation department, cannot help but be a treater. His treatment has to be either good or bad. The more clearly he can specify what his treatment objectives are, the better he can measure his effectiveness.

Corrections personnel usually do not have much time to work with individual clients. Nevertheless, almost every prisoner, parolee, and probationer is eventually discharged. If he is never to commit another offense, he had probably best be shaped into habits of self-management that will be personally and socially desirable.

"Self-modification procedures are based on a substantial body of laboratory experimentation...Excellent reviews of theory and research are available in... Learning Foundations of Behavior Therapy by F. H. Kanfer and J. S. Phillips (1970), and in Principles of Behavior Modification, by Albert Bandura (1969)." (From Self-Directed Behavior, by D. L. Watson and R. G. Tharp (1972).)

HOW ABOUT PUNISHMENT?

Treatment that encourages self-management does not exclude punishment, which is an inevitable, inescapable consequence of much human behavior. Any ill effect to oneself that follows inappropriate behavior can be considered punishment. It

is effective punishment if the rate of the inappropriate behavior then declines. Punishment leads to more enduring, constructive change when it is counter-balanced with opportunities to earn pleasurable rewards for alternative behaviors that will replace the destructive behavior. Behavior therapy encourages a non-punitive treatment approach that does not rule out punishment, but uses it, or the possibility of it, to good advantage.

Correctional systems grew out of society's need to protect itself by attaching painful consequences to law violations. The public insists that law breakers be in jeopardy every time they commit a violation. The threat of punishment may be an effective deterrent to crime for most non-criminals; but punishment, or its possibility, has not substantially reduced crime rates, probably because correctional systems have not counter-balanced the pain with the right kinds of pleasurable reinforcers for law-abiding behaviors. Good behavior has been assumed to be its own reward. Corrections has tried stern discipline, religion, vocational training, group treatment, and psychotherapy of all kinds as counter-balances to punishment, without enduring decreases in recidivism rates.

Behavioral scientists (who include successful treaters from a wide variety of therapeutic schools) have gathered enough data to suggest what might have been missing in these correctional methodologies, all of which were helpful to some offenders, but none of which has been effective for enough of them. Correctional treatment has been trying to get offenders to conform to society's expectations more by imposing treatment contracts than by negotiating them. Treatment by negotiation requires the client to state his own goal, and then to decide whether the goal is reachable in treatment. If it is not, then there is no contract. The treater's part of the agreement is to take the client's stated goal seriously, to reinforce him for each of his successful steps toward it; and to confront him with his backward steps as self-defeating violations of the treatment contract.

Behavior therapists (as well as other successful treaters who go by other names but use similar strategies) can practice as effectively in the field of corrections as they can outside. The correctional worker has an advantage the therapist in private practice does not have. He has the weight of the judicial system for additional leverage in emphasizing the self-defeating violations of the treatment contract. In corrections, the treater can accept from the client only

those treatment goals that are compatible with the law, but he can negotiate. And the client's goals are always modifiable in treatment.

The offender knows that if he wants treatment he must specify goals that the worker can ethically accept as treatable. Similar but not as limited strictures apply in private therapy. The correctional worker treats to promote the kind of self-management that results in behavior that is within the law.

If an offender refuses to negotiate a treatment contract, he may be exposing himself to continued incarceration or stricter surveillance, which he will probably perceive as punishment. If he is in the hands of a good treater, he is kept aware of his other available options, which include the possibility of selecting socially acceptable goals. An offender without any socially acceptable goals is in danger of being permanently confined, but few offenders are that anti-social. Some may always have to be kept locked up, but most get released.

One of the conditions for release, or discharge from parole or probation, could be that the offender first fulfill his treatment contract, at least to the point that he is diagnosed professionally as ready for discharge.

Imposed contracts are inevitable, and proper, in corrections, but they can be supplemented by negotiated contracts. If the offender breaks the law again, he goes back to jail, or to juvenile hall. Sometimes that is the only contract necessary. When it is not, negotiating is in order.

SUMMARY

In summary, corrections' goal has been the elimination of criminal behavior. The field does not have sufficient controls to manage all of the potential offender's behavior. Its aim more properly may be to teach the offender to control his own, both for his and for society's good. The field can best offer this kind of treatment, probably, by supplementing imposed contracts with negotiated ones, in which the client is reinforced for accomplishment rather than mere compliance. The client names his own goals, specifies behaviors that he wants to eliminate, and the acceptable ones he wants to learn or increase. He also specifies the pay-offs he wants to enjoy as reinforcers for the changes he is deciding to make. The goals, the behavior changes, and the reinforcers are all negotiable, but they must be reasonable, reachable, and legal.

HELPFUL ASSUMPTIONS

Experience has taught successful treaters who promote self-management that they can do more effective interviewing and contracting if they first rid themselves of certain prejudices, the better to exercise stimulus control. (Stimulus control is the emitting of social stimuli that will most probably result in responses the treater most wants to elicit; e.g., an interviewer says, "What do you want to accomplish for yourself in treatment?", rather than, "Don't you want to do anything for yourself?" The latter question is more likely to elicit a defensive or resentful response than is the former.) Following are a number of suggestions regarding assumptions to make about every client, in order not to let prejudice obstruct good treatment. The CBDP staff compiled this list after listening to hours of taped interviews by probation and parole agents with their clients, in negotiating contingency contracts. The tapes were convincing evidence that careful pre-training and ongoing professional supervision in effective treatment are the rare exception among participating CBDP agencies.

Following are recommended "inner" or "private" behaviors for interviewing clients in parole or probation treatment. Training and experience have convinced the CBDP staff that these strategies are superior, but the reader will draw his own conclusions. He can do so fairly and objectively only if he tests them in practice, as the CBDP staff has.

1. Assume that the client himself is the best source of information about himself. Do not assume that his parents, his teachers, counselors, or case folders have more clinically significant information than he himself can provide.

2. Assume that the client has strengths to build on, and that he will tell you what they are, although he may do so reluctantly.

Beware of labels that describe a client as "unable", "dull", "inadequate", "bad", "psychopathic", or anything else demeaning that the record, previous workers, parents, teachers, psychologists, or psychiatrists have said. The primary source of data for your establishing a treatment plan with a client is the way the client presents himself to you, no one else.

3. Assume that the client has some values that are socially desirable, and that he will tell you what they are. Professional "psychopaths" are rarely seen in probation caseloads. They are winners in the Cops and Robbers game. They don't

set themselves up to be caught. If they are caught, they pay their price and leave; they don't ask for treatment. Think back on your former clients. Have you ever treated an accomplished, professional criminal, one who consistently played the odds in his own favor? Most criminals are heavy losers; but they can change. Corrections' job is to see that they do not change into criminal winners.

You can be sure that the client's "culture" or "subculture" is not devoid of all conventional values, such as honesty, considerateness, loyalty, individual rights (including the rights to personal safety, privacy, ownership of property, etc.), although subcultures make exceptions to these values in some situations, by rationalizing, as does conventional society. (See David Matza's Delinquency and Drift.)

4. Assume that the client will tell you something about his long-term goals, such as "having a good job", "getting along better with people", "staying out of jail", "finishing school", "learning a trade", etc.

Don't assume that he "lives only for today", or "does not want to do anything to help himself", even if his past behavior appears to make those descriptions fit.

5. Assume that the client can tell you what he is doing to help himself reach his goals, and what he is doing that is stopping him from reaching them.

You can bet that he is not completely unaware of the consequences of his behavior, although he may need information regarding legal or administrative procedures and policies.

6. Assume that the client, when skillfully and unprejudicially interviewed, will tell you the truth about himself and about where he is heading.

Beware of assuming that he is a liar, (although he may be), or that he will tell you only what he thinks you want to hear. If you do make prejudicial assumptions about him, he will not take long to smelt them out. He may then set out to live up to them.

7. Assume that he is looking for a consistently firm probation officer or parole agent. He set himself up for the possibility of arrest, so assume he is looking for professionally "tough" treatment.

Don't be afraid that he is fragile, or that you will damage your so-called relationship with him if you ask direct, confrontive questions, especially if he obviously is lying or alibiing.

8. Assume that he will be continually testing you for your toughness, your self-confidence, your technical expertness, your belief in his capacity to change, and your commitment to protecting the community. You can be a competent, consistent, adult model for him.

Don't assume that he will take you for a "patsy" unless you threaten or bully him, or "talk his language", or get angry with him.

9. Assume that he will tell you what his needs are, what is good for him, and what is not good for him, as a human being who deserves to make full use of his capacities.

He may have given up on himself, and be hell-bent for self-destruction, but your confidence that he can change may be what he is looking for.

10. Assume that he is looking for evidence that you see him as worthy of your respect, no matter what his behavior has been.

He will not necessarily construe your treating him with dignity as a condoning of his destructive behavior. He may be surprised at your seeing him as respectable but you can confront him with this surprise to alert him to how poorly he thinks of himself.

11. Assume that the client has a large repertoire of learned, acceptable behaviors that you can reinforce.

He does not come to you as a tabula rasa, a blank slate in need of being filled in on the whole range of socially desirable behaviors. He already has a number of acceptable skills that your treatment may help reinforce, and maintain. Most of his responses are probably socially conforming. Pigeons have to be taught from scratch to learn ping-pong. Ten-year-old probationers already know how to grab handles.

AWARENESS IN LEARNING

Some probation workers academically trained in behavior modification have questioned the CBDP's allegations that negotiated contracts are usually preferable to imposed contracts, and that reinforcing accomplishment is usually more permanently effective than reinforcing compliance. To date, the strongest authority on which these allegations rest is the data regarding the value of awareness in learning. There are data proving that people can be shaped into performing behaviors without knowing they are being shaped. But there are more impressive data showing that the learning curve (rate of learning) rises abruptly as soon as the learner is made aware

that he is being shaped, especially when he is learning something that is particularly advantageous to him. (See Albert Bandura's Principles of Behavior Modification, Chapter Nine.)

Psychology students have been known to conspire in shaping a professor's classroom behavior without his suspecting what they were doing. They may have decided to get him to lecture from only one side of the room, say, for example, the wall side rather than the window side. Every time he moved toward the windows, the students stopped looking at him, and appeared distracted. Every time he moved towards the wall, they perked up, listened intently, and reinforced him with full attention. He may not have been at all aware of what they were doing, but eventually he learned to lecture only from the wall side.

This phenomenon is an example of learning without awareness. It is fun for the students, but it takes a concerted effort by a large number of them, and the prof's learning rate may be relatively slow. A more economical option available to the students is for one of them to raise his hand, and say, "Sir, each time you move to the window side of the room, I become distracted from what you are saying by the glare of the light behind you. I find that I pay closer attention to your lecturing when you stay over toward the wall side of the room."

Two or three other students may concur, and say that they too are bothered by the glare. The prof may learn, in less than one minute, that he is a more effective teacher when he stays away from the windows, and speaks only from the non-glary side. He will most likely maintain the behavior if his students continue to reinforce him with attention.

Making a client aware of the shaping process right from the start can be an advantage. Once he learns to contract with you, he can apply the principles to himself, and become a self manager. As he does that, he learns to contract with his own family and associates. If they do not readily negotiate, or compromise, he may learn to shape them, as you shaped him. That may sound manipulative. It is, in the sense that all social stimuli and reinforcers elicit some kind of response. You and your client are most influential on each other when you both have agreed that what you each want is appropriate.

Until both parties do agree, shaping is difficult. It requires providing stimuli to which the other is most likely to respond in the way you want him to. If you both want the same thing, the more responsive you will both be to each other's stimuli.

CLIENT RESISTANCE

In correctional treatment, if the worker chooses to promote self-management rather than mere conformity, and wants the client to generalize his learning rather than restrict it simply to the behavior specified by the contract, he can begin the shaping process in the first interview.

There is no one way of doing that best, but experienced treaters have learned to cut through client resistance by winning him over as an ally in the treatment process as soon as possible. To do so, the treater can first ask the client what he wants to accomplish for himself. A probationer might respond, "All I want is to get off probation." The trained worker knows better than to accept that response. No one is that satisfied with himself, or with his behavior. Nevertheless, the worker chooses an intervention that does not imply that the client is a liar. He may say, "OK. I'll work with you toward that goal. But you can do more than that for yourself while you're on probation. What else do you want for you?"

Let's say this client is particularly difficult, perhaps hostile. He insists he wants nothing but his freedom, and refuses to mention another goal. The worker does not reinforce that kind of response by arguing, or pleading, or threatening, or preaching. He may simply say, "OK. If you change your mind, I'm available. I'll be seeing you regularly."

"Why should I have to come in and see you?"

"First, because you have to. But second, for what you want for you."

"But I don't want anything from you."

"When you do, you can let me know."

"I don't want to come in at all."

"You don't have much of a choice about that one."

"What'll you do if I don't come in?"

"A better question is, what will you be doing to yourself if you don't come in?"

"What are you talking about?"

"I assume you're interested in taking good care of you. One of the ways you can do that is by not setting yourself up for some kind of punishment, like going back to court, or to the hall. You can avoid that by living up to your probation conditions. And while you're doing that, I'll be interested in whatever else you want for you."

"I didn't ask for probation, and I don't want anything from you."

"I believe you. But I know you want things for you. Like freedom. And I'll be glad to work with you so that you get off probation as soon as possible. See you a week from today."

A tough probation officer or parole agent hangs in there with this kind of verbal behavior until the client says something like, "Say, I do have something I want to do better." That's the lever the worker goes for in the interview. He learns to develop the necessary skills to set it up, by stimulus control. He assesses when the timing is right, and pushes for the leverage, by insisting that the client is capable of setting goals for himself.

Should a client choose never to do so, that is the client's disadvantage. He is then opting only for an imposed contract, written or unwritten.

When the worker judges that the timing is right, that the client is probably ready to respond favorably to the question, the worker may ask, "What kind of life do you want for you, say five years from now?"

A hostile young man may say, "How should I know? I can't read the future."

"True. But you do know the good things you want for you. What are some of them?"

You don't accept, "To be a better pimp." Both of you know that's an unacceptable goal in a probation program.

Go for answers like, "I want my freedom. I want a good job. I want people to stay off my back. I want to be finished with school. I don't want to be on probation. I want money. I want girl friends. I want kids...etc."

Any of those are acceptable long-range goals. Then work on the young man's strengths. Ask something like, "What are you doing now to help yourself get to that goal?"

If he says, "Not very much, I guess", don't accept that answer.

Say, "I'm not convinced of that. Give me some examples of what you're doing well", and hold firm until he does. He got to your office. He had to get out of bed to do that. If necessary, get him to specify even the simplest constructive thing he is doing for himself. He'll probably be able to specify many. Verbally reinforce, without gushiness, everything he says he is doing to get himself to his goal.

Then you may ask him about his problem behaviors. If you suspect that he has only one major one, such as drug abuse, you may choose to ask, "What's the one big problem you've had in getting to where you want to be?" If your timing is right, he may say, "Using drugs." Now you have more leverage. You have an ally in treatment.

If he has many problems, get him to rank them in the order of degree of seriousness for him.

How do you develop the skills to know about the timing and wording of interventions? By practice, experience, training, and supervision. By watching successful treaters interview; by taping your interviews, and having the tapes critiqued; by asking your clients what they like best about your techniques, and what they like least. By specifying your treatment objectives, and measuring how successfully you accomplish them.

Once you have a client with a declared goal, some admitted strengths, and a specified, observable behavior to change, you are ready to start negotiating (rather than imposing) a contingency contract, for acceptable reinforcers of his (not your) choosing.

You may say, "I know a way that can be helpful for you in getting what you want for you. It's a way you can set yourself up for rewards for doing what you want to do, to reach that goal you mentioned."

Then you can tell him first about getting an accurate count (a baseline) on the behavior he wants to work on first. It may be either positive or negative, one that he wants to increase or to decrease. In either event, you'll want him to get a count on it, preferably one on which he can check reliability by comparing it with someone else's, perhaps a parent's. The count alone may result in his changing the behavior for the better. If so, he may not need a contingency contract, and you can go on to another behavior.

The most important do's and don't's in good correctional treatment may be those having to do with your inner behaviors, those eleven listed above regarding basic assumptions. If you do not make those assumptions, you will be getting in your own way when you work to promote self-management. You will almost inevitably say inappropriate things to your client. But even when you do accept those assumptions, you will occasionally make inappropriate interventions. Every client is clever enough sometimes to set you up to do or say what you'll later recognize as a

strategic error. Every client has some investment in maintaining his current behaviors, even if they're self destructive. He may set out to shape you into reinforcing his destructive behavior with your frustration, or anger. You will not always be aware that you are being shaped. But that's another way you learn, by recognizing your errors.

Stimulus control and response reinforcement are more than a science. They are an art. They take time. They require training, practice, and the enjoyment of seeing yourself do them well.

TRAINING EXERCISES IN INTERVIEWING
FOR CONTINGENCY CONTRACTING

ROLE PLAYING AND BEHAVIOR REHEARSAL

Use video equipment if available. If not, audio will do, but record the dialogue.

EXERCISE I

The First Interview

Principle: In a corrections interview, every social stimulus the worker emits will necessarily result in a client response, verbal or non-verbal.

Purpose: To have the worker and the training group see if they can assess the socially desirable or undesirable qualities of client responses. Can corrections workers, judging from the responses they are getting from a client in an interview make any predictions about the likelihood of a client's avoiding problems should he continue to make the same kinds of responses on the outside, to police, teachers, parents, and other "authorities"?

Exercise: Let a worker be himself in a simulated first-interview. Have him do what he ordinarily does in his first meeting with a probationer. Assume that the parents could not be present.

Have a second worker role-play a client whom the role player (not the first worker) knows well. Using what he knows about the client's responses in a probation or parole interview, he will have guidelines to assist him in responding within the bounds of probability. The interview will then be more realistic than if he tries to invent a character on the spot.

Have the worker admit the "client" to his "office" in the same way he usually admits a client, and then tape 2 1/2 minutes of the initial interview.

Before playing the tape back, have the worker critique himself along the following, or similar, lines:

1. Judging from what I just did, I must have had the following objectives in mind: ...
2. Judging from the client's responses, I (a) was or (b) was not accomplishing my objectives: ...

3. While I was talking to this client, my feelings (not my thoughts) about him were ...

4. I (a) communicated or (b) withheld these feelings to (or from) him by ...

5. His response to me seemed to be (a) favorable or (b) unfavorable because ...

Play the tape so the worker can see or hear everything he and the client did. Have him re-critique himself, and then ask the group, and the "client", for their assessments. Have them complete statements such as the following:

1. Your first-interview techniques are (a) good or (b) may need changing because the client responded to you in the following way: ...

2. If all people in authority treated him the way you did, he would probably respond by ...

3. Judging from your approach, I take it that you assume the client needs ...

4. Judging from his responses to you, I think he needs treatment that will ...

If the worker decides he would like to modify his approach, have him specify what his new or altered objective in the interview will be, and what he will do differently. Have him run through it again. He may want to ask the group to count the number of times he does what he wants to avoid doing, and how often he does what he says he wants to do differently. Reliability checks on the counts will indicate to him the degree of accuracy of the group members' counts.

Critique the second performance.

EXERCISE 2

Goal Setting

Principle: Although treatment contracts can be imposed unilaterally, negotiated bilaterally, or be a combination of both imposition and negotiation, every contract has a goal that can be defined behaviorally. Every probationer or parolee is under some kind of contract.

Purpose: To see if a worker and the training group can assess whether or not a specific client will probably respond most favorably to an imposed, or to a mixed contract for treatment. (In corrections, wholly negotiated contracts are not possible. The court always imposes some conditions.)

Exercise: In an imposed contract, the treater decides the goal; e.g., the goal of treatment will be to eliminate all illegal behavior. In a negotiated contract,

the client chooses the goal, and the treater either accepts or rejects it as a workable goal. In a mixed contract, no matter what the client and treater want, there are certain expectations of the client imposed by a higher authority. The worker and client can supplement the imposed contract with a negotiated one. The goals of the client must be within the limits imposed.

Have a worker be himself in a simulated interview, the purpose of which is goal setting. Have him specify whether or not he restricts himself either to imposed or mixed contracts. He may say that he does not restrict himself either way, but first assesses the client's needs.

Have another worker role-play a specific client he knows well, so that he can play the role within the bounds of probability.

Tape the goal-setting interview for 2 1/2 minutes.

Have the worker critique himself along these, or similar, lines:

1. Judging from what I just did, I'm more of (a) a negotiator, or (b) an imposer than an (a) imposer or (b) a negotiator.
2. Judging from the client's responses, he was hearing me as if I were interested mostly in (a) telling (b) asking him what was good for him.
3. Regardless of his expectations of me, I still want to ...
4. Judging from his response to me, I was probably on the right (wrong) track because ...

Play the tape so the worker can see or hear everything he and the client did. Have him re-critique himself, and then ask the group for their assessments, by asking questions like:

1. In your judgment, has the worker critiqued himself fairly?
2. If the worker continues to treat the client the way he did on tape, how will the client probably respond?
3. Do you think this client is a favorable prospect for contract negotiating?
4. Did the worker take advantage of his opportunities to enlist the client as an ally in treatment?
5. Is a therapeutic alliance with this probationer (parolee) a realistic expectation?

If the worker decides he would like to modify his approach, have him specify what he will do differently, and what he will avoid doing. Have him run through the interview again, or continue it. Have the group count the specific behaviors, and check reliability. Critique the second performance.

EXERCISE 3

Looking For Strengths To Build On

Principle: Every probationer (parolee) has some strengths on which to build, some acceptable behaviors to reinforce.

Purpose: To assess the utility of interviewing in search of client strengths on which to build, and the extent to which a worker does so when interviewing.

Exercise: Have one worker be himself, and another role-play a specific client. Instruct the worker to identify, or have the client identify, all those socially acceptable behaviors he is performing to reach his stated goal. If the "client" has not been through Exercise 2, or has not stated a long-term goal, have him state one, before starting this exercise. Require a realistic goal, one that the actual client probably has for himself. Positive goals are usually preferable to negative (e.g., to get off probation is a negative goal; to get a high school diploma is positive), because positive goals require behavior for accomplishment, which may be more self-reinforcing than merely compliant behavior.

After 2 1/2 minutes, have the worker critique himself by completing statements like these:

1. Judging from my performance, I probably was confident (not confident) that the "client" had strengths that he could identify.
2. I communicated my prejudices, (positive or negative) regarding his having strengths by ...
3. Judging from his responses to me, he seemed to be comfortable (uncomfortable), in specifying what he does well, because he ...
4. I was more interested in telling him (getting him to identify) what his strengths are, because I ...

Play the tape. Have the worker re-critique himself, and then ask the the group for their assessments with questions like the following:

1. Has the worker been fair to himself, and to the client, in his critique?
2. Did the worker provide stimuli that suggested to the client that the worker was confident there were strengths to identify?
3. Did the worker challenge "client" responses that were obviously unacceptable (e.g., "I can't think of any strengths": or, "I don't do anything right", etc.)?

4. Did the "client" get the message that this worker will confront him if he sells himself short?

If the worker decides he would like to modify his approach, have him specify what he will do differently, and run through the interview again. The group can count the specified behaviors, and check the counts' reliability. Critique the second performance.

EXERCISE 4

Identifying Problem Behaviors of Client

Principle: Probably the best primary source of information on problem behaviors is the client himself, because problem behaviors have covert as well as overt expressions (e.g., selling oneself short, and then dropping out of school; hating policemen, and then fighting with them; etc.) Only the client can accurately identify the covert component of a behavior problem.

Purpose: To have workers test for themselves the above principle by questioning a "client" so that he will recognize what he is doing, or not doing, that is preventing him from reaching a goal.

Exercise: Have the worker be himself, and another worker role-play an actual client. Ask the worker to interview the "client" in search of behavior problems that will be appropriate targets for treatment. If the "client" has not been through exercises two and three, have him state a positive treatment goal, preferably one that the actual client probably has. Also have him briefly identify his own strengths, and some positive behaviors that he is already performing, in service of his goal.

After the 2 1/2 minutes, ask the worker questions like these:

1. Were you confident that this client could identify his own problems?
2. What stimuli did you provide in your interventions that suggested to him that you were confident (unconfident) that he could identify his own problems?
3. Did you press him for problems that were at least indirectly related to his defeating himself in reaching his stated goals?
4. Did you notice any indications from the client that he assumed you wanted to tell (ask) him, rather than ask (tell) him what his problems are?

5. After a replay, ask: what might you want to do differently?

Have him specify his answer to question 5 so that the others can count the times he does what he says he wants to do, in a second performance.

Have the group critique the worker's performance, and his critique of it, using questions similar to those above.

Have him do a second performance. Count, and check reliability. Critique the second performance.

EXERCISE 5

Identifying Problem Behaviors of Others

Principle: If the client is expected to change his behavior, he may want others around him to change theirs.

Purpose: To test the possibility that a client can identify other persons' behaviors that are a problem for him, so that he might be more willing to modify his own behavior in exchange for others modifying theirs.

Exercise: Have the worker be himself, and another worker role-play an actual client. Ask the worker to interview the "client" in search of others' specific behaviors that constitute a problem for the "client", such as, "Mother nags", "Dad beats me", "Cops hassle me", "The teacher makes fun of me", "My brother teases me", etc. Then have the "client" specify which of his behaviors he would be willing to avoid or increase, in exchange for the other person's changing his. Tape the interview for 2 1/2 minutes.

Then ask the worker questions such as:

1. Did your questioning seem to imply to the "client" that others were responsible for him behaving the way he does?
2. How did you know he was making that interpretation?
3. How did you respond to his descriptions of others' behaviors. As if they were factual, exaggerated, worth examining, etc.?
4. Would the behaviors of others he mentioned be amenable to contracting, if the others agreed to negotiate?
5. Do you see any possibility of negotiating with the others mentioned so that their behavior changes might serve as reinforcers for the "client's" changing his behavior?

APPENDIX B (Continued)

Have the group members critique the worker's performance in the interview, and his responses to your questions.

If the worker is not satisfied with his first performance, have him re-do the interview, but first, ask him to specify, for purposes of counting, what he wants to do to improve the interview. Have the group members count, and check reliability. Critique the second performance.

EXERCISE 6

Identifying Potent Reinforcers

Principle: Reinforcement is in the eye of the beholder.

Purpose: To have the worker assess whether or not he applies the above principle in an interview in which he and the "client" are to identify the client's most appropriate reinforcers.

Exercise: Have the worker be himself, and another worker role-play an actual client, in a 2 1/2 minute interview with a "client" who has already identified his long-term goal, what he is doing to reach it, and what his problem behaviors are in not reaching it. In this interview the "client" and worker are to identify the "client's" high-probability behaviors, and his most potent legitimate and reasonable material and social reinforcers.

After the 2 1/2 minute performance, ask the worker questions such as:

1. Did you convey to the "client" that he is the one most capable of naming his own reinforcers? If "yes", then ask "How did you do that?" If "no", ask, "Why not?"
2. Did the "client" try to get you to impose your values on him?
3. Did you see any indications that the client was trying to say the "right" thing, to impress you?
4. Did you ask him what he in fact does with his time, rather than what he "likes" to do?
5. Do you think Question 4 is important? Why?

Ask the group members to critique the performance by answering the same kinds of questions from their point of view.

Ask them what in fact is the best test of a reinforcer.

Have the worker run through the exercise again if he is not satisfied with his first performance, but first, ask him to specify, for purposes of counting,

APPENDIX B (Continued)

what he wants to do to improve the interview. Have the group members count, and check reliability. Critique the second performance.

EXERCISE 7

Contracting

Principle: Negotiated contracts are more likely than imposed contracts to lead to self-management.

Purpose: To test the feasibility of working toward self-management from the first interview.

Exercise: First have a "client" who has gone through the first five exercises briefly review his treatment goal, his strengths, his behavior problems, and his most potent reinforcers. Then have the worker, for 2 1/2 minutes, seek to negotiate a contract, tying the targeted behaviors, directly or indirectly, to the "client's" goal.

After the 2 1/2 minutes, ask the worker to critique what he did in light of the rules for contingency contracting. Depending on how far into the contracting they went, ask:

1. Were the contract terms more negotiated than imposed?
2. Is the targeted behavior obviously related to the "client's" stated goal?
3. Is the goal positive or negative?
4. Do the high-probability behaviors follow low-probability behaviors?
5. Are the reinforcers positive? Negative? Both?
6. Are the reinforcers frequent enough?
7. Were time limits set?
8. What would the worker want to do differently the next time?

Have the group members critique the performance, and play back the tape.

If the worker is not satisfied with his performance, have him specify (for counting) what he will do differently the next time. Have the group count those behaviors during the worker's second run-through. Check reliability.

Critique the second performance if necessary.

PAUL MCCORMICK

rr
7/12/73

CASE REVIEW OUTLINE

CLIENT _____ DATE _____

AGENT _____

AGENCY _____

I. CLIENT INFORMATION:

- (a) Age: _____ (b) Sex: _____ (c) Type: _____
- (d) Living Arrangement: _____
- (e) Education: _____
- (f) Health and Physical Condition: _____

- (f) Other Pertinent Facts: _____

II. CLIENT GOALS/OBJECTIVES:

- (a) Client's own future goals: _____

- (b) Client's own immediate goals or objectives related to achieving his or her future goals. (Education or skills to acquire; Problem behaviors to change, etc.): _____

III. CURRENT POSITIVE BEHAVIORS AND SKILLS:

- (a) Academic: _____

- (b) Vocational: _____

CURRENT POSITIVE BEHAVIORS AND SKILLS - CONTINUED

- (c) Social: _____

- (d) Home: _____

- (e) Avocational (e.g., Hobbies, Sports): _____

- (f) Other: _____

IV. CLIENT'S REINFORCERS:

- (a) What does the client do for fun? _____

- (b) What does the client say he would like to do for fun more often than he now does? _____

- (c) What does the client say he would like to do for fun that he has never done before? _____

- (d) What material things does the client say he would like to have? _____

- (e) What changes would the client like to see in the behaviors of his parents, guardians, authorities, peers, etc.? _____

- (f) What possible additional reinforcers are suggested by others (including the treatment agent) for this client? _____

APPENDIX D

CBDP CLIENT TREATMENT SUMMARY

1	2	3	4	5

CLIENT _____

6	7	8

PRIMARY AGENT (Agent having client longest or providing most C.M. Treatment).

9	10	11

AGENCY

12

1. How many specific behavior change objectives were identified for this client by Primary Agent?

13

2. How many were treated at all with data based Contingency Management by Primary Agent?

14

3. How many received treatment that met the consultant's minimum criteria for C.M. treatment? (Code 9 if uncertain).

15

4. How many behaviors were problems when client was lost (dismissed, revoked, transferred) from the Primary Agent? (Code 9 if uncertain).

Indicate below other treatment modes used in this case while client was CBDP client

CODE: 1 = Yes 2 = No 3 = Uncertain

16

(a) Professional Mental Health Service

17

(b) Foster Home

18

(c) Residential Treatment Program

19

(d) Special or Remedial Education

20

(e) Counseling by P.O.

APPENDIX E

CASE REVIEW OUTLINE RATING

1	2	3	4	5

Client

6	7	8

Agency, Agent

9	10	11	12	13	14

Initial CRO date

RATING

- Any blank or "unknown".
- At least one specification or "none" with explanation.

15

Long term goal(s)

29

School behavior problems

16

Short term goal(s)

30

Home behavior problems

17

Positive school behavior(s)

31

Community behavior problems

18

Positive vocational skill(s)

32

Personal behavior problems

19

Social skill(s)

33

Emotional problems

20

Positive home behavior(s)

34

Client's statement of own problem behaviors

21

Hobby or sport

Number of items rated 2

22

Other

23

Current high probability behaviors (HPB's)

24

Behaviors desired more often

25

New behaviors (HPB's)

26

Material things (Reinforcers)

27

Behavior changes in others

28

Others

APPENDIX E (Continued)

CBDP MONTHS DURING WHICH CONTINGENCY MANAGEMENT STRATEGIES WERE INITIATED OR MAINTAINED. (CODE 9 IF CLIENT WAS NOT IN AGENT'S CASELOAD DURING THE PHASE).

<input type="text" value="23"/>	1/73	<input type="text" value="33"/>	11/73
<input type="text" value="24"/>	2/73	<input type="text" value="34"/>	12/73
<input type="text" value="25"/>	3/73	<input type="text" value="35"/>	1/74
<input type="text" value="26"/>	4/73	<input type="text" value="36"/>	2/74
<input type="text" value="27"/>	5/73	<input type="text" value="37"/>	3/74
<input type="text" value="28"/>	6/73	<input type="text" value="38"/>	4/74
<input type="text" value="29"/>	7/73	<input type="text" value="39"/>	5/74
<input type="text" value="30"/>	8/73	<input type="text" value="40"/>	6/74
<input type="text" value="31"/>	9/73	<input type="text" value="41"/>	7/74
<input type="text" value="32"/>	10/73	<input type="text" value="42"/>	8/74
		<input type="text" value="43"/>	9/74

APPENDIX F
INTERVENTION STRATEGY REPORT

<input type="text"/>				
1	2	3	4	5

CLIENT _____

CODING GUIDE
RATING

1. Yes
2. No
3. Uncertain

<input type="text"/>	<input type="text"/>	<input type="text"/>
6	7	8

AGENCY

<input type="text"/>	<input type="text"/>	<input type="text"/>
9	10	11

AGENT

<input type="text"/>	<input type="text"/>
12	13

C.R.O. SCORE (CODE 99 IF ALREADY CODED ON ANOTHER ISR FOR THIS CASE, OR NONE AVAILABLE).

<input type="text"/>
14

PROJECT PHASE DURING WHICH CRO WAS OBTAINED. (CODE 9 IF ALREADY CODED ON ANOTHER ISR FOR THIS CASE, OR NONE AVAILABLE).

<input type="text"/>	<input type="text"/>
15	16

TARGET BEHAVIOR _____

<input type="text"/>	<input type="text"/>
17	18

DURATION FROM DETECTION TO START OF CONTINGENCY MANAGEMENT INTERVENTION STRATEGY: OR TO CASE DISMISSAL OR TERMINATION (WEEKS).

<input type="text"/>	<input type="text"/>
19	20

TOTAL DURATION OF CONTINGENCY MANAGEMENT INTERVENTIONS (WEEKS).

<input type="text"/>
21

WAS THIS BEHAVIOR STILL A PROBLEM WHEN CLIENT WAS REMOVED FROM THIS AGENT'S CASELOAD?

<input type="text"/>
22

DID THE AGENT'S TREATMENT PROGRAM MEET THE CONSULTANT'S CRITERIA FOR AN ACCEPTABLE CONT. MANAGEMENT INTERVENTION?

APPENDIX G

Overall Case Evaluation

Some criteria to be considered in overall evaluation of case intervention.

RATING

- 1 = Not at all 3 = To a moderate degree
- 2 = To a minimal degree 4 = To a great extent

- _____ 1. Treatment decisions based upon objective behavioral data for
_____ problem behaviors.
- _____ 2. Specific Behavior Modification treatment of recurrent or
_____ persistent behavioral disorders.
- _____ 3. Specific Behavior Modification treatment of illegal behaviors
_____ or precursors (e.g., association with delinquent peers).
- _____ 4. Involvement in treatment by significant others as mediators or
_____ or monitors in a Behavior Modification program.
- _____ 5. Treatment primarily oriented to reinforcement of appropriate
_____ behaviors rather than punishment of inappropriate behaviors.
- _____ 6. Acquisition of Case Review Outline information.

APPENDIX H

CASE PLANNING WORKSHEET

CASEWORKER _____ DATE _____

CLIENT'S NAME _____ AGE _____

SCHOOL, GRADE, AND PROGRAM _____

LIVING ARRANGEMENT _____

Will there be cooperation from significant others in the client's treatment?
(e.g., will parents cooperate, teachers, etc.):

Behavior problems (list and specify objective behaviors that evidence the
problem):

Behavior change objectives for this client. List each objective and specify
whether the frequency or rate of occurrence of each performance is to be in-
creased or decreased (e.g., increase the amount of school classes attended,
decrease the amount of curfew violations, etc.):

Client's reinforcers:

APPENDIX I (Continued)

Offense Severity Scale

<u>Severity</u>	<u>Offenses</u>
7	forcible rape (without injury to victim) possession or display of dangerous weapons pursesnatching strongarm robbery
8	armed robbery assault with a deadly weapon assault with intent to maim, rob, or murder sexual assault
9	murder manslaughter

END