

*The Heart and Soul of Change Project*

*What works with CJ clients:  
"What we've got here is a failure to communicate.  
Some people you just can't reach."*

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Certified CDOI Trainer**

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Applying Science to Practice  
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**A National Paradigm Shift**

To person-directed, outcome-informed  
recovery systems of care and services

**"Recovery"**  
occurs by  
many paths to  
an AOD and  
crime-free  
lifestyle

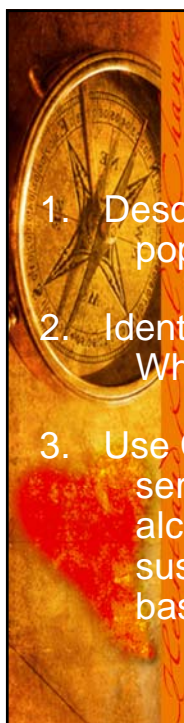




## Training Objective

Upon completion of this webinar,

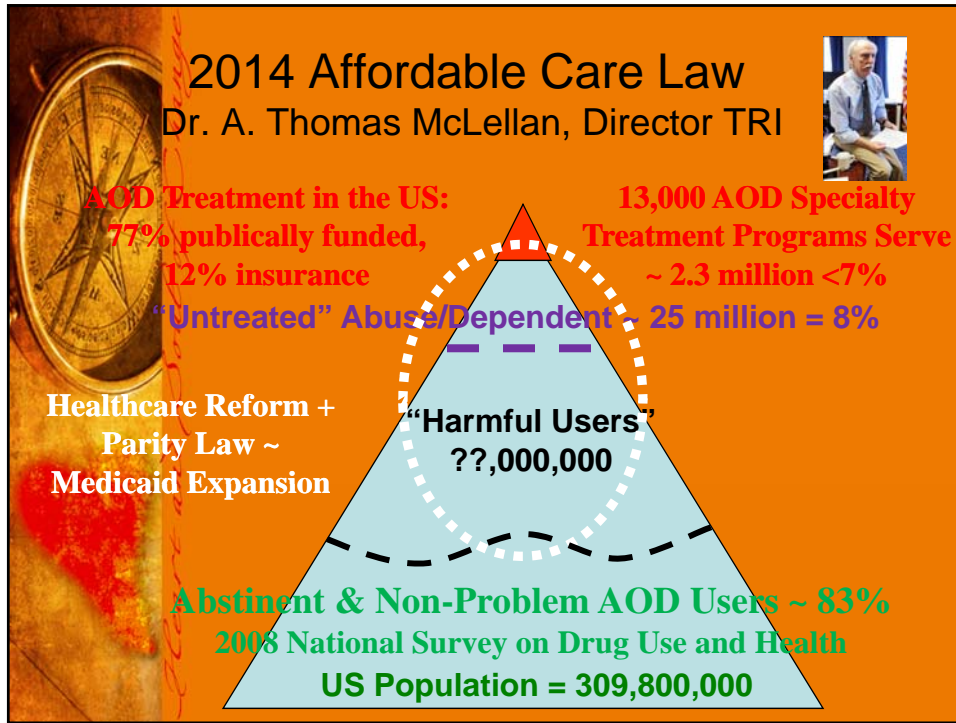
Participants will understand the shift to “what works” principles & practices of recovery services & correctional interventions for improving community health & safety while reducing the chances that offenders commit new crimes.



## Enabling Objectives

1. Describe the magnitude of the criminal justice population in the United States,
2. Identify three National Institute of Corrections' What Works with Offenders principles, and
3. Use Client-Directed, Outcome-Informed recovery service tools for engaging people who use alcohol and other drugs while motivating sustained behavior change based on practice-based evidence of effectiveness data.



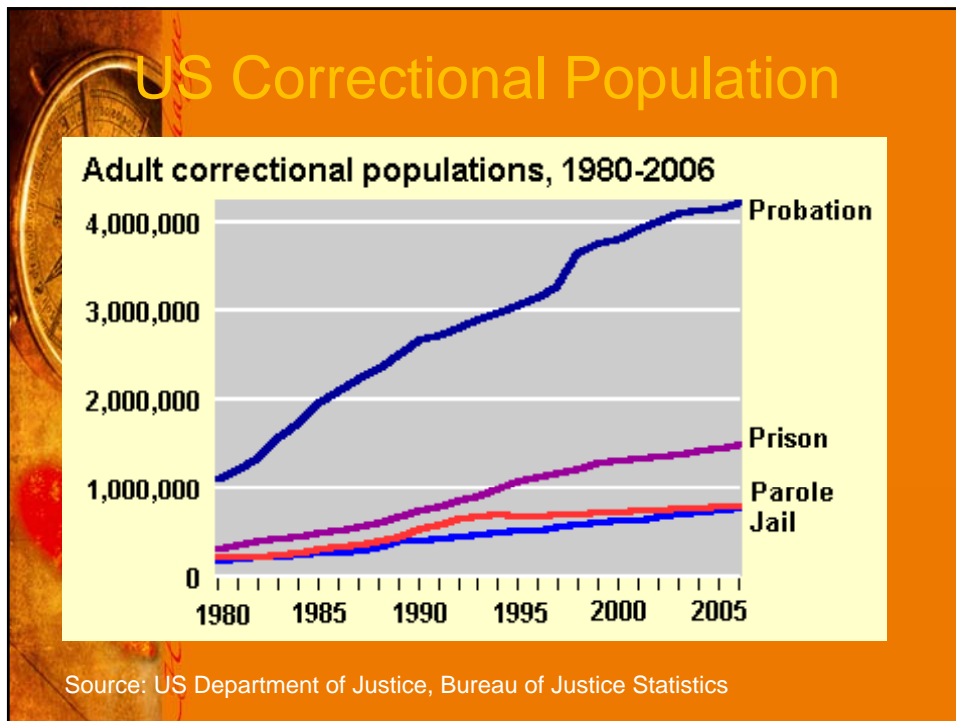


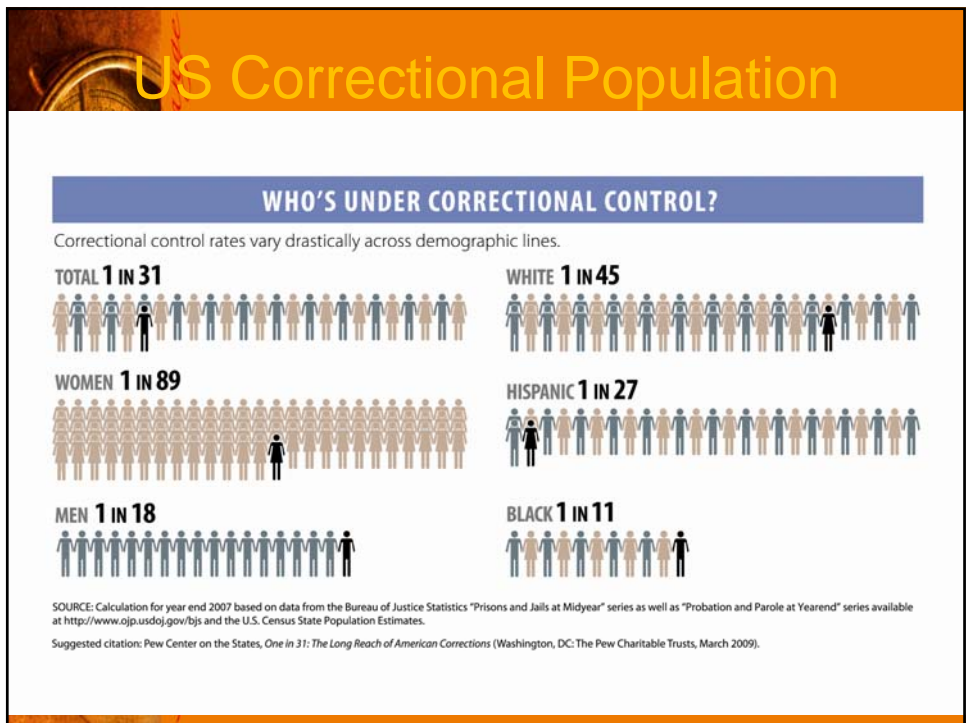
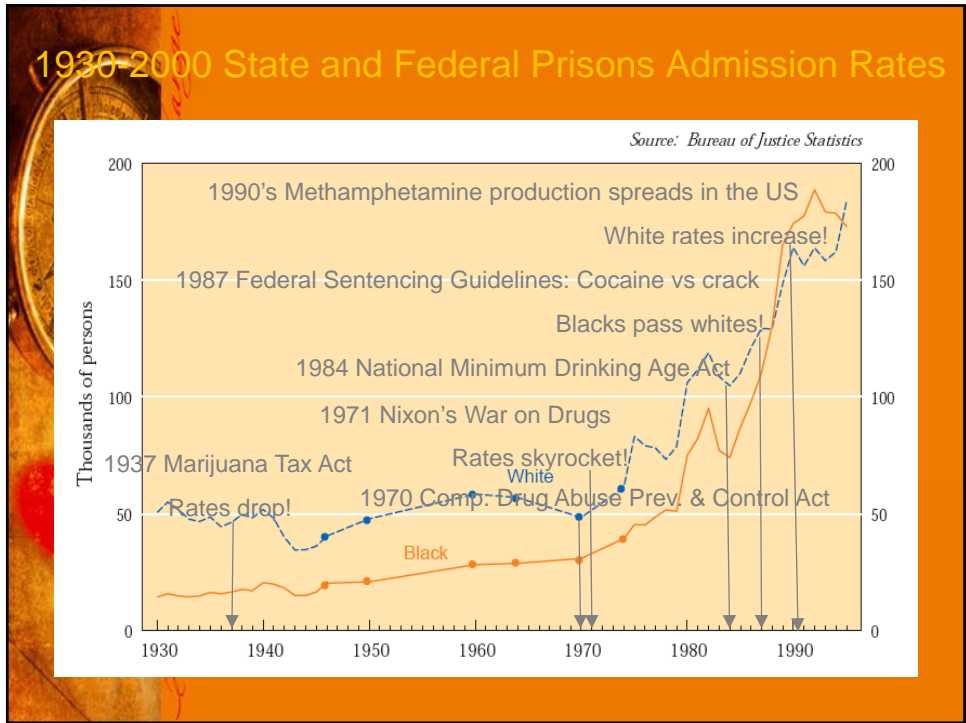
## National Outlook

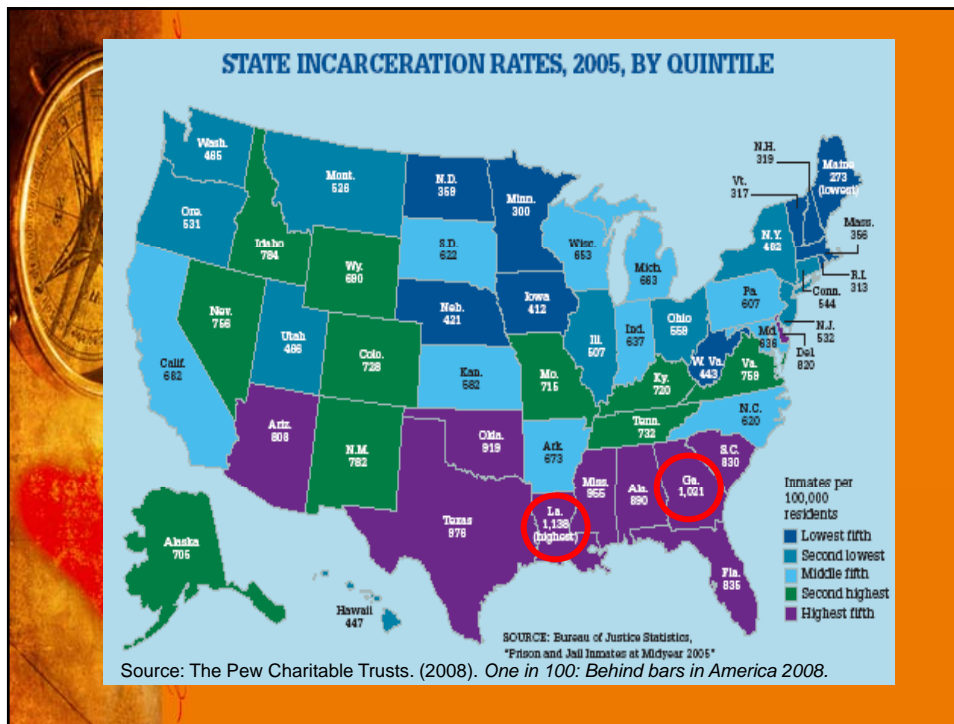
- ☑ More than 2.3 million offenders are incarcerated in the US
- ☑ 95% return to the community
- ☑ 30% of state prison releases are re-arrested within 6 months – 67.5% within 3 years

\$50 Billion on State Corrections in FY2009

**1 out of every 31 US adults is under some form of correctional supervision**

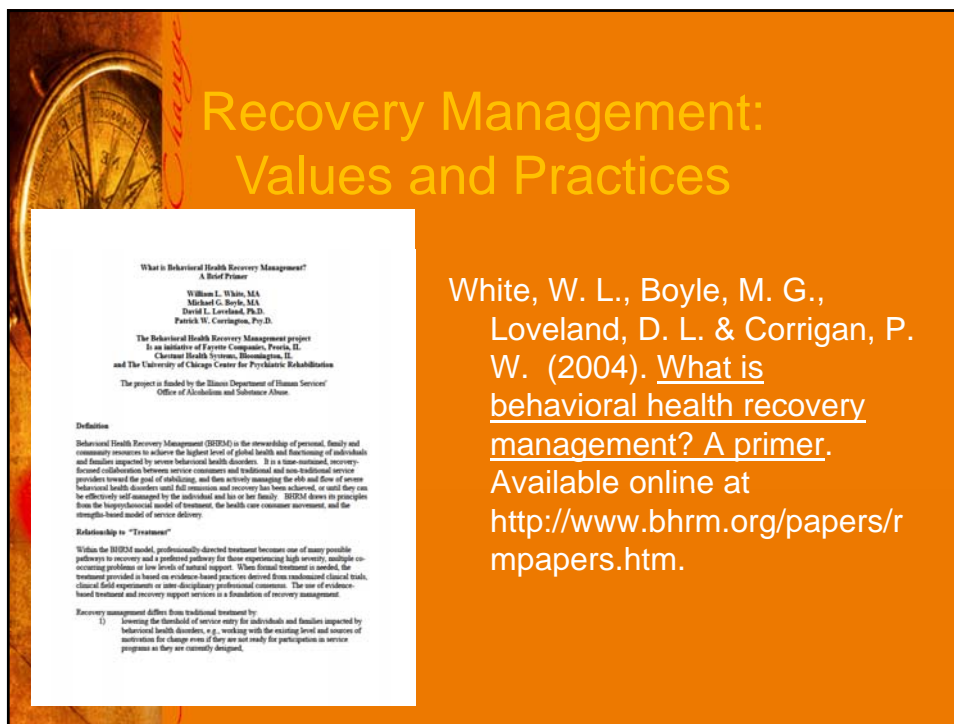






## Recovery Management: Values and Practices

White, W. L. (2008). Recovery management and recovery-oriented systems of care: Scientific rationale and promising practices. Fifth in a series available free at [http://store.ireta.org/merchant2/merchant.mvc?Screen=PROD&Store\\_Code=I&Product\\_Code=mng993-DLD1.pdf&Category\\_Code=mng](http://store.ireta.org/merchant2/merchant.mvc?Screen=PROD&Store_Code=I&Product_Code=mng993-DLD1.pdf&Category_Code=mng) or [www.williamwhitepapers.com](http://www.williamwhitepapers.com)



## Recovery Management: Values and Practices

**What is Behavioral Health Recovery Management?  
A Brief Primer**

William L. White, MA  
Michael G. Boyle, MA  
David L. Loveland, Ph.D.  
Patrick W. Corrigan, Psy.D.

The Behavioral Health Recovery Management project  
is an initiative of Fayette Composites, Peoria, IL,  
Clemson Health Systems, Milledgeville, IL,  
and The University of Chicago Center for Psychiatric Rehabilitation  
The project is funded by the Illinois Department of Human Services'  
Office of Alcoholism and Substance Abuse.

**Definition**

Behavioral Health Recovery Management (BHRM) is the stewardship of personal, family and community resources to achieve the highest level of global health and functioning of individuals and families impacted by severe behavioral health disorders. It is a time-outlined, recovery-focused collaboration between service consumers and traditional and non-traditional service providers toward the goal of stabilizing, and then actively managing the ebb and flow of severe behavioral health disorders until full remission and recovery has been achieved, or until they can be effectively self-managed by the individual and his or her family. BHRM draws its principles from the biopsychosocial model of treatment, the health care consumer movement, and the strength-based model of service delivery.

**Relationship to "Treatment"**

Within the BHRM model, professionally-directed treatment becomes one of many possible pathways to recovery and a preferred pathway for those experiencing high severity, multiple co-occurring problems or late levels of natural support. When formal treatment is needed, the treatment provided is based on evidence-based practices derived from randomized clinical trials, clinical field experiments or other disciplinary professional consensus. The use of evidence-based treatment and recovery support services is a foundation of recovery management.

Recovery management differs from traditional treatment by:

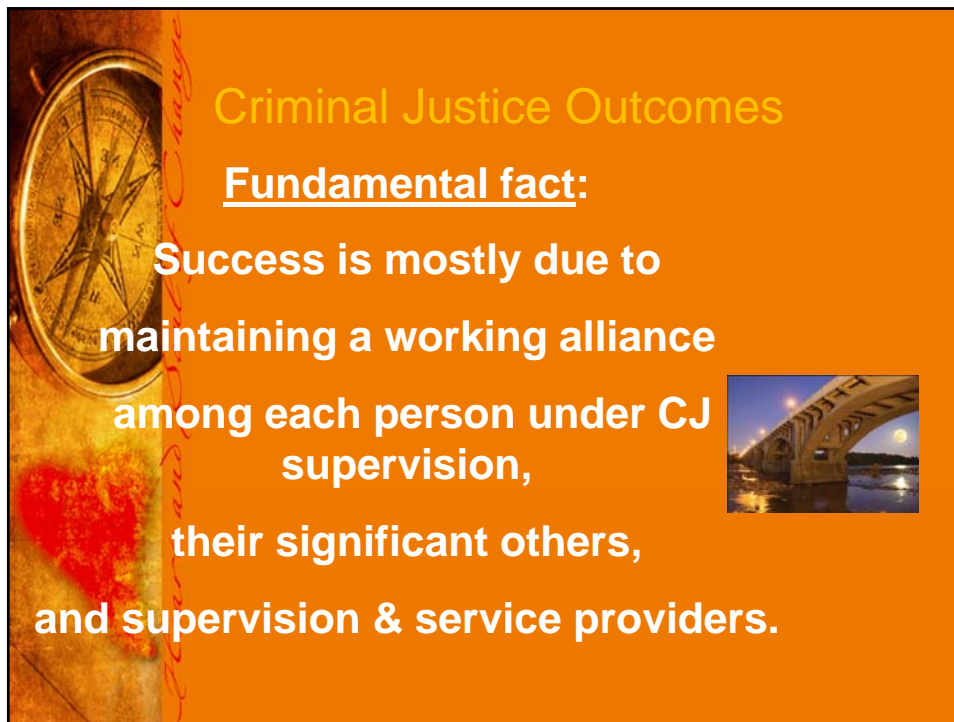
- 1) lowering the threshold of service entry for individuals and families impacted by behavioral health disorders, e.g., working with the existing level and source of motivation for change even if they are not ready for participation in service programs as they are currently designed.

White, W. L., Boyle, M. G., Loveland, D. L. & Corrigan, P. W. (2004). What is behavioral health recovery management? A primer. Available online at <http://www.bhrm.org/papers/rmpapers.htm>.



## Many Pathways to Recovery

-  Mutual support groups
-  Professional treatment
-  Faith-based groups
-  Medication-assisted treatment
-  "Natural" or on your own
-  And more indigenous routes



### Criminal Justice Outcomes

**Fundamental fact:**  
Success is mostly due to maintaining a working alliance among each person under CJ supervision, their significant others, and supervision & service providers.



### Supervision/Counseling Outcomes and Roles

Every interaction is an opportunity to model prosocial or antisocial behavior. You choose!

```
graph TD; A((Law Enforcement)) --- B((Offender Interaction & Intervention)); B --- C((Counseling)); B --- D((Successful Discharge)); B --- E((Re-Arrest/Revocation))
```





**National Institute of Corrections. (2004). *Implementing evidence-based practice in community corrections: The principles of effective intervention.***

**Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention**

**Project Vision:** To build learning organizations that reduce recidivism through systematic integration of evidence-based principles in collaboration with community and justice partners.

**Introduction and Background**

Until recently, community corrections have been defined more by a lack of research that identified proven methods of changing personal behaviors. Recent research efforts have begun to address the collection of data from recent research studies (McCormick, 2002; Sherman et al., 1995), cost-benefit analysis (Lee, 1992), and specific clinical trials (Chang et al., 1997; Moore et al., 2002) have broken through this barrier and are providing the field with indications of how to better reduce recidivism.

This research indicates that certain programs and interventions are more effective than others and that certain programs and interventions are more cost-effective than others. This research indicates that certain programs and interventions are more effective than others and that certain programs and interventions are more cost-effective than others.

**Evidence-Based Practice (EBP)**

Evidence-based practice is a significant field that integrates research, practice, and community. It is a field that integrates research, practice, and community. It is a field that integrates research, practice, and community.

The field of community corrections is beginning to recognize its need, not only for more effective interventions, but for models that integrate research, practice, and community. This report provides a framework for practice (Shane, 2002; Casey, 2002; Colwell et al., 2006; Dennis, 2001; Lipsey et al., 2006; Thomas and Stone, 2002).

As a part of this strategy for achieving the implementation of effective interventions, the National Institute of Corrections (NIC), Community Corrections Division has issued this report as a collaborative effort with the Center and Justice Institute.

April 11, 2004 (Command on page 2) Page 1

**Three Key “What Works” Principles**

- I. Risk
- II. Need
- III. Responsivity

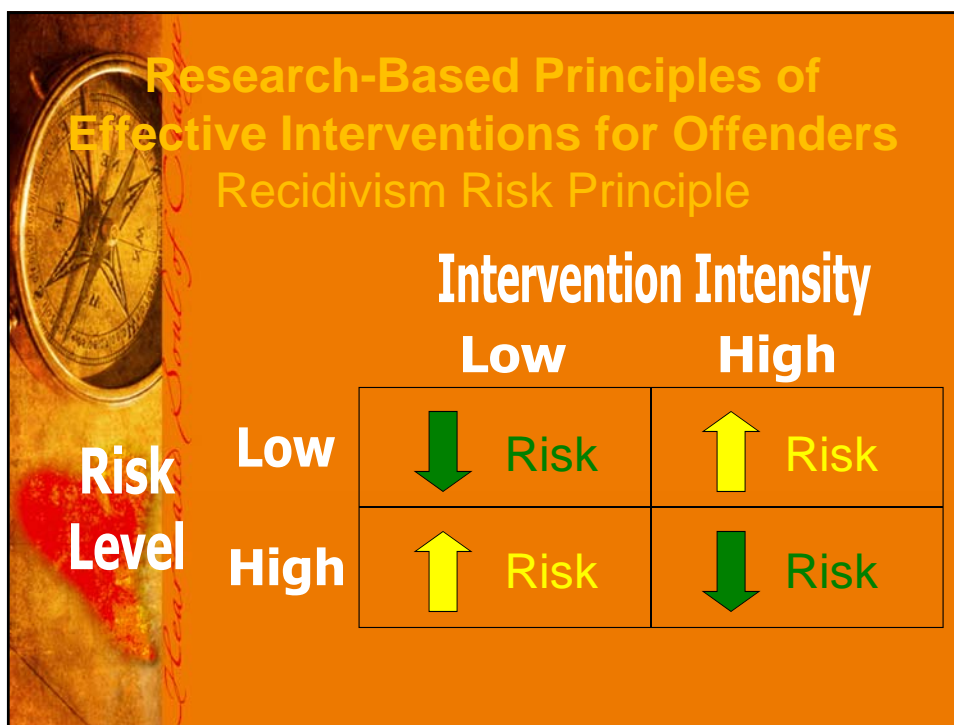
Available online: <http://nicic.gov/Library/019342>



## Research-Based Principles of Effective Interventions for Offenders

I. Risk principle: Risk level identifies who is targeted for intervention

- ☑ Assess & target research-based recidivism risk factors & interventions
- ☑ Match intervention intensity with risk level



## Research-Based Principles of Effective Interventions for Offenders

### Recidivism Risk Principle

		Intervention Intensity	
		Low	High
Risk Level	Low	↓ Risk	↑ Risk
	High	↑ Risk	↓ Risk

Heart and Soul of Change

## What are the recidivism risk factors?

"Stan, are you sure this is going to work?"

## General Correlates of Criminal Conduct

	Mean r	# of studies
Lower class origins	0.06	97
Personal distress/psychopathology	0.08	226
Educational/Vocational achievement	0.12	129
Parental/Family Factors	0.18	334
Temperament/misconduct/personality	0.21	621
Antisocial attitudes/associates	0.22	168

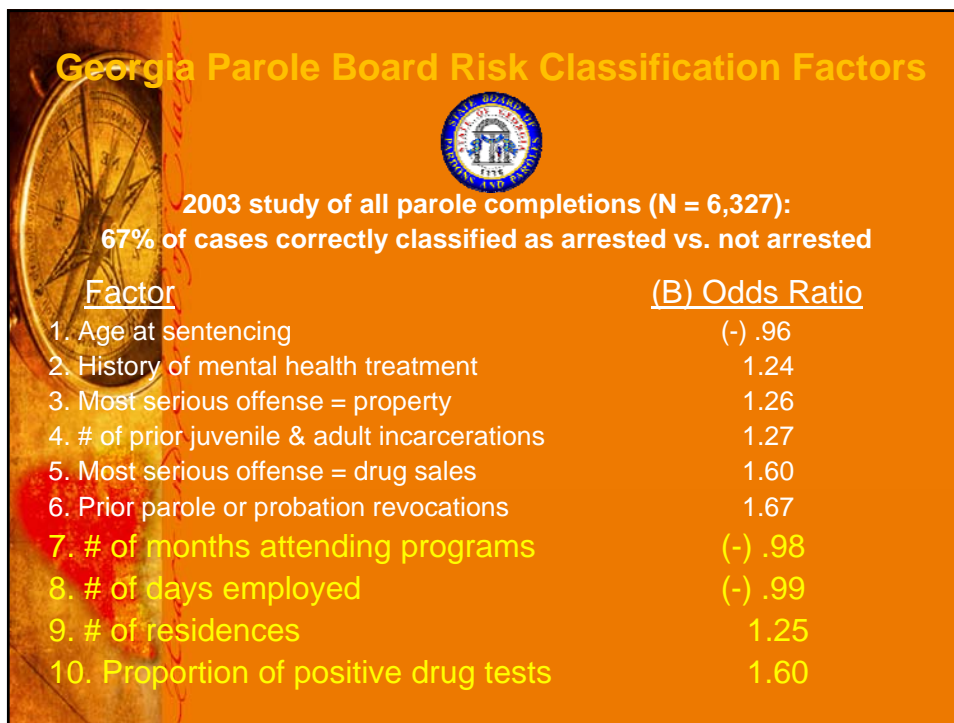
*Andrews & Bonta (1994). A re-analysis of Gendreau, Andrews, Goggin & Chanteloupe (1992)*




## Criminal Conduct Risk Assessment Instruments

- Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
- Positive Achievement Change Tool (PACT)
- Level of Service Inventory/Case Management Inventory (LSI-R/CMI)
- Youth Assessment and Screening Instrument (YASI)

Baird, C. (2009). *A question of evidence: A critique of risk assessment models used in the criminal justice system*. Madison, WI: National Council on Crime and Delinquency.



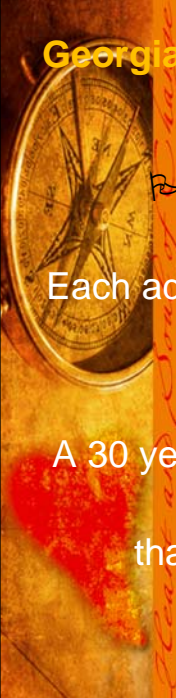
## Georgia Parole Board Risk Classification Factors



**2003 study of all parole completions (N = 6,327):  
67% of cases correctly classified as arrested vs. not arrested**

<u>Factor</u>	<u>(B) Odds Ratio</u>
1. Age at sentencing	(-) .96
2. History of mental health treatment	1.24
3. Most serious offense = property	1.26
4. # of prior juvenile & adult incarcerations	1.27
5. Most serious offense = drug sales	1.60
6. Prior parole or probation revocations	1.67
7. # of months attending programs	(-) .98
8. # of days employed	(-) .99
9. # of residences	1.25
10. Proportion of positive drug tests	1.60

### Georgia Parole Board Risk Classification Factors




Age at Sentencing (-).96 Odds Ratio

Each additional year of age = a 4% **decrease** in the likelihood of arrest

therefore

A 30 year old at the time of sentencing is **40% less likely** to be arrested than a parolee who was 20 at sentencing



### Georgia Parole Board Risk Classification Factors




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**Static = Not Changeable**

**Dynamic = Changeable**

### Dynamic Re-Arrest Risk Targets

# of Months Attending Programs	(-) .98
# of Days Employed	(-) .99
# of Residences	1.25
Proportion of Positive Drug Tests	1.60

### Research-Based Principles of Effective Interventions for Offenders

II. Need principle: Target criminogenic needs = a dynamic subset of risk factors

- Needs = What is targeted for intervention
- Housing
- Alcohol and other drug use, physical and mental health
- Employment/Education
- Cognitive skills: antisocial behavior/attitudes/values & beliefs; problem solving/decision-making, relapse prevention and early intervention
- Prosocial supports & community activities

**THE GEORGIA STATE BOARD OF PARDONS AND PAROLES**  
Field Operations Division

**Substance Abuse Program Referral Form Revised 090116**

Contact your **Parole Officer** before the scheduled appointment if you cannot attend.

Appointment Day, Date & Time: **Wednesday, July 29<sup>th</sup>, 10:30am - 12:00pm**

Location: Warner Robins Parole Office  
Counselor: **Greata Listner**

Parole Officer: **Bestin D. State** District: Warner Robins  
Office Phone: **478-329-4736** Other Phone: None  
Fax: 1-800-819-1534 Email: [bestin\\_state@pap.state.ga.us](mailto:bestin_state@pap.state.ga.us)  
PO Comments: Tested positive for THC, cocaine and alcohol on January 30, 2008. Previously completed Spectrum outpatient program.

The risk scores and associated factors are research-based predictors of the likelihood of future arrest:  
**Risk Score: 0-5 = Standard Risk for Re-Arrest and 6-10 = High Risk for Re-Arrest**

**Super Level = Supervision Level** (blank if Active on Parole)  
**MH = Last Mental Health Inpatient Admission** (blank if none)  
**03 = Supportive living (moderate)** **04 = Supportive living (intensive)** **06 = Binion Building**

**PC = Property Crime** **DC = Drug Sale Crime** **PF = Probation/Parole Failure**  
**PI = Prior Prison Incarcerations** **AS = Age at Sentencing** **DS = Days Employed**  
**NR = Number of Residences** **PT = Positives/Total Drug Tests** **MP = Months Attending Program**

**YOU control these numbers**

Release Date	Initial Risk Score	EF Number	Parolee Name	Initial Risk Score	Super Level	Current Risk Factors										
						Status	MH	PC	DC	PF	PI	AS	DE	NR	PT	MP
09-JUN-09	9	123456	Good, Johnny B.	7	Standard		2	Y	Y	0	2	0	1	0	1	

**Initial Risk Factors:** Leave blank if above table is used.  
 AB = Assaultive Behavior    AD = Alcohol/Drug Abuse    PC = Property Crime  
 DS = Drug Sales Crime    PD = Prior Drug Sales or Possession    PF = Probation/Parole Failure  
 PI = Prior Prison Incarceration    AS = Age at Sentencing

Officer	Release Date	EF Number	Parolee Name	Initial Risk	Current Sup. Level	AB	AD	MH	PC	DC	DS	PD	PF	PI	AS
State, Bestin D	09-JUN-09	123456	Good, Johnny B	9	Standard	Y			2	Y	Y	0	Y	0	27

**Activity Details**  
For Parolee EF#123456 - Good, Johnny B.  
Date of Report 27-JUL-09

**Special Conditions Details**

Substance Abuse	Mental Health	Alcohol	Sex Offender	Homerville
Yes	Yes			

**Residential Details**

Begin Dt	Address 1	Address 2	City	County	State	Zip Code
09-JUN-09	626 Miller St		Warner Robins	076	Ga	31093

**Employment Details**

Begin Date	End Date	Employer	Exempt	Hours	Days

**Program Details**

Begin Dt	End Dt	Trac Obj	Program Type	Status	Vendor	Attendance
09-JUL-09		SA	a Treatment-Group Counselling	Active	Spectrum Health Svcs	2

**Drug Test Details Since 27-JAN-2009**

Drug Test Date	Positive	Amphet	Alcohol	Barbit	Benz	Cocaine	Methamphet	Opiates	PCP	THC
06-JUL-09	No									N
10-JUN-09	No									N

**Arrest Details**

Arrest Dt	Offense	Disposition	Jail Rel Dt	Jail Site

**Violation Details**

Violation Date	Description	Interaction	Type	Location

**Sanction Details**

Sanction Date	Description	Interaction	Type	Location

**Interactions Details**

Interaction Date	Description	Interaction Type	Location	Success
16-JUL-09	Program Attend	Yes	Administrative	Y
09-JUL-09	Program Attend	Yes	Administrative	Y
09-JUL-09	Assessment Attended		Administrative	Y
09-JUL-09	Program Admitted	Yes	Administrative	Y
06-JUL-09	Drug Screen		Face To Face - Office	Y
10-JUN-09	Assessment Referred to		Face To Face - Office	Y
10-JUN-09	Drug Screen		Face To Face - Office	Y

### Research-Based Principles of Effective Interventions for Offenders

III. Responsivity principle: deliver interventions that match individual characteristics, situations & beliefs

- Motivation
- Race/Ethnicity
- Gender
- Learning style
- Sexual orientation
- Culture
- Age
- Faith

= Person-directed, outcome informed (PDOI)

### PDOI: Culture of Feedback & Change

- ✓ Convey a commitment to:
  1. Hope for the person improving her/his situation
  2. Delivering the highest quality of care
- ✓ Lay a foundation for a culture of feedback and a collaborative change partnership
- ✓ Model change, in your behavior & words



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## The Alliance: Research Findings



- ☞ **Quality of the alliance more potent predictor of outcome than orientation, experience, or professional discipline.**
- ☞ Client perception of the alliance a better predictor of outcome than therapist's.
- ☞ No correlation between the length of time in treatment and strength of the alliance.
- ☞ Clients rarely report negative reactions before deciding to terminate.
- ☞ Same holds true for youth, couple and family therapy

## The Alliance Is The Ticket!

Research on the alliance reflected in over 1000 research findings.



Client's Theory of Change

Goals, Meaning or Purpose

Means or Methods

Client's View of the Therapeutic Relationship

Bachelor, A., & Horvath, A. (1999). The Therapeutic Relationship. In M. Hubble, B. Duncan, & S. Miller (eds.). *The Heart and Soul of Change*. Washington, D.C.: APA Press.

## PDOI: The Basics

- ☑ Solicit feedback, model, reward, solicit feedback, model, reward, solicit...
- ☑ Validate the individual's theory and history of change
- ☑ Help the person acknowledge her/his role in the changes/progress

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Field Operations Division

**Personal Recovery and Offender Discharge Services (PRODS)**

Personal recovery and offender discharge are the program objectives. PRODS aligns with the Parole Board's mission of transitioning offenders to the community and contributes to successful supervision for completing sentences without new crimes or returning to prison. *Webster's Dictionary* defines prod as, "to urge or stir into action." Participants learn to manage their recovery from lifestyles of both crime and alcohol or other drug abuse using personal and social resources to overcome recovery barriers and change behaviors. Progress in PRODS is measured by changes in each participant's recidivism risk level. For the first time, PRODS directly links the work of the parolee, group facilitator and parole officer to reducing recidivism.

**PRODS/Supervision Operations**

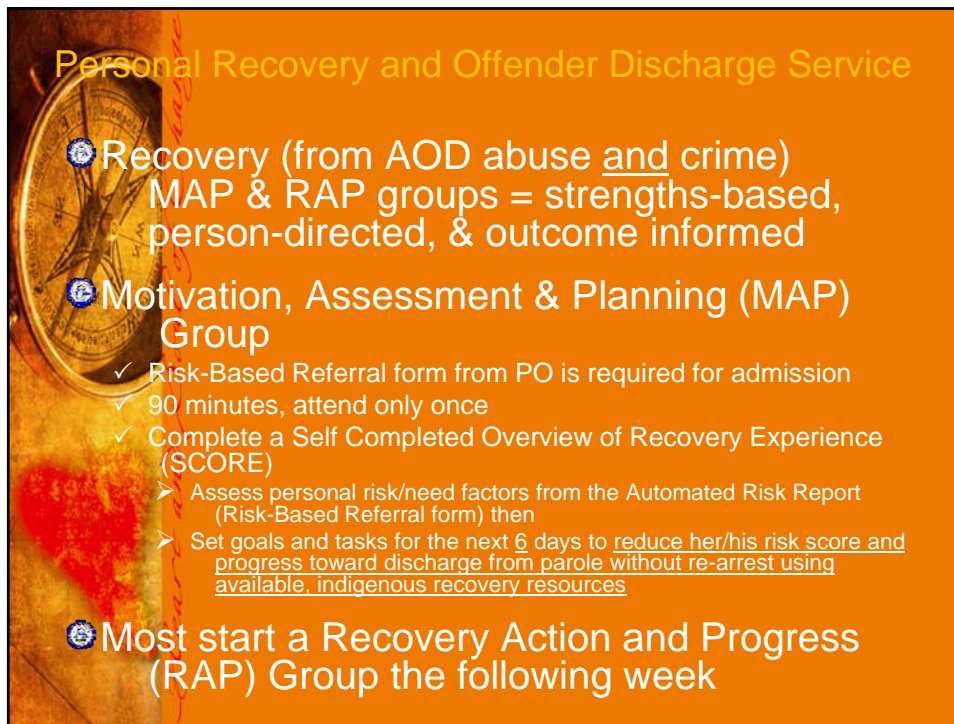
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    graph TD
      subgraph KeyTasks [Four Key Tasks]
        K1[Sustain Motivation]
        K2[Reinforce Accountability]
        K3[Cognitive Skill Training]
        K4[Social Networking]
      end

      SA[SA assessment special condition, a positive drug test, or increase in risk]
      MAP[Motivation, Assessment & Planning (MAP) Group]
      RAP[Recovery Action and Progress (RAP) Group]
      Supervision[Supervision: Field Interactions, Drug Testing, Moral Reconation Therapy, Electronic Monitoring, Outpatient & Residential Programs, ST Incarceration]
      Social[Social Support Networks: Alcoholics/Narcotics/Cocaine Anonymous, Celebrate Recovery, Reformers Unanimous, Faith Mentors, Recovery Coaches, etc.]

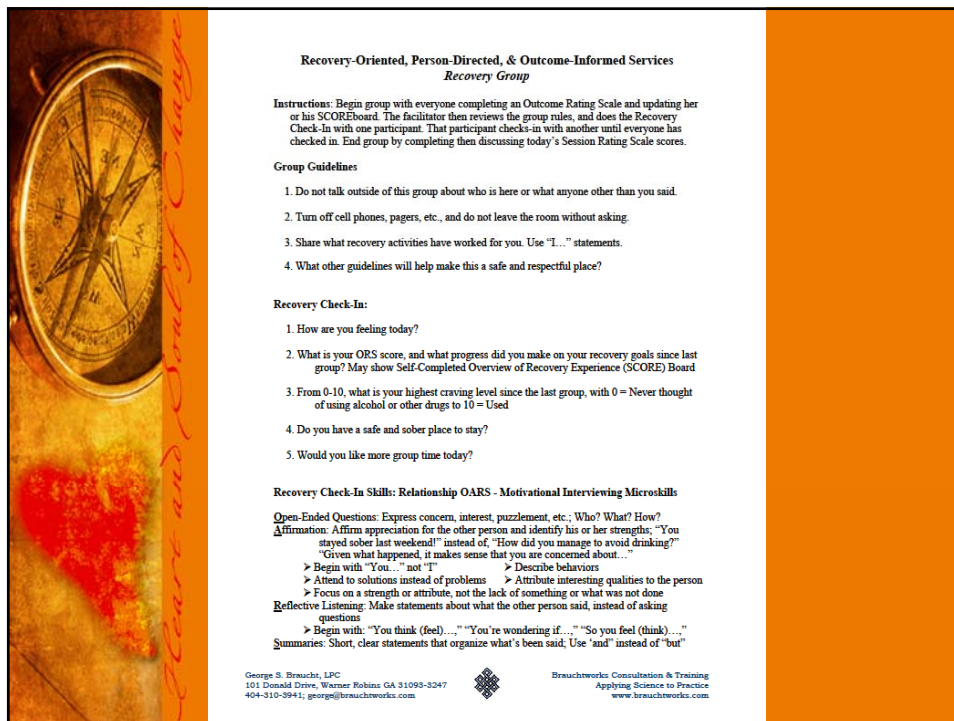
      KeyTasks --> SA
      SA --> MAP
      MAP --> RAP
      Supervision <--> SA
      Supervision <--> MAP
      Supervision <--> RAP
      Social <--> SA
      Social <--> MAP
      Social <--> RAP
  
```

PRODS Overview: November 6, 2008: Page 1 of 1



**Personal Recovery and Offender Discharge Service**

- Recovery (from AOD abuse and crime)  
MAP & RAP groups = strengths-based, person-directed, & outcome informed
- Motivation, Assessment & Planning (MAP) Group
  - ✓ Risk-Based Referral form from PO is required for admission
  - ✓ 90 minutes, attend only once
  - ✓ Complete a Self Completed Overview of Recovery Experience (SCORE)
    - Assess personal risk/need factors from the Automated Risk Report (Risk-Based Referral form) then
    - Set goals and tasks for the next 6 days to reduce her/his risk score and progress toward discharge from parole without re-arrest using available, indigenous recovery resources
- Most start a Recovery Action and Progress (RAP) Group the following week



**Recovery-Oriented, Person-Directed, & Outcome-Informed Services**  
*Recovery Group*

**Instructions:** Begin group with everyone completing an Outcome Rating Scale and updating her or his SCOREboard. The facilitator then reviews the group rules, and does the Recovery Check-In with one participant. That participant checks-in with another until everyone has checked in. End group by completing then discussing today's Session Rating Scale scores.

**Group Guidelines**

1. Do not talk outside of this group about who is here or what anyone other than you said.
2. Turn off cell phones, pagers, etc., and do not leave the room without asking.
3. Share what recovery activities have worked for you. Use "I..." statements.
4. What other guidelines will help make this a safe and respectful place?

**Recovery Check-In:**

1. How are you feeling today?
2. What is your ORS score, and what progress did you make on your recovery goals since last group? May show Self-Completed Overview of Recovery Experience (SCORE) Board
3. From 0-10, what is your highest craving level since the last group, with 0 = Never thought of using alcohol or other drugs to 10 = Used
4. Do you have a safe and sober place to stay?
5. Would you like more group time today?

**Recovery Check-In Skills: Relationship OARS - Motivational Interviewing Microskills**

**Open-Ended Questions:** Express concern, interest, puzzlement, etc.; Who? What? How?  
**Affirmation:** Affirm appreciation for the other person and identify his or her strengths; "You stayed sober last weekend!" instead of "How did you manage to avoid drinking?"  
 "Given what happened, it makes sense that you are concerned about..."  
 ➢ Begin with "You..." not "I"  
 ➢ Attend to solutions instead of problems ➢ Attribute interesting qualities to the person  
 ➢ Focus on a strength or attribute, not the lack of something or what was not done

**Reflective Listening:** Make statements about what the other person said, instead of asking questions  
 ➢ Begin with "You think (feel)..." "You're wondering if..." "So you feel (think)..."

**Summaries:** Short, clear statements that organize what's been said; Use "and" instead of "but"

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Brauchtworks Consultation & Training  
Applying Science to Practice  
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### PDO Recovery Services Feedback Tools: Collected at every group

**THE GEORGIA STATE BOARD OF PARDONS AND PAROLES**  
Personal Recovery and Offender Discharge Service

Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Outcome Rating Scale (ORS)**

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

**Individually**  
(Personal well-being)

.....|-----|

**Interpersonally**  
(Family, close relationships)

.....|-----|

**Socially**  
(Work, school, friendships)

.....|-----|

**Overall**  
(General sense of well-being)

.....|-----|

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**Group Session Rating Scale (GSRS)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

.....|-----|

Please rate today's group by placing a mark on the line nearest to the description that best describes your experience.

I did not feel understood.

.....|-----|

I felt understood, respected, and accepted by the leader and the group.

**Relationship**

We worked on and talked about what I wanted to work on and talk about.

.....|-----|

**Goals and Topics**

The leader and group's approach is a good fit for me.

.....|-----|

**Approach or Method**

Overall, today's group was right for me—I felt like a part of the group.

.....|-----|

**Overall**

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Valid

Reliable

Feasible


### Outcome Rating Scale

Looking back over the last week, including today, help us understand how you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

## Individually (Personal well-being)

Not so good    Doing OK    Doing well

|-----|



**THE GEORGIA STATE BOARD OF PARDONS AND PAROLES**  
Personal Recovery and Offender Discharge Service

**Motivation, Assessment and Planning (MAP) Group**

**Self Completed Offender Recovery Evaluation (SCORE)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

---

**Outcome Rating Scale (ORS)**

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

**Individually** **0-10**  
(Personal well-being)

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9 10

**Interpersonally**  
(Family, close relationships)

\_\_\_\_\_

**Socially**  
(Work, school, friendships)

\_\_\_\_\_

**Overall**  
(General sense of well-being)

\_\_\_\_\_

**Total:** \_\_\_\_\_

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Self-Completed Overview of Recovery Experience (SCORE) Board: Name: \_\_\_\_\_

Session	1	2	3	4	5	6	7	8	9	10	11	12	13	#1 Goal:
Date														
ORS Score	15													Task(s): 1. 2. 3. 4. 5.
SRS Score	40													

Write an "O" in the column below to show your ORS Score. At the end of the session, write an "S" to show your SRS Score.

40	S														Adult SRS Clinical Cutoff = 34
35															
30															Adult ORS Clinical Cutoff = 25
25															
20														#2 Goal:	
15	O			O	O									Task(s): 1. 2. 3. 4. 5.	
10		O			O										
5															
0															

On the right, write a brief description of your needs/goals and task(s). Then, enter task # as they are completed and ✓ when the goal is accomplished

**Group Session Rating Scale (GSRS)**

Name \_\_\_\_\_ Date: \_\_\_\_\_

---

Please rate today's group by placing a mark on the line nearest to the description that best fits your experience.

---

**Relationship**

I did not feel understood, respected, and/or accepted by the leader and/or the group. |-----| I felt understood, respected, and accepted by the leader and the group.

**Goals and Topics**

We did not work on or talk about what I wanted to work on and talk about. |-----| We worked on and talked about what I wanted to work on and talk about.

**Approach or Method**

The leader and/or the group's approach is a not a good fit for me. |-----| The leader and group's approach is a good fit for me.

**Overall**

There was something missing in group today—I did not feel like a part of the group. |-----| Overall, today's group was right for me—I felt like a part of the group.

The Heart and Soul of Change Project  
www.heartandsoulchange.com

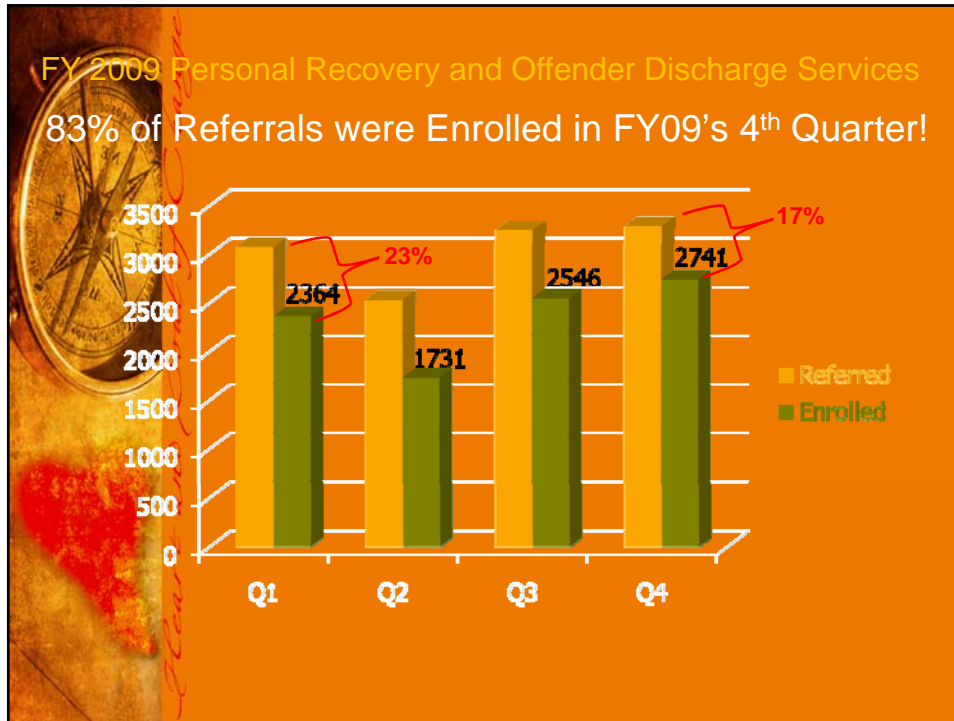
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- 🕒 Give at the end of session;
- 📏 Each line 10 cm in length;
- 📏 Score in cm to the nearest mm;
- 🗨️ Discuss with client anytime total score falls below 36

## Georgia Parole Outcomes

- 🕒 6 of 10 parolees - 64% - get off parole without being re-arrested vs 44% nationally.
- 🕒 8 of 10 - 84% - do not return to prison within 3 years of discharge from parole vs 23% nationally

From: State Board of Pardons and Paroles, (2009). *Annual Report*



**So, What Works with Offenders?  
PDOI Recovery Services!**

- ↳ **Risk Principle = WHO!**
- ↳ **Need Principle = WHAT!**
- ↳ **Responsivity Principle = HOW!**

**What Works to Initiate and Sustain Recovery with Offenders? PDOI Recovery Services!**

- ☑ Promoting self-directed, strength-based skill development and progress (not perfection) toward everyone's objective of recovery and successful discharge without re-arrest
- ☑ Consistently providing pertinent, individualized, feedback about: 1) progress toward self-selected goals (ORS) and 2) the quality/strength of the alliance (SRS)
- ☑ POs and counselors recognizing recovery from alcohol and other drug abuse and crime



## Enabling Objectives

1. Describe the magnitude of the criminal justice population in the United States,
2. Identify three National Institute of Corrections' What Works with Offenders principles, and
3. Use Client-Directed, Outcome-Informed recovery service tools for engaging people who use alcohol and other drugs while motivating sustained behavior change based on practice-based evidence of effectiveness data.

## Training Objective

Upon completion of this workshop,

Participants will understand the shift to “what works” principles & practices of recovery services & correctional interventions for improving community health & safety while reducing the chances that offenders commit new crimes.

## Recommended Materials

www.heartandsoulsofchange.com





Electronic tools for O/SRS administering, scoring & interpretation

- 1) (ASIST) Automated Scoring, Interpretation and Storage Tool: **clientvoiceinnovations.com** = for professionals or agencies – David Elliott
- 2) MyOutcomes: **myoutcomes.com** = web-based application

