



EFFECTS OF THE INDIVIDUALIZED CASE MANAGEMENT APPROACH TO
REHABILITATION OF ADULT PROBATIONERS, BRAZOS COUNTY, TEXAS

by

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Abstract

Effects of the Individualized Case Management Approach to Rehabilitation of Adult Probationers, Brazos County, Texas

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The causes of criminality and how society should best deal with the criminal element have been popular topics of public discourse for the past 30 years. The Brazos County, Texas Community Supervision and Corrections Department provides rehabilitation programs for adult probationers in alcohol/drug education, substance abuse counseling, anger management, and women's issues. The purpose of this study is to evaluate these programs. The files of 109 adult probationers who participated in one or more of these programs during 1997 were selected at random and were used to complete a survey developed to record demographic information, life history, and criminal history both at sentencing and after receiving probation services. Descriptive statistics were used to study the data. Specifically, pre-and post-treatment data were compared to identify trends in the following areas predictive of quality of life: (1) Personal relationships (marital status), (2) Educational status, (3) Employment (stability and wage history), (4) Physical and mental health, and (5) Criminality.

Effects of the Individualized Case Management Approach to
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The causes of criminality and how society should best deal with the criminal element have been popular topics of public discourse for the past 30 years. The debate by criminologists, sociologists, social workers, psychologists, law enforcement personnel, legislators, and other involved professionals seeks to answer the question of whether criminals are “fundamentally ‘sick’ or fundamentally ‘bad’” (Field, 1986, p.61).

The medical model, which theorizes that criminality is an illness, was proposed in the 1960's by Karl Menninger (Brodsky, 1996). The medical model argued for the use of psychotherapy as the main tool in combating criminality. Psychotherapy would assess psychopathology, rehabilitate, and prevent recidivism. To investigate the effectiveness of the medical model, an expanded knowledge base and new treatment methods were sought. The creation of Ph.D. programs in correctional psychology and professional organizations (e.g., The American Association of Correctional Psychologists) facilitated this process.

A summary written by Robert Martinson in 1974, “What Works? - Questions and answers about prison reform,” expressed the belief that “nothing works” (Lipton, 1994). This report was a catalyst for the rational choice model which grew in popularity in the 1970's and continued to exert its influence through the 1980's and into the 1990's. This model theorizes that criminality is simply evil and punishment, rather than rehabilitation, is

the solution.

However, later subsequent reports indicated that rehabilitation could be possible in many cases (Gostin, 1991; Lipton, 1994). Therefore, today's philosophy is a hybrid of the medical model and the rational choice models.

Treatment consists of a combination of rehabilitation efforts with strict implementations. The rehabilitation efforts now take a more holistic approach to treatment. Gendreau (1996) makes reference to criminogenic needs or variables that influence criminal behavior. Some of these variables include "antisocial attitudes and behaviors regarding authority, interpersonal relationships, leisure activities, peers, substance abuse, and work" (p.147). He proposes that criminogenic needs are dynamic and they must serve as focus points for treatment within a holistic rehabilitation program. In Healey (1999), case management is described as follows: "The fundamental activities of criminal justice case management include engaging the client in the treatment process, assessing the client's needs, developing a service plan, linking the client with appropriate services, monitoring client progress, intervening with sanctions when necessary and advocating for the client as needed" (p.1).

Numerous holistic rehabilitative programs have been found to have positive outcomes relative to prison populations during incarceration and subsequent aftercare. The CHOICE program for federal offenders (Walters, Whitaker, Dial, Dairsow, and Cianciulli, 1992) operates on seven principle components - intake/evaluation/follow-up, drug education, skills development, lifestyle modification, wellness, responsibility, and individualized counseling. In Lipton (1994), the Stay'n Out Program for New York drug offenders and The Cornerstone

Program in Oregon for alcohol and drug offenders were evaluated relative to the overall reduction in recidivism. The findings showed significant positive outcomes for both programs.

Gostin's (1991) study of compulsory treatment for substance abuse in outpatient drug free (ODF) programs also showed "significant and enduring declines in drug use and criminal behaviors..." (p.578). Stark (1992) concluded that drop out rates in substance abuse treatment were reduced by "more conveniently located, smaller, decentralized clinics, with higher clinical staff ratios and more per capita expenditures...rapid initial response and individual attention, and when they are seen in smaller groups in friendly, comfortable environments" (p. 93).

The Social Services Unit (SSU) of the Brazos County Community Supervision and Corrections Department describes itself as a holistic rehabilitation program. The SSU provides initial substance abuse evaluations, psychological screenings, and/or anger management evaluations to assess the probationer's rehabilitative needs and make recommendations regarding treatment. The SSU offers five specific treatment programs: (1) An Alcohol/Drug Education Program, (2) Substance Abuse Services, (3) The Bridge Group, (4) The Women's Group, and (5) The Anger Management Program. A broad based Alcohol/Drug Education Program (ADEP) is provided based on court order, recommendation by a probation officer, evaluation, self-request, or positive drug/alcohol screens. Substance Abuse Services include group counseling (12 weeks), individual counseling (as needed basis), aftercare (up to 6 months or longer, if needed), and the ReVia Program (pharmacological treatment in addition to counseling). The Bridge Group is an educational

pre-12-Step class designed to prepare a probationer for participation in a 12-Step program with the goal of maximum benefit. The Women's Program provides group counseling (typically 6 months) and individual counseling (as needed basis) covering such topics as substance abuse, domestic violence, coping skills, and stress management. The Anger Management Program provides group counseling for men relative to anger management, abuse, coping skills, and stress management.

Therefore, the purpose of this research became an assessment of the characteristics of the people using these services, as well as to track any noticeable life changes from pre- to post-treatment. In particular, I looked at the Alcohol/Drug Education Program, Substance Abuse Services Counseling Group, Women's Program, Anger Management Program, and the Aftercare Services. I examined the following areas predictive of quality of life: (1) Personal relationships (marital status), (2) Educational status, (3) Employment (stability and wage history), (4) Physical and mental health, and (5) Criminality.

Method

Participants

A total of 109 adult probationers were randomly selected from a total of 418 probationers that participated in one or more social services programs in the year 1997. The overall sample represents 25% of the total program participants and includes 93 males (85.3%) and 16 females (14.7%). The mean age was 33.5 years (range = 20 - 69). The randomization took place within each group resulting in a minimum of 20% representation from each group. Of the total random sample, 57 subjects participated in the Alcohol/Drug Education Program. This program consists of male and female participants. Of the 57

randomly selected subjects, there were 51 males (89.5%) and 6 females (10.5%). The mean age was 34.02 years (range = 20 - 68). Of the total random sample, 69 subjects participated in the Substance Abuse Services Counseling Group. This program consists of only male participants. The mean age was 33.88 years (range = 20 - 69). Of the total random sample, 13 subjects participated in the Women's Program. This program consists of only female participants. The mean age was 31.23 years (range = 20 - 49). Of the total random sample, 11 subjects participated in the Anger Management Group. This program consists of only male participants. The mean age was 31.73 years (range 23 - 45). Of the total random sample, 15 subjects participated in the After-Care Group. This program consists of only male participants. The mean age was 43.60 years (range 27 - 68).

Materials

A survey (see Appendix A) was developed to record demographic information, life history, criminal history, evaluation, and outcome measures. The survey was designed to collect available archival data comparing the condition at the onset of probation with the condition at present or at the time of completion of the probationary period. The subject's probation files were used as the primary source of this information. The probation files contain police reports, court records, and a chronological history recorded by the probation officer and/or social services personnel over the period of probation. A "rap" sheet was obtained through the Brazos County Community Supervision and Corrections Department on each subject to confirm criminal history. This record provided any information within Brazos County as well as other jurisdictions.

Procedure

The SSU provided a list of the participants in 1997 for each of the programs included in this study. A random sample was selected from each program. Because subjects could have participated in more than one program, care was given not to duplicate subjects. Through the computer records of the Community Supervision and Corrections Department, cause numbers (file numbers) were obtained for each subject. If the subject was on probation at the time of data collection, all open cause numbers were noted and related files used. If the subject was no longer on probation, the most recent file was noted and used. This assisted in obtaining the most current information available. A list of all subjects was given to an employee of the Brazos County Community Supervision and Corrections Department who obtained a “rap” sheet or criminal history record on each subject. Through the review of the file and “rap” sheet, the information was entered on the survey (see Appendix A) as completely as possible. Each subject was assigned an identification number to insure confidentiality. The results of each survey were coded for analysis.

It should be noted that the original intent of this study was to also evaluate continued patterns of substance abuse. The body of research establishing links between substance abuse and criminality is large. Greenfeld (1998) cites, “... nearly 4 in 10 violent victimizations involve use of alcohol, about 4 in 10 fatal motor vehicle accidents are alcohol-involved; and about 4 in 10 offenders, regardless of whether they are on probation, in local jail, or in State prison, self-report that they were using alcohol at the time of the offense” (p.iii). In a recent Bureau of Justice Statistics report (1995), information relative to the use of illegal drugs and criminality reported, “Data from BJS corrections surveys show that a

quarter of convicted jail inmates, a third of State prisoners, and two-fifths of youths in long-term, State-operated facilities admit that they were under the influence of an illegal drug at the time of their offense” (p.4). Two of the five specific groups studied within the context of this paper deal primarily with substance abuse (Alcohol/Drug Education Program and Substance Abuse Services Counseling Group). However, the collection of data regarding continued use of alcohol or drugs became problematic due to the inconsistency in the collection of drug or alcohol screens. Most of the decisions relative to the use or frequency of screens had been left to the discretion of the probation officer. Some files reflected the use of screens and some did not. This departmental procedure has now been changed to require random screens conducted at program meetings. The Bureau of Statistics (1995) reports that “Compliance with drug testing or drug treatment while on probation indicates a lower likelihood of rearrest” (p.26). Future data will be more conducive to analysis in this important area.

Results and Discussion

Results are reported in the areas of relationships (marital status), educational status, criminality (recidivism), and employment (status and wage history).

Results are shown for the overall sample. The results are reflected in two groups (1) demographic information (Description of Sample) and (2) pre-treatment measurement to post-treatment measurement comparison of life style variables (Results).

The description of the overall sample is shown on Table 1 as follows:

Table 1

Description of Overall Sample (N=109)

		Percentage of Missing Data	Percentage of Available Data Meeting Criteria
Gender:			
Male	(85.3%) N = 93		
Female	(14.7%) N = 16		
Age			
	Range = 20 yrs. - 69 yrs.		
	Mean = 33.5 yrs.		
Health			
Physical Problems	N = 99	9.17%	35.4%
Psychological Prob.	N = 55	49.54%	38.2%
Family History of			
Alcohol Abuse	N = 86	21.10%	69.8%
Drug Abuse	N = 53	51.38%	50.9%
Criminality	N = 65	40.37%	63.1%
Abuse	N = 47	56.88%	44.7%
Psychological	N = 17	84.40%	41.2%
Welfare/Aid	N = 8	92.66%	50.0%

Note: N = the number of files reporting the demographic characteristic. First column of percentages represents the percentage of subject records not reporting applicable data. Second column of percentages represents the percentage derived from files that report the presence of the applicable demographic characteristic.

The family history demographic could be considered important in the psycho/social evaluation of the probationer. Gorski, Kelley, Havens, and Peters (1995) refers to the strong influence of the family background of the substance abuser:

Many drug-dependent patients who exhibit criminal behavior have been raised in dysfunctional families, causing the development of self-defeating personality

styles...When this interaction is dysfunctional, young people form self-defeating personality styles that ultimately interfere with their ability to achieve or to maintain abstinence.

Dysfunctional family interactions cause children to develop a distorted view of the world and teach coping methods that may be socially unacceptable... The combined lack of skills and distorted personality functioning may or may not cause addiction to occur. However these conditions can cause addictions to progress more rapidly. These conditions may also make it difficult for others to recognize the addiction and to encourage the individual to seek treatment during the early stages. (p. 6)

The percentage of missing data regarding the family history demographic is indicative of the data inconsistency problem experienced in this study. None of these areas had 100% data available. Trends do seem to be reflected in the areas of criminality and alcohol abuse with over 50% response. The results show strong trends toward family history in alcohol abuse (69.8%) and criminality (63.1%). No strong health trends appear.

The results for the overall sample are in indicated on Table 2 as follows:

Table 2

Results - Overall Sample (N = 109)

Lifestyle Variable		Pre-Treatment	Post-Treatment
Relationships	N = 109		
Married		22.9%	32.1%
Separated		4.6%	8.3%
Divorced		18.3%	17.4%
Widowed		.9%	.9%
Educational Status	N = 107		
Years of Education - Mean		11.21	11.45
SD		2.37	2.24
High School, GED or above at sentencing	58.0%		
GED court ordered and obtained	7.5%		
GED court ordered and not obtained	17.8%		
GED needed, but not court ordered-	16.8%		
Employment	N = 105		
Unemployed		25.7%	11.4%
Employed full time		51.4%	66.7%
Employed part time		12.4%	11.4%
Criminality	N = 109		
Committed Felony		63.3%	4.6%
Committed Misdemeanor		33.0%	24.8%
Committed Both		3.7%	5.5%
Total Recidivism = 34.86% (N = 38)			

Note: Under employment, the subjects not included in the above percentages are reported as students, disabled, or homemaker.

Relationships

Relationships can have either a positive or a negative effect on one's life. In Stark (1992), a study of the drop-out rates in substance abuse treatment, the author writes,

Generally, being married is only mildly associated with greater retention in alcohol and drug treatment, and even that effect may be a function of spousal support for the treatment effort rather than a result of social support per se... Social support, more broadly defined, correlates with continuation in alcoholism treatment. Dropouts' scores on the FIRO-B (Fundamental Interpersonal Relations Inventory-Behavior, Ryan, 1970) indicated that they manifested a stronger need for attention and support and had deeper feelings of social isolation and loneliness (Cummings, 1977). (p.100)

Stark's (1992) general conclusion is that whereas social support and relationships are important to rehabilitation, negative relationships can be counterproductive.

The data on relationships from this study is inconclusive. The number of married subjects increased by 40%; however, the number of separated subjects also increased by 81%. This data does not indicate whether these changes in relationships had a positive or negative impact on the subject's life. It is important to acknowledge the strain that criminality generally, and substance abuse specifically, puts on the family/marriage dynamic. In Brazos County, these issues are being specifically addressed through the Women's Program and the Anger Management Program.

Education

In this study, the mean level of education did not surpass the high school level. Taking into account the importance of education to one's quality of life, the court often orders that offenders take the GED exam. In the overall sample, 42% did not have their high school diploma or GED equivalency. This compares to 20.2% without a high school

diploma or equivalency in the general population of the Brazos County area (U.S. Bureau of the Census, 1996) In respect to the overall sample, 25.3% were court ordered to obtain GED equivalency. Of those subjects that were court ordered, 70% did not comply with the court order. A reason for such a low rate of compliance could be the extremely low level of education of those needing to pass the GED exam. That is, 53% of the subjects had no more than a ninth grade education. The decision by the court not to order the attainment of the GED seems to be a function of age. The mean age of those without a GED, but ordered to obtain it was 30.26 years. On the other hand, those who needed the GED, but were not asked to obtain it had a mean age of 41.56 years. Considering the importance of education to rehabilitation, as acknowledged by the court, this appears to be an area for future study by the probation officials and the social services unit.

Employment

The data from this study seems to indicate a positive trend in the employment results. The unemployment figure dropped from 25.7% to 11.4%. These percentages compare to an average unemployment rate in Brazos County of 3.2% (U.S. Bureau of the Census, 1996). There was an overall 60% increase in income. The mean monthly income at the pre-treatment measure was \$718.81 ($SD = 758.86$, $N = 85$). The mean monthly income at the post-treatment measure was \$1,150.00 ($SD = 838.29$, $N = 70$). Analyzing the wage information becomes problematic as the income range was quite large (0 - 4000), and this increase reflects the decrease in unemployment.

Criminality

The data in this study shows a declining trend in the area of recidivism.. The rate of reoffending at the felony level was especially low (4.6% over an average of 2 years). The “rap” sheets from which this information was derived were obtained in January, 1999. The reported information is current and should reflect the subject’s entire criminal history. The rates determined by this study can be compared to rates cited in Lipton (1994) and the Bureau of Statistics (1995). In the study of the Stay’n Out Program for New York drug offenders, Lipton (1994) found recidivism rates after three years of 22.7% for groups spending nine to twelve months involved in treatment, 50% for those groups receiving no treatment or counseling treatment, and 35.7% for subjects receiving “comprehensive correction-officer run milieu therapy” (p.334, 335). In the Bureau of Statistics (1995), it is reported, “Of 27,000 drug offenders sentenced to probation in 32 counties across 17 states in 1986, 49% were rearrested for a felony offense within 3 years of sentencing” (p.26). Based on the statement in Healey (1999), that “The most significant indicator of successful case management for criminal justice clients is recidivism” (p.5), this might be an area of high accomplishment for Brazos County.

Based on the data reported on 95 subjects, 64% were under the influence of alcohol/drugs during the crime. These numbers are comparable to the data reported by the Bureau of Statistics (1995) which states,

In 1991, 49% of all State prison inmates reported that they were under the influence of drugs or alcohol or both at the time they committed the offense for which they were currently sentenced... Among violent offenders in

State prisons

* 61% said that they or their victims were under the influence of drugs or alcohol at the time of the offense.

* 50% reported being under the influence of alcohol or drugs at the time of the offense. (p.6)

Greenfeld (1998) reports 37% of offenders in violent victimizations having used alcohol and, relative to convicted offenders on probation, 39.9% were under the influence of alcohol when committing the crime. Specifically to Texas, Greenfeld (1998) reports 53.2% traffic fatalities involve alcohol. These statistics support the importance of substance treatment in the criminal justice setting.

Conclusions

Healey (1999) comments, "While offenders are under the supervision of the criminal justice system, a unique opportunity exists to intervene in the offender's lifestyle to reduce future criminal behavior" (p.12). The Social Services Unit of the Brazos County Community Supervision and Corrections Department, through their various programs, is working toward that end. The relationship between substance abuse and criminality, and the resulting need for substance abuse treatment has previously been discussed in this paper. The Alcohol/Drug Education Program and the Substance Abuse Services Group are examples of this effort by Brazos County. The Aftercare Program attempts to meet the needs of those probationers in need of individualized services beyond the two groups. In Stark's (1992) study of substance abuse treatment, he cites a study by Walker, Donovan, Kivlahan, and O'Leary (1983) that "determined that 70.2% of alcoholics who completed an aftercare program were abstinent

at a 9-month follow-up, compared to only 23.4% of those who dropped out of aftercare (p.96). The Women's Program provides varied treatment and support for those in need. The study of women's programs by Morash, Bynum, and Koons (1998) supports the need for these programs and reports,

Elements deemed conducive to success in these programs included many that were gender specific: staff who provided strong female role models, the opportunity to form supportive peer networks, and attention to women's particular experiences as victims of abuse, as parents of children, and in negative relationships with men. (p.2)

The anger management group provides an opportunity to reduce violent crime, especially as it relates to domestic violence. The Bureau of Statistics (1998) report cites just that window of opportunity as it pertains to violent crime against intimates. It reports,

4 in 10 jail inmates convicted of a violent crime against an intimate had a criminal justice status at the time of the crime: about 20% were on probation, 9% were under a restraining order, and just under 10% were on parole, pretrial release, or other status. (p.5)

There is a large body of research that supports these types of programs in this type of setting. Whereas, Brazos County has provided the programs, it appears that completion rates are lacking. The Alcohol/Drug Education Program and the Substance Abuse Services Group are the groups that have specific points on which to begin and end. The completion rate for the Alcohol/Drug Education Program is 32.1% and for the Substance Abuse Services Group the completion rate is 30.3%. Strict implementation is important. Healey (1999) suggests

monitoring and the use of sanctions for those who do not comply. The report also cites the importance of ongoing communication and full understanding between the probation officer and, in this case, the social services personnel.

This study was initiated by the Social Services Unit of the Brazos County Community Supervision and Corrections Department. In an effort to be good stewards of the taxpayer's money, the State of Texas will be requiring an evaluation component to programs such as the programs covered in the context of this study. The study began with a two-fold emphasis - the social science emphasis of studying the effectiveness of rehabilitation in the criminal justice setting and the applied emphasis of assisting in establishing this evaluation component. The social science emphasis was not achieved due to the difficulties faced in the study. Examples of these would include the need for a control group, the lack of computerization of information and subsequent labor intensiveness, the resulting smaller sample size, inconsistent data (i.e. drug and alcohol screens), and the lack of systematically collected data (i.e., evaluation methods). As a result of the processes involved in this study, the Social Services Unit has implemented a data base management system to track the participants in their programs and has changed their procedures relative to drug and alcohol screens. The applied emphasis also fell short of the goal in that statistical significance could not be tested. This reduced the ability to make a statement relative to effectiveness and evaluation. It is hoped that this study will serve as a beginning or base line point for this goal. It was anticipated that this research would assist the Social Services Unit for probationers in Brazos County in the development of their programs by providing information that would help (1) Define and capitalize on their strengths, (2) Isolate,

strengthen, and improve their weaknesses, (3) Share current research developments and body of knowledge relative to criminal rehabilitation. It is felt that the study achieved some of these goals.

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1.

Appendix A

CLIENT DATA

Subject ID#: _____ Race: _____ Sex: _____ D.O.B.: _____

Case Status/Date: _____ Cause #: _____

MARITAL STATUS/DEPENDENTS

Marital Status at Sentencing: Never married Now married Separated Divorced Widowed

Marital Status at Present: Never married Now married Separated Divorced Widowed

Dependents: Y N If yes, # of dependents under 18 yoa: _____

MILITARY

Veteran Status: None Retired Discharged Type of Discharge: _____ Branch: _____

EDUCATION

Highest grade completed at sentencing: _____ At present: _____ GED court ordered: Y N If yes, was/when certificate obtained: _____

INCOME

Primary source: Wages Retirement/pension Disability None Other _____

Amount of monthly income at sentencing: _____ At present: _____

EMPLOYMENT

Employment Status: (Specify: *unemployed, F/T, P/T, student, disabled, retired, homemaker, incarcerated*)

At sentencing: _____ At present: _____

PHYSICAL/MENTAL HEALTH

Physical Health Problems: Y N Unknown If yes, specify: _____

Psychiatric/Psychological Problems: Y N Unknown If yes, specify: _____

Medications: Y N Unknown If yes, list medication(s): _____

SUPERVISION HISTORY

Current Offense: _____

Offense Level: Misdemeanor Felony Date/Length of Probation: _____

Sentence Type: Deferred Adjudication Adjudicated Supervision

Under Influence of AOD at time of current offense: Y N Unknown If yes, specify AOD: _____

Number of prior community supervision(s): _____

SUPERVISION STATUS/LEVEL

Status: Direct supervision Transferred Absconded Incarcerated: Jail Prison SAFPF

Level: Maximum Medium Minimum

SUPERVISION TERMINATION

Expired Early discharge Revoked Death Not terminated

If MTR filed, specify disposition: Adjudication Modification Dismissed Revoked Pending

If revoked, specify reason(s): New offense FTR Failure to pay AOD use Other _____

CRIMINAL HISTORY

Prior to Probation:

Felony: Y N Unk If yes, # of offenses: _____

Misdemeanor: Y N Unk If yes, # of offenses: _____

Prior to participating in In-House Services:

Felony: Y N Unk Offense(s)/Date(s): _____

Misdemeanor: Y N Unk Offense(s)/Date(s): _____

Subsequent to participating in In-House Services:

Felony: Y N Unk Offense(s)/Date(s): _____

Misdemeanor: Y N Unk Offense(s)/Date(s): _____

FAMILY HISTORY

History of alcohol abuse/alcoholism: Y N Unk If yes, specify family member(s): _____

History of drug abuse/addiction: Y N Unk If yes, specify family member(s): _____

History of criminal behavior: Y N Unk If yes, specify family member(s): _____

History of psychiatric/psychological problems: Y N Unk If yes, specify family member(s) and diagnosis(es): _____

History of financial state aid dependence: Y N Unk If yes, specify type: _____

History of abuse: Y N Unk If yes, specify type of abuse: _____

ALCOHOL/OTHER DRUGS

Primary AOD Problem: Alcohol Other drugs Both AOD

Indicate primary drug of choice/secondary drug of choice: _____

Indicate preferred method of use: Drink Inject Inhale Smoke Eat Unk N/A

Frequency of use: Daily 3-6 x/week 1-2 x/week 1-3 x/in past month No use in 30 days No use in past 180 days

Age of first use (or alcohol intoxication): _____ AOD first used: _____

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Client Data

of Days AOD-free: _____ 12-Step Program: ___Y ___N If yes, specify: _____ Sponsor: ___Y ___N

of Drug Screens 6 months prior to participation in In-house services: _____ # Positive: _____

of Drug Screens 6 months after participation in In-house services: _____ # Positive: _____

of Drug Screens 12 months after participation in In-house services: _____ # Positive: _____

of Alcoscans 6 months prior to participation in In-house services: _____ # Positive: _____

of Alcoscans 6 months after participation in In-house services: _____ # Positive: _____

of Alcoscans 12 months after participation in In-house services: _____ # Positive: _____

Recidivism to AOD usage: ___Y ___N Source: ___Self-report ___AOD Tests ___Other _____

of times participated in the following Inpatient treatment programs: ___CRTC ___SAPF ___Other _____

IN-HOUSE SERVICE(S) PROVIDED

___ Evaluation ___ADEP ___BG ___SAG ___WP ___ Anger Mgt. Group ___Other _____

Date of Evaluation: _____ Type of Evaluation: _____ Conducted by: ___LCDC ___Intern
___LPC ___Ph.D. ___M.D. ___LMSW/ACP ___Other(specify) _____

Method(s) of Evaluation: ___Interview ___SAQ ___SASSI ___Mortimer-Filkins ___Other _____

Dual Diagnosed: ___Y ___N If yes, specify diagnosis(es): _____

IN-HOUSE SERVICE(S) COMPLETED/DATE

___ADEP: Y N Unk Date _____

___BG: Y N Unk Date _____

___SAG: Y N Unk Date _____

___WP: Y N Unk Date _____

___Anger Mgt. Group: Y N Unk Date _____

___Other _____ Y N Unk Date _____

OVERALL PROBATION ASSESSMENT

Risk/Need Assessment (**Initial Score**): ___Alcohol Usage ___Other Drug Usage

Risk/Need Reassessment (**At Present**): ___Alcohol Usage Problems ___Other Drug Usage Problems

Intermediate Measure(s)

___ Improved reporting pattern
___ Improved payment pattern
___ Improved educational status
___ Improved employment status
___ Decreased AOD usage
___ Revoked for technical violations

Long-Term Measure(s)

___ Successful Discharge
___ Employed
___ GED Certificate/Other
___ Rehabilitated
___ Rearrest
___ Adjudicated/Modified/Revoked
(Circle appropriate response)