

Travis Community Impact Supervision
Resource Report: Central Diagnosis Assessment Forms

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November 2006

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Summary

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (the county's adult probation department) has teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model.

The Travis County CSCD, the Community Justice Assistance Division of the Texas Department of Criminal Justice, and the Open Society Institute have provided funds to support the reengineering effort and use the department as an "incubator" site to develop, test and document organization-wide changes directed at improving assessment, supervision, sanctioning, personnel training and quality control policies. The Travis County CSCD is the fifth largest probation system in Texas and, as such, has a tremendous impact on the state probation system. The total number of offenders under some form of probation supervision in Travis County in FY 2005 was 22,827.

The effort is supported by Travis County criminal law judges, the district and county attorneys and the Travis County Community Justice Council.

This report is a "resource report" presenting the assessment forms that will be used as part of the new centralized diagnosis process. The centralized diagnosis process will be fully operational in April 1, 2007. Below is an overview of the centralized process followed by an appendix with forms.

I. Introduction

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (the county's adult probation department) has teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model. This realignment strategy is called Travis Community Impact Supervision (TCIS). In this effort, *The JFA Institute* provides research, technical assistance in managing organizational changes and documents the efforts working with the department. Dr. Tony Fabelo is directing the project on behalf of *The JFA Institute*. Dr. Geraldine Nagy, the Director of the Travis County probation department, is directing the overall reform effort in conjunction with senior management staff of the department. The effort is supported by Travis County criminal law judges, the district and county attorneys, Travis County Community Justice Council and the Texas Department of Criminal Justice, Community Justice Assistance Division.

As part of the initiative five incubator reports have been published documenting different aspects of the reform effort. These reports can be found at the Travis CSCD web site at: http://www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp

The second incubator report of June 2006 reviewed the strategies that are being implemented to strengthen probation assessment practices.¹ This includes: (a) streamlining of assessment procedures and forms; (b) integration of evidence based assessment tools (risk assessment and offender classification protocols) into the diagnosis process; (c) creation of a Diagnosis Report for court officials to use; (d) organization of supervision strategies to match the assessment of offenders; and, (e) creation of a Central Diagnosis Unit to consolidate all assessment work.

This report is a "resource report" presenting the assessment forms that will be used as part of the new centralized diagnosis process. The centralized diagnosis process will be fully operational early in April 1, 2007. Below is an overview of the centralized process followed by an appendix with the actual forms.

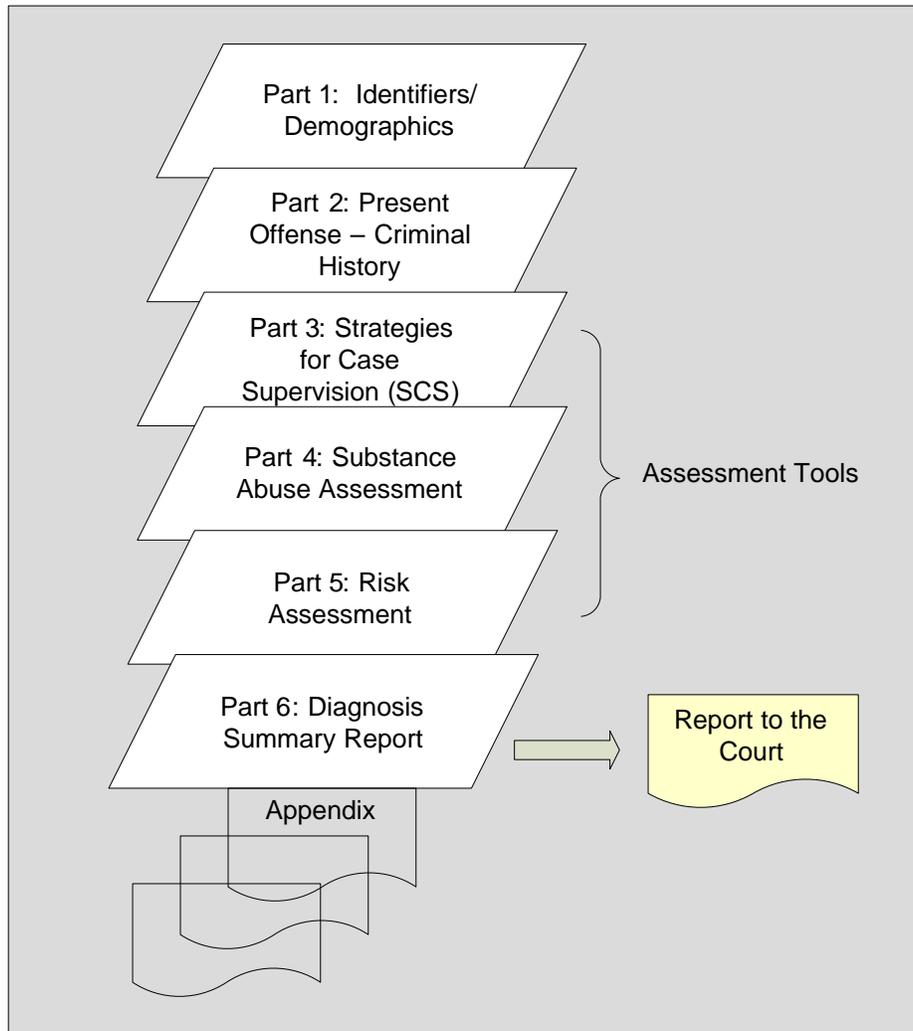
II. Overview of Central Diagnosis Assessment Instrument

Figure 1 shows the different parts of the Central Diagnosis Assessment Instrument created by the department's Diagnosis Committee working with the technical assistant team. The committee worked to remove duplication of information, reduce the movements of the offenders and the need to track these movements with different forms. The committee integrated many of the existing forms, some with modifications, into a cohesive diagnosis package. This was done to avoid "reinventing the wheel" and to minimize the need for new training by the use of familiar forms when possible. The final package consolidates all the critical documents and integrates three assessment tools into the assessment process. The two main assessments are the risk assessment scoring instrument and the SCS. The Treatment Alternative to Incarceration Program

¹ Dr. Tony Fabelo and Dr. Geraldine Nagy, "Better Diagnosis: The First Step to Improve Probation Supervision Strategies" *The JFA Institute*, Washington, DC/Austin, Texas. June 2006.

(TAIP) substance abuse assessment form (SEA) is also now part of the central diagnosis package.

Figure 1: Central Diagnosis Assessment Instrument



As mentioned above the two main assessment tools integrated in the Central Diagnosis Assessment Form are the Wisconsin Risk Assessment Instrument and the Strategies for Case Supervision or SCS.

The risk assessment was developed in Wisconsin in the late 1970's and was adapted for use in the probation system in Texas. The instrument consists of eleven weighted-items that are associated with the risk of re-arrest and revocation. The scores for each item are added and the total is used to categorize offenders as low, medium or high risk. The Community Justice Assistance Division (CJAD) of the Texas Department of Criminal Justice, the state agency that sets probation standards and provides state funding to local probation departments, has required the use of this tool in Texas. In

April 2005, CJAD published a report testing the validity of the risk assessment instrument on a statewide sample of 13,185 offenders. The study found the risk instrument to distinguish fairly well among risk groups.²

The JFA technical assistance team, working with the department, has conducted two research projects to test the validity of the risk instrument as it applies to the Travis County probation population. The studies, using two large samples of the Travis probation population, showed that the instrument was able to distinguish the risk level of offenders fairly well. The results of these studies were discussed in the third incubator report.³

The SCS is a "comprehensive case management system developed by and for community corrections."⁴ Its purpose is to assist probation officers in efficiently managing their cases. As stated in the instrument preamble, the SCS is:

"a companion tool to risk and needs assessments. While risk assessments assist in determining 'who' should receive priority, and needs assessments assist in determining 'what' issues should be addressed, SCS assists in determining 'how' the offender should be supervised."

The SCS protocol is structured along a set of 70 questions that must be followed by the interviewer. The interviewer "codes" each answer by selecting from a menu of multiple choice options. Scoring rules and guidelines are provided to assure consistency in interpretation and to maximize inter-rater reliability. While this format provides a structured protocol, the interviewer is also required to make extensive notes as appropriate for each set of questions. In other words, the instrument involves more than responding to individual items by filling in the multiple choices items. Instead, the interviewer must identify patterns of responses, which requires the interviewer to make appropriate notes to be reviewed during the final scoring of the instrument.

The instrument includes an "attitude interview", "objective background," "behavioral observations," and "probation officer impressions." The areas covered include: legal, medical, school, family, attitudes about offense, offense pattern, family attitude, school adjustment, employment, feelings, residential, inter-personal, mental health, plans and problems and substance and alcohol abuse.

The SCS multiple choice questions and related notes are used in a protocol to generate a final score placing the offender in one of five supervision strategies. The assumption is that identifying the offender along certain offense, prior history, social needs and other criminogenic characteristics provides the basis for also identifying the most effective supervision strategies. The specific strategy for an offender is the one that has been found to correlated best with potential success.

² Mike Eisenberg, "Validation of Risk Assessment Factors," Texas Department of Criminal Justice, Community Justice Assistance Division, April 2005.

³ Dr. Tony Fabelo and Dr. Geraldine Nagy, "Better Diagnosis: The First Step to Improve Probation Supervision Strategies" *The JFA Institute*, Washington, DC/Austin, Texas. June 2006.

⁴ Strategies for Case Supervision, Twelfth CJAD Edition, Revised January 2000.

III. Overview of Report to the Courts

Figure 2 depicts the components in the Central Diagnosis Report to the Courts and other judicial officials. This report will be “detached” from the diagnosis package and submitted to the court instead of the traditional PSI. The report provides for all the key identifiers and case processing information in a streamlined table format that facilitates reporting of this information. It also provides a chart summarizing critical information relating to factors that are correlated with recidivism or positive adjustment to probation supervision. Those factors that are of medium or high concern for the specific offender will be shaded and contain bulleted information for further explanation. The chart provides an “at a glance” synopsis of the offender for both the Courts and the supervising officer should the offender be placed on probation supervision.

The report to the court includes a short narrative highlighting the key results of the diagnosis. This narrative comes from standardized language that is included as part of the SCS instrument. The language will be systematically varied using adjective descriptors to fit the specific diagnosis of each offender. For example, for describing family history the language will say “family problems of childhood and adolescence were (blank) factor contributing to the offender’s legal difficulties.” The “blank” will be filled by phrases which describe the importance of this indicator such as “highly significant”, “significant”, “somewhat significant”, “minor significance” or “not significant”.

The report presents a Diagnosis Matrix identifying offenders along Risk and SCS category. This is depicted in Figure 3. The diagnosis results will place offenders in a square in the diagnosis matrix requiring a Yellow, Blue or Red Supervision Strategy. The matrix is a composite of risk on the vertical axis and SCS on the horizontal one. The diagnosis process will lead to the identification of the offender as falling in one of the squares in the grid.

Figure 4 depicts in general the supervision strategies that will apply to offenders in each color of the diagnosis. In general, low risk pro-social offenders with a stable lifestyle (SIS) or with some skill deficit will be placed in the “Yellow” category. For these offenders, the supervision strategy will be to intervene selectively, delegate planning to them, use rational problem solving techniques and have more tolerance for minor violations. Offenders who are classified mainly as medium risk, that are impulsive, lack skill, are easily led (ES) and some that have destructive thinking, low esteem and emotional problems (CC) will be placed in a “Blue” category. For these offenders, the supervision strategy will be to have more reporting requirements, including some field visits. Offenders who are classified mainly as high risk that are in any of the SCS categories, but in particular in the categories of having destructive thinking (CC) or criminal thinking (LS), will be subjected to the most restrictive supervision strategy. Reporting requirements will be the toughest for these offenders and tolerance for administrative violations will be the least permissive.

The report will not recommend whether the offender should or should not be placed on probation as is presently done. The department will only state what the diagnosis is for the offender and what type of supervision strategy applies if the court decides to place the offender on probation.

The report will list the standard conditions of supervision required by law and specify strategies that may be tried as part of the supervision plan that fits within the Yellow, Blue and Red strategies. The conditions of supervision will be tailored to each supervision classification, particularly the “special” conditions dealing with program participation.

Figure 2: Areas Covered by Central Diagnosis Report to the Courts

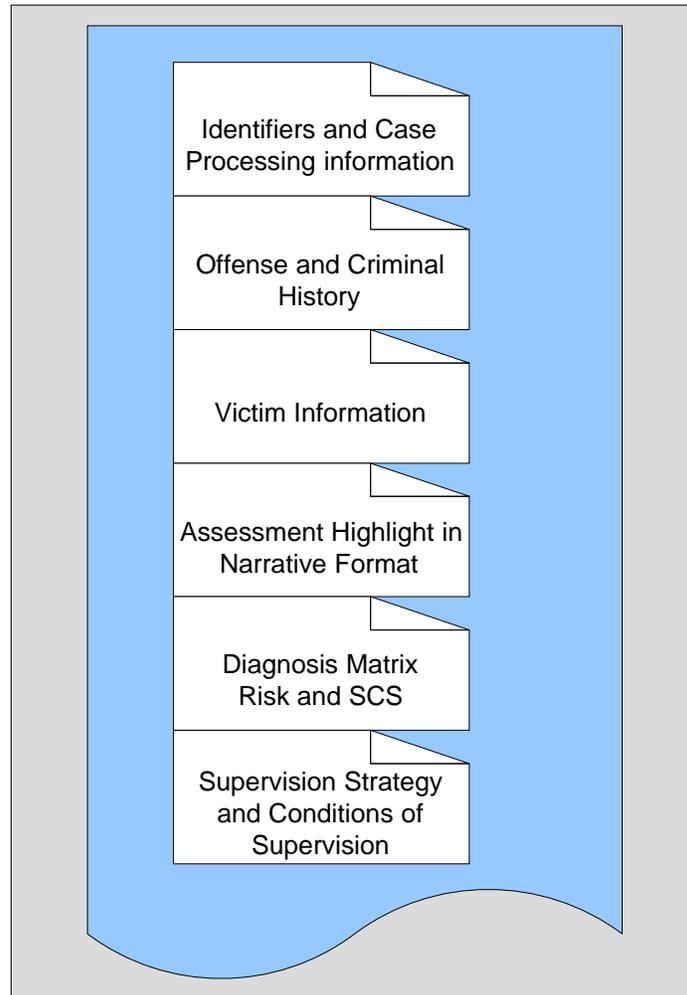


Figure 3: Diagnosis Matrix Based on Risk and SCS

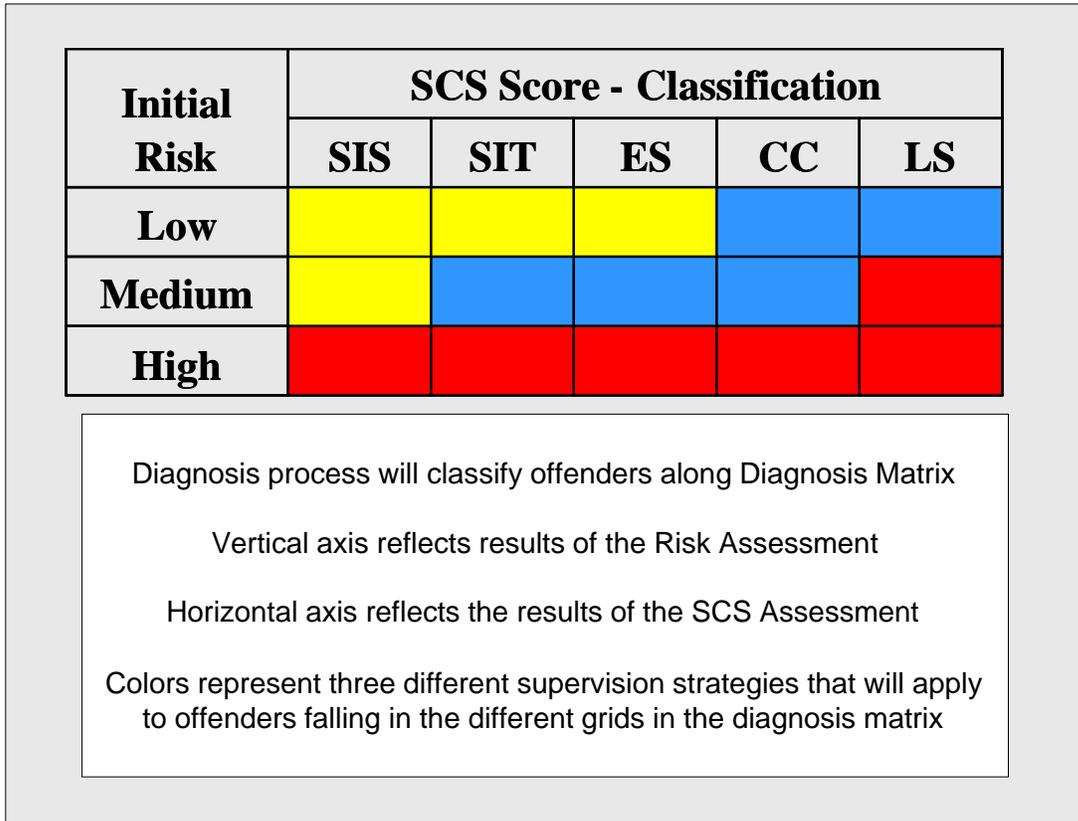
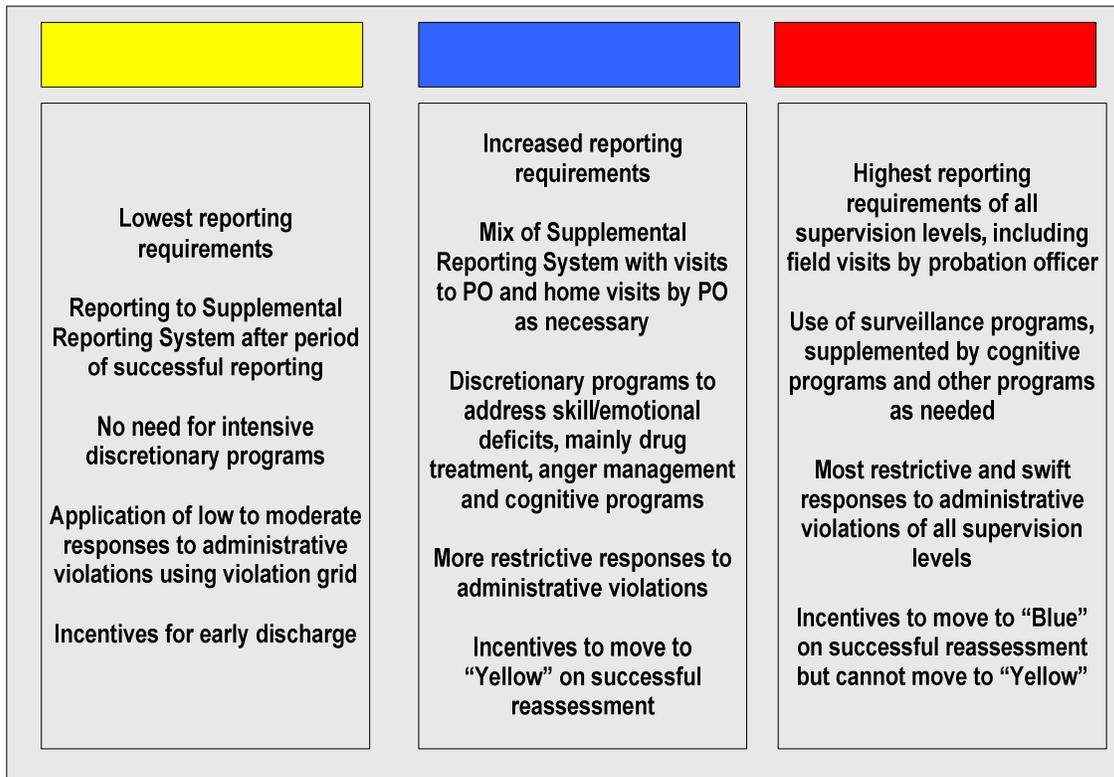


Figure 4: General Scheme for Supervision Strategies Matching Diagnosis Grid



IV. Sample of Instrument and Report

A sample of the Central Diagnosis Assessment Instrument, the Diagnosis Report to the Court and the Appendices included in the package are presented below.

**TRAVIS COMMUNITY SUPERVISION AND CORRECTIONS
DEPARTMENT**

CENTRAL DIAGNOSIS ASSESSMENT INSTRUMENT

PART I: DIAGNOSTIC/ASSESSMENT INFORMATION

(1) Name:	Date:	Aliases/Nickname:	
(2) Address:		(3) Employer/Address and Telephone #:	
		Spouses Name and Telephone#:	
(4) Telephone Number(s) i.e. home/cell		(5) E-mail address:	
(6) Date of Birth:		(7) Sex:	
(8) Race/Ethnicity:		(9) Height/Weight/Hair Color:	Color/Eye
(10) Social Security #:		(11) Driver's License #:	State:
(12) Automobile Make, Model and Lic. #:		(13) Place of Birth/Primary Language:	
(14) U.S. Citizen Y <input type="checkbox"/> or N <input type="checkbox"/>: If no, Alien Number:		(15) Active Military Y <input type="checkbox"/> N <input type="checkbox"/>: Discharge Status:	
(16) Education Level:		(17) APD #: SID#: FBI#: TRN/TRS#: MNI#:	
(18) Total monthly Income/Expenses:		(19) Number of Children:	

PART I CONTINUED:**List three (3) References:**

Name

Address

Phone #'s

Relationship

Name	Address	Phone #'s	Relationship

PART II: PRESENT OFFENSE-CRIMINAL HISTORY

(20) Court:	Court Date:	(21) Judge:
(22) Cause #:		(23) Defense Attorney: Prosecuting Attorney:
(24) Present Offense:	Offense Date:	(25) Degree/Penalty Range:
Reduced Y or N: If yes, original offense:		
(26) Plea:	Date of Plea:	(27) Arresting Agency: Date of Arrest:
(28) Co-Defendants:		(29) Custody Status:
		(30) Restitution Determined Y or N: If yes amount:

(31) Present Offense:

PART II CONTINUED

(32) Criminal History (Prior Record):

DATE	ARRESTING AGENCY	OFFENSE	DISPOSTION

(33) Criminal History (Pending Cases):

DATE	ARRESTING AGENCY	OFFENSE	DISPOSITION

PART II CONTINUED:

(34) Victim Impact Statement:

PART III-SCS

Strategies for Case Supervision

General Instructions

There are four parts to the Strategies for Case Supervision (SCS) Assessment Instrument. Whenever possible, the following sequence (A-D) should be followed:

- A. Attitude Interview (45 Items)
- B. Objective Background (11 Items)
- C. Behavioral Observations (8 Items)
- D. CSO's Impressions (7 Items)

Instructions for Attitude Section

Column 1:

A **semi-structured interview** with suggested questions has been developed to elicit attitude information about the offense, the offender's background, his present problems and future plans. The average interview takes about forty-five minutes; the scoring, about five minutes.

Use a natural, open, **conversational style of interviewing** which is both comfortable for you and the offender. If the offender presents some important or interesting information requiring follow-up, feel free to do so. Then, return to the structured sequence. While stressing free-flowing communication, some structuring is required to insure the reliability and validity of the instrument. Therefore, make every effort to preserve the meaning of the questions if you transpose them into your own words.

Each section of the attitude interview is introduced by an **open-ended question** designed to elicit general attitudes about the subject. Information learned from these questions may or may not assist in scoring the subsequent items. However, it will inform the interviewer's impressions which are scored in the last section.

Following the open-ended question, there are more **specific questions** provided for the individual items. Often, these questions pursue information in an indirect manner. You must assess this information in order to rate the item. If the specific questions fail to elicit the information needed, continue to inquire in an increasingly direct manner unless you see the word "**-STOP.**" - S T O P - means to discontinue inquiry (except to repeat or clarify the question that was misunderstood) and to score the spontaneous response, if possible.

For some items, "a" and "b" questions are included. If the "b" question is **asterisked (*)**, always ask it. Otherwise, ask the "b" question if the needed information wasn't elicited from the "a" question. For non-verbal offenders, you may need to ask several additional probing questions.

Column 2:

The **item objectives and scoring options** are listed in column two. Except for two items, you must choose only one alternative per item. If you can't choose an alternative, don't rate the item.

General Scoring Rules: (1) consider information learned throughout the interview to rate each item (i.e., not only the information learned in discussing that particular item); (2) base ratings on **patterns** of behaviors and attitudes; and (3) base ratings on your (the CSO's) assessment of the situation (i.e., the offender need not concur with your assessment of the information).

Column 3:

A **Scoring Guide** is included to provide criteria and assistance in scoring ambiguous responses.

Attitudes about Offense

Questions: Scoring Options: Scoring Guide:

Could you tell me about the *most recent* offense that got you into trouble? (If denied) What did the police say you did?

1a. How did you get involved in this offense?

1b. How did you decide to commit the offense?

1. Motivation for committing current (*most recent*) offense

- (a) emotional motivation (e.g., anger, sex offense, etc.)
- (b) material (monetary) motivation
- (c) both emotional and monetary motivation

1. a. *Include:*

- *POCS for ones own use.*
- *Assault (not for robbery).*

b. *Include:*

- *Prostitution.*
- *Stealing or selling drugs (even to support an addiction).*
- *Car theft (except joyriding)*

c. *Include:*

- Stealing from parents for revenge.*
- Stealing primarily for peer acceptance*
- Refusing to pay child support because of anger toward ex-spouse.*

2. Could you tell me more about the circumstances that led up to the offense?
2. Acceptance of responsibility for *current* offense
- (a) admits committing the offense and doesn't attempt excuses
 - (b) admits committing the offense, but *emphasizes excuses* (e.g., drinking, influence by friends, family problems, etc.)
 - (c) denies committing the offense
2. a. **Takes responsibility** while explaining circumstances.
- b. **Blames** circumstances (i.e., does **not** take responsibility).
- c. Denial of **any significant aspect** of the offense.
- E.g., "I helped jimmy the car window, but my friend took all of the stuff out, I didn't"
3. Looking back at the offense, what is your general feeling about it? -STOP-
3. Expression of guilt about *current* offense
- (a) expresses guilt or spontaneous empathy toward victim
 - (b) expresses superficial or no guilt
 - (c) victimless crime
3. a. Offender must feel some **personal regret and shame** (**not** just verbalization to impress CSO).
- b. Include:
- "I feel bad because now I have a record."
 - "People are disappointed in me." (Indicates some regret but not necessarily shame.)
 - "I know it was wrong." (Emphasis on having done wrong but not on feeling bad because of doing wrong.)
- c. Include:
- POCS solely for ones own use.
 - Sexual activities between consenting adults. Exclude:
- Sale of drugs, DWI, Theft, etc.

Offense Pattern

(If there are priors, obtain a complete picture of offense style, including current offense. If no priors, score Item 4 an "a", and skip Items 5-8).

Now I'd like talk to you about prior offenses. **Have you been in trouble before?**

4a. Starting with the most recent, what prior offenses are on your record. *(List on grid below)*

*4b. What is on your juvenile record.

4. Felony or misdemeanor pattern
 (a) no prior offenses (**Skip items 5,6,7,and8**).

(b) mainly misdemeanors

(c) no consistent pattern

(d) mainly felonies

4-8 Include criminal traffic (e.g., DWI) and juvenile crime. Exclude unprosecuted arrests and not guilty findings.

4. b. Do **not** score "b" if offender has more than two felonies-use choice "c" or "d." d. Over 50% of offenses are felonies.

5a. Have you ever been armed or hurt anyone during these offenses?

*5b. Did you ever threaten someone?

5. Was offender ever involved in an offense where armed, assaultive, or threatened injury to someone?

(a) yes

(b) no

5. Include any sexual offense against a child.

6a. How did you decide to do the **(each prior) offense?**

6b. Could you tell me more about the circumstances leading up to the offense?

6. Offenses were **generally**

(a) planned

(b) no consistent pattern

(c) not planned

6. **CSO's judgment** based on all factors.

a. - E.g., exhibitionist who drives around in a car looking for a girl to expose himself to. E.g., person who decides to commit an offense, then drinks to build courage.

b. - E.g., exhibitionist who is driving to work, suddenly sees a girl, pulls over and exposes himself.

E.g., person gets drunk and into a barfight.

7a. Were you drinking or on drugs when you did the *(each prior)* offense?

*7b. Can you tell me about your drinking and drug use in general?

7. Percent of *offenses* committed while drinking or on drugs

(a) never

(b) 50% or less

(c) over 50%

7. Include offenses where there was any alcohol or drug use regardless of intoxication level.

8. Did you do the *(each prior)* offense alone or with others?

8. Offenses were **generally** committed

(a) without accomplices

(b) no consistent pattern

(c) with accomplices

8. "Accomplice": One who assists in the commission of the offense, not simply one who is present.

For present offense, see notes on previous page.

(Item 4) (Item 5) (Item 6) (Item 7)
 (Item 8)

Present Offense	Felony ?	Weapons/Assault/Threat	Circumstances	Planned?	Alcohol/Drugs?	Accomplices?

School Adjustment

Now I'd like to ask you about your background beginning with school. **How did you like school?**

9. What was your favorite subject in school?-STOP-

9. Favorite subject
- (a) vocational
 - (b) academic
 - (c) gym
 - (d) no favorite subject

9. a. Include typing/shorthand.
 b. Include music or art.

IOa. Did you have a favorite teacher in high school?

* IOb. (If applicable) What did you like about her (him)?

11a. How far did you go in school?

*IIb. Did you have any problems with your schoolwork? (If offender did not graduate from high school, find out *why not.*)

10. Attitude toward teachers

- (a) no favorite teacher
- (b) teacher chosen because of certain qualities that the offender admired
- (c) teacher chosen because of close personal relationship with the offender

11. Offender's school performance

- (a) no problems *and* H.S. graduate
- (b) learning problems (difficulty performing schoolwork)
- (c) behavior problems, lack of interest, or other problems

10. Examples:

- b. "She would help kids."
- c. "She helped me with my personal problems."

11. a. Regular high school diploma required for choice "a."

- b. - **Lack of capacity to learn** (not merely a lack of interest or behavioral problems).
 - Score "b" if person had both a lack of capacity **and** behavior problems, i.e., "b" takes precedence over "c."
 - Remedial or slow learner classes.

Vocational and Residential

(Use grid on p. 5 to organize information for items 12-14).

Now, let's talk about work. **What kinds of jobs have you had**

- 12a. Where do you work now?
 12b. (If not working) What was your most recent job? (Start with **most recent** job and go backwards until a clear pattern emerges).
12. Primary vocation
 (a) unskilled labor
 (b) semi-skilled
 (c) skilled labor or white collar
 (d) homemaker (Skip Items 13 & 14.)
 (e) student (full-time) or recent graduate. (Skip items 13 & 14.)
12. a. - Average person could do the job without training.
 - Include offender who's been in job market for over 6 months but has not worked. (Also score Items 13 & 14.)
 b. Exclude jobs requiring no training and/or experience.
 c. For **homemaker**, use prior vocational history, if available. If not, check choice "d."
 d. For offender who was a **full-time student** within the last 6 months and hasn't had the opportunity to establish an employment pattern.
- 13a. How long did you work on that job?
 13b. How long between that job and your previous job?
13. Percent of working life where offender was employed fulltime
 (a) over 90%
 (b) over 50% to 90%
 (c) 50% or less
13. - "**Working life...**": time period society would expect one to be working. Subtract time in school, institutions, etc. Calculate on basis of a 40-hour work-week.
- 14a. What was the reason for leaving that job?
 *14b. (If applicable) Have you had trouble getting jobs?
14. Primary vocational problem
 (a) none
 (b) problems due to lack of capacity or basic life skills
 (c) attitude or other problems
14. a. **Don't use "a" for offenders working less than 90% of time.**
 b. Include: "Because of my drinking problem."

(Item 12)

Jobs and Job Responsibilities

(Item 13)

Duration

(Item 14)

Reasons for Leaving

Current or most recent		
Unemployment Interval →		
Previous Jobs		
Unemployment Interval →		
Unemployment Interval →		
Unemployment Interval →		

15a. Where do you live now?

* 15b. Have you moved around much?
(Deal with time period after offender turned 18.)

15. Living stability background
- (a) essentially stable living arrangements
 - (b) some unstable periods
 - (c) essentially unstable living arrangements

Consider what is stable for the offender's age-group.

16a. Have you had any trouble supporting yourself or received welfare?

* 16b. (If applicable) How did you support yourself when you were unemployed?

16. History of being self-supporting
- (a) usually self-supporting
 - (b) several periods where not self-supporting
 - (c) essentially not self-supporting

Illegal activities and welfare are not counted as self-supporting. For offender who has not had the opportunity to support self (e.g., homemaker, or student living with parents), estimate the likelihood of his being able to support himself

Family Attitudes

Now, let's talk about your childhood. **Can you tell me what it was like?** (Explore family structure).

17a. How do (did) you get along with your father?

17b. How do you feel about your father?

17. **Present feelings** toward father
- (a) close
 - (b) mixed or neutral
 - (c) hostile

In multi father families, use the person whom the offender identifies as father
b. Include: "We get along" (without implication of closeness)

18a. If you did something wrong as a **teenager**, how did your father handle it?

18b. What kind of discipline did he use?

18. Type of discipline father used (during offender's **teenage** years)
- (a) verbal or privilege withdrawal
 - (b) permissive (generally let offender do as he [she] pleased)
 - (c) physical

18. If offender did not live with father or father figure during at least part of adolescence, do not rate Item 18.
b. Include: "He always left it to mom."

19a. How do (did) you get along with your mother?

19b. How do you feel about your mother?

19. **Present feelings** toward mother
- (a) close
 - (b) mixed or neutral
 - (c) hostile

19. In multi-mother families, use the person whom the offender identifies as mother.
b. Include: "We get along" (without implication of closeness).

20a. If you did something wrong as a **teenager**, how did your mother handle it?

20b. What kind of discipline did she use?

20. Type of discipline mother used (during offender's **teenage** years)
- (a) verbal or privilege withdrawal
 - (b) permissive (generally let offender do as he [she] pleased)
 - (c) physical

20. If offender did not live with mother or mother figure during at least part of adolescence, do not rate Item 20.
b. Include: "She always left it to dad."

- 21a. Were you ever abused by either one of your parents?
 21b. Did either of them ever go overboard on the punishment?
 -STOP-

21. Was offender **ever** physically or sexually abused by a biological, step, or adoptive parent
 (a) yes
 (b) no

Base ratings on facts described, not merely on whether offender felt abused. Use **state welfare standards**.

a. - Examples:

- Cuts on face.
- Severe body bruises
- Sexual abuse. Locked in closet or starved for long periods of time.

- 22a. How would your parents have described you as a child **(before you were a teenager)**.
 *22b. Did both parents see you're the same way?

22. Parental view of offender (prior to adolescence)
 (a) good child
 (b) problem child
 (c) parents differed

Focus on offender's behavior. Examples:

- No special problems.
- "Like anybody else"
- My parents were always complaining about me."
- Seen as a "strange kid"

- 23 a. How would you describe yourself as a child **(before you were a teen-ager)?**
 23b. What was your behavior like?

23. As a child, offender describes self as a
 (a) good child (normal or average)
 (b) problem child

23. - **Accept offender's assessment**, even if his behavior does not match his perception.
 - Examples from Item 22 also apply here.

- 24a. How do you get along with your brothers and sisters?
 24b. How do you feel about them?

24. General **feelings** toward siblings
 (a) close
 (b) mixed or neutral
 (c) hostile
 (d) no siblings

24. Include half-siblings; exclude step-siblings.
 b. Example: "Hike some, not others."

25. Would you describe your childhood **(before you were a teenager)** as happy or unhappy? -STOP-

25. General attitude toward childhood
 (a) happy
 (b) unhappy

25. Accept **the offender's view**.

26. If you could change anything about your childhood, what would you change?

26. Satisfaction with childhood
 (a) basically satisfied (would change little)
 (b) dissatisfied with material aspect
 (c) dissatisfied with self, family, or emotional climate

- 26.c. Include: "I should have gone to school."

27. Can you describe your father's personality? *(If answer is unclear, ask offender to describe another person he [she] knows well.)*

27. Offender's description of personality
 (a) multi-faceted
 (b) superficial (e.g., "good"; "bad"; "nice"; etc. with no elaboration)

27. This item is measuring the complexity with which the offender views others, e.g., the ability to describe attributes and/or to explain the reasons for behavior.

a. One or two "complex" statements are sufficient for an "a."
 Examples:
 "Ambitious and honest."
 "Sensitive to others."
 "Dad was strict `cause that's the way he was brought up."

b. "Superficial" indicates a lack of capacity to perceive depth in personality, **not** simply an evasion of the question.
 Examples:
 - "No-good drunk" without further elaboration).
 "Kind" (no elaboration).
 "Don't know "

Inter-Personal Relations

Let's talk about your friends. **Do you spend much time with them?**

28a. What are your friends and associates like?
 *28b. Have any of them been in trouble with the law? *(If offender denies current, use prior associates.)*

28. Offender's *pattern* of associates has been
 (a) non-criminal
 (b) mixed
 (c) mostly criminal

28. *Focus on associates, not only "friends."*
 Exclude marijuana use, alone, as "criminal."
 a. Exclude "a" if offender committed offense(s) with accomplices.

29a. How do you get along with your friends and associates?
 *29b. How do they act towards you?

29. In *interactions* with others, offender
 (a) gets used by others
 (b) withdraws from others
 (c) has other interaction problems
 (d) has average social skills

29. **CSO's judgment**, based on the quality of the offender's interactions.

a. Include: offenders who are used but are unaware of it.

b. Include:
 - Physical presence but social withdrawal.
 - "I don't have any friends."

30a. Do you have a closest friend?
 *30b. What do you like best about him
 (her)? - STOP-

30. Description of offender's
 relationship with his (her)
 closest friend:
 (a) talk (share feelings) or
 help each other
 (b) do things together
 (less emphasis on talking
 or sharing feelings)
 (c) has no closest friend

30. a. Include:
 "Do things for each
 other: "
 "We're like brothers."
 b. Include: "He's a
 hunter too."
 A more activity-based
 relationship.

31. Are you satisfied with the way
 you get along with other
 people?

31. Satisfaction with interpersonal
 relationships:
 (a) feels satisfied
 (b) feels dissatisfied

31. Accept the **offender's
 statement**.

32. In general, do you tend to
 trust or to mistrust people? -
 STOP-

32. *General* outlook toward others:
 (a) basically trusting
 (b) mixed or complex view
 (c) basically mistrusting

32. b. A complex view of people
 (i.e., trusts in some
 situations and not in others).
 b. Include:
 - "I trust people
 too much."
 "It takes awhile to get
 to know them."

33a. Can you tell me about your
 relationships with women
 (men)?
 *33b. Do you generally go out with a
 lot of women (men) or date the
 same person for long periods?

33. Offender's relationship pattern
 with significant others is
 generally
 (a) long-term (over 6 months),
 committed relationships
 (b) short and long term
 relationships
 (c) short-term
 relationships, no solid
 commitments **and/or** little
 dating experience

33. Rate gay as well as straight
 relationships.
 c. Short-term relationships
and/or no solid
 commitments to people.

34a. In your relationship with your
 wife/girlfriend (husband/boy-
 friend), who tends to make the
 decisions?

34. In interactions with significant
 other, offender *generally*
 (a) dominates
 (b) is average or adequate
 (c) is dominated

34. **CSO's judgment**. Do not accept
 offender's response without
 probing his (her) relationships or
 how some specific decisions are
 made.

34b. Who usually chooses your
 entertainment, how the money
 is spent, the people you
 associate with, etc.?

Feelings

Now, I'd like to ask you about your feelings. Have you had problems handling your feelings?

35. Do you consider yourself to be a nervous or anxious person. - **STOP-**
35. Does offender view self as a nervous (or anxious) person?
 (a) yes
 (b) no
35. **Accept the offender's assessment** even if behavior does not match.
 a. Include:
 - "I worry a lot."
 - "Not nervous-hyperactive."
 b. Include:
 - "Forget about them."
 - "Watch T. V. "
 d. Include:
 - "I pray"
 - "I go to sleep."
 - cry."
- 36a. What kinds of things get you depressed?
 36b. What do you do when you're feeling depressed? (If d denies getting depressed, how does he [she] avoid depression?)
36. What is offender's *pattern* when feeling depressed?
 (a) seeks someone to talk to or tries to figure it out
 (b) seeks an activity to distract self
 (c) drinks or uses drugs
 (d) isolates self
36. 37.
- 37a. Have you ever thought seriously about hurting or killing yourself?
 37b. (If offender says "yes" to above) Have you ever tried it?
37. Self-destructive behavior
 (a) never seriously contemplated suicide
 (b) has had definite thoughts of suicide
 (c) has attempted it
37. c. Requires overt action which resulted in self-harm or clear intent to commit suicide.
- 38a. What do you do when you're feeling angry with people?
 *38b. Have you ever hurt anybody when you were angry?
38. In handling anger, offender
 (a) has been physically aggressive
 (b) avoid expression to others or has trouble expressing anger appropriately
 (c) responds appropriately
38. Include all previously learned **information (e.g., offense history)** when rating this item.
 a. Physically aggressive problems should take precedence when there is a mixed pattern.
 b. Include:
 - "I leave and just blow it off"
 - "I break things."
 - "I don't get angry."
c. Example: "We sit down and work it out together."
- 39a. Can you describe your personality?
 39b. What do you like and dislike about yourself? -STOP-
39. In describing self, offender
 (a) emphasizes strength
 (b) emphasizes inadequacy (tends to downgrade self)
 (c) can't describe self
39. If offender gives **both positive and negative** statements about self choose the one emphasized most; if emphasis is equal, choose the one given first.
 c. Choice "c" is designed to identify the offender who is **incapable** of showing insight or complexity. Examples:
 - "I'm okay" (and can't elaborate).
 "I'm a nice person" (and doesn't elaborate). "I get into too much trouble" (and doesn't elaborate).
40. (No question asked Rate - your impression of offender's openness in discussing feelings.)
40. Openness in discussing feelings
 (a) discusses as openly as able
 (b) is evasive

Plans and Problems

Let's talk about your problems and your plans for the future.

41. Aside from your legal problems, what is the biggest problem in your life right now? -STOP-

41. Excluding legal problems, what is **offender's view** of his (her) most important problem area right now?

- (a) personal
- (b) relationships
- (c) vocational/job/educational
- (d) financial
- (e) no big problems presently
(Rate Item. 42 as "a")

41. a. Include:

- Drinking, or drugs
- "Getting my head together"

b. Examples:

- "Getting things straightened out with my fiancé."
- "Not getting along with my parents."

42. How do you expect this problem (from Item 41) to work out?

42. Attitude toward solving problems

- (a) optimistic; expects to succeed
(Include if Item 41 is "e.")
- (b) unclear or mixed
- (c) pessimistic; expects to fail

42. a. Include: "O.K., because I've got a better paying job. "

b. Include:

- "One day at a time."
- "O.K., I hope."
- "I'll be O.K. if I get a better paying job. "
- c. Include: "I can't figure out a solution."

43a. What goals do you have for the future?
*43b. What are your plans for achieving these goals? -STOP-

43. Goal setting
 (a) no goals, poorly developed goals, or short-term goals
 (b) unrealistic goals
 (c) realistic, long-term goals
(most goals are well-developed and extend beyond 6 months)

43. The **ability to set goals** is being measured, **not** the motivation for achieving the goal.
a. Include:
- Vague goals with no steps for achieving them.
- "Just live day to day."
- "Maybe get married and settle down."
b. Strange, way-out, or impossible to-achieve goals.
c. **Requires fairly specific steps for achieving the goal.**

44. (No question asked. Base on information received throughout interview on follow-through in education, jobs, training programs, treatment programs, goals, etc.)

44. Does offender usually stick with and complete things he (she) begins?
 (a) yes (*better than average offender*)
 (b) no (*typical offender*)

45a. How will being on probation affect your life?
45a. What do you expect to get from being on probation? -STOP-

45. Offender's general expectations about supervision
 (a) no effect
 (b) monetary, counseling, or program help
 (c) hopes supervision will keep him (her) out of trouble
 (d) negative expectations
 (e) mixed or unclear expectations

45.
a. Include: "No effect, because I'm

back on the right track "
d. Include: "No effect, because I don't let anybody tell me what to do."

Objective Background Items

Instructions: Ask direct questions to obtain the following information.

Scoring Options:

Scoring Guide:

Legal History

46. Age of earliest court appearance..

- (a) 14 or younger
- (b) 15-17
- (c) 18-22
- (d) 23 or older

46. Include appearances for juvenile delinquency and for criminal traffic offenses (e.g., drunk driving, hit and run).

47. Number of prior offenses:

- (a) none
- (b) 1-3
- (c) 4-7
- (d) 8 or more

47. Number of prior offenses:

- (a) none
- (b) 1-3
- (c) 4-7
- (d) 8 or more

48. Number of commitments to *state or federal* correctional institutions (including juvenile) for one year or longer:

- (a) none
- (b) 1
- (c) 2 or more

48. - Rate length of **sentence**, not length of time served.

49. Time spent under probation or parole supervision (including juvenile):

- (a) none (this is the first probation term)
- (b) 1 year or less
- (c) over 1 year; up to 3 years
- (d) over 3 years

Medical History

50. (Check all applicable choices.)
- (a) frequent headaches, back or stomach problems
 - (b) serious head injuries
 - (c) prior psychiatric hospitalization
 - (d) outpatient psychotherapy; professional,
 - (e) drug/alcohol treatment
 - (f) none of the above

- 50.
- a. Include vague complaints not diagnosed by a physician.
 - b. Include:
 - Skull fractures.
 - Head injuries which required treatment (beyond X-ray).

School History

51. Highest grade completed:
- (a) 9th or below
 - (b) 10th -12th (did not graduate)
 - (c) high-school graduate (exclude GED)
 - (d) some post high-school training leading toward a degree

52. Did offender ever receive special education or remedial help in school?
- (a) yes
 - (b) no

- 52.
- a. - Include special programs for learning deficiencies
 - Exclude programs for behavior problems only.
 - Exclude English-as-a-second-language.

Family History

53. Offender was raised primarily by:
- (a) intact biological family
 - (b) other

- 53.
- a. Requires **both natural parents** in an intact home until offender reached at least 16 years of age.

54. Did either parent have a history of:
(Check **all** applicable choices)
- (a) being on welfare
 - (b) criminal behavior
 - (c) psychiatric hospitalization
 - (d) suicide attempts
 - (e) drinking/drug problems
 - (f) none of the above

54. Include step and adoptive parents.

55. Have brothers or sisters (including half- and step-siblings) ever been arrested?
- (a) none
 - (b) some
 - (c) most
 - (d) not applicable (e.g., no siblings)

Marital Status

56. Currently offender is:
- (a) single (never married)
 - (b) separated, divorced, or widowed
 - (c) married (including common-law)

- END INTERVIEW -

Behavioral Observations

Instructions: Rate the following behaviors as observed during the interview. Use a "b" rating for the average offender. Use "a" and "c" ratings for distinct exceptions to the average.

- 57. Grooming and Dress
a) Below Average (b) Average c) Above Average

- 58. Self-confidence
a) Lacks confidence (b) Average c) Overly confident (e.g. cocky)

- 59. Attention Span
a) Easily Distractible (b) Average c) Very Attentive

- 60. Comprehension
a) Below Average (b) Average c) Above Average

- 61. Thought Processes
a) Sluggish (b) Average c) Driven or Accelerated

- 62. Affect
a) Depressed (b) Average c) Elated (e.g., more "cheerful" under the circumstances than average)

- 63. Self-Disclosure
a) Deliberately Evasive (b) Average c) Very Open

- 64. Cooperation
a) Negativistic (b) Average c) Eager to please others (Genuine; Nonmanipulative)

Interviewer Impressions

Instructions: Rate the significance of each factor (as defined on the left) as it contributed to the offender's legal difficulties. Of the seven items (65-71), at least one must be rated "a" and at least one "e." The definition of an "a" rating is to the left; "e" to the right. **HS= Highly Significant: S=Significant: SS=Somewhat Significant: MS=Minor Significance: NS=NotSignificant**

65. Social Inadequacy

H.S S SS MS NS

Social skills deficits (i.e., naïveté, gullibility, being easily led) and difficulty surviving in society and caring for self are highly significant factors in contributing to the offender's legal difficulties.

(a) (b) (c) (d) (e)

*Social skills deficits do not contribute significantly to the offender's legal difficulties,, i.e., s/he can assert self, is not easily used or misled by others, and has average **ability** to survive in society and care for self.*

66. Vocational Inadequacy

The lack of *the capacity* to obtain and maintain *relatively permanent and reasonably paying* employment is highly significant in contributing to the offender's legal difficulties.

(a) (b) (c) (d) (e)

Vocational inadequacy is not a significant

factor contributing to the offender's legal difficulties, i.e., has average *capacity* to obtain/maintain relatively permanent and reasonably paying employment.

67. Criminal Orientation

*Criminal values (i.e., criminal behavior is an *acceptable, common* part of the offender's life) **and living off of crime** without sustained attempts to live in a pro-social way are highly significant in contributing to offender's legal difficulties.*

(a) (b) (c) (d) (e)

Criminal value orientation is not a significant factor contributing to the offenses (i.e., the offender has relatively **pro-social values**: s/he does not attempt to live off of crime and crime is not a common party of the offender's life.

68. Emotional Factors

Emotional problems (e.g., depression, low self-esteem, anxiety, sexual deviancy, self-destructiveness, chemical addiction, etc.) are highly significant in contributing to the offender's legal difficulties.

(a) (b) (c) (d) (e)

Emotional factors (to the left) did **not** contribute significantly to the offender's legal difficulties, i.e., offender is **emotionally stable**.

69. Family History

*Parental family **problems** of childhood and adolescence were highly significant in contributing to offender's legal problems.*

(a) (b) (c) (d) (e)

Family problems of childhood and adolescence were **not** a factor contributing to the offender's legal difficulties i.e., family was relatively stable, pro-social, and supportive.

70. Isolated-situational (Temporary Circumstances)

The offense resulted from *isolated, unusual or temporary circumstances* which are unlikely to recur.

(a) (b) (c) (d) (e)

Offense is **not isolated, not** unusual, **nor** the result of temporary circumstances, i.e., it is part of an **ongoing pattern** of behavior.

71. Interpersonal Manipulation

Interpersonal manipulation (i.e., the desire to selfishly use, exploit, take advantage of or control others in a *manipulative* manner) contributed highly significantly to the offender's legal difficulties.

(a) (b) (c) (d) (e)

Manipulation is **not** a significant factor, contributing to offender's legal difficulties, (i.e., interactions with others are relatively straightforward, direct, above-board and **not** to manipulate or exploit.

SCS COMMENTS SHEET

SUMMARY EVALUATION SOCIAL INDICATORS

Domains	Not an Issue (NI)	Potential Concern (PC)	Salient Problem (SP)
Criminal Thinking/Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaultive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational/Employment-Work Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/ Marital Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUATION ALCOHOL / DRUG USE

14. What is your drug of choice?

Please code as above or
 00-No Problem
 15-Alcohol & Drug
 16-Poly-drug when not clear, ask client

15. How long (months) was your last period of voluntary abstinence from this major substance?

00- Never abstinent

16. How many months ago did the abstinence end?

00- Still abstinent

17. How many times have you:
 Had alcohol D.T.'s

Had Blackouts

Overdosed on Drugs

18. How many times in your life have you been treated for:

Alcohol Abuse:

Drug Abuse:

Attended Substance Abuse Education Classes: Yes or No

18.a. Specify type of Treatment:

1.
2.
3.
4.

21. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include AA/NA Meetings)

22. How many days in the past 30 days have you experienced:

Alcohol Problems

Drug Problems

FOR QUESTIONS 23 & 24
 PLEASE ASK CLIENT TO USE
 THE CLIENTS RATING SCALE

23. How troubled or bothered have you been in the past 30 days by these:

Alcohol Problems

Drug Problems

24. How important to you now is treatment for these:

Alcohol Problems

Drug Problems

Have any of your relatives had what you would call a significant drinking, drug use or psycho problem- one that did or should have led to treatment?

27. Mother's side of the Family

	<u>Alcohol</u>	<u>Drug</u>	<u>Psycho.</u>
Grandmother			
Grandfather			
Mother			
Aunt			
Uncle			

28. Father's side of the Family

	<u>Alcohol</u>	<u>Drug</u>	<u>Psycho.</u>
Grandmother			
Grandfather			
Father			
Aunt			
Uncle			

29. Siblings

	<u>Alcohol</u>	<u>Drug</u>	<u>Psycho.</u>
Brother #1			
Brother #2			
Brother #3			

	<u>Alcohol</u>	<u>Drug</u>	<u>Psycho.</u>
Sister #1			
Sister #2			
Sister #3			

PSYCHIATRIC STATUS

1. How many times have you been in for any psychological or emotional problems?

Hospital _____
As an Opt. Or Private Patient _____

Was there a formal diagnosis? _____
(0 = No 1 = Yes)

Diagnosis: _____

Did you receive counseling? _____
OR
Are you in counseling presently? _____
(0 = No 1 = Yes)

Length of Counseling:

Who terminated the counseling?

2. Do you receive a pension for a psychiatric disability? _____
0 = No 1 = Yes

Have you had significant period, (that was not a direct result of drug / alcohol use), in which you have:
0 = No 1 = Yes
Past 30 In

Your _____ Days

Lifetime

3.Experienced serious depression		
4.Experienced serious anxiety or tension		
5.Experienced hallucinations		

6.Experienced trouble understanding, concentrating or remembering		
7.Experienced trouble controlling violent behavior		
8.Experienced serious thoughts of suicide		
9. Attempted Suicide		

9a. Number of Attempts? _____

9b. Were the attempts planned or unplanned? (Dates of attempts)

1.
2.
3.
4.

9c. Were you under the influence of A/D or prescribed medication?

1.
2.
3.
4.

10. Been prescribed medication for any psychological / emotional problems

Past 30 Days In Your Lifetime

--	--

10a. Type of Medication(s) prescribed by MD or Psychiatrist

1.
2.
3.
4.

10b. Medication(s)

Began On:	Through :	Times /day
1.		
2.		
3.		
4.		

10c. Are they taken as prescribed?

0 = No 1 = Yes

(Specify reason for not taking medication as prescribed)

10d. Does the Dr. warn against the use of alcohol/drugs with medications? 0 = No 1 = Yes

10e. Does the client combine the use of alcohol/drugs with medication? _____
0 = No 1 = Yes

11. How many days in the past 30 have you experienced these psychological or emotional problems? _____

FOR QUESTIONS 12 & 13 PLEASE ASK CLIENT TO USE THE CLIENT'S RATING SCALE

12. How troubled or bother have you been in the past 30-days by these psychological or emotional problems?

INTERVIEWER'S SUMMARY
Justification / Recommendation:

RECOMMENDATION (Start Date/Contact Date)

Supportive Outpatient _____

Intensive Outpatient _____

Detox _____ Aftercare for _____

Intensive Residential Only _____ Substance Abuse Unit

Intensive and Regular Residential _____ Mental Health Unit

Other _____ Random Frequent UA's

_____ Obtain a Sponsor

_____ AA/NA — /wk — x's

_____ for _____ yrs

Comments: _____

TAIP Funded Self-Pay Insurance Other

SAE: A ___ D ___ SASSI: _____

TAIP Representative

Date _____

Cased staffed with: _____

Interviewer's Name:	Signature:	
Agency/Dept.:	Date Assessment Completed:	

RATING SCALE

CATEGORY	0	1	2	3	4	5	6	7	8	9
MEDICAL	<input type="checkbox"/>									
EMPLOYMENT / SUPPORT	<input type="checkbox"/>									
ALCOHOL	<input type="checkbox"/>									
DRUGS	<input type="checkbox"/>									
LEGAL	<input type="checkbox"/>									
FAMILY / SOCIAL RELATIONS	<input type="checkbox"/>									
PSYCHIATRIC	<input type="checkbox"/>									
	Resistant		Not Motivated		Motivated			Very Motivated		
TREATMENT MOTIVATION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		

MAJOR CONSIDERATIONS:

COMPLETED BY PROVIDER

This evaluation was reviewed with the client on _____ (Date) by a Qualified Credential Counselor. Documentation supporting this follow-up assessment is attached.

Qualified Credential Counselor Signature _____

Name: _____

Title: _____

Agency / Dept.: _____

Date Completed: _____

FOLLOW-UP HEALTH QUESTIONS

1. Do you have any chronic medical problems, which continue to interfere with your life?

Yes No

Specify:

2. Are you taking any prescribed medication on a regular basis for a physical problem?

Yes No

Specify Frequency along with milligram dosage and length of time of being on medication:

3. Do you have medical insurance? Yes No

Specify:

4. Do you have any medical condition, which prohibits you from working? Yes No

Specify:

5. How many times have you been hospitalized for medical problem? (Do not include normal child delivery, drug overdose,

Detox, or psycho reasons) _____

AGE	REASON FOR HOSPITALIZATION	LENGTH OF STAY

Female Offenders

6. Females, are you pregnant? Yes (_____ Mos. ____ Wk.) No Not

Applicable

7. Have you experienced any complication during childbirth due to drug or alcohol use?
Yes No

Specify:

PART V- RISK ASSESSMENT

Risk Assessment

1.	Number of address changes in the last 12 months <i>[0= none, 2= one, 3= Two or more]</i>	0
2.	Percentage of time employed in the last 12 months <i>[0 = 60 % or more 1= 40% to 59% 2= less than 40% N/A = 0]</i>	0
3.	Alcohol usage <i>[0= unrelated, 1= Probable relationship, 2= Definite relationship]</i>	0
4.	Other drug usage <i>[0=no abuse, 1= Probable relationship, 2= Definite relationship]</i>	0
5.	Attitude <i>[0= Motivated to change, 3= somewhat motivated, 5= Rationalizes behavior]</i>	0
6.	Age at first Adjudication of guilt <i>[0= 24 or older, 2= 20 – 23 , 4= 19 or younger]</i>	0
7.	Number of prior periods of Probation/Parole Supervision <i>[0 = none, 4 = one or more]</i>	0
8.	Number of Prior Probation/Parole Revocations <i>[0 = none, 4 = one or more]</i>	0
9.	Number of prior Felony Adjudications of guilt <i>[0 = none, 2 = one, 4 = Two or more]</i>	0
10.	Adult or Juvenile adjudications for: <i>[0 = none; 2 = Burglary, theft, auto theft, robbery; 3 = Worthless Checks, Forgery; 5 = max]</i>	0
11.	Adult or Juvenile Adjudication for Assaultive Offenses within LAST FIVE years <i>[0 = no, 8 = yes]</i>	0
	Total Score:	
	MIN = 0 – 7 , Med = 8 – 14, Max = 15 or greater LEVEL	MAXIMUM

**TRAVIS COUNTY COMMUNITY CORRECTIONS AND
SUPERVISION DEPARTMENT**

DIAGNOSTIC SUMMARY REPORT

REPORT TO THE COURT

TRAVIS COUNTY ADULT PROBATION DEPARTMENT
P. O. Box 2245, Austin, Texas 78768 (512) 854-4600
DIAGNOSTIC SUMMARY REPORT

MNI #

NAME (Last)	(First)	(Middle)	(Maiden)	COURT DATE
AKA		TRN		CAUSE NO.
		TRS		
SSN	APD	FBI NO.	SID NO.	DL NO.
CURRENT ADDRESS		PERMANENT ADDRESS		CITIZENSHIP
PHONE NUMBER		PHONE NUMBER		ALIEN NO.
PLACE OF BIRTH	DOB	AGE	SEX	ETHNICITY
MARITAL STATUS		DEPENDENT S		EDUCATION
MONTHLY INCOME		MONTHLY EXPENSES		
OFFENSE				OFFENSE TYPE

				OFFENSE DATE
PENALTY RANGE				
CO-DEFENDANT				DATE OF ARREST
PLEA		CUSTODIAL STATUS		DATE OF PLEA
DETAINERS/ CHARGES PENDING				
PROSECUTING ATTORNEY		DEFENSE COUNSEL		RESTITUTION
SENTENCING JUDGE		COURT		
PROBATION OFFICER/ DIAGNOSTIC UNIT			PROBATION CASE WORK MANAGER/ ASSESSMENT/DIAGNOSTIC UNIT	

DIAGNOSIS SUMMARY REPORT CONTINUED

Present Offense:

Offense Narrative:

Victim Impact Statement:

Based on the SCS protocol, the following shaded areas in the Potential Concern and Salient Problem categories indicate criminogenic risk factors placing this individual at greater risk of recidivating.

Domains	Summary Evaluation Social Indicators		
	Not An Issue (NI)	Potential Concern (PC)	Salient Problem (SP)
Criminal Thinking/Orientation	First time offender. Pro-social	Negative environmental influences, peers etc. Escalating Criminal History	Lengthy criminal history. Entrenched criminal value system.
Peer Relations	Generally positive and associations with non-offenders	Occasional association with other offenders	Gang member or associates with other offenders/drug dealers. Easily influenced
Assaultive Behavior	No evidence of emotional instability or assaultive behavior	Single prior episode of assaultive behavior	Current or multiple episodes of assaultive behavior
Alcohol Use	None or Social.	Occasional abuse, some disruption of functioning	Frequent abuse, serious disruption
Drug Use	No Current Use	Occasional abuse, some disruption of functioning	Frequent abuse, serious disruption
Sexual Behavior	No evidence of inappropriate sexual behavior	Current or past statutory offense	Current and/or multiple incidents, which have occurred in the last 5 years
Vocational/Employment -Work Skills	Full-time employment and/or student/homemaker	Sporadic full and/or part-time employment history, including brief periods of unemployment	No employment record, unskilled, unmotivated, or involved in illegal activity
Family/ Marital Relations	Stable/Supportive/Effective Controls. No Abuse	Some Disorganization and Stress/ Marginal Controls. Prior Abuse.	Major Disorganization or Stress/Ineffective Controls. Current Abuse.

Additional problem areas that may interfere with the individual's adjustment and/or compliance with probation.

Medical Health	Sound physical health	Handicap or illness that interferes with social functioning	Serious or chronic illness
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Residential	Self-Sufficient, Stable environment	Short-term periods of residential instability	Chronic residence problems with frequent address changes homelessness, or shelter care
Education	Satisfactory – No Significant Learning Disabilities or Special Education, HS or GED and higher achieved education	Functioning below expected grade level or Learning Disability/Special Education. No GED or High School Diploma	Below grade 9 and/or Functionally illiterate
Financial Management	Current income exceeds expenses. Living within means	Questionable expenses, unstable income	Excessive debt, expenses exceed income. Inability to meet basic living needs
Mental Health Status	No Mental Health problems and/or diagnosis.	Mental Health problems that have been or are now being treated	Significant Mental Health instability

**Summary of Significant/Highly Significant Factors contributing to criminality:
(See appendix)**

Diagnosis Classification and Supervision Group:

	SCS Score - Classification				
	SIS	SIT	ES	CC	LS
Initial Risk					
Low					
Medium					
High					

This person is strategy group.

risk of recidivating and falls into the

SCS

Substance Abuse Evaluation Results:

Based on the substance abuse evaluation, this person has no need, moderate need or high level of need of treatment.

Urine Specimen Results:

If placed under the supervision of the Travis County Adult Probation Department the following conditions are recommended:

on:

“Off Grid” Conditions (Conditions that apply because of the special nature of the offense):

**APPENDIX TO CENTRAL DIAGNOSIS ASSESSMENT INSTRUMENT
ADDITIONAL INFORMATION AND MICELLANOUS FORMS**

PART VII-APPENDIX

SCS STRATEGY GROUP DESCRIPTIONS/INTERVENTIONS

SI-S- Low Risk- Offender Characteristics: pro-social values, stable lifestyle and capable. **Supervision Strategy-**“Selective Intervention Situational”: May require short-term, educational referrals/interventions.

SI-S-Medium Risk- Offender Characteristics- pro-social values, stable lifestyle and capable. **Supervision Strategy-** “Selective Intervention Situational”: Will require short-term educational and/or treatment referrals/interventions.

SI-S-High Risk-Low Probability of Occurrence. – Offender Characteristics - pro-social values, stable lifestyle and capable. **Supervision Strategy-** “Selective Intervention Situational”: Will require short-term educational and/or treatment referrals/interventions. May also require counseling referral for Post-Traumatic Stress Disorder.

SI-T- Low Risk- Offender Characteristics - pro-social values, stable lifestyle and capable. There is one significant identified problem area. **Supervision Strategy -**“Selective Intervention Treatment”: Will require education and/or treatment referrals to address identified problem area. May also require periodic random follow-up and/or collateral contacts to monitor compliance.

SI-T- Medium Risk- Offender Characteristics- pro-social values, stable lifestyle and capable. There is one significant identified problem area. **Supervision Strategy-**“Selective Intervention Treatment”: Will require an intensive referral/intervention to address the identified problem area. Will also require periodic random follow-up and/or collateral contacts to monitor compliance.

SI-T- High Risk- Offender Characteristics- pro-social values, generally stable lifestyle and capable. There is one significant chronic identified problem area. **Supervision Strategy-**“Selective Intervention Treatment”: Will require a long-term intensive referral/intervention to address the identified problem area. Will also require periodic random follow-up and/or collateral contacts to monitor compliance.

ES- Low Risk- Offender Characteristics – average values, average stability, low to moderate social, survival and vocational skills. **Supervision Strategy** - “ Environmental Structuring”: Will require referrals/supervision to address skill enhancement and associations with others. May also require collateral contacts with family members.

ES- Medium Risk- Offender Characteristics- below-average stability, lacking in social skills, survival skills and vocational skills. **Supervision Strategy-** “ Environmental Structuring”: Will require referrals/supervision to address skill enhancement and associations with others. Will also require collateral contacts with family members.

ES-High Risk- Offender Characteristics- unstable, little to no social skills, survival skills or vocational skills, as well as the inability to connect cause and effect. **Supervision Strategy-** “ Environmental Structuring”: Will require intensive supervision and referrals to enhance skill levels as well as improve interactions with others. Will also require collateral contacts with family members.

CC-Low Risk-N/A

CC- Medium Risk- Offender Characteristics- average values, unstable life pattern, average capability, failure oriented with a negative self-perception. **Supervision Strategy-**“Casework Control”: Typically requires intensive/long term referrals, such as; substance abuse treatment, mental health services and cognitive behavioral skills training. Will also require collateral vendor contacts to monitor compliance.

CC- High Risk- Offender Characteristics- chaotic life pattern, limited capability, failure oriented with a negative self-perception. **Supervision Strategy-** “Casework Control”: Requires intensive/long-term referrals, such as; substance abuse treatment, residential placements, mental health services and/or cognitive behavioral skills training. Will also require frequent collateral vendor contacts to monitor compliance.

LS-Low Risk-N/A

LS- Medium Risk- Offender Characteristics- criminal value system, average stability and average capability. **Supervision Strategy-**“Limit Setting”: Will require intensive supervision/monitoring to include field contacts, and surveillance as well as referrals to address cognitive behavioral skills training. Will also require a minimum of bi-monthly reporting and collateral contacts to monitor compliance.

LS-High Risk- Offender Characteristics- sustained through criminal value system, average capability. **Supervision Strategy-** “Limit Setting”: Will require intensive supervision/monitoring to include field contacts, electronic monitoring and close surveillance, as well as possible “jail therapy”. In addition, will require referrals to address cognitive behavioral skills training, as well as a minimum of weekly reporting and collateral contacts to monitor compliance.

APPENDIX CONTINUED

Summary of Significant/Highly Significant Factors contributing to criminality

Social Inadequacy:

Social skills deficits (i.e., naiveté, gullibility, being easily led) and difficulty surviving in society and caring for self are highly/significant factors in contributing to the offender's legal difficulties.

Vocational Inadequacy:

The lack of capacity to obtain and maintain relatively permanent and reasonably paying employment is highly/significant in contributing to the offender's legal difficulties.

Criminal Orientation:

Criminal values (i.e., criminal behavior is an acceptable, common part of the offender's life) and living off of crime without sustained attempts to live in a pro-social way are highly/significant in contributing to offender's legal difficulties.

Emotional Factors:

Emotional problems (e.g., depression, low self-esteem, anxiety, sexual deviancy, self-destructiveness, chemical addiction, etc.) are highly/significant in contributing to the offender's legal difficulties.

Family History:

Parental family problems of childhood and adolescence were highly/significant in contributing to offender's legal problems.

Isolated-situational (Temporary circumstances):

Offense is not isolated, not unusual, nor the result of temporary circumstances, i.e., it is part of an ongoing pattern of behavior.

Interpersonal Manipulation:

Interpersonal manipulation (i.e., the desire to selfishly use, exploit, take advantage of or control others in a manipulative manner) contributed highly significantly to the offender's legal difficulties.

**TRAVIS COUNTY ADULT PROBATION
VENDOR FINANCIAL STUDY**

Name:

Date:

SID/Cause #:

Date of Birth:

MONTHLY LIVING EXPENSES
HOUSEHOLD

MONTHLY SOURCE OF INCOME

Rent/Mortgage: \$

Gas: \$
\$

Electric: \$
\$

Telephone: \$
\$

\$
\$

\$
TRANSPORTATION

Car Payment: \$
\$

Car Insurance: \$
\$

Gasoline: \$
\$

Bus/Taxi Fares: \$
\$

\$
LIVING

Clothes: \$
\$

Medical Insurance: \$
\$

Salary-TAKE HOME:

Spouse's Salary:

Social Security:

AFDC:

Food Stamps:

Worker's Comp:

Unemployment:

Part-Time Job:

Pension/Retirement:

Investments:

Child Support:

Alimony:

Food: \$

\$

Uniforms for Work: \$

\$

Credit Cards: \$

\$

Medical Bills: \$

Other Loans: \$

\$

LUXURIES

Entertainment: \$

Movies/Dining Out: \$

Cable TV: \$

Cigarettes: \$

Alcohol/Drugs: \$

COURT ORDERED MONIES

Alimony: \$

Child Support: \$

Probation Fees: \$

Fines: \$

Restitution: \$

Attorney Fees Owed: \$

TOTAL

EXPENSES: \$

\$

\$

\$

\$

\$

INCOME

Veteran Benefits:

Parental Support:

Inheritance/Trust:

TOTAL INCOME:

Delinquent: Y N If yes, list amount

TOTAL INCOME

TOTAL EXPENSES

EXTRA MONTHLY INCOME

NON-NECESSITY ITEMS

ADJUSTED MONTHLY EXTRA

TRAVIS COUNTY ADULT PROBATION DEPARTMENT

TAIP ADMISSION APPROVAL FORM

FAX NUMBER: COURT OFFICER COURT # APPT. DATE TIME: Jail CSO & UNIT: PHONE # MASTER #: MNI#: Cause#:

Date: Ethnicity: Black Gender: Male DOB: Age: Education Level:

NAME: Phone #: Address: SID #:

Address: SS #: TRN/TRS #:

Client in Jail: Yes No If Yes TCJ DVCC Offense: F-

Please check all that are attached: TAIP financial study COP PSI Other Client has insurance: Yes No Insurance Provider:

SASSI? Yes No If Yes, Please attach Reason for needing referral, check all that apply: Subsequent offense:

Positive UA's dates: Drug(s):

Original Condition of Probation Amended Condition of Probation Other:

The client agrees to pay \$ for an assessment

The client agrees to pay a co-payment of \$ per hour per day.

Clients Signature Date PO/Counselor Date

Comments : The client is recommended for

Assessment Counselor

Date

(To be filled in by treatment service provider)

The client agrees to pay the amount specified above for services.

Client's Signature
Program

Date

Name of Service Provider

Provider's Signature Date



**TREATMENT ALTERNATIVES TO INCARCERATION PROGRAM
HIV/AIDS CONFIDENTIALITY STATEMENT**

It is Travis County Adult Probation TAIP’s policy, in compliance with federal, state and county regulations, to keep records regarding HIV infection and AIDS diagnosis completely confidential.

1. No information regarding a client’s HIV or AIDS status will be released without a specific written consent of release from the client.
2. No information, verbal or written, will be given to any agency, business or any other entity concerning HIV or AIDS status under the general release of information that is signed as part of entering one of the TAIP funded programs.
3. Travis County Adult Probation does not discriminate in services it provides based on HIV or AIDS status.

I have read and understand the above confidentiality statements of Travis County Adult Probation TAIP that my HIV or AIDS status is confidential and will not be released unless I sign a specific consent to release this information from my records.

Client’s Signature _____

Date

TAIP PO/ Counselor’s Signature _____

Date

NOTICE

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

(7) I understand that disclosure of information will be communicated via fax, mail or hand delivery, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

(8) I understand that this consent will remain in effect and cannot be revoked by me until:

- There has been a formal and effective termination or revocation of my probation, conditional release or other proceeding under which I was mandated into treatment;

I also understand that any disclosure made is bound by Part 2 of Title 42 Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipient records and that recipients of this information may redisclose it only in connection with their official duties

_____/_____/_____
**(7a) Signature of client
is completed (Month/Day/ Year)**

(8) Date form

**(7b) Signature of parent/guardian
signature**

(9) Witness to