PERSON CENTERED PLANNING/RECOVERY MODEL
Targeting Risk Needs Responsivity

history

The need for change

Use science to detect the source of criminality: tapping into biological theories, sociological theories and psychological theories.

Lombroso (note: big name in rehabilitation) argued that criminality was caused, not chosen and that the role of criminology was to use science to detect the source of criminality.

Criminality and the criminal profile has been studied since the Enlightenment Period.

Identification of a diagnosis that matches the profile of an "anti-path" or someone who acts his/her behavior against social norms – 1960s.

- Biological Theories (genetics, hormone levels, chemical imbalances, hereditary consistencies, physiological arousal levels, organic damage and early life experiences)
- Sociological Theories (learned behavior, socio-economic status, parenting, control, environment)
- Psychological (ASP, Narcissistic, Histrionic, Bipolar, dual diagnosis, substance abuse) believe that all factors play a role (biological and sociological influence)
...why crime occurs... history continued

Classical school – Baccari – Benefits outweigh the costs. Crime is a free-willed choice.

Positivist school – Lombroso – Crime is caused or determined. Focused emphasis on the biological factors. Biological and psychological traits that cause crime directly or indirectly.

Social Disorganization/Chicago School – Shaw and McKay, Sampson – Disorganized communities cause crime. Lack of “collective efficacy.”

Differential Association/Social Learning – Cohen and Agranov, Row, Walsh, Moffit – Crime is learned through association of criminal definition and circumstance (ASP). Control – Hirschi and Gottfredson – Presence or absence of control is the cause of crime (self-control, social bonds).

Developmental/Life-Course – Gluek, Moffit, Laub, Sampson – Crime causation starts at birth and is developed over time. Individual factors interact with social factors that produce a career criminal.

What does theory give us?

- Theory is typically derived from scientific prediction, observation, or calculation
- Identifies the target
- Provides information for action
- Gives reason for Risk Model – Identifying Risk, Needs, Responsivity

- Anomie/Institutional Anomie – Merton, Rosenfeld and Messner – American Dream of economic success creates structural strain by weakening the family dynamic, norms (survival of the fit and fittest) and other social institutions.

- Strain/General Strain – Cohen and Agranov – when individuals cannot obtain success, they experience strain/pressure.

- Rationality/Rational Choice – Stafford, Clark – Crime will be more likely to stop if the price is too high. Crime determined by its “rationality.”

- Environmental/Routine Activity – Cohen, Clark – Crime will occur if there is room for it: attractive target, no guardianship.

- Labeling – Lemert, Sherman – Stabilization of criminal role when labeled as criminal (stigmatization, criminal identity, prison, exclusion from conventional roles).
ASPD

Characteristics studied (Robinson, Clackley) profile of a criminal:
- superficial charm
- unreliable
- insincere
- lack shame and remorse
- poor judgement
- manipulative
- restricted repertoire of feelings
- no life plan
- substance user/abuser
- hedonistic
- instant gratification seeker
- negative self-identity, lack of self-awareness
- abused

Criminal profile continued...
- APD's tend to have a criminal or negative self-identity
- APD's tend to think that others cannot be trusted and are dishonest just as they are
- APD's are impulsive and lack interpersonal controls
- Self-awareness is poor
- APD's are often apathetic and indifferent
- APD's tend to have negative peers and associates
- APD's do not like to deal with real life
- APD's tend to think that others cannot be trusted and are dishonest just as they are
- APD's are impulsive and lack internal controls
- Self-awareness is poor in APD's
- APD's are often apathetic and indifferent
- APD's tend to have negative peers and associates

Changing Moral Development/Reasoning

Erikson and Kohlberg
Measuring moral reasoning and development

Kohlberg's Theory of Moral Development

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<th>Stage</th>
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<th>Conventional</th>
<th>Post-Conventional</th>
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<td>3. Approval Seeking</td>
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<td>4. Law is the Law</td>
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<td>5. Social Contract</td>
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<td>6. Universal/Ethical Principle</td>
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Changing behavior – data driven rehabilitation

Cognitive Behavioral Treatment

- Confronting and Assessing Self (Assessing client's beliefs, attitudes, behavior and defense mechanisms)
- Assessing Currently Relationships (planning to heal damaged relationships)
- Reinforcing Positive Behaviors and Habits (Raising awareness and moral responsibility)
- Forming a Positive Identity (Exploring the Inner Self and Setting Goals)
- Confronting and Assessing Self (Assessing client's beliefs, attitudes, behavior and defense mechanisms)
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- Forming a Positive Identity (Exploring the Inner Self and Setting Goals)
- Enhancing Self-Concept (Ego-enhancing exercises and habits change how clients think of themselves)
- Decrease Hedonism (teaches clients to develop a delay in gratification and control pleasure-seeking behavior)
- Developing Higher Stages of Moral Reasoning (building higher concern for others and social systems)

RnR

Risk – Who?
Need – What?
Responsibility – How?
Change – How Much?
Follow-up: Now What?
Risk Factors

Primary
1) Attitudes
2) Peers
3) Antisocial Personality
4) History of Antisocial Behavior

Secondary
1) Family
2) Prosocial Leisure Activities
3) Education/Employment
4) Substance Abuse

Evidence-based model

Once a risk and need is identified/assessed (validated assessment tools), rehabilitation strategy is identified to target the profile, outcome research is conducted and tracked (1-3-year trend, 3-year study, 5-year analysis, 10-year meta-analysis)

Change vs. compliance


What does compliance look like? The "yes maam", "no sir"... Which would you rather? True change or compliance?
Revealing key points one at a time enhances comprehension.

Compliance: This occurs when an individual accepts influence because he hopes to achieve a favorable reaction from another person or group.

Where does this fit in terms of Kohlberg?

He adopts the induced behavior because...he accepts to gain specific rewards or approval and avoid specific punishment or disapproval by conformity...

In other words, conforming to majority (publicly), in spite of not really agreeing with them (privately).

Compliance stops when there are no group pressures to conform to and is therefore a temporary behavior change.

This occurs when an individual accepts influence because the content of the induced behavior – the ideas and actions of which it is composed – is intrinsically rewarding.

He adopts the induced behavior because it is congruent (consistent) with his value system.

Public and Private Conformity. A person publicly changes their behavior to fit in with the group, while also agreeing with them privately.

This is the deepest level of conformity where the beliefs of the group become part of the individual's own belief system. This means the change in behavior is permanent.

TIP: Evaluate a client’s response, body language, report, general reaction to determine if it is compliance or true change.

Understand that change comes in many forms (in terms of time, steps, form). Take your time and ensure the client that his hastiness will not increase the speed.

USE TRANSITIONS
The stage has been set

Go ahead and follow the basic 5 steps

1. Allow the client to speak without interruption. Take notes if you need to remember thinking errors.
2. Listen
3. Ask open-ended
4. Allow client to process. Do not interrupt him. Challenge Victim Statements, do not allow comic relief unless necessary, wait and listen...
5. Let the client simmer.

Person centered planning

It all comes together!
Use of the EBPs and EBI and person-centered planning is not meant to be separate.
The EBP practitioner moves through a contact with a recipient using advanced facilitation skills intentionally based on sound knowledge of their effects throughout the process of behavior change and goal attainment.

Recovery Oriented, Strength Based Treatment Plan

A Recovery-oriented, Strength-based treatment plan is truly person centered if facilitated using the common elements presented in this training.

Each degree of prescribed activity not facilitated through these methods moves the plan away from person centered and:

Reduces the plans effectiveness
Recovery from Mental Disorders and/or Substance Use Disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMSHA

Recovery-Oriented, Strength – Based Treatment Plan

For designing the process of change to achieve the SAMHSA definition “recovery” takes on a more practical and direct application.

For treatment planning through a Person-Centered Process it is goal oriented and stated as such:

“The recovery of specific critical life functions identified by the individual in any domain that has been lost or impeded by specific Symptoms and Conditions.”

This definition sets up a facilitated discussion with a person for the purpose of identification of the critical life functions they wish to recover to achieve health and wellness, live a self-directed life and reach their full potential.

The process of developing a plan from this definition moves the treatment planning process to address the targeted issues which interfere with ability to perform critical life functions that are important to the individual.
TYPICALLY "MEDICAL NECESSITY" IS NOT WELL UNDERSTOOD AND OFTEN REJECTED BECAUSE IT APPEARS TO BE TIED TO MEDICAL AND PRESCRIPTIVE PRACTICES. HOWEVER, IT IS USEFUL WHEN UNDERSTOOD AS A WAY OF IDENTIFYING THE "TARGET(S)" FOR THE PERSON AND THE TREATMENT TEAM TO ADDRESS IN ORDER TO ASSIST WITH RECOVERY AS SUCH IT IS A CLEAR STATEMENT ABOUT THE WAY SPECIFIC SYMPTOMS AND/OR CONDITIONS ARE INTERFERING WITH THE PERSONS ABILITY TO PERFORM CRITICAL LIFE FUNCTIONS.

Plans are coherent, and the variance of practitioner styles of writing are reduced
The amount of writing that it generally takes to write a plan is reduced because redundancy is eliminated
The plan becomes a document that is more useful to managing supports and services with the individual's participation
Approaching the individual as the expert in the process is strength-based

The definition of Recovery for treatment planning requires the identification of targeted issues for supports and services which gives clarity to "medical necessity"
Targeted issues are the specific symptoms and conditions that interfere with critical life functions and directs the writing of goals, objectives and interventions
The sufficiency standards (amount, scope and duration of a service) become more practical and dynamic in the process of recovery.
Exercise

In your group:
Identify 3 critical life functions that a person needs to be able to perform

Identify some specific symptoms or conditions that could interfere with their ability to perform those functions

Facilitation

• The writing of a treatment plan is not intended to be separate from the person center planning process or discussion with the individual receiving supports and services
• Neither is it intended to be prescribed or documented according to diagnostic standards
• It is a facilitated discussion that results in a consensus on how to begin the change process for achieving the recovery of critical life functions
• The facilitation begins with a discussion to achieve direction

Targeted Issue/Medical Necessity

Biff is unable get and keep a job because an income is a fierce trigger for buying and using cocaine which results in relapse and return to chronic using. This eventually eliminates his ability to go to work and remain there while handling urges and cravings to leave and get high. Comorbidities with depression, including suicidal ideation and attempts become high risk symptoms brought on by relapsing and losing his job.
Targeted Issue/Medial Necessity

Phyllis is unable to benefit from mainstream school because she is unable to complete her homework due to preoccupation with friends, telephone and face-book. Her mother struggles to parent her effectively often losing her temper, striking out, or giving up entirely. Phyllis senses that her mother feels unable to parent her and takes advantage of her frustration by opposing her openly.

Document

- What forms does it take?
- Do you have input into it?
- How do you make it most effective in least amount of time?

A Lesson on Priority

TED Talks Laura Vanderkam
https://www.youtube.com/watch?v=n3kNIFMXlo