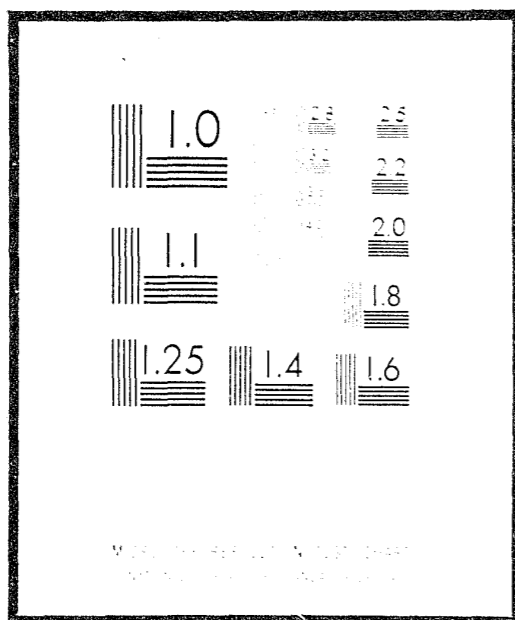


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THE COOPERATIVE BEHAVIOR DEMONSTRATION PROJECT

Part II

A Training Manual in Contingency Contracting

By

Mary Lynn Young, Tom S. Allison,
Paul McCormick, and Carl F. Jesness

April 1975

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The Cooperative Behavior Demonstration Project

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Preface

This manual in juvenile-corrections casework was developed from materials used in training parole, probation, and institutional staff of eight northern California county and state agencies participating in the Cooperative Behavior Demonstration Project (CBDP). The CBDP was funded through the California Council on Criminal Justice. Its goals were (a) the development of evaluation methodologies in county juvenile probation departments and state parole centers, and (b) the subsequent evaluation of client-outcomes of the treatment provided by those departments.

The project's detailed findings and results are in the Cooperative Behavior Demonstration Project's final report.

The authors express their thanks to the many probation staff who suggested improvements of this manual.

Special appreciation goes to Rita Ramirez of the California Youth Authority for typing the drafts and revisions, to Ivan McLaughlin of the Sacramento County Probation Department for developing the worksheet accompanying the counting game, and to Frank Tapia of the Alameda County Probation Department for contributing sample data-collection forms.

Two long range goals of correctional casework are to serve the best interests of individual youths, and to protect the public safety by controlling, preventing and reducing crime.

Few studies have evaluated attempts to achieve the first goal. More projects have evaluated programs meant to reach the second. State and national assessments of recidivism rates confirm that efforts to reduce, prevent, and control crime have not been successful.

Correctional programs that do succeed in reducing recidivism have not been convincingly replicated. Usually the programs have either abruptly terminated or just faded away before the recidivism results were announced.

The opportunity to find out why they were effective, and where they were ineffective, was lost, although one of the primary aims of social scientists, criminologists, and correctional caseworkers is to discover why an intervention is successful, and how it can improve the effectiveness of all correctional programs.

To determine how and why correctional interventions are effective or ineffective requires careful examination of the interventions themselves. The process of measuring precisely what is done, as well as what effect it has, is called evaluation.

Learning to Know What You Are Doing in Correctional Casework is designed to teach caseworkers how to analyze and evaluate their work. The manual also introduces the worker to contingency management, the contingency-contracting strategy. This learning-theory based, casework technique has been developed and refined by using evaluation designs outlined in this manual.

The designs collectively, are called "applied behavior analysis."

Section I: Introductory Units, describes how contingency management and applied behavior analysis have developed historically, and how applied behavior analysis may be used to evaluate casework in general.

Section II explains the necessary components of casework evaluation. The study material and exercises in this Section are meant to prepare caseworkers to evaluate their interventions.

Section III introduces them to the contingency-contracting strategy. The section includes study materials and exercises that prepare trainees to apply the strategy, and to evaluate its applications.

Each major section of the manual includes two or three study units (reading material), preceded by study-guide questions. Trainees are advised to read the questions before reading the study material, and answer the questions in writing after reading the material. Some units include in-class exercises related to the study materials. These are designed for use with small groups of trainees (five to 15 persons).

Field exercises are emphasized. The first, described at the end of Section II, guides the trainee through an actual casework evaluation. The second, described at the end of Section III, directs the trainee through the design, implementation and evaluation of a contingency-contracting effort. These exercises are

important because they require the trainee to apply, in the real world, what he has read about, in a book.

This manual's two general instructional objectives are for trainees to learn to evaluate the interventions they are now using, and to apply and evaluate contingency-contracting techniques. Trainees who complete the field exercises will have achieved both objectives. They also will be on the way to reaching the primary goal of correctional evaluation: to gather more complete information on how they can improve the effectiveness of their services, to society in general, and to offenders in particular.

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Section I: Introductory Units

Unit A: A Short History of Contingency

Management

1. Overview of Unit

This unit presents a brief history of the development of the contingency-management-intervention strategy, its experimental base, and the evaluation of the strategy in various settings. Read the unit, then answer the study-guide questions that precede it.

2. Study-Guide Questions

This unit answers the following questions:

1. What was E. L. Thorndike's discovery about the conditions that predictably altered the behavior of animals?

2. It is often argued that behavioral principles discovered in animal research do not necessarily apply to humans. How have contingency managers gained confidence that the law of effect applies to humans as well as animals?

3. What is the behavior modifier's opinion about the "underlying causes" of deviant and bizarre behaviors?

4. How do contingency managers prefer to treat internal responses such as anxiety, poor self-image, and hostility?

5. What is the treatment problem caused by "natural" contingency management?

3. Study Unit

Throughout recorded history, and probably even before, men have devised theories to explain human and animal behavior. Many of the Greek philosophers, for example, attributed man's behavior to the operation of his "psyche" (soul or mind). Those thinkers (and others who adopted the same or similar explanatory concepts) were unable to agree, however, on how the mind produced specific behaviors.

The study of the psyche eventually emerged as an academic discipline in its own right: psychology. Early psychologists were usually trained in philosophy, physiology, or both. Those pioneers approached the problem of the psyche's operating principles along several lines, but they still failed to agree on the "true" principles.

At the close of the 19th century, a psychologist named E. L. Thorndike made a breakthrough. His discovery about the intelligence of animals showed that they usually would not learn even a very simple task unless its performance resulted in an immediately favorable consequence, such as receiving food. He concluded that animals' learning behavior is mostly dependent on the consequences of that behavior. He named the principle "the law of effect."

Thorndike and many other psychologists continued to pursue the implications of that law. They discovered that punishment

as a consequence of behavior also affected the behavior of animals, but not as predictably as did favorable consequences. Gradually a body of experimental literature accumulated, and showed clearly that both lower-animal and human behaviors were closely related to the consequences of the behaviors. Such variables as immediacy of consequences, quality of consequences, and intermittency of consequences were found to be important in influencing behavior performed in various circumstances.

At about the middle of this century, several psychologists elected to move their investigations of the law of effect (which by that time was being called reinforcement theory) out of the university laboratory into the "real world." Over the next few years the reinforcement theory of human behavior was tested in controlled experiments with retarded children, psychiatric patients, autistic children, adult prisoners, juvenile offenders, pre-school, elementary school, junior high, high school, college, and graduate students, neurotics, smokers, the obese, stutterers, people with tics, marital partners, drug addicts, alcoholics, etc. The experiments all followed the same basic design: the consequences of the behaviors studied were altered in some fashion, and the subsequent behavior was compared with the behavior prior to the alteration of consequences.

An interesting fact emerged from these experiments. Not only was "intelligent" behavior dependent on its consequences

(for example, academic performance improved when its immediate consequences were made more favorable), but "unintelligent," bizarre, and deviant behaviors also were found to depend on their more immediate consequences. For example, self-injurious behaviors declined and disappeared in retarded children when adult attention was withheld for that behavior, and given for more acceptable behaviors.

The dramatic success of those controlled experiments with contingency management led a few clinical psychologists and psychiatrists to adopt it as a treatment method with at least some of their clients. The percentage who made significant improvements with behavior-modification treatment of a variety of problems was gratifying when compared with the percentage of the same or similar clients who improved (or did not improve) in more traditional psychotherapeutic treatment.

During the 1960s, the rapid spread of contingency-management programs in the "real world" led to crises in several areas, mainly as a result of heavy investments in the traditional theories of human behavior. In education, for example, teachers and administrators who viewed academic motivation primarily as an internal cause of good academic performance resisted the idea of arranging special consequences for improved performance of poor students. They thought rewarding meant bribing, which in fact means a "corruption of judgment or conduct by payment of special favors."

The crisis in psychiatry had more serious implications. Most traditional theorists of psychopathology and neurosis, (psychoanalysts, for example) argued that deviant or bizarre behaviors were only symptoms of underlying pathology (mental illness). Treating only the symptom (as they thought behavior modifiers were doing) would, they argued, only mask the true problem and not cure the patient. They predicted that the hidden problem would produce a new symptom when the old one was suppressed.

Contingency managers did not necessarily believe, however, that their treatments affected only the overt behaviors of their clients. The so-called "underlying problems" (fears, anxieties, loss of reality contact, hallucinations, poor self-image, weak ego strength, anger, hostility, frustration, etc.) they reasoned, were names for internal responses learned from past and present experience with environmental events. Such internal responses could, they believed, be eliminated directly by certain behavior-modification procedures, such as systematic desensitization, or indirectly by teaching the client effective ways to deal with his or her environment so that more favorable events could be managed.

The predictions of contingency managers were borne out. In the academic field, success resulting from rewarding students for even small improvements in performance helped them change their

attitudes towards school work. Poor students often learned academic motivation, and became good students. (Unfortunately, many teachers who used behavior management in their classrooms were punished for their effectiveness. Teachers who clung to the more traditional classroom methods often managed to get their problem students transferred to the contingency managers, who were then overburdened with the worst problem children.)

Similar validation of the predictions of behavior therapists occurred in the psychiatric field. Contingency-management programs produced dramatically positive changes in the overall condition of many patients and clients. (As in the academic area, the behavior modifiers were then overburdened with the more difficult cases of their traditionally oriented colleagues. Long-term, back-ward, chronic schizophrenics, maximum-security aggressives, severe obsessive/compulsives, phobics, severe anxiety cases, etc., became the usual caseloads for contingency managers.)

As a theory of behavior, contingency management has been validated by sophisticated research. As a method of helping people in institutions or other controlled settings, it has proved to be effective. It is now being tested as a method of helping people outside of institutions. The current effort faces many practical problems. "Natural" contingency management, ironically, is the greatest practical problem.

to use statistical calculations to determine how often or to what degree his treatment correlates with client improvement.

Applied behavior analysis requires other skills: in specifying the client changes expected in treatment, and in developing objective performance-sampling and measurement systems. These are skills that most caseworkers already have, or can easily acquire. Once these tasks are completed, the treater selects one of the basic designs of applied behavior analysis, applies his treatment in accord with the steps outlined in that design, and records and interprets his results.

Intervention strategies of all types need evaluating. The application of the procedures used in an applied behavior analysis to a variety of treatment models will eventually help caseworkers discover what interventions are most effective with particular types of client problems.

4. Recommended Reading

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American Psychiatric Association, 1700 18th Street
N.W., Washington D.C., 1973.

Ferster, C. B. Transition from animal laboratory to clinic.

In A. M. Graziano (Ed.) Behavior therapy with children.

Chicago: Aldine, 1971.

Hall, R. V. Managing behavior 1: Behavior modification:

The measurement of behavior. Lawrence, Kansas: H & H

Enterprises, 1971.

Section II: Evaluation of Intervention

Strategies in Corrections

Unit A: An Overview of How and Why

1. Overview of Unit

This unit will introduce you to the basic purpose and techniques of intervention strategy evaluation. Read the unit, then answer in writing the study-guide questions that precede it.

2. Study-Guide Questions

This unit answers the following questions:

1. Who is responsible for a client's behavior?
2. What are the treatment agent's responsibilities to clients and society?
3. What, in general, did Eysenck's analysis or evaluation suggest about the effectiveness of the psychotherapy strategies he studied?
4. What must a treatment agent specify in order to evaluate an intervention strategy?
5. What are the two elements of an intervention strategy?
6. To be useful a treatment must _____.
7. To be best a treatment must _____.

3. Study Unit

Parole agents and probation officers are not responsible for the behavior of their clients. Clients behave or misbehave, and society holds them responsible. Field agents are responsible, however, for their professional services to the client, and to society. They have a responsibility to exercise the best strategies available for each client, and for society, even though successful outcomes cannot be guaranteed.

But how can a field agent determine whether his techniques are the best available? Subjective evaluation of strategy can be misleading, even dangerous. An agent is subjectively evaluating his intervention strategies when he assures himself that he has been effective because one or several favorable outcomes seem to have resulted from the technique he used, or when he decides that his strategy is ineffective because one case was unsuccessful. Either of these evaluations could be wrong. The favorable outcomes might have been achieved faster with a different strategy, or with no intervention at all. Or, a different strategy might have enhanced the outcomes even more. Similarly, an unsuccessful outcome may not have been the result of the strategy, which may even have helped delay the failure, or reduce its severity.

Psychotherapists are notorious for evaluating the effectiveness of their intervention strategies subjectively; a few successful outcomes have been assumed to prove that a particular strategy

is effective. The psychotherapist H. J. Eysenck (1952, 1966) objectively compared the number of successful outcomes from groups of clients treated for emotional problems by different psychotherapy strategies, or not treated professionally at all. In general, he did not find any strategy to be appreciably more effective than the others, and none of the strategies appeared to produce more successful outcomes than occurred without treatment. Approximately 63% of the clients in each group "recovered."

Eysenck's analysis of the data has not been universally accepted as valid, but the implication of his finding is clear: subjective evaluations of the effectiveness of intervention strategies might lead to the use and perpetuation of ineffective strategies (or perhaps to a failure to recognize and advertise an exceptionally effective strategy).

Eysenck's analysis compared groups of subjects on the basis of a few objective (observable, measurable) criteria of recovery, or of success. Corrections agents acting individually will usually be unable to identify groups of clients similar to their own but treated with different strategies, or not treated at all, to serve as comparisons for evaluating a treatment strategy. (Only an organized research effort could accomplish this.) Furthermore, the time involved in statistical analysis of the data would be more than an individual agent could spare. But if he specifies a few objective criteria of both successful progress and successful outcome for individual clients, he can evaluate

the effectiveness of his own treatment strategy with only a few test clients rather than with large groups. The evaluation can be done without complex statistics. Adding, subtracting, multiplying, dividing, and drawing simple graphs are the only skills required.

The Elements of Intervention Strategies

An intervention strategy has two major components: (a) an observable measurable objective, or objectives (e.g., no additional illegal acts; the reduction of truancy; fewer arguments in the home; fewer periods of anxiety, etc.), and (b) a treatment strategy designed to achieve the objectives.

Some Evaluation Questions

1. Are there more, less, or the same proportion of client successes (or failures) when this strategy is used, as compared with similar clients treated with other strategies, or not treated at all. (The answer to this question requires group data and statistical evaluation.) The comparison between groups of clients treated by different strategies must be on the basis of some common criterion of success or failure (e.g., recidivism). Thus, this kind of evaluation may fail to detect the effectiveness of treatment strategies in achieving other objectives of intervention.

2. Does a client improve (i.e., progress toward achievement of the intervention objectives) more rapidly only when the treatment strategy is used; i.e., would the client improve more, or

equally as rapidly, if another treatment, or if no treatment was offered?

To be useful a treatment must at least improve on doing nothing at all. To be best it must improve on the effectiveness of any other treatment.

The latter evaluation question can be answered with simple experimental techniques and a few clients. Furthermore, it allows the evaluation of the effectiveness of a treatment strategy in achieving any objective adequately specified by the intervention agent.

Adequate specification requires a treatment agent to describe whatever observable changes in the characteristics of the client are expected as a result of treatment. Changes in behavior, test performance, verbal responses, etc., are examples of observable changes that might be specified as objectives, or expectations of treatment. Observable changes must then be measured.

The remaining units of this section will familiarize the reader with objective specification and definition of treatment objectives, data collection, and basic research designs appropriate for evaluation of treatment strategies.

4. Recommended Reading

Eysenck, H. J. The effects of psychotherapy: An evaluation.
Journal of Consulting Psychotherapy, 1952, 16, 319-324.

Eysenck, H. J. The effects of psychotherapy. New York: The International Science Press Inc., 1966.

Lieberman, M. A., Yalom, I. D., & Miles, M. B. Encounter groups: First facts. New York: Basic Books, 1973.

3. Study Unit

Intervention programs in parole and probation usually have several objectives. The most general, usually, is to help clients avoid violating any laws or committing any more crimes in the community. Other more specific objectives are related directly or indirectly to this general objective, but are identified for individual clients according to their unique goals. Objective specification of performances related to the client's goals is the first step in case planning. Evaluation of treatment effectiveness is possible only if client-performance objectives are adequately specified. If the objectives of treatment are not clearly defined, no one can be sure that a client has achieved them. Thus, treatment may be prolonged more than necessary, or ineffective or counterproductive interventions may be perpetuated.

Analysis of client goals and problems yields a list of behaviors, activities, or products of activities that are the performance objectives entered in the case plan. The next step is to specify the amount or quality of each performance required before the client or worker would be willing to say that the client has reached the objective. Converting general statements of goals into observable performances or products is called "goal analysis" (Mager, 1972).

If a client's stated goal is to get off probation, goal analysis yields a set of activities that are consistent with

those of a person not on probation. A juvenile who is not on probation is probably (a) going to school daily, (b) obeying the law, (c) obeying home rules, (d) engaging in socially acceptable recreational activities, and perhaps (e) working part-time.

Listing the activities that define goal attainment is followed by specifying how much of each activity defines an acceptable level of attainment for a client ready to get off probation. Perfect performance may be an unreasonable expectation. Amounts, frequency, and quality of each performance will vary, and the acceptable limits of variability should be negotiated with the client, and clearly specified. For each performance objective in the list above, a written statement tells the amount of the activity that defines goal attainment, as agreed to by worker and client. The client:

1. Is to attend at least five of his six classes at school each day, until the semester ends, unless he is ill. Illness is to be verified.
2. Has had no referrals to law enforcement agencies for at least two months.
3. Complies with home rules 80% of the time or more.
4. Spends one hour or more a day completing written school assignments at home.
5. Spends three hours or more per week working on the car engine he is repairing.

6. Attends YMCA swim class once weekly for six weeks.

7. Meets with probation officer once weekly for four weeks, and every other week thereafter.

8. Attends Spanish Club at school once weekly for the full semester.

All performances have now been specified so that someone could observe the client and verify that he was engaging in the activities, or could examine permanent products of activity, such as completed written homework assignments or the rebuilt engine. Other performance achievements like attendance at the swim classes, school classes, and activities, can be verified from public records, or special observational records of performances like rule observance at home, or time spent in engine rebuilding.

Longer-range client goals can be specified as a series of intermediate performance objectives that will ultimately lead to the achievement of a distant goal. For example, if a client specifies as his long-range goal getting a job as an auto mechanic, and he is now 16 years old, his intermediate performance objectives might include the following activities he can do now:

1. Attend all school classes daily so that he can continue towards graduation from high school.

2. Increase his reading grade average from a D to a B or better during the next school year, and maintain that level

until graduation (one year).

3. Obtain information about the curriculum of local vocational college, and the requirements for entrance, by February of current year.

4. Develop high school senior year course schedule that includes all courses designated by the college as prerequisites.

Specifying performance objectives means that a client's progress in treatment can be monitored with accuracy and precision, and makes possible a review of the effectiveness of the intervention strategies used.

Performance objectives can also be derived from problem statements and analyses. Two somewhat distinct procedures are involved, since problems come in two varieties, behavioral deficits and behavioral excesses.

Truancy from school may be defined as a deficient amount of school attendance. Specifying performance objectives to solve performance deficits proceeds like a goal analysis. The performances necessary to make up the deficit are listed. The required amounts and quality of each performance are included in the statements of objectives. The truancy problem, then, is resolved when: the client is attending 80% or more of his classes at school (at least five of the six classes each day, five days a week).

In sum, if a problem is describable as a set of performance deficits, performances necessary to correct the deficit are listed. The following is an example of a problem that might require more work.

A client is depressed and withdrawn. In specifying his observable ways of behaving that lead to saying he is depressed, he and the worker identify performance deficits. The client is (a) not employed, (b) not seeing friends, (c) not leaving his home, and (d) sitting idly (doing nothing) for long periods of time. To solve the problem, they list performance objectives that describe the client's behavior when he is less depressed: (a) working part-time (b) going to college part-time, (c) going to parties, (d) bowling in a league, (e) visiting friends at their homes, and (f) doing projects at home.

These activities constitute a set of performance objectives to be achieved. The example above raises another important issue in goal and problem analysis. The client's problem, depression, may not have appeared to be related to overt behavior or activity at all. Depression, a bad attitude, a poor self-image, low morale, rejection, are just a few of the terms used to describe problems referring to a client's ways of feeling, or thinking, rather than to his overt ways of acting. Feeling and thinking (inner behaviors) always influence overt behaviors, but outsiders can only observe the overt. To evaluate any change in the client's feelings or

attitudes, the outsider relies primarily on observations of changes in overt behavior.

Inner behavior may be evidenced in many different ways. A correctional worker must know how it is evidenced in the observable performances of a client, and how those performances will change as his inner feelings improve.

Another kind of client problem is caused by his behaving in excess. Specifying performances that occur too often, or too intensely, is the first step in listing the performance objectives for treatment.

For example, undue aggressiveness is a frequent problem of probationers and parolees. Since many different sets of observable actions might characterize this problem, the worker and client list the performances that constitute the problem for him. A client might be labeled aggressive because he (a) beats up peers, (b) talks out loudly in the classroom, (c) disobeys home rules, and (d) uses profanity indiscriminately.

The second step is to specify the required decreases in amount or frequency of each performance necessary to consider the problem solved. In this example, the client's actions might have to meet the criteria specified below before his aggressiveness is considered a problem no longer.

1. The client will not be beating up peers; i.e., he will have no reports of physical attacks on others for the current

school semester (six weeks).

2. He will not talk loudly in class more than once a day, or after the teacher has reminded him once to stop.

3. He (a) will obey his parents' rule of 10:00 p.m. weeknight curfew on school nights, five nights a week, unless attending a special school function; (b) will take out the garbage on request; and (c) will make his bed daily.

4. He will stop his indiscriminate use of profanity in any conversation following an initial reminder from an adult that the client has just used one swear word.

Performance objectives 1, 2, and 4 specify decreases in too frequently occurring, unacceptable activities. Objective 3 specifies increases needed to correct deficit behaviors.

Although performance objectives that specify decreases in negative behavior are sometimes necessary in case planning, it is best also to include objectives that specify increases in alternative, more appropriate behaviors.

The best test to use in determining whether performance objectives have been adequately specified is to ask if the performance or activity could be observed independently by someone else, and identified or described as you would describe it. An adequately specified objective tells any observer what client activity he must look for, and in what amounts. If an independent observer could assess client progress and client achievement of

the objectives by comparing the clients' performance data with the performance criteria, then the objectives are adequately specified for case planning and evaluation.

Specification of the treatment modality or intervention strategy with the client is also essential for the evaluation of treatment effectiveness and efficiency. Specification of the intended treatment proceeds in the same way as specification of client objectives. The worker lists the major things he will do, or the major products of his interventions, that define the treatment modality he will use with the client. If the treatment strategy is specified as a set of observable, treater performances, it can be repeated by another treater. To learn what treatment works best, with whom, and under what conditions, correctional workers must specify their intervention activities.

A partial example of treatment-method specification follows. Transactional analysis treater-performance objectives may be to:

1. Meet with the client and his family once weekly for an hour.
2. Tape record each interview.
3. Complete a life-script interview with the client in an early interview.
4. Interpret the life-script responses with the client (Interview 2).
5. Explain basic TA concepts (interview 2 and 3).

6. Specify and document long-range goals based upon the client's life-script redecisions. (Interview 3 and 4).

7. Negotiate and document contracts for performance changes that are in accord with life-script redecisions.

8. Confront client "games."

9. Stroke client verbally for performance changes.

Specifying treater objectives may be a difficult task at first, but even for relatively unstructured methods there are ways of documenting treater activity. Treatment that relies heavily on verbal interactions with the client may be tape recorded. A permanent product of the verbal interventions is then available. Not every session need be taped, but frequent samples can be. Records of meeting times, the frequency of meetings, field trips, special group activities, and other mutual, client-treater performances are relatively simple to keep.

4. Recommended Reading

Mager, Robert F. Goal analysis. Belmont, California:

Fearon, 1972.

Mager, R. F., and Pipe, P. Analyzing performance problems.

Belmont, California: Fearon, 1970.

McCormick, P. Guide for use of a life-script questionnaire.

San Francisco: Transactional Publications, 1971.

5. Exercise in Specifying Client-Performance Objectives and a Treatment Strategy

An applied exercise in specifying client performance objectives and treatment strategies follows. The outline is designed to assist you in developing the two major components of evaluation-ready intervention strategies.

Exercise in Specifying Client-Performance

Objectives and a Treatment Strategy

I. Select a client from your caseload.

II. Write down one of the client's goals.

(a) Goal: _____

(b) List two or more performance objectives that are related to the client's goal:

- 1.
- 2.
- 3.
- 4.

(c) For each performance objective above, write a complete statement that includes the amount or frequency of the performance that will occur when the client has achieved the goal.

- 1.
- 2.
- 3.
- 4.

III. Write down this client's major problem.

A. Problem: _____

B. List two or more performances that define the problem for this client. Check whether the performance is a problem because the activity is an excess or a deficit.

EXCESS	DEFICIT	
_____	_____	1. _____
_____	_____	2. _____
_____	_____	3. _____
_____	_____	4. _____

C. Rewrite each performance problem as a complete statement of a performance objective. Objectives that are related to current performance deficits (i.e., occur too seldom) are written as statements beginning with the word increase. Objectives that are related to current performance excesses are written as statements beginning with the word decrease.

- 1.
- 2.
- 3.
- 4.

IV. Eliminate duplication.

A. Compare the statements from IIc and IIIc. If there are duplications of performances in the two lists, eliminate the duplications.

B. Write the final list of performance objectives below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

V. Specify your treatment of choice.

A. General title of treatment modality: _____

B. List the major tasks or activities that you perform when using this treatment strategy with a client.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

C. Write a complete statement of each of the above performance objectives, and specify the frequency of the

activity, or the amount of the product resulting from the activity.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Unit C: Data Collection and Experimental
Designs for Evaluation

1. Overview of Unit

Imagine going to your bank to withdraw money and hearing that the teller "thinks" or "seems to recall" that you have such-and-such an amount left in your account. You don't care what the teller "thinks," or "seems to recall." You want an exact accounting of your funds, including records of all deposits and withdrawals.

A client's balance of favorable and unfavorable characteristics is at least as important to him (though he may not recognize it) as your bank balance is to you. If his characteristics are to be considered in decisions to be made by him, or others, about his life, those involved should have more reliable data than just what they "think" or "seem to recall" about those characteristics. Treatment or disposition decisions made without objective data about a client are like checks written without knowledge of a bank balance; some creditors (or clients) will not get what is owed to them.

Changes in client characteristics (for example, behavior, attitudes, emotions) are the usual objectives of intervention. In order to evaluate the effectiveness of treatment, client characteristics must be measured so that even small changes can be detected. The following material is intended to help the

reader develop skills in measuring client characteristics, and using the data to evaluate a treatment strategy.

Read the unit, then answer in writing the study-guide questions that precede it.

2. Study-Guide Questions

This unit answers the following questions:

1. In what way are treatment or disposition decisions made without objective data about clients like checks written without knowledge of a bank balance?

2. Give one reason why characteristics to be counted must be specified clearly and objectively.

3. Why must data collectors be monitored and encouraged frequently?

4. What might happen if an inexperienced data collector is asked to count several complex characteristics at the same time?

5. Why should data collection be limited to specific periods of time and/or to specific locations?

6. How can data be verified?

7. Why should data sheets be provided for data collectors?

8. Why can't you be sure that an intervention strategy is effective if you know only that "some clients" have improved while receiving it?

9. Make up an example of a data graph showing a reversal design that reveals the effectiveness of an intervention strategy in assisting a client to reduce his frequency of law violations. Show six months of base-line data, six months of intervention data, six months of reversal data, six months of further intervention, and a follow-up measure at six months and at 12 months.

10. What should you do if you discover that an intervention strategy is not resulting in a change in the behavior problem?

3. Study Unit

A. Guidelines For Obtaining Data

1. Client characteristics to be counted must be specified clearly and objectively.

A field agent will probably have to enlist someone closely associated with the client to collect data. The agent cannot himself collect data on all of the relevant characteristics or performances of a client, and the client's own reports might be biased if he knows that accurate data might lead to unfavorable consequences for himself. Careful specification of the characteristics to be counted will increase the probability that data collectors will provide the exact information needed by the agent.

2. Monitor and encourage data collectors frequently.

Collecting precise data on the number or frequency of occurrence of someone's successes or failures is not a familiar activity for most people. Frequent monitoring and encouragement will enhance the accuracy and reliability of the data-collection effort.

3. Request counts on a few simple characteristics initially.

Inexperienced data collectors will encounter problems in trying to record data on several performances at the same time. The amount of work required, and instructions to be remembered, may be more than the collector is motivated to do. More

characteristics can be added to the count as the collector gains experience in counting.

4. Specify when and where the counting is to occur.

It is frequently impossible or unnecessary to record data continuously or in every situation. Limiting data collection to specific periods of time and/or to specific locations or situations will make the task easier for the data collector, and increase the likelihood that he will do it. Accurate data from a few specified time periods or occasions is more valuable than inaccurate data from continuous recording. Specify times or situations in which the behavior is especially important (for example, swearing at supper, or fighting after school).

5. Arrange for verification of the data.

Data are useful only if they are verifiably accurate (reliable). Try to enlist a second person to count the specified characteristics at the same time as the primary data collector. The two data collectors must not collaborate in any way; both counts are to be based on what was observed in the client, not on what the other observer recorded.

If there are large discrepancies between the two independent counts the characteristics might need a better specification, or the data collectors might need more instruction. The percentage of agreement between two observers can be calculated by dividing the smaller count by the larger and multiplying the result by 100.

6. Provide your own data collection sheets for the data collectors.

Inexperienced data collectors need as much structure as possible in the data-collection task. A data sheet should be developed for each kind of counting task.

The following sample data sheets illustrate simple formats that can be modified for use in many counting situations. In the first example, two characteristics are being measured: (a) swearing; and (b) slovenliness. Swearing has been defined as saying specific swear words (other profanities not listed in the definition are never counted). Slovenliness has been defined as the number of articles of clothing, discarded items, or personal effects left lying on the bedroom, living room, or hall floor (a tally mark is recorded for each item). These definitions are written down for the data collector (mother, father) to refer to. Swearing will be recorded only during breakfast and supper, because that behavior is most troublesome to the family at those times, and because the data collector believes that counting can be done conveniently at those times. The count of items left lying on floors will occur immediately after the data collector arises each morning.

 Insert Figure 1 about here

Figure 1

Tally

Characteristic	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Swearing	 	 	 	 	 	 	 	100
Items on Floor				 			 	41

Figure 2

Tally

Characteristic	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Unexcused Absences	✓		✓	✓				3/5
Out of Seat & Talk Outs		 			 			25
Incomplete & Un-Attempted Assignments								5/7

The same data sheet used to record these characteristics at home can also be used to count characteristics at school. In the following example, class cuts, class disruptions, and incomplete assignments are the characteristics to be counted. The data sheet is for only one class. Similar sheets might be provided for other classes. Class cuts are here defined as unexcused absences from class. Any instances of being out of seat, or of talking without permission, are recorded as class disruptions. The number of incomplete and unattempted assignments is also recorded.

 Insert Figure 2 about here

The totals of unexcused absences and incomplete assignments are recorded as fractions; the denominator is the maximum total that could have been obtained.

It should be noted that the data sheet could have been set up to count the success side of these characteristics rather than the failure side. "Attended class," for example, could have been listed instead of "unexcused absence." Class disruptions could have been replaced by "appropriate class conduct." The defining characteristics might be: sitting in own seat, writing, looking at assigned material, remaining quiet, etc. The teacher could use a convenient "time sample" counting method. At predetermined

intervals the student would be observed, and a tally mark placed on the sheet if appropriate conduct was observed. Dividing the number of tally marks into the total number of observations would give an estimate of the percentage of class time in which the student's conduct was appropriate.

Another kind of data sheet for school use is a daily report card. Each teacher is asked to give the student a daily grade for academics and for citizenship. Caution must be exercised in interpreting this kind of data because the grades will usually be based on the teacher's subjective impressions rather than on objective criteria of performance. Objective data on quality of academic performance might be obtained, however, by asking the teacher to list on the data sheet the student's percentage score on all assignments or tests returned to the student each day.

The basic data sheet that has been illustrated can also be used to count characteristics that are manifested outside of home or school (community performance). However, it is difficult to insure accurate counting of community performance. Crimes, for example, can only be counted when detected and clearly ascribed to a particular person. Undesirable characteristics that are manifested outside of home and school are usually done secretly, or in the presence of persons who would not serve as data collectors. For the purpose of evaluating treatment strategy, it is better to count desirable performances in the community setting (for example,

job hunting, working, community service, associating with non-delinquent peers, etc.). Success characteristics usually are manifested in public, and are more easily detected.

B. Methods for Evaluating Data

The collection and review of client-performance data can suggest whether a client is progressing toward success or failure. But they do not necessarily tell you whether the client's progress, or lack of it, is attributable to your intervention. Many young persons with behavior problems improve without any apparent intervention by others. Some, who may be undergoing one type of intervention, improve because of other planned or unplanned interventions occurring concurrently. No matter what intervention strategy you use with clients, therefore, you will have some successes if you continue intervention long enough. Some of the successes might not occur without your intervention. Many will occur whether or not your intervention is used. You must also consider the possibility that more successes will occur if your intervention is not used.

To evaluate the usefulness of a particular intervention strategy in helping clients, data must be set in an experimental framework. A common approach is to compare data from two or more groups of similar clients. Each group receives a different type or amount of intervention. One group may receive no formal intervention. Statistical tests are then used to determine whether the groups differ significantly in success measures, or in number of clients

achieving some success criterion.

The group-comparison approach, unfortunately, requires research and statistical skills that are seldom available to caseworkers. Several simple experimental designs do exist, however, that do not require any special training in statistics. A conscientious caseworker can use these designs to evaluate his intervention strategies, and thus distinguish those that are truly effective from those that only appear effective because of their accidental past association with successful clients. The following pages describe and illustrate some of these simple experimental designs.

There are several simple experimental designs that can be used to evaluate intervention-strategy impact. The reversal and multiple base-line designs illustrated here are, however, the most useful in evaluating a wide variety of intervention strategies, such as parent training, one-to-one or group counseling, assertion training, medications, behavioral contracting, etc. The other designs are more appropriate specifically for evaluations of behavior-modification interventions. The procedures for their use are in some ways incompatible with the assumptions and procedures of many intervention strategies, especially those based on psychodynamic interpretations of behavior problems.

Figure 3
Reversal Design

Figure 3 illustrates a very simple but useful design. The intervention could be counseling, contingency contracting, foster-home placement, or any other that can be added to or stopped during treatment. Graphing the data like this makes interpretation easier. The numbers on the vertical could be number of swear words, number or percentage of school classes attended, number of home chores completed, arrests, etc. The follow-up data suggest the persistence of intervention effects. In this case the intervention can be assumed to have produced the behavioral improvement. The behavior improved during intervention but deteriorated in the absence of the intervention.

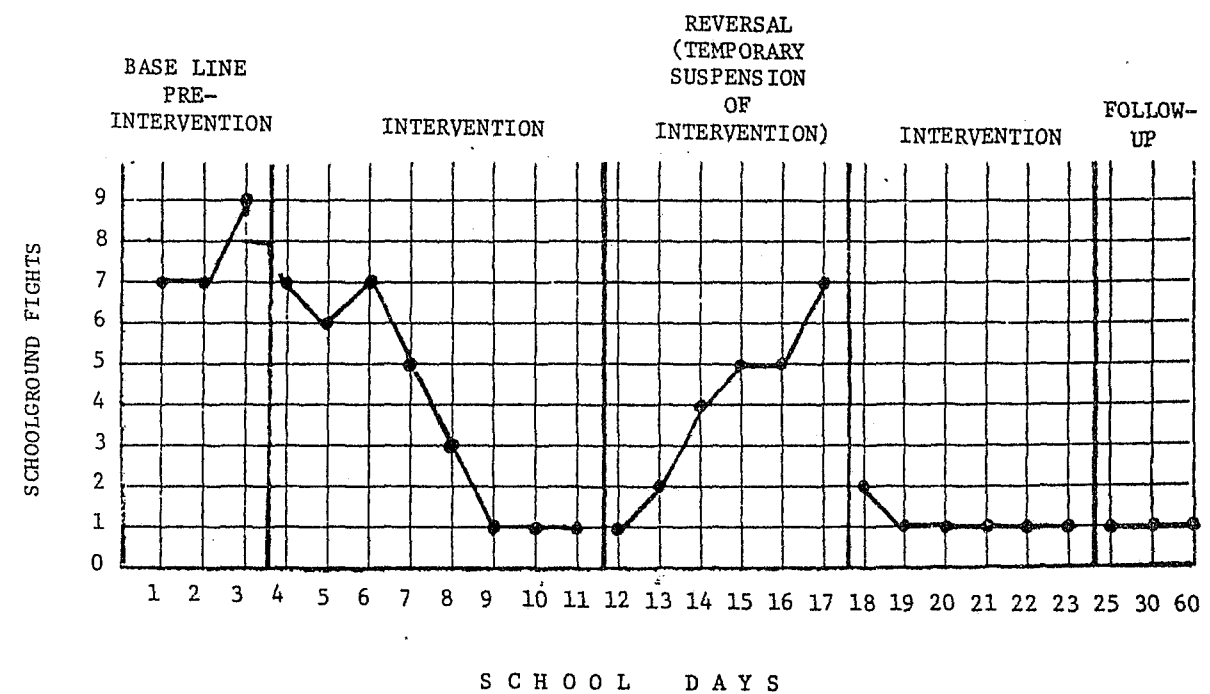


Figure 3. Reversal design.

Reversal periods can be periods of reduced intervention, or of an alternative intervention strategy rather than no-treatment periods. The use of a no-treatment period facilitates detection of the emergence of self-management by the client. The use of an alternate intervention period allows a comparison between interventions. Use of a reduced intervention period, of course, can help determine how much intervention is enough in a case.

The reversal design is used commonly in medicine. Physicians often carry out treatment reversals (withdraw medications) to determine whether or not a patient can get along without medication. Comparison of effects of different medications on a patient are also made with this basic design.

Figure 4

Another Example of the Reversal Design

In Figure 4 the data for two clients are plotted. One client's behavior was not affected by the intervention (filled circles). The second client's behavior improved (open circles), but the worker cannot be sure the intervention produced the change, because the behavior remained improved in the absence of the intervention. This result does not mean that the intervention did not produce the observed improvement. It means only that one cannot be sure from the data on this one intervention. Further evaluations should be conducted with other clients. The caseworker might also try to determine what other planned or accidental interventions occurred in this case.

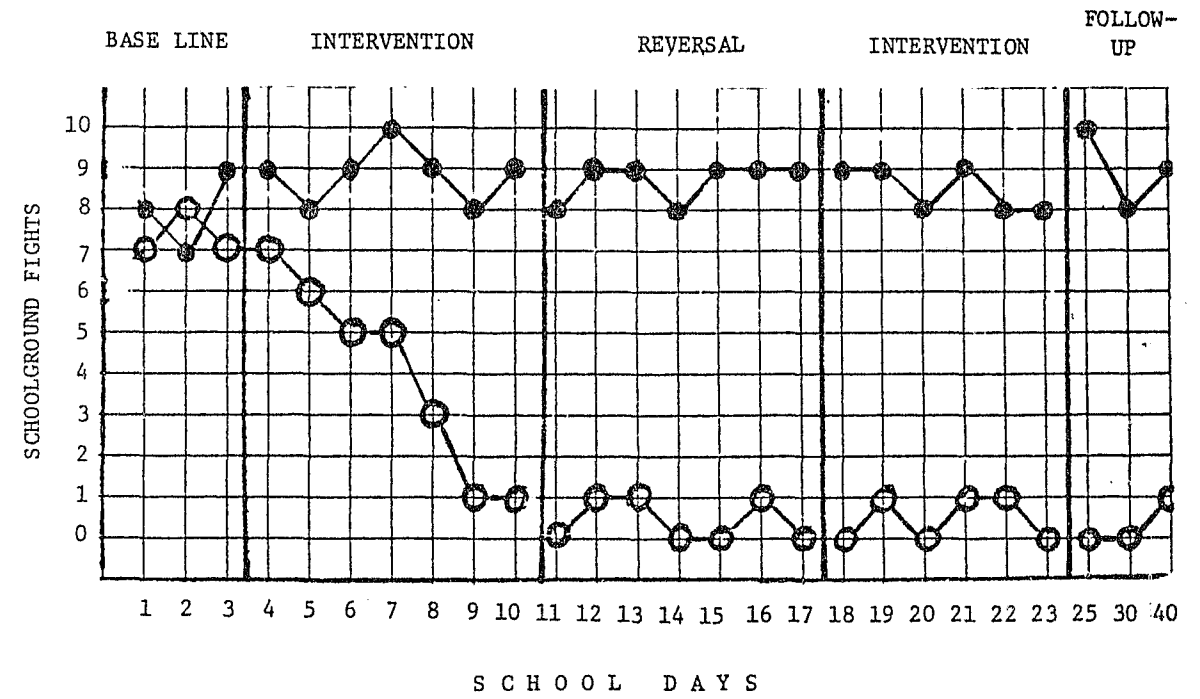


Figure 4. Another example of the reversal design.

Figure 5

Multiple-Base-line Design

In the multiple-base-line design illustrated in Figure 5, the same problem behavior is measured for three clients. The intervention of interest, such as counseling or contingency contracting, is started with Client No. I after his pre-intervention behavior level has been measured. Base-line behavior measurements for Clients No. II and III are begun at the same time as for Client No. I. Start of intervention is delayed for Client No. II for several weeks beyond start of treatment for Client No. I. Intervention with Client No. III begins several weeks after intervention for Client No. II.

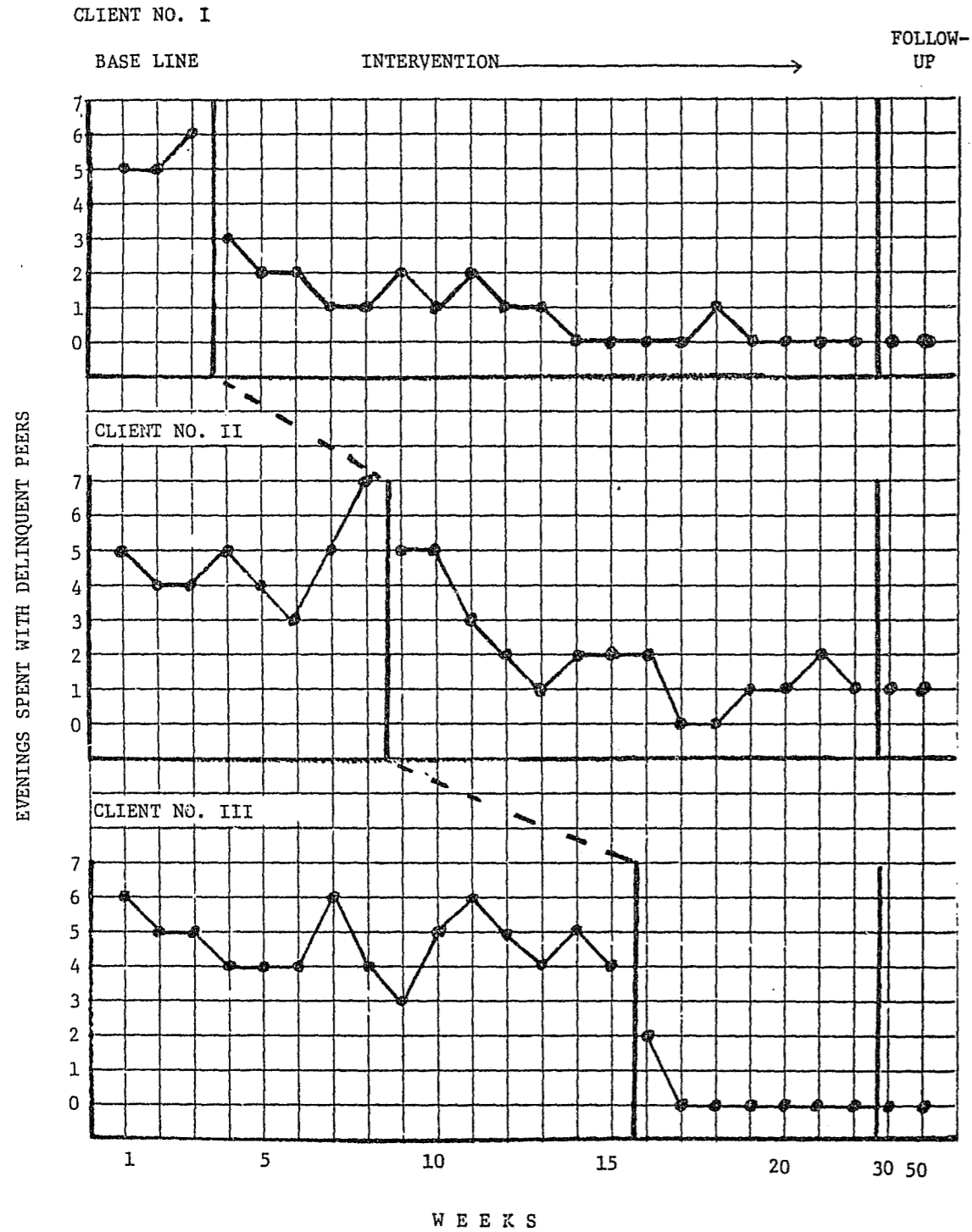


Figure 5. Multiple-base-line design.

A worker can be quite sure that the intervention in this example produced the changed behavior. In each case the problem persisted until the intervention was applied. It is not likely that this relationship between intervention and behavior change was produced by other factors, unless they corresponded exactly with the start of intervention in each case. The data certainly would not support the argument that the behavior would have improved whether or not intervention occurred. The repetition of the effect with these three clients increases one's confidence that the same effect can be repeated with other clients, though not necessarily with all other clients.

Figure 6

Another Type of Multiple-Base-line Design

Figure 6 illustrates another variation of the multiple-base-line design. Three separate behaviors are measured for one client. The intervention strategy was focused on each behavior problem successively.

The data shown in this example support the argument that the intervention strategy produced the behavior changes. Each behavior persisted until the intervention began, and then it declined.

4. Recommended Reading

Sidman, M. Tactics of scientific research. New York: Basic Books, 1960.

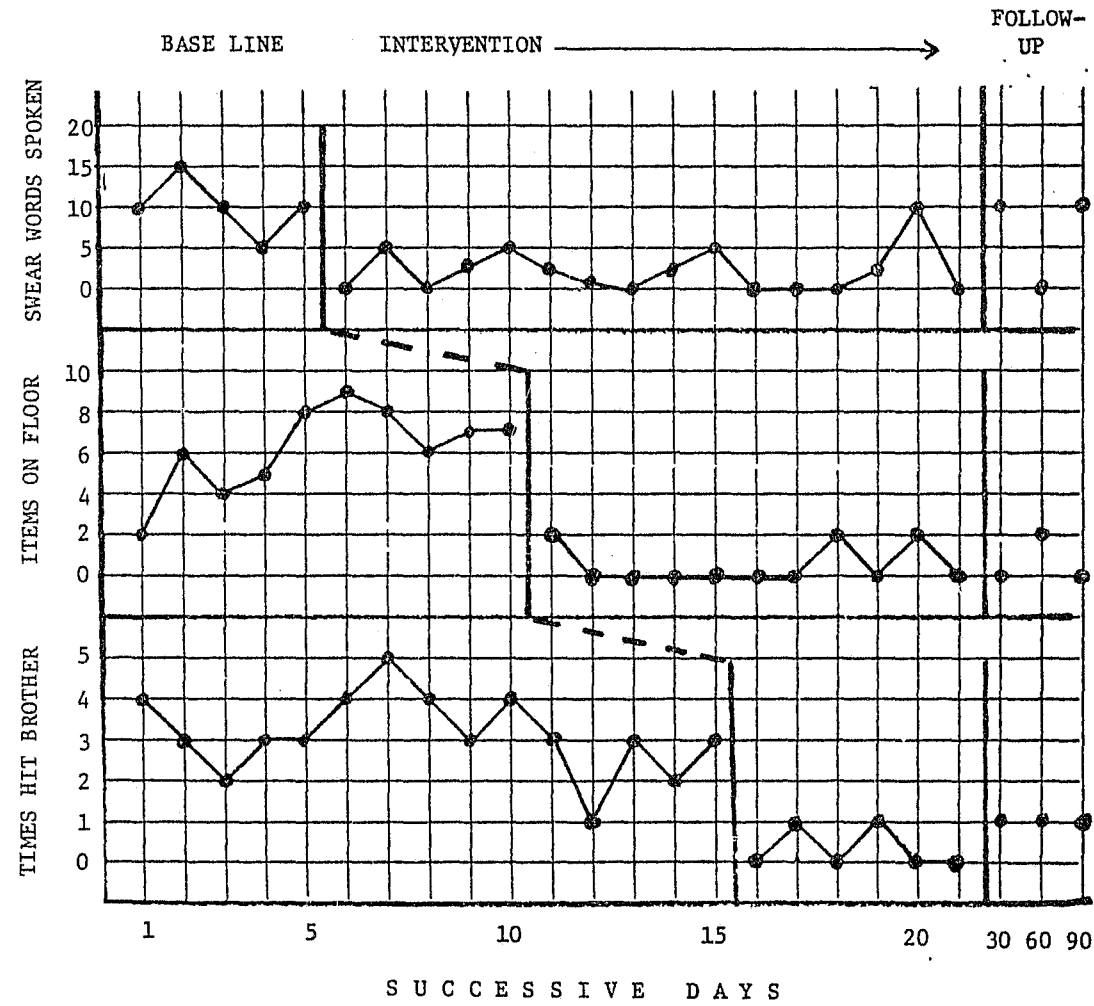


Figure 6. Another type of multiple-base-line design.

5. Field Exercise in Evaluating an Intervention Strategy

Directions for a complete field exercise in specification, measurement and evaluation of an intervention strategy are listed on the following page. Read the directions completely before starting.

Field Exercise in Evaluating an Intervention Strategy

1. Select one or more of your own cases to be evaluated.
2. Select one or more client characteristics to be changed as the objective of intervention.
3. Specify (define) the client characteristics in terms of observable actions or symptoms.
4. Specify your treatment strategy (one-to-one or group counseling, psychodrama, or whatever your treatment of choice is).
5. Make up a data-collection sheet for the counting task. Make sure it indicates what is to be counted, when, and where counting will occur.
6. Arrange for a data collector and someone to verify the data (by an occasional duplicate count).
7. Obtain five to 10 days of pretreatment (base-line) data. (If the data are already available, such as school attendance records, or schoolwork scores, you may omit further base-line data collection.)
8. Decide whether you want to use the reversal design, multiple-client/same-characteristic (or different-characteristics) design or single-client/multiple-characteristics design (these three are the most useful); and plan at least a tentative schedule of the design's required phases, allowing from six to eight weeks for their completion.

9. Follow the procedures for whichever design you selected.
10. Monitor your data collection frequently. (Daily data feedback may be appropriate.)
11. Graph your data.
12. Review your data weekly with your supervisor and other agents.
13. Interpret your data when you have completed all phases of the research design you selected. What did you find out about the effectiveness of your treatment strategy?

6. The Counting Game: An In-Class Exercise

The Counting Game is an in-class exercise designed to demonstrate the techniques involved in observing behavior, recording observational data, and computing interobserver reliability. Trainers should select an issue or topic to be discussed during the 15-minute observation period, and serve as discussion leaders. They should also be prepared to ask questions of trainees and to direct the questions to specific persons when necessary. The purpose of the discussion is to ensure that counting occurs in the context of other, ongoing, activity, and is not the only focus of attention.

Discussion topics could be developed from the supplementary reading assignments in the preceding units, or revolve around an analysis of staff-performance objectives, or performance problems. Trainees may be asked to review their progress with their field exercise, or, if training in contingency management has begun, the trainer may want to ask trainees to discuss an issue related to the application of these techniques.

Counting Game Instructions

Objective: to practice specification and recording of behavior.

1. Pair up into teams.
2. With your partner, select an observable, easily described behavior of some other person in the workshop.

AIDS:

- (a) Pick a behavior that is simple and discrete (like one complete yawn).
- (b) Pick a behavior that the subject is likely to do fairly often; that is, several or more times in a 15-minute period.

EXAMPLES:

- | | |
|-------------------|----------------------------|
| 1. Blinking eyes | 5. Pulling beard |
| 2. Touching face | 6. Fingering a hair strand |
| 3. Rubbing nose | 7. Tapping toe |
| 4. Tapping finger | 8. Biting fingernails |
3. Describe an occurrence of the behavior so that you and your partner will most likely agree that it occurred after observing it independently. Write the description on the data sheet, and check to see that you both understand the description in the same way.
 4. Given a start time and a cut-off time, divide the 15-minute interval into three 5-minute segments.

5. Pick a signal and a signal giver for your team. He will indicate with the signal when to end 5-minute intervals and begin the tally in the next interval.

6. Now separate from your partner so that you will not see him make his tally (that is, observe independently of one another).

7. Place yourself so that you can observe your subject without difficulty.

8. Do not let your subject become aware that you are observing him. Be discreet. (Otherwise, he might change his behavior, and influence the count you might otherwise have got.)

9. Count and graph the data, and calculate reliability on the Counting Game sheet.

10. Get permission from your subject to identify his behavior. He might want to hear of it privately before allowing you to reveal it to the group.

11. Report data and discuss possible reasons for lack of observer agreement.

The Counting Game Data Sheet

I. Specify behavior to be counted: _____

II. Counting start time: _____

Tally each occurrence here

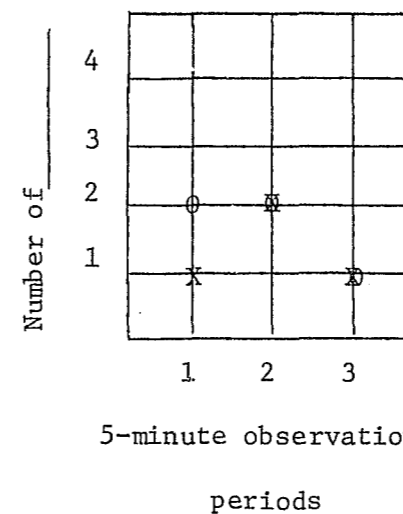
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1st 5 minutes 2nd 5 minutes 3rd 5 minutes

III. Team Data:

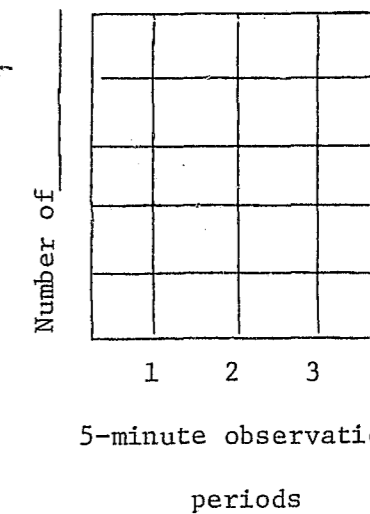
Graph each observer's data separately. You will have three data points each. Put both sets of data (separate counts) on a single graph. Label the verticle axis as number of behaviors.

Example



○ = team member #1 count
 × = team member #2 count

Graph



IV. Reliability of Collected Data: Fill in the team-member counts in the appropriate boxes.

Observer _____
 (team member) #1
 Observer _____
 (team member) #2

Compute reliability of team count, using the following formula. Compute reliability for each interval separately.

$$\frac{\text{smaller count}}{\text{larger count}} \times 100 = \text{percentage of agreement}$$

Reliability first 5-minute interval _____

Reliability second 5-minute interval _____

Reliability third 5-minute interval _____

Reliability for total period _____
 (average of above)

Section III: Contingency Management in The Field

Unit A: An Overview of the Contingency- Management Strategy

1. Overview of Unit

This unit will introduce you to the basic elements of the contingency-management-intervention strategy, and the tasks and aims of a contingency manager.

The recommended reading at the end of the unit should be assigned to all trainees who are not acquainted with the basic principles of learning or of behavior modification.

Read the unit, then answer in writing the study-guide questions that precede it.

2. Study-Guide Questions

This unit answers the following questions:

1. What does the contingency-management-treatment strategy specify?

2. What three things does a contingency manager do in arranging consequences for behavior?

3. How does a contingency manager help suppress inappropriate behavior?

4. What does a contingency manager also arrange, when he uses punishment?

5. In practice, favorable consequences sometimes consist of _____ or _____ unfavorable consequences.

6. What should ultimately happen if appropriate behaviors are strengthened with pay-offs, while inappropriate behaviors are being suppressed by removing the positive pay-offs for them, or by punishing them?

3. Study Unit

Contingency management is the treatment strategy that specifies how to arrange or rearrange the relationships (i.e., contingencies) between behavior and its consequences, in a systematic way. A contingency manager attempts to arrange the environment so that favorable consequences consistently follow desirable or appropriate behavior. Favorable consequences are those things a person wants to do, or rewards he wants to get. Behaviors (appropriate or inappropriate) that get him what he wants are strengthened, and he will repeat them.

If inappropriate or undesirable behaviors are currently being strengthened or maintained by favorable consequences, a contingency manager attempts to eliminate the pay-offs for these behaviors. Whenever possible he may arrange for the same pay-off to follow some other more desirable behavior. For example, a field agent practicing contingency management might be faced with the problem of helping to eliminate a client's truancy; i.e., ensuring that the client attends school each day. The manager would (a) arrange for some pay-off for regular attendance; and (b) ensure that the pay-off is the same as, equivalent to, or greater than the pay-off that currently reinforces truancy.

A contingency manager may sometimes have to help suppress inappropriate behaviors by arranging for punishment or unfavorable consequences; but when he uses punishment, he also sees

that a desirable behavior replaces the punished behavior. Favorable pay-offs (preferably those that were maintaining the undesirable behavior) should follow the more appropriate, incompatible behavior (incompatible with the undesirable behavior).

A probation officer, for example, may have to punish truancy by sending the truant to work camp on weekends, but he would also arrange pay-offs for school attendance at the same time. In practice, the only favorable consequence he may be able to arrange is escape from work camp on weekends, contingent on attending school regularly during the week. Escaping or avoiding unpleasant consequences is the "favorable consequence" in the case.

In the natural environment avoidance of punishment may sometimes be the only kind of favorable consequence that is available as a pay-off for desirable behavior. Contingency management recommends, however, that appropriate behaviors be strengthened by arranging for favorable consequences. If desirable behaviors are strengthened with pay-offs at the same time as undesirable behaviors are suppressed or eliminated by punishment, or by taking away the pay-offs that maintain them, desirable behaviors rapidly replace the undesirable ones.

Contingency management has as its ultimate aim the systematic arrangement of contingencies so that desirable behaviors are the only ones that occur, by seeing they are the only ones that pay off. When this aim is accomplished, the necessity of punishing

undesirable behaviors is eliminated.

4. Recommended Reading

Hall, V. R. Managing behavior 1: Behavior modification:

The measurement of behavior. Lawrence, Kansas: H & H Enterprises, 1971.

Hall, V. R. Managing behavior 2: Behavior modification:

Basic principles. Lawrence, Kansas: H & H Enterprises, 1971.

Hall, V. R. Managing behavior 3: Behavior modification:

Applications in school and home. Lawrence, Kansas: H & H Enterprises, 1971.

Unit B: Specification of Staff Performances
In Influencing the Behavior of Parolees
or Probationers

1. Overview of Unit

This unit presents a set of assumptions on which correctional caseworkers are advised to base their verbal and nonverbal communication when interviewing clients. The assumptions may help an interviewer elicit the kind of information needed to negotiate mutually acceptable contingency contracts intended ultimately to promote self-management. If that is the worker's goal, he will probably learn to exert more appropriate stimulus control over his client's responses by testing the assumptions in practice.

Study the unit, then answer in writing the study-guide questions that precede it.

2. Study-Guide Questions

This unit answers the following questions:

1. What proportion of corrections workers uses contingency management, in the broad sense of the term? Explain.

2. Why is self-management probably a good goal for clients of correctional agencies?

3. Has punishment a place in corrections? Explain.

4. Why has punishment probably not been effective in reducing recidivism rates?

5. When are imposed contracts necessary in corrections?

6. Negotiable goals, behavior changes, and reinforcers in corrections must be _____, _____, and _____.

7. Do all clients have strengths to build on, and socially acceptable goals? Explain.

8. When should the shaping process begin in correctional treatment?

9. Skilled interviewing consists of appropriate stimulus _____ and _____ reinforcement.

10. The 11 assumptions listed in this unit are aimed at increasing staff _____ skills.

3. Study Unit

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

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

Corrections personnel usually do not have much time to work

with individual clients. Nevertheless, almost every prisoner, parolee, and probationer is eventually discharged. If he is never to commit another offense, he had probably best be shaped into self-management behaviors that will be personally and socially desirable.

"Self-management procedures are based on a substantial body of laboratory experimentation. . . .Excellent reviews of theory and research are available in . . . Kanfer & Phillips (1970), Bandura (1969)." (From Watson & Tharp [1972].)

How About Punishment?

Treatment that encourages self-management does not exclude punishment, which is an inevitable, inescapable consequence of much human behavior. Any ill effect to oneself that follows inappropriate behavior can be considered punishment. It is effective punishment if the rate of the inappropriate behavior then declines. Punishment leads to more enduring, constructive change when it is counterbalanced with opportunities to earn pleasurable rewards for alternative behaviors that will replace the destructive behavior. Contingency management encourages a nonpunitive treatment approach that does not rule out punishment, but uses it, or the possibility of it, to good advantage.

Correctional systems grew out of society's need to protect itself by attaching painful consequences to law violations. The public insists that law breakers be in jeopardy every time they

commit a violation. The threat of punishment may be an effective deterrent to crime for most people; but punishment, or its possibility, has not substantially reduced crime rates, probably because correctional systems have not counterbalanced the pain with the right kinds of pleasurable reinforcers for law-abiding behaviors. Good behavior has been assumed to be its own reward. Corrections has tried stern discipline, religion, vocational training, group treatment, and psychotherapy of all kinds as counterbalances to punishment, without enduring decreases in recidivism rates.

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

Contingency managers (as well as other successful treaters who go by other names, but use similar strategies) can practice as effectively in the field of corrections as they can outside. The correctional worker has an advantage the therapist in private practice does not have. He has the weight of the judicial system for additional leverage in emphasizing the self-defeating violations of the treatment contract. In corrections, the treater can accept from the client only those treatment goals that are compatible with the law, but he can negotiate. And the client's goals are always negotiable in treatment.

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

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

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

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

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

Helpful Assumptions

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

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

them in practice, as the CBDP staff has.

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

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

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

3. Assume that the client has some values that are socially desirable, and that he will tell you what they are. Professional "psychopaths" are rarely seen in probation caseloads. They are winners in the Cops and Robbers game. They don't set themselves up to be caught. If they are caught, they pay their price and leave; they don't ask for treatment. Think back on your former clients. Have you ever treated an accomplished, professional criminal, one who consistently played the odds in his own favor? Most criminals are heavy losers; but they can change. Corrections' job is to see that they do not change into criminal winners. (See Eric Berne's Games People Play.)

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

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

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

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

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

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

Beware of assuming that he is a liar (although he may be),

or that he will tell you only what he thinks you want to hear. If you do make prejudicial assumptions about him, he will not take long to detect them. He may then set out to live up to them.

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

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

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

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

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

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

he is looking for.

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

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

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

He does not come to you as a blank slate in need of being filled in on the whole range of socially desirable behaviors. He already has a number of acceptable skills that your treatment may help reinforce, and maintain. Most of his responses are already probably socially desirable.

Awareness Aids Learning

Data prove that people can be shaped into performing behaviors without knowing they are being shaped. But more impressive data show that the learning curve (rate of learning) rises abruptly as soon as the learner is made aware that he is being shaped, especially when he is learning something that is particularly advantageous to him. (See Albert Bandura's Principles of Behavior Modification, Chapter 9.)

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

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

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

reinforce him with attention.

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

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

Client Resistance

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

There is no one way of doing that best, but experienced treaters have learned to cut through a client's resistance by winning him over as an ally in the treatment process as soon as possible. To

do so, the treater can first ask the client what he wants to accomplish for himself. A probationer might respond, "All I want is to get off probation." The trained worker knows better than to accept that response. No one is that satisfied with himself, or with his behavior. Nevertheless, the worker chooses an intervention that does not imply that the client is a liar. He may say, "OK. I'll work with you toward that goal. But you can do more than that for yourself while you're on probation. What else do you want for you?"

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

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

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

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

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

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

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

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

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

"What are you talking about?"

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

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

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

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

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

When the worker judges that the timing is right, that the client is probably ready to respond favorably to the question,

the worker may ask, "What kind of life do you want for you, say five years from now?"

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

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

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

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

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

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

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

Then you may ask him about his problem behaviors. If you

CONTINUED

1 OF 2

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

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

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

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

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

Then you can tell him first about getting an accurate count

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

The most important do's and don't's in good correctional treatment may be those having to do with your inner behaviors, those listed above regarding basic assumptions. If you do not make those assumptions, you will be getting in your own way when you work to promote self-management. You will almost inevitably say inappropriate things to your client. But even when you do accept those assumptions, you will occasionally make inappropriate interventions. Every client is clever enough sometimes to set you up to do or say what you'll later recognize as a strategic error. Every client has some investment in maintaining his current behaviors, even if they're self-destructive. He may set out to shape you into reinforcing his destructive behavior with your frustration, or anger. You will not always be aware that you are being shaped. But that's another way you learn, by recognizing your errors.

Stimulus control and response reinforcement are more than a science. They are an art. They take time. They require training,

practice, and the enjoyment of seeing yourself do them well.

4. Recommended Reading

- Bandura, A. Principles of behavior modification. New York: Holt, Rinehart, & Winston, 1969.
- Berne, E. Games people play. New York: Grove Press, 1964.
- Kanfer, F. H., & Phillips, J. S. Learning foundations of behavior therapy. New York: John Wiley, 1970.
- Matza, D. Delinquency and drift. New York: John Wiley, 1964.
- Watson, D. L., & Tharp, R. G. Self-directed behavior: Self-modification for personal adjustment. Monterey, California: Brooks/Cole, 1972.

5. Exercises in Interviewing for Contingency Contracting

The seven exercises in this section are designed to allow the field agent to practice his interviewing skills. Each exercise suggests an objective to be achieved in the interview, or segment of an interview. Each of the seven should be so scheduled that every agent has an opportunity to practice an exercise more than once, until he has achieved each objective to his satisfaction.

The exercises specify that a second worker play the role of a client, but the objectives may better be realized by enlisting the aid of a real client. In that case, the worker may be instructed to accomplish as many of the objectives as possible within a determined interview period (for example, half an hour to an hour). Audio or video-tape critiquing then follows this extended interview. A second interview may be arranged so that the worker will have the opportunity to practice new interventions, or meet any remaining objectives.

Exercise 7 relies heavily on the reading material in the next unit, "Contingency Contracting in the Field." It may be desirable to schedule that exercise to come after the assignment of the contingency-contracting unit.

Use video recording equipment if available. If not, audio will do.

Exercise 1

Objective: To enlist the client in the first interview as an ally in treatment.

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

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

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

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

than if he tries to invent a character on the spot.

Have the worker admit the "client" to his "office" in the same way he usually admits a client, and then tape 2.5 minutes of the initial interview.

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

1. Judging from what I just did, I must have had the following objectives in mind: . . .
2. Judging from the client's responses, I (a) was or (b) was not accomplishing my objectives: . . .
3. While I was talking to this client, my feelings (not my thoughts) about him were . . .
4. I (a) communicated, or (b) withheld these feelings to (or from) him by . . .
5. His response to me seemed to be (a) favorable, or (b) unfavorable because . . .

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

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

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

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

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

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

Critique the second performance.

Exercise 2

Objective: To set treatment goals.

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

Process: See if a worker and the training group can assess whether or not a specific client will probably respond most

favorably to an imposed, or to a mixed contract for treatment. (In corrections, wholly negotiated contracts are not possible. The court always imposes some conditions.)

Exercise: In an imposed contract, the treater decides the goal; for example, the goal of treatment will be to eliminate all illegal behavior. In a negotiated contract, the client chooses the goal, and the treater either accepts or rejects it as a workable goal. In a mixed contract, no matter what the client and treater want, there are certain expectations of the client imposed by a higher authority. The worker and client can supplement the imposed contract with a negotiated one. The goals of the client must be within the limits imposed.

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

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

Tape the goal-setting interview for 2.5 minutes.

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

1. Judging from what I just did, I'm more of a (a) negotiator, or (b) an imposer than an (a) imposer, or (b) a negotiator.

2. Judging from the client's responses, he was hearing me as if I were interested mostly in (a) telling, (b) asking him what was good for him.

3. Regardless of his expectations of me, I still want to

. . .

4. Judging from his response to me, I was probably on the right (wrong) track because . . .

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

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

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

check reliability. Critique the second performance.

Exercise 3

Objective: To identify client skills and strengths on which to build.

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

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

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

After 2.5 minutes, have the worker critique himself by completing statements like these:

1. Judging from my performance, I probably was confident

(not confident) that the "client" had strengths that he could identify.

2. I communicated my prejudices (positive or negative) regarding his having strengths by . . .

3. Judging from his responses to me, I saw him as comfortable (uncomfortable), in specifying what he does well, because he . . .

4. I was more interested in telling him (getting him to identify) what his strengths are, because I . . .

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

1. Has the worker been fair to himself, and to the client, in his critique?

2. Did the worker provide stimuli that suggested to the client that the worker was confident there were strengths to identify?

3. Did the worker challenge "client" responses that were obviously unacceptable (such as, "I can't think of any strengths": or, "I don't do anything right," etc.)?

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

If the worker decides he would like to modify his approach, have him specify what he will do differently, and run through the

interview again. The group can count the specified behaviors, and check the counts' reliability. Critique the second performance.

Exercise 4

Objective: To identify problem behaviors of a client.

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

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

Exercise: Have the worker be himself, and another worker role-play an actual client. Ask the worker to interview the "client" in search of behavior problems that will be appropriate targets for treatment. If the "client" has not been through Exercises 2 and 3, have him name a positive treatment goal, preferably one that the actual client probably has. Also have him briefly identify his own strengths, and some positive behaviors that he is already performing, in service of his goal.

After the 2.5 minutes, ask the worker questions like these:

1. Were you confident that this client could identify his

own problems?

2. What stimuli did you provide in your interventions that suggested to him that you were confident (unconfident) that he could identify his own problems?

3. Did you press him for problems that were at least indirectly related to his defeating himself in reaching his stated goals?

4. Did you notice any indications from the client that he assumed you wanted to tell (ask) him, rather than ask (tell) him what his problems are?

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

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

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

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

Exercise 5

Objective: To identify problem behaviors of others.

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

Process: Test the possibility that a client can identify

other persons' behaviors that are a problem for him, so that he might be more willing to modify his own behavior in exchange for others modifying theirs.

Exercise: Have the worker be himself, and another worker role-play an actual client. Ask the worker to interview the "client" in search of others' specific behaviors that constitute a problem for the "client," such as, "Mother nags," "Dad beats me," "Cops hassle me," "The teacher makes fun of me," "My brother teases me," etc. Then have the "client" specify which of his own behaviors he would be willing to avoid or increase, in exchange for the other person's changing his. Tape the interview for 2.5 minutes.

Then ask the worker questions such as:

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

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

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

Exercise 6

Objective: To identify potent reinforcers.

Principle: Reinforcement is in the eye of the reinforced.

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

Exercise: Have the worker be himself, and another worker role-play an actual client, in a 2.5-minute interview with a "client" who has already identified his long-term goal, what he is doing to reach it, and what his problem behaviors are in not reaching it. In this interview the "client" and worker are to identify the "client's" high-probability behaviors, and his most potent, legitimate, and reasonable, material and social reinforcers.

After the 2.5-minute performance, ask the worker questions such as:

1. Did you convey to the "client" that he is the one most capable of naming his own reinforcers? If "yes," then ask "How

did you do that?" If "no", ask, "Why not?"

2. Did the "client" try to get you to impose your values on him?

3. Did you see any indications that the "client" was trying to say the "right" thing to impress you?

4. Did you ask him what he does with his time, rather than what he "likes" to do?

5. Do you think Question 4 is important? Why?

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

Ask them what is the best test of a reinforcer.

Have the worker run through the exercise again if he is not satisfied with his first performance; but first, ask him to specify, for purposes of counting, what he wants to do to improve the interview. Have the group members count, and check reliability. Critique the second performance.

Exercise 7

Objective: To negotiate an initial contingency contract.

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

Process: Test the feasibility of working toward self-management from the first interview.

Exercise: First have a "client" who has gone through the first six exercises briefly review his treatment goal, his

strengths, his behavior problems, and his most potent reinforcers. Then have the worker, for 2.5 minutes, seek to negotiate a contract, tying the performance objectives directly or indirectly to the "client's" goal, and to the positive reinforcers.

After 2.5 minutes, ask the worker to critique what he did in light of the rules for contingency contracting. Depending on how far into the contracting they went, ask:

1. Were the contract terms more negotiated than imposed?
2. Is the performance objective obviously related to the "client's" stated goal?
3. Is the objective positive or negative?
4. Are the reinforcers contingent on the client performance?
5. Were contract time limits set?
6. What would the worker want to do differently the next time?

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

Critique the second performance if necessary.

Unit C: Contingency Contracting in the Field

1. Overview of Unit

This unit is designed to acquaint the field officer with the content and format of contingency contracts. The unit assumes that agents have a basic understanding of the principles of learning that govern the appropriate arrangement of consequences in a contingency-management program. These principles are discussed in detail in Volume 2, Managing Behavior (Hall, 1972), recommended reading for the Contingency-Management Strategy Unit. Other references that provide adequate coverage of these principles are listed as recommended readings following this unit, and in the final reference list. Reference sources that outline the principles of learning are preceded with one asterisk.

Read the unit, then answer in writing the study-guide questions that precede it.

Review the principles of learning, if necessary.

2. Study-Guide Questions

This unit answers the following questions:

1. What is the difference between an informal and a formal contract?

2. What is the difference between a negative and a positive contract?

3. List the rules of thumb that are important in formulating contracts in the field.

4. What are the two main reasons for negotiating positive, written contracts?

5. What content is essential in a contract?

6. What content is optional in a contract?

7. Why are contracts not meant as substitutes for a case plan?

3. Study Unit

Contingency contracting in parole and probation is not a new technology. Formal and informal contracts have always obtained between the probationer or parolee, and his correctional officer. The standard terms of probation are formal contracts, many of which are negative, and punitive. That is, the statements are in form of: "If the client keeps appointments with his officer, then he will avoid confinement in juvenile hall." "If he does not violate curfew, run away, or skip school, then he will avoid going to court, work camp, or the youth authority. Failure to comply must result in court action."

Family-client contracts are frequently both negative and informal. "Informal" is used here to mean that the contracts are not written. Such contracts are typically less likely to be consistently fulfilled. For example: "If juveniles stay out of trouble, and are obedient at home, then they will avoid being punished, penalized, or removed from home." These negative contracts are aimed at suppressing bad behaviors by threatening punishment or sanctions unless appropriate behaviors are maintained. They offer no explicit, positive gains for appropriate behavior, and they may be inconsistently enforced.

The correctional officer and the family may be positively reinforced by the probationer's positive behavior, if he maintains it under the negative contract. The client may find alternate

ways, however, of obtaining explicit, positive reinforcers for himself. He got into trouble because some outcome of the inappropriate behavior seemed positive to him. If he skipped school, then he could go to the movies. If he violated curfew, then he could spend the evening with his girl. If he ran away from home, then he could live as he liked.

Formal, positive contracts are now being introduced into field work. Client-officer contracts or client-family contracts that offer explicit, positive gains for all parties follow the same rules as academic contracts established between students and teachers in the classroom (Homme & Tosti, 1971). The complexities of contracting out in the world, however, are greater. Teachers work with a captive audience if students are attending school regularly. Teachers usually have or can discover a wider range of positive reinforcers to use in contracting for school work. Field workers in probation do not always have captive clients. The client's current positive reinforcers may be easy to discover, but society or the law may prohibit their use in contracting.

The complexities involved in field contracting require that the probation officer apply a few rules of thumb when negotiating written contracts consistent with the principles of learning.

1. Ask the client what he wants to do, now and in the future. Find out what he would like to have that he doesn't have now. Remember that reinforcement is in the eye of the beholder. The

client is the best source of information on what is rewarding to him.

2. Suggest opportunities that may not have occurred to the client. That procedure is similar to presenting him with a reinforcer menu. Sometimes the client may not know what kinds of positive reinforcers are available to him. He might like, for example, to go on a hike with his probation officer if he knew that such an outing could be arranged.

3. Always negotiate contracts. Do not impose a contract on a client or a family. Find out what each party wants and arrange terms that are mutually agreeable. All parties must be satisfied with the terms before signing the contract.

4. Establish a reliable monitoring system. There must be some record kept of responsibilities carried out and privileges earned. A data-collection form for monitoring the behaviors of both parties is necessary, for several reasons. If any party fails to meet the terms of the contract, a data-monitoring system exposes the failure immediately. "What went wrong" then is less arguable, less subject to unsubstantiated impressions. The data allow the worker to evaluate his program's effectiveness, and provide him with information that will determine whether a contract needs revision or renegotiation. Monitoring will also allow the worker to decide objectively when new terms may be added, or new criterion levels with higher pay-offs may be established, and when self-management may begin.

Positive contingency contracts are written agreements that specify client-performance objectives, and the material or social reinforcers that will be used to reward the client for achieving his objectives.

The arrangement of the terms in the contract must be in accord with the basic principles of learning. Well written contracts ensure that all persons understand the terms of the contingency-management program developed. The document is not the treatment. A contract neither succeeds nor fails; the contracting parties do, but appropriate performance objectives, and adequate and consistent arrangement of reinforcers selected to strengthen the desired behavior help determine the success of the program.

Clearly written contracts serve to acquaint everyone involved with the specifics of the behavior-learning program, and the means to carry out the program properly.

The contract document is also a performance product. It is evidence that the client and treater have adopted or are working on an acceptable treatment plan. A clearly written contract allows other treaters to use the same program with other clients.

Contracts are not meant as substitutes for a case plan. A particular contract may include only a few of the client's performance objectives, and the reinforcers that he earns for achievement.

As Homme and Tosti (1971) note, effective initial contracts call for and reinforce small approximations of the final performance objective, not perfect accomplishment. In other words, a series of contracts may be written with a client in accordance with the principles of shaping. A complete series of contracts would constitute the steps along the way to the achievement of some more difficult performance.

Determining the amount and number of performance objectives to include in a single contract depends on the pre-treatment, base-line level of a performance, or components of a performance. An initial contract with a client who has been truant from school an average of four days out of five every week, for the past several months, may look very different from an initial contract negotiated with a client whose average truancy rate has been only twice weekly over the past several weeks. The initial approximation toward zero physical fights, for a client who is now hitting three classmates every day, may reward a decrease in fights to one a day in an initial contract, and may reward further decreases in fighting in subsequent contracts.

The major outline of a single contract remains relatively invariable. All contracts should contain the following content:

1. A statement of the client's long-range goal; for example, for John and his family to stop arguing and to get along well.
2. The performance objectives related to that goal; that is,

the learning tasks to be practiced for the duration of the contract. For example: (a) increase school attendance to 100%, (b) increase home-chore performance to 80% or better. (Note that in drafting the contract, the specific amounts and frequency of the performance will be written into statements that include specified amounts of reinforcement.)

3. The reinforcers that the client will earn for each accomplished performance. As noted above, the amount and frequency of contingent reinforcement must be specified in conjunction with the amount and frequency of each performance. For example: (a) For every day of attendance at all school classes (performance objective) John will receive 30 cents in the evening (amount of positive reinforcer). (b) For each day that John makes his bed before school, (performance) he will be relieved of taking out the garbage in the evening (the relief is a negative reinforcer, which differs from a punisher).

4. A specification of the starting date of the contract, the duration of the contract, and the date of review or re-negotiation.

5. The monitoring procedures; that is, who will collect the data, how often, and who will check the reliability of the data (data verification). (a) John will verify attendance daily by bringing home a class-attendance sheet initialed by his teacher(s). (Verified by a probation officer's check with

attendance clerk). (b) Mother will check daily whether or not John made his bed. (Verified by random independent checks by father.)

Optional Content

6. Attach helpful data collection forms to the contract whenever possible.

7. Specify bonus reinforcers for amounts of durations of performance that go beyond the minimum requirements of the contract. For example, for one week's perfect attendance at school, John will be allowed to have his best friend stay overnight on Friday.

8. Specify a penalty only when it is essential to ensure a decrease in extremely inappropriate behavior, or to ensure maintenance of a positive performance at a minimum level. For example, if John is truant from school two or more days in a week, he will be required to report to juvenile work project on Saturday of that week.

Several sample contract formats are included in Appendix B, along with the five criteria for evaluating the adequacy of the contingency-management program outlined in a contract or series of contracts.

Contracts should be reviewed frequently and renegotiated as necessary. The record of performance-objective achievement (data) will indicate when renegotiation is needed. Renegotiation occurs when new performance objectives are set, or when the

contingency-management plan specified in the contract is not facilitating performance, improvement, or achievement of objectives on schedule.

4. Recommended Reading

DeRisi, W. J., & Butz, G. Writing behavioral contracts:

A simulation practice manual. Champaign Ill.: Research Press, 1975.

Homme, L., and Tosti, D. Behavior technology: Motivation

and contingency management. San Rafael, California:

Individual Learning Systems, 1971. (Units 1-4).

Patterson, G. R. Families: Applications of social learning

to family life. Champaign, Ill.: Research Press, 1971.

Stuart, R. B. Behavioral contracting within the families of

delinquents. In J. S. Stumphauzer (Ed.), Behavior therapy

with delinquents. Springfield illinois: Charles C. Thomas, 1973.

Thorne, G. L., Tharp, R. C., & Wetzal, R. J. Behavior

modification techniques: New tools for probation officers.

In J. S. Stumphauzer (Ed.), Behavior therapy with delinquents.

Springfield, Illinois: Charles C. Thomas, 1973.

5. Field Exercise in Contingency Contracting

Directions for carrying out a complete field exercise in contingency contracting are listed on the next page. Read the directions completely before starting, and review the units "Specifying Client Objectives and Treatment Strategies" and "Data Collection and Experimental Designs."

Field Exercise in Contingency Contracting

1. Select one or more recently assigned clients.
2. Specify the performance objectives for the client(s) in observable, countable terms.
3. Make up a data-collection sheet for monitoring the performances, indicating what is to be counted, when, and where it will be counted.
4. Arrange for a data collector and a verifier of the data (who will do an occasional duplicate count).
5. Obtain five to 10 days of base-line data.
6. Specify the available client reinforcers.
7. Specify your contingency-management plan.
8. Select an appropriate evaluation design, such as a reversal design, multiple-client/same-characteristic (or different-characteristic) design, or single-client/multiple-characteristic design.
9. Plan at least a tentative schedule of the research-design phases, allowing a total of from six to eight weeks for their completion.
10. Negotiate and implement contingency contract(s).
11. Monitor data weekly, at least.
12. Graph your data.
13. Renegotiate the contract, or negotiate a new contract, if the data warrant such changes.

14. Complete all phases of the research design you have selected.
15. Interpret and report your data to your supervisor and other trainees.
16. Describe the case in writing, using the case-study format suggested by Hall, in Volume 1 of Managing Behavior (1972).

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APPENDIX A

SUMMARY OF LAW VIOLATION BEHAVIOR

Instructions: At time of law violation(s) fill in the appropriate information briefly, but completely.

Please save for the Cooperative Behavior Demonstration Project to pick-up at termination of case.

CLIENT: _____ AGENCY: _____
 OFFICER: _____

DATE OF ALLEGED VIOLATION	DATE APPROPRIATE SQUARE					VIOLATION(S) CODE: PC, CVC. H & S, etc. OR DESCRIBE: Burglary 1st, Petty Theft, Truancy, etc.	FINAL DISPOSITION
	Petition Filed	Citation	Arrested	Detention Hearing	Court Appearance		

Weekly Academic - Citizenship - Attendance Check

Student _____ Date _____ To _____

The parents of the above student are concerned about his progress and would appreciate the following report. Please check student's status:

Subject: _____	Subject: _____
Passing _____ Failing _____	Grade: Passing _____ Failing _____
Days missed this week: _____	Days missed this week: _____
Homework: O.K. _____ Inc. _____	Homework: O.K. _____ Inc. _____
Attitude: Good _____ Fair _____ Poor _____	Attitude: Good _____ Fair _____ Poor _____
Comments: _____	Comments: _____
Teacher's Signature _____	Teacher's Signature _____

Subject: _____	Subject: _____
Grade: Passing _____ Failing _____	Grade: Passing _____ Failing _____
Days missed this week: _____	Days missed this week: _____
Homework: O.K. _____ Inc. _____	Homework: O.K. _____ Inc. _____
Attitude: Good _____ Fair _____ Poor _____	Attitude: Good _____ Fair _____ Poor _____
Comments: _____	Comments: _____
Teacher's Signature _____	Teacher's Signature _____

NOTE TO STUDENT: This form is to be taken to each teacher, then taken home to your parents.

(The form can be expanded to include more checklists for a student with more than four classes.)

Time Sample Report

Name: _____ Date: _____ TO: _____

Time* _____

Monitor Signa-
ture or Stamp

Behaviors																		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

* Fill in the preselected times at which you will check to see if a behavior is occurring.

Monitor's Name: _____

Behavior Report Form

Client Name: _____ Date: _____ To: _____

Monitor Signa-

Behavior		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	ture or Stamp
	YES*								
	NO								
	YES								
	NO								
	YES								
	NO								
	YES								
	NO								
	YES								
	NO								
	YES								
	NO								
	YES								
	NO								

* If you prefer to count and tally the number of occurrences of a behavior, cross out the yes-no label and use the boxes for tally marks.

Monitor's Name: _____

Daily Student Report Card

For: _____ Date: _____

To: Deputy Probation Officer

Frank Tapia

Academic

Citizenship

Class

Grade

Grade

Teacher

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Comments :

SUBJECT _____

RECORDED BY _____

STARTED _____

BASE-LINE DATA SHEET

Problem Behavior	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1.							
2.							
3.							
4.							

APPENDIX B

Minimum Contingency-Management-Performance

Expectations for Individual Behavior-

Change Objectives

1. Behavior-change objectives operationally defined.
2. Delivery of prespecified consequences contingent upon pre-specified, measured amounts of the operationally defined behavior.
3. No delays greater than two weeks between performance and consequence, even if mediated by token reinforcement.
4. Contingency management intervention (or attempts) continued until self-management achieved or client lost.
5. No delays greater than four weeks between program or contract reviews and renegotiations.

Contract

GOAL:

I. I, _____, agree to demonstrate the following behavior:

II. If I achieve the above, I will receive the following consequence:

III. If I fail to achieve the above, I will receive the following consequence:

Contract accepted: _____

Agent: _____

Witness: _____

IV. Changes (Date and Initial):

CONTRACT

_____ Probationer has a long-term goal of:

The undersigned have mutually agreed each to perform the following behaviors that will help the probationer to achieve this goal. It is agreed that the mediator behavior is contingent upon the client behavior.

CLIENT BEHAVIOR	MEDIATOR BEHAVIOR
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Monitoring of the contract terms and the collecting of data will be done by:

The contract will be renegotiated: (date or conditions)

SIGNED: _____

SIGNED: _____

DATE: _____

EXPIRATION DATE: _____

CONTRACT

The following contract, agreed to by _____ and _____ is designed to help _____ (Client) reach his long-term objective of:

This long-term objective is based upon performance of the specific responsibilities listed below. Adequate performance of the responsibilities will earn the specific privileges listed below, as well as promoting the long-term objective specified above.

RESPONSIBILITIES	PRIVILEGES
1.	1.
2.	2.
3.	3.
4.	4.

BONUSES:

SANCTIONS:

Monitoring of the responsibilities and privileges will be done by: _____

This contract is to begin on _____ and will be in effect until _____ DATE. Renegotiation of the contract will occur under the conditions set forth below: _____ DATE

SIGNED: _____ DATE: _____

PROBATIONER

RESPONSIBLE ADULT

PROBATION OFFICER

CONTRACT

Long-Term Objective of _____, Probationer.

Specific responsibilities to be carried out by _____, Probationer.

- 1.
- 2.
- 3.
- 4.
- 5.

Privileges earned by carrying out these responsibilities and name of person who will provide privileges.

- 1.
- 2.
- 3.
- 4.
- 5.

Data collection system described:

Dates contract will be in effect: From: _____ To: _____

Conditions of renegotiation:

SIGNED: _____
PROBATIONER

RESPONSIBLE ADULT

PROBATION OFFICER

CONTRACT

My long-term goal is:

In working toward this goal, I, _____ will perform the following behavior:

For the above, I will receive:

This contract will be in effect from _____, 19____ to _____, 19____.

The contract will be renegotiated _____, 19____, or when:

Data will be collected by _____ and turned over to _____, Probation Officer.

SIGNED:

DATE: _____

PROBATIONER

RESPONSIBLE ADULT

PROBATION OFFICER

END

7/10/51/11-11