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Agenda

Time	Topic
9:30 am	The Way It's Been Done
10:00 am	The Unicorn to Lasso
10:30 am	Break
10:45 am	The Cycle and the System
12:00 pm	Lunch Break
1:00 pm	Early Recovery
2:00 pm	Break
2:15 pm	Sustaining Recovery
3:00 pm	Well-being as the New Metric
4:00 pm	Closing

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# Learning Objectives

- 1. Participants will understand historical approaches for changing offender behavior and identify challenges with those approaches to working with offenders in the current probation system. *(The Way it's Been Done)*
- 2. Participants will understand current issues faced with today's population who are on probation, including the impact of poverty, secondary ACEs, undiagnosed TBI, and co-occurring disorders. *(The Unicorn to Lasso)*
- 3. Participants will identify patterns common in persons who are on probation who cycle in and out of the system and across the sequential intercepts. *(The Cycle and the System)*
- 4. Participants will understand core features of early recovery and strategies that help to sustain recovery as a strategy for supporting persons on probation who also have SUD and/or MH disorders. *(Early Recovery and Sustaining Recovery)*
- 5. Participants will understand the use of the Rickett Scale as an approach to well-being and behavior change for persons involved in the probation system as well as for themselves. *(Well-being as the New Metric)*

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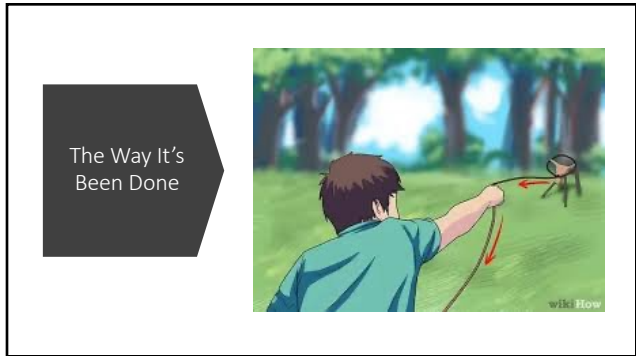
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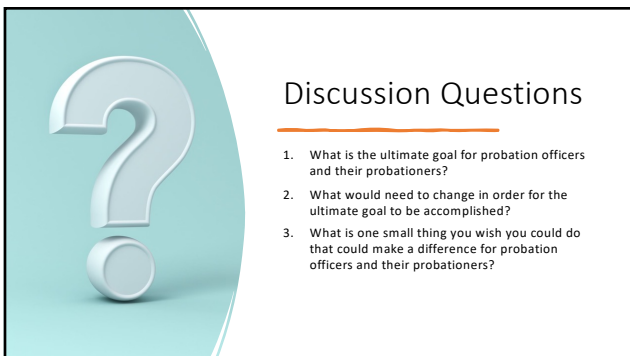
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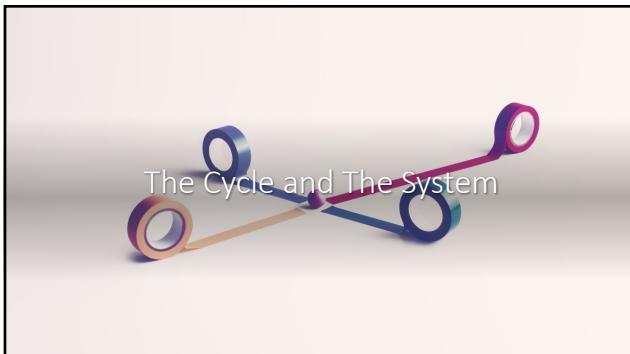
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National Institute of Corrections: Ohio (2020)


**Ohio 2020**  
**The Jail System**  
 Ohio has 108 jails in 88 counties. The jail population in 2020 was 20,670.

**The Prison System**

As of December 31, 2020, the number of prisoners under the jurisdiction of Ohio correctional authorities was 45,036 located in 28 state prisons and held in custody of private prisons or local jails. State operated facilities had a staff of 12,389 employees and a budget of \$1,905,656,939.

**The Community Corrections System**

As of December 31, 2020, Ohio community corrections population was 9,524 under probation and 1,683 under parole.



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Population Characteristics

- Characteristics of people who come to the attention of the criminal justice system can be conceptualized into three categories, each of which is **RELATIONAL** in its nature:
- (1) Violence and Physical Health;
- (2) Substance Dependence and Mental Health; and
- (3) Home and Community.



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Relational Impact

The **relational impact** of violence, the impact trauma has upon physical and mental health, the use of substances as a requirement for a relationship with an abuser or as a means to ameliorate pain and suffering, and the challenges that accompany poverty and socioeconomic hardship create a downward spiral of adverse actions and consequences.

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Violence and Physical Health: Women

- Significant violence within **RELATIONSHIPS**
  - Previous victimization in childhood, and 70-79% experienced violence by intimate partners;
  - Forced with threats of violence to participate in illegal activity
  - 37% raped prior to incarceration
  - 50-55% have a lifetime history of physical and sexual abuse
  - 53% have some type of chronic medical condition; women in jail are **7x** as likely to have **cancer** versus men

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### Substance Dependence and Mental Health: Women

- Prevalence of mental health problems 2x the levels of men; 46% diagnosed with at least one psychiatric disorder<sup>3</sup>
- 73-75% have a mental health problem, largely depression
- PTSD, profound and lingering depression, anxiety, and drug use, **three times the incidence** of men
- They express a need to for chemical dependency and mental health services, and a willingness to go to treatment
- 53.3% of women report to be substance abusers, compared to 29.1% of men; more likely to be under the influence of substances at the time of arrest and more likely to be jailed for a drug offense than men.



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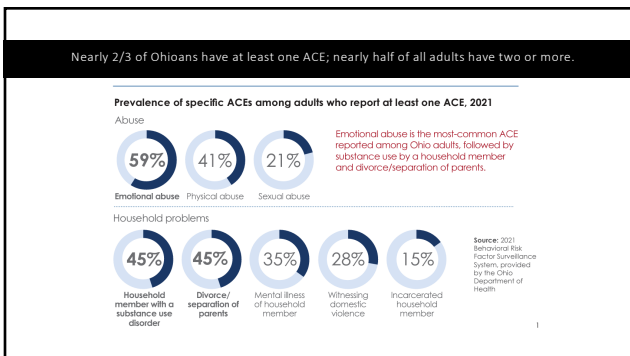
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### Recidivism Rates

- Spjeldnes, Jung, & Yamatani (2014) found that recidivism rates for both men and women leaving jail was 73%;
  - 35.5% of women were non-violent recidivists.
- Three-year recidivism rates for persons exiting prison were as follows:
  - Rearrests: 68.4% for men; 57.6% for women
  - Reconvictions: 47.6% for men; 39.9% for women
  - Resentencing: 26.2% for men; 17.3% for women

(Spjeldnes, Jung, & Yamatani, 2014).



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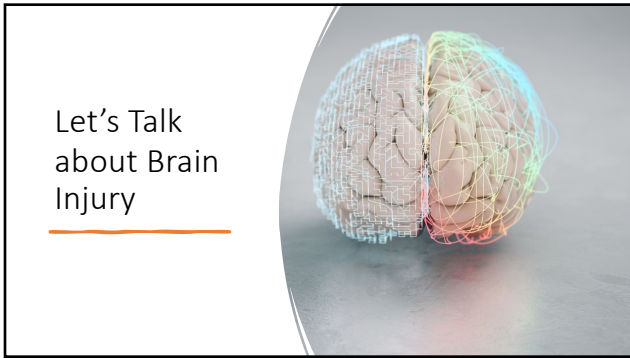
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**What is a traumatic brain injury (TBI)?**

- A traumatic brain injury, or TBI, can happen when there is a blow to the head. The injury can be penetrating, such as a gunshot wound, or a non-penetrating injury, such as being struck in the head in a car accident.
- Traumatic brain injuries vary in severity. Many people recovery from TBIs within days and more severe forms can cause permanent brain injury or even death.

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**What causes a traumatic brain injury (TBI)?**

- When you take a violent, hard hit to your head, your brain may experience changes in chemical and energy use as a way to compensate for the injury.
- These changes can result in headaches, light/sound sensitivity, and confusion. In mild TBIs, these changes are short and do not permanently damage the brain.
- However, with more severe injuries, these changes can last longer and result in damage to the brain cells. These effects can cause the brain to swell and expand inside the skull. The swelling can lead to even more brain damage.

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### What are the top causes of TBIs?

- Falls account for almost half of emergency department visits for TBIs. People older than 65 and children under age 17 experience the most fall-related TBIs.
- Other causes include:
- Domestic violence, assaults, [child abuse](#) and [shaken baby syndrome](#).
- Gunshot wounds, including attempted [suicides](#).
- Motor vehicle accidents.
- Sports, recreational, work or military injuries.

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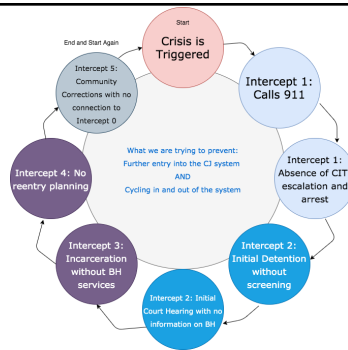
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### The Reason We are Here Today

→ Breaking the cycle that all too often occurs for people with mental health and substance use disorders.




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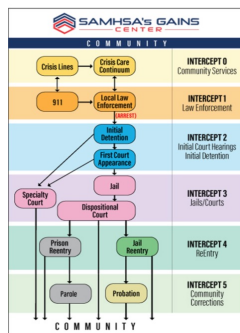
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### Intercepts

→ SAMHSA's GAINS Center: Gather, Assess, Integrate, Network, and Stimulate.  
 → Each intercept should function as a filter to keep people out of the next layer of the criminal justice system.




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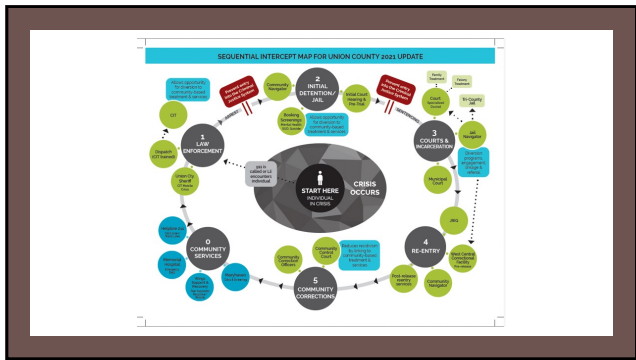
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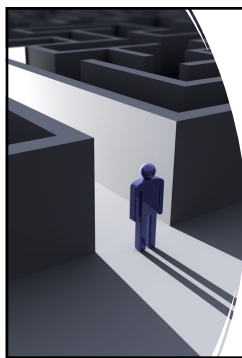
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### Transitioning at Release

- Building relationships prior to release is key
- Have a plan in place for services
  - Person-to-person referrals are more effective
  - Building rapport with CIT officers who will visit them in the community
  - Help them anticipate and plan for challenges

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### Post Release

- Plan for extensive case management needs that will be ongoing for at least a year.
- Help them create a safe space for themselves on the outside.
- Transitional housing and housing that supports their recovery is essential (and very challenging to find).
- Help them identify their patterns and predict their risk factors.
- Provide wrap-around services.

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## Recovery

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- "A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential."
- SAMHSA, 2010 2012
- <https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

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### Four Major Dimensions that Support a Life in Recovery

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Health

- Overcoming or managing one's disease(s) or symptoms – for example, abstaining from the use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem – and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

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**Home**  
A stable and safe place to live..



**SAMHSA**

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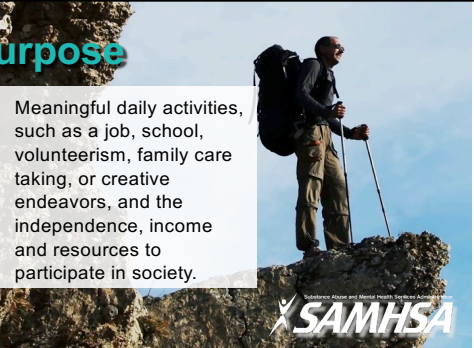
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**Purpose**

Meaningful daily activities, such as a job, school, volunteerism, family care taking, or creative endeavors, and the independence, income and resources to participate in society.



**SAMHSA**

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**Community**



Relationships and social networks that provide support, friendship, love, and hope.

**SAMHSA**

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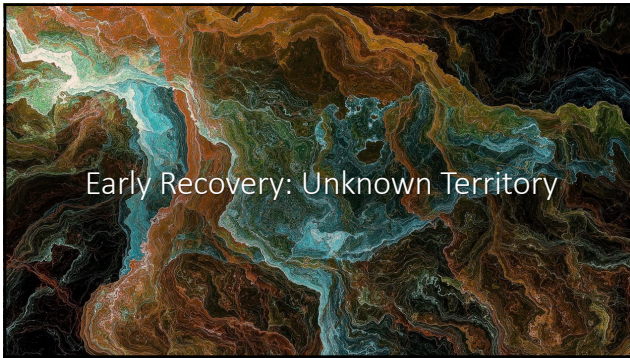
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### Expectations

Your plan

Reality

What I planned.

What happened.

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### Early Recovery

Continued abstinence and an expansion in one's awareness of feelings about both the past and the present (Stephanie Brown's Developmental Stages of Recovery, 2002).

Early recovery is the first 12 months, sometimes up to two years.

People may be experiencing withdrawal symptoms or Post Acute Withdrawal (PAW).

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### PAW

#### What is post-acute withdrawal syndrome?

Following medically supervised detox from alcohol, opiates, marijuana, cocaine, benzodiazepines or other highly addictive substances, most people experience a short phase of physical discomfort, otherwise known as acute withdrawal. Symptoms often include muscle ache, nausea, headache and increased heart rate. Acute withdrawal can produce more dangerous health consequences—even life-threatening complications—if detox isn't done in a supervised setting. But there's more to drug and alcohol withdrawal than physical symptoms of discomfort. While acute withdrawal refers primarily to the body's process of healing, a second phase of withdrawal symptoms, known as post-acute withdrawal syndrome, or PAWS, occurs as the brain recalibrates after active addiction. These symptoms, unlike the first stage of acute withdrawal, typically involve more of the psychological and emotional aspects of withdrawal. Depending on the duration and intensity of alcohol or other drug addiction, this secondary withdrawal syndrome can occur a few weeks into recovery or a few months down the road. More important, even though PAWS is a temporary condition, the symptoms can become a driving factor in relapse. This is true even for people who are fully committed to staying clean and sober.

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### Early Recovery

- Lots of learning and re-learning of new ways of acting, thinking, feeling, and experiencing the world.
- Can be very exciting, very scary, and very confusing for someone, especially if they are without support.

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### Core Tasks in Early Recovery

Learning	Learning about addiction as a chronic disease
Learning	Learning what it means to be sober and be in recovery
Learning	Learning triggers and high-risk situations
Learning	Learning what their own relapse process looks like so they can work to recognize it
Learning	Learning relapse prevention skills
Learning	Learning how to feel feelings again
Preparing	Preparing for dealing with life without substances
Addressing	Addressing other chronic health conditions
Addressing	Addressing trauma and behavioral health needs

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Learning coping skills:  
• Anticipatory Coping  
• Immediate Coping  
• Restorative Coping



A 3x4 grid of letter tiles. The top row contains 'K', 'E', 'E', 'P'. The middle row contains 'C', 'A', 'L', 'M'. The bottom row contains 'A', 'N', 'D'. The tiles are white with blue letters and are set against a yellow background.

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**Family and Friends**

- Family and friends may or may **not**:
  - Understand what it means to have a substance use disorder
  - Understand what it means to be sober or be in recovery
  - Understand how to help vs. enable
  - Understand how to be supportive



A photograph showing a group of people in a supportive setting. Several individuals have their hands raised in a gesture of support or agreement. The background is slightly blurred, focusing on the hands in the foreground.

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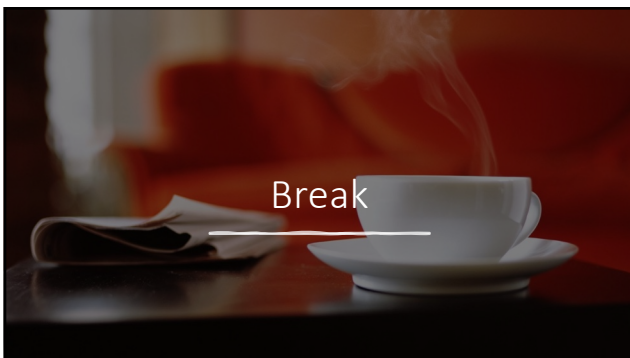
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A photograph of a white coffee cup on a saucer. Steam is rising from the cup. The word "Break" is overlaid in white text on the image.

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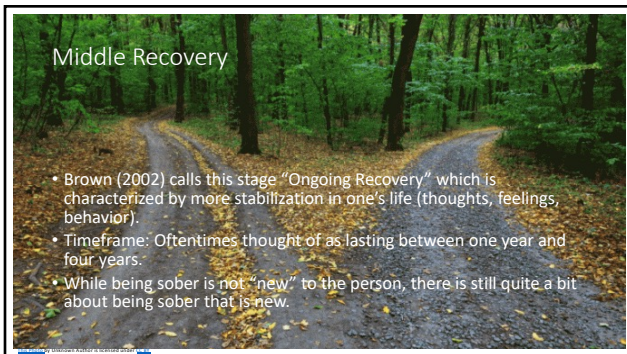
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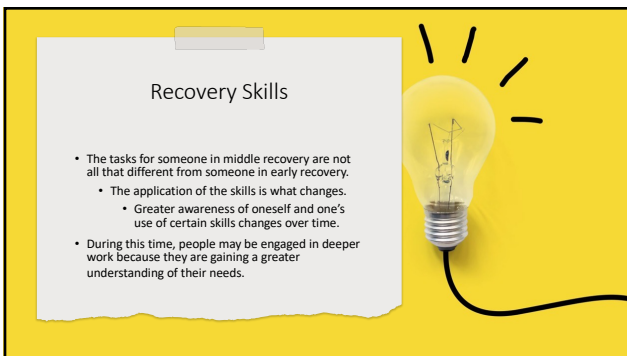
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### Relationships



- Creating healthy relationships is important at any stage in one's recovery.
- In this middle stage of recovery, people may often be examining their boundaries with others as their self-awareness continues to grow.
- They may be experiencing their first friendships and romantic relationships as a sober person for the first time (in a long time).

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### Socioeconomic Issues are Still Present



- Untreated addiction often results in financial troubles as people experience job loss, excessive spending, and other consequences related to substance use.

Tasks may include:

- Working to repair one's credit
- Working to address debts
- Working to improve one's job history
- Working on residential stability

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### Long-Term Recovery: Years 4 and 5

- Research is suggesting that between four and five years of continuous recovery is when a chance for relapse seems to decrease significantly.

**Extended Abstinence is Predictive of Sustained Recovery**

After 5 years – if you are sober, you probably will stay that way.

Duration of Abstinence at Year 7	% Sustaining Abstinence through Year 8
1 to 12 months (n=157, OR=1.0)	30%
1 to 2 years (n=138, OR=3.4)	60%
2 to 5 years (n=99, OR=11.2)	80%
5+ years (n=96, OR=11.2)	80%

It takes a year of abstinence before less than half relapse.

Donner et al. Eval Prev, 2007

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**Supporting Long-Term Recovery**

- Recommitting to the ACTIONS of recovery and prioritizing recovery-focused activities (e.g., going to therapy, exercising, eating nutritious foods, going to meetings, etc.) was essential to remaining focused on one's sobriety.
- Two key ingredients: (1) Chronic Disease Management; and (2) Support Group Services/RCS
- Long-term management: Accessing longer-term programs and services and recovery supports (e.g., RCOs, recovery housing, etc.)

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**Well-being as the New Metric**

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**Rickter Scale**

- Developed in 1993 by Keith Stead and Rick Hutchinson for use with young offenders and their families.
- Focuses on personal achievement – from chaotic lifestyle to stability, stuck state to responsibility and planning to find a fresh sense of direction.
- 2021: Keith Stead commissions Martin Dennis Timoney to co-create Rickter Scale 2.0.
- Currently in use in over 6,000 organizations in 23 countries.

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## WELL-BEING MODEL

The Rickter Scale Method recognizes that helping individuals to "Own Your Future" and realize their full potential is directly related to a positive state of Well-Being.

It focuses on supporting individuals to articulate a sense of meaning and purpose, as well as enabling them to make more mindful and intentional choices about their thoughts, feeling, emotions, behaviors, language, and actions.

The Rickter Scale Well-Being Model is drawn from multiple global initiatives, theories, and models that aim to promote well-being and increase happiness and fulfillment. These include:

- Gallup Well-Being Index
- Harvard Human Flourishing Index
- Positive Psychology
- World Health Organization Well-being Index
- United Nations Sustainable Development Goals

**THE RICKTER SCALE**  
OWN YOUR FUTURE

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## From Chaos to Direction and Purpose



- The Rickter Scale Method was specifically designed to help individuals overcome barriers to education, training, employment, and social inclusion
- from chaotic lifestyle to direction and purpose,
- from apathy and denial to aspiration and ambition.

(George, 2013; Family and Youth Services Bureau, 2021; Hughes, 2010; Roile, 2003).

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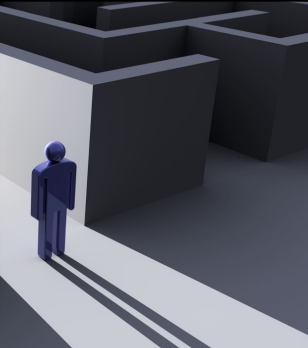
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## What's Different?



- Rickter Scale experience helps a person see a future *AWAY* from the situation they are in, which may be chaotic and leaving them unable to see a way forward.
- The person identifies and prioritizes issues, which allows them to contribute to their own action plan and take some ownership.
- Individual responsibility and pro-activity are characteristics of using the Journey Board.

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### Choice, Ownership, Responsibility, Empowerment

The trained Navigator adheres to six Rickter Scale Method steps:

- undertake a baseline measurement;
- explore the baseline profile;
- identify desired state and outcomes;
- create an action plan;
- record interview data; and
- review and create a summative report that maps the individual's journey.

This process also reflects the Rickter Scale Method's aim to raise consciousness around **Choice, Ownership, Responsibility and Empowerment.**

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#### THE RICKTER SCALE METHOD JOURNEY BOARD CORE VALUES

<p><b>FULLY ENGAGING</b></p> <p>Holding the board and moving the sliders creates a multi-sensory experience, fostering ownership and control.</p>	<p><b>HEIGHTENED AWARENESS</b></p> <p>Highlights connections between topics to see the 'bigger picture' and to gain a new perspective.</p>	<p><b>ANCHORING</b></p> <p>Adopts techniques to produce genuine metacognitive and emotive responses and 'checkpoints'.</p>
<p><b>MEASUREMENT</b></p> <p>Uses structured language to calibrate, regulate and monitor measurement of client mindset and behavioural response.</p>	<p><b>MEANINGFUL</b></p> <p>Offers a rewarding experience leaving users feeling inspired and motivated to make desired life changes.</p>	<p><b>VALUE</b></p> <p>Individuals can articulate and practice performance towards a new desired state. Teams can evidence their hard work and highlight the importance of their service provision.</p>

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### THE RICKTER SCALE METHOD

The Rickter Scale was developed in 1993 to work with young offenders and their families. Over the past 30 years it has been used by 6000 organizations in 23 countries around the world. Input from users and advancing technology has contributed to continuous improvements in the design and methodology.

Original Rickter Scale Board, circa 1993

Rickter Scale Board

Rickter Scale Digital Board

**THE RICKTER SCALE**  
OWN YOUR FUTURE

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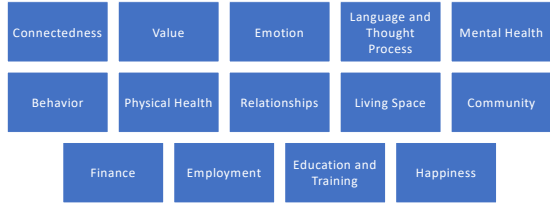
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### Well-Being Categories (Example)




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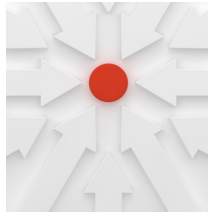
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### Taking Action: Choice, Ownership, Responsibility, Empowerment

- After each slider is completed with the baseline number and the desired number, the person is asked to identify an action they can commit to taking in the next week and then must provide evidence of that action.
- Note: The action and the evidence are something the person has to identify, versus the practitioner/professional.




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### DESTINATION-BASED APPROACH

The Destination-Based Approach helps individuals get from where they are now to where they want to be by articulating and connecting to their thoughts, feelings, emotions, behavior and language – measuring movement along the journey.

The Destination-Based Approach is referred to as The Eighth Notch which is full-throttle on a locomotive:

1. Confirm Starting Location
2. Identify the Destination
3. Create a Route Map
4. Connect to Resources
5. Navigating the Route Map
6. Measure Journey Progress
7. Adjust Route as Needed
8. Arrive at Destination



Rickter Scale Route Map: Where Do You Want To Go?

THE RICKTER SCALE  
OWN YOUR FUTURE

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## IMPACT ANALYSIS SYSTEM

Impact Analysis System captures data, measures performance, assigns evidence against criteria, and produces personal and program reports. It provides a centralized resource for generating online records and analyzing complex data.

**Distance Traveled**

Name	Assess	Count	Impact	Distance Traveled	%
Department Training Specialist	3	5	7	2	
Administrative	3	4	9	1	

**Distance Traveled in Single Frame of Reference**

Details

Frame of Reference	Student #	Start	Count	Impact	Distance Traveled	Percentage	Options
Employment/Training Specialist	10	27	34	37	27		Refresh

**LIF002 - Lifescore**

Item	Location	Active Period	Action Date	Name	Status
1001	1001	1001	1001	1001	1001

**THE RICKTER SCALE**  
OWN YOUR FUTURE

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### Case Study: J.P.

- Late 20s, several young children, unmarried, unemployed, hearing voices, drinking regularly, lives on the streets.
- Three past suicide attempts; thinks of suicide regularly.
- Journey Board topics: (1) Employment/Training/Education, (2) Accommodation, (3) Money, (4) Relationships, (5) Influences, (6) Stress, (7) Alcohol, (8) Drugs, (9) Health, and (10) Happiness.

Stead, K., Timoney, M.D., Benkendorf, P., Huber, M., & Wilson, J. (2023). Using the Rickter Scale Method to Measure Genuine Personal Well-Being: Case Study. *Rehabilitation Professional*, Vol. 31 (2), pp. 27-34

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**THE RICKTER SCALE**  
OWN YOUR FUTURE

the **collaboratory**  
unleashing dayton's potential

**COMMUNITY**  
to **WELL-BEING**  
POWERED BY THE COLLABORATORY  
PROPELLED BY THE COMMUNITY

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Thank you!

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MIGHTY CROW

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