

DOSAGE PROBATION:

Counting Dosage Manual

December 2020

Shaina Vanek

Acting Director

Robert M. Brown, Jr.

Senior Deputy Director

Holly Busby

Chief, Community
Services Division

Gregory Crawford

Project Manager

**National Institute
of Corrections**

www.nicic.gov

Dosage Probation: Counting Dosage Manual

Written by Madeline Carter, Principal, Center for Effective Public Policy.

Special thanks to Jennifer Mackey, Program Associate, Center for Effective Public Policy, for her substantive contributions to the development of this document, and to Mark Carey, President, The Carey Group, for his invaluable review.

To those who willingly pilot tested dosage probation and participated in countless training and feedback sessions with us, we thank you for your dedication, commitment, and support:

■ Washington County, Minnesota, Community Corrections: Tom Adkins, Director (former); Terry Thomas, Director (current); Ren Clinton, Division Manager; and staff

■ Napa County, California, Probation Department: Mary Butler, Chief Probation Officer (former); Amanda Gibbs, Assistant Chief Probation Officer; and staff.

The National Institute of Corrections, in partnership with the Center for Effective Public Policy, has developed this resource to highlight the innovative concept of dosage probation and to share the successes, challenges, and lessons learned. This model of community supervision is not yet fully tested.

December 2020 | Project Number 19CS03GLA6

Disclaimer

This document was funded by the National Institute of Corrections, U.S. Department of Justice. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice. The National Institute of Corrections reserves the right to reproduce, publish, translate, or otherwise use and to authorize others to publish and use all or any part of the copyrighted material contained in this publication.

Table of Contents

Preface	1
Introduction	2
Dosage Probation Case Planning and Management	3
Intervention Requirements	4
Tracking and Documenting Dosage Hours	6
Dosage for One-on-One Appointments	6
Dosage for Take-Home Assignments	6
Dosage for Structured, Community-Based Programs	7
Special Circumstances and Dosage	8
Violations	8
Subsequent Interstate and Intrastate Transfers	9
Changes in Risk Level	10
Disagreements on Dosage Hours	10
Appendix A: Dosage Tracking Worksheet	11

Preface

The *Counting Dosage Manual* is a best practices guide, developed based on an understanding of the scant research literature available about dosage and on the experiences of the dosage probation pilot sites. Jurisdictions can modify how they choose to approach the policy-related matters contained in this document, but it is important that they adhere to the research-based aspects (amount of dosage, fidelity to evidence-based practices, focus on the five most influential criminogenic needs). As research evolves and understanding of the significance of dosage increases, policies and practices will evolve.

Introduction

Unlike traditional probation supervision, dosage probation links the length of supervision to the achievement of a research-informed dosage target.

In the health care field, determining the appropriate dosage is an empirical venture:

- **Conduct an assessment** to identify the extent and nature of a presenting concern, including its root causes and the patient's unique characteristics.
- **Identify the range of potential interventions** with demonstrated effectiveness in producing positive outcomes.
- **Determine a course of intervention**, including the optimal amount, frequency, and duration of the intervention.

Research in the corrections field, and in particular research concerning risk-reducing intervention principles, suggests that a similar approach can be taken to determining the type and amount of intervention—the “dosage”—a person should receive to minimize recidivism and increase community well-being and safety.¹ In order to establish and maintain consistency in determining dosage hours, this manual outlines a protocol for determining what “counts” (and does not count) toward dosage.

¹ Studies examining differential dosage are quite limited but generally support this concept. For a summary of studies about dosage, see *Dosage Probation: Rethinking the Structure of Probation Sentences* by Madeline Carter and Richard J. Sankovitz (<https://s3.amazonaws.com/static.nicic.gov/Library/027940.pdf>).

Dosage Probation Case Planning and Management

Dosage probation case planning and management is a dynamic process that begins with the first appointment and continues through discharge. The following is an overview of the process:

1. Once someone is assigned to dosage probation, the dosage probation officer **explains to them the opportunities and expectations** associated with this model of supervision.
2. The dosage probation officer **conducts a risk/needs assessment** to identify the probationer's risk level and criminogenic needs.
3. The dosage probation officer determines the number of hours of dosage, or dosage target, based on the probationer's risk level:
 - **Moderate risk:** 100 hours of dosage;
 - **Moderate-high risk:** 200 hours of dosage; and
 - **High risk:** 300 hours of dosage.
4. The dosage probation officer **shares with the probationer the assessment results and dosage target**. They also discuss stabilization and responsivity needs that should be taken into consideration during supervision.
5. Within the first 60 days of supervision, the dosage probation officer and probationer work together to **develop a case plan** that addresses the probationer's most influential criminogenic needs, accommodates their stabilization/responsivity factors, and gives them the opportunity to accumulate dosage. Initially, the case plan includes two goals, and it focuses on building skills to help the probationer achieve these goals.
6. The dosage probation officer and probationer **list SMART action steps** that will lead to the goals. These steps include interventions that count toward dosage (see "Intervention Requirements").
7. Appointments are spent **teaching and practicing skills** that the probationer needs in order to be successful.
8. Using the guidelines specified in this manual (see "Intervention Requirements" and "Tracking and Documenting Dosage"), the dosage probation officer and probationer **review and track the accumulation of dosage hours**.
9. The probationer **documents dosage credit** on the Dosage Tracking Worksheet (see Appendix A) and/or the dosage probation officer records the dosage hours in the department's electronic case management system.
10. The dosage probation officer and probationer **review the case plan** every few appointments to determine if any changes or updates are needed.
11. As discharge nears, the dosage probation officer and probationer **develop a release readiness plan** that will help the probationer stay out of the justice system after discharge.

Intervention Requirements

While probationers are expected to engage in a number of activities that are court-ordered or otherwise in service of a healthy and prosocial lifestyle, only certain types of interventions “count” toward the dosage target.

- Interventions must be directly **associated with the person’s criminogenic needs**, as determined by their risk/needs assessment.
- Only interventions that are associated with the five most influential criminogenic needs count:
 - **antisocial cognition** (thoughts and beliefs),
 - **antisocial personality/temperament** (coping/self-control skills),
 - **antisocial associates** (friends),
 - **family/marital** (family/relationships), and
 - **substance abuse** (alcohol and/or drug use).
- Although **educational and other activities** (e.g., watching crime/drug prevention videos, attending a victim panel, completing community service) may be in the probationer’s best interests, required by the court, or appropriate for the purposes of increasing community well-being and safety, they do not address the five most influential criminogenic needs and, therefore, **do not count toward dosage**.
- Similarly, although **employment activities** are an important part of a prosocial lifestyle—and probationers under dosage probation are actively encouraged to obtain/maintain work and achieve self-sufficiency—these kinds of activities **do not count toward dosage**.
- Interventions must have a **cognitive-behavioral framework**.
 - One-on-one and group work designed to teach prosocial thinking and skills—including doing skill practice—counts.
 - Take-home assignments that are designed to help probationers develop prosocial attitudes and behaviors count. Assignments can involve completing cognitive-behavioral worksheets, applying a learned skill to a day-to-day situation, or conducting an exercise that helps build a skill needed to address one of the five most influential criminogenic needs. For take-home assignments to count, there must be evidence probationers did the work. For example, worksheets should be completed in their handwriting or probationers must be able to describe what they did/learned in such a way that it is clear the work was completed in earnest.

- Probationers must be **fully “present” and actively engaged** in interventions to receive dosage hour credit. Passive attendance or participation during an intervention does not count. For example:

- Attending a cognitive group and actively participating in discussions and skill practice counts; absenting oneself from discussions and skill practice does not count.
- Completing a worksheet and being able to discuss what was learned counts; filling out a worksheet and being unable to substantively discuss it does not count.

- **Some portions of the time** probationers spend participating in cognitive-behavioral interventions **may not count toward the dosage target**. For example:

- If the first 15 minutes of a cognitive group is spent with a general check-in (e.g., collecting fees, discussing which teams will be in the Super Bowl), this time does not count. If the next 75 minutes consists of facilitated group work in which a probationer is active and engaged, this counts.
- If a probationer sits in the probation waiting room text messaging for 15 minutes, this does not count. If a dosage probation officer spends 10 minutes discussing a probationer’s transportation problems, current address and phone number, and a favorite football team’s recent win, this does not count. If the next 20 minutes are spent working on one of the probationer’s most influential criminogenic needs, this counts.

- It can be appropriate to **provide some dosage credit for early appointments**, even though they do not strictly meet the “counting dosage” requirements, to incentivize cooperation. Consider providing up to 30 minutes of credit, assuming the appointment follows the content/structure described in the department’s *Staff Manual*.

Non-Participation in Programming

Should issues regarding participation in programming arise, every effort will be made to retain the probationer in the dosage probation program. Dosage probation officers are expected to substantively discuss with probationers any warnings, problems, or non-credited hours with regard to their level of participation as they occur, and use cognitive-behavioral interventions during one-on-one appointments to address issues, as appropriate.

Tracking and Documenting Dosage Hours

While tracking accumulated hours is necessary, dosage is not simply a matter of adding minutes or hours; it is also about understanding the nature of the intervention and the level of probationers' engagement. The following guidelines are designed to make the tracking of progress toward the dosage target as straightforward as possible. **Note, however, that these are only guidelines. Departments are encouraged to develop policies and practices that are consistent with the current state of knowledge and that reflect their unique needs and circumstances.**

Dosage for One-on-One Appointments

Time is tracked in 15-minute increments (rounding up or down to the nearest 15 minutes). For example, a 25-minute intervention would be rounded up to 30 minutes of dosage, while a 20-minute intervention would be rounded down to 15 minutes of dosage. A 5-minute intervention would not count toward dosage; the duration is simply too short to have an impact.

During each appointment, the dosage probation officer and the probationer will track and document dosage hours on the Dosage Tracking Worksheet (Appendix A) and/or in the department's electronic case management system. The dosage probation officer will also have structured conversations with the probationer on a routine basis to assess the probationer's progress toward their dosage target, the overall impact of interventions, and the extent to which the probationer's behavior is changing.²

Dosage for Take-Home Assignments

It can be difficult to ascertain the amount of time spent on a take-home assignment. For purposes of consistency, a take-home assignment will be given 15, 30, or 45 minutes of dosage, depending on the dosage probation officer's assessment of the relative ease or complexity of the assignment for the probationer and the amount of work invested, as follows:

- **15 minutes: Simple assignment**; relatively easy for the probationer; minimal effort required; assignment completed satisfactorily.
- **30 minutes: Moderate assignment**; required more time and thought on the probationer's part; assignment completed satisfactorily.
- **45 minutes: Difficult assignment** involving more time reflecting, writing, and/or practicing a skill; assignment completed satisfactorily.

² For information on assessing behavioral change, see the department's *Behavioral Indicators Assessment Manual*.

Dosage for Structured, Community-Based Programs

Not all community-based organizations provide services that count toward dosage. Some services do not address the five most influential criminogenic needs, some do not meet evidence-

based guidelines, and others do not meet minimum fidelity requirements. Only those that meet all three criteria are approved to count toward dosage. For approval, programs must undergo a rigorous evaluation.³ The probation department will establish and maintain an up-to-date record of approved community-based service providers and programs. Should the dosage probation officer discover an organization or program that is not on record but that meets the established criteria, they should notify their supervisor so further investigation may be conducted. Exceptions to the established criteria may be made only by the administration on a case-by-case basis, though such requests are expected to be made with prudence.

Structured, community-based programs that meet the standards for effective programs are assigned a pre-determined number of dosage hours. Dosage hours are based on the number of hours in the program (e.g., class time, group meetings, individual counseling as part of the program, take-home assignments) that are spent doing cognitive-behavioral work. Probationers

who miss or do not fully participate in a session, however, may not earn the full amount of pre-determined hours.

Participation in Pre-Dosage Probation Programming

If a person attended a program after arrest but before placement on dosage probation (e.g., completion of outpatient substance abuse treatment upon advice from counsel prior to sentencing), the dosage probation officer should determine whether the person will receive credit for participation in the program based on whether the program meets the necessary criteria.

³ The Correctional Program Checklist (CPC) is an example of a tool used to assess programs' fidelity to EBP.

Special Circumstances and Dosage

Special circumstances, such as violations, interstate/intrastate transfers, changes in probationer risk level, and credit hour disagreements may require adjusting the process for determining dosage. The following guidelines offer one way to address these circumstances; research that would offer more definitive direction does not yet exist. In addition, each department has its own needs, and each circumstance tends to come with its own complexities. **Departments are encouraged to develop their own policies and practices, consistent with the current state of knowledge, and dosage probation officers should not hesitate to contact their supervisor with any concerns or questions about individual cases.**

Violations

Technical Violations

Technical violations are pursued only when a person fails to comply with court-ordered conditions, not when they fail to engage in dosage-related interventions that are not a condition of probation.

Violation behaviors should be treated not as an intentional disregard for authority but as an extension of the problematic attitudes, lack of skills, and harmful decision making that resulted in criminal charges in the first place. Violations, whether they are technical or law-breaking, are indicators that interventions (cognitive-behavioral worksheets, skill practice, programming) have not yet been fully integrated into the probationer's decision making and lifestyle.

In the case of technical violations in particular, dosage probation officers have the option to add hours to the dosage target—giving probationers the opportunity to engage in further behavior-changing interventions.⁴ At no point should probationers “lose” dosage hours that they have already earned. At the same time, dosage probation officers must enforce accountability measures outlined in their department's violation response guide (e.g., increased reporting, increased alcohol/drug screens, community service hours, electronic monitoring, jail time).

When probationers commit law-breaking violations, dosage probation officers make every effort to continue helping them work toward their dosage target while they await judgment from the court. Should the court order probationers to remain on their existing term of probation and receive an additional term for the new offense, dosage hours are tracked concurrently (unless the court deems otherwise). For example:

- A probationer who is moderate risk has completed **70** of the required **100 hours** of dosage when he is convicted on a new felony theft charge. Upon intake for the new offense, it is determined that he is still moderate risk and will therefore receive **100 hours** of dosage under the new offense. Once he completes the remaining **30 hours** of the **100 hours** on the first

⁴ It is recommended that dosage probation officers conduct “dosage staffings” to determine the appropriate number of additional dosage hours.

probation term, he is eligible to be discharged. He would then need to complete **another 70 hours** of dosage for the new offense in order to be eligible for discharge on the second term.

- A probationer who is moderate risk has completed **70** of the required **100 hours** of dosage when she is convicted on a new felony theft charge. Upon intake for the new offense, it is determined that she is now at moderate–high risk and will therefore receive **200 hours** of dosage under the new offense. Once she completes the remaining **30 hours** of the **100 hours** on the first probation term, she is eligible to be discharged. She would then need to complete **another 170 hours** of dosage for the new offense in order to be eligible for discharge on the second term.

As with technical violations, at no point does the probationer “lose” dosage hours that they have already earned.

Subsequent Interstate and Intrastate Transfers

Probationers who started dosage probation, had their cases transferred to another state or to another in-state county, and are now returning may be eligible to resume their dosage hours. The following must be taken into consideration:

- Upon the probationer’s return, **a new risk assessment may need to be conducted**, which may impact eligibility for dosage probation or the number of dosage hours required.
- Depending on the length of time that has passed since the case transferred, **the probationer may need to restart dosage probation** without credit for hours previously completed. The dosage probation officer must consult with their supervisor to make this determination and should consider the extent to which the probationer both successfully participated in programming and complied with probation conditions in the previous jurisdiction.
- Program hours completed in another jurisdiction will only be credited toward the dosage target **if the program meets the established criteria for an effective intervention** (see “Intervention Requirements”) and participation/completion can be verified. Participation in other activities that typically count toward dosage (e.g., skill practice in one-on-one appointments, completion of cognitive-behavioral worksheets) will not be credited since it would be difficult to verify hours, the quality of interventions, and the level of probationer engagement.

Changes in Risk Level

Upon reassessment of the probationer's risk level every 12 months, at the interval recommended by the developer of the risk tool, or as significant life events occur that may impact risk of recidivism, probationers' risk level may change.⁵ Although it may seem as though a corresponding modification in the dosage target is warranted, such a change should be considered only under carefully defined circumstances, given the significant implementation challenges of modifying the required amount of dosage and the detrimental effects to probationers' motivation if dosage were to become a "moving target."

Disagreements on Dosage Hours

Any disagreements between the probationer and the dosage probation officer regarding the number of hours credited and/or any changes in the dosage target shall be handled on a case-by-case basis and addressed by the dosage probation officer's supervisor.

⁵ Even slight changes in circumstances can sometimes result in movement from one risk category to another.

Appendix A: Dosage Tracking Worksheet

Dosage Tracking Worksheet

Name: _____

Dosage Hour Activity Key

A Anger Management
 C Cog Class
 S Substance Abuse Tx
 H Homework
 P Skills Practice
 F Family Tx
 Other
 Other
 Other
 Other

Month: _____

Week	Thoughts and Beliefs Number of Hours of Programming	Coping Skills Number of Hours of Programming	Friends Number of Hours of Programming	Family/Relationships Number of Hours of Programming	Drug and Alcohol Use Number of Hours of Programming
1	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____
2	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____
3	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____
4	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____
5	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ 1 1 $\frac{1}{4}$ 1 $\frac{1}{2}$ 1 $\frac{3}{4}$ 2 2 $\frac{1}{4}$ 2 $\frac{1}{2}$ 2 $\frac{3}{4}$ 3 _____
Total Hours by Risk Factor					

Total Hours by Activity:

A Anger Management
 C Cog Class
 S Substance Abuse Tx
 H Homework
 P Skills Practice
 F Family Tx
 Other
 Other
 Other
 Other

Target Number
of Dosage Hours:

—

Total Number
of Hours in
Previous Months:

—

Total Number of
Hours This Month:

=

Total Number
of Hours Remaining: