Principles of Effective Intervention: Criminogenic Risk and Need, and Responsivity

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This Training is Adapted...

...with kind permission from an original presentation by Roberta C. Churchill MA, LMHC ACJS Director of Training
Learning Objectives

Upon completion of this presentation, participants will be able to:

• Define risk, need and responsivity (specific, general)
• List the eight major risk factors related to criminal behavior
• Understand what does NOT work to reduce recidivism
• Determine their prevailing supervision philosophy
It All Starts with the Assessment

Valid, Reliable RNR Assessment

Treatment Plan
- Appropriate Placement and Services
- Review & Revise

Re-Assessment near end of treatment cycle

Informed Re-Entry / Reintegration Plan

Public Safety is Ensured
- Cost Efficient

DECREASED RECIDIVISM
Evidence-Based Practices

- **Best Practices** – Do not necessarily imply attention to outcomes, evidence or measurable standards. Things we do that seem to work.

- **What Works** – Linkages to *general outcomes*, such as deterrence, rehabilitation and organizational efficiency, but does not specify the kind of outcomes desired.

- **Evidence-Based Practices (EBP)** – accept *causal link between program/policies/activities and outcome(s) such as reduced recidivism*; One outcome is desired over others; Outcome(s) are measurable;
Prioritize & match services (supervision + treatment) for higher risk offenders to their level of risk of reoffending.
Understanding Criminal Risk

- Risk to re-offend or recidivate because...

- Of the likelihood of failing to respond to supervision & treatment – “Prognostic Risk”

- Different than public’s perception of risk in that...

- It does not imply what type of offense could happen or if a person is actually a danger to the public
Prioritize & match services (supervision + treatment) for higher risk offenders to their level of risk of reoffending.

Target criminogenic needs – those dynamic factors that contribute to the likelihood of reoffending.
R-N-R
Evidence-Based Principles for Effective Interventions

Risk
• Prioritize & match services (supervision + treatment) for higher risk offenders to their level of risk of reoffending

Need
• Target criminogenic needs – those dynamic factors that contribute to the likelihood of reoffending

Responsivity
• Address individuals’ barriers to learning in the design of treatment interventions
Notes on the Risk Principle

- Prioritize and match services (supervision + treatment) to higher risk offenders so they stop offending

- Prioritize resources away from lower risk offenders so they do not increase offending and use up limited resources

- Harm can result from providing too many services to low risk offenders (as well as mixing low and high risk offenders)
### Patterns in Risk Level & Tx Intensity

<table>
<thead>
<tr>
<th>Offender RISK LEVEL</th>
<th>% Recidivism: Tx BY RISK LEVEL</th>
<th>Impact on RECIDIVISM</th>
<th>Authors of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Intensive</td>
<td></td>
</tr>
<tr>
<td><strong>Low Risk</strong></td>
<td>16%</td>
<td>22%</td>
<td>(<strong>↑ 6%)</strong></td>
</tr>
<tr>
<td><strong>High Risk</strong></td>
<td>78%</td>
<td>56%</td>
<td>(<strong>↓ 22%)</strong></td>
</tr>
<tr>
<td><strong>Low Risk</strong></td>
<td>3%</td>
<td>10%</td>
<td>(<strong>↑ 7%)</strong></td>
</tr>
<tr>
<td><strong>High Risk</strong></td>
<td>37%</td>
<td>18%</td>
<td>(<strong>↓ 19%)</strong></td>
</tr>
<tr>
<td><strong>Low Risk</strong></td>
<td>12%</td>
<td>17%</td>
<td>(<strong>↑ 5%)</strong></td>
</tr>
<tr>
<td><strong>High Risk</strong></td>
<td>58%</td>
<td>31%</td>
<td>(<strong>↓ 27%)</strong></td>
</tr>
<tr>
<td><strong>Low Risk</strong></td>
<td>12%</td>
<td>29%</td>
<td>(<strong>↑ 17%)</strong></td>
</tr>
<tr>
<td><strong>High Risk</strong></td>
<td>92%</td>
<td>25%</td>
<td>(<strong>↓ 67%)</strong></td>
</tr>
</tbody>
</table>

*Some studies combined intensive Tx with supervision or other services*

### Intensive Rehabilitation Supervision in Canada

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Non-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td>31.6</td>
<td>51.1</td>
</tr>
<tr>
<td>Low Risk</td>
<td>32.3</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Low Risk Offender - has more favorable pro-social thinking and behavior than other risk levels. Divert to administrative supervision.
Risk Principle tells us WHO to target …

so now what do we DO?
Need Principle

✓ Target interventions to criminogenic needs

✓ Prioritize treatment to highest scoring criminogenic needs according to R-N-R tool subcomponent scores
Criminogenic ??
Criminogenic Needs

- Dynamic or “changeable” risk factors that contribute to the likelihood that an offender will reoffend or recidivate

- Changes in these needs/risk factors are associated with changes in recidivism (up or down)

- Criminogenic needs assessment ≠ Clinical assessment ≠ Screening
The Major Eight – “Big Four”

1. **Antisocial attitudes**, values, beliefs, rationalizations, and cognitive emotional states of anger, resentment, defiance

2. **Antisocial associates** and relative isolation from anti-criminal others

3. **Antisocial personality pattern**: restlessly aggressive, weak self control, adventurous pleasure seeking, egocentrism, weak socialization and problem solving skills

4. **A history of antisocial behavior** evident from a young age, involving a number and variety of antisocial acts
The Rest of the Major Eight

5. **Parenting/family problems** including: low levels of affections, care, cohesiveness; poor parental supervision and inconsistent discipline; neglect and abuse

6. **Low levels** of achievement and satisfaction in school and at work

7. **Little involvement** in anticriminal **leisure and recreational** pursuits

8. **Substance abuse**
## Factors correlated with Risk

<table>
<thead>
<tr>
<th>Factors</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Class Origins</td>
<td>.07</td>
<td>.06</td>
</tr>
<tr>
<td>Personal Distress (anxiety, low self-esteem, apathy)</td>
<td>.10</td>
<td>.09</td>
</tr>
<tr>
<td>Family Structure/Parent Problems (broken home, martial problems)</td>
<td>.07</td>
<td>.09</td>
</tr>
<tr>
<td>Minor Personality Variables (empathy, moral reasoning)</td>
<td>.18</td>
<td>.22</td>
</tr>
<tr>
<td>Poor Parent-Child Relations (attachment, supervision)</td>
<td>.20</td>
<td>.22</td>
</tr>
<tr>
<td>Educational Difficulties (poor grades, drop out)</td>
<td>.24</td>
<td>.23</td>
</tr>
<tr>
<td>Temperament/misconduct/self-control (psychopathy, impulsivity, substance use)</td>
<td>.35</td>
<td>.36</td>
</tr>
<tr>
<td>Antisocial Attitudes/Peers</td>
<td>.39</td>
<td>.40</td>
</tr>
</tbody>
</table>

Ibuprofen & reduced pain
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure meds &amp; reduced stroke risk</td>
<td>.03</td>
</tr>
<tr>
<td>Smoking &amp; lung cancer within 25 years</td>
<td>.08</td>
</tr>
<tr>
<td>OTC meds &amp; reduced cold symptoms</td>
<td>.11</td>
</tr>
<tr>
<td>Lead exposure &amp; reduced IQ</td>
<td>.12</td>
</tr>
<tr>
<td>Ibuprofen &amp; reduced pain</td>
<td>.14</td>
</tr>
<tr>
<td>Mammogram &amp; cancer detection</td>
<td>.27</td>
</tr>
<tr>
<td>Cog-behavioral treatment &amp; reduced recidivism</td>
<td>.29</td>
</tr>
<tr>
<td>Evidence-based treatment &amp; reduced recidivism</td>
<td>.30</td>
</tr>
<tr>
<td>Antisocial attitudes/companions &amp; recidivism</td>
<td>.18-.39</td>
</tr>
<tr>
<td>Targeting criminogenic needs &amp; reduced recidivism</td>
<td>.55</td>
</tr>
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Targeting Criminogenic Need: Results from Meta-Analyses

A RNR Assessment identifies offender risk level AND obtains information about criminogenic need areas.

High Risk offenders need MORE treatment and supervision to DECREASE their likelihood of recidivism.

Low Risk offenders need LESS treatment and supervision to DECREASE their likelihood of recidivism.

1. Anti-Social Attitudes
2. Anti-Social Peers
3. Anti-Social Personality Pattern
4. History of Anti-Social Behavior
5. Family / Marital Issues
6. Lack of Achievement in Education and Employment
7. Lack of Pro-social Leisure Activity
8. Substance Abuse
“People involved in the justice system have many needs deserving treatment, but not all of these needs are associated with criminal behavior.”

Non-Criminogenic Needs

- Self-Esteem
- Anxiety
- Lack of parenting skills
- Medical needs
- Victimization issues
- Learning disability
Although NOT criminogenic risk factors, they are important to consider for effective assessment and treatment planning. They may need to be addressed before or concurrently along with criminogenic needs in treatment since they may represent a barrier to effective participation in treatment otherwise.
Question?

- What is the impact of R-N classification on supervision and treatment in your jurisdiction?

- How does your jurisdiction use R-N to respond to minor & major violations?
Risk Principle tells us WHO to target …

Need Principle tells us WHAT to target …

… so now HOW do we do it?
Service strategy (treatment + supervision) should employ behavioral approaches (cognitive behavioral and social learning) that are proven effective with your offender population (gender, race, laws, sentencing guidelines, revocation criteria, etc...).

Certain treatment strategies, such as cognitive-behavioral methodologies and motivational interviewing techniques have consistently produced reductions in recidivism with offenders under rigorous research conditions.
Cognitive Behavioral Therapy

• CBT treats emotional and behavioral disorders as maladaptive *learned responses* that can be replaced by healthier responses which are new learned responses.

• Effective interventions are action-oriented, using behavior modification cognitive change techniques
  • Behavioral homework assignments and journal keeping
  • Rehearsal of productive thinking patterns
  • Modeling of coping skills followed by rehearsal, then coaching
  • Skill practice
Adherence to Risk, Need, General Responsivity by Setting: Community Based versus Residential Programs

Responsivity Principle - Specific

Identification of specific individual factors that might influence the effectiveness of treatment services

- Anxiety
- ADHD
- Motivation Level
- Gender
- Reading Level / ESL
- Language
## Examples of Specific Responsivity

<table>
<thead>
<tr>
<th>Motivation Level</th>
<th>Pre-contemplative</th>
<th>Contemplative</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
<th>Cognitive/Intellectual Deficits</th>
<th>Low intelligence</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Learning disability</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Poor verbal skills</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Language deficits</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Personality Characteristics</th>
<th>Psychopathy</th>
<th>Inter-personal anxiety</th>
<th>Depression</th>
<th>Mental Illness</th>
<th>Self-esteem</th>
<th>Poor social skills</th>
<th>Demographic Variables</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Socioeconomic status</th>
</tr>
</thead>
</table>

Bonta, 1995; Van Hooris, 1997
Mental Illness as a Responsivity Factor

Mental illness is not a strong predictor of criminal behavior

• Mental health issues can significantly affect an individual’s responsivity to interventions targeting criminogenic risk factors.
  – An “effective treatment plan should address responsivity issues that create barriers to successful program participation
Question?

- What R-N-R tool does your jurisdiction use?
- At what stage in the justice process is your R-N-R tool used?
What Doesn’t Work to Reduce Recidivism (Not Research Supported)

- Targeting low risk offenders
- Targeting non-criminogenic needs
- Shaming offenders
- Punishment sanctions only
- Shock incarceration/Scared Straight
- Insight-oriented psychotherapy
- Home detention if electronic monitoring only
- Outward Bound program models
- Teen Challenge/D.A.R.E./self-discipline programs
- Routine probation supervision practices
- Intensive Supervision Probation without appropriate services
- Fostering positive self-regard (self-esteem)
Average Effects of Punishing Smarter Programs on Recidivism: Results from Meta Analyses

Supervision Philosophy

Risk Containment

VS

Risk Reduction
Risk Containment

- Focuses on preventing all criminal activity and violations while under supervision
- “Stay off the front page” style of supervision
- Challenge: What about after supervision has ended?
- Challenge: Is this actually possible?
Risk Reduction

- Focuses on reducing the number and severity of criminogenic (dynamic) needs both during and after supervision

- Challenge: Offenders not on supervision long enough for sufficient treatment dosage & duration

- Challenge: Not enough treatment available

- Challenge: Political and administrative support
How does your jurisdiction’s supervision philosophy impact use of your R-N-R tool?
Lagnappe

A Brief History of Assessments
First Generation

• Based on Professional Judgment
  — Unreliable, inaccurate
  — Not helpful for case management
Second Generation

- Better at predicting risk than First Generation
- Based on historical / static items
- Unable to show change post-treatment
Third Generation

- Assessed offender needs as well as risk level
- Included dynamic / changeable items
- Theoretically based
- Capable of re-assessment
Fourth Generation

- Include identification of offender strengths
- Assess offender responsivity factors
- Include particular non-criminogenic needs
- Stress the integration of assessment results into treatment / case planning, review and interventions
Most Commonly Used 4th Generation Risk / Need / Responsivity Assessment Instruments

- Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
- Static Risk and Offender Needs Guide (STRONG)
- Ohio Risk Assessment System (ORAS)
- Level of Service / Risk, Need, Responsivity (LS/RNR)
- Level of Service / Case Management Inventory (LS/CMI)
- Youth Level of Service / Case Management Inventory (YLS/CMI)
When choosing a RNR Assessment Instrument, make sure:

• It actually DOES assess risk level, identify criminogenic needs and specific responsivity factors
• Has a user’s / scoring manual and offers training in the administration and interpretation of results
• Is normed on the population it is being administered, and preferably in the same setting
When choosing a RNR Assessment Instrument, make sure:

- It is “user-friendly”
- Permits re-assessment to show change
- Demonstrates inter-rater reliability: two different staff members would score the same offender reaching the same / similar scores
- Is valid for all offender types regardless of gender, ethnicity, race, offense type, state, region or country