

Risk-Need-Responsivity Theory and Case Management for Drug Courts

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Center for Court Innovation



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Justice reform through:



National Training and Technical Assistance

- BJA's statewide drug court TTA provider
- Community courts implementation and TA
- Procedural justice
- Veterans treatment court pilot projects
- Tribal justice
- Treatment Courts Online (www.treatmentcourts.org)
- Prosecutor led diversion TA

What we'll cover today

- Risk need responsiveness theory
- Why is it important to measure risk?
- Implementing risk need tools
- Tying risk assessment to case management

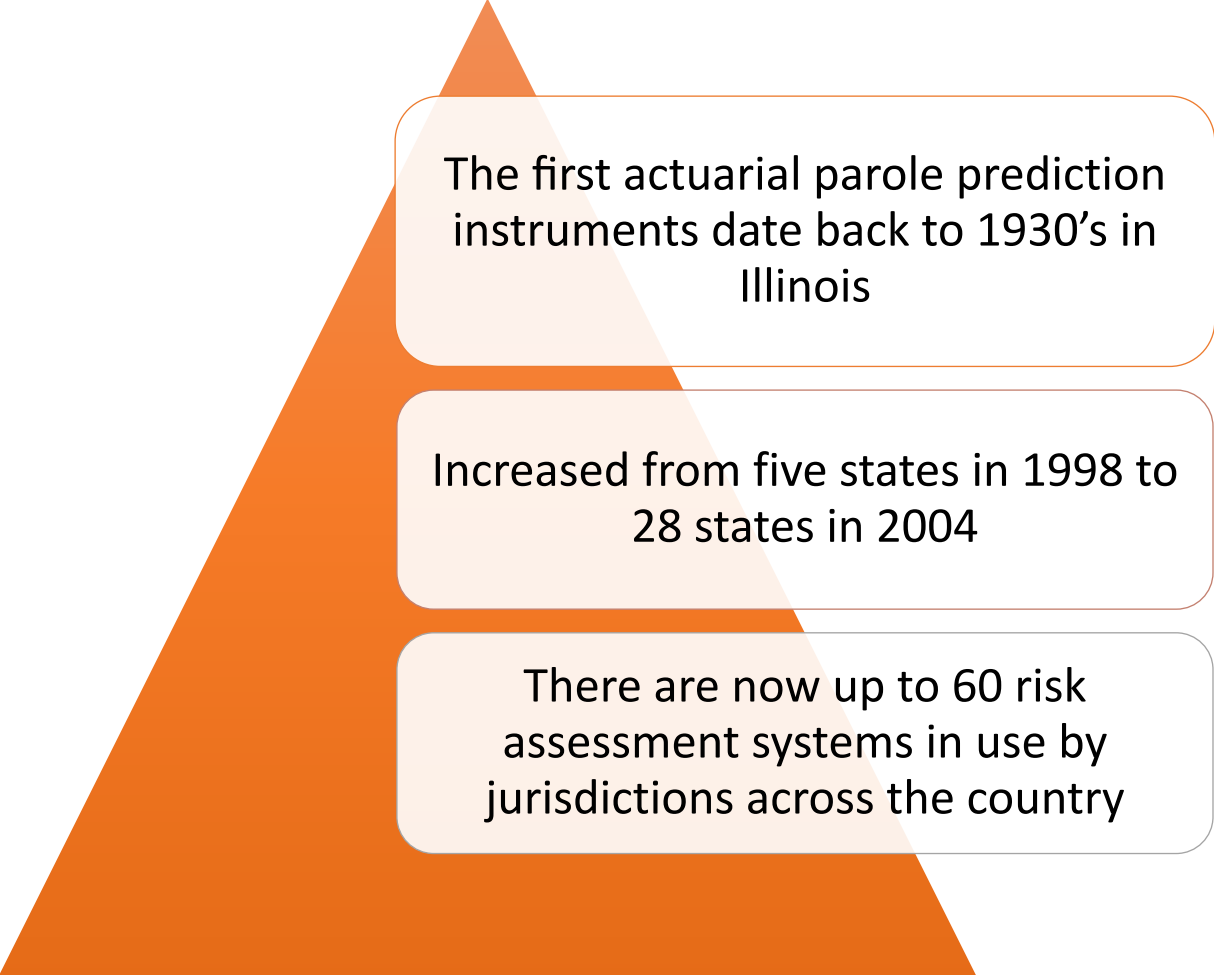
What is a “risk need assessment tool”?

- Risk and needs assessment instruments typically consist of a series of items used to collect data on behaviors and attitudes that research indicates are empirically related to the risk of recidivism

Who uses risk needs assessment tools in the criminal justice system?

- Pretrial detention agencies
- Prosecutors' offices
- Sentencing courts
- Accountability courts
- Probation and parole agencies
- Prison and jail systems

The rise of risk assessment in criminal justice



The first actuarial parole prediction instruments date back to 1930's in Illinois

Increased from five states in 1998 to 28 states in 2004

There are now up to 60 risk assessment systems in use by jurisdictions across the country

RISK NEED RESPONSIVITY THEORY



Risk-need-responsivity theory in a nutshell

- A model of crime prevention rooted in behavioral psychology (primarily social learning theory)
- Composed of three core principles (risk, need, and responsivity)
- Grounded in three decades of research suggesting that rehabilitation, and consequently recidivism reduction, is achievable through appropriate intervention.

“Nothing Works”  “What Works?”

The three core principles

Risk Principle: Who to target

- Criminal behavior can be predicted
- Intervention is most effective with higher-risk individuals

Need Principle: What to target

- Assess and target “criminogenic” needs (i.e. needs that fuel criminal behavior)

Responsivity Principle: How to intervene

- Use interventions tailored to the needs, characteristics, learning styles, motivation, and cultural background of the individual.

Disregarding the risk and need principles...

- ▶ Best case scenario: Depletion of scarce resources
- ▶ Worst case scenario: Inappropriate treatment and/or increased risk of recidivism for previously low-risk offenders



Defining risk

While relevant to decision-making...

- Risk ≠ clinical severity
- Risk ≠ current charge

And in most risk assessment tools...

- Risk ≠ flight risk
- Risk ≠ failure to appear (FTA)
- Risk ≠ violence

} There are specialty tools that predict these things

Here, risk =

- Likelihood of re-arrest for any charge

Usually within the next six months to one year...

The “Big Four” Risk Factors

Criminal history

Antisocial personality pattern

Antisocial cognition (“criminal thinking”)

Antisocial associates (“criminal networks”)

More on Criminal Thinking

- **The concept:** Thoughts, attitudes, and decision-making strategies that dispose individuals to crime
- **Examples:**
 - Legal cynicism
 - External locus of control
 - Anger and impulsivity
 - Neutralizations (excuses)
- **Effective Treatments:**
 - Thinking for a Change (T4C)
 - Moral Reconciliation Therapy (MRT)
 - Reasoning and Rehabilitation (R&R)
 - Interactive Journaling

The “Moderate Four” Risk Factors

Family or marital problems

School or work problems

Lack of pro-social leisure/recreational activities

Substance abuse

Other risk factors with strong empirical support

- Residential instability: homelessness and mobility
- Younger age (*static*): crime peaks in late teens
- Male sex (*static*): men are higher risk than women

What's a risk and what's a need?

The terms “risk” and “need” are often used interchangeably and the term “criminogenic need” is used without being fully defined.

- A *criminogenic need* is simply a risk factor amenable to change. They are sometimes referred to as “dynamic risk factors.”
 - There are many needs but not all are criminogenic.
- Criminal history and demographics are the only truly “static” risk factors.

Non-criminogenic needs

- **Examples of non-criminogenic needs:**
 - Trauma history
 - Depression, anxiety, and other mental health disorders
 - Low self-esteem
 - Medical needs

- **Why assess and treat?**
 - Ethical reasons (affects individual well-being)
 - Can interfere with treatment for criminogenic needs (trauma especially should be treated simultaneously)

Wait...mental illness is *non-criminogenic*?

- According to risk-need-responsivity theory, there is no causal link between mental illness and recidivism.
- That said, the disproportionate representation of incarcerated mentally ill offenders is well documented.

So where is the disconnect?



Mental Illness and RNR


- Even though mental illness is not a “central” risk factor, addressing mental illness is considered crucial to ensuring successful rehabilitation and risk reduction.
 - This makes it a *responsivity* factor!
- Because mental health problems are prevalent in justice-involved groups, it continues to be of central importance in RNR research and practice.



WHY IS IT IMPORTANT TO MEASURE RISK?



The risk principle



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close to 400
studies!

The risk principle tells us that we should assess for risk and vary the intensity of intervention (treatment & supervision) by risk level.

- Higher risk: Provide more intensive intervention.
- Lower risk: Intervention can be harmful. **Why?**
 - ▶ Interferes with work or school
 - ▶ Increases contact with higher-risk peers
 - ▶ Can stigmatize and produce psychologically damaging effects

Risk-based decision-making in the courtroom

- **Minimal or low risk**: *Off-ramp ASAP* (e.g., pretrial release; conditional discharge). Beware of net-widening!
- **Moderate-to-higher risk**: *Supervision or treatment* at appropriate intensity (e.g., supervised release pretrial and alternatives to incarceration post-adjudication).
- **Moderate-high or high risk for violence**: Incarceration *if* unable to supervise safely (e.g., pretrial detention).

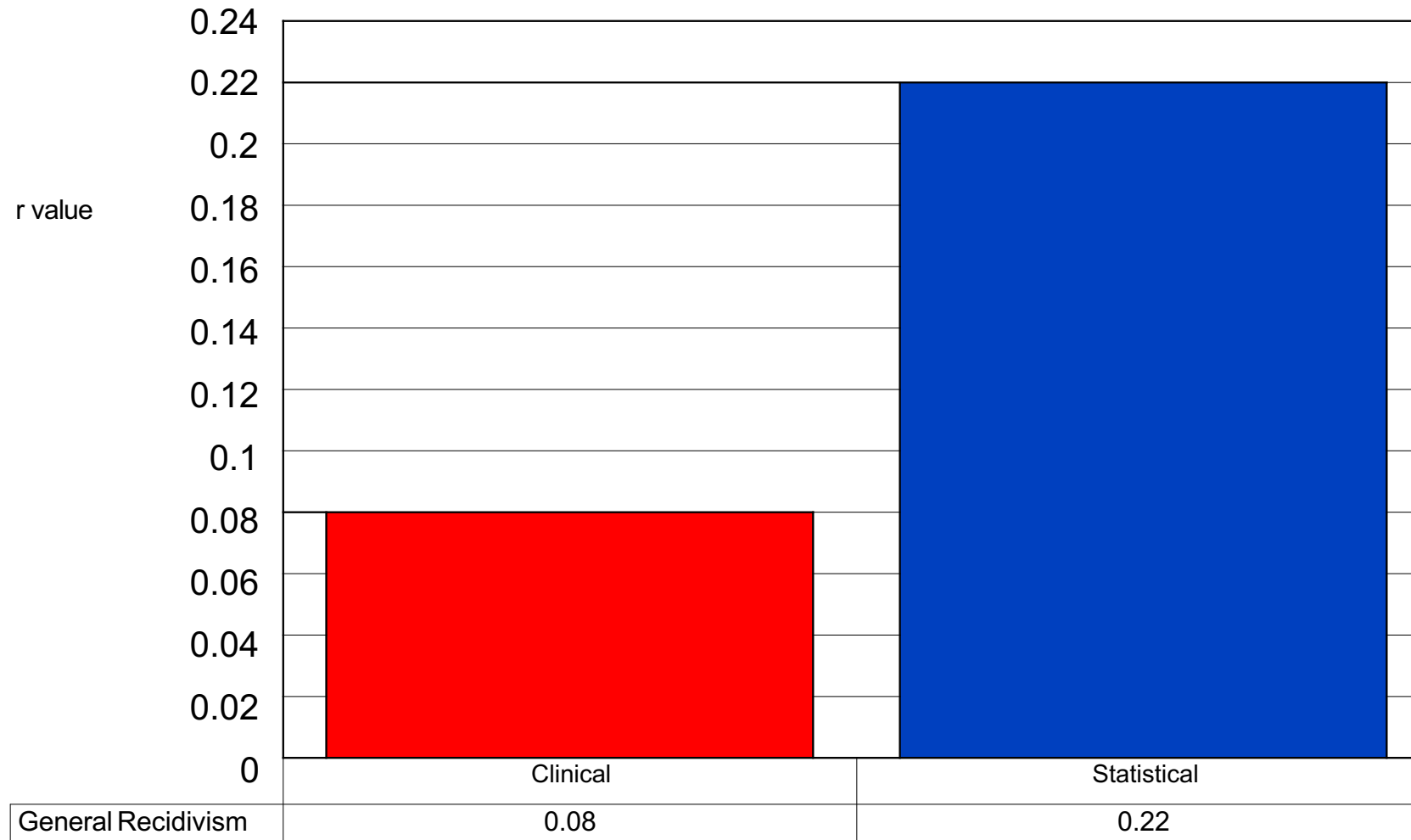
Jail increases risk

- The harm of intensive intervention to lower-risk individuals is magnified when *jailing* them.
 - Jail is the most intensive and disruptive intervention of all; AND
 - The default in many jurisdictions.
- Research generally shows that incarceration increases the likelihood of re-arrest after release—but this relationship applies especially at lower risk levels.

IMPLEMENTING RISK NEED TOOLS



Clinical v. Actuarial Prediction



Goggin, C.E. (1994). Clinical versus Actuarial Prediction: A Meta-analysis . Unpublished manuscript. University of New Brunswick, Saint John, New Brunswick.

Does one size fit all when assessing for risk?

Yes...No...*Maybe*

- RNR has historically been studied in general felony or “serious” offender populations
- While most research to date has found that the “central 8” predicts recidivism across subgroups, the study of RNR in offender subgroups remains an important field of inquiry.
 - E.g., low-level offenders, youth, women, racial/ethnic minorities, veterans
- That said, the principles of RNR apply across contexts.



Risk tools

Comprehensive Risk Needs Tools

- The Level of Services Inventory- Revised
- The Level of Services Inventory- Case Management Inventory
- The COMPAS
- The Ohio Risk Assessment System
- The RANT (Risk and Need Triage)

Short RNR Screeners

- The Criminal Court Assessment Tool

Risk of Failure to Appear Screeners

- The Arnold Public Safety Assessment
- Virginia Pretrial Risk Assessment Instrument

Needs tools

Some specific needs screeners

- Texas Christian University Drug Screen (TCUDS)
- Addiction Severity Index 2
- GAIN Short Screener (GAIN-SS) 2
- Brief Mental Health Jail Screen 2
- Texas Christian University Trauma Form
- Trauma Symptom Checklist 2
- Texas Christian University CTS

Common measurements for risk factors

Risk Factor	Common Measures
Criminal History	Prior adult and juvenile arrests; Prior adult and juvenile convictions; Prior failures-to-appear; Other currently open cases; Prior and current charge characteristics (e.g., presence of firearms, violence, drug charges, etc.)
Demographics	Younger age; Male gender.
Antisocial Attitudes	Patterns of antisocial thinking, which typically reflect the following primary constructs: (1) Lack of empathy; (2) Externalization of blame; (3) Entitlement; (4) Attitudes supportive of violence
Antisocial Personality Pattern	Impulsive behavior patterns; Lack of consequential thinking
Criminal Peer Networks	Peers involved in drug use, criminal behavior and/or with a history of involvement in the justice system

Common measurements for risk factors

Risk Factor	Common Measures
School or Work Deficits	Poor past performance in work or school (lack of a high school diploma; history of firing or suspension); Alienation from informal social control via work or school (e.g., chronic unemployment)
Family Dysfunction	Unmarried; Recent family or intimate relationship stress; Historical lack of connection with family or intimate partner
Substance Abuse	Duration, frequency and mode of current substance use; History of substance abuse or addiction; Self-reported drug problems
Leisure Activities	Isolation from pro-social peers or activities
Residential Instability	Homelessness; Frequent changes of address

Looking under the hood

1. Tools are typically based on the central 8 risk factors
2. Additional questions might be added
 - e.g., more specific criminal background questions depending on the context and purpose of the assessment
3. Empirical analysis conducted to assess the statistical association of each selected factor on the outcome of interest (e.g., re-arrest over a certain time period); item “weights” established based on the relative strength of each risk factor in actually predicting recidivism
4. Risk categories created based upon logical “cut points” in the scoring
5. Validation of pilot version

Looking under the hood

- Validity: A tool is “validated” when...
 - The scores and categories it produces are shown to be statistically associated with recidivism.
- Accuracy: Even among validated tools, some are more accurate than others.
 - Some tools are less likely to misclassify (produce “false positives”).
 - The AUC statistic measures accuracy. Higher than .7 is good by industry standards.

Choosing a tool

- The simplest tools rely exclusively on criminal records (no defendant interview required)
- Others add a short defendant interview, integrating the results into a single risk score
- Still other tools constitute more comprehensive risk and need assessments that require a long interview
 - Beyond risk classification, these longer tools offer the benefit of assessing the severity of criminogenic needs

Implementing risk need tools

- Establish a shared understanding of the ultimate intent behind risk classification.
 - How will the instrument be used?
 - At what point in the process?
 - To achieve which goals?
- In most cases, successful implementation of a formal risk assessment will require collaboration from multiple stakeholders, including judges, prosecutors, defense attorneys, and others

TYING RISK ASSESSMENT TO CASE MANAGEMENT

Use risk scores to inform...

- Intensity of supervision
- Frequency of court appearances
- Intensity of services, while taking into account legal leverage and needs assessment

Legal Leverage

Risk of Re-offense

	High (Over 30 Days Jail)	Low (30 Days Jail & Under)
High	<p>High Risk & High Leverage</p> <ul style="list-style-type: none"> • Menu of mid-length interventions: <ul style="list-style-type: none"> • CBT models, e.g., T4C, MRT • Social services (e.g., employment, GED, etc.) • Trauma-focused models (e.g., Seeking Safety) • Intensive supervision (e.g., Hawaii HOPE) • Treatment court programs, e.g., drug court, mental health court, hybrid models • Voluntary social & clinical services 	<p>High risk & Low Leverage</p> <ul style="list-style-type: none"> • Brief interventions (e.g., RJ, a 3- or 5- session intervention based on PJ principles, CBT, and trauma-informed practices) • Menu of rolling interventions, 6 sessions+ <ul style="list-style-type: none"> • Exact # of mandated sessions responsive to “going rates”/legal proportionality • Approximates the mid-length intervention models available for high risk & high leverage (e.g., MRT) • Voluntary social & clinical services
Low	<p>Low Risk & High Leverage</p> <ul style="list-style-type: none"> • Evidence-informed community-supervision model (e.g., the NYC supervised release model) <ul style="list-style-type: none"> • Individual sessions (to avoid peer contagion effects) • Incorporate a range of practices (e.g., procedural justice principles, Motivational Interviewing) • Voluntary social & clinical services 	<p>Low Risk & Low Leverage</p> <ul style="list-style-type: none"> • Meaningful community service, with sites selected in collaboration with community-based organizations • Brief educational groups (1- or 2-session models) • Voluntary social & clinical services

Risk Level	RNR Supervision Level
Low Risk	<ul style="list-style-type: none"> • Court 1x week for four weeks, every other week for next month, monthly thereafter • Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance) • 9-12 month term of participation
Moderate Risk	<ul style="list-style-type: none"> • Court 1x week for four weeks, every other week for next month, monthly thereafter • Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance) • 12-15 month term of participation
High Risk	<ul style="list-style-type: none"> • Court 1x week for three months, every other week for next month, monthly thereafter • Probation (in person) weekly for first 3-4 months, then less frequently as indicated • 15-18 months term of participation
Very High Risk	<ul style="list-style-type: none"> • Court 1x week for four months, every other week for next month, monthly thereafter • Probation (in person) weekly for first 6 months, then less frequently as indicated • 18-24 month term of participation

You CAN try this at home!

Risk	Supervision Levels		
	Court Appearances	Case Management	Length of Mandate
Low			
Moderate			
High			

Thank you!

Questions? Technical assistance?

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