

A Focus on Risk & Needs Assessment Tools

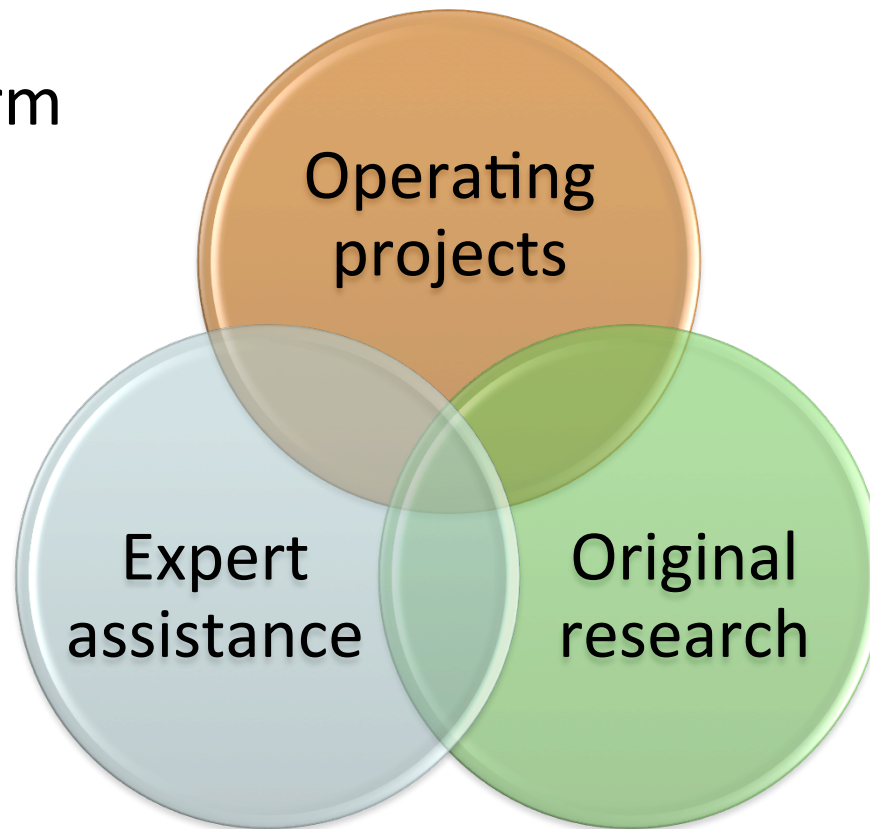
Annie Schachar

Deputy Director, Treatment Court Programs

Center for Court Innovation

Center for Court Innovation

Justice reform
through:



Treatment Court Training and Technical Assistance

BJA's statewide drug court T/TA provider

Statewide
strategic
planning

Statewide
training
strategy

Evidence-
based
practices

National
Drug Court
Online
Learning
System

Peer
assessment
and peer-
facilitated
learning

Teleservices
pilot
projects

What we'll cover today

- ▶ Background of risk-need-responsivity theory & the rise of risk assessment in the criminal justice system
- ▶ A closer look at “risk” and “needs”
- ▶ How to apply risk-need-responsivity theory
- ▶ Available tools
- ▶ Controversies

INTRODUCTION TO RISK NEEDS TOOLS

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 related to the risk of recidivism.


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

- ▶ Pretrial detention agencies
- ▶ Sentencing courts
- ▶ Specialty courts
- ▶ Probation and parole agencies
- ▶ Prison and jail systems
- ▶ Parole boards

The Rise of Risk Assessment in Criminal Justice

- ▶ The first actuarial parole prediction instruments date back to 1930s in Illinois.
- ▶ Increased from 5 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 in a Nutshell

- ▶ A model of crime prevention rooted in behavioral psychology (primarily social learning theory)
- ▶ Composed of three core principles
- ▶ Grounded in three decades of research and a major influence in the resurgence of the rehabilitative model in corrections.
 - “Nothing Works”  “What Works?”

Risk-Need-Responsivity Theory: 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 (ie. 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...

...here's the risk:

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



UNDERSTANDING RISKS AND NEEDS

Defining Risk

While relevant to decision-making...

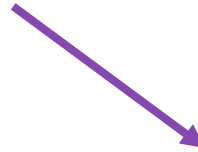
- ▶ Risk ≠ Clinical Severity
- ▶ Risk ≠ Current Charge

And in most risk assessment tools....

- ▶ Risk ≠ Flight Risk
- ▶ Risk ≠ Failure to Appear (FTA)
- ▶ Risk ≠ Violence


Here, Risk =

Likelihood of re-arrest for any charge.



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

The Risk Principle



Supported by
close to 400
studies!

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

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
- ▶ **Effective Treatments:** Thinking for a Change (T4C); Moral Reconciliation Therapy (MRT); Reasoning and Rehabilitation (R&R); and Interactive Journaling

Examples:

- ▶ Legal Cynicism: Negative views of the law and authority
- ▶ External locus of control: Holding others responsible
- ▶ Anger and Impulsivity: Poor decision-making skills
- ▶ Neutralizations (excuses): Blaming the victim; minimizing harm; blaming the “system”; believing crime is inevitable

The “Moderate Four” Risk Factors

Family or Marital Problems

School or Work Problems

Lack of Pro-Social Leisure/Recreational Activities

Substance Abuse (Substance abuse? Did they say *moderate*?!)

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 treatment 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?

Remember

Risk Principle → **Assess** for risk & base intervention intensity on risk level.



Risk-Based Decision-Making in the Courtroom

- ▶ **Minimal or Low Risk**: *Off-ramp* ASAP (e.g., pretrial release [ROR]; conditional discharge).
- ▶ **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.

Examples

Negative Effects of Short-term Incarceration

NYC:

- ▶ Net of other background factors, sentencing to jail **increases two-year re-arrest rate by 7 percentage-points.**

Effects are strongest in the low-risk population

Kentucky:

- ▶ When detained for 2-3 days, defendants were **40% more likely to commit a new offense pretrial.**

Kansas:

- ▶ Defendants who spent 15-30 days in jail pretrial had an **83% higher likelihood of a post-disposition offense.**

		High (Over 30 Days Jail)	Low (30 Days Jail & Under)
Risk of Re-Offense	High	High Risk & High Leverage <ul style="list-style-type: none"> Menu of mid-length interventions: <ul style="list-style-type: none"> ➤ Cognitive-behavioral therapy (CBT) models, e.g., T4C, MRT; ➤ Social services (e.g., employment, GED, etc.); ➤ Trauma-focused models (e.g., Seeking Safety); and/or ➤ Intensive supervision (e.g., HOPE) Treatment court programs, e.g., drug court, mental health court, hybrid models Voluntary social & clinical services 	High Risk & Low Leverage <ul style="list-style-type: none"> Brief interventions (e.g., Restorative Justice, a 3- or 5-session intervention based on procedural justice 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	Low Risk & High Leverage <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); ➤ Incorporates a range of practices (e.g., procedural justice principles, Motivational Interviewing) Voluntary social & clinical services 	Low Risk & Low Leverage <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 NEED ASSESSMENT TOOLS

Does one size fit all when assessing for risk?



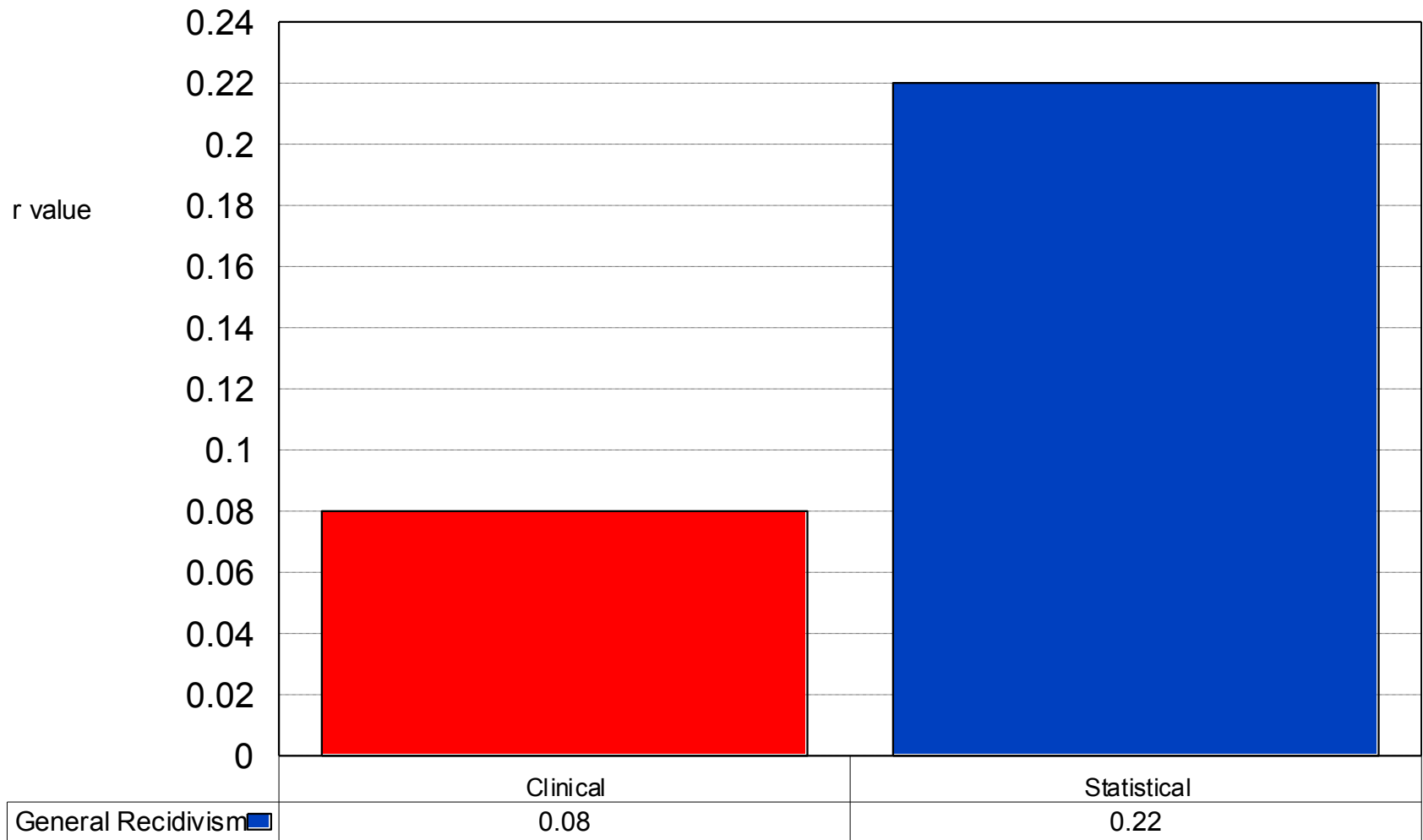
Yes...No...*Maybe*

- ▶ 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.
- ▶ That said, the principles of RNR apply across contexts.

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.

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.

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

Static Risk Screeners

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

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

CRITIQUES

Some criticisms of RNR theory

- ▶ Making judgments about individuals based on group tendencies
 - ▶ This has been vigorously contested
- ▶ Should risk be assessed separately from need?
 - ▶ Argument that the inclusion of dynamic risk factors has diluted the ability of assessment instruments to classify cases accurately
- ▶ Potential for discriminatory effects
 - ▶ It is also possible that minorities might score higher on risk and needs assessments because elevated exposure to racial discrimination, and social inequality

Thank you!

Questions? Technical assistance?

Annie Schachar

Deputy Director, Treatment Court Programs
aschachar@nycourts.gov

