EBP Part I: Moving from Risk Assessment to Risk Supervision: “Responsivity” and Evidence-Based Criminogenic Interventions

SAMHSA BHTCC Cross-Site TA
Albany, New York, February 23, 2015

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Lifetime Treatment History among Arrestees (ADAM II: 2007-2010; n = 18,421)

(Hunt, Peters, & Kremling, in press)
Risk Assessment

- **Goals:** Select offenders with “high risk/high need” to engage in intensive services; identify low risk offenders for less intensive services.
- ‘**Static’ factors** (e.g., criminal history)
- ‘**Dynamic’ or changeable factors** - targets of interventions in the criminal justice system.
Interventions should Target Dynamic Risk Factors

“People involved in the justice system have many needs deserving treatment, but not all of these needs are associated with criminal behavior”

Risk Assessment Instruments

- Historical-Clinical-Risk Management - 20 (HCR-20)
- Level of Service Inventory - Revised – Screening Version (LSI-R-SV)
- Ohio Risk Assessment System (ORAS)
- Psychopathy Checklist - Screening Version (PCL-SV)
- Risk and Needs Triage (RANT)
- Short-Term Assessment of Risk and Treatability (START)
- Violence Risk Scale (VRS): Screening Version
Monograph Reviewing Risk Assessment Instruments

Using Risk Assessment to Guide Implementation of EBPs

- **Goal** is to **match level of services** to risk level
- **Improved outcomes** if focus on moderate to high risk offenders
  - Providing intensive treatment and supervision for low risk offenders can **increase recidivism**
  - Mixing risk levels is contraindicated
- **Higher risk offenders** require greater structure, and **more intensive treatment and supervision**
Translating Risk Assessment to Service Planning

- Target areas of **high need** related to dynamic risk factors
- **Treatment and supervision plans** should be aligned to focus on areas of high needs
- **Readminister risk assessment**
  - Frequency depends on setting and opportunity for change
  - Revise service goals, incentives and sanctions
Focus on “High Needs” Related to Recidivism

Example: Substance use disorders

- Higher severity requires higher level of treatment intensity
- Offenders with low severity problems may not require treatment
- Mixing persons with high and low treatment needs is contraindicated
- Structured interventions compete with other prosocial activities for low need offenders
Adjusting Services to Match the Level of Offenders’ Risk and Need

- **Example:** High Risk/High Substance Abuse Needs
  - **Intensive outpatient treatment** (4-5x week), residential treatment
  - **Longer duration** of treatment & supervision
  - ‘Criminal thinking’ groups
  - **More frequent supervision** (status hearings, home visits, etc.)
  - **More frequent drug testing**
  - **Proximal goals:** Engage in SA treatment and other services to address criminal risk factors
Creating Differentiated Tracks for Co-Occurring Disorders (CODs)

- **Treatment Tracks**
  - Specialized residential COD treatment
  - Intensive outpatient COD treatment
  - COD track within drug court

- **Supervision Tracks**
  - High intensity supervision (focus on dynamic risk factors, frequent judicial hearings, drug testing, home visits, etc.)
  - Medium intensity supervision (regular monitoring, case management)
Neglected “Needs” Related to Recidivism Reduction

- Criminal attitudes and beliefs
- Criminal peer networks
- Family/social relationships
- Education
- Employment
- Developing leisure skills
- What about mental health treatment?
Offenders with Mental Illness have High Levels of Criminogenic Risk

Key Criminogenic Risks
- Antisocial attitudes and beliefs
- Antisocial peers
- Antisocial personality features
- Substance use disorders
- Family/marital problems
- Lack of education
- Poor employment history
- Few prosocial/leisure skills

Skeem, Nicholson, & Kregg (2008), National Reentry Resource Center, 2012
Responsivity – Key Areas

Strategies to **tailor treatment and supervision** to help offenders engage in evidence-based interventions that address dynamic risk factors:

- Mental health treatment/specialized COD services
- Trauma/PTSD services
- Gender-specific treatment
- Motivational enhancement techniques
- Address language and literacy issues
- Use of cognitive-behavioral approaches
Responsivity – Court and Supervision Approaches for CODs

- **Specialized caseloads** – SMI/CODs (smaller, more intensive services)
- Focus on **relationship quality** (trust, caring-fairness, avoid punitive stance) – “firm but fair”
- **Problem-solving** vs. punitive approach
  - Flexibly apply sanctions
  - Avoid sanctions that remove participants from treatment
  - Higher revocation threshold
- **Active engagement in treatment**
- **Improved outcomes** (e.g., reduced revocations, arrests)
Considerations in Implementing Risk Reduction Interventions

- **Staff training** in RNR model, CODs, and EBPs
- **Integrated screening and assessment** approach - focused on offender risk/need and CODs
- **Monitoring fidelity** of treatment and supervision
- **Individualizing service plans** to address areas of high needs, reassessing risk, and updating plans