

Risk-Need-Responsivity: A Foundation for Evidence-Based Justice Decisions

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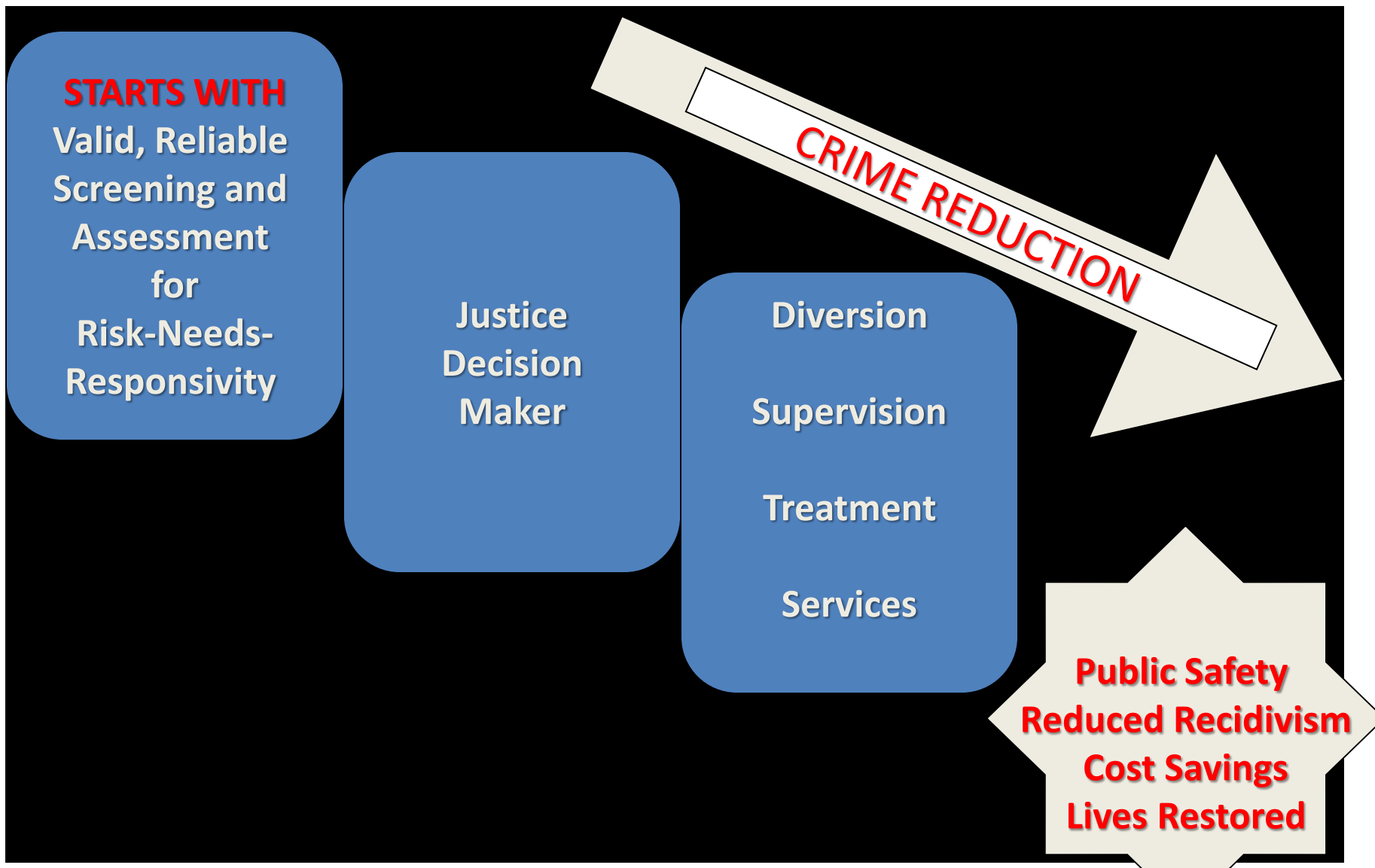
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TCU Tools, Supervision of the SUD Offender, Civic Reentry**

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Review from Part One

- **Understand the RNR principles in more detail**
- **Understand the difference between static and dynamic risk**
- **Learn who to target for various types of interventions and why**



Poll Question

- **What make's a person low risk?**
 - No violence in their background
 - Bail is under \$5000
 - Engaged in pro-social activities
 - No heavy substance abuse history

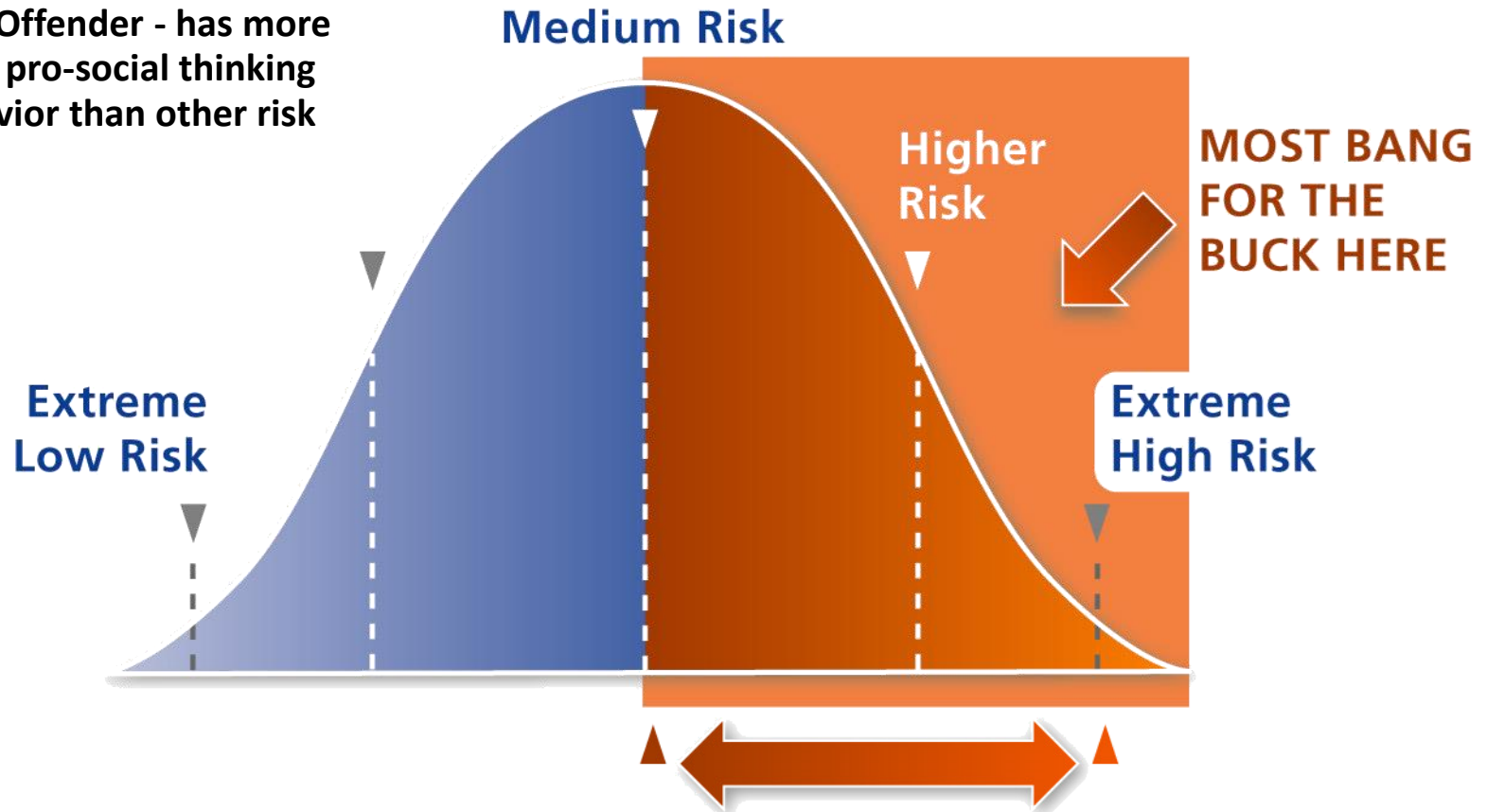
Poll Question Answer

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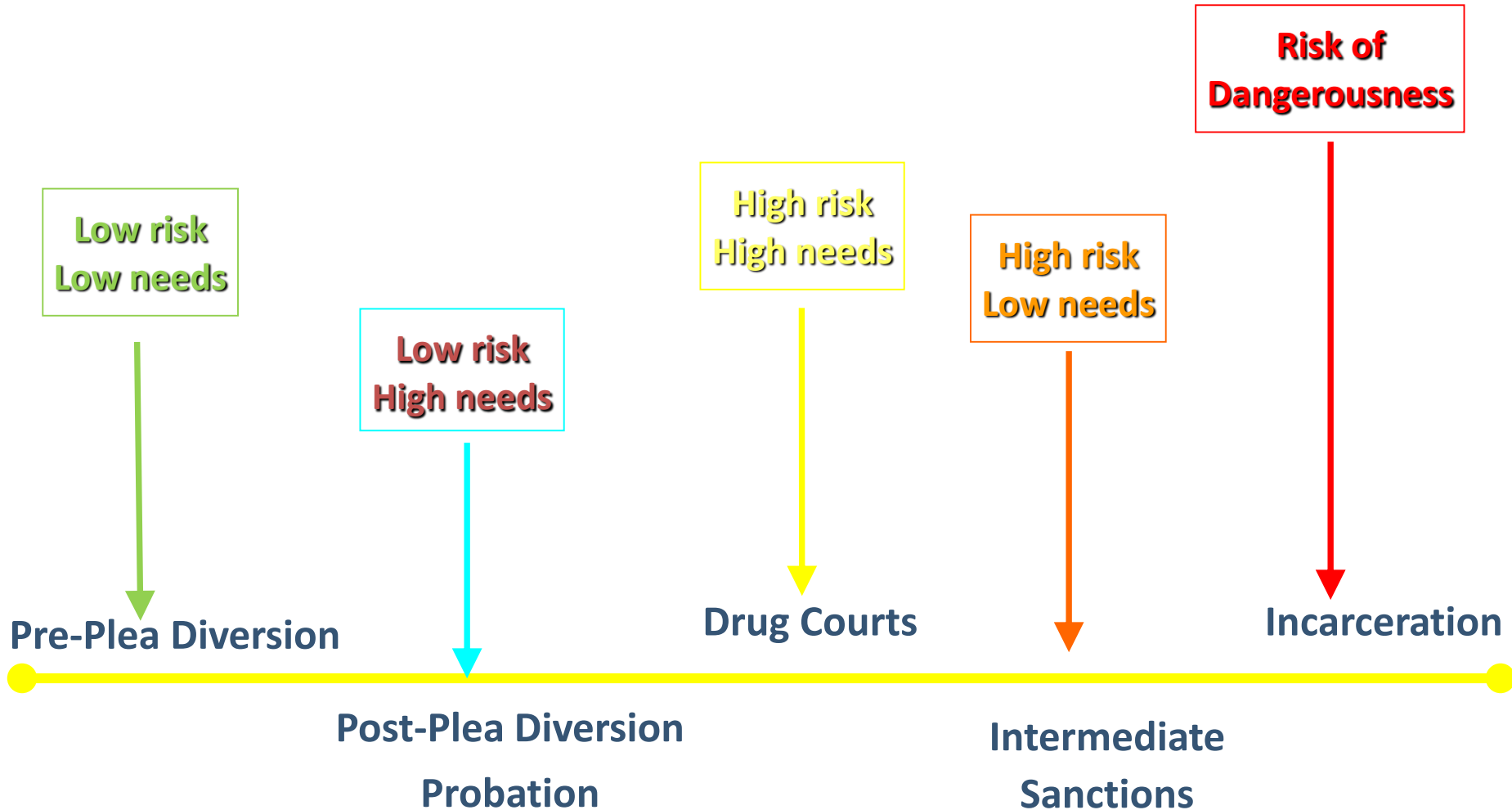
R-N-R “Bang for Buck” Proposition

Allows a focus on most critical offenders

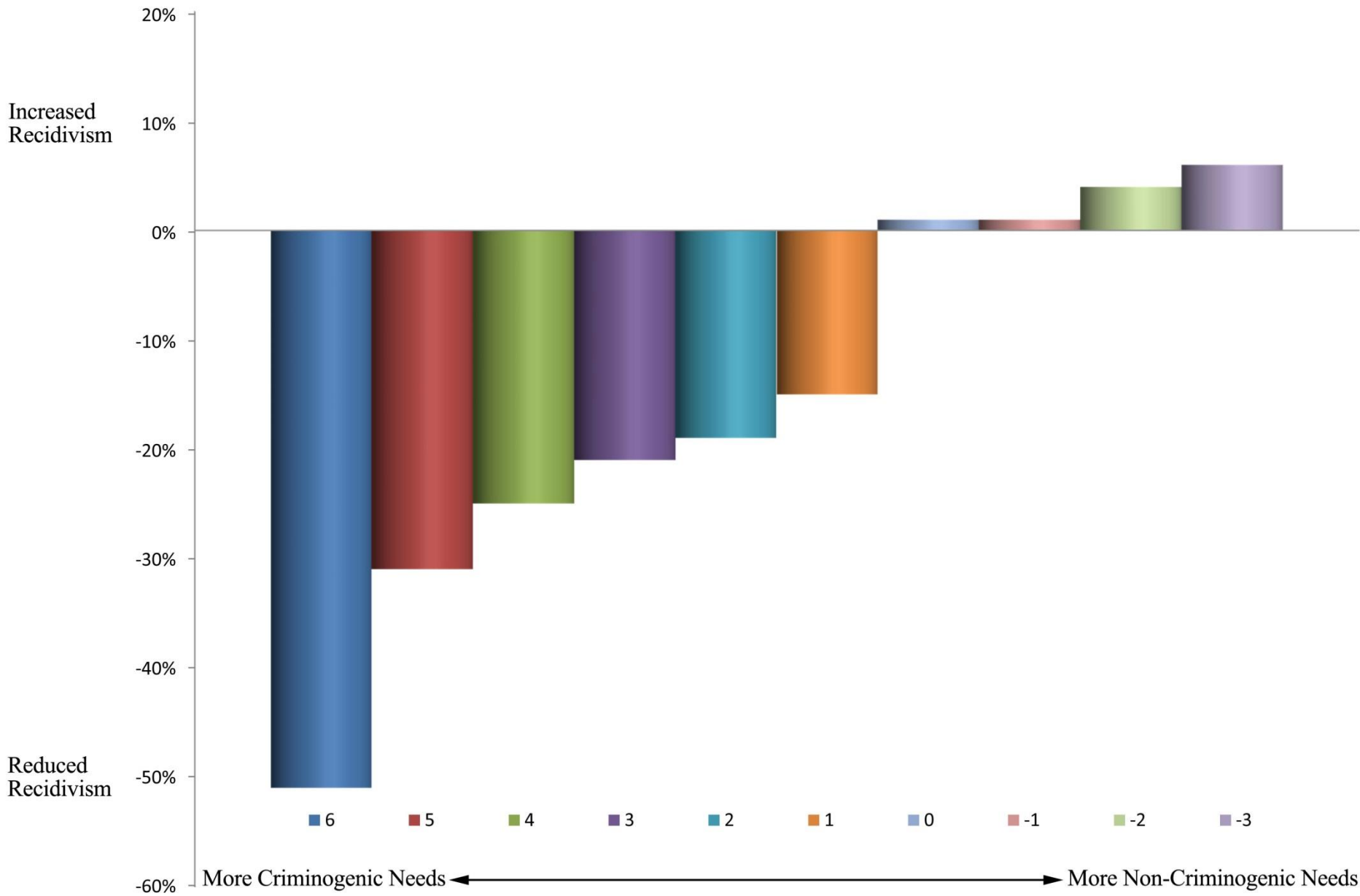
Low Risk Offender - has more favorable pro-social thinking and behavior than other risk levels.



Justice Decision Continuum

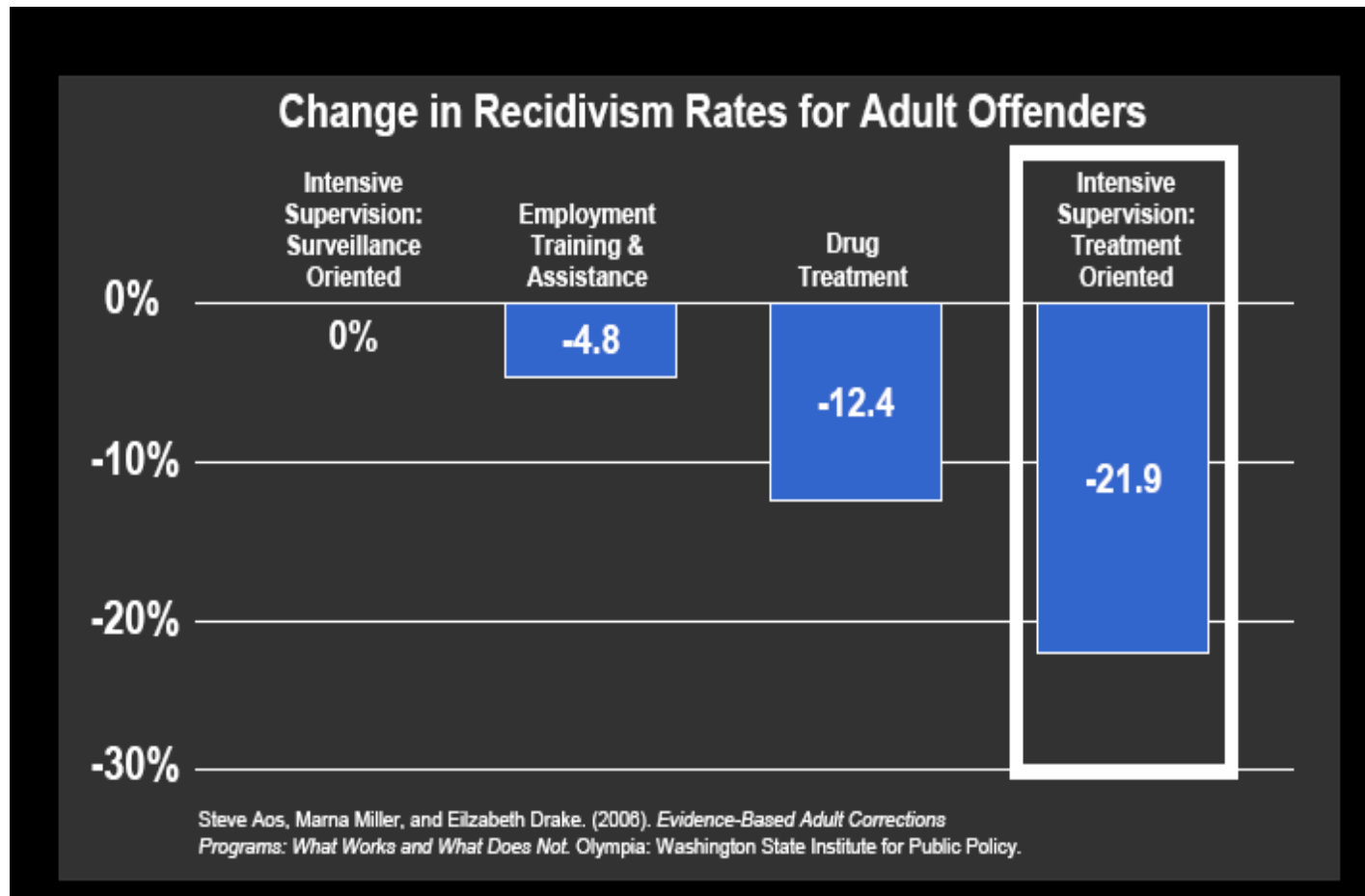


Recidivism outcomes in targeting criminogenic vs. non-criminogenic needs



(Andrews et al., 1999; Carey, 2011; Dowden, 1998)

Integrating Treatment and Supervision Reduces Risk



Principles of Effective Justice Decisions

- **We do know something about common features of effective correctional practice/treatment**
 - **What really works?**
- **Rehabilitative efforts have a greater impact on recidivism than incarceration**
 - **Not all offenders are appropriate for treatment**
- **There is no magic program**
 - **There is no one program or program type identified that will consistently have a large impact on recidivism**
- **Discretion still exists**
 - **Legal or policy constraints**
 - **Overrides**

Proximal and Distal Goals

- **Proximal goals:** Short-term, offenders are cable of achieving now, necessary for long-term improvement
- **Distal goals:** Long-term, desirable, but take time to accomplish

Poll Question

- **Stop using drugs and alcohol**
 - Proximal
 - Distal

Poll Question

- **Stop using drugs and alcohol**
 - Proximal
 - **Distal**

Poll Question

- **Enroll in treatment within the next 30 days**
 - Proximal
 - Distal

Poll Question

- **Enroll in treatment within the next 30 days**
 - **Proximal**
 - Distal

Why is it **Proximal**?

- **The only action needed is to sign-up for treatment**
- **It is a short-term action step that can be easily achieved**
 - You probably have a list of programs already
 - Referral will often come from you
 - It begins the process for achieving a larger goal like total abstinence, which supports long term recovery

Using Proximal and Distal Goals to Provide Incentives

- **Reward productive behaviors** that facilitate recovery and that are incompatible with criminal lifestyle
- **High risk/high need offenders:** Least responsive to punishment, more responsive to incentives

Using Proximal and Distal Goals to Provide Sanctions

- **Sanctions have short-term effects**
- Shape behavior through a **combination of incentives and sanctions**
- Use **higher severity sanctions** for non-compliance with proximal goals
- Use **lower severity** sanctions for distal goals
- **Drug offenders:** Larger sanctions reserved for non-compliance with basic supervision requirements (e.g., treatment attendance, status hearings, not providing drug tests)

Risk & Needs Matrix

High Risk

Low Risk

**High
SA Needs
(moderate –
severe)**

Accountability,
Treatment &
Habilitation

Treatment
&
Habilitation

**Low
SA Needs
(mild)**

Accountability
&
Habilitation

Diversion &
Secondary Prevention

Creating Tracks to Match the Level of Offenders' Risk and Need

- **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

Practice Implications

High Risk

Low Risk

**High
SA Needs
(moderate -
severe)**

**Low
SA Needs
(mild)**

<ul style="list-style-type: none">✓ Status calendar✓ Treatment✓ Prosocial and life skills✓ Abstinence is distal✓ Positive reinforcement✓ Self-help/alumni groups✓ ~ 18-24 mos. (~200 hrs.)	<ul style="list-style-type: none">✓ Noncompliance calendar✓ Treatment (separate milieu)✓ Life skills✓ Abstinence is distal✓ Positive reinforcement✓ Self-help/alumni groups✓ ~ 12-18 mos. (~150 hrs.)
<ul style="list-style-type: none">✓ Status calendar✓ Prosocial habilitation✓ Abstinence is proximal✓ Negative reinforcement✓ ~ 12-18 mos. (~100 hrs.)	<ul style="list-style-type: none">✓ Noncompliance calendar✓ Psychoeducation✓ Abstinence is proximal✓ Individual/stratified groups✓ ~ 3-6 mos. (~ 12-26 hrs.)



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”

- Andrews & Bonta (2006)

Non-Criminogenic Needs

- **Self-Esteem**
- **Anxiety**
- **Lack of parenting skills**
- **Medical needs**
- **Victimization issues**
- **Learning disability**

What Research Says Doesn't Work to Reduce Recidivism



- 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)

Lagniappe



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)**

Risk Assessment Instruments



Final Poll Question

- **How many are working in systems where supervision and treatment are integrated?**

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