

RISK-NEED-RESPONSIVITY & HOW IT APPLIES TO DRUG COURTS

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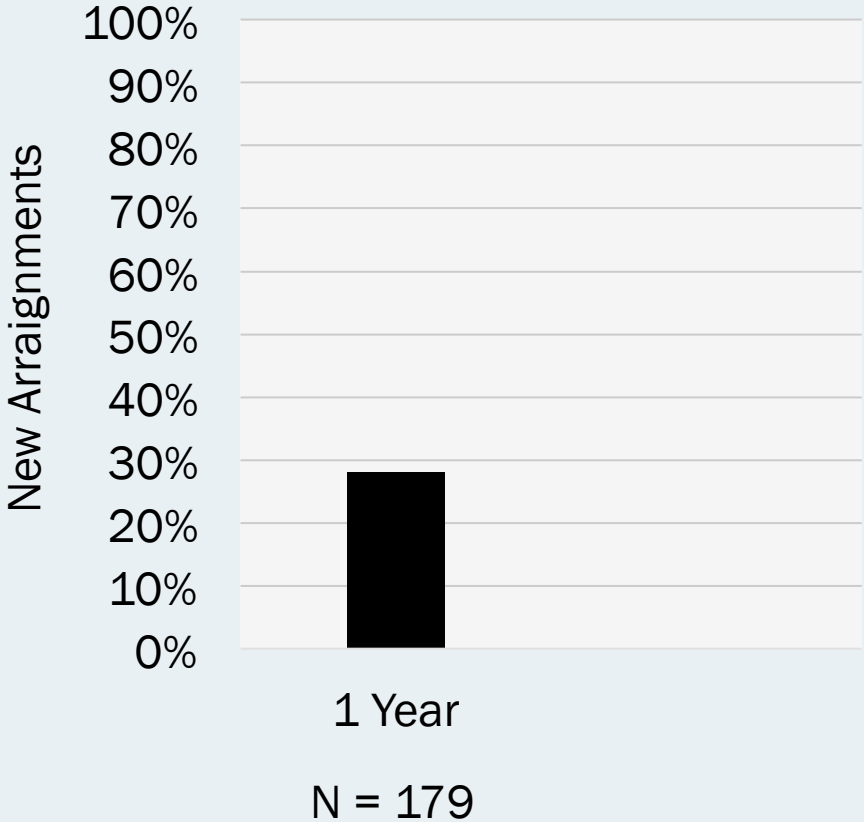
The Honorable Mary Hogan-Sullivan,
Director of Specialty Courts, MA Trial Court

John A. Jones, Assistant Chief Probation Officer
Greenfield District Court

MA Drug Court Outcomes

New Arraignments for Graduates

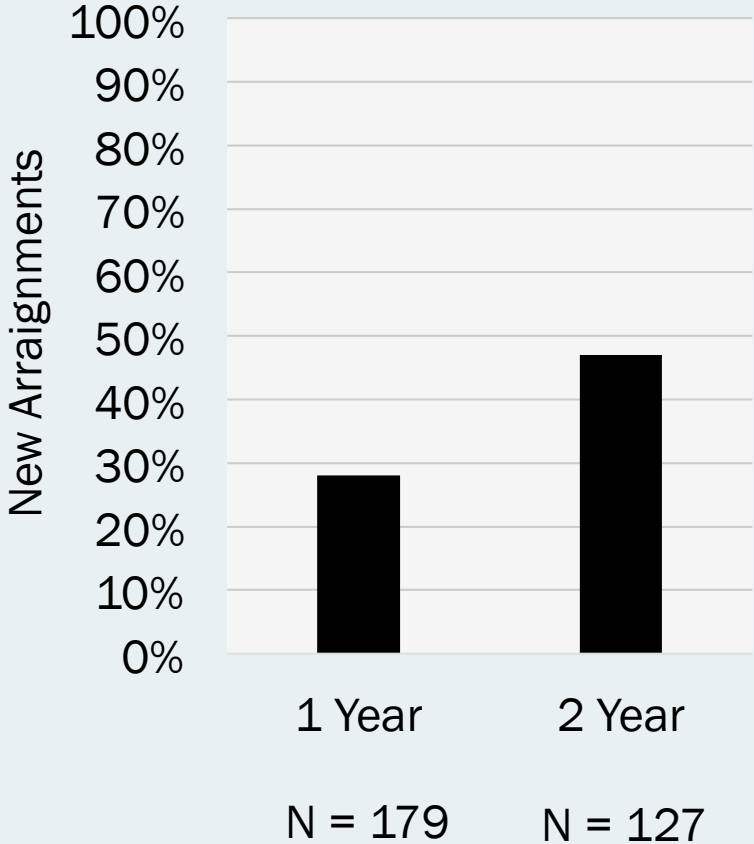
Recidivism Rate of Graduates



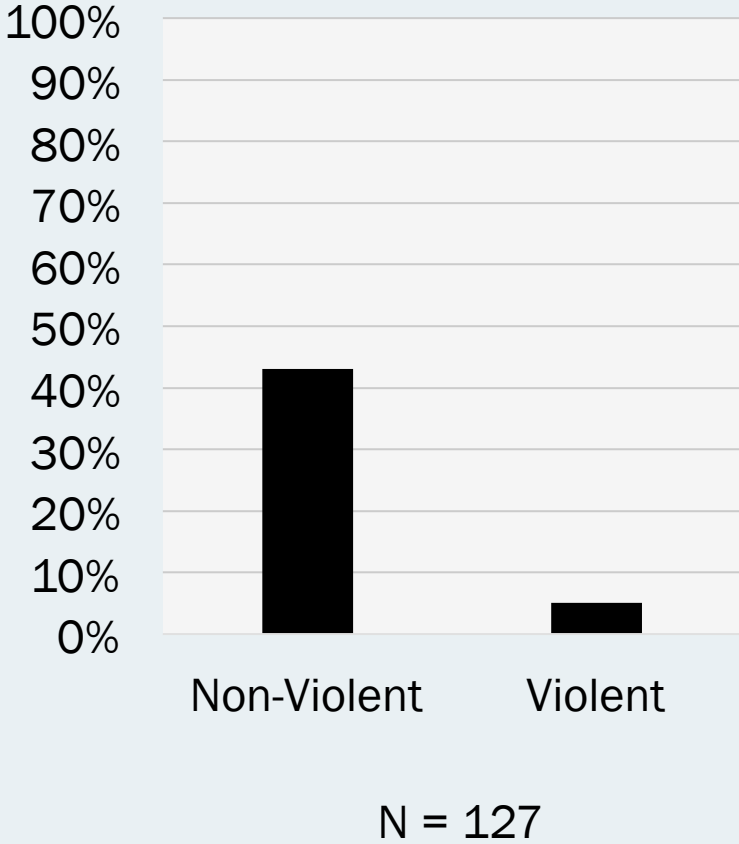
MA Drug Court Outcomes

New Arraignments for Graduates

Recidivism Rate of Graduates



Type of Arraignments - 2-year



Risk-Needs-Responsivity (RNR)

Risk

- *Match the intensity of the intervention with one's level of risk for re-offending*
- *The "Who"*

Need

- *Target the individual's criminogenic needs for intervention*
- *The "What"*

Responsivity

- *Match the mode & strategies of services with the individual*
- *The "How"*

Defining Risk

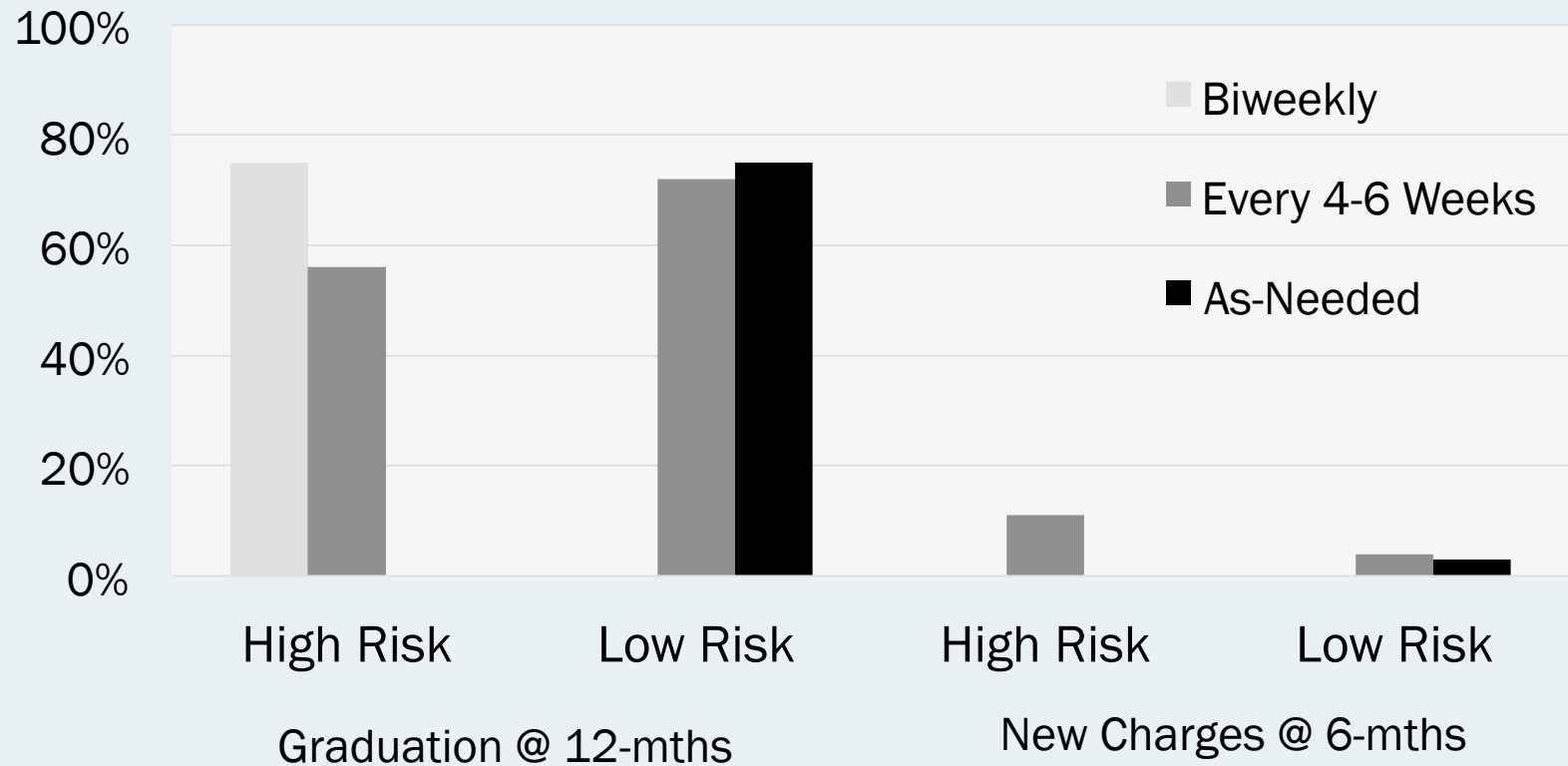
- Risk = Risk for re-offending
 - *The individual has many risk factors that have a known statistical association with re-offending; increases the likelihood they will offend again IF there is no intervention*
- Risk factors have two types:
 - Static (prognostic risks) – extensive criminal history, delinquent onset, young substance abuse onset, prior failures, etc
 - Dynamic (criminogenic needs) – serious substance abuse, employment/education problems, criminal thinking, etc
- Risk = ~~Severity of the crime~~

Risk Principle

- The higher the risk – the more intervention the individual needs to prevent further offending
- Examples:
 - *More intensive intervention (e.g., status calendar)*
 - *More intensive treatment of both substance abuse and other criminogenic needs*

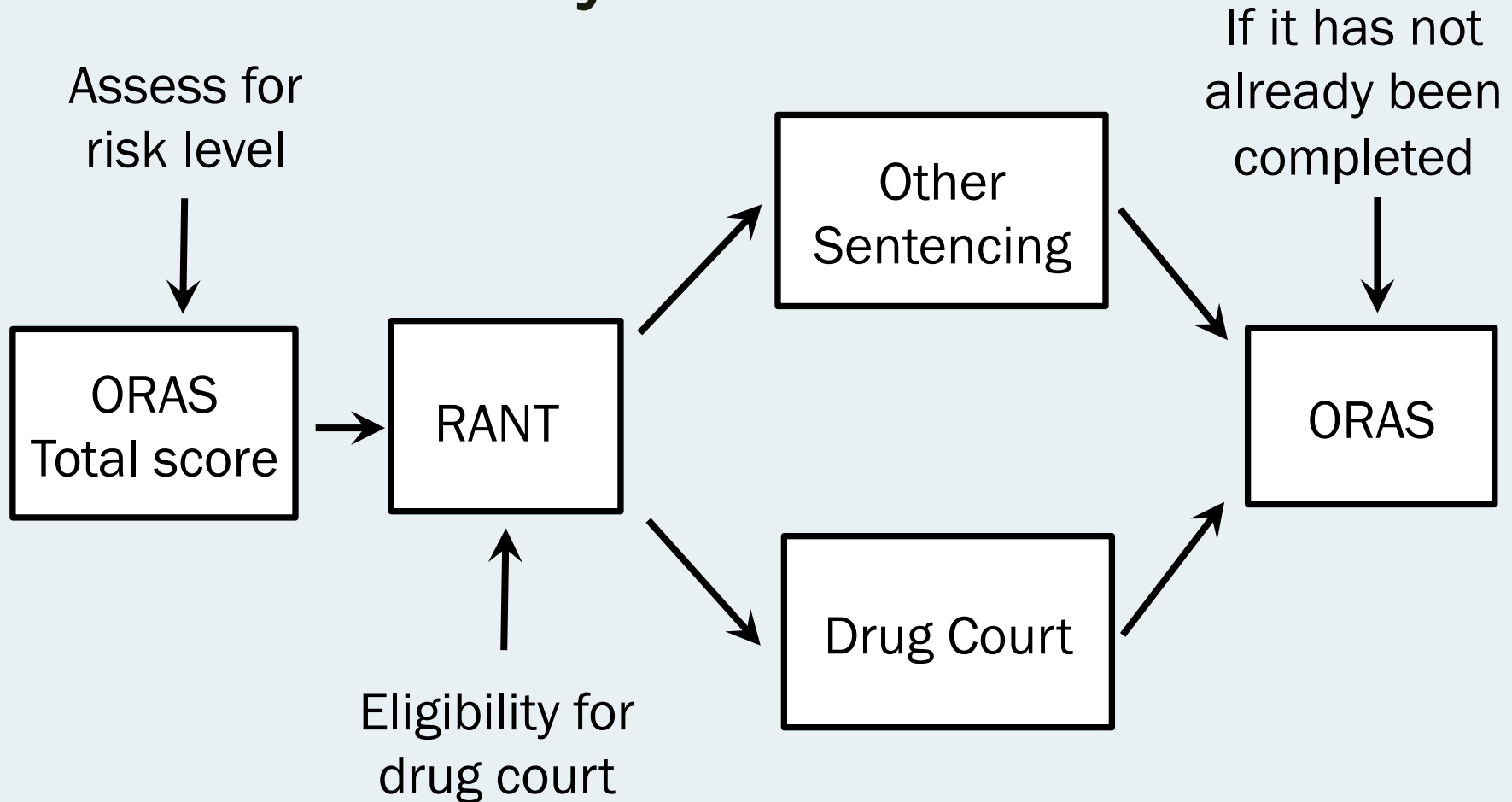
Research Evidence: Risk Level and Drug Court Hearings

Outcomes by # of Court Hearings and Risk Level



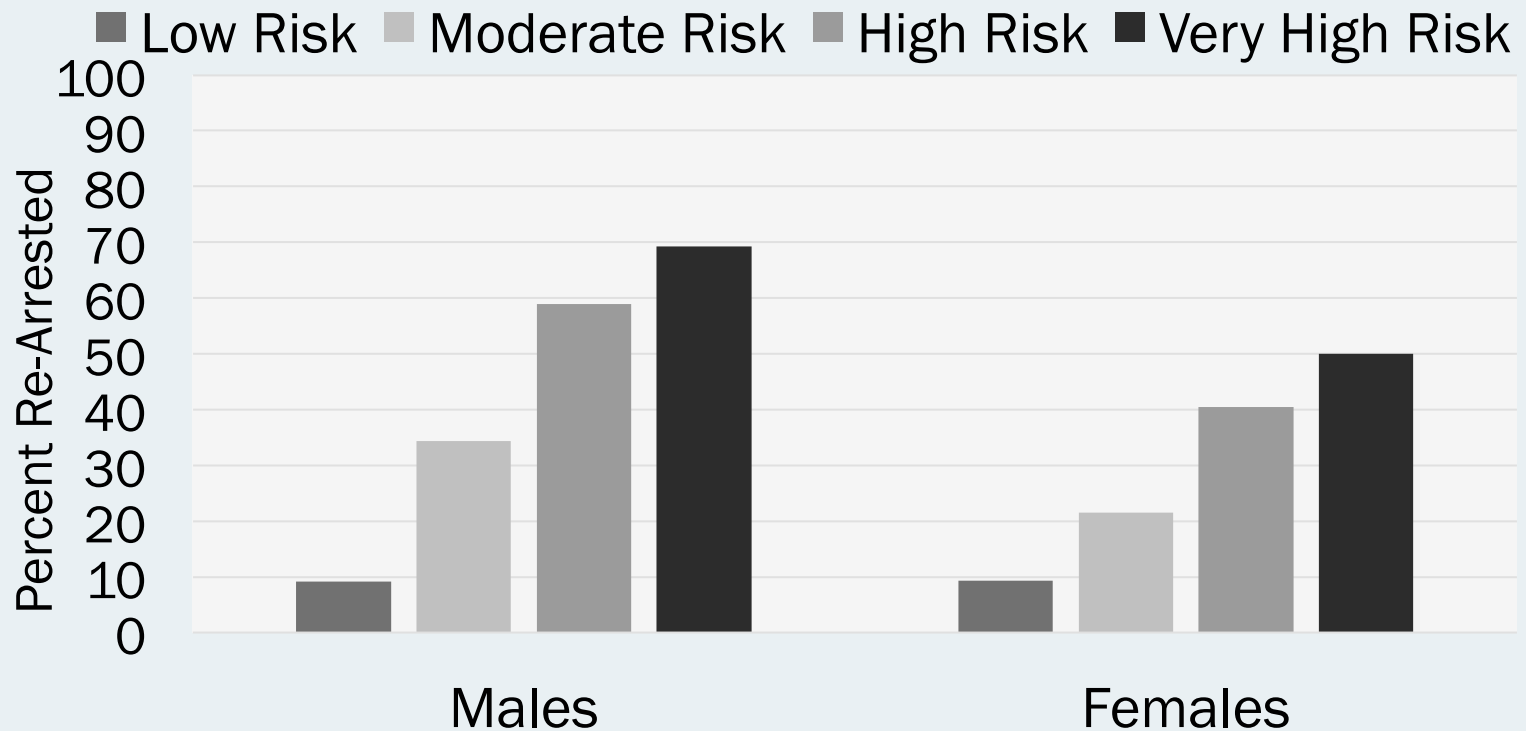
(Marlowe et al., 2007)

How to Identify Risk Level



Screen for risk & serious substance abuse as early as possible

ORAS Validation: 1-Year Re-Arrest Rates



Those scoring HIGH or VERY HIGH on ORAS Total Risk Scores much more likely to reoffend

(Latessa et al., 2010)

Defining Need

In the drug court model:

“Need” = Serious substance use disorder, Addicted to drugs or alcohol (RANT, TCUDS, clinical)

In the clinical nomenclature:

“Need” = Level of care required or need for treatment

In the RNR Framework:

“Need” = Criminogenic needs; changeable risk factors that increase the likelihood one will reoffend

Targets for intervention

“Central 8 Risk Factors” History & Criminogenic Needs

Domains
<ol style="list-style-type: none"><li data-bbox="266 619 1155 676">1. History of Antisocial Behavior<li data-bbox="266 696 942 753">2. Antisocial Personality<li data-bbox="266 773 1199 831">3. Antisocial Cognitions/Attitudes<li data-bbox="266 851 931 908">4. Antisocial Associates<li data-bbox="266 928 838 985">5. Substance Abuse<li data-bbox="266 1005 1143 1062">6. Family/Marital Relationships<li data-bbox="266 1082 1000 1139">7. Employment/Education<li data-bbox="266 1159 1199 1216">8. Lack of Prosocial Rec Activities

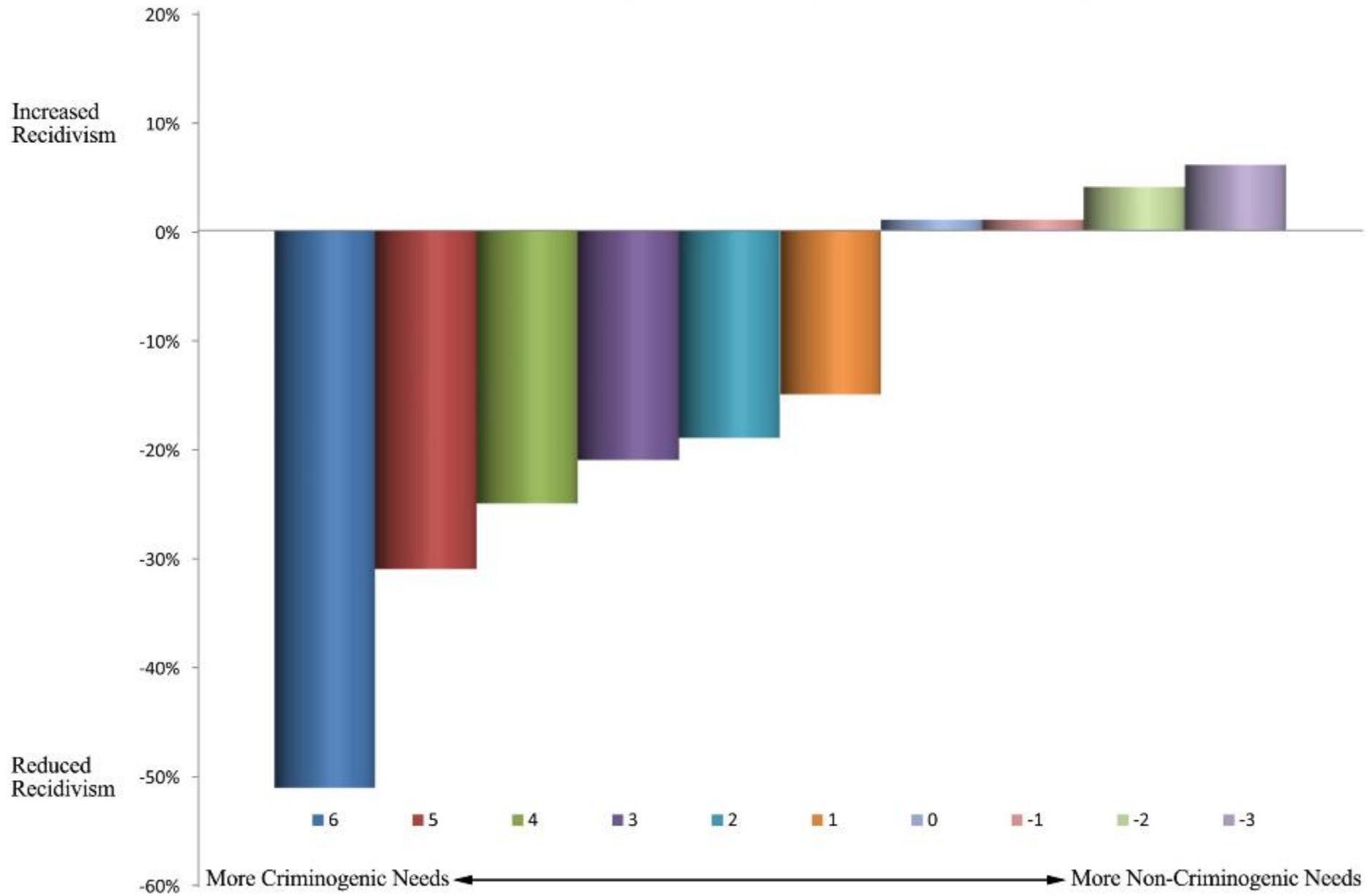
“Big 4”

Criminogenic
Needs

Need principle

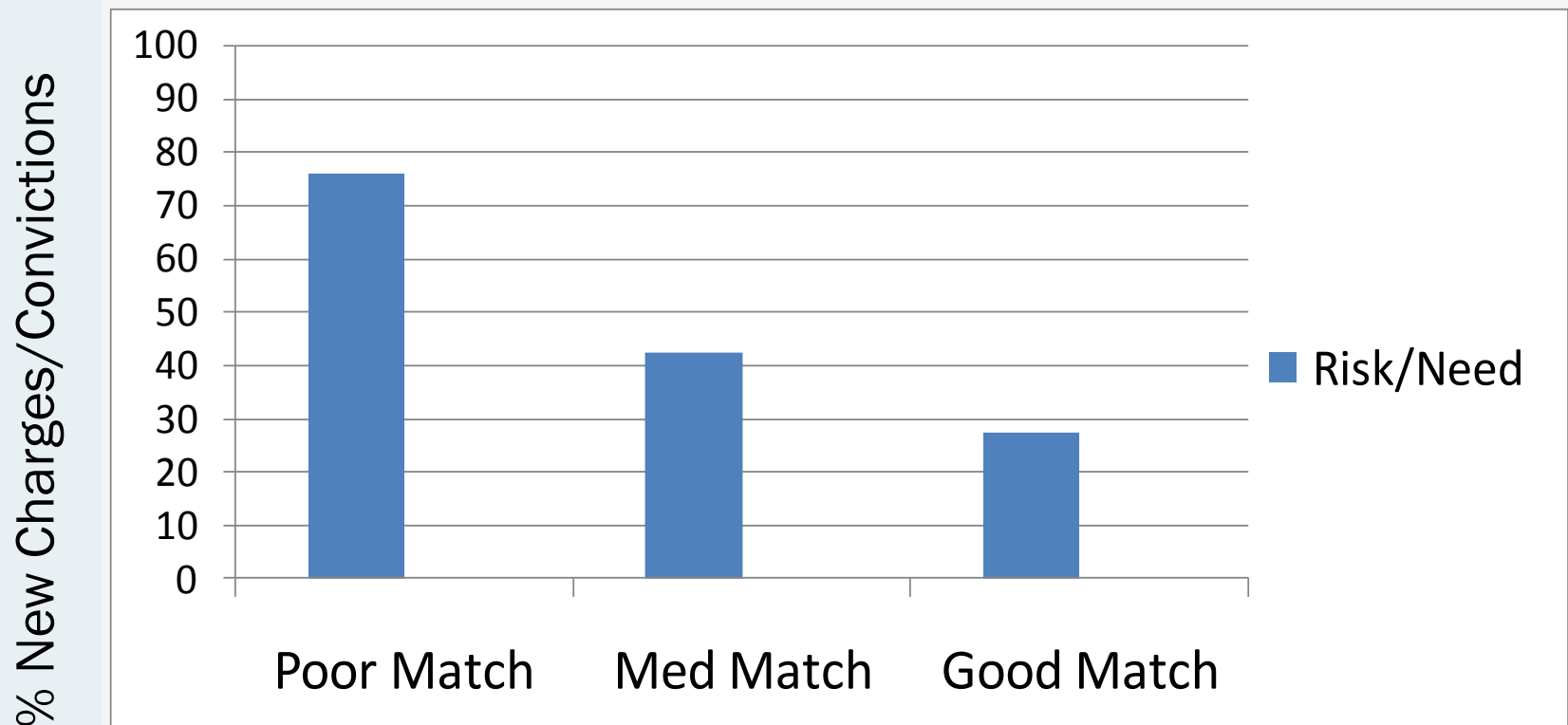
- Need – Target the individual's *criminogenic needs* for intervention and only those needs
 - *Substance Abuse treatment*
 - *What other criminogenic needs exist?*
 - *Prioritize the needs*

Recidivism outcomes in targeting criminogenic vs. non-criminogenic needs



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

Research Evidence: Matching Services to Criminogenic Needs

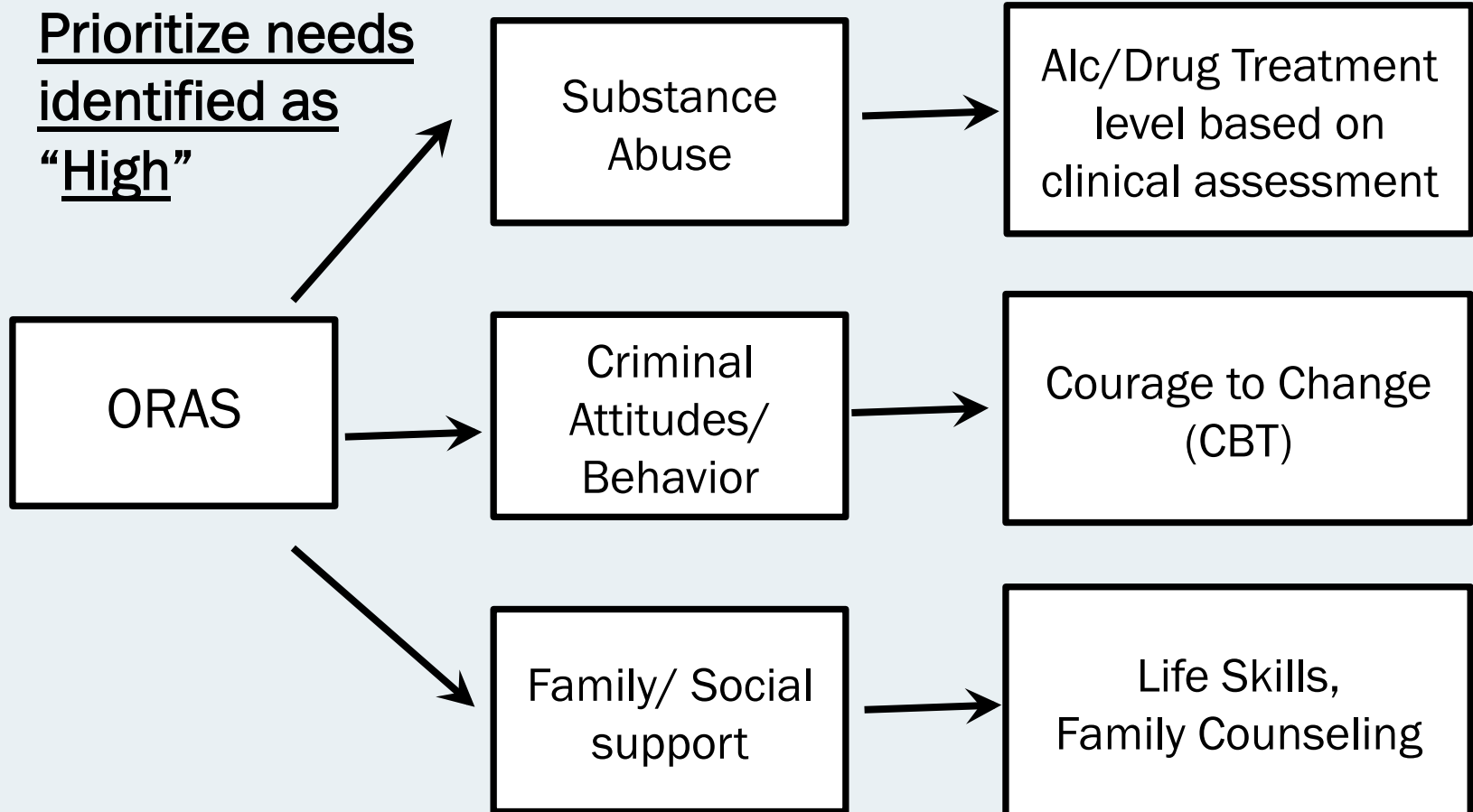


Match -- # of Services Received in Response to
Criminogenic Needs

(Vieira et al., 2009)

How to do it

Matching



Defining Responsivity

- Characteristics of the individual that may affect treatment response.
- Essential for treatment planning but not used to estimate risk level. Examples:
 - *Housing*
 - *Mental health issues (e.g., PTSD, bipolar, psychosis)*
 - *Learning disabilities*
 - *Cultural & gender considerations*
 - *Trauma-related symptoms*
 - *Motivation or readiness to change*
 - *Lack of self-esteem*
 - *Transportation issues/treatment accessibility*

Responsivity Principle

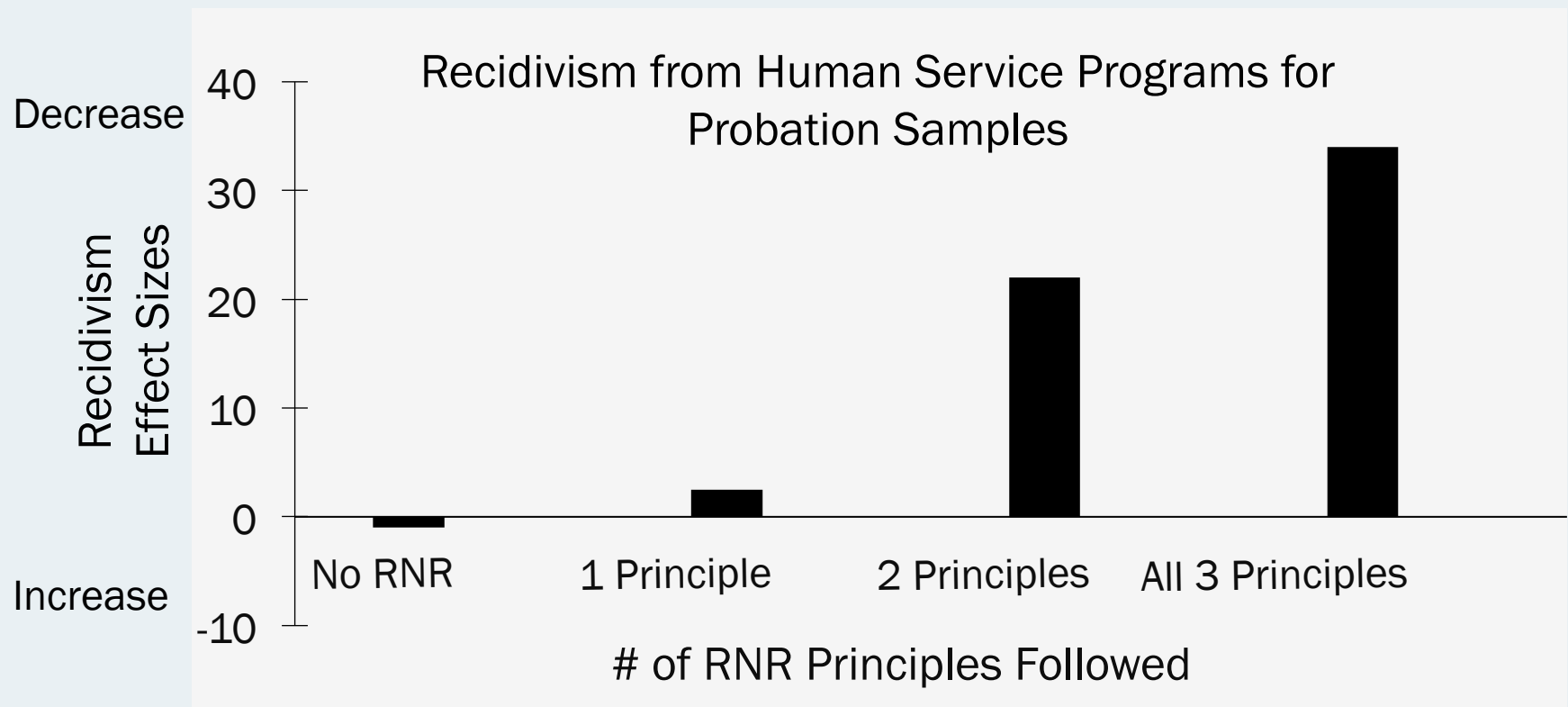
- Responsivity – Match the mode & strategies of services with individual characteristics that would affect treatment response
- Many responsivity factors are assessed and identified by the clinicians
- Drug Court teams work together to determine the best mode of treatment

Research Evidence: Criminogenic Needs vs. Mental Health

- *Treatment of criminogenic needs/risk has a larger impact on reoffending than mental health-related treatments (Skeem et al., 2011)*
- *BUT, presence of a mental health problem also is related to higher levels of criminogenic needs/risk (Schubert et al., 2011)*

Message: Treat both the mental health and the criminogenic needs

Research Evidence for RNR From > 370 Studies



of studies (k) = 374 ; ES = .56

(Andrews & Bonta, 2010)

RNR: More Bang for Your Buck

Table 4
Supplemental Analyses of Successful Correctional Services

	Mean cost for 1% reduction in recidivism	SD	95% CI	N
Traditional punishment	\$40.43	\$78.31	\$0, \$197.05	8
Inappropriate service	\$19.67	\$37.96	\$0, \$95.59	11
Appropriate service	\$2.80	\$4.78	\$0, \$12.36	50
Probation/parole*	\$.25	\$.23	\$0, \$0.91	13
Presanction intervention*	\$.60	\$1.15	\$0, \$2.90	24
Youth detention center*	\$9.40	\$5.18	\$0, \$19.76	13

* Represents only appropriate correctional services.

Implementing RNR

- Communicating Criminogenic Needs
 - *PO's complete ORAS as early as possible*
 - *Supplementary assessments from clinicians*
 - *Sharing priority need areas with drug court team*

- Working with Providers
 - *Talk with potential providers about criminogenic needs*
 - *Identify the needs providers can address*
 - *Develop your service array table by need area*

Implementing RNR

- Matching needs to services
 - *Prioritize the essential criminogenic needs in addition to substance abuse treatment*
 - *Incorporate needs into case planning*
 - How are needs being addressed? What is the progress?
- Incorporating Responsivity
 - *Work with clinicians to identify the essential factors*
 - *Mental health treatment should be done in conjunction with programming for other criminogenic needs*
- On-going reassessment and case planning