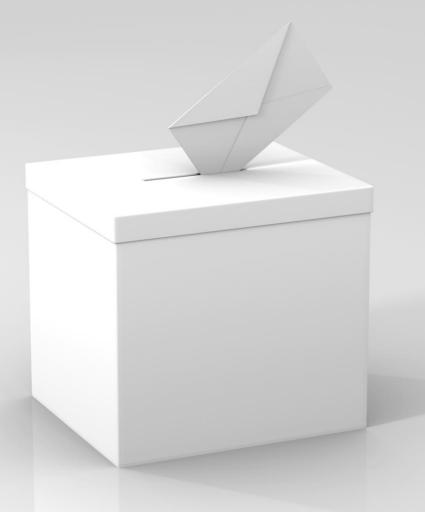


## Applying the Risk Need Responsivity Model in Recovery Courts

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Vice President Justice Speakers Institute

#### Poll RNR Model



#### **Poll Question**

- How familiar are you with the RNR Model?
  - I am very familiar
  - I have heard the term but don't really understand it
  - Neutral
  - I think I have a guess
  - o What's RNR?



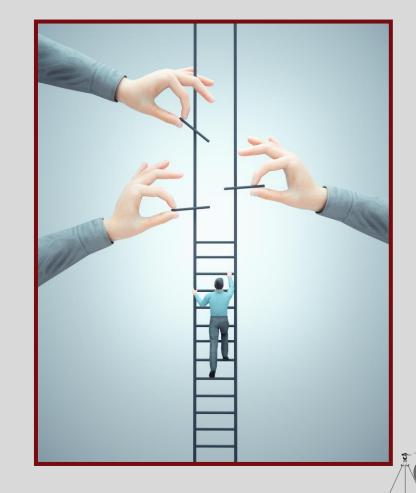
#### Risk Needs Responsivity Theory



- Risk need responsivity theory is based primarily on theories of behavioral psychology and is intended to support efforts at crime prevention through providing services targeted toward individual "criminogenic" risk factors.
- Within the social science literature, "criminogenic" simply means that the need or risk factor has been statistically associated with future offending.

#### Risk Needs Responsivity Principles

- Risk Principles
  - Match the level of service to the offender's risk to reoffend
- Need Principle
  - Assess criminogenic needs and target them in treatment
- Responsivity Principle
  - Maximize the potential success of rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender



#### Risk Needs Responsivity Principles

Risk- Who to target

Needs- What to Target

 Responsivity- How to Intervene



#### Implications for Problem Solving Courts

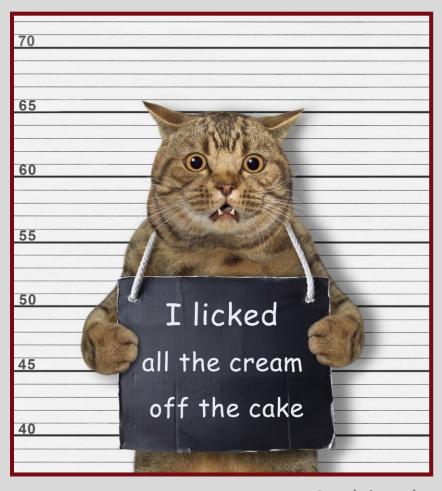
- Target populations (eligibility criteria)
- Screening Process
- Suitability determination
- Staffing process
- Case plan development
- Case management practices
- Supervision/Treatment interaction
- Responses to behaviors





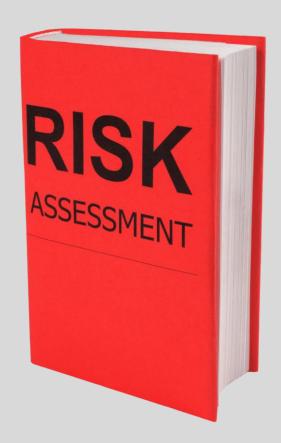


#### Criminogenic Risk



- How likely is the person to commit a crime or violate the conditions of supervision.
- Risk does not refer to dangerousness or likelihood of violence
- Static risk factors have a demonstrated correlation to criminal behavior

#### Risk Assessment



 The process of evaluating and managing the likelihood of future.

Use a validated tool

Can include professional judgement



#### Poll- Risk Factors



Name three factors that predict recidivism



#### Risk Factors Associated with Recidivism

#### **Static risk factors**

- Criminal history (# of arrests, convictions)
- Current charge
- Age at first arrest
- Current age
- Gender

#### **Dynamic risk factors**

- Anti-social attitudes
- Anti-social friends and peers
- Anti-social personality
- Substance use/abuse
- Family and or marital factors
- Poor employment history
- Lack of prosocial leisure activities

## Recommended Practices for Assessing Risk and Needs



- Use a validated assessment instrument
- Remember the interdependent relationship between individual psychological, drug use, social and criminal justice risk factors
- Adopt a tool using a critical lens concerning your local population
- Consider the pros and cons of adopting an instrument already in use by local justice system/community partners
- Consider a court/treatment provider partnership for dynamic assessment purposes

#### Risk Assessment

- Accurate and reliable risk assessments alone do not reduce recidivism
- Must produce a comprehensive case plan
  - Commensurate with participants level of risk
  - Addresses identified areas of risk and need
  - Builds on offenders' strength's (protective factors)
  - Delivered in a way that is appropriate ( responsivity)
  - Evaluated and reassessed over time
- Must be communicated to entire team and participant
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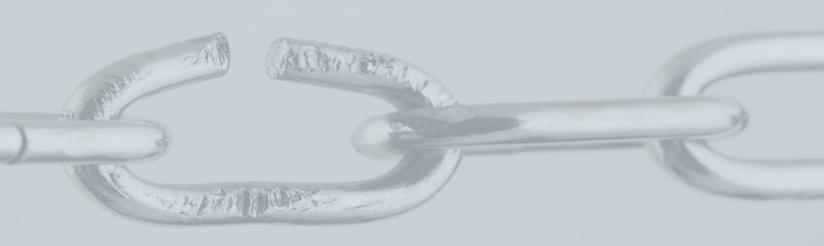


#### Communication

"Improper risk communication can render a risk assessment that was otherwise well-conducted completely useless..."



#### NEEDS





#### Criminogenic Needs

- Criminogenic needs are dynamic risk factors that are directly linked to criminal behavior:
  - Antisocial personality patterns (includes trauma history)
  - Antisocial cognitions (criminal thinking)
  - Antisocial associates
  - Family/martial situation (problems/dysfunction)
  - School/work performance (low academic engagement. Unstable work history)
  - Leisure/recreation (poor use of)
  - Substance use disorder
- Needs should be identified through assessment; should inform treatment matching,



#### Clinical Needs



- Behavior health issues
- Clinical diagnosis
  - Substance use disorder
  - Serious mental Illness (SMI)
  - PTSD, TBI



### RESPONSIVITY



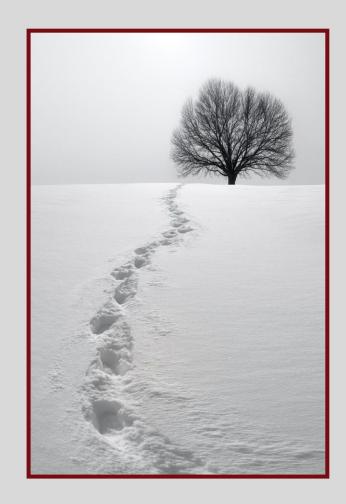
#### Responsivity



- Specific responsivity calls for treatment interventions to consider personal strengths and socio-biological personality factors. Treatment should then be tailored to these factors.
- The essence of this principle is that treatment can be enhanced if the treatment intervention pays attention to personal factors that can facilitate learning.
- Involves teaching participants new behaviors and cognitions to facilitate behavior change.

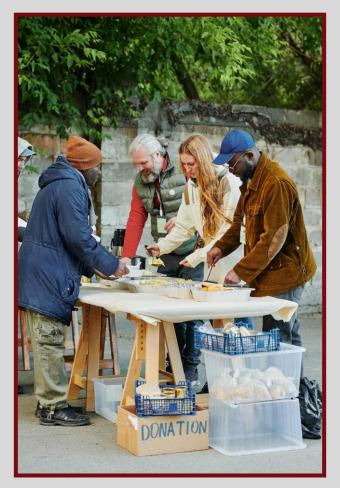
#### Responsivity

- Meeting the participant "where they are."
- An individualized approach based on the assessed needs and strengths.
- Can influence responses to noncompliance.
- "Stages of Change" can be a factor when addressing responsivity.
- Operationalized in the case plan.



#### **Responsivity Factors**

- Homelessness/housing stability
- Unemployment/unstable employment
- Employability/work history/job skills
- Poverty
- Literacy
- Health (physical/mental)



### Case Plan Development/Staffing



#### Purpose of Case Planning



- Case planning is the process that guides the effort to achieve and facilitate behavior change of the participant.
- The process involves establishing goals, identifying activities, and services to be provided.
- A case plan prioritizes intervention targets based on assessed need and risk.
- The case plan must be guiding.
- Case planning is an element of case management.

#### Collaborative Case Plan

- A collaboratively developed case plan includes:
  - Prioritized criminogenic needs
  - Prioritized clinical treatment needs
  - Goals to be achieved
    - Based on both justice and clinical assessment
    - Must meet SMART standards
  - Actives to undertake in pursuit of the
     goals
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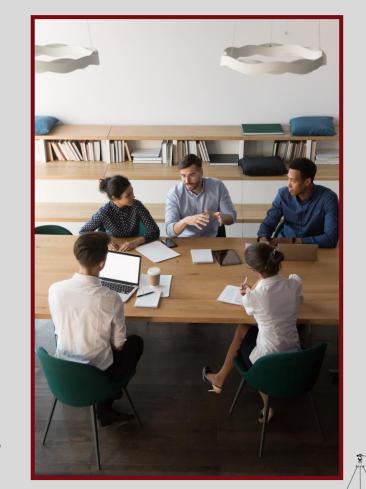
#### Collaborative Case Plan

- Translates criminal and clinical assessment information into a unified set of goals designed to address prioritized needs.
- Every member of the team, should know the results of all assessments, the goals, the activities expected of the participant to reach the goals, and have an awareness of progress or the current barriers to progress.



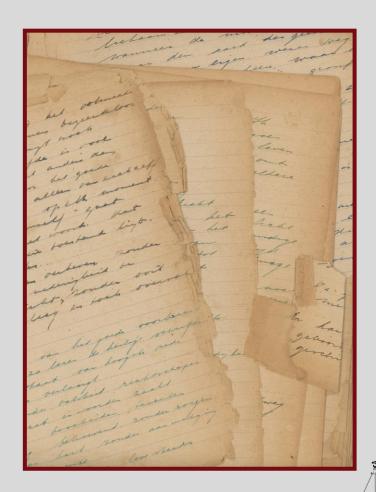
#### Staffing Discussion

- Risk level and supervision requirements.
- Identify/discuss top criminogenic needs and the interventions being used to address them.
- Review goals established at assessment, adjust change as necessary.
- Review progress towards activities assigned to achieve goals, consider sanctions incentives as appropriate.



#### Staffing script

- Every staffing for progress reviews should address at a minimum;
  - Risk level
  - Targeted need areas (criminogenic/clinical)
  - Program phase level
  - Case plan goals (progress)
  - Activities to achieve goals (updates)
  - Treatment/supervision update
  - Responses to behavior (incentives/sanctions/ therapeutic adjustments)



# Intervention/Treatment Matching Based on Risk and Needs



#### Poll Question-Adaptive Habilitation

What does the term "Adaptive Habilitation" mean?



#### Treatment Matching/Risk and **Need Quadrant Model**

- Treatment/intervention matching
  - Matching to level and type of services after risk and needs have been identified. Research suggests matching to both level and type of services is crucial.
- Crosses high or low levels of risk with high or low levels of need. Applying the RNR Model – Justice Speakers Institute







## Treatment Matching/Risk and Need Quadrant Model

- Leads to four quadrants for selecting effective dispositions or case plans.
- Involves the use of a combination of four interventions:
  - Supervision
  - Treatment
  - Prosocial habilitation
  - Adaptive habilitation



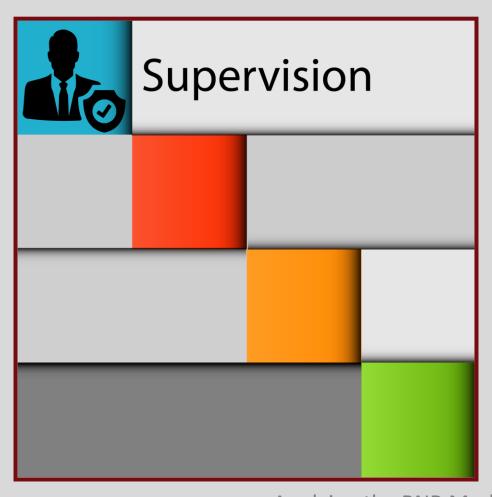
#### Supervision



- Engagement with supervision officer
  - "Balanced Approach" model
  - Case management style
  - Utilizing core correctional practices
- Field visits
- Court appearances
- Drug testing
- Swift and certain responses for

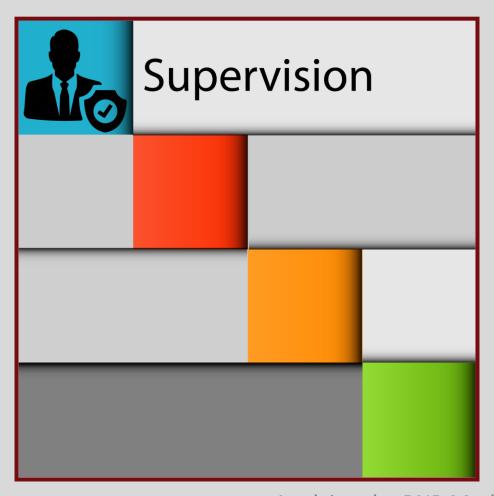
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#### Treatment



- Substance use disorder treatment (cognitively based)
- Mental health treatment
- Other social services
- Delivered by licensed or certified clinician professional

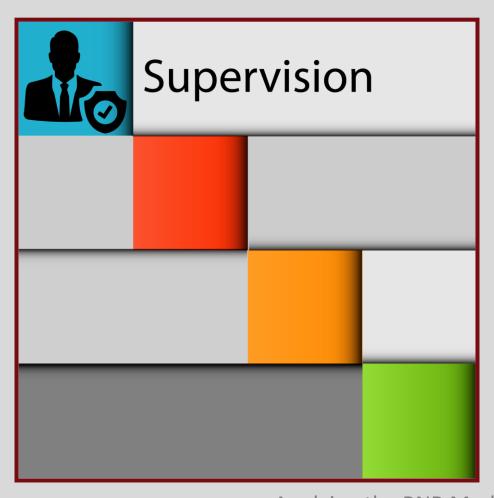
#### **Prosocial Habilitation**



- Interventions that encourage participants to think before they act
- Teach strategies for resolving interpersonal conflicts without illegal activity or substance use



#### **Adaptive Habilitation**



- Services that address employment, education and other issues found in criminal justice populations.
- Examples include
  - Vocational rehabilitation
  - Literacy education
  - Life skills training
  - Parenting classes



#### High Risk and High Need



- Typically Require a combination of all four interventions
- Emphasis should be placed on first stabilizing the case through intensive supervision and treatment.
- Followed by prosocial habilitation
- Finally adaptive habilitation
- Abstinence may be a distal goal
- Use positive reinforcement



#### High Risk and Low Need



- Require intensive supervision and pro social habilitation.
  - Will assess high in criminal thinking, criminal associates, anti-social personality disorder.
- Not likely to require substance use, mental health or other treatment.
- Abstinence is proximal goal.
- Immediate and consistent sanctions.
- May or may not require adaptive habilitation

#### Low Risk and High Need



- Requires an emphasis on treatment and adaptive rehabilitation.
- May or may not require prosocial habilitation services.
- Abstinence may be a distal goal.
- Use positive reinforcement.



#### Low Risk and Low Need



- Typically do not require any of the interventions.
- May be best suited for lowintensity prevention services.
- Ideally should be diverted from further contact with the justice system at the earliest possible stage.

#### RNR Application Checklist



- Is a validate risk and needs assessment in place?
- Does risk and need information inform eligibility and admission? (Are low risk participants admitted?)
- Is the risk assessment information shared with all members of the team?



#### RNR Application Checklist



- Does the risk and needs assessment drive the creation of and adherence to a case plan? Are top criminogenic needs identified and targeted?
- Is the case plan individualized and does it incorporate strengths and protective factors?
- Does the risk/need info and case plan

Applying the RNR guide intervention strategies?

#### RNR Checklist

- Does treatment include cognitive behavioral services
- Are treatment services provided commensurate with assessed risk?
   (e.g., are high risk offenders in group with low risk?)
- Are the programs phase requirements consistent with RNR practices?





#### Summary

 The application of the RNR model in Recovery Courts enhances the ability of the courts to achieve positive outcomes.

 The model is driven by decades of research of justice involved populations providing guidance on effective interventions and approaches.





## Thank you for your kind attention

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## Justice Speakers Institute

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