



Building a Foundation: Risk-Need-Responsivity Overview

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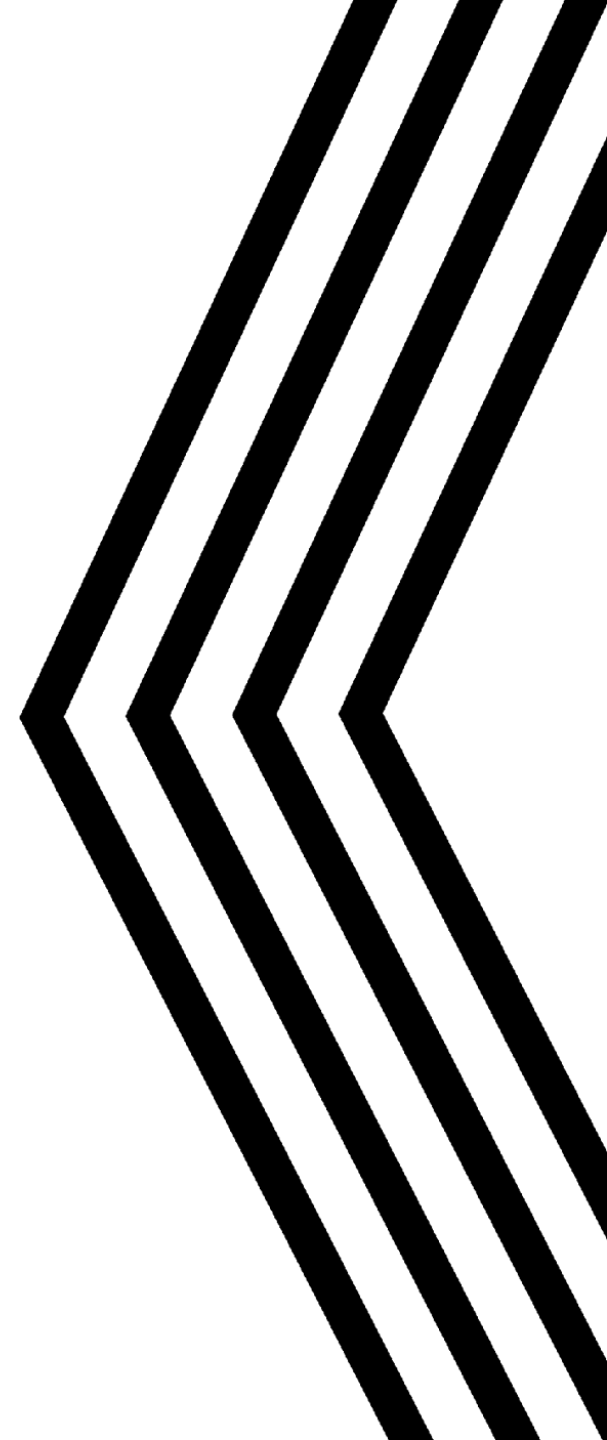
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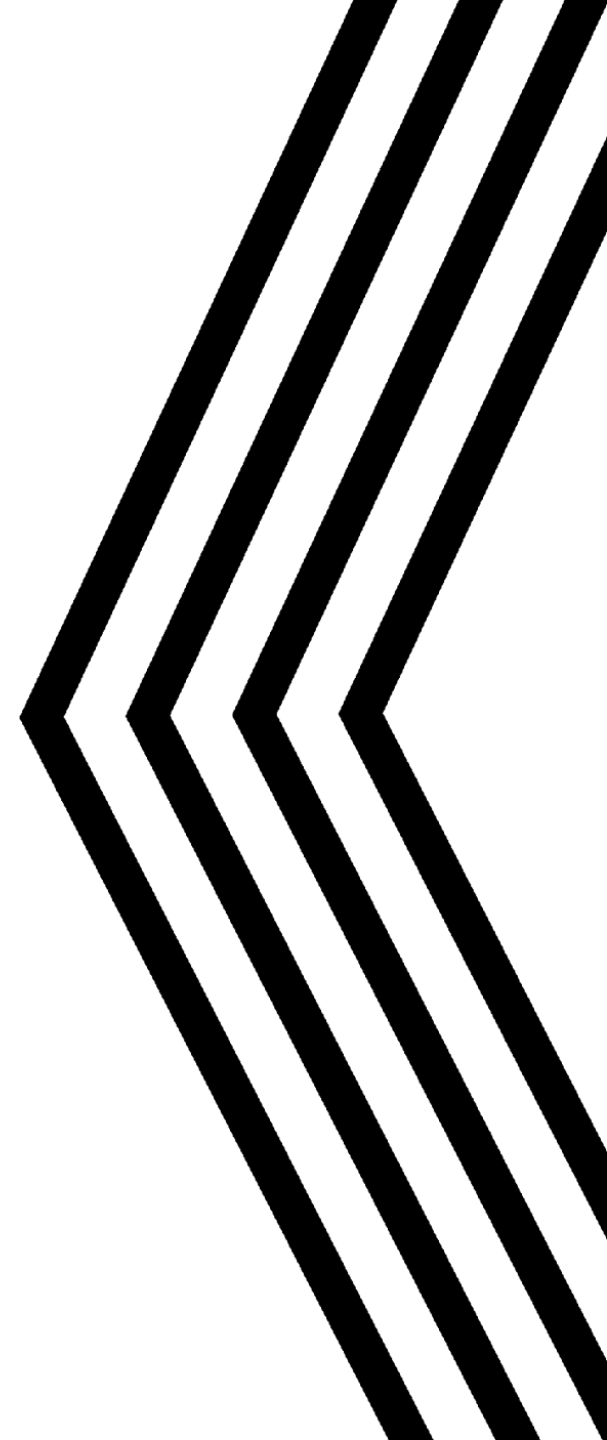
Goals for Training

- Background and history of risk theory
- Defining Risk-Need-Responsivity
- Overview of the eight criminogenic factors
- Implementing Risk Need Tools
- Understand the benefits and limitations of following RNR theory



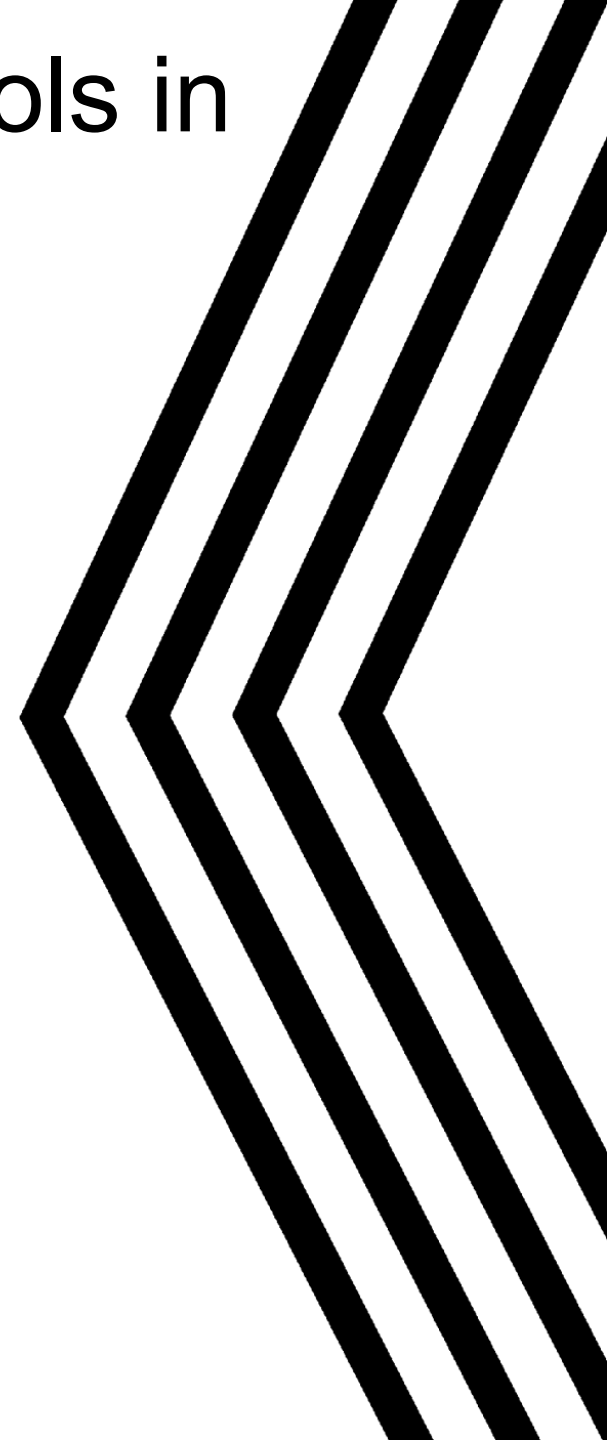
What this training won't cover...

- A deep dive into RNR theory
- The controversies around RNR theory
- The development, construction, validation and administration of C-CAT
- A clinical training



Who Uses Risk Needs Assessment Tools in the Criminal Justice System?

- Pretrial detention agencies
- Prosecutors' offices
- Problem solving courts
- Probation and parole agencies
- Prison and Jail systems

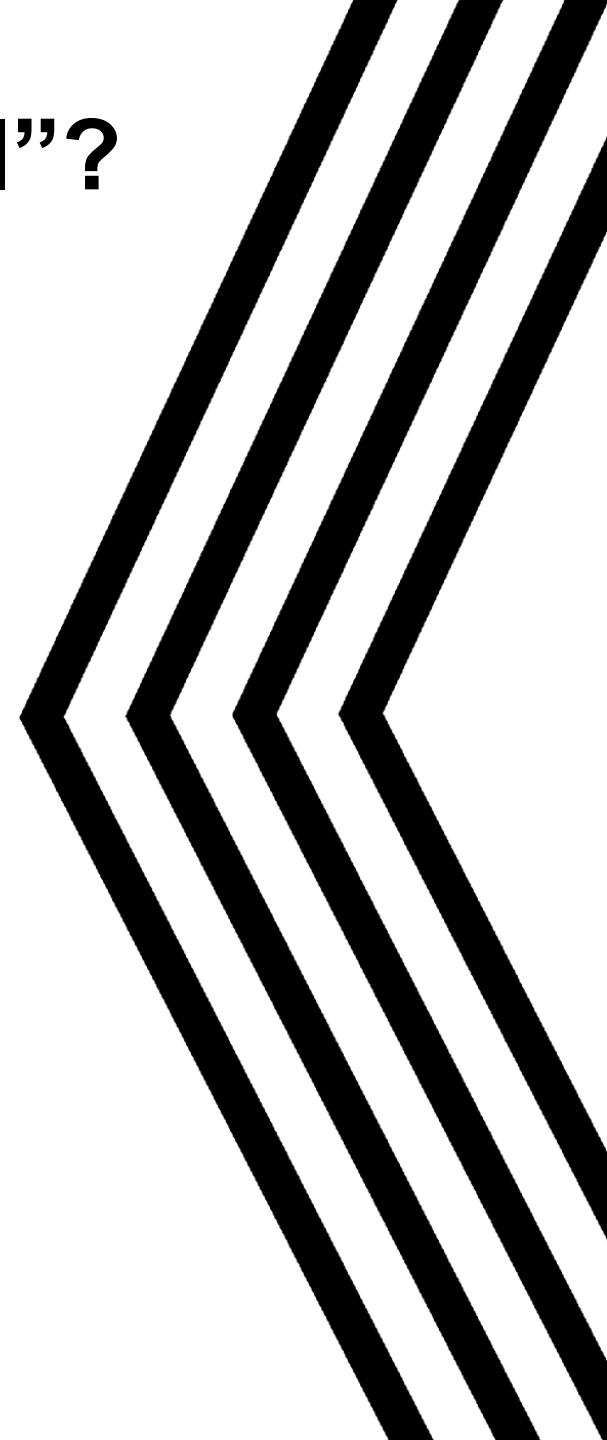


Risk-Need-Responsivity Theory



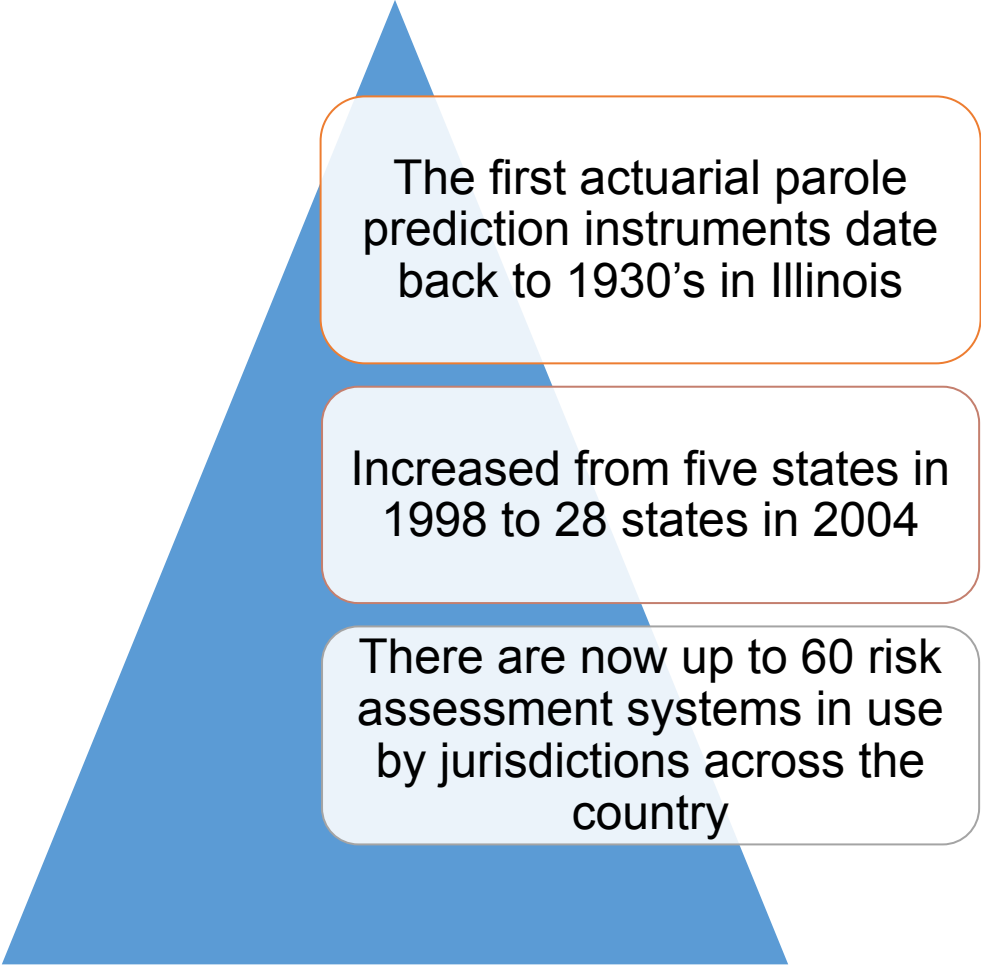
What is a “Risk Need Assessment Tool”?

Risk and needs assessment instruments typically consist of a series of items used to collect data on behaviors and attitudes that research indicates are empirically related to the risk of recidivism.



Risk-Need-Responsivity Theory

- A model of crime prevention rooted in behavioral psychology
- Composed of three core principles:
Risk | Need | Responsivity
- Grounded in three decades of research
- “Nothing works” → “What works”



The first actuarial parole prediction instruments date back to 1930's in Illinois

Increased from five states in 1998 to 28 states in 2004

There are now up to 60 risk assessment systems in use by jurisdictions across the country

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 (i.e. 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.

What Risk Isn't

While relevant to decision-making...

Risk ≠ Clinical Severity (i.e. relapse)

Risk ≠ Flight Risk

And in most risk assessment tools....

Risk ≠ Failure to Appear (FTA)

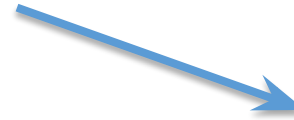
Risk ≠ Violence or dangerousness

What Risk Is

Risk = Probability of Criminal Recidivism

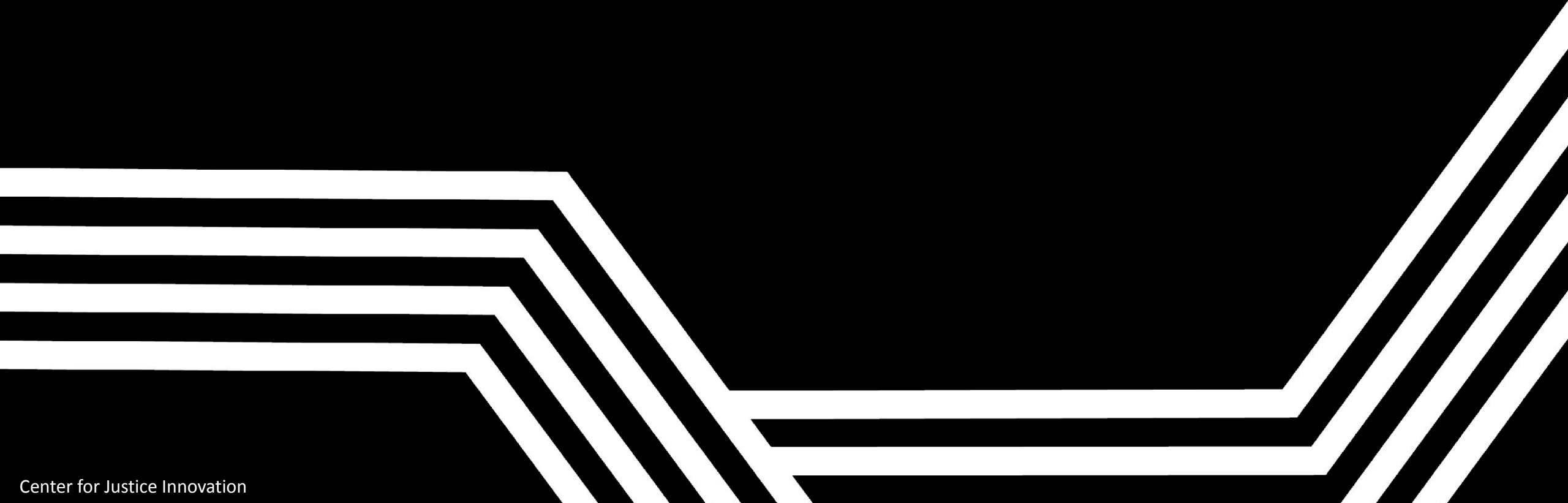
- OR -

Likelihood of re-arrest for any charge

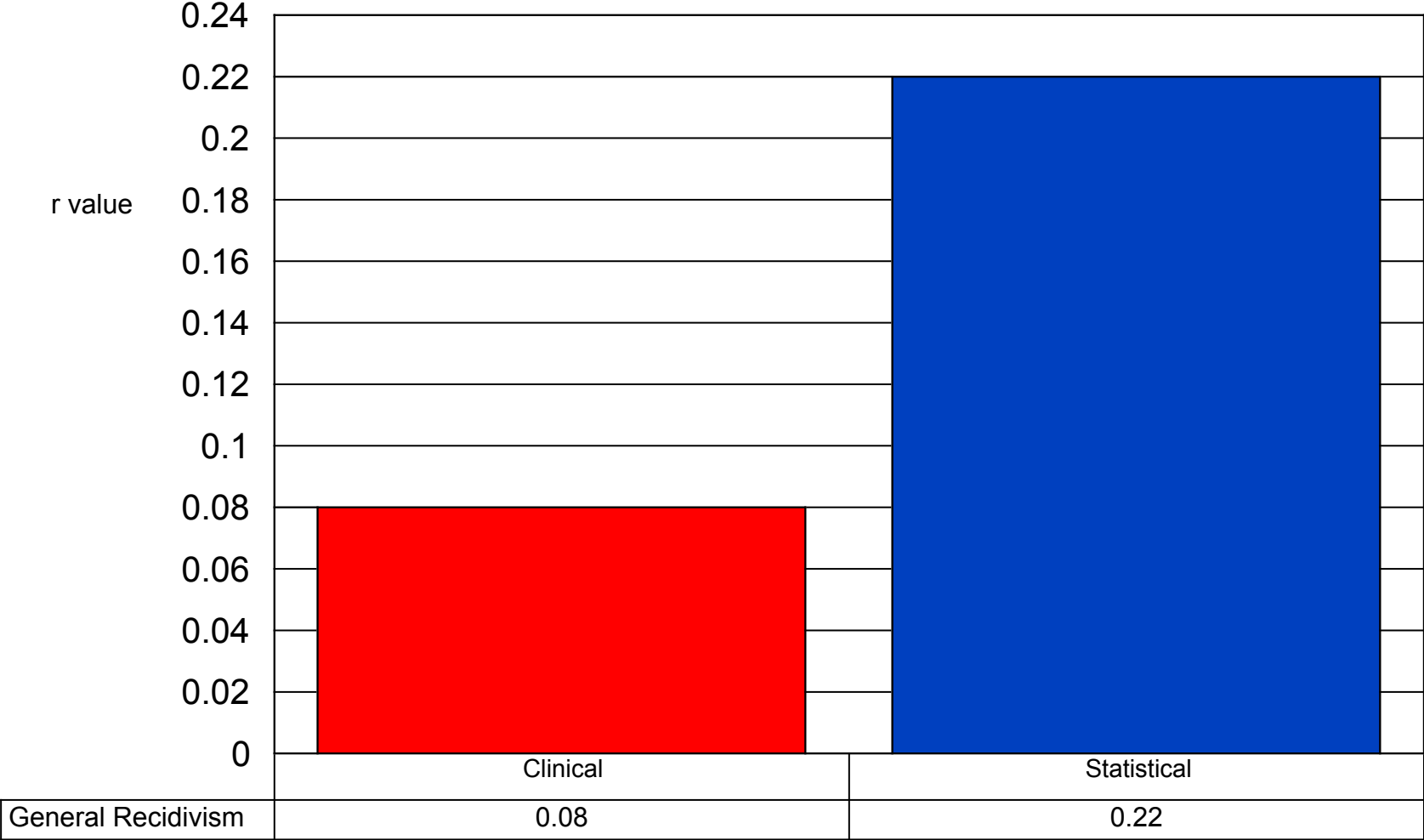


Usually within the next
six months to one year

Why is it Important to Measure Risk?



Clinical v. Actuarial Prediction

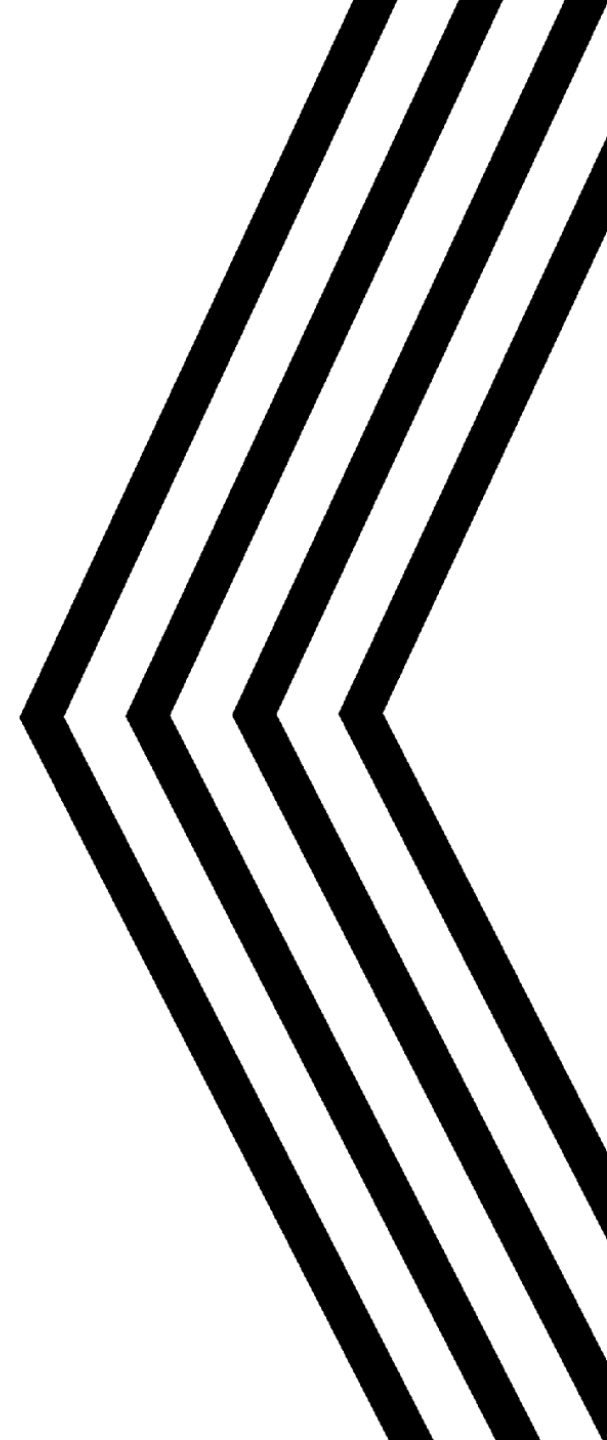


Goggin, C.E. (1994). Clinical versus Actuarial Prediction: A Meta-analysis . Unpublished manuscript. University of New Brunswick, Saint John, New Brunswick.

The Risk Principle (supported by close to 400 studies)

The risk principle tells us that we should assess for risk and vary the intensity of intervention (case management & 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.
 - ☐ This is especially true for jail – even short stints in jail make low-risk individuals likelier to reoffend after release.



Disregarding the Risk Principle...

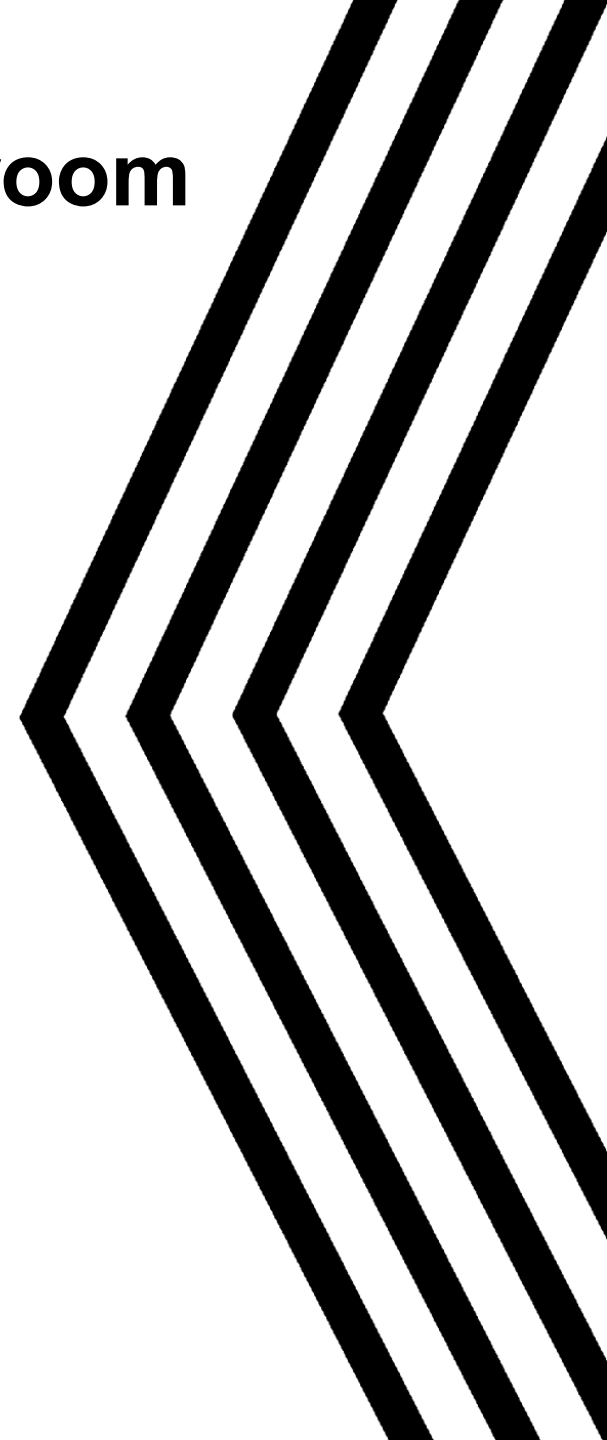
...is risky!

- Best case scenario: Depletion of scarce resources
- Worst case scenario: Inappropriate treatment and/or increased risk of recidivism for previously low-risk individuals



Risk-Based Decision-Making in the Courtroom

- **Minimal or Low Risk**: *Off-ramp ASAP* (e.g., pretrial release [ROR]; conditional discharge; short community service mandate).
- **Moderate-to-High Risk**: *Supervision or treatment* at appropriate intensity (e.g., supervised release pretrial and alternatives to incarceration post-adjudication; individual counseling or Up & Out).
- **High Risk**: Incarceration *if* unable to supervise safely (e.g., pretrial detention; longer-term drug treatment and/or mental health services, if applicable).



How Can Risk be Measured?

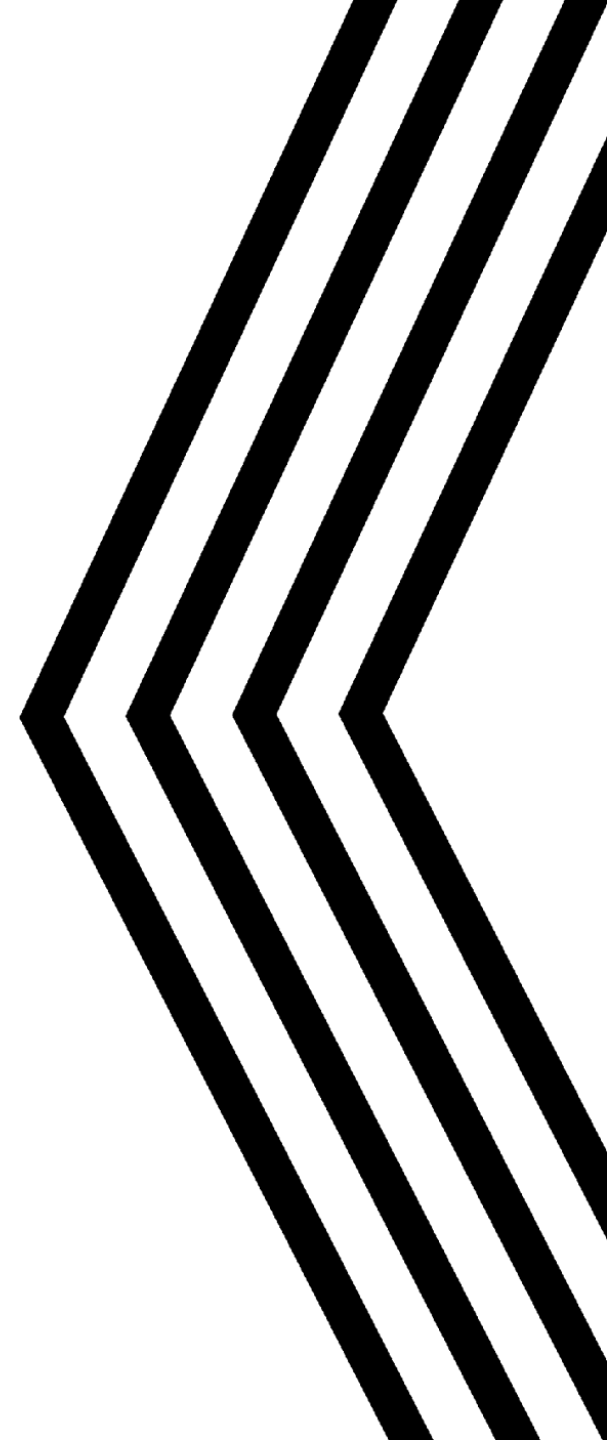
Static vs. Dynamic

- Static Tools

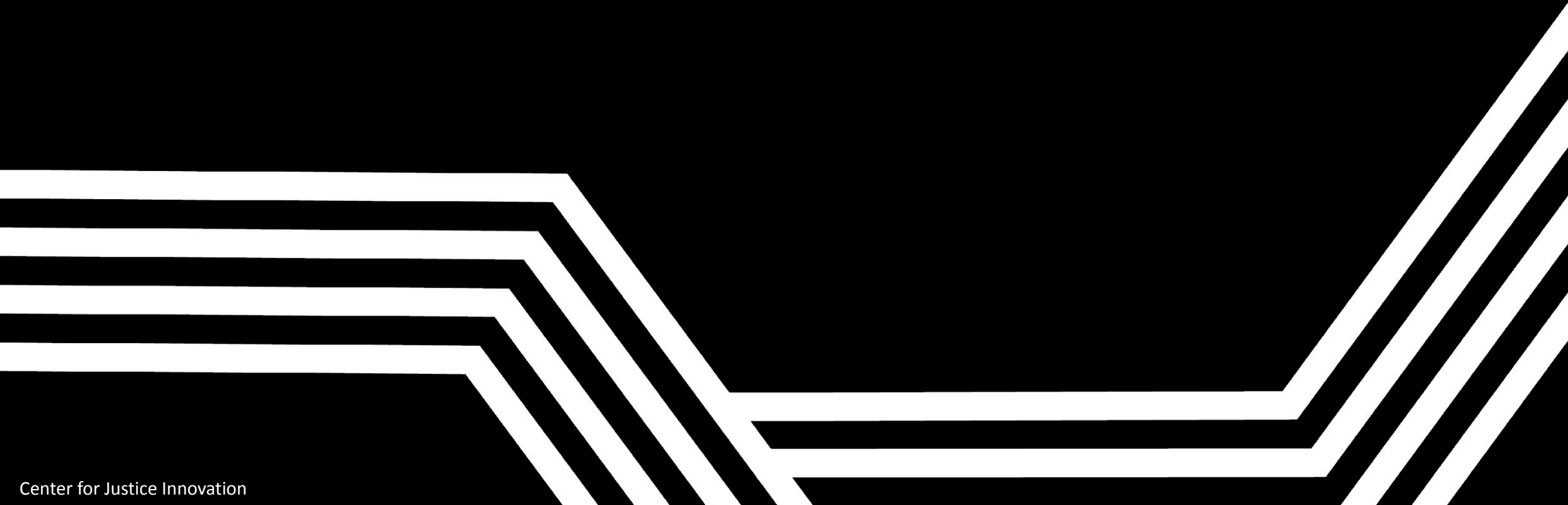
- Assess for static (unchanging) factors only (*i.e.*, demographic and criminal history information).

- Dynamic Tools

- Assess for static AND dynamic factors (those that can change).
- Ideal when aiming to create a risk reduction or treatment plan based on individual needs.



Assessing Risk and Need



The Three Core Principles

Risk Principle: Who to target

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Need Principle: What to target

- Assess and target “criminogenic” needs (i.e. needs that fuel criminal behavior)

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.

Criminogenic Needs: The “Central Eight”

- Eight specific risk-need factors, known as the “Central Eight,” which have been repeatedly shown to contribute to recidivism
- Static factors cannot be changed
- Dynamic factors are believed to be responsive to evidence-based treatment and some are dynamic
- Criminogenic needs are viewed as an opportunity for targeted rehabilitation that might interrupt an individual’s cycle of recidivism

The “Central Eight” Risk Factors

The “Big Four” Risk Factors

Criminal History/ Demographics

Antisocial Temperament/Impulsivity

Criminal Thinking/Antisocial Beliefs

Criminal Peer Network

The “Moderate Four” Risk Factors

Education/Employment

Family/Relationship Problems

Lack of Pro-Social Leisure/Recreational Activities

Substance Use

Static

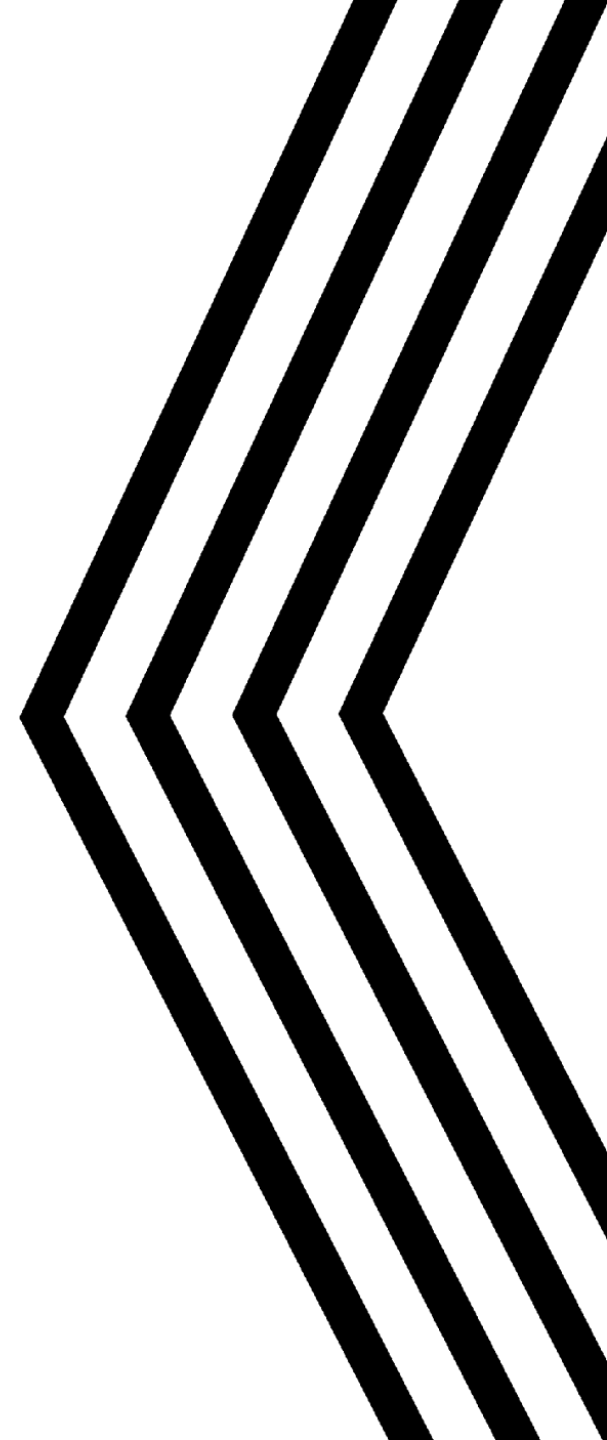
Dynamic

Criminogenic Needs: The “Central Eight”

- **Criminal History**: prior arrests; prior convictions; prior failures-to-appear; current open cases
- **Antisocial Temperament/Impulsivity**: Impulsive behavior patterns; Lack of consequential thinking
- **Criminal Thinking/Antisocial Beliefs**: Patterns of antisocial thinking, including lack of empathy, externalization of blame; entitlement; attitudes supportive of violence. Also includes criminal-legal cynicism.
- **Criminal Peer Network**: Peers involved in drug use, criminal behavior and/or with a history of involvement in the justice system.
- **Education/Employment Deficits**: Poor past performance in work or school (lack of a high school diploma; history of firing or suspension); alienation from informal social control via work or school (e.g., chronic unemployment).
- **Family/Relationship Problems**: Recent family or intimate relationship stress; Historical lack of connection with family or intimate partner.
- **Lack of Pro-Social Leisure/Recreational Activities**: Isolation from pro-social peers or activities.

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



Non- Criminogenic Needs

- **Examples of non-criminogenic needs:**
 - Trauma history
 - Depression, anxiety, and other mental health disorders
 - Medical needs

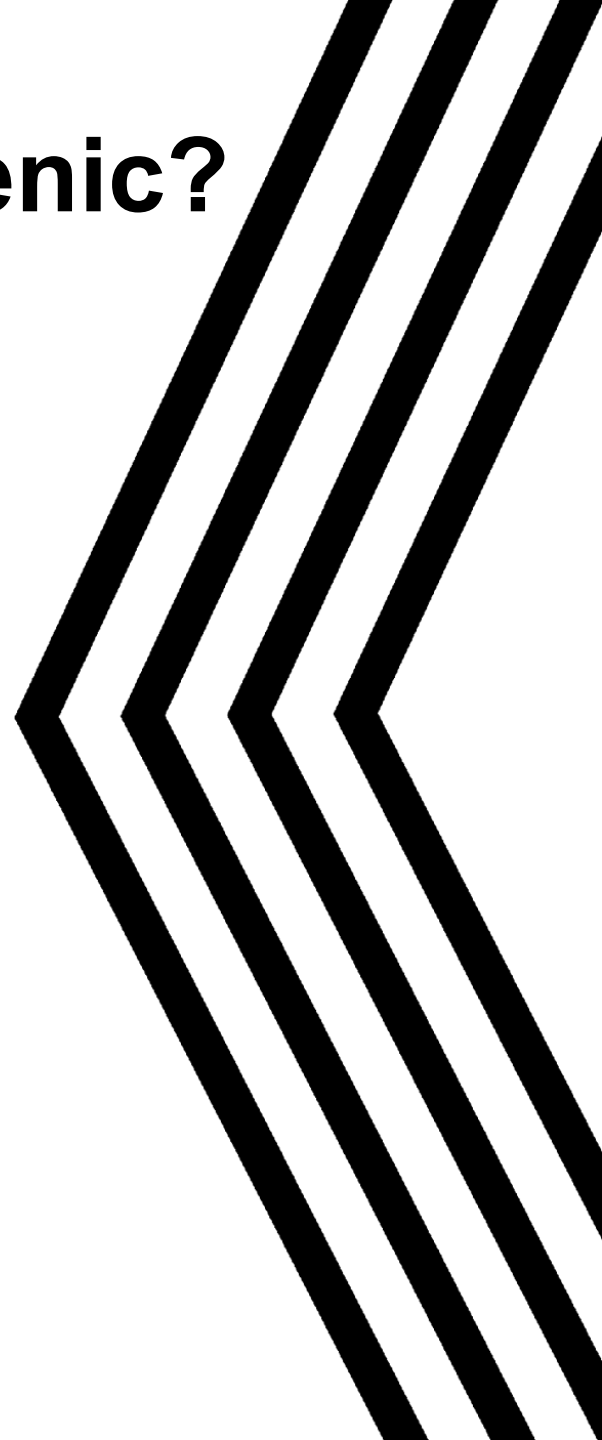
- **Why assess and treat?**
 - Ethical reasons (affects individual well-being)
 - Can interfere with treatment for criminogenic needs (trauma especially should be treated simultaneously)



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 individuals is well documented

So where is the disconnect?

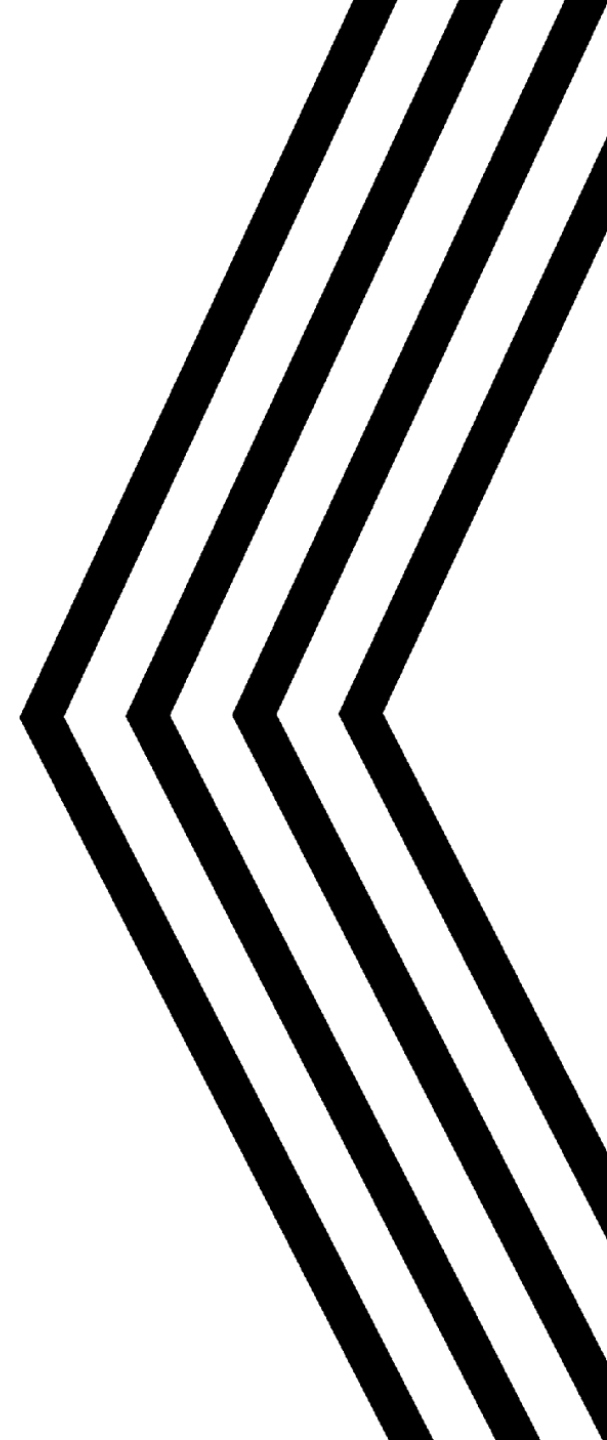


Mental Illness and RNR

- 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



The Responsivity Principle

Tying Risk Assessment to Case Management

The Three Core Principles

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Need Principle: What to target

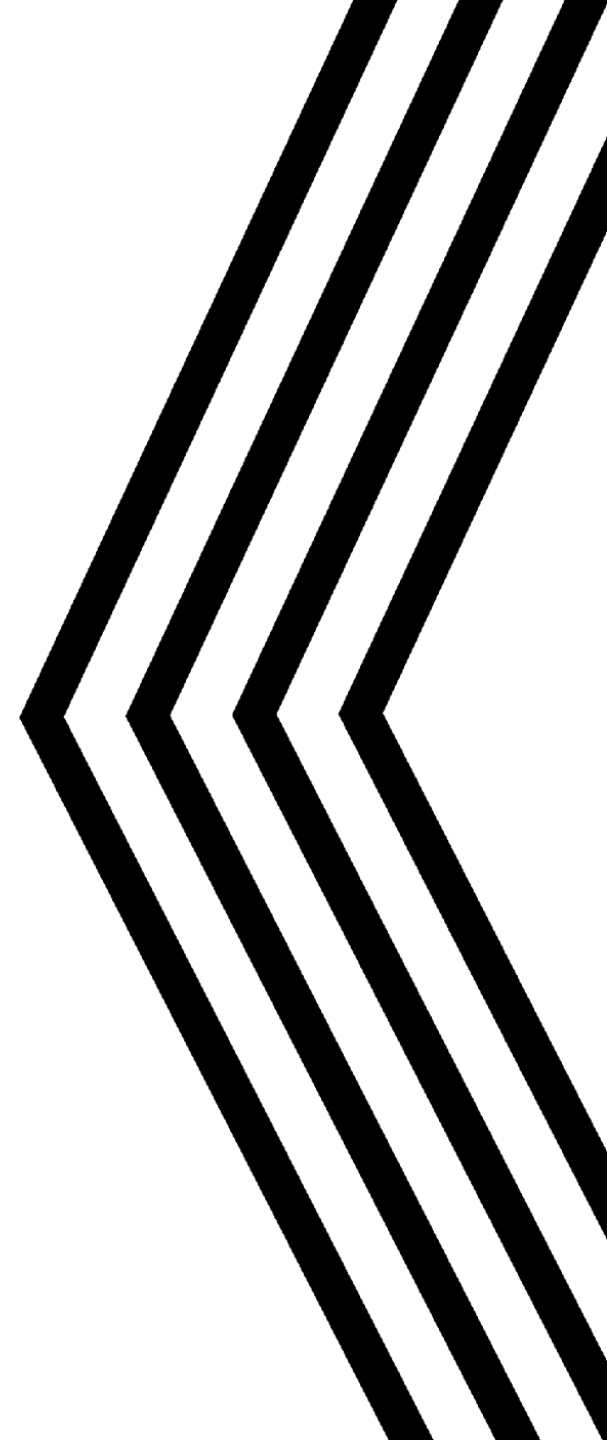
- Assess and target “criminogenic” needs (i.e. needs that fuel criminal behavior)

Responsivity Principle: How to intervene

- Use interventions tailored to the needs, characteristics, learning styles, motivation, and cultural background of the individual.

Use Risk Level to Inform...

- Intensity of supervision
- Frequency of court appearances
- Intensity of services, while considering legal leverage and needs assessment



Legal Leverage

Risk of Re-offense

High (Over 30 Days Jail)

High High Risk & High Leverage

- Menu of mid-length interventions:
 - CBT models, e.g., T4C, MRT
 - Social services (e.g., employment, GED, etc.)
 - Trauma-focused models (e.g., Seeking Safety)
 - Intensive supervision Treatment court programs, e.g., drug court, mental health court, hybrid models
- Voluntary social & clinical services

Low Low Risk & High Leverage

- Evidence-informed community-supervision model (e.g., the NYC supervised release model)
 - Individual sessions (to avoid peer contagion effects)
 - Incorporate a range of practices (e.g., procedural justice principles, Motivational Interviewing)
- Voluntary social & clinical services

Low (30 Days Jail & Under)

High risk & Low Leverage

- Brief interventions (e.g. a 3- or 5- session intervention based on PJ principles, CBT, and trauma-informed practices)
- Menu of rolling interventions, 6 sessions+
 - 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 Risk & Low Leverage

- 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 Level	RNR Supervision Level
Low Risk	<ul style="list-style-type: none">•Court 1x week for four weeks, every other week for next month, monthly thereafter•Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance)•9-12 month term of participation
Moderate Risk	<ul style="list-style-type: none">•Court 1x week for four weeks, every other week for next month, monthly thereafter•Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance)•12-15 month term of participation
High Risk	<ul style="list-style-type: none">•Court 1x week for three months, every other week for next month, monthly thereafter•Probation (in person) weekly for first 3-4 months, then less frequently as indicated•15-18 months term of participation
Very High Risk	<ul style="list-style-type: none">•Court 1x week for four months, every other week for next month, monthly thereafter•Probation (in person) weekly for first 6 months, then less frequently as indicated•18-24 month term of participation

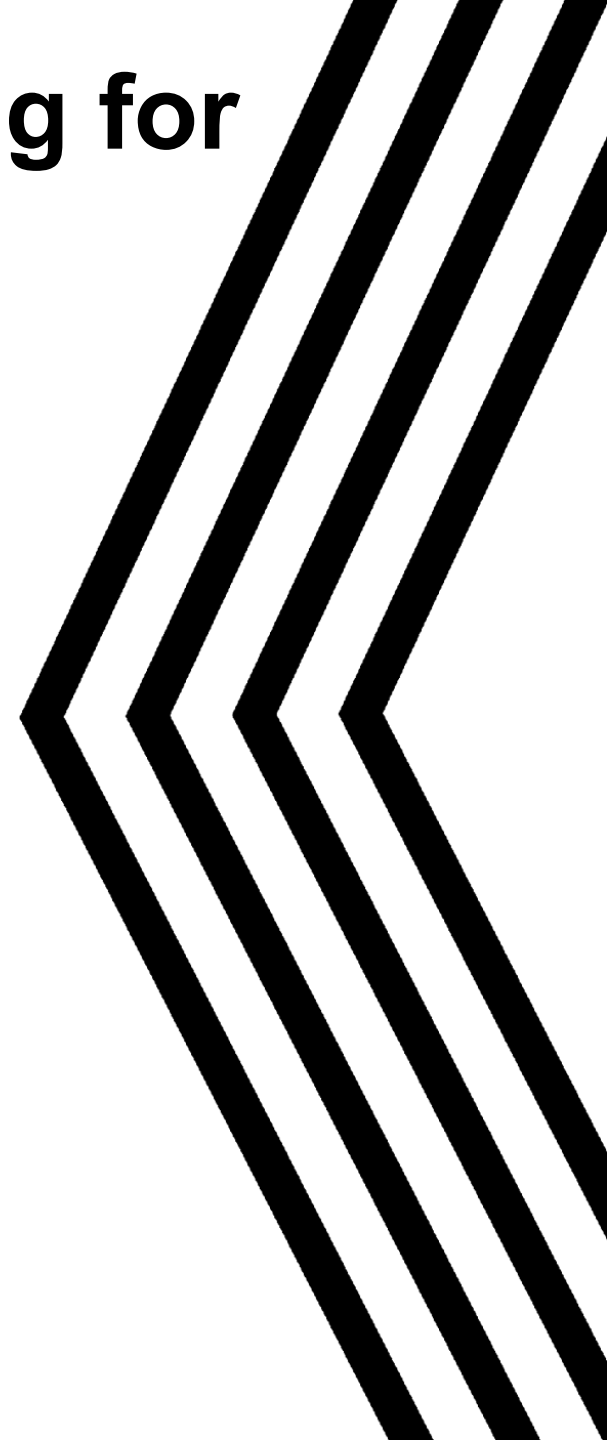
Try it!

Supervision Levels			
Risk Level	Court Appearances	Case Management	Length of Mandate
Low			
Moderate			
High			

Implementing Risk Need Tools

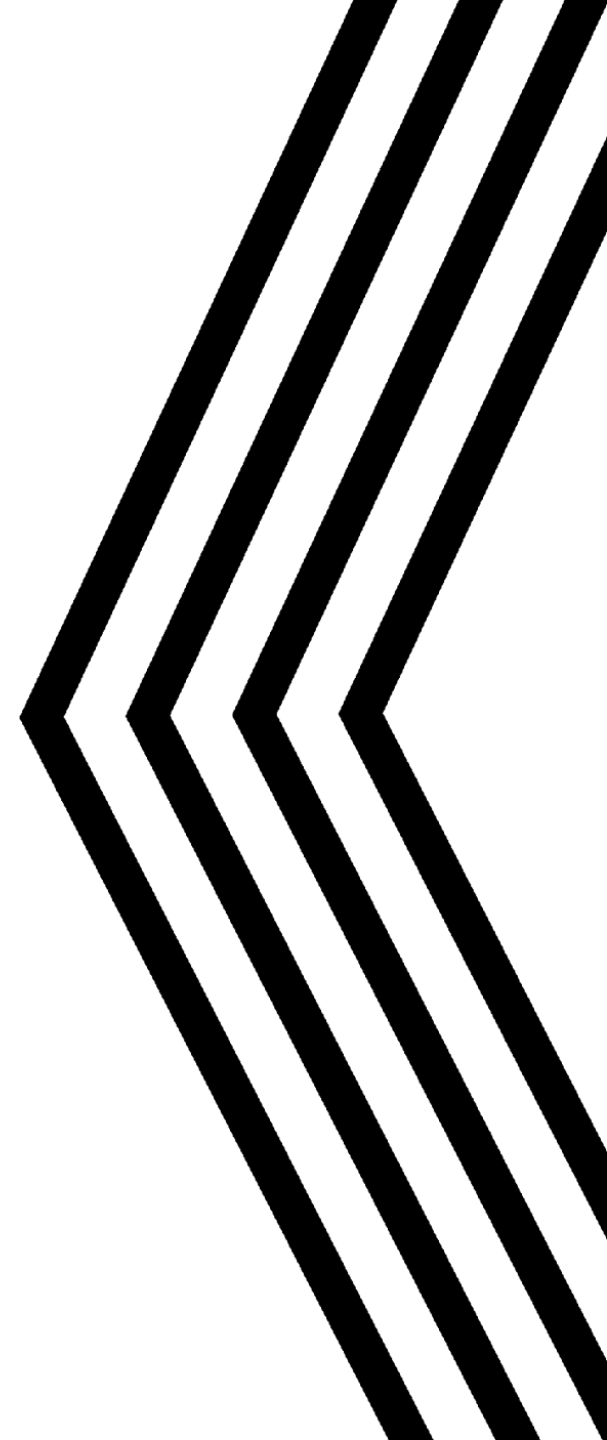
Does one size fits all when assessing for risk?

- 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 defendant subgroups remains an important field of inquiry.
- E.g., low-level offenders, youth, women, racial/ethnic minorities, veterans
- That said, the principles of RNR apply across contexts.



Looking Under the Hood

- Tools are typically based on the central 8 risk factors
- Additional questions might be added
 - e.g., more specific criminal background questions depending on the context and purpose of the assessment
- Empirical analysis conducted to assess the statistical association of each selected factor on the outcome of interest (e.g., re-arrest over a certain time period); item “weights” established based on the relative strength of each risk factor in actually predicting recidivism
- Risk categories created based upon logical “cut points” in the scoring



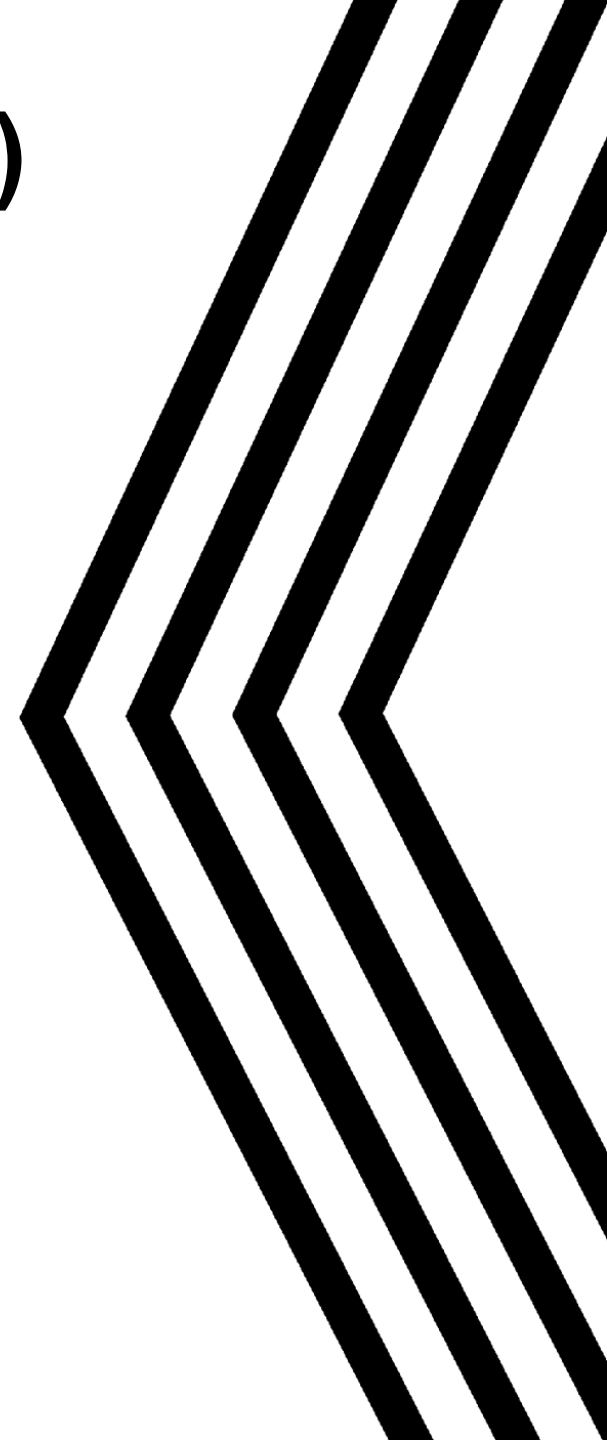
Looking Under the Hood (continued)

Validity: A tool is “validated” when...

- The scores and categories it produces are shown to be statistically associated with recidivism.

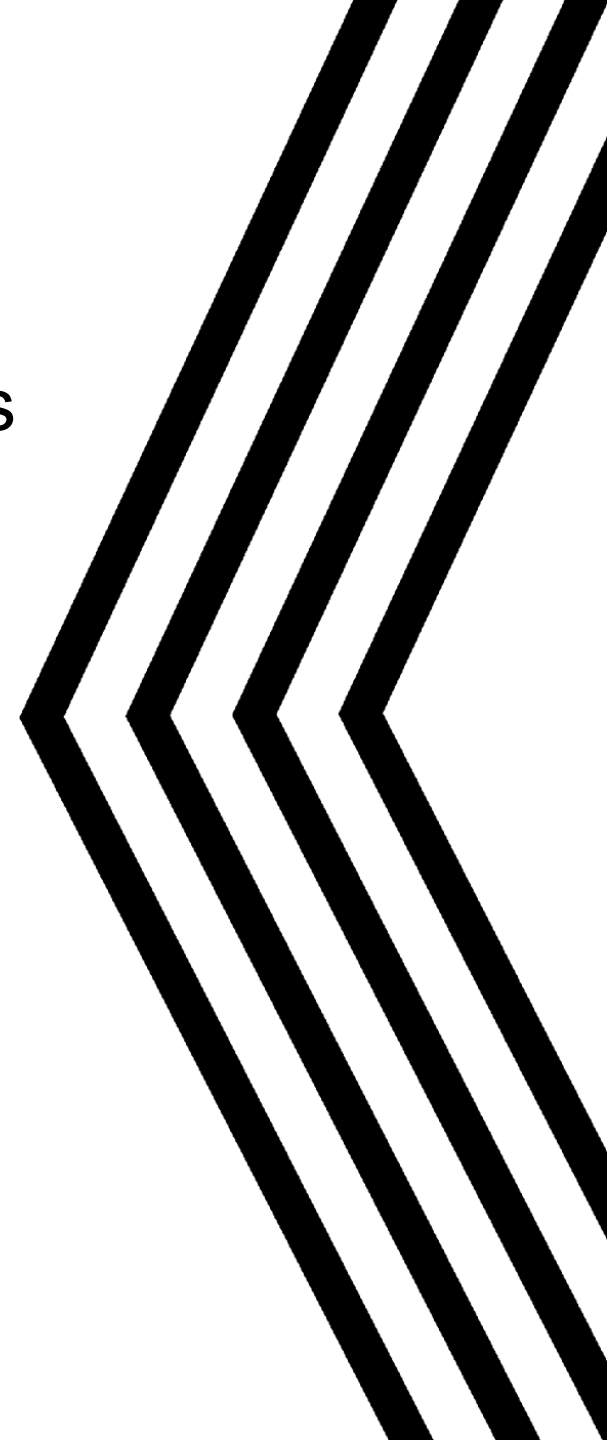
Accuracy: Even among validated tools, some are more accurate than others.

- Some tools are less likely to misclassify (produce “false positives”).
- The AUC statistic measures accuracy. Higher than .7 is good by industry standards.



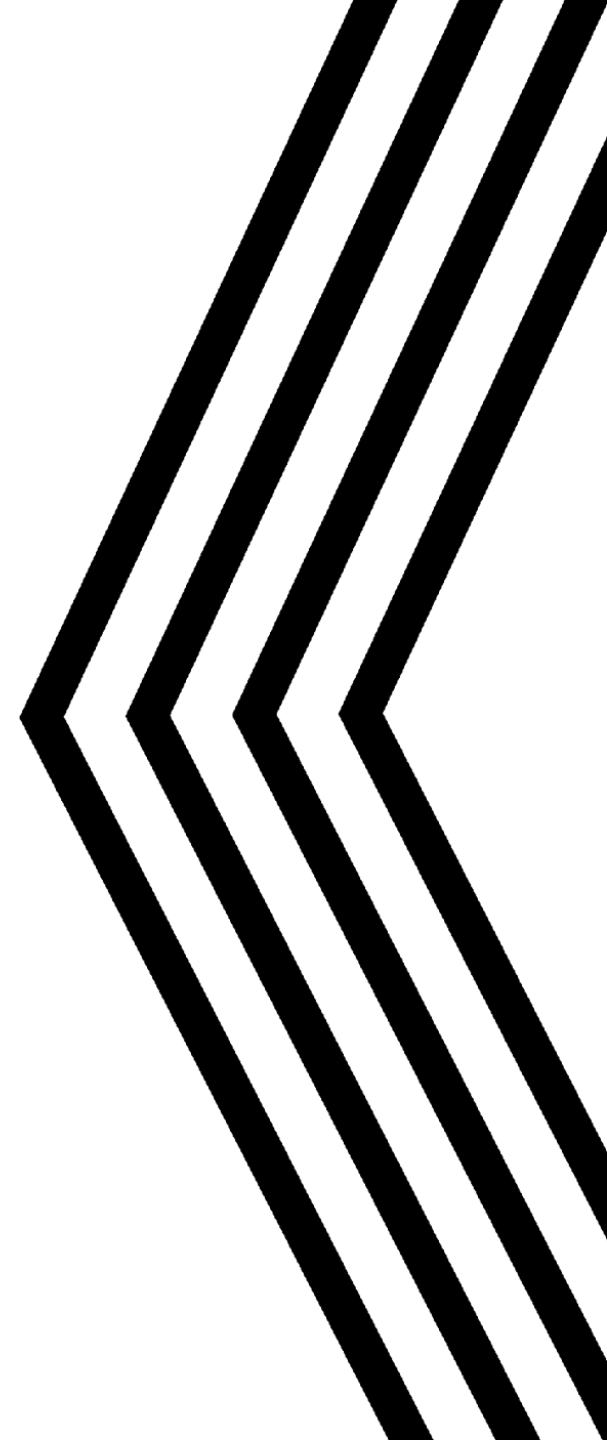
Choosing a Tool

- The simplest tools rely exclusively on criminal records (no defendant interview required)
- Others add a short defendant interview, integrating the results into a single risk score
- Still other tools constitute more comprehensive risk and need assessments that require a long interview
 - Beyond risk classification, these longer tools offer the benefit of assessing the severity of criminogenic needs



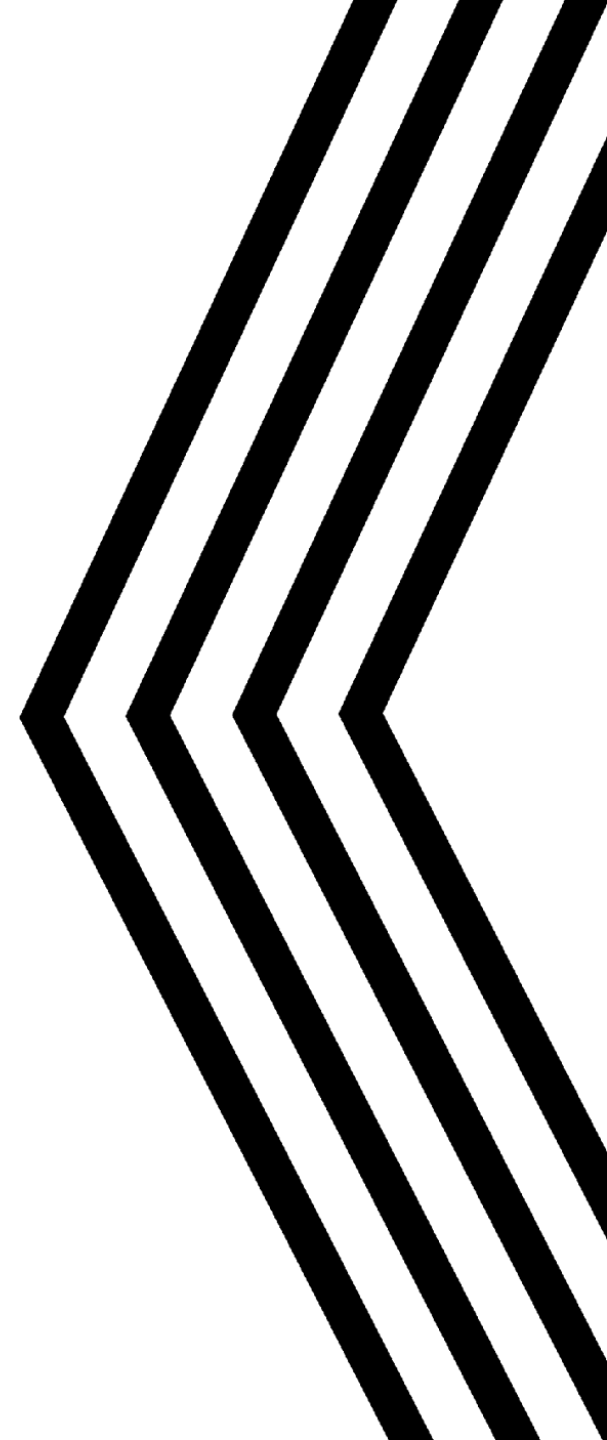
Implementing Risk Need Tools

- Establish a shared understanding of the ultimate intent behind risk classification.
 - How will the instrument be used?
 - At what point in the process?
 - To achieve which goals?
- In most cases, successful implementation of a formal risk assessment will require collaboration from multiple stakeholders, including judges, prosecutors, defense attorneys, and others



Recap!

- History of RNR; decades of research
- Three Core Principles
- Defined what risk is and is not
- Importance of measuring risk
- Static and dynamic factors
- Criminogenic needs: The Central Eight!
- Mental Illness is **NOT** a criminogenic risk factor!
- Tying risk assessment to case management: responsivity!
- Implementing Risk/needs tools



Thanks For Your Time!

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