




UNDERSTANDING AND APPLYING RISK / NEED / RESPONSIVITY PRINCIPLES

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We are all part of a new justice system paradigm : *Therapeutic Jurisprudence*

- Problem-solving Courts
- Drug Courts
- Mental Health Courts
- Veterans' Courts
- Treatment Courts
- Recovery Courts
- Accountability Courts
- Collaborative Courts

Problem-solving courts seek behavior change in participants

- The goal of the problem-solving court is *recovery* - not just abstinence
- The goal of the problem-solving court is *recovery* - not just compliance
- The goal of the problem solving court is *recovery* - not just non-recidivism
- **Recovery is long-term behavior change not short term compliance**

Behavior Change Approach 1

- **Behavior Management = Compliance**

Focus is on what not to do

Seeks immediate or short-term change

Emphasizes punishment

Lasts as long as there is monitoring
(external management)

Behavior Change Approach 2

- **Behavior Shaping = Alliance**

Focus is on what to do

Seeks long-term change

Emphasizes rewards (external and
intrinsic)

Results in internalized change

Problem-solving Courts rest on a foundation validated by decades of criminal justice research

Key Principles

- **ASSESSMENT** – Validated screening and assessment tools
- **TREATMENT MATCHING** – *Risk / Need/ Responsivity* principles
- **EVIDENCE-BASED INTERVENTIONS** – Manualized cognitive behavioral and other evidence based treatment
- **BEHAVIORAL APPROACHES** - Certain and consistent responses to behavior
- **COLLABORATION** – Buy-in and communication with key stakeholders
- **MOTIVATIONAL ENHANCEMENT** – Accepting and addressing ambivalence effectively
- **UNDERSTANDING PROCEDURAL JUSTICE** – Procedural fairness principles

Moving from “Nothing Works” to “What Works”

- In the 1970’s, Dr. Robert Martinson gained prominence and popularization by citing prior research to claim that “*nothing works*” in rehabilitation of offenders
- In the 1990s Canadian criminologists conducted a reexamination of the earlier studies that Martinson reviewed, together with more recent research, and found “*what works*” and *for whom*
- *Risk / Need and Responsivity*

What Works? R N R

The Risk/Need/Responsivity Model:

Risk - tells us *who* to target

Need - tells us *what* to address

Responsivity - tells us *how* to do it

Risk / Need / Responsivity

Why should we care?

- Stewards of public resources
- Stewards of public confidence
- First Do No Harm (applies to us, too)
- Prescribing the wrong medicine or wrong dosage is malpractice
 - Results in overtreatment and treatment resistance and / or
 - Results in ineffectiveness and poor outcomes

What Works? R N R

The Risk/Need/Responsivity Model:

Risk - tells us *who* to target

Addressing Multiple Risk Levels

Risk & Need Quadrants

	High Risk	Low Risk
High Needs (dependent)	<ul style="list-style-type: none">• Supervision• Treatment• Pro-social habilitation• Adaptive habilitation	<ul style="list-style-type: none">• Treatment• (Pro-social rehabilitation)• Adaptive habilitation
Low Needs (abuse)	<ul style="list-style-type: none">• Supervision• Pro-social habilitation• (Adaptive habilitation)	<ul style="list-style-type: none">• Secondary prevention• Diversion

Risk / Need / Responsivity

- ***Criminogenic Risk*** refers to the probability that an individual will commit a criminal act or reoffend and commit another criminal act
- **High risk** individuals will demonstrate the *greatest reductions in recidivism* if placed in intensive, highly structured programs
- **Low risk** individuals will frequently *demonstrate increases in recidivism* if placed in intensive, highly structured programs

Big 8 Criminogenic Risk Factors

Who is high-risk?

Based on “actuarial” data:

- *History of antisocial behavior*
- *Antisocial personality pattern*
- *Antisocial cognition*
- *Antisocial associates*
- Family and/or marital factors
- School and/or work status
- Leisure and/or recreation skills
- Substance use disorder

Andrew, D.A., Bonta, J., & Wormith, J.S. (2006). The Recent Past and Near Future of Risk and/or Need Assessment. *Crime & Delinquency*, (52), 1, 7-27.

Risk must be accurately assessed

- A validated, standardized risk assessment tool is essential
- Well-trained staff to administer the tool is critical
- Monitoring and quality assurance of the risk assessment process is important
- *Understanding* what the risk assessment is explaining is critical for *all recovery court team members*

Addressing the issue of *risk* is a challenge for the recovery court

- Problem-solving courts are part of the larger criminal justice system
- There are many pressures affecting who is referred or directed to the problem-solving court
- There are many pressures affecting who will be accepted into the problem-solving court
- **Mixing persons with varying risk levels in the same problem-solving court is**
- ***Ineffective, potentially, harmful,***
- ***and unethical***

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What Works? R N R

The Risk/Need/Responsivity Model:

Need - tells us *what* to address

Risk / **Need** / Responsivity

- **Criminogenic need** refers to characteristics, traits, problems, or issues of an individual that *directly relate to an individual's criminogenic risk*
- Individuals in our courts have many needs but not all are needs are criminogenic and addressing those that are not will not impact recidivism
- Needs break down into two categories: *static and dynamic.*
- *Static needs* cannot change / *dynamic needs* can change

Services provided must be matched to needs and appropriate in type and in intensity

- The interventions provided must match the individual's particular criminogenic needs
- One size in programs does not fit all
- High risk individuals will not likely achieve reduced recidivism unless **at least four** of their assessed criminogenic needs are directly addressed by the interventions provided

Addressing Multiple Risk Participants

Risk & Need Quadrants

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Phase Structure: When to address specific needs

- NADCP has done considerable recent work in providing guidance through the *national best practice standards* on the phasing of specific interventions
- Phases should address the assessed criminogenic needs in a planned and sequenced manner (cannot address everything at once)
- Abstinence is not a realistic phase 1 or 2 expectation
- Phases not only address individualized criminogenic needs but responsivity issues as well



What Works? R N R

The Risk/Need/Responsivity Model:

Responsivity - tells us *how* to do it

Risk / Need / **Responsivity**

- Responsivity refers to **how** to effectively approach the individual's risk and needs in order to reduce recidivism
- **General responsivity**: focuses on effective types of programs (evidence-based practices) and how programs are structured and delivered
- **Specific responsivity**: focuses on the individual and their particular characteristics, issues, and specific needs

General Responsivity

- Being trauma-responsive
- Being recovery-oriented
- Adhering to procedural justice practices
- Using evidence-based interventions
- Monitoring the ongoing quality of interventions
- Assuring that personnel are well-trained and interpersonally empathetic
- Addressing engagement early and often (Motivational Interviewing)

A few words about *trauma-responsive*

- **Safety**
- **Trustworthiness**
- **Transparency**
- **Peer Support**
- **Collaboration and Mutuality**
- **Empowerment, Voice & Choice**
- **Cultural, Historical and Gender Issues**

A few words about *procedural justice*

- **Voice**
- **Transparency / Understanding**
- **Respectful Treatment / Dignity)**
- **Neutrality**
- **Trust (caring, helpfulness, and fairness)**

Specific Responsivity

- Learning style
- Temperament
- Gender
- Basic needs (food, shelter, safety)
- Relationships
- Mental illness
- Trauma
- *Stage of Change /Motivational status (level of ambivalence)*

A few words about motivation

- **Motivation should not be a criteria for admission to the problem-solving court**
- Assessment of motivation tells what approaches are needed to achieve and support “engagement”
- Addressing actual motivation in an appropriate manner achieves the therapeutic alliance necessary for successful outcomes
- Principles of motivational interviewing are key to addressing motivation at the various phases of the recovery court

A few words about trauma

- Trauma should be an expectation not an exception
- The Problem-solving Court should operate in a trauma-responsive manner for all participants
- Assess individual trauma once a therapeutic alliance has been established and when the treatment provider indicates it is time
- Consider using the ACES assessment to look at early childhood trauma
- Trauma-triggered responses may masquerade as various types of non-compliance (non-engagement, defiance, absenteeism or absconding, withdrawal)
- When someone's trauma neurological pathway has been triggered, you are no longer dealing with their frontal lobe (executive functions)

Matching interventions to risk/need/responsivity

- In order to “match” you must accurately assess
- Once you accurately assess you must match the risk level and needs to the interventions you will provide
- The model of problem-solving courts is itself an intervention
- The full-on problem-solving court model is a high-intensity, highly structured intervention and is only a match for the *high risk / high need* participant
- Differential models (separate tracks) can be matched to other risk and need levels (more service or structure is not always better)

Risk / Need / Responsivity

- Understanding Risk / Need / Responsivity is the cornerstone of delivering an effective problem-solving court
- Effectively matching program elements to the Risk / Need / Responsivity of participants is the key to achieving positive outcomes
- Effective outcomes are the foundation for:
 - sustainability,
 - community confidence,
 - and system support