Responsivity: Making the Risk-Need Model Effective

David A. D’Amora, M.S., LPC, CFC
Director, Special Projects
Senior Policy Advisor

Council of State Governments Justice Center
What is risk reduction all about?

1. Accurate assumptions about which individuals are likely to commit a crime.

2. Effectively targeting interventions and supervision to lower the likelihood a person will commit a crime.
Risk Reduction means utilizing R-N-R

- **Risk principle.** Match the level of service to the offender’s likelihood to re-offend.

HIGHER RISK = **MORE INTERVENTION**
= **MORE STRUCTURE**
= **MORE SUPERVISION**
= **MORE OF YOUR RESOURCES**
Risk Reduction

To have enough resources for higher risk offenders, we have to allocate FEWER resources to lower risk offenders.

LOWER RISK = LESS INTERVENTION
            = LESS STRUCTURE
            = LESS SUPERVISION
            = LESS OF YOUR RESOURCES
Risk Principle

• Tells us WHO to target
Risk Reduction

✓ Now, we know WHO.

So, what do we DO?
Need Principle

• Assess criminogenic needs and target those needs with treatment and interventions.
Criminogenic Needs

• Dynamic or *changeable* factors that contribute to the likelihood that someone will commit a crime.
<table>
<thead>
<tr>
<th>Major Risk/Need Factor</th>
<th>Characteristics</th>
<th>Dynamic Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial Attitudes</td>
<td>Attitudes, values, beliefs, and rationalizations supportive of crime, and cognitive emotional states of anger, resentment, and defiance. Criminal/reformed criminal/anti-criminal identity.</td>
<td>Reduce antisocial cognition; recognize risky thinking and feeling; build up alternative, less risky thinking and feeling; adopt reform/anti-criminal identity.</td>
</tr>
<tr>
<td>Antisocial Friends and Peers</td>
<td>Close association with criminal others and relative isolation from anti-criminal others; immediate social support for crime.</td>
<td>Reduce association with criminal others; enhance association with anti-criminal others.</td>
</tr>
<tr>
<td>Antisocial Personality Pattern</td>
<td>Adventurous pleasure seeking, weak self control, restlessly aggressive, callous, and disagreeable.</td>
<td>Build problem-solving skills, self-management skills, anger management and coping skills.</td>
</tr>
<tr>
<td>Family/Marital</td>
<td>Two key elements are weak nurturance/caring and poor monitoring/supervision.</td>
<td>Reduce conflict, build positive relationships, and enhance monitoring and supervision.</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Abuse of alcohol and/or other drugs.</td>
<td>Reduce substance abuse, reduce the personal and interpersonal supports for substance-oriented behavior, enhance alternatives to drug abuse.</td>
</tr>
<tr>
<td>School/Work</td>
<td>Low levels of performance and satisfactions in school and/or work (low socio-economic achievement).</td>
<td>Enhance performance, rewards, and satisfactions.</td>
</tr>
<tr>
<td>Leisure/Recreation</td>
<td>Low levels of involvement and satisfactions in anti-criminal leisure pursuits.</td>
<td>Enhance involvement, rewards, and satisfactions.</td>
</tr>
</tbody>
</table>

---


2 The minor risk/need factors (and less promising intermediate targets for reduced recidivism) include the following: personal/emotional distress, major mental disorder, physical health issues, fear of official punishment, physical conditioning, low IQ, social class of origin, seriousness of current offence, and other factors unrelated or only mildly related to offending.
<table>
<thead>
<tr>
<th>Major Risk/Need Factor</th>
<th>Characteristics</th>
<th>Dynamic Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial Attitudes</td>
<td>Attitudes, values, beliefs, and rationalizations supportive of crime, and cognitive emotional states of anger, resentment, and defiance. Criminal/reformed criminal/anti-criminal identity.</td>
<td>Reduce antisocial cognition; recognize risky thinking and feeling; build up alternative, less risky thinking and feeling; adopt reform/anti-criminal identity.</td>
</tr>
<tr>
<td>Antisocial Friends and Peers</td>
<td>Close association with criminal others and relative isolation from anti-criminal others; immediate social support for crime-oriented peers.</td>
<td>Reduce association with criminal others; enhance association with anti-criminal others.</td>
</tr>
<tr>
<td>Antisocial Personality Pattern</td>
<td>Adventurous, pleasure-seeking, impulsive, aggressive, callous, and detached.</td>
<td>Enhance social skills, anger management, and social responsibility.</td>
</tr>
<tr>
<td>Family/Marital</td>
<td>Two key elements are weak nurturance/caring and poor monitoring/supervision.</td>
<td>Reduce conflict, build positive relationships, and enhance monitoring and supervision.</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Abuse of alcohol and/or other controlled substances; history of drug use (e.g., marijuana, cocaine, hallucinogens).</td>
<td>Treat alcohol and other substance use disorders.</td>
</tr>
<tr>
<td>School/Work</td>
<td>Low levels of performance and work flow; socio-economic status.</td>
<td>Enhance educational and vocational training and preparations.</td>
</tr>
<tr>
<td>Leisure/Recreation</td>
<td>Low levels of involvement in leisure pursuits.</td>
<td>Enhance recreational and leisure opportunities.</td>
</tr>
</tbody>
</table>

**Communication Skills**
Judges, probation officers, service providers, mentors, jail staff, prison staff

**Services**
Addiction Treatment
Co-Occurring Disorder Treatment
Job Training/Employment Readiness

---

2. The minor risk/need factors (and less promising intermediate targets for reduced recidivism) include the following: personal/emotional distress, major mental disorder, physical health issues, fear of official punishment, physical conditioning, low IQ, social class of origin, seriousness of current offence, and other factors unrelated or only mildly related to offending.
Risk Reduction

• The RISK principle tell us WHO to target.
• The NEED principle tells us WHAT to target.
• The RESPONSIVITY principle tells us HOW to target.
Responsivity: Tailoring Treatment

- **General**
  - Responsive to learning styles
    - e.g. CBT

- **Specific**
  - Responsive to socio-biological personality factors
  - Engagement
Cognitive behavioral therapy takes advantage of the interconnections between thoughts, feelings and behavior.

Cognitive-Behavioral Cycle

**Situation**
- Tell us what conditions led to the behavior (people, places, things)

**Consequences**
- (Negative or positive) determine the likelihood of continuance

**Thoughts**
- Drive behaviors

**Feelings**
- Can be healthy or problematic depending on how one copes with the feelings

**Behavior**
- Represent the ultimate behavior the person engages in

A review of 58 studies found that CBT reduced recidivism on average 25% (up to 50%).

BUT, RESPONSIVITY ALSO MEANS

• Focusing on personal strengths and/or specific individual factors might influence the effectiveness of treatment services
“Responsivity Principle” Key Factors

Expectancy (includes supervisor therapist characteristics)

Techniques

Relationship

Client Factors

(Source: Lambert, 1992; Lambert & Barley, 2001)
Risk Reduction and Responsivity

• **Responsivity**: Maximize a person’s ability to learn!

Responsivity is all about what helps a person learn.
Risk Reduction and Responsivity

• Responsivity means:

It’s not enough to target higher risk people with the right interventions, you have to do it in a way that supports them as they learn the new skills you are trying to teach.
So, how do we support a person as they learn new skills?

- Consider a person’s personal strengths and personal characteristics when interacting with them and designing their interventions.
- Fidelity to a curriculum does NOT mean you have to behave exactly the same way with a person despite their learning style and other needs.
Non-criminogenic risk factors, are important to include in an effective RNR assessment.

WHY?
• They may need to be addressed before or concurrently along with criminogenic needs in treatment since they may represent a barrier to effective participation in treatment otherwise.
Non-Criminogenic Needs that May Need to be Targeted to Effectively Lower Criminogenic Needs

- Self-esteem
- Anxiety
- Lack of parenting skills
- Medical needs
- Victimization issues
- Learning disability
- Mental Disorders
- Motivation Level
- Receptive and Expressive Language Skills
- Learning style
- Concrete thinking
- Trauma
How can you build on strengths and reduce barriers to treatment?

• *How ready is the person to change?* → Meet the person wherever they are in their change process!

• *Is their mental health creating a barrier?* → Treat their mental disorders and free up their attention to participate fully in risk reduction interventions!
Responsivity Principle

Few places identify offender strengths, or “protective” factors that may be built upon in treatment planning

• Computer skills
• Strong family relationships
• High educational level
• History of stable employment
• Strong ties to recovering community
Responsivity

- Still too few programs effectively identify specific individual factors that might influence the effectiveness of treatment services
  - Anxiety
  - ADHD
  - Motivation Level
  - Gender
  - Reading Level / ESL
  - Language
Responsivity

Figure 1: Integral model of treatment motivation and related concepts applied to correctional treatment. Note: LP • perceived Legal Pressure; PR • problem recognition; DS • distress; CT • perceived Costs of the Treatment; ST • perceived Suitability of the Treatment; OE • outcome expectancy; MET • Motivation to Engage in the Treatment; TE • treatment engagement
Engagement a Responsivity Factor and Key to Change

- Treatment outcome and premature termination predicted by engagement
  - Treatment outcome related to patient effort
  - Manner of therapist related to engagement and effort
The Clinical Impact of Doing Time

- Risk Needs Responsivity
- Trauma Informed Treatment
- Cultural Competence
Engagement Challenges

• Motivation
  – Motivational Interviewing
  – Client-Engaged Goal Setting
  – Focus on Recovery

• CJ culture Adaptation
  – Trauma
Risk Reduction and Responsivity

• Express empathy ≠ approval or sympathy

• Roll with resistance = give up being right

• Develop discrepancy = notice the teeter-totter

• Promote change = Help ‘em believe they have the power to change.
Cultural Competence

- Cultural Proficiency
  - Meaning of symptoms, illness, stressors
  - Meaning of treatment
  - Relationship with professionals
    - Overcoming mistrust
    - Communication
    - Rapport
    - Disclosure
  - Using “natural” community support
• “Those of us who do assessment research in correctional settings must continually remember that we are dealing with atypical, highly biased samples of people exposed to massive situational influences specifically designed to alter their attitudes, personality, and behavior. Incarceration is a massive intervention that affects every aspect of a person’s life for extended periods of time.” (McGargee, 1995)
These walls are kind of funny. First you hate 'em, then you get used to 'em. Enough time passes, gets so you depend on them. That's institutionalized.
The Inmate Code

Do Your Own Time
Mind Your Own Business
Trust No One
Show Respect
Ignore Others’ Infractions
Don’t Steal
Don’t Snitch
Don’t Show Weakness
Don’t Stare
Trauma

- Consequences
  - Isolation
  - Hypervigilance
  - Emotional reactivity

- Intervention principles
  - Safe environment
  - Processing of Trauma
  - Identification of coping strategies
Three Principles

CONNECTING
Be willing to listen and learn: Where were you and what was it like?

EXPLORING
Be aware of differences and similarities in the two cultures: What are the cues?

CHANGING
Be neutral: Is it working for you here?
“Criminalized” thinking neutralizes an expected sense of responsibility.

Examples of Types of Criminal Thinking

**Denial of Victim**
“*I’m the one who is getting messed with.*”
“They had it coming.”

**Denial of Injury**
“*No one really got hurt here.*”
“They have insurance for that.”

**Denial of Responsibility**
“*I didn’t do it.*”
“I had no choice!”

**The Condemnation of the Condemners**
“The cops are just out to get me.”
“You do the same things. You just haven’t been caught.”

**Appeal to Higher Loyalties**
“My friends needed me. What was I going to do?”
“I didn’t do it for myself.”

High-risk individuals do not improve with limited interventions.

- **Current conviction:**
  - Burglary

- **Previous convictions:**
  - Burglary
  - Assault
  - Felony theft

- **Risk factors:**
  - Substance abuse – high need
  - Antisocial thinking
  - Antisocial personality

- **Other factors:**
  - History of trauma
  - No employment
  - No prosocial supports

**Ineffective Interventions**

- Weekly AA/NA meetings
- Limited supervision
- Job placement program

**Why?**

- AA/NA meetings do not provide enough intensity of programming to address substance abuse.
- Biweekly visits do not provide enough supervision/control to reduce recidivism.
- Without addressing antisocial thinking and personality through cognitive-behavioral interventions, offender is unable to maintain employment.