

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

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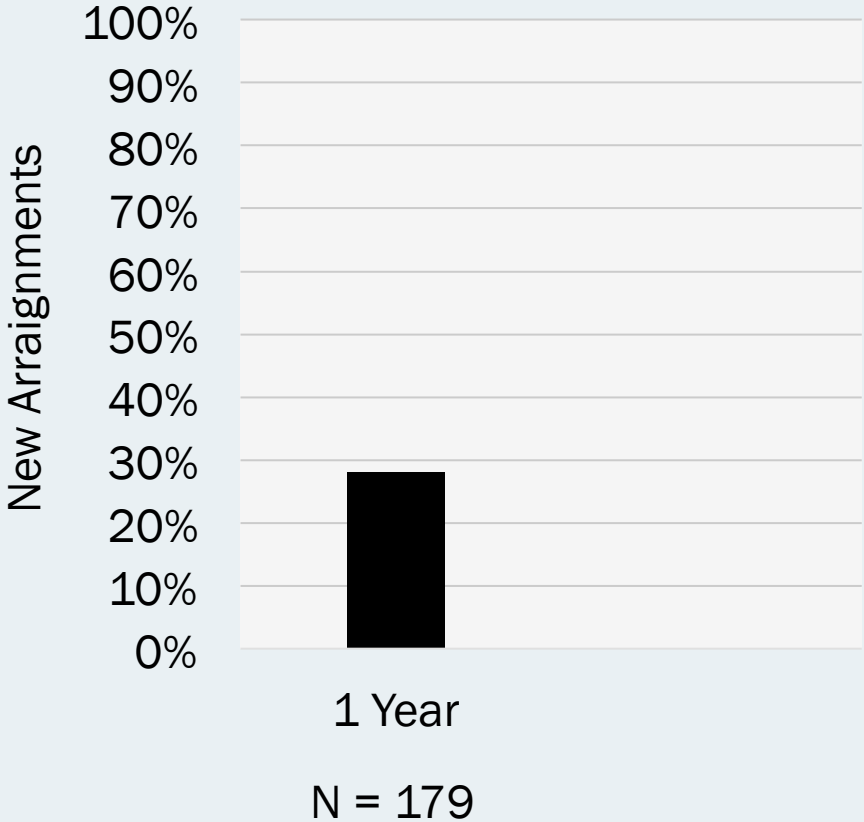
The Honorable Mary Hogan-Sullivan,  
Director of Specialty Courts, MA Trial Court

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

# MA Drug Court Outcomes

## New Arraignments for Graduates

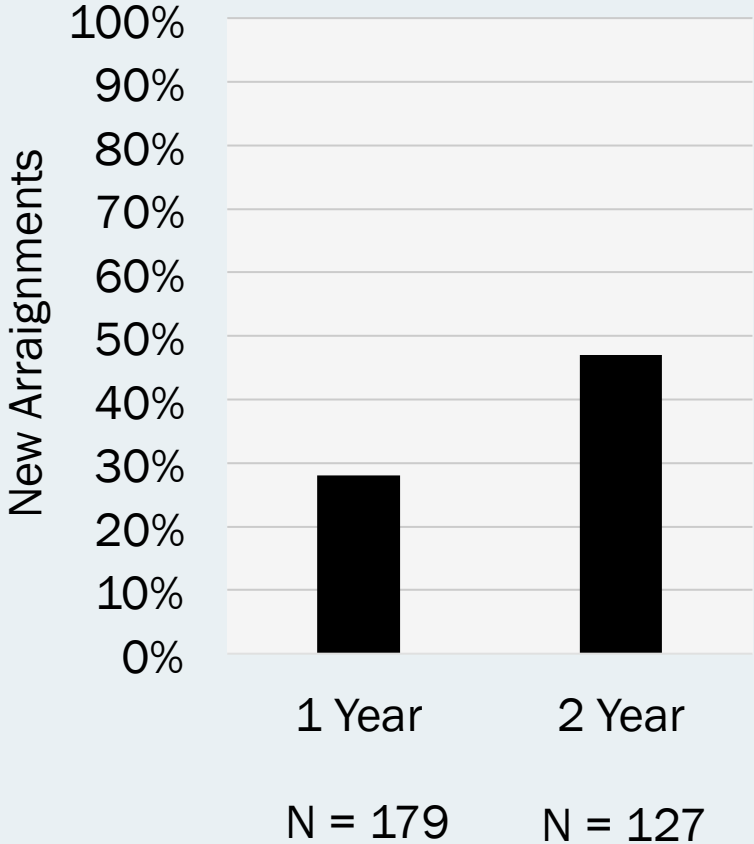
Recidivism Rate of Graduates



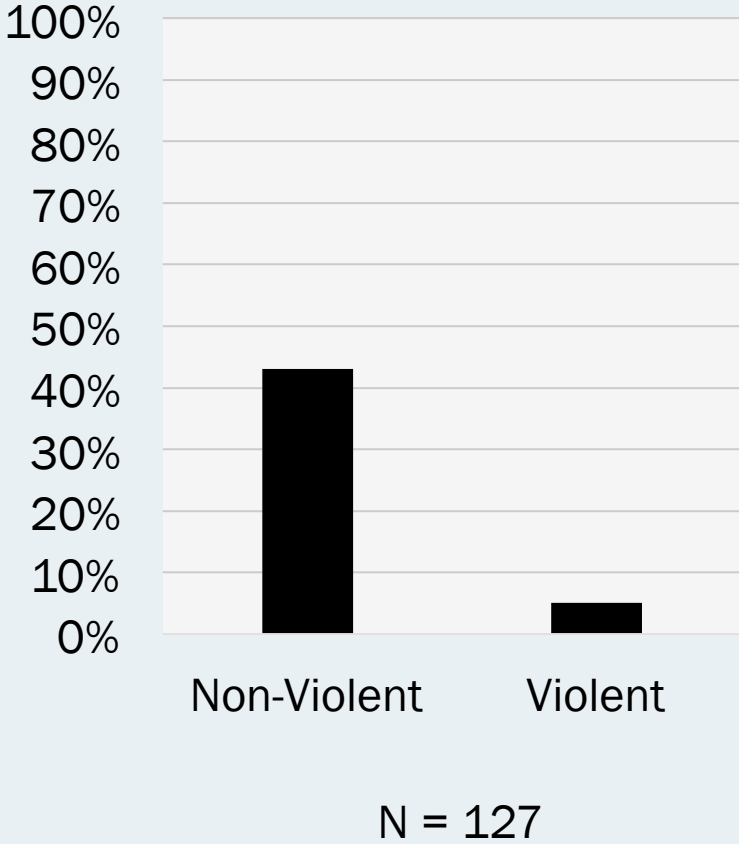
# MA Drug Court Outcomes

## 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

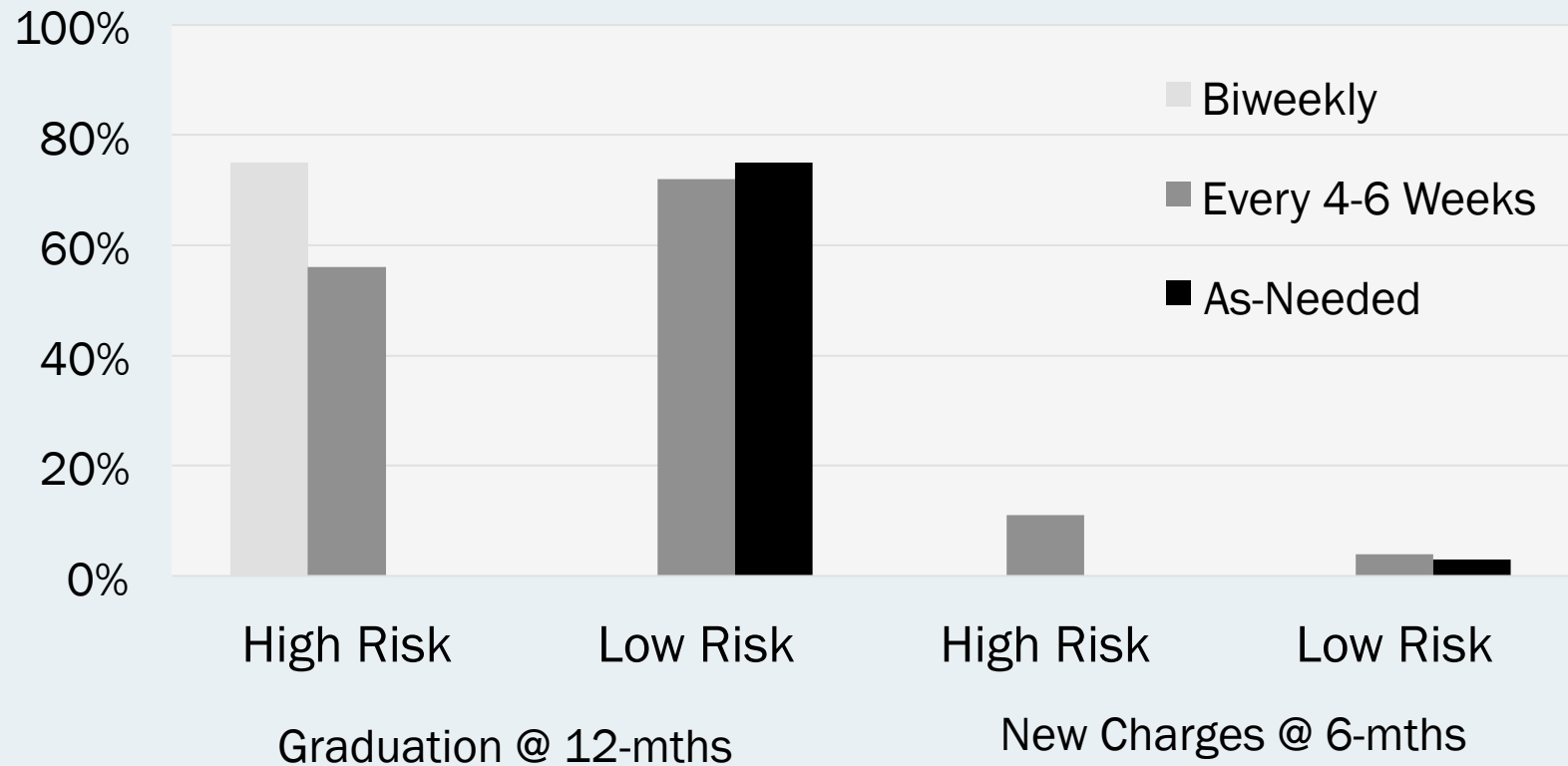
- Risk = Risk for re-offending
  - *The individual has many risk factors that have a known statistical association with re-offending; increases the likelihood they will offend again IF there is no intervention*
- Risk factors have two types:
  - Static (prognostic risks) – extensive criminal history, 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*

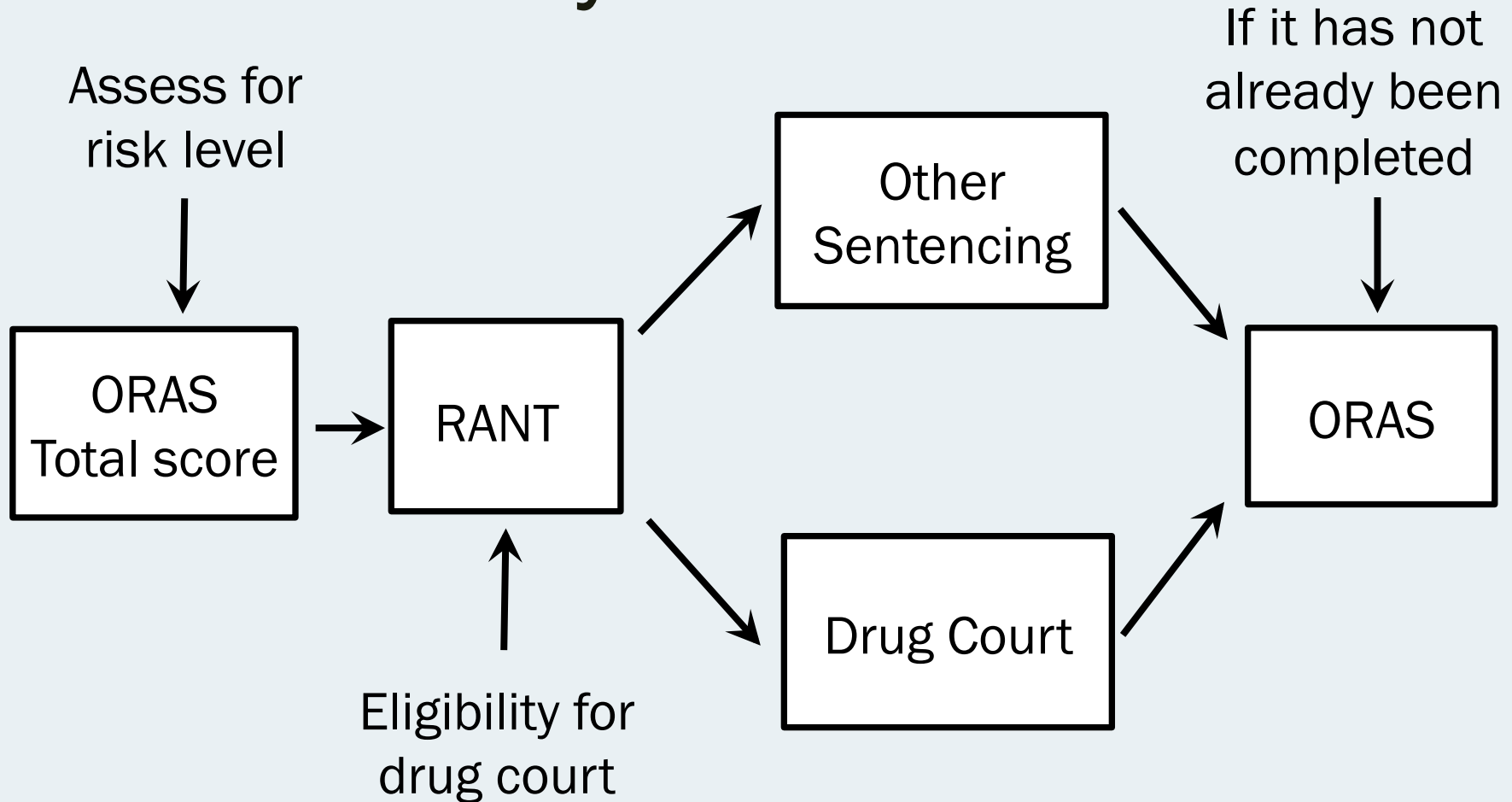
# Research Evidence: Risk Level and Drug Court Hearings

Outcomes by # of Court Hearings and Risk Level



(Marlowe et al., 2007)

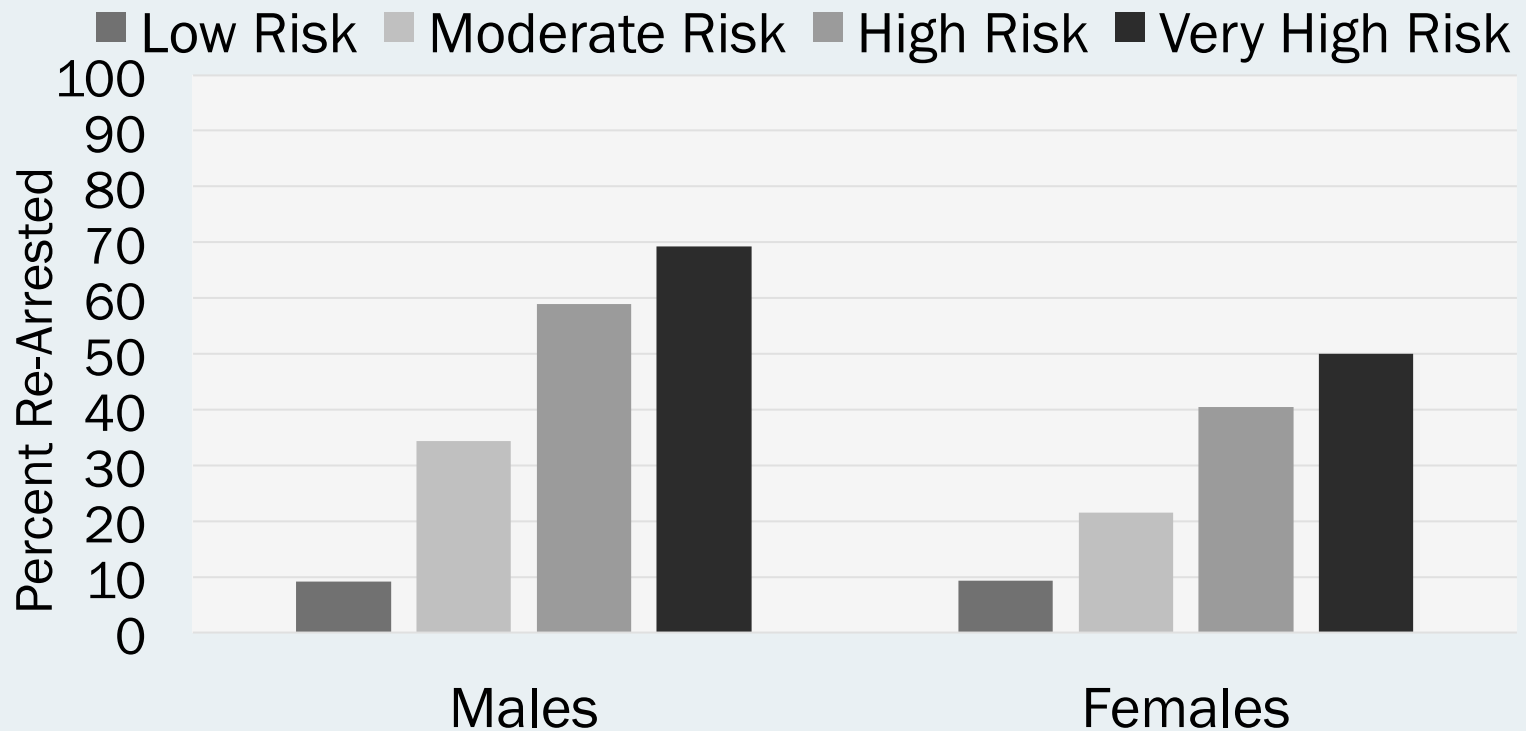
# How to Identify Risk Level



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><li data-bbox="266 696 942 753">2. Antisocial Personality</li><li data-bbox="266 773 1199 831">3. Antisocial Cognitions/Attitudes</li><li data-bbox="266 851 931 908">4. Antisocial Associates</li><li data-bbox="266 928 838 985">5. Substance Abuse</li><li data-bbox="266 1005 1143 1062">6. Family/Marital Relationships</li><li data-bbox="266 1082 1000 1139">7. Employment/Education</li><li data-bbox="266 1159 1199 1216">8. Lack of Prosocial Rec Activities</li></ol>

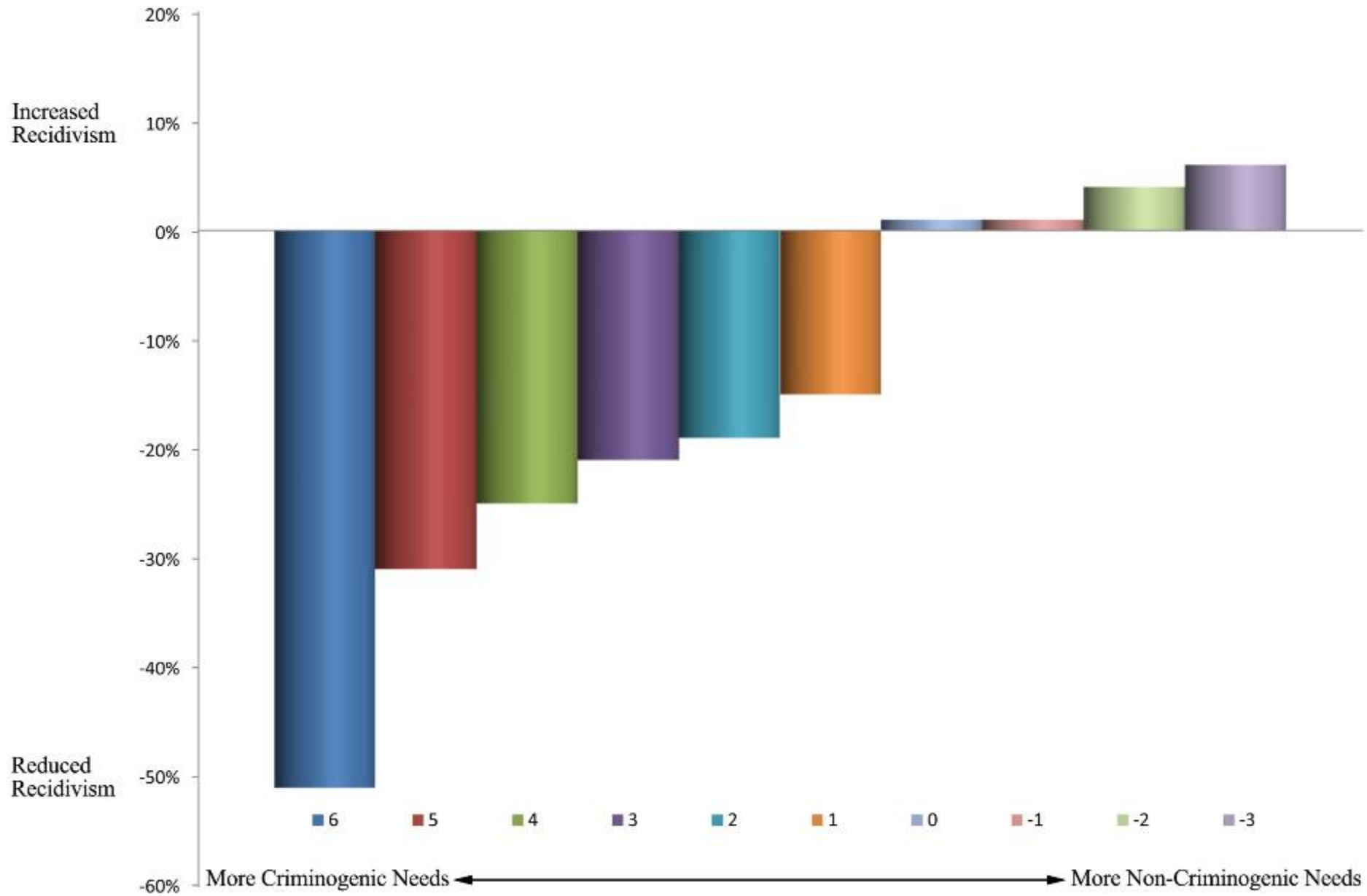
“Big 4”

Criminogenic  
Needs

# Need principle

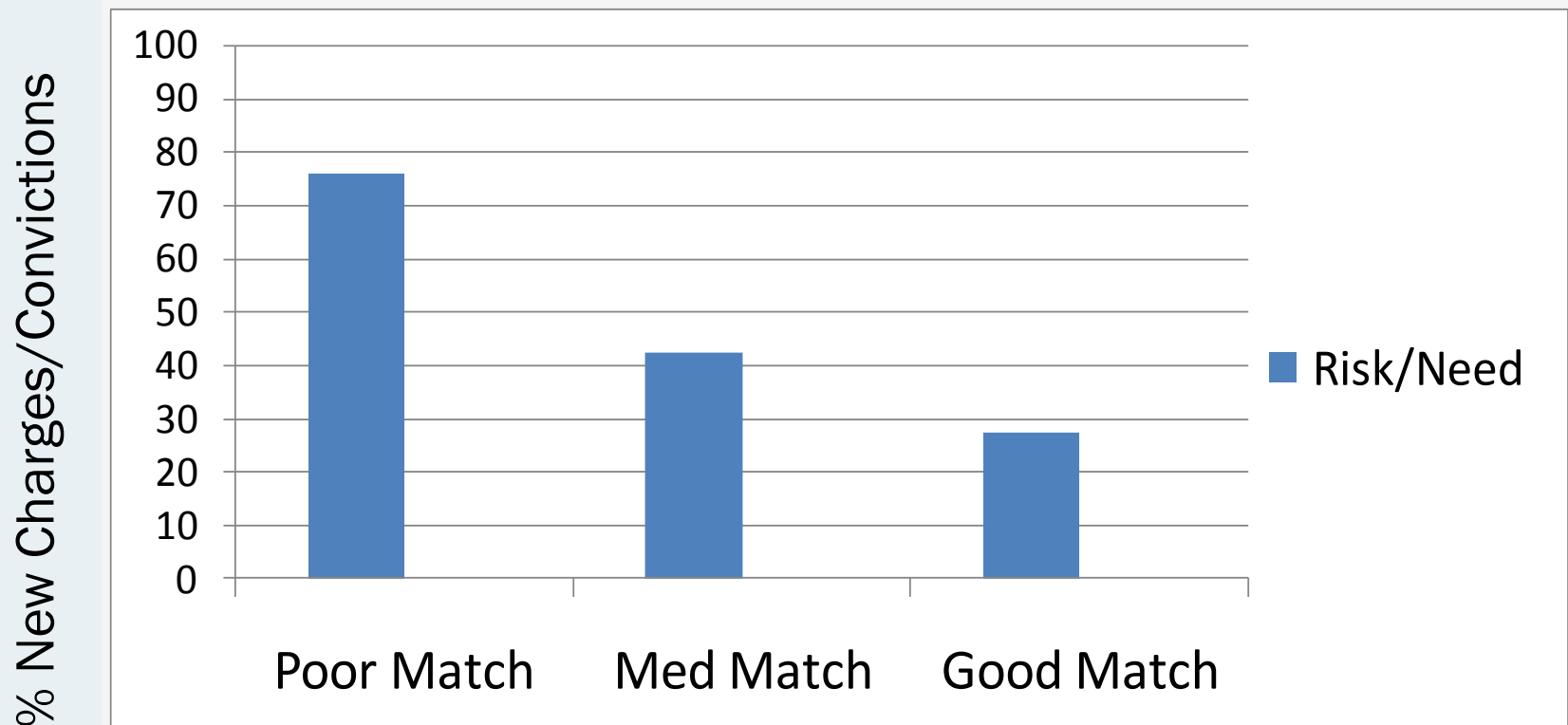
- Need – Target the individual's *criminogenic needs* for intervention and only those needs
  - *Substance Abuse treatment*
  - *What other criminogenic needs exist?*
  - *Prioritize the needs*

# Recidivism outcomes in targeting criminogenic vs. non-criminogenic needs



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

# Research Evidence: Matching Services to Criminogenic Needs

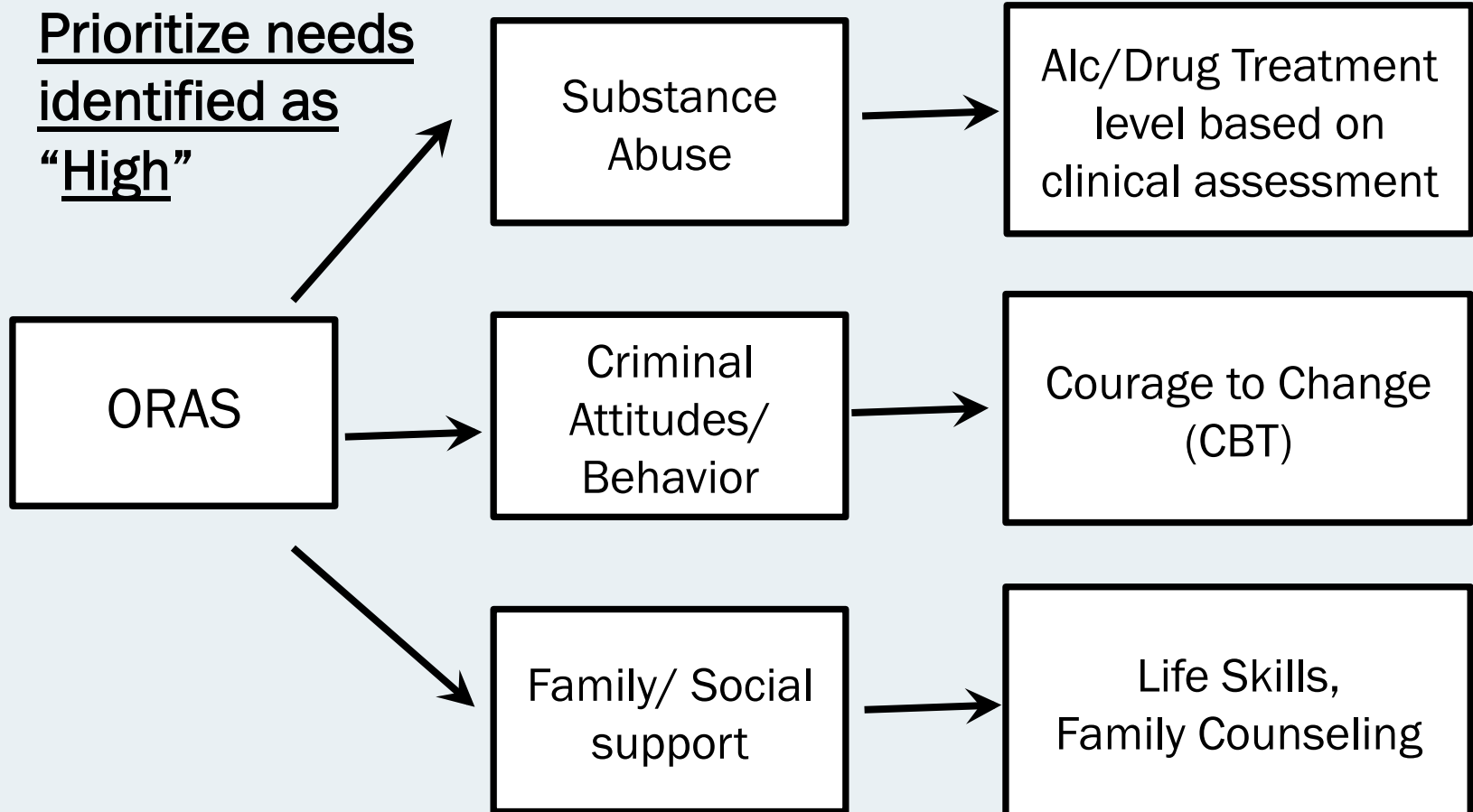


Match -- # of Services Received in Response to  
Criminogenic Needs

(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

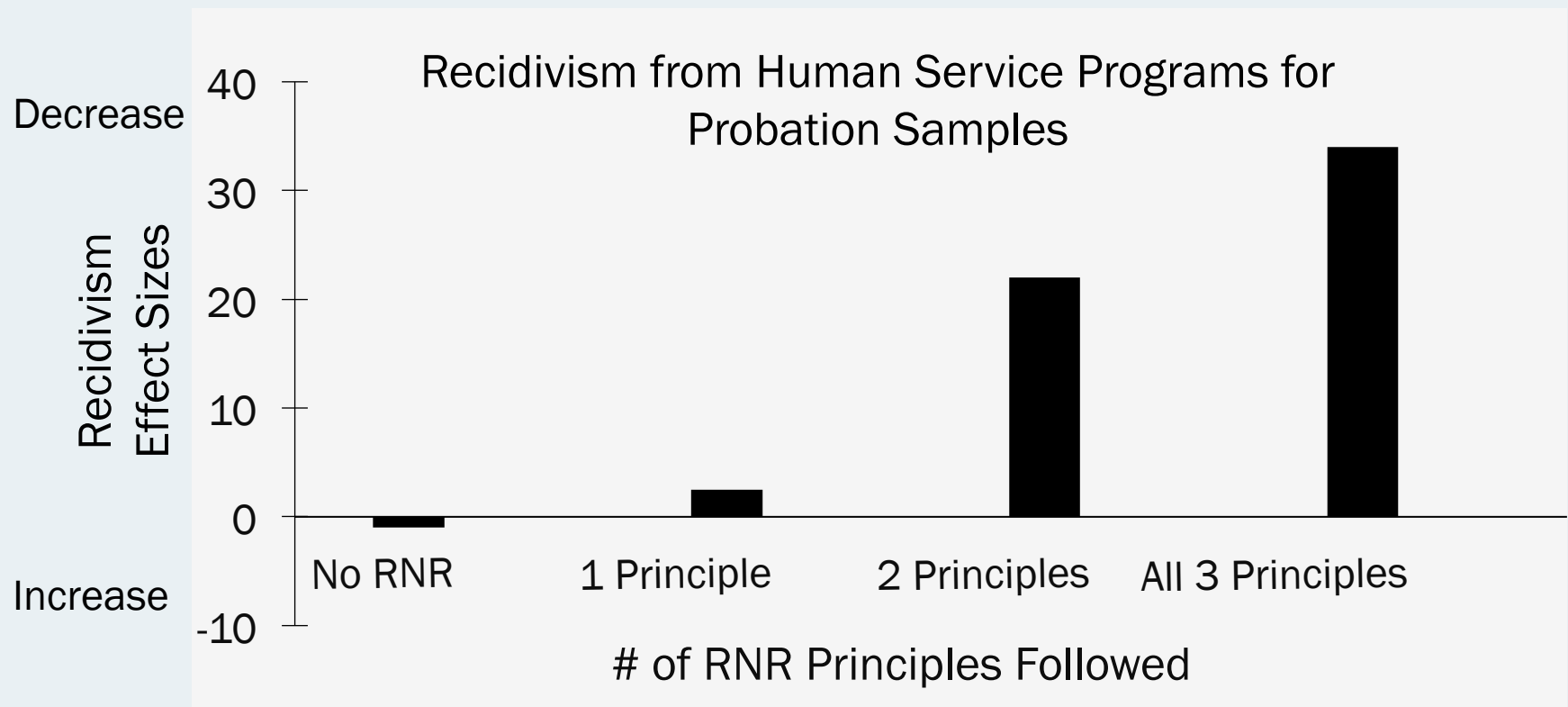
- Responsivity – Match the mode & strategies of services with individual characteristics that would affect treatment response
- Many responsivity factors are assessed and identified by the clinicians
- Drug Court teams work together to determine the best mode of treatment

# 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