



Criminal Thinking:

IDENTIFYING DRIVERS AND INTERVENTIONS-
AN OVERVIEW

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Risk, Need, Responsivity Principle

Risk

Who

What is the risk level based on assessment?

Match intensity of the intervention to the risk level.

Can over treat or under treat.

Need

What

What risk factors/criminogenic need is to be targeted? Antisocial behaviors, Peers, SUD.

Properly match interventions to the risk factor to reduce recidivism, change behavior.

Responsivity

How (When)

Tailor the intervention to the needs of the participant.

Learn style/ability

Motivation

Cultural Factors

History of Trauma

Risk Assessments

What do we mean by Risk?

- ▶ ≠ Dangerousness
- ▶ ≠ Crime Type
- ▶ ≠ Failure to Appear
- ▶ ≠ Custody or security classification level

Risk = How likely a person is do continue the same behavior? Or fail without appropriate interventions to address criminogenic risk.

Recidivism

Criminogenic Needs or Risk Factors

Factors in a participant's life that are directly related to criminal behavior (recidivism).

- ❑ Dynamic- Changeable and able to target with appropriate interventions
 - ❑ Important for applying the RNR principles
- ❑ Static- Not Changeable, but still important to identify and understand

Targeting criminogenic needs with evidence-based interventions reduces recidivism.

Risk Assessments

The Bureau of Justice Assistance Tool Selector:

<https://bja.ojp.gov/program/psrac/selection/tool-selector>

Examples of Assessments:

- Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
- Level of Service Inventory- Revised (LSI-R)
- Level of Service/Case Management Inventory (LS/CMI)
- Ohio Risk Assessment System (ORAS)
- Risk and Needs Triage (RANT) - SCREENING

Criminogenic Needs/Domains: The Central Eight

1. Criminal History-Static
2. Antisocial Attitudes/Thinking
3. Antisocial Peer Associations
4. Antisocial Personality Traits

5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital

Lack of Prosocial Activities/Purpose

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Non-Criminogenic Needs

- Needs NOT related to criminal behavior, BUT important to Responsivity:
- Medical Needs
- Mental Health Needs
- Food
- These may need to be addressed before interventions for Criminogenic Needs can be effective.

We have a Risk Assessment Score, now what?

Two participants may have the same risk assessment score, they may even have the same top criminogenic needs, but the presentation of those risk factors are likely different.

What *drives* the risk factor in each case?

Identifying drivers allows for interventions, goals and strategies to be more meaningful, purposeful and effective.

Risk Assessment → Criminogenic Need → Driver

The driver = target

Identifying drivers- The people, places, things that influence and/or increase the likelihood to continue behaviors.

Cognitions

Two main drivers:

1. The inability to monitor thinking & thinking patterns.
2. Antisocial Thinking
 - a) Proactive vs. Reactive
 - b) Specific Criminal Thinking Style (8 potential styles)

Specific Criminal Thinking Styles

- ▶ **Mollification**- making excuses
- ▶ **Cut-off**-ignoring responsible actions
- ▶ **Entitlement**-feeling above the law; identifies wants as needs
- ▶ **Power orientation**- asserting power over others and environment
- ▶ **Superoptimism**- Getting away with it
- ▶ **Cognitive Indolence**-lazy thinking
- ▶ **Discontinuity**- getting sidetracked
- ▶ **Sentimentality**- Self-serving acts of kindness that negate antisocial behavior

Identifying Drivers- The people, places, things, that influence and/or increase the likelihood to continue criminal behaviors; drive the risk or criminogenic need factors.

Substance use

- **Antisocial Attitudes or Thinking toward the use of alcohol and/or drugs**
- Poor Coping Skills
- Family & **Social Relationships**
- Lack of Prosocial Activities
- Mental Health
- Physical Addition-DSM-V Diagnosis

Vocation/Education

- Interpersonal Skill Deficit
- Educational/Vocational Skill Deficit
- **Antisocial Attitudes/Cognitions**
- Substance Use
- Medical or Mental Health Needs
- Logistical Barriers



Identifying Drivers- The people, places, things, that influence and/or increase the likelihood to continue criminal behaviors; drive the risk or criminogenic need factors.

Family/Social Relationships

- **Antisocial Attitudes and/or Thinking**
- **Antisocial Peers or Family**
- Lack of Contact with Prosocial People/Environments
- Dysfunctional Family or Significant Other Relationships

Domains/Risk Factors that may also be tied to Responsivity Factors.

Residence/Neighborhood

- Lack of Stability
- Lack of Contact with Prosocial People/Environment
- Housemates and/or Neighborhood with Antisocial Influences/Tendencies
- Substance Abuse
- Logistical Barrier(s)

Mental Health

- Biochemical Imbalance
- Coping Challenges, Emotional Regulation Challenges
- Problem-Solving
- Poor Social Supports
- Inadequate Housing

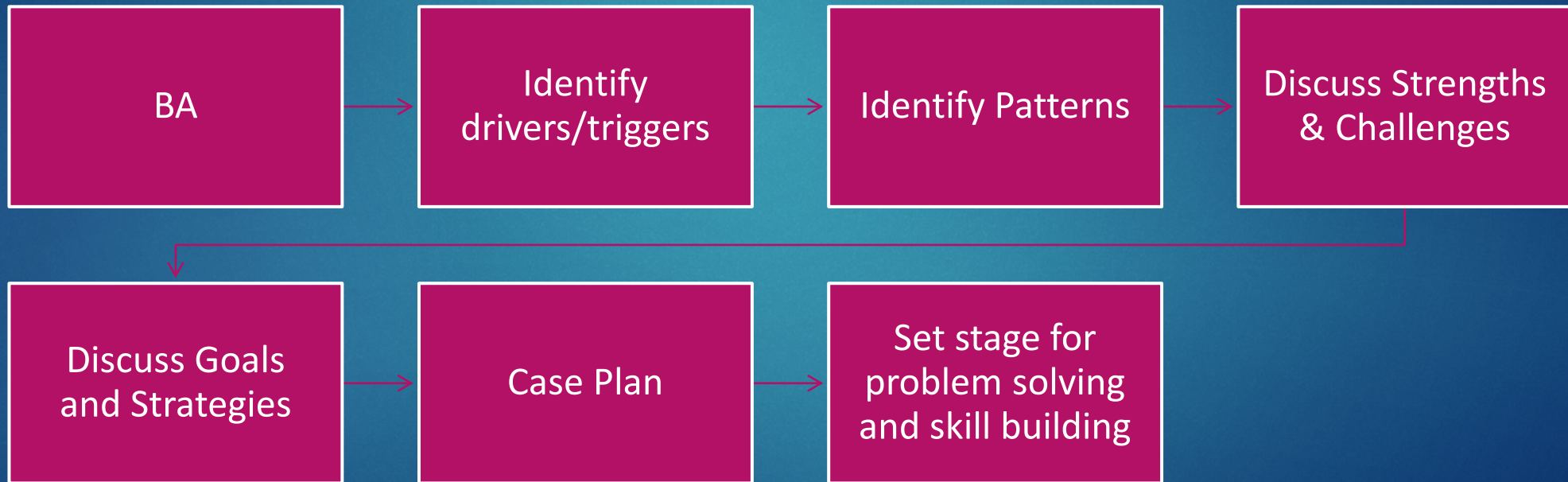
Behavioral Analysis (EPICS-II skill)

- ▶ Risk Assessments are important- painting the overarching or broad picture
- ▶ Risk Assessments tell us what areas are in need of targeted intervention, but not the how or why
 - ▶ Antisocial Peers identified as an area, but not the how these peers fit into the offending patterns or how the individual ends up around these peers
 - ▶ Unemployed or under employed identified, but why- doesn't like to work, can make money faster selling drugs; OR is the unemployment a risk because of financial stressors or too much free time
- ▶ Behavioral Analysis
 - ▶ Understand past and current behaviors
 - ▶ Identify high risk people, places, things and thoughts or situations
 - ▶ Focus on skills to avoid the people, places, things or situations OR cope with the situation

Behavioral Analysis (BA)

Recommend completing a BA as soon as possible upon start of supervision (EPICS-II Training Manual).

Assists with creating better case plans and interventions.



Behavioral Analysis Worksheet: *“Understanding past patterns can help prevent future problems”*

#1 - List the behavior you did that was illegal (your arrests), that got you into trouble or you regret (e.g. “I drove drunk”).

#2 - What were the outcomes for the behavior you listed in #1? (e.g. “I got arrested”, “I lost my license and my job”)

#3 - Describe, in detail, the situation just prior to the behavior you listed in #1. (location, time, day, drugs/alcohol involved)

#4 - Who were you with during the behavior you listed in #1 (you can use nicknames).

#5 - Just BEFORE & DURING the behavior you listed (in #1), what were you thinking and feeling? (list as many as possible)

Complete a row for as many behaviors as possible. Each time, begin at **#1**. After you complete as many rows as possible, take some time to review the worksheet and look for any patterns that may be present. You can discuss these patterns with your probation officer. Return this worksheet to your probation officer on: _____.

#3 <i>Describe the situation</i> <i>Location? Time? Day?</i> <i>Drugs and/or Alcohol?</i>	#4 Who were you with?	#5 What were you thinking/feeling <i>(before/during)?</i>	#1 <u>START HERE</u> What did you do? <i>(I _____)</i>	#2 What were the outcomes?
At Todd's house, under the influence of pills from my surgery	Todd	I do not want to be in pain. It is going to be fun. Nobody will know.	used heroin	Admitted into detox worried Mom and Dad Parents became sad & scared for me. Felt like I was a bad person

#3 <i>Describe the situation Location? Time? Day? Drugs and/or Alcohol?</i>	#4 Who were you with?	#5 What were you thinking/feeling (before/during)?	#1 <u>START HERE</u> What did you do? (I _____)	#2 What were the outcomes?
At Sarah and Kim's house. Sober. During the daytime.	Sarah and Kim	This is going to be fun. I am going to feel great after. Nobody will find out.	I smoked pills and shot up heroin.	Started stealing. Worried/scared my family again. Started to not care about my health Started to lie to people
Stopped at Walmart to shop for a few items. Sober.	John my boyfriend who is a drug dealer	I felt good about what I am about to shoot up. I will never get caught. No one will never find out.	shot up methamphetamine and heroin	stole from walmart charged with new felonies placed on probation spent time at hillside
Month after release from hillside. At John's house. Sober. Kickback with friends.	John and other people from around town	Nervous since John was asking to use. Scared that I might get caught It will be fun though and calm my stress	Shot up heroin and methamphetamine	Placed on IPS. Worried my parents even more. Sober friends wanted nothing to do with me.
Sarah and Kim's house. I have been two months sober. It was Sarah's birthday.	Sarah and Kim	It will feel great. I can control my addiction, it will be just this one time. It is going to be fun.	Smoked methamphetamine	Got a DUI while under the influence of a drug. Jail time. Take classes for DUI and counseling

What can we learn from the BA?

Patterns?

Situations

People

Drivers?

Cognitions

Attitudes

Antisocial Peers

Common Themes found in the BA

- Situations- with friends, initially sober
- Thoughts-
 - “Nobody will know.”
 - “It will be fun.”
 - “I won’t get caught.”
 - “I can control my addiction.”

What type of Antisocial attitudes or Thoughts?

Superoptimism (Getting away with it?)

Lack of skills to recognize and counter the antisocial thoughts with prosocial ones?

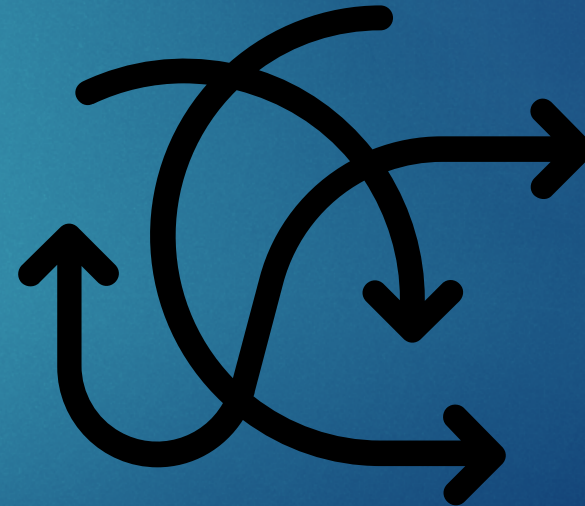
Two reasons people don't change.



They don't want to.



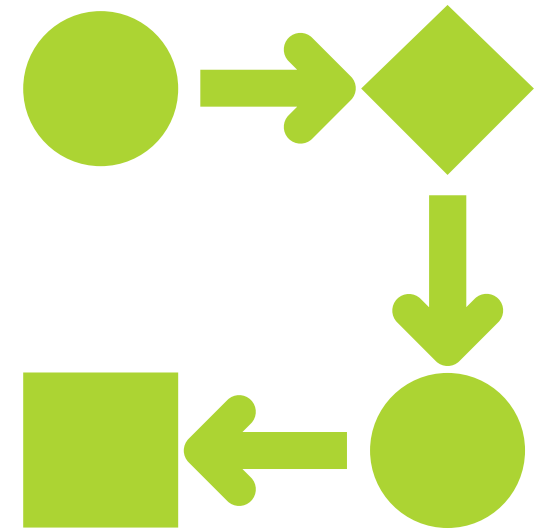
They don't know how to.



Stages of Change:

Knowing a person's stage of change...

- Allows you to meet people where they are on the readiness to change continuum.
- Helps you tailor interventions that will be most helpful in empowering participants to move to the next stage.
- Guides you in developing strategies to be most effective in helping them move forward in their change process.
- Allows you to determine the most appropriate intervention.





Precontemplation:

- Unaware or in denial
- “Ignorance is bliss” stage
- Thought of as resistant to change
- Uniformed- Do not see their behavior as a problem; therefore no need to change
- Underinformed- Probably tried change in the past, but unsuccessful; saw their behavior as problematic in the past, but not currently interested in changing; feeling demoralized
- Tend to underestimate the benefits of changing or overestimate the cost of changing
- Frequently uses defense mechanisms to avoid reality of needing to change

Contemplation:

- The person both considers the change and rejects it; they vacillate between reasons for concern and justifications for unconcern; simultaneously possessing motivation to change and desire to remain the same.
- More aware of the pros of changing but are also acutely aware of the cons.
- Eager to talk about themselves and their problems; more open to learning.
- Might look like procrastination.
- Not typically ready for traditional action-oriented programs or interventions.

Preparation:

- ▶ This stage represents the “window of opportunity.”
- ▶ In this stage the person is intending to take action.
- ▶ This step is crucial for gaining the skills and resources needed to manage the problem in the action stage.
- ▶ If the person enters into action, the change process continues. If not, the person slips back into contemplation.

This step is not the same as action; it does not imply action or guarantee success.

Action:

- ▶ The person has made specific overt modifications in his/her lifestyle to alter his/her behavior.
- ▶ The person starts to modify home, environment and life to support his/her efforts.
- ▶ Behavior change is observable.
- ▶ Has made strongest commitment to change.
- ▶ The person has a plan and is implementing it.

Maintenance:

- ▶ The person is actively working to prevent a relapse but does not need to apply the change processes as fervently as the person in action.
- ▶ He/She is less tempted to relapse and increasingly more confident that he/she can sustain the changes.
- ▶ Not a static stage; it is still a stage marked with tasks and activities to maintain changes.

Reoccurrence:

Experienced a recurrence of the symptoms and/or the past behavior.

Primary task- cope with consequences and determine what to do next.

Does not necessarily mean the person has to start over, in fact, building resiliency and relapse prevention plans are essential.

Motivational Enhancement vs Skill Building

Motivational Enhancement

- ▶ Precontemplation & Contemplation Stages
- ▶ Use Motivational Interviewing Skills
- ▶ Create dissonance between stated goals and actions by listening for change talk.
 - ▶ Role Clarification
 - ▶ Effective Use of Reinforcement/Disapproval
 - ▶ Cost Benefit Analysis
- ▶ Meet them where they are- not ready to change, not ready for skill building interventions

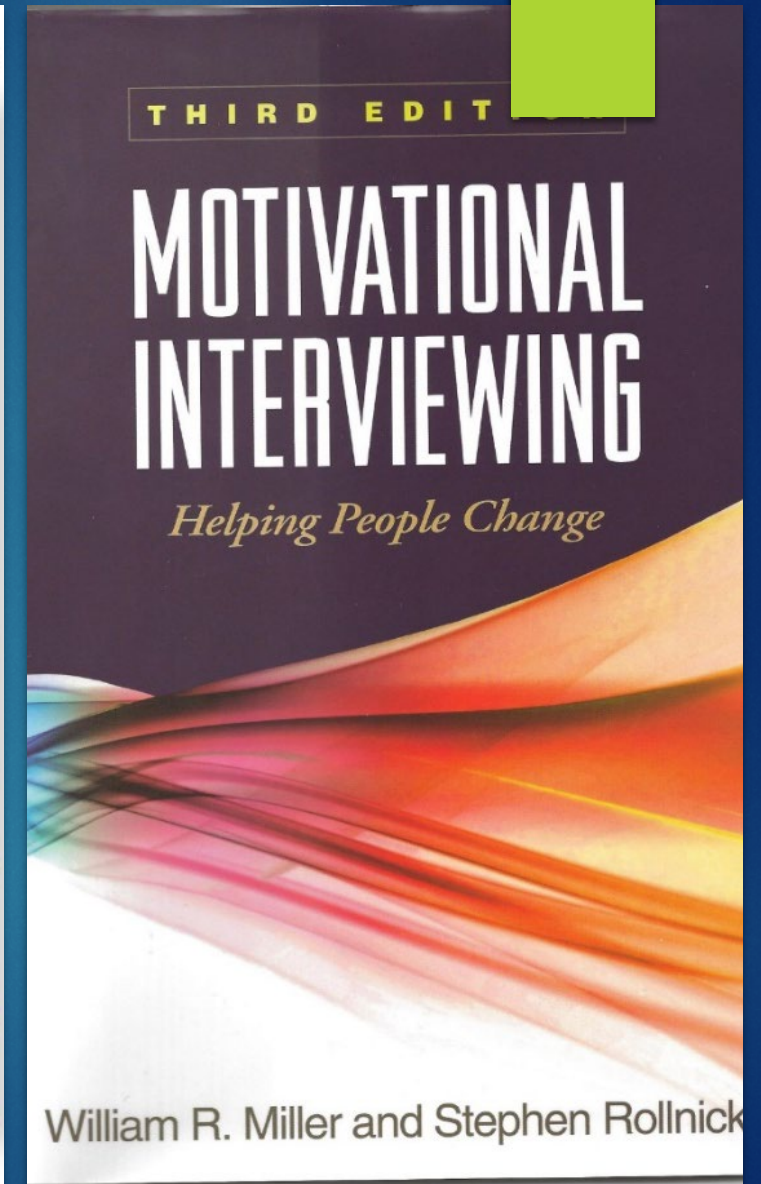
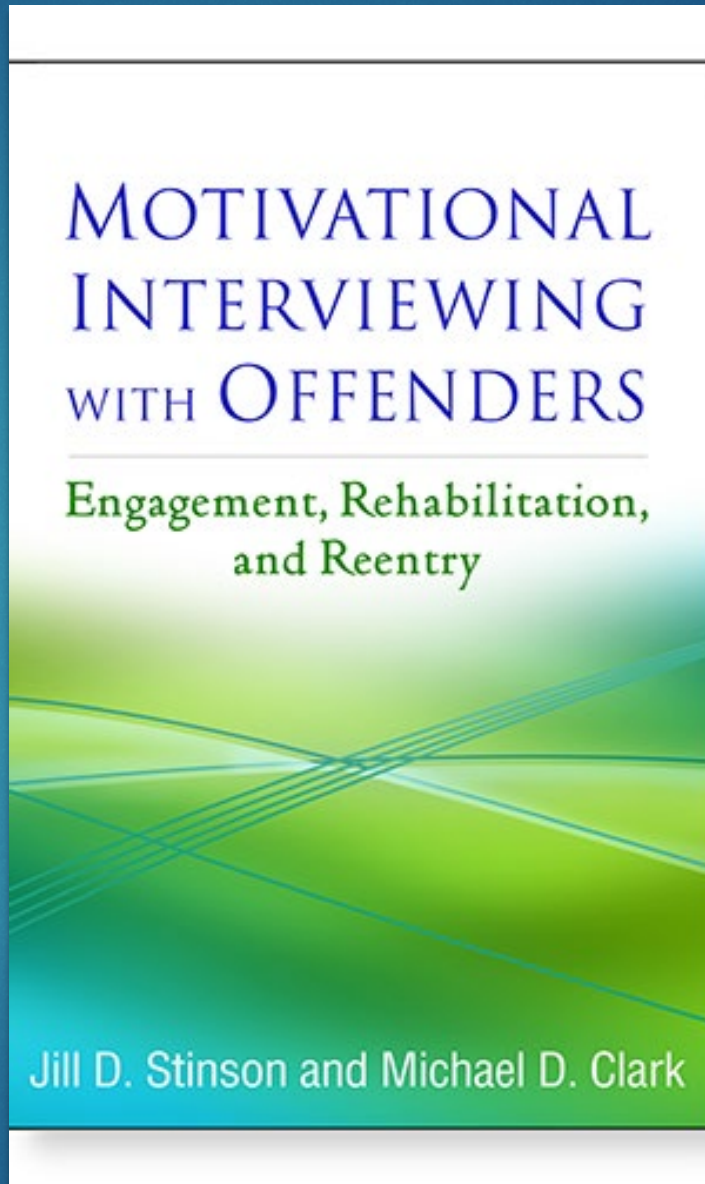
Skill Building

- ▶ Preparation, Action and Maintenance Stages
- ▶ Identify goals and strategies the participant can achieve and gain commitment
- ▶ Cognitive Model, Problem Solving, Role Play, Provide Feedback

Let's talk
interventions...

Motivational Interviewing

- ▶ When the goal is an observable behavior change.
- ▶ When the person is more resistant, angry, or reluctant to change.
- ▶ When the interviewer can separate him/herself from the program participant's attitude, actions, or consequences.



Cognitive Behavior Therapy (CBT)

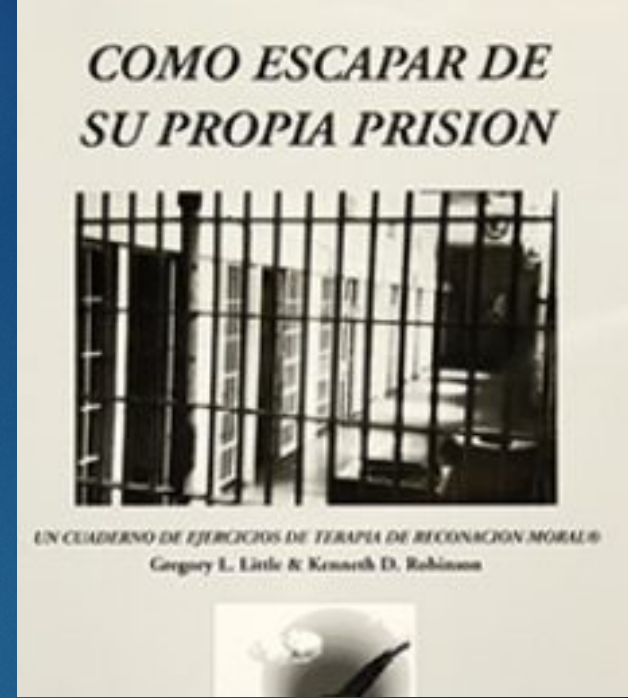
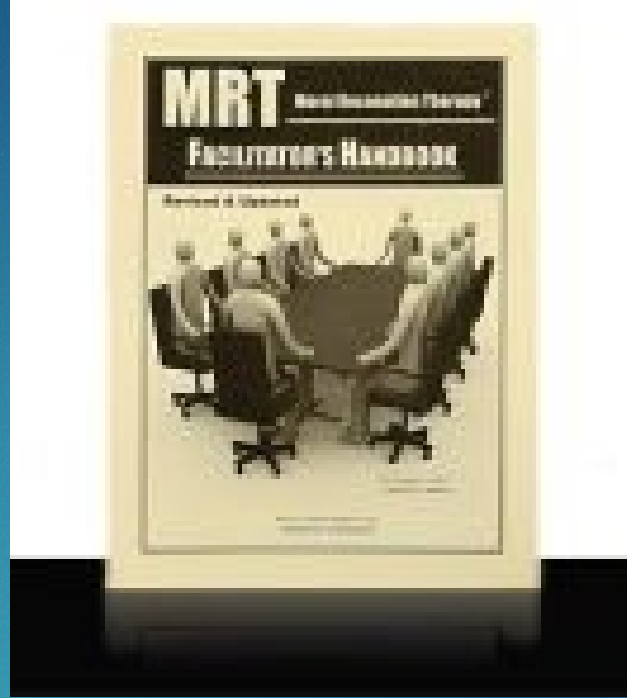
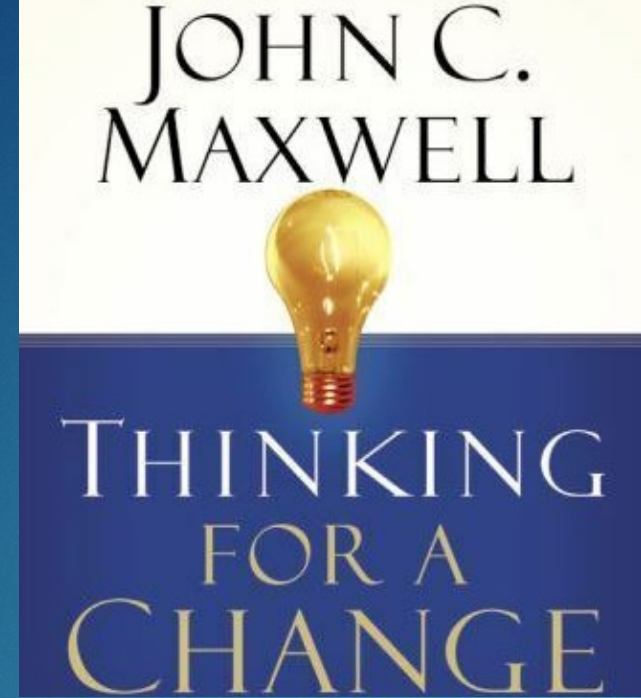
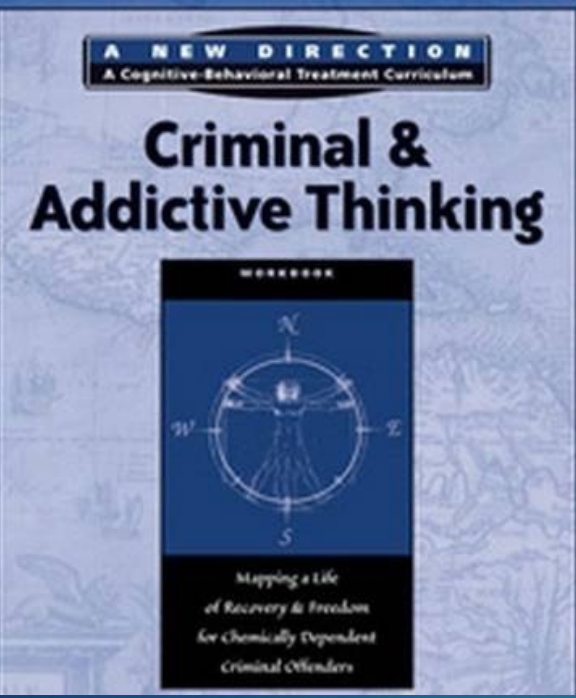
- Cognitive behavioral therapy (CBT) is a psychosocial intervention that is the most widely used evidence-based practice for treating mental disorders.
- Cognitive behavioral approaches consistently appear to be the most effective treatment therapy for those with substance use disorder.
- Programs that include the cognitive component are more than twice as effective as programs that do not

Why CBT?

CBT focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions

(e.g., thoughts, beliefs, and attitudes), behaviors, and emotional regulation.

- ▶ Changing behaviors and beliefs
- ▶ Learning coping skills
- ▶ Clients make personal progress
- ▶ Clients solve problems: Historical and Current



Should be a requirement
Stabilize clinically before addressing
criminogenic needs
HR/HN

Use of Core Correctional Practices

<http://epics2.com/training/>

Role Clarification

1. Identify the agency's goals for supervision. **(ASK)**
2. **ASK** what they hope to accomplish on supervision & beyond.
3. Identify what you hope to accomplish. **(ASK)**
4. Define the supervision process: what is negotiable, non-negotiable & roles (PO, court, services, them).
5. Identify & discuss expectations of confidentiality.

Problem Solving

1. Stop, think & identify the problem.
 - **ASK** them to identify cues there is a problem.
 - **ASK** them to describe the problem objectively.
 - encourage the use of "I" statements
 - "this a risky situation because I ..."
2. **ASK** them to generate alternative solutions the problem (without evaluating them)
 - review each possible solution & **ASK** the short & long-term consequences of each option
 - **ASK** them to choose an option & success plan

Active Listening

1. Listen to the whole message. **Quit your Job***
2. Check for understanding. **Get on the bus***
 - open-ended questions **Go fishing***
 - affirmations
 - reflections **Be Curious***
 - summaries
3. Pay attention to non-verbal cues.

Effective Reinforcement

1. Identify the pro-social behavior you will reinforce.
2. Tell them what they said or did that you like & why it is important.
3. **ASK** them to describe the **short & long-term benefits** of continuing to use the behavior you are reinforcing.
4. Seek agreement from them to use the skill/behavior you are reinforcing in future situations.

<p style="text-align: center;">Teaching the Cognitive Model</p>	<p style="text-align: center;">Effective Disapproval</p>
<ol style="list-style-type: none"> 1. Identify a problem behavior or situation that would benefit from the cognitive model & offer the model as a solution. 2. Explain (use a simple example) the main components of the cognitive model: External Event Internal Thoughts Behavior - emphasize attention to thoughts & that: <i>"Thinking Controls Behavior"</i> 3. ASK them to examine their situation using the cognitive model. 4. Seek agreement with them to use the cognitive model in a future situation. 	<ol style="list-style-type: none"> 1. Identify inappropriate behavior and tell them in an objective manner that you disapprove of what was said or done. 2. ASK them to explore the short & long-term consequences of continuing that behavior. 3. ASK them to identify & discuss pro-social alternatives to replace the unacceptable behavior. 4. Seek agreement for use of a pro-social alternative in the future and discuss steps needed to succeed.
<p style="text-align: center;">Match Approach to Their Stage of Change</p>	<p style="text-align: center;">Effective Use of Authority</p>
<p>Pre-contemplation - <i>"Nothing needs to change."</i> Build rapport & trust. Increase problem awareness. Evoke Change Talk (Cost Benefit Analysis tool)</p> <p>Contemplation - <i>"I am considering change."</i> Acknowledge ambivalence. Explore discrepancy. Discuss pros & cons of change. Evoke Change Talk</p> <p>Determination - <i>"I am figuring out how to change."</i> Collaborate & reinforce. With permission, present options & skills. Evoke Change Talk</p> <p>Action - <i>"I'm working on reaching my goals."</i> With permission, offer resources & skills. Develop SMART goals. Reinforce progress. Evoke Change Talk</p> <p>Maintenance - <i>"I've made my changes. Now I have to keep it up."</i> Reinforce progress. (RACE tool)</p>	<ol style="list-style-type: none"> 1. Identify a situation where the offender is in a decision-making position. 2. Present the available choices and the attendant consequences of each choice. <ul style="list-style-type: none"> - include choices & immediate consequences (avoid doomsday ultimatums) - deliver encouraging messages that acknowledge the positive & provide guidance toward compliance in needed areas 3. At the next available opportunity, follow up by determining if objectives were met. Reinforce progress. 4. In general, look for and reward compliance. <p>Choice #1 = Outcome #1 Choice #2 = Outcome #2</p>
<p style="text-align: center;"><small>This material is adapted from: EPICS II, by Luwenkamp, C. T. (et al., 2010) "Motivating Offenders to Change" National Institute of Corrections, 2007; The work of Dr. Robert Rhode, MINT (as indicated by *). Arizona Supreme Court, Adult Probation Services Division, November 2013</small></p>	

The background consists of a collage of overlapping, slightly tilted rectangular papers in various shades of blue. Each paper has a dark blue question mark printed on it. In the top right corner, there is a solid yellow vertical rectangle.

Thank you!

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References

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Driving Evidence-Based Supervision to the Next Level: Utilizing PCRA, "Drivers," and Effective Supervision Techniques- By Melissa Alexander, Bradley Whitley, Christopher Bersch

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