RISK NEEDS RESPONSIVITY

for the Treatment Provider

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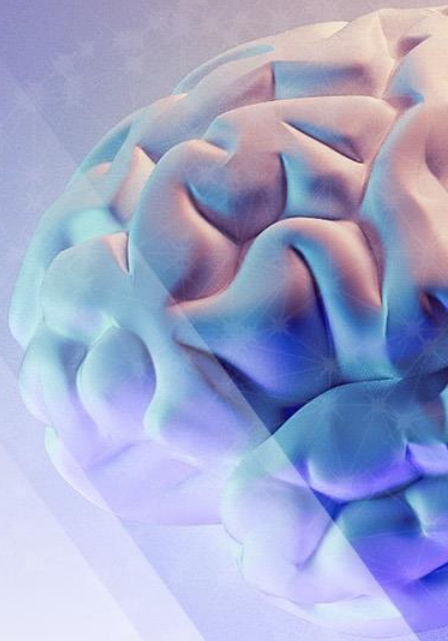
About Emergence

EMERGENCE empowers people to heal and grow by providing exceptional treatment and support.

EMERGENCE provides substance use disorder, mental health, disordered gambling, and interpersonal violence treatment in Oregon.



Training Goals

1. Review principles of Risk Needs Responsivity (RNR), including 'Central Eight' risk/need factors.

2. Define criminogenic and responsivity needs and explore how these affect treatment progress.

3. Incorporate knowledge of criminogenic and responsivity needs into treatment planning over the duration of the participant's treatment episode.

What is RNR?

RISK (WHO)

- Match the intensity of the intervention to the risk of reoffending
- Deliver more intense intervention to higher-***risk*** offenders

NEEDS (WHAT)

- Target antisocial behaviors and attitudes, SUD, and criminogenic peers
- Target criminogenic ***needs*** to reduce risk of recidivism

RESPONSIVITY (HOW)

- Tailor services to person's culture, motivation, ability, and learning style
- Address issues that affect ***responsivity***

Theory of Criminal Behavior

GENERAL PERSONALITY COGNITIVE SOCIAL LEARNING THEORY

- Criminal behavior is caused by specific criminogenic variables within the individual and their social learning environment.
- Identifies these variable as the 'Central Eight' risk/need factors.
- Traditional clinical variables—anxiety, depression, mood, psychotic symptoms, trauma—are regarded as barriers or responsivity factors.
- Alternative to class-based sociological theories of delinquency prevalent from 1930s-1980s.

Central Eight Factors

Antisocial Cognitions

Antisocial Associates

Antisocial Personality Pattern

History of Antisocial Behavior

Family/Marital Circumstances

School/Work

Leisure/Recreation

Substance Abuse

– Andrews & Bonta (2006, 2010)

Why is this important?

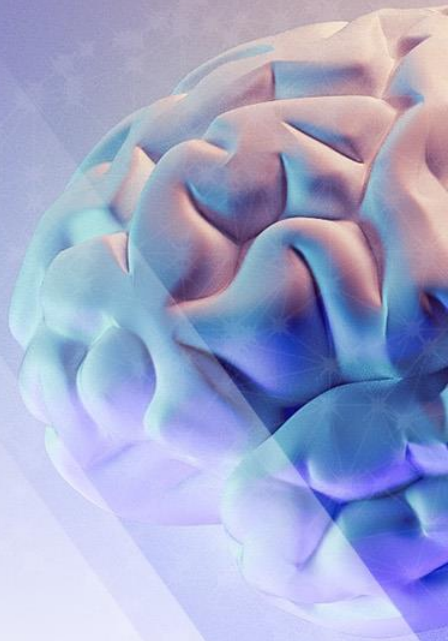
- We deliver **evidence-based, manualized, cognitive-behavioral treatment**, as per RNR model – *CBI-SUA, CBI-CA, MRT, etc.*
- Ability to fluently speak RNR principles will **improve communication** between treatment and corrections partners – *Court, Pre-Trial Services, Parole & Probation, Re-Entry, etc.*
- RNR adherence has been shown to improve client outcomes – we can help clients **reduce relapse and recidivism**.

The Basics of Criminogenic Risk

CRIMINOGENIC RISK refers to the risk of re-offending (recidivism), *not the severity of the offense*.

STATIC FACTORS are permanent and cannot change.

DYNAMIC FACTORS can be changed over time with treatment.



Criminogenic Risk (cont.)

- **GPCSL Theory** states ***offending*** is the product of a person's history of criminal justice involvement and specific criminogenic needs.
- Proper treatment can affect offending behavior by **attending to dynamic criminogenic needs**, thereby **lowering the risk of recidivism**.
- Proper = evidence-based + cognitive-behavioral + manualized
- Assigning appropriate **dosage** (>200 hrs), supervision, and treatment will facilitate reductions in offending (↓ recidivism).

Static Risk Factors

- Have already happened and cannot change
- Useful for research purposes (comparable)
- PRO: very accurate
- CON: do not measure change

Examples of Static Factors
Number of Prior Offenses
Types of Prior Victims
Types of Prior Offenses
Age of Committing Prior Offenses
Exposure to Violence as a Child
History of Substance Use

Dynamic Risk Factors

- **Stable Dynamic Factors** reflect human potential for change
- **Acute Dynamic Factors** can quickly alter the course of recovery
- Our work is focused on helping the client make positive changes to these parts of their functioning
- PRO: demonstrable change
- CON: not always reliable over long time period

Dynamic Risk Factors (cont.)

Stable Dynamic Factors	Acute Dynamic Factors
Antisocial Values	Mental Health
Thinking Errors	Substance Use
Locus of Control	Support Group
Motivational Factors	Major Life Changes
Emotion Regulation	Employment
Cognitive Behavioral Skills	Opportunity

Static vs. Dynamic Factors

Life History

Static Factors
Number of Prior Offenses
Types of Prior Victims
Types of Prior Offenses
Age of Committing Prior Offenses
Exposure to Violence as a Child
History of Substance Use

Lifestyle

Stable Dynamic Factors	Acute Dynamic Factors
Antisocial Values	Mental Health
Thinking Errors	Substance Use
Locus of Control	Support Group
Motivational Factors	Major Life Changes
Emotion Regulation	Employment
Cognitive Behavioral Skills	Opportunity

Criminogenic Risk (cont.)

So how does criminogenic risk help us deliver effective treatment…

1. Measure risk using validated instruments *(ex. LS/CMI, etc.)*

2. Focus on delivering services to high-risk individuals

3. **Do not mix low-risk individuals with high-risk individuals** when providing services!!

Low Risk vs. High Risk

LOW-RISK INDIVIDUALS…

- Are less likely to re-offend
- Have fewer criminogenic needs
- Need fewer services and treatment for shorter duration
- Need least restrictive supervision
- Are likely to correct their own behavior with minimal pressure

HIGH-RISK INDIVIDUALS…

- Are more likely to re-offend
- Have more criminogenic needs
- Need more services and treatment for a longer duration
- Need more structured supervision
- Need consistent incentives and sanctions to change behavior

Do Not Mix Low & High Risk!

Keep Low-Risk and High-Risk people separate!!

- When low-risk and high-risk individuals are mixed, low-risk individuals often learn antisocial behavior from high-risk individuals.
  - Exposure to high-risk individuals disrupts low-risk individuals' prosocial networks.
  - Increased supervision leads to more violations.

Dosage

GOAL: Deliver more intense intervention to **higher-risk** offenders

DOSAGE: The amount of structured intervention (i.e. treatment) that addresses criminogenic needs a participant receives

Evidence shows **200+ hours needed for High Risk**; 300+ hours may be needed for Very High Risk

Does not include activities that do not directly address criminogenic needs (and thereby lower recidivism)

Summary of Criminogenic Risk

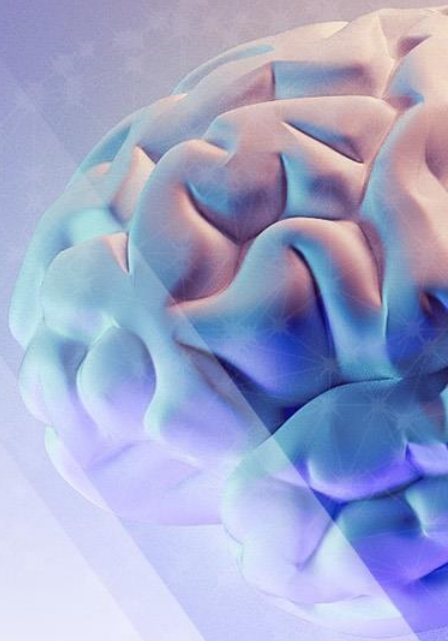
1. **TWO KINDS OF RISK** – **Static Factors** do not change, while **Dynamic Factors** can change in response to treatment interventions
2. **DOSAGE** – High-Risk individuals should receive **200+ hours of evidence-based, manualized, cognitive-behavioral treatment** to reduce recidivism
3. **MIXING LOW & HIGH** – Mixing risk levels **increases recidivism** for the low-risk, as they assume antisocial behaviors learned from high-risk peers.

The Basics of Criminogenic Needs

CRIMINOGENIC NEEDS are crime-producing factors that are strongly correlated with risk

Criminogenic Needs are similar to **DYNAMIC RISK**

Risk of recidivism **can be reduced** by addressing criminogenic needs



Criminogenic vs. Non-Criminogenic

Non-Criminogenic Needs are needs that have not been shown to reduce recidivism

Non-criminogenic needs are often **Specific Responsivity Factors**

Examples of non-criminogenic needs include:

- Low self-esteem
- Mental health concerns (depression, anxiety, PTSD)
- Medical issues
- Inadequate housing
- Parenting skills deficits
- Feelings of alienation
- Physical conditioning
- Life satisfaction
- Neighborhood characteristics

Central Eight Factors

Antisocial Cognitions

Antisocial Associates

Antisocial Personality Pattern

History of Antisocial Behavior

Family/Marital Circumstances

School/Work

Leisure/Recreation

Substance Abuse

– Andrews & Bonta (2006, 2010)

Central Eight Factors (cont.)

RISK/NEED FACTOR	INDICATORS	INTERVENTION GOALS
Antisocial Cognitions	Rationalizations for crime, negative attitudes to the law	Counter rationalizations with prosocial attitudes, build up a prosocial identity
Antisocial Associates	Criminal friends, isolation from prosocial others	Replace criminal friends and assoc. with prosocial people
Antisocial Personality Pattern	Impulsive, adventurous pleasure seeking, aggressive, irritable	Build self-management skills, teach anger mgmt.
History of Antisocial Behavior	Criminal history, # of arrests, acting out while on supervision	Radical acceptance

Central Eight Factors (cont.)

RISK/NEED FACTOR	INDICATORS	INTERVENTION GOALS
Family/Marital	Poor parental monitoring/ discipline & family relationship	Teaching parenting skills, enhance warmth & caring
School/Work	Poor performance, low levels of satisfaction	Enhance work/study skills & nurture relationships
Leisure/Recreation	Lack of involvement in prosocial leisure activities	Encourage participation in prosocial activities
Substance Abuse	Use of alcohol and/or drugs	Reduce substance use & enhance alternatives

Bonta, J. & Andrews, D. A. (2017). *The Psychology of Criminal Conduct* (6th ed.). London: Routledge, Taylor & Francis Group.

Antisocial Cognitions

- **Antisocial Cognitions** indicate a lack of respect for convention, societal norms, and/or the law
- LS/CMI – Attitudes/Orientation
- CBI-SUA – Lifestyle Factor
- We are referring to this domain when we talk about **Criminal Thinking**, **Criminal Thinking Errors**, and **Tactics to Avoid Accountability**
- Antisocial Cognitions is a **Stable Dynamic Factor**

Antisocial Cognitions (cont.)

- According to Cognitive-Behavior Theory, the way we ***think*** and our ***beliefs affect our behavior.***

- Our values and beliefs are formed by our socialization when we are young and influence the way we behave.

- According to Social Learning Theory, ***antisocial thinking and attitudes are learned*** and therefore can be unlearned.

Antisocial Associates

- Social networks and peer influence that are supportive of criminal behavior increase risk of recidivism
- LS/CMI – Companions
- CBI-SA – Lifestyle Factor
- This criminogenic need is referenced in ASAM Dimensions 5 (relapse risk) and 6 (social environment)
- Antisocial Associates is both a **Stable Dynamic Factor** and **Acute Dynamic Factor**

Antisocial Associates (cont.)

- ***Social isolation*** has been identified as one of the ***highest predictive risk*** factors
- Companions are the strongest source of rewards and constraints; they often reflect the individual's current attitudes and beliefs
- Lack of prosocial companions indicates a diminished opportunity to observe prosocial models
- Research indicates recidivism is reduces when individual is ***engaged in prosocial activities***

Antisocial Personality Pattern

- Antisocial Personality Pattern domain is intended to assess general personality & behavior patterns associated with antisocial behavior.
- LS/CMI – Antisocial Pattern
- CBI-SA – Life History Factor *and* Lifestyle Factor
- Antisocial personality pattern is a **Stable Dynamic Factor**, although some components are consistent with **Static Factor**
- Items within this domain are often indicators individual could meet diagnostic criteria for Antisocial Personality Disorder

History of Antisocial Behavior

- This domain assesses **frequency and severity of criminal behavior**.
- LS/CMI – Criminal History
- CBI-SA – Life History Factor
- History of Antisocial Behavior is a **Static Factor**
- Extreme and extensive criminal history may indicate the individual has lagging self-control skills or the need for psychological evaluation.

Family/Marital

- The Family/Marital domain focuses on current family/marital interactions and their influence on the individual. These influences can be *positive or negative*.
- LS/CMI – Family/Marital
- CBI-SA – Lifestyle Factor
- Family/Marital is a **Stable Dynamic Factor**
- Family/Marital background characteristics (ex. relationship quality and status) are moderately related to recidivism

Family/Marital (cont.)

- This element is linked to **social learning theory**.
  - Criminal behavior and attitudes about crime are modeled during upbringing.
  - Significant others may reinforce the individual's criminal behavior.
- Satisfying family relationship indicates prosocial relationships and ties which are negatively correlated with criminogenic risk
- Uncaring, negative or hostile relationships with family may indicate poor social and problem-solving skills and lack of prosocial modeling

School/Work

- Individuals who have any level of education and a stable employment history are less likely to offend
- LS/CMI – Education/Employment
- CBI-SA – Lifestyle Factor
- School/Work is an **Acute Dynamic Factor**
- Employed individuals are more likely to have prosocial companions, stable housing, fewer financial concerns, less likely to use drugs, etc.
- Poor numeracy and literacy skills directly increases risk of re-offending; educational achievement can lower risk

Leisure/Recreation

- This domain looks at patterns of involvement or non-involvement in prosocial activities
- LS/CMI – Leisure/Recreation
- CBI-SA – Lifestyle Factor
- Leisure/Recreation is an **Acute Dynamic Factor**
- This domain assesses individuals "ties to the community"
- Recent, regular involvement with a group of non-criminal peers lowers risk, as attachment bonds with prosocial people limit involvement in criminal activities

Substance Abuse

- This domain explores past and current substance use and how it has (or has not) contributed to increased risk of recidivism
- LS/CMI – Alcohol/Drug Problem
- CBI-SA – Lifestyle Factor
- Substance Abuse is an **Acute Dynamic Factor**
- How do alcohol and drug use interfere with the individual's prosocial experiences:
  - Marital/family relationships
  - Legal/justice involvement
  - Employment
  - Social situations

Substance Abuse (cont.)

- There is a strong correlation between substance use and criminal behavior
- Factors that show increased recidivism include
  - Onset/age of first use
  - Intensity, frequency and method of use
  - Positive and negative consequences
  - Readiness for change
- Attitudes, consumption, behavioral information, and ***professional judgment*** define what constitutes a "problem"
- Problem = negative impact on life, work, family, health, relationships, criminal activity, etc.

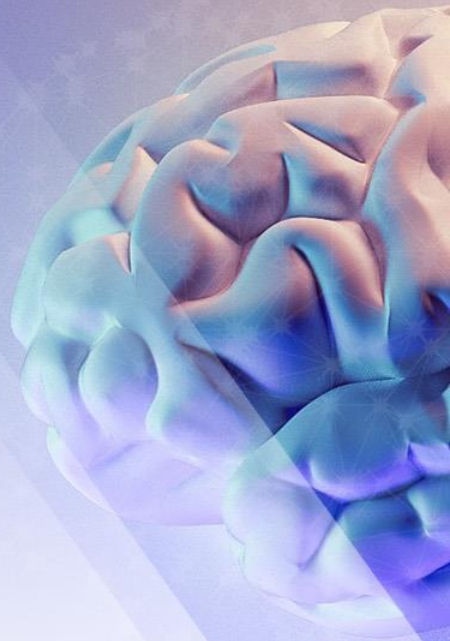
Summary of Criminogenic Needs

1. **DYNAMIC FACTORS** – **Stable Dynamic Factors** can be changed over time through treatment, while **Acute Dynamic Factors** change rapidly in response to environmental stress
2. **CENTRAL EIGHT** – **Criminogenic Needs = Dynamic Risk**. We can lower recidivism by focusing treatment on the Central Eight factors
3. **WHO DECIDES?** – Assessment of what constitutes a "problem" is determined by **your professional judgment**, not the client's self-report

The Basics of Responsivity

The **RESPONSIVITY PRINCIPLE** tells us HOW to deliver treatment…

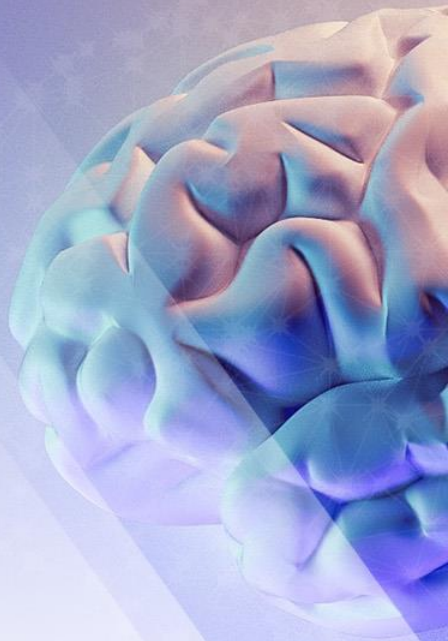
- How do we **target criminogenic needs** to lower recidivism and empower success?
- How do we **address non-criminogenic needs** that may impact client response to treatment.



The Basics of Responsivity

The **RESPONSIVITY PRINCIPLE** tells us HOW to deliver treatment…

- Responsivity = **individual factors** that affect treatment; often **barriers** to treatment success
- Clients respond differently to treatment interventions, environments, & milieus



Two Kinds of Responsivity

GENERAL RESPONSIVITY

Employ interventions and skill-building strategies based on CBT and social learning theory.

- Evidence-based
- Manualized / high fidelity
- Group therapy
- Prosocial modeling & reinforcement

SPECIFIC RESPONSIVITY

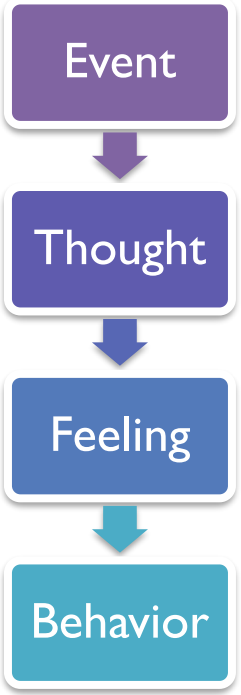
Adapt general cognitive-behavioral interventions to individual client characteristics & address barriers.

- Learning style / deficits
- Housing & transportation
- Trauma & mental health
- Motivation/readiness to change

General Responsivity

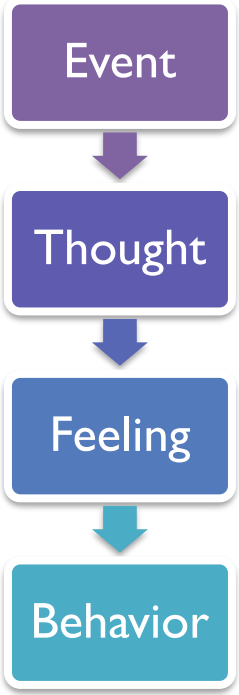
- General Responsivity draws from systematic and meta-analysis literature that consistently identifies **cognitive-behavioral interventions**, which are based on a **social learning model**, as more effective in reducing recidivism.
- Theory behind General Responsivity – **General Personality Cognitive Social Learning (GPCSL)** – stipulates both the **environment** (*social learning*) and **process of the intervention** (*cognitive-behavioral)* allow the individual to grow and change, while allowing for periods of relapse.

Cognitive-Behavioral Therapy (CBT)



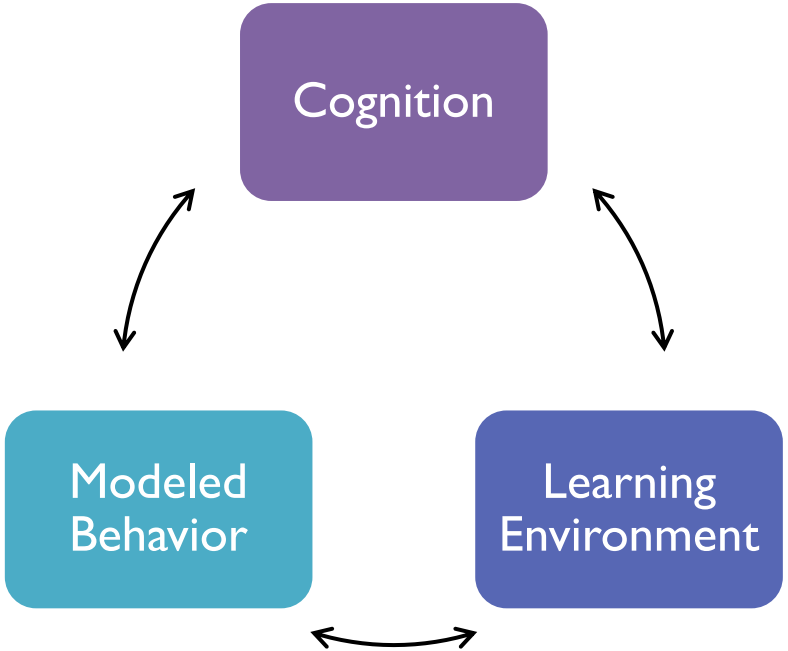
- CBT "is a form of psychotherapy that focuses on modifying dysfunctional emotions, behaviors, and thoughts by interrogating and uprooting negative or irrational beliefs." – *Psychology Today*
- CBT is **Present & Solution-Focused** by emphasizing *what is going on in the individual's current life*, rather than what has led up to their problem.

Cognitive-Behavioral Therapy (CBT)



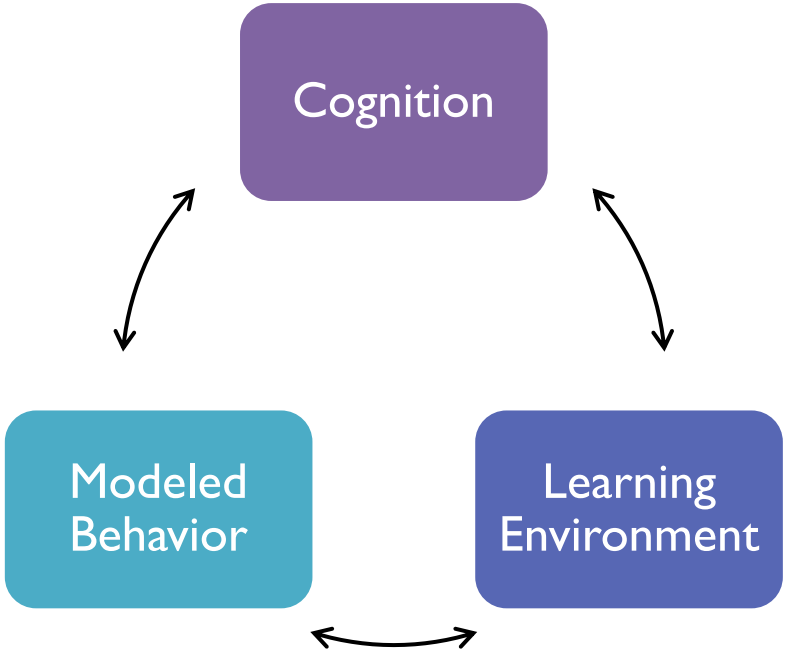
- We use CBT interventions to address **thinking errors** and **tactics to avoid accountability** with justice-involved individuals…
  1. ***Distorted thinking produces distorted behavior.***
  2. ***Changed (responsible) thinking produces changed (responsible) behavior.***
  3. ***"White knuckling" results from changed behavior but not changed thinking.***

Social Learning Theory



- Social Learning Theory posits behavior is learned by **observing and imitating others**.
- Social Learning Theory builds upon stimulus-response theories such as *classical* and *operant conditioning*.
- Social Learning Theory explores the role of cognition and environment in learning – it **integrates behavioral and cognitive theory**

Social Learning Theory



Principles of Social Learning Theory:

- Learning is a **cognitive process** that takes place in a **social context**
- Occurs by **observing** behavior **AND** observing consequences of behavior
- **Modeling:** Learner extracts info from observations and makes decisions about performance of behavior
- Cognition, environment and behavior all **mutually influence** each other

General Responsivity (cont.)

"*Client-centered therapy is viewed as inadequate* when used alone for treating offenders, although it has become important in the training of therapists."

– David Lester (1981)

The **Structure** of our groups is a therapeutic intervention…

- Group rules, norms & values
- Prosocial modeling
- Module presentations
- Feedback protocol
- Skill Building
- Cognitive restructuring

General Responsivity (cont.)

"*Client-centered therapy is viewed as inadequate* when used alone for treating offenders, although it has become important in the training of therapists."

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Core Correctional Practices as service delivery skills…

- Anticriminal modeling
- Cognitive restructuring
- Structured learning
- Problem solving
- Effective reinforcement
- Effective use of authority

Summary of General Responsivity

1. **HOW TO TREAT** – Deliver interventions and skill-building strategies based on **cognitive-behavioral therapy (CBT)** and **social learning theory**.
2. **GROUP STRUCTURE** – **Structured treatment groups** adhere to the best practices for both RNR and trauma-informed care.
3. **STRUCTURED INTERVENTIONS** – Client-centered therapy is often not appropriate for justice-involved clients. Interventions with more structure (CBT, MI, problem-solving) may be more effective.

Specific Responsivity

- Staff should **adapt delivery of services** according to the setting/ milieu and relevant characteristics of the individual.
- Specific Responsivity factors are both:
  - *Non-Criminogenic Needs*
  - *Barriers to Treatment Success*
- Addressing Specific Responsivity factors **does not reduce recidivism**, according to available research.
- Addressing Specific Responsivity factors **does increase motivation** to engage in treatment and improve quality of life.

Specific Responsivity (cont.)

Examples of Specific Responsivity factors…

- Personal strengths
- Personal preferences
- General personality
- Age
- Gender
- Race & ethnicity
- Cultural identification
- Disability
- Health issues
- Motivation to change
- Inadequate housing
- Lack of transportation
- Mental health needs
- Abuse/trauma history
- Low motivation
- Low self-worth/esteem
- Lack of child care
- Cognitive skills deficits

Summary of Specific Responsivity

1. **TWO ASPECTS** – Specific Responsivity includes both the need to **individualize interventions** based on client characteristics and **address barriers** to treatment success.
2. **ASSESS & RE-ASSESS** – Throughout treatment episode new specific responsivity factors may develop or come to light. Continuous re-evaluation of responsivity is key.
3. **MOTIVATION +** – While addressing Specific Responsivity is not proven to decrease recidivism, it has been shown to **increase motivation to address criminogenic needs**.

Training Goals

1. Review principles of Risk Needs Responsivity (RNR), including 'Central Eight' risk/need factors.

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3. Incorporate knowledge of criminogenic and responsivity needs into treatment planning over the duration of the participant's treatment episode.

THANK YOU FOR PARTICIPATING!

ANY QUESTIONS??

References

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