

A Deeper Dive into Risk, Need & Responsivity

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Risk Principle

- Not necessarily a risk for violence or dangerousness
- Difficult prognosis or lesser amenability to treatment
- The higher the risk level, the more intensive the supervision and accountability should be, and vice versa
- Mixing risk levels is contraindicated

Prognostic Risk Factors

- Current age < 25 years
- Delinquency onset < 16 years
- Substance use onset < 14 years
- Prior rehabilitation failures
- Prior incarceration
- History of violence
- Antisocial Personality Disorder or Psychopathy
- Familial history of crime or addiction
- Criminal or substance use associations

Need Principle

- Clinical syndromes or impairments (diagnosis)
- Cause crime (“criminogenic”) or interfere with rehabilitation (“responsivity”)
- Addiction is criminogenic and serious mental illness interferes with response to rehabilitation
- The higher the need level, the more intensive the treatment or rehabilitation services should be, and vice versa
- Mixing need levels is contraindicated

Risk & Needs Matrix

High Risk

Low Risk

High Needs

Treatment Courts (e.g., Drug Courts)

Treatment Diversion

Low Needs

Intensive Probation (ISP, HOPE)

Deflection; Banked probation

Shaping Behavior

- **Don't expect too much**
 - Learned helplessness, ratio burden, ceiling effects
- **Don't expect too little**
 - Habituation, complacency
- **Proximal vs. distal vs. mastered goals**
- **Phase specificity**
 - What was once distal becomes proximal and is eventually mastered

Treat or Punish?

Substance Dependence or Addiction

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1. Triggered binge pattern
2. Cravings or compulsions
3. Withdrawal symptoms

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Abstinence is a distal goal

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Substance Abuse

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Abstinence is a distal goal

Substance Abuse



Abstinence is a proximal goal

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Abstinence is a distal goal

Substance Abuse



Abstinence is a proximal goal

Collateral needs

- Dual diagnosis
- Chronic medical condition (e.g., HIV+, HCV, diabetes)
- Homelessness, chronic unemployment

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Abstinence is a distal goal

Substance Abuse



Abstinence is a proximal goal

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- Dual diagnosis
- Chronic medical condition (e.g., HIV+, HCV, diabetes)
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Regimen compliance is proximal

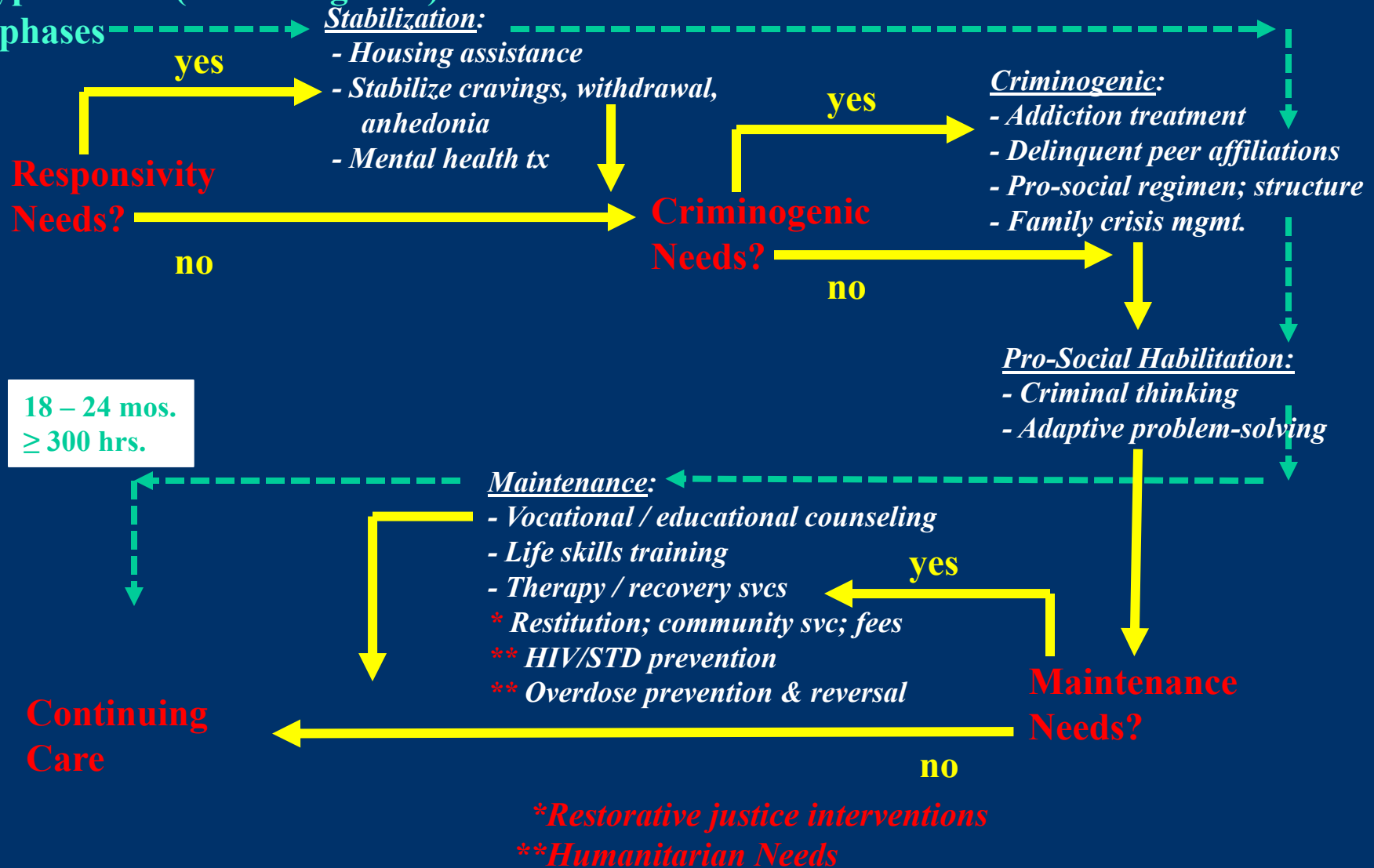
Specific Responsivity

- **Order and timing of intervention is crucial:**
 1. **Responsivity needs** — interfere with rehabilitation
 2. **Criminogenic needs** — cause or exacerbate crime
 3. **Maintenance needs** — degrade rehabilitation gains
 4. **Restorative needs** — aid community reintegration
 5. **Non-exigent humanitarian needs** — cause distress
- **Continuing-care plan to address unmet needs**
- **Each phase advancement increases the odds of subsequent phase advancements and vice versa**

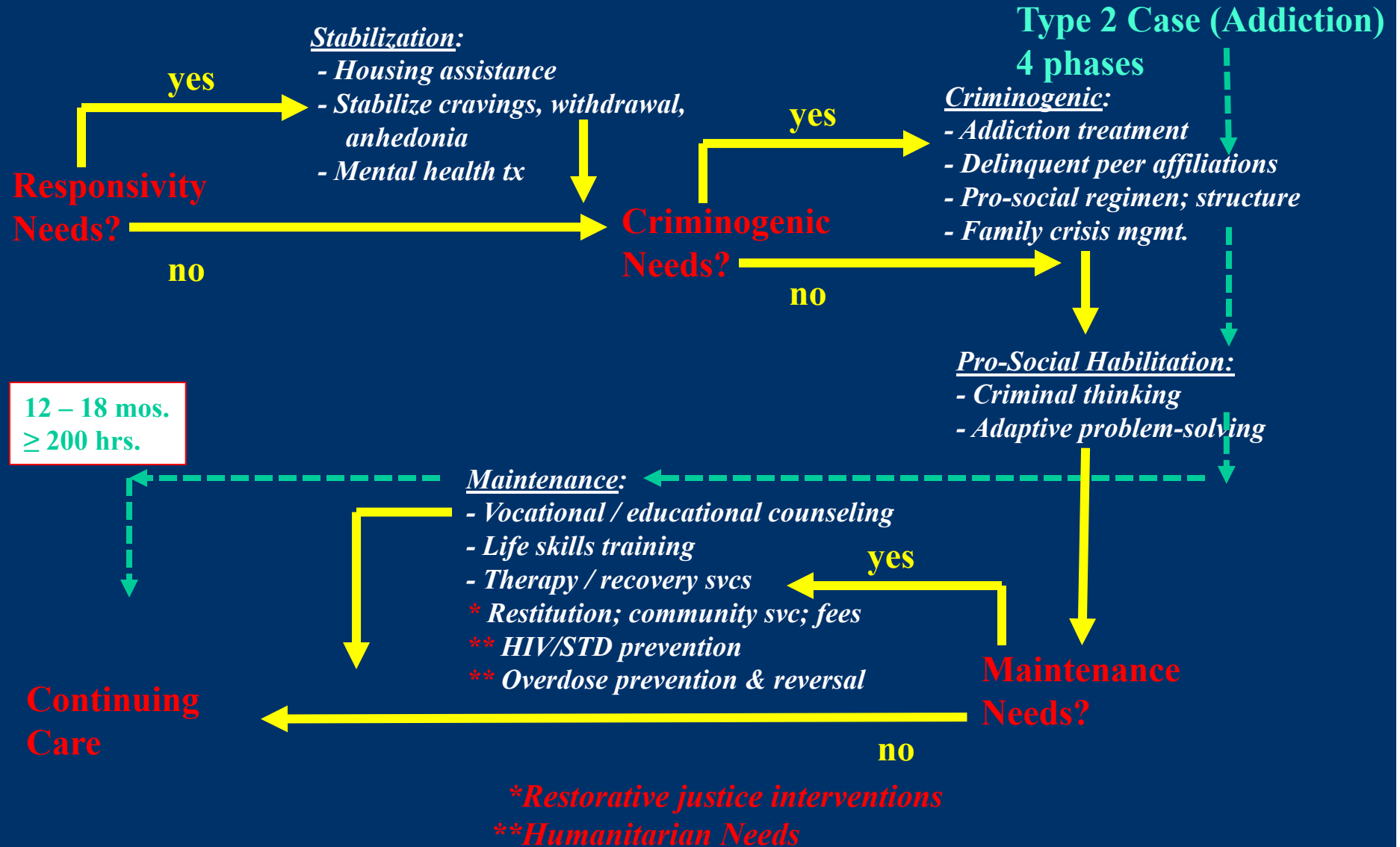
Case Planning

Type 1 Case (Dual Diagnosis)

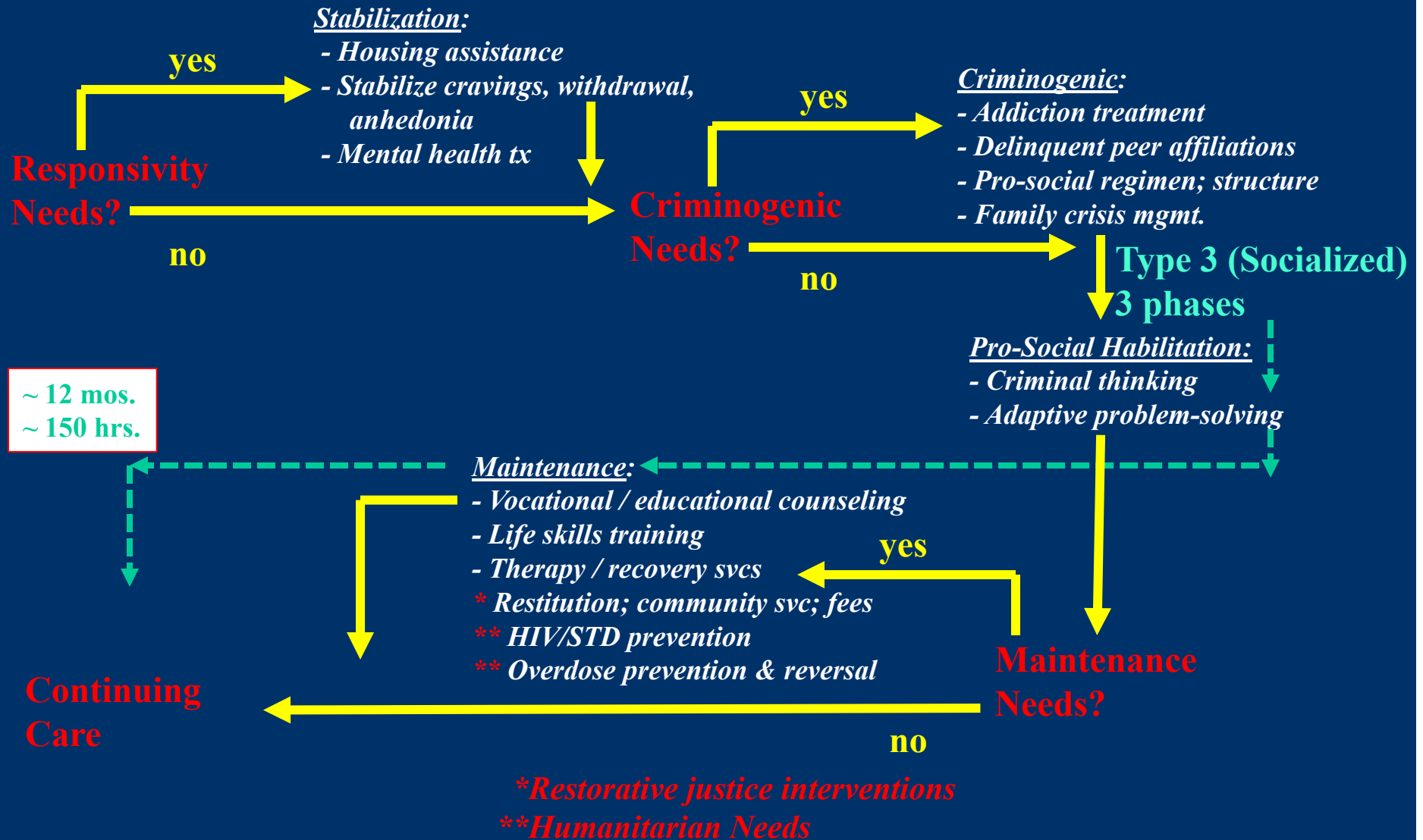
5 phases



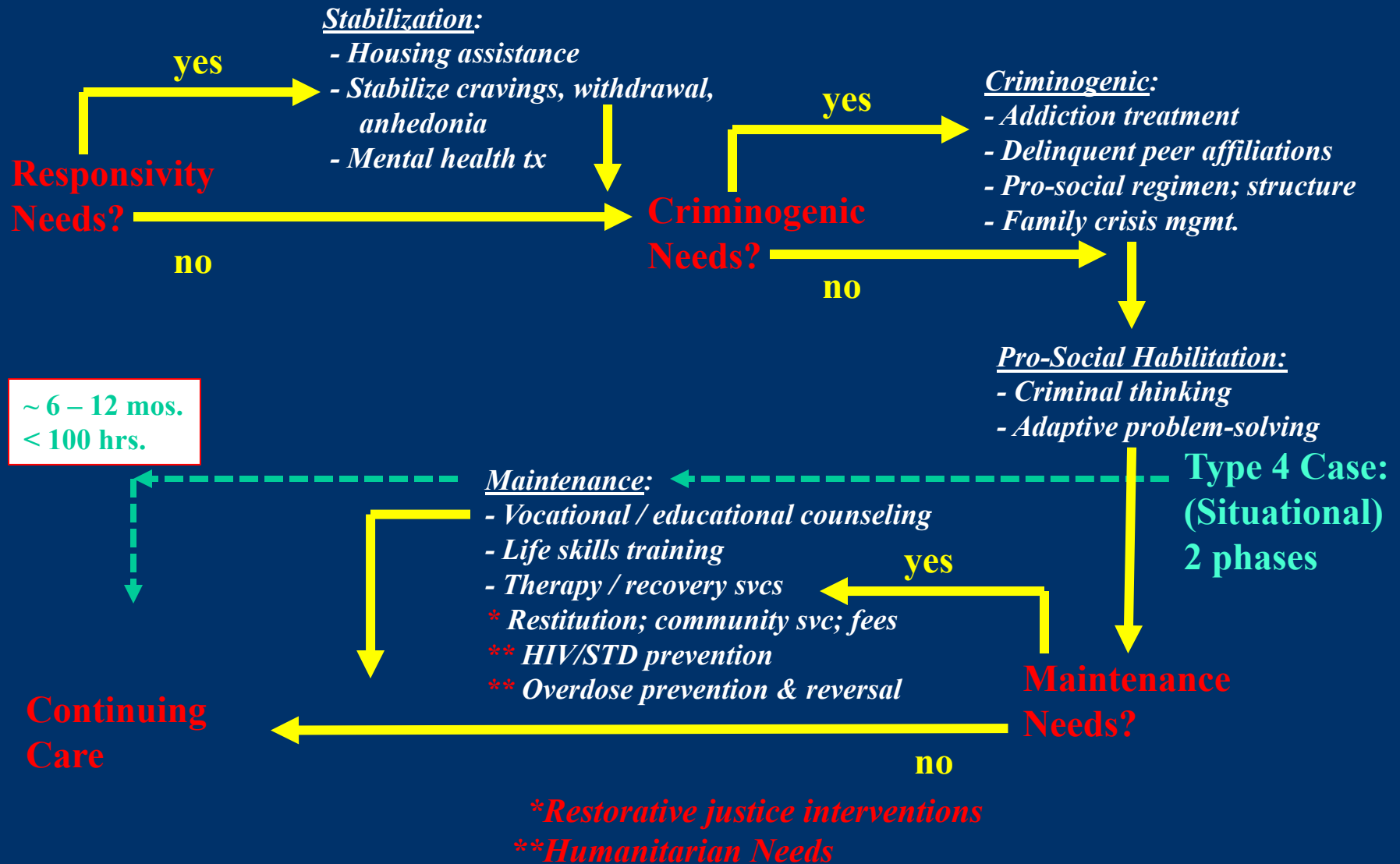
Case Planning



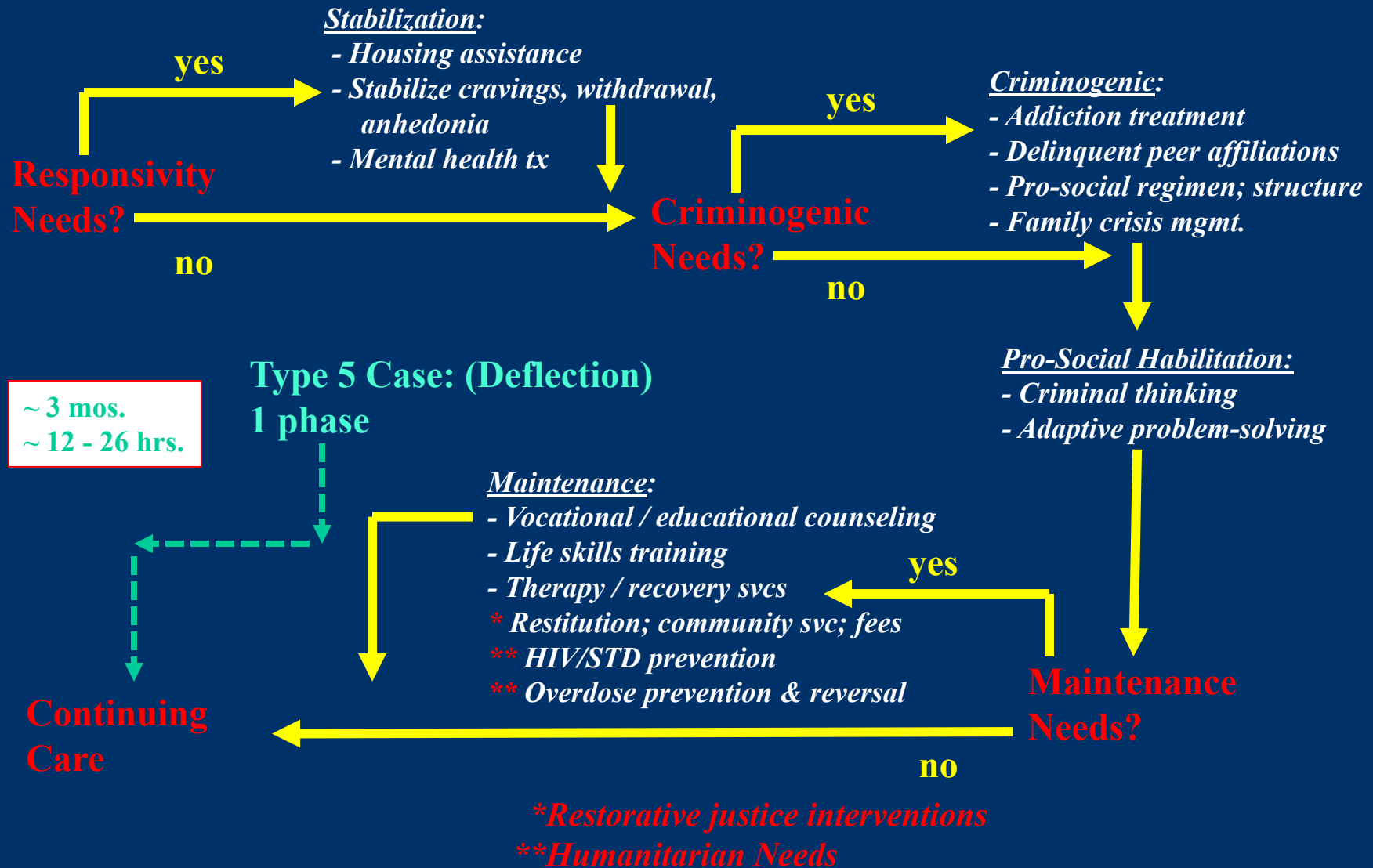
Case Planning



Case Planning



Case Planning



Phase Demotion

- Often a sign that services were withdrawn prematurely
- Temporary regression and remedial plan (accelerated redemption)
- Avoid the Abstinance Violation Effect (A.V.E.)