

A Deeper Dive into Risk, Need & Responsivity

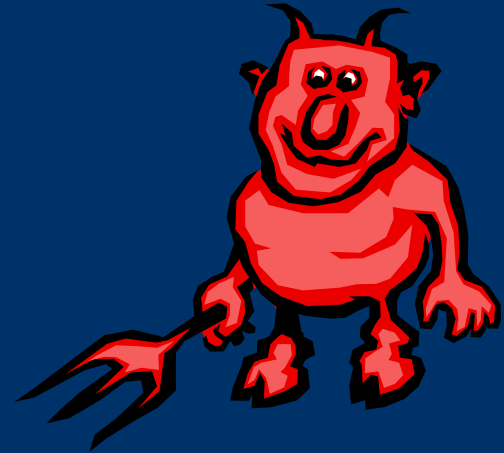
Douglas B. Marlowe, J.D., Ph.D.

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

- Supervision
- Treatment
- Courts (e.g., Drug Courts)
- Adaptive Rehabilitation

- Treatment
- Adaptive Rehabilitation

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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Abstinence is a distal goal

Substance Misuse

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Abstinence is a distal goal

Substance Misuse



Abstinence is a proximal goal

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Abstinence is a distal goal

Substance Misuse



Abstinence is a proximal goal

Collateral needs

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

Treat or Punish?

Substance Dependence or Addiction

1. Triggered binge pattern
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Abstinence is a distal goal

Substance Misuse



Abstinence is a proximal goal

Collateral needs



Regimen compliance is proximal

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

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 (Psychosocially Impaired)

5 phases

Stabilization:

- Housing assistance
- Stabilize cravings, withdrawal, anhedonia
- Mental health tx

Criminogenic:

- Addiction treatment
- Delinquent peer affiliations
- Pro-social regimen; structure
- Family crisis mgmt.

Pro-Social Habilitation:

- Criminal thinking
- Adaptive problem-solving

Maintenance:

- Vocational / educational counseling
- Life skills training
- Therapy / recovery svcs
- * Restitution; community svc; fees
- ** HIV/STD prevention
- ** Overdose prevention & reversal

Responsivity Needs?

yes

no

Criminogenic Needs?

yes

no

Maintenance Needs?

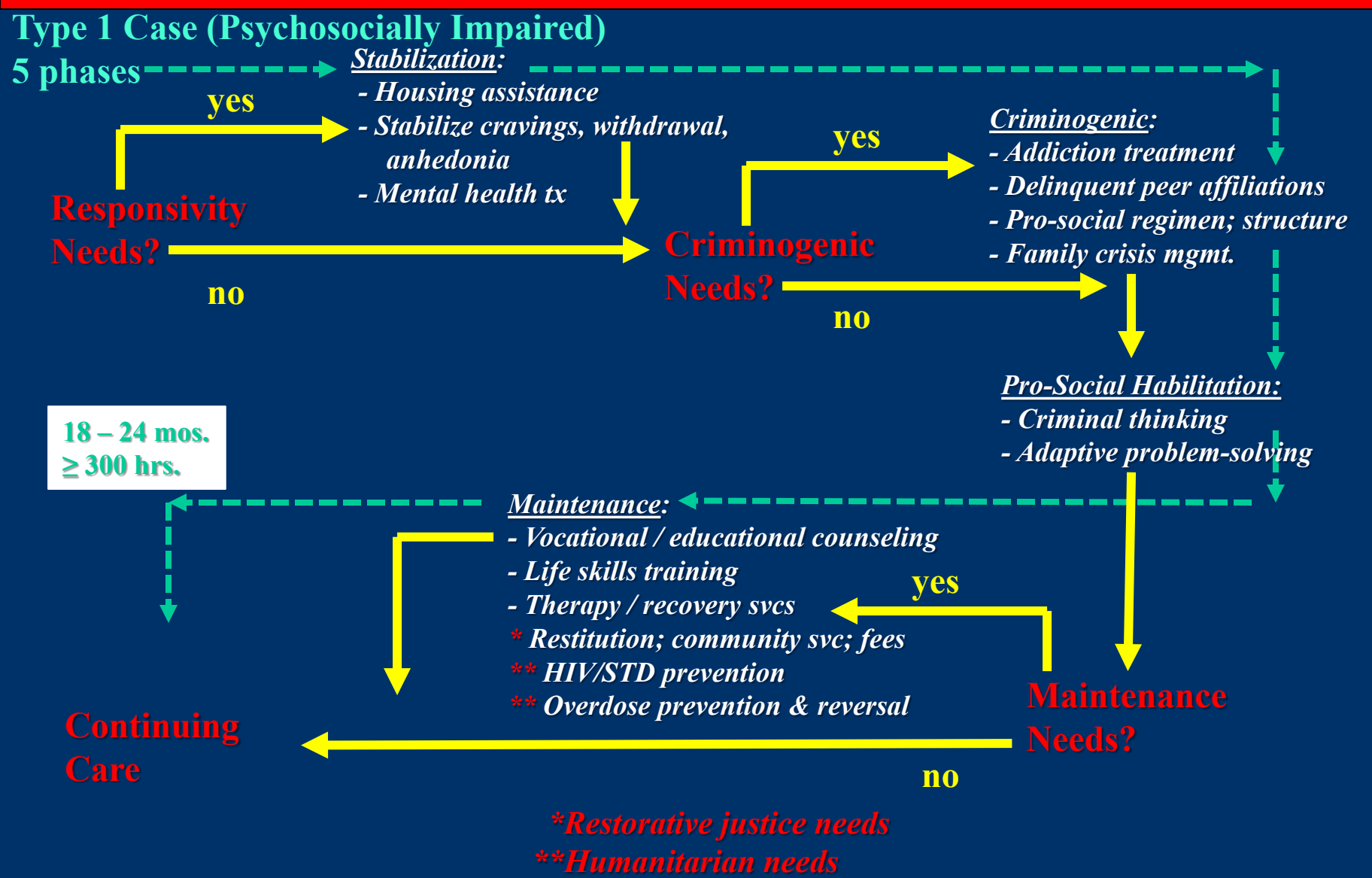
yes

no

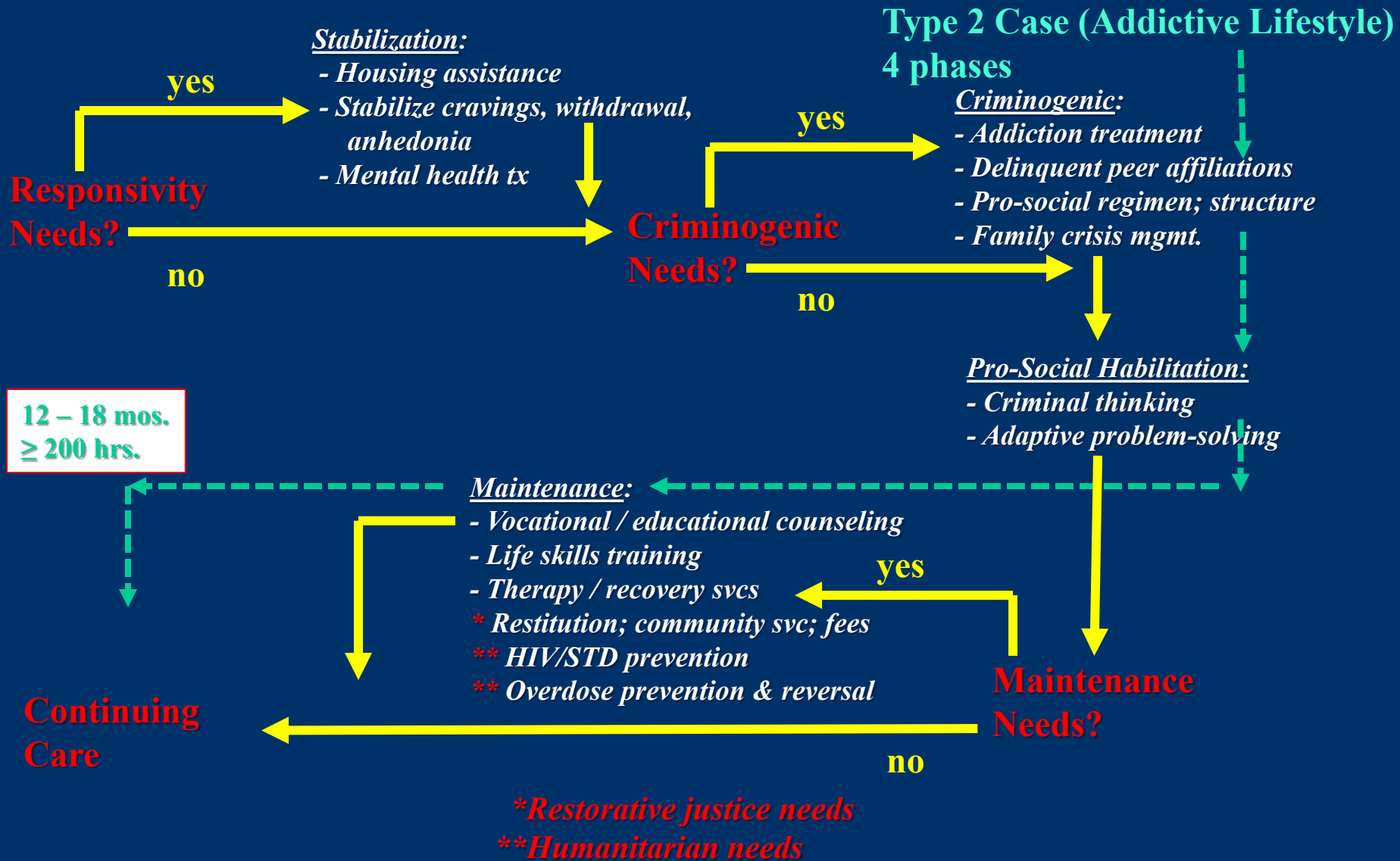
18 – 24 mos.
≥ 300 hrs.

Continuing Care

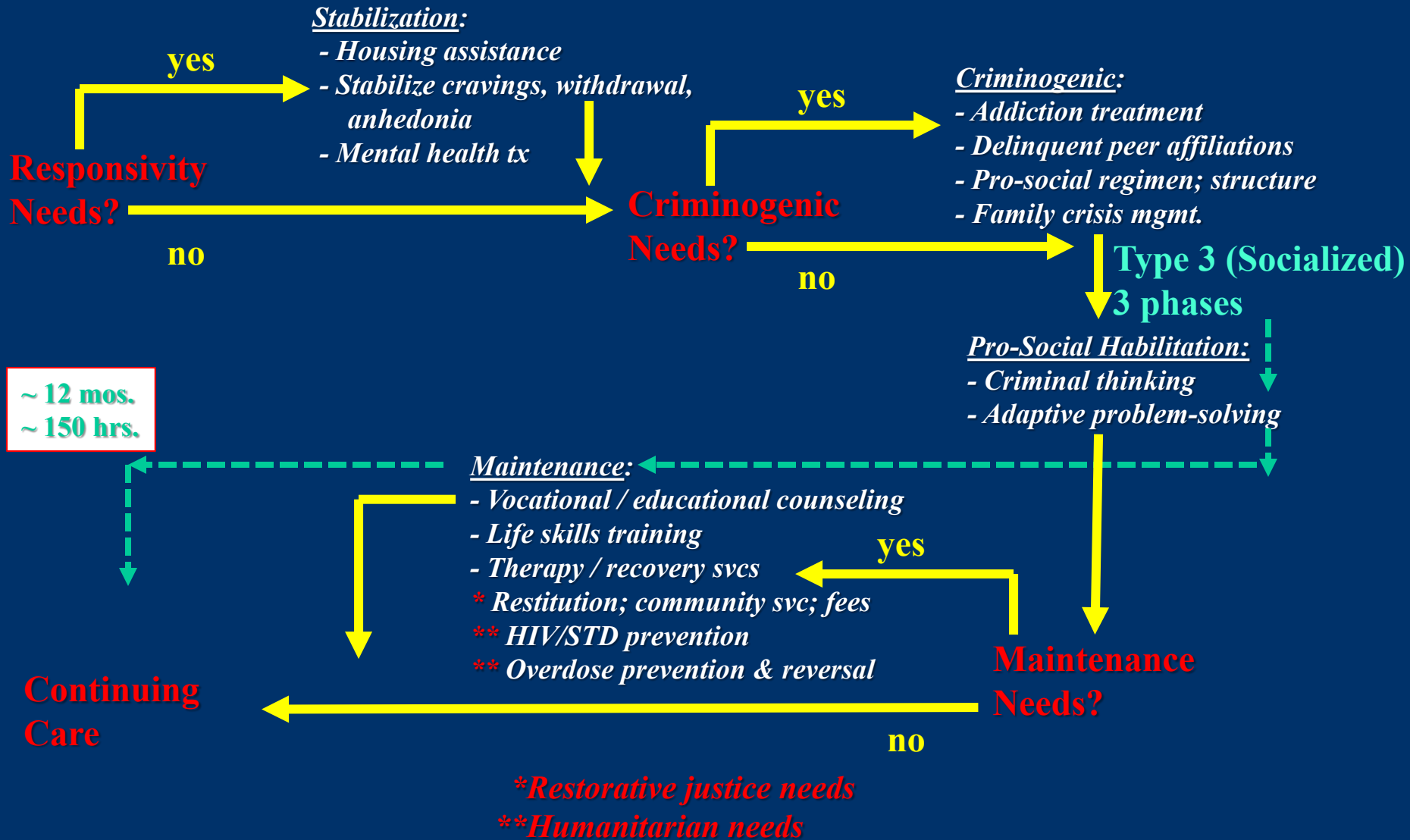
- * Restorative justice needs
- ** Humanitarian needs



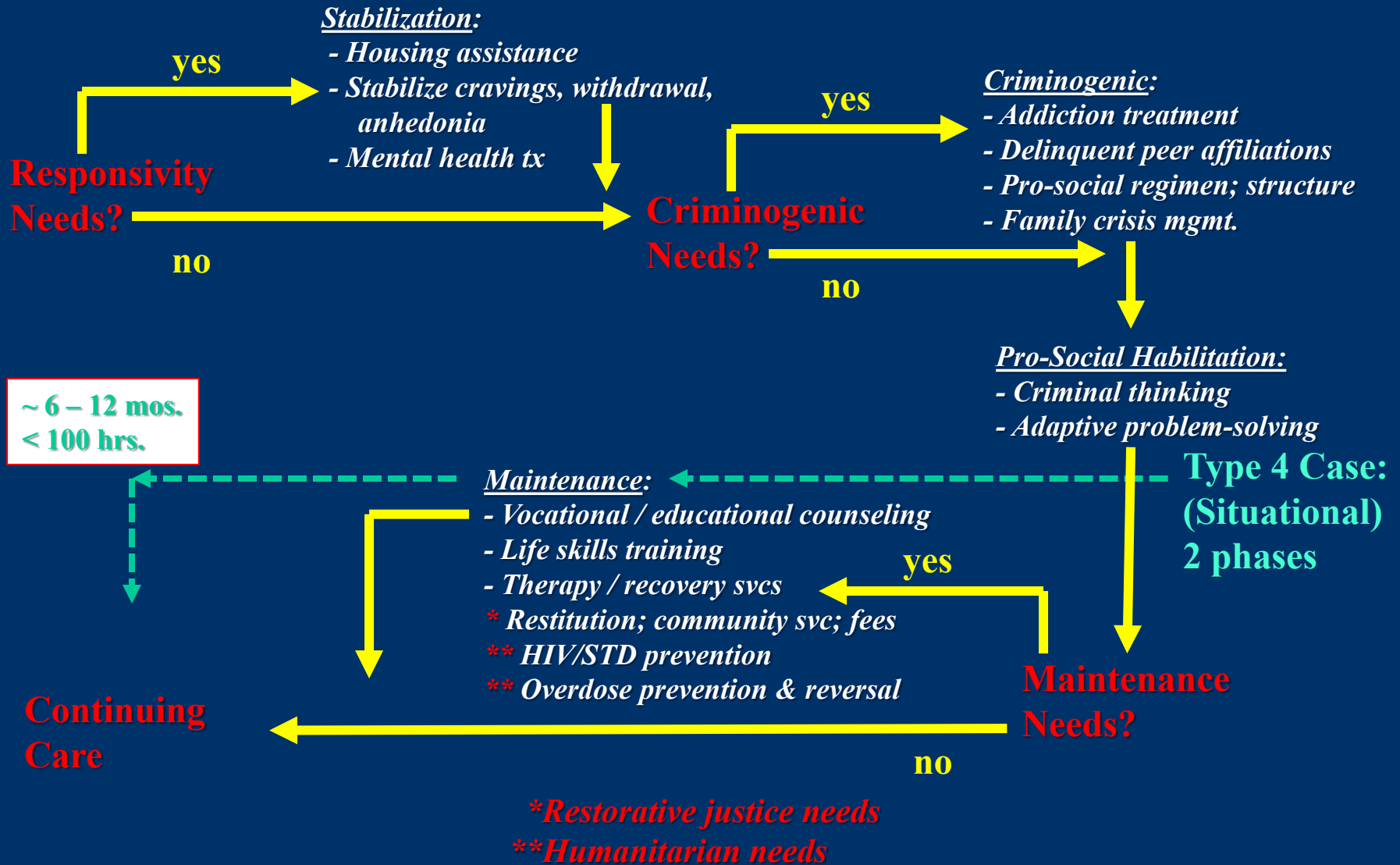
Case Planning



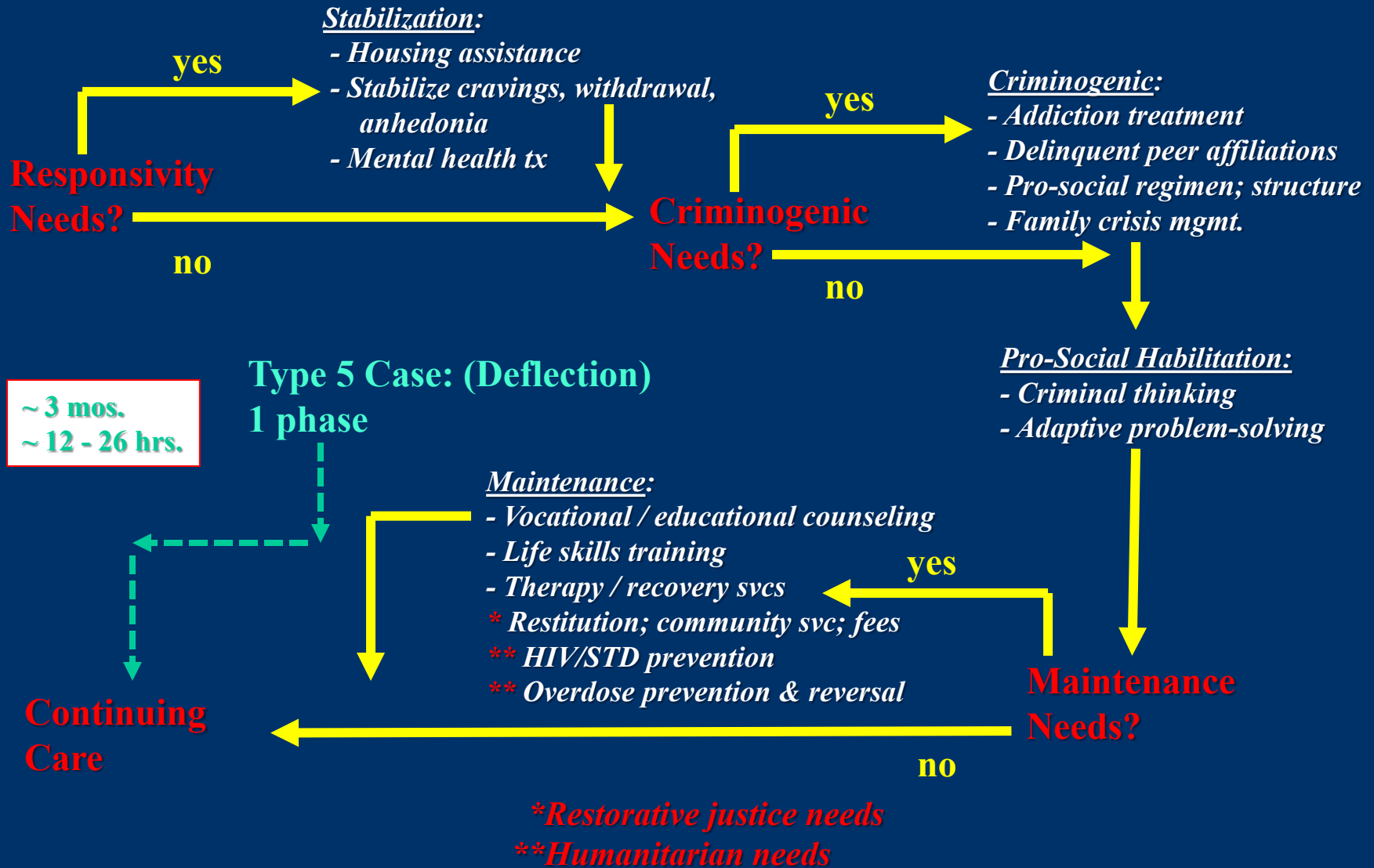
Case Planning



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.)

Practice & Policy Reform

- **There is no right to rehabilitation or evidence-based practices — there should be!**
- **Voluntary risk and need assessment before disposition (e.g., as part of a PSI) with use immunity**
- **Separate programs or tracks to avoid mixing risk and need levels in counseling groups or milieu**
- **Rationale on record for not following evidence-based practices**
- **Restrictive avenues for appeal (e.g., abuse of discretion or clearly erroneous standard)**
- **Publicize sentencing and dispositional data**