



Effective Risk Assessment and Management in Community Supervision

Harry A. Green, Psy.D.



Objectives

- 1. Overview of the history of assessing and managing risk for offenders
- Discuss the RNR Model
- Discuss and practice strategies for effective supervision
- Not be bored!

- Offenders provoke community concern
- Community supervision is an integral part of reducing risk
- Supervision can only be effective in reducing risk if it monitors and addresses factors related to re-offense

Historical Perspective: Assessing Risk



Risk Factors: Static

- Static risk factors
- Unchangeable
- The basis for actuarial assessment (Static 99R, MnSost-R, V-RAG)

Dynamic Risk Factors

- Changeable through intervention
- a) stable dynamic factors: potentially changeable but endure for months or years. An example is alcohol use.
- b) acute dynamic factors: can change over a period of weeks or days, even hours, and signal the timing of new offenses. An example is alcohol intoxication.

Three Generations of Risk Assessment

Don Andrews (1996)

- **First Generation = Clinical Judgment**
 - Unstructured, Non-replicable, Personal Discretion
 - Based on experience and level of knowledge of the literature
 - Non-standard (even within same institution)
 - Level of prediction little better than chance
- **Second Generation = Actuarial Assessment**
 - Static, Actuarial, Structured, Replicable, Less open to Interpretation
 - Based on factors empirically related to recidivism
 - “Moderate” Levels of prediction, ROC’s upper 60’s to lower 70’s
- **Third Generation = “Dynamic Assessment”**
 - “Not Perfect” - Structured Clinical Judgement
 - Based on factors empirically related to recidivism
 - Standardized assessment, Measures change
 - Still working on predictive validity

Beyond Static Factors

- *Actuarial predications shed absolutely no light on the psychology of the individual... what his precursors to offending are, what might trigger it, or how it might be prevented.*

• LaFond (2005)

Historical Perspective: Rehabilitation



Nothing Works?

- Martinson (1974)
- Reported that few treatment programs reduced recidivism. This review of evaluation studies gave legitimacy to the antitreatment sentiments of the day; it ostensibly “proved” what everyone 'already knew'





AP / Matt York



- Bootcamps, electronic monitoring, ISP, home confinement
- These approaches don't work (MacKenzie, 2006)
- Several studies (Petersilia and Turner, 1993; Gendreau, et. al, 2000) found that elements of surveillance have little impact on recidivism but did increase number of technical violations

RNR Model

Andrews and Bonta

- Emerged little more than 20 years ago
- Only empirically validated guide for criminal justice intervention aimed at reducing recidivism

Risk

- More harm reduced by focusing efforts on those of highest risk

Needs

- Needs refer to targets for change
- Criminogenic needs- dynamic attributes of offenders and their circumstances that, when changed, are followed by changes in recidivism

Responsivity

- Delivering and designing services that engage offenders and help change

- The value of RNR principles is not limited to identifying rehabilitation programs but in informing probation officers' interactions with offenders

Beyond “Pee ‘em and See ‘em”

- Check-in
- Review
- Intervention
- Homework

Check-in

- Building and enhancing rapport
- Assessing crises, needs and compliance

Review

- Establishing and discussing the progress of short-term/ long-term goals
- Updates and discussion surrounding outside agencies/ providers
- Review of homework

Intervention

- Teaching prosocial skills
- Role-playing challenging circumstances, cognitive restructuring

Homework

- Aimed at reinforcing new skills



1. History of Antisocial Behavior

- Best predictor of future behavior is past behavior

Target: building on new noncriminal behaviors in high-risk situations and build self-efficacy for beliefs supporting reform.

What you can do...

Encourage learning and identifying high-risk situations that lead to illegal behavior.

Encourage of writing 'high-risk avoidance plan' and practice plan.

Encourage learning and practice new skills, behaviors to use in high-risk situations

History of Antisocial Behavior

- Interventions: identifying high risk situations
- Constructing a high risk avoidance plan
- Learn and practice new skills to employ in high risk behaviors

2. Antisocial Personality Pattern

Impulsive, adventurous pleasure-seeking, generalized trouble (multiple persons, multiple settings), restless aggressive, callous disregard for others.

Psychopathy

- Psychopathy a combination of both narcissistic and antisocial personality disorders
- Two factors are measured: (1) the “emotional detachment” or “malignant narcissism” factor, and (2) “chronically unstable and antisocial lifestyle”
- Instrumental vs. Affective violence

3. Antisocial Cognitions

Attitudes, values, beliefs, rationalizations, and a personal identity that is favorable to crime.

“I had to commit crime.”

“That dude had it coming.”

“I’ve gotta get mine.”

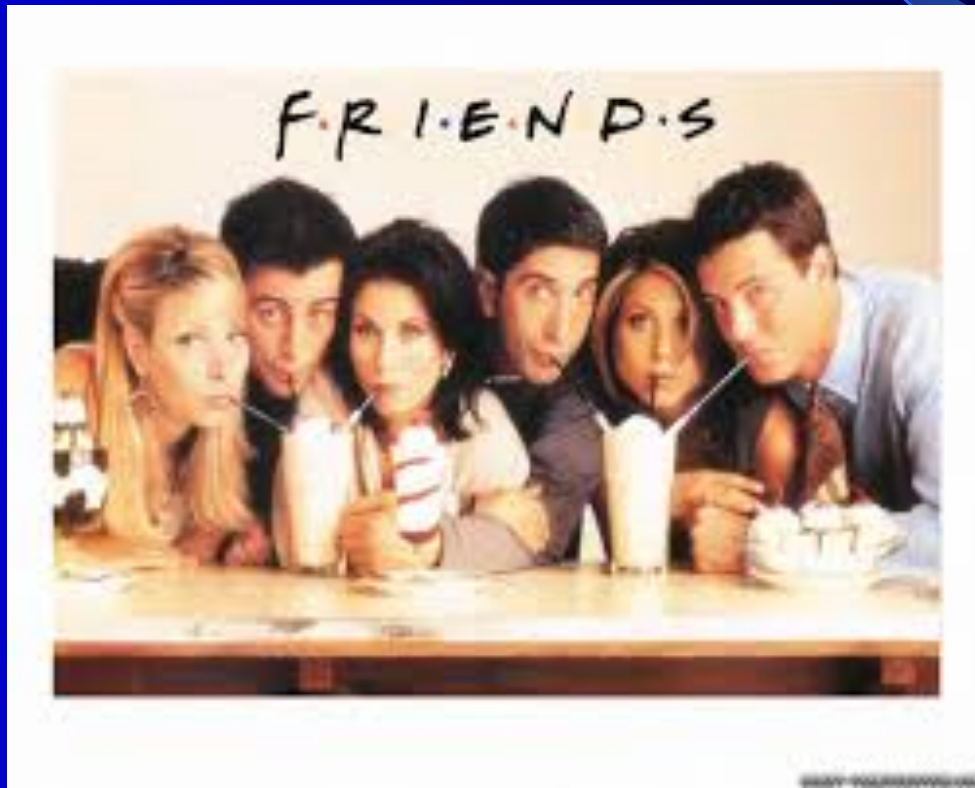
Antisocial Cognitions

Dynamic need to be targeted is reduction of antisocial thinking and feeling and building and practicing less risky thoughts and feelings.

What you can do...

- Teaching commonly used thinking errors (self-centered, minimizing/mislabeling, assuming the worst, blaming others).
- Teach and practice how to identify and correct thinking errors.
- Teach and practice correction (role-play) of hostile interpretations

4. Antisocial Associates



Peers



The nature of an offender's social network is most well established predictors of criminal behavior

Prosocial: encourage self-control, emotional support

Antisocial: collaborate with offender in denial, minimization, an justification.

Antisocial Associates

Target: association with procriminal others and relative isolation from anticriminal others.

What you can do...

Increase time spent in prosocial structured & supervised activities (clubs, sports).

Use behavior contracting and monitoring to reduce contact with antisocial peers.



5. Family/ Marital Circumstances

This includes poor-quality relationships in combination with neutral expectations with regard to crime and procriminal expectations.

Target: Promote strong nurturance and caring in combination with strong monitoring and supervision.

What you can do...

- Practice parental modeling of prosocial attitudes and behaviors.
- Create behavioral plan that includes frequent rewards (and consequences) for complying with parent requests, chores, homework, etc.

- Improve family relationships by decreasing negative comments & increase positive ones.
- Role-play social skills (i.e., making a complaint, understanding the feelings of others, dealing w/ someone else's anger, expressing affection, etc). Plan and increase frequency of family leisure activities.

6. School/ Work

This includes low levels of performance and involvement and low levels of rewards and satisfactions.

Targets: Enhance performance, involvement, and rewards and satisfactions.

What you can do...

- Identify deficits and increase focus on strengths.
- Assist in identifying & encourage enrollment (empower family) in training.
- Teach and practice (role-play) social skills needed at work (i.e., getting ready for a difficult conversation, dealing with accusations, etc.)

7. Leisure/ Recreation

This includes low levels of involvement and satisfaction in prosocial leisure pursuits.

Target: Enhance involvement and rewards and satisfactions.

What you can do...

Enhance motivation/desire to engage in prosocial activities.

Identify and encourage participation to engage in prosocial activities.

Teach and practice (role-play) skills needed to engage in these activities

8. Substance Abuse

- Among 5.3 million convicted offenders, 36% were estimated to have been drinking at the time of offense (Bureau of Justice Statistics, 1996)
- Consider the role intoxication played in past offenses

Substance Abuse

This includes problems with alcohol and/or drugs.

Target: Reduce substance abuse and reduce personal and interpersonal supports for substance-oriented behavior, enhance alternatives to substance abuse

What you can do...

Identify high-risk circumstances and teach avoidance strategies as well as teach and practice (role-play) new behavioral and coping skills to use when high-risk situations cannot be avoided.

Refer to substance abuse treatment if necessary.

Role Play #1

- Mr. Jones is a 19 year-old African-American male. He is currently under supervision secondary to a conviction for simple assault. He has a somewhat lengthy history of interpersonal violence. He is unmarried and is not involved in a committed romantic relationship. He lives in the basement of his mother's home and has a part-time job working as a maintenance worker at the local library.

- Evaluation: The psychological evaluation describes Mr. Jones as socially isolated. He is found to be of low intelligence, prone to anger and lacking in social skills. He receives a diagnosis of Bipolar Disorder.

Role Play #2

- Mr. Smith is 28 year-old Caucasian male under probation supervision for possession of CDS with intent. He has 2 children, both girls (ages 7 and 9). His criminal record reveals a history of CDS charges and property offenses.

- Evaluation: The psychological evaluation describes Mr. Smith as a substance abuser with a history of low self-esteem. He has a family history of substance abuse and his current fiancée is currently in drug rehab. He is currently unemployed.