

Introductions
<ul style="list-style-type: none"> • About CJI at CRJ <ul style="list-style-type: none"> • The Crime and Justice Institute (CJI) offers a team of experts who provide nonpartisan consulting, policy analysis, and research services to improve public safety in communities throughout the country. CJI develops and promotes evidence-based practices that inform practitioners and policymakers, including corrections officials, police, courts, and political and community leaders, to assist them in making criminal and juvenile justice systems more efficient and cost-effective, and to promote accountability for achieving better results
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Introductions

I often forget other people have limitations.


It's so sad.

DON'T YOU THINK THAT IF I WERE WRONG,

I'D KNOW IT?"


Prodigy


Introductions



Passenger on a Cruise Ship

Introductions





Student

Introductions



Prisoner



Introductions

- Please introduce yourself and share the following
 - Name and position
 - Are you a Prodigy, Passenger, Student, Prisoner
 - The length of time working for this agency
 - The length of time you've worked in corrections
 - One core value about why your job is important to you
 - Ice breaker: One unique fact about yourself and about Mississippi.

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Learning Team Agreement

What do we want to agree on for this to be a successful training experience?

Training Overview

- Training Introduction and Objectives
- Principles of Effective Intervention (PEI)
 - The Risk Principle
 - The Need Principle
 - The Responsivity Principle
 - The Fidelity Principle



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The Golden Circle

- WHY
- HOW
- WHAT



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Evidence-Based Practices



Evidence-Based Practices

- An evidence-based practice (EBP) is the objective, balanced, and responsible use of current research and the best available data to guide policy and practice decisions, such that outcomes for consumers are improved

(Guevara and Solomon, 2009)

OR

Evidence-based implementation is in part about taking the findings from science and applying them in real world settings in a way that is sustainable

• (F.S. Taxman & S. Belenko, 2012)



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What Works!

Evolution of the research

- Prior to "What works!" literature, there was a movement toward "Nothing Works" in dealing with individuals in the juvenile justice and adult criminal justice systems
- Martinson (1974) – "rehabilitation has no real appreciable effect on recidivism"



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What Works!

- Martinson was trying to find one single type of treatment that worked reliably for all individuals in all circumstances
- His "nothing works" conclusion created a movement toward *knowledge destruction*. As a result, there was a lack of research, and policy advancements in corrections stalled out
- But, there were several researchers that rejected this view, and began examining the "nothing works" movement and, in particular, Martinson's (1974) report



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What Works!

- Palmer (1975) - reviewed Martinson's (1974) article and after examining 82 studies, concluded that 48% had reduced recidivism
 - He included in his study only research that looked at recidivism as an outcome
- He found that some things worked for some people in some circumstances



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What Works!

- Multiple and more rigorous meta-analyses followed Palmer's study that provided additional support for rehabilitation and empirically demonstrated that the "nothing works" movement was not grounded in theoretical or statistical support
- Hence, the "What works!" movement had begun



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Relevance of the Risk Principle



To be effective at reducing an offender's risk we have to understand what specifically puts them at risk.

Questions

- How can we predict who is most likely to engage in future criminal behavior?
- What characteristics or risk factors do you recognize when working with an individual that suggest they are more likely to get into trouble?

Discussion

- ☐ What are some common topics you discuss with your offenders?

Discussion

☐ How many topics should you cover?

(Bonta et al. 2008)

Focus of Discussion	Recidivism Rates
Compliance Related Issues	↑
Multiple Criminogenic Needs (in one appointment)	↑
Targeting one or two Criminogenic Needs (in one appointment)	↓
Targeting Multiple Criminogenic Needs (before discharge)	↓

Discussion

☐ Where do you get this information?
☐ How do you choose which is most important?

Risk Principle

- Why might dosage matter based on the risk level?
- Low risk individuals may learn antisocial behaviors and attitudes when engaging with high risk individuals
- While increased dosage works to disrupt antisocial networks of the high risk individuals, it decreases prosocial networks for low risk

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Risk Principle

- Adherence to the risk principle does not provide a 100% guarantee to reduce recidivism
- However, the risk principle provides clear direction

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Points for Discussion

- The Criminal Justice System tends to be risk adverse, because one error (e.g. paroling an offender into community treatment who then commits a heinous act) can lead to front page newspaper headlines and a quick retreat back to punitive and nonrehabilitative policies

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(F. T. T. & B. B. 2017)

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Points for Discussion

- Conversely, the consequences of relapsing in treatment can be dire for an offender (e.g. probation violation, incarceration) with the potential for additional restrictions on liberty. Thus, an offender participating in an ineffective or inappropriate intervention can face an increased likelihood of loss of freedom

• (F. Taxman & S. Belenko, 2012)



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Risk Principle

- **High risk** individuals are more likely to recidivate and are more active when they do recidivate
 - Require the most intensive intervention (supervision and treatment) for the appropriate dosage
- **Low risk** individuals are not as likely to recidivate
 - Too much intervention can increase likelihood of recidivism
 - Intervention may not be necessary



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Risk Principle

Supervision
Treatment
Programs

Level of Services

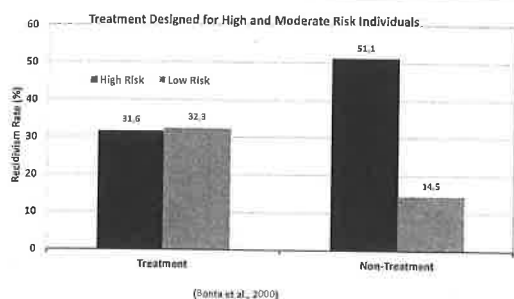
Risk Level

The Level of service should match
the level of risk of offender

Focus on Moderate-High Risk

Risk=Risk of Recidivism

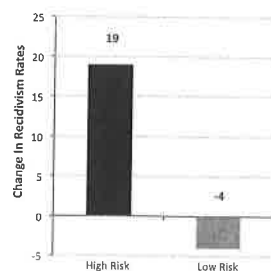
Risk Principle



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Risk Principle



(Dowden & Andrews, 1999a)

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- Dowden and Andrews' meta-analysis shows that when interventions are targeted at high risk individuals, recidivism is reduced 19%, when low risk individuals are targeted, recidivism increased 4%
- Knowing who is high risk and who is low risk matters
- Using a risk assessment to properly classify individuals is essential

Relevance of the Need Principle

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Need Principle

- The Need Principle tells us **what** to target
- Certain factors are tied to recidivism
- Targeting these factors will result in a reduction in future offending

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Need Principle

- Distinguishing risk factor from criminogenic need
- Risk factor = any characteristic related to recidivism
 - Static = things that cannot change, such as age at first offense, number of adjudications
 - Dynamic = things that can change, such as drug use, antisocial peers, educational needs
- Criminogenic = crime-producing
- Criminogenic needs = risk factors which predict recidivism AND are dynamic

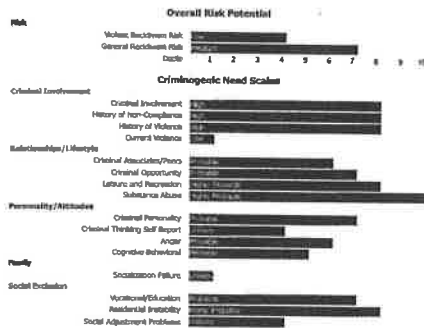
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Risk Needs Graph

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Example Risk Assessment- Activity



Inter Heart Study

- ☐ Risk factors for heart attack
- ☐ Identified 9 factors that predicted 90% of all heart attacks
- ☐ First 2 predicted 2/3rds



Risk Factors For Heart Attack

- ☐ Cholesterol
- ☐ Current smoking
- ☐ Diabetes
- ☐ Hypertension
- ☐ Abdominal obesity
- ☐ Psychosocial
- ☐ Failure to eat fruits and vegetables daily
- ☐ Failure to exercise
- ☐ No alcohol consumption



Comparison of Heart Attack & Crime Risk Factors

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cholesterol
<input type="checkbox"/> Current smoking
<input type="checkbox"/> Diabetes

<input type="checkbox"/> Hypertension
<input type="checkbox"/> Abdominal obesity
<input type="checkbox"/> Psychosocial

<input type="checkbox"/> Failure to eat fruits & veg.
<input type="checkbox"/> Failure to exercise
<input type="checkbox"/> No alcohol consumption | <input type="checkbox"/> Attitudes = <i>criminal thinking errors</i>
<input type="checkbox"/> Peers
<input type="checkbox"/> Personality = <i>e.g., coping skills, problem solving skills</i>

<input type="checkbox"/> Employment
<input type="checkbox"/> Family
<input type="checkbox"/> Substance abuse

<input type="checkbox"/> Housing, finances
<input type="checkbox"/> Personal distress
<input type="checkbox"/> Lower SES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

What would
your
 grade be?
 PASS OR FAIL?

Need Principle

- "Big Four" -- Criminogenic risk factors
 - Antisocial peers
 - Antisocial attitudes
 - Antisocial personality
 - History of antisocial behavior
- Other criminogenic risk factors
 - Substance abuse
 - Employment/education
 - Low family affection/poor supervision/poor communication
 - Leisure/recreation

(Andrews & Bonta, 1994)

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Need Principle

- Corrections struggles with targeting the Big Four
 - Easier to identify if the more objective criminogenic needs are being addressed
 - Confirm individual is attending work
 - Conduct drug tests
 - Confirm individual is participating in programming
- More difficult to measure whether anti-social attitudes are changing or whether an individual is increasing in self-control or problem solving skills



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Antisocial Peers

- Who we hang around with impacts what we do
 - Peers influence our attitudes
 - Peers act as models of behavior (positive and negative)
 - Peers reward behavior
 - Peers punish behavior
- Risk is also increased by lacking prosocial peers



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Antisocial Attitudes

- How we see the world and what we think and believe are related to how we act
- Common antisocial thinking patterns
 - Justification, neutralizations, rationalizations, minimizing
 - Blaming the victim
 - Denying harm or denying that there was a victim
 - Appeals to higher loyalties
 - Negative expressions about the law, authority, and conventional rules



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Antisocial Personality

- Personality characteristics that are linked to recidivism
 - Psychopathy/Antisocial Personality Disorder
 - Weak socialization
 - Impulsivity
 - Restless/aggressive energy
 - Egocentricism
 - Below average verbal intelligence
 - A taste for risk
 - Weak problem-solving
 - Poor self regulation/self-control skills
 - Hostile/aggressive interpersonal interactions
 - Lack of empathy

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History of Antisocial Behavior

- One of the best predictors of future behavior is past behavior
- Risk is increased with a history of antisocial behavior that is
 - Evident from a young age
 - Observed across a number of settings (home, school, streets)
 - Involves a variety of antisocial acts
 - Escalating behavior
- Only static risk factor of the "Big Four"

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History of Antisocial Behavior

- Life course studies indicate that
 - The majority of chronic adult individuals began offending by the age of 13
(Wolfgang, Figlio & Sellin, 1972)
 - Individuals who offend at a younger age are more likely to continue serious offending into adulthood
(Piquero and Chung, 2001)

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Substance Abuse

- While the activity is illegal itself, substance use may also lead to other criminal behaviors
 - Buying drugs puts an individual in contact with other people engaging in crime
 - Selling/buying drugs usually creates an environment that is conducive to other criminal behaviors
 - Substance use impacts the development and use of prosocial skills

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Employment/Education

- Employment and/or education occupies time with a prosocial activity
- Allows a person to receive rewards for participation in prosocial activity
- Provides interaction with prosocial others

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Family

- Family can provide the same influences as friends
 - Shape attitudes
 - Model behavior
 - Reward behavior
 - Punish behavior
- Family can support either criminal or prosocial behavior depending on the content of the interactions

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Leisure & Recreation

- Lack of participation in prosocial leisure activities increases risk
 - Allows for interaction with antisocial peers, limits interaction with prosocial peers
 - Allows for an individual to have idle time



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Need Principle

- Must assess and identify criminogenic needs
- Must target the dynamic "Big Four" criminogenic needs and then the secondary criminogenic needs
- Need to reduce or eliminate focus on non-criminogenic needs
- Use a focused intervention in supervision and programming



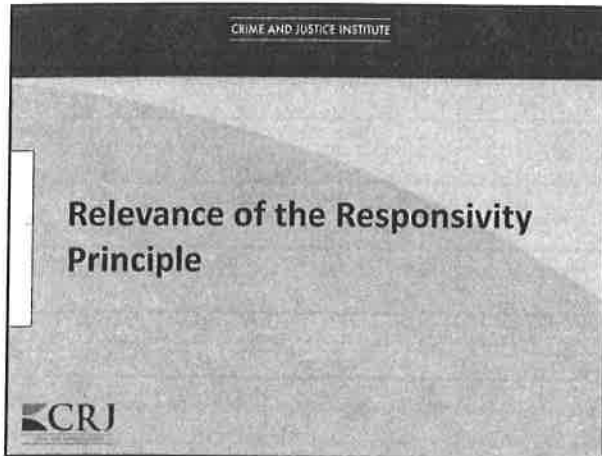
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Summary

- The need principle tells us what to target and what not to target in supervisory interventions
- Further, research on the need principle suggests what the priority targets are → the Big Four
 - Antisocial attitudes
 - Antisocial peers
 - Antisocial personality
 - History of antisocial behavior
- Putting needs in the correct principle allows staff to properly identify what to focus on for interventions



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Core Correctional Practices

- Effective correctional staff have the following characteristics
 - Firm but fair
 - Objective and non-judgmental
 - Warm and sympathetic
 - Active listening skills
 - Able to provide prosocial feedback
 - Consistently models prosocial behavior
 - Identifies opportunities to provide verbal positive reinforcement
 - Identifies opportunities to model and teach new prosocial skills in order to replace antisocial attitudes and behaviors

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Responsivity Principle

- The Responsivity Principle tells us **how** to target
- What gets in the way of the individual benefiting from supervision and treatment?
 - Must take into account individual learning styles
 - Consider barriers to interventions
- Targeting responsivity factors will increase the likelihood for success

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Responsivity Principle

Specific



Two Types:

General Responsivity: Offenders in general
Employ strategies proven effective with the offender population: behavioral, social learning, and cognitive-behavioral therapy and skill-building exercises.

Specific Responsivity: Individual Offenders
Adapt the style and mode of service according to relevant characteristics of individual offenders such as their strengths, motivations, preferences, personality, age, gender, ethnicity, cultural identifications, and other factors.

Specific Responsivity

- Many non-criminogenic needs can be specific responsivity factors
 - Anything that is a barrier to treatment
- Targeting these will make individuals more likely to be successful in treatment
- However, targeting *only* responsivity will not result in significant reductions in recidivism

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Specific Responsivity

- Specific Responsivity
 - Barriers removed prior to treatment
 - Acute mental illness
 - Transportation
 - Child care for individuals who are parents
 - Factors needing accommodation during programming
 - Learning or cognitive disabilities
 - Anxiety and depression
 - Trauma and victimization

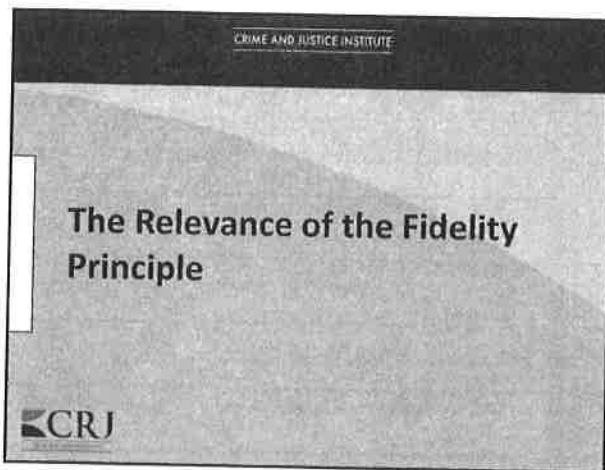
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(Fisler, 2014)

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Fidelity Principle

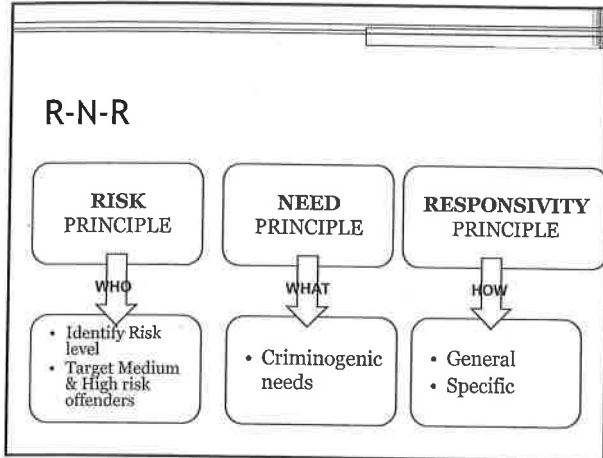
- The Fidelity Principle tells us how to do this work **right**
- Three primary areas of fidelity
 - Model fidelity
 - Programs and interventions must be implemented with fidelity to achieve the recidivism reductions reported in the research
 - Training and coaching
 - Program staff must be provided the proper tools, training, and ongoing coaching and support to reduce the likelihood of drift
 - Risk assessment fidelity
 - Tools must be accurately scored and validated

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Fidelity Principle

- Adherence to the three principles
 - **Focusing on the risk principle** → those with the highest risk to recidivate receive the most intensive supervision and services and those with lower risk receive limited intervention
 - **Focusing on the need principle** → identifying the dynamic criminogenic needs to target for change
 - **Focusing on the responsivity principle** → identifying and resolving the barriers to successful supervision and services and using cognitive interventions

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Principles of Effective Intervention		
Principle	Definition	How this relates to assessment
Risk Principle	Tells us WHO to target	Distinguishes low, moderate, and high risk individuals
Need Principle	Tells us WHAT to target	Incorporate dynamic needs focusing on antisocial attitudes, peers, and personality
Responsivity Principle	Tells us HOW to target individual issues	Assess for barriers to success-motivation, mental health, etc.
Fidelity Principle	Tells us how to do this work RIGHT	Implementation plan for training on tool, validation and norming by objective researchers, and making changes after reviewing the data

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Risk Assessment Fidelity
<ul style="list-style-type: none"> Fidelity in risk assessment focuses on <ul style="list-style-type: none"> Developing, following and evaluating the implementation of a risk and needs assessment instrument Evaluating the instrument's predictive accuracy of recidivism using an objective researcher Developing risk level cutoffs based on the data, not necessarily tolerance thresholds Making changes after an evaluation of the data and then evaluating the impact of those modifications Proper assessment administration, interpretation, classification and reassessment

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Risk Assessment Fidelity

- Fidelity in risk assessment focuses on
 - Staff must be formally trained and provided with updated (maintenance) training on validated and normed risk/needs assessment tools
 - Assessments should be supervised and reviewed to check for inter-rater reliability
 - Proper classification is necessary to determine supervision and treatment dosages (as well as targeted areas)
 - Reassessment gauges what risk factors were targeted for change and whether there has been a change in the overall risk level of the individual as a result of services



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Risk Assessment Fidelity

- Why a risk assessment tool is used
 - Using a risk assessment tool allows individual to be assigned to appropriate interventions based on their risk level (Need Principle)
 - If low risk individual are assigned high risk interventions, low risk individuals can have higher recidivism rates (Risk Principle)
- How to maintain fidelity to a risk tool
 - Must have a process for inter-rater reliability to ensure the tool is accurately scored to predict low, moderate, and high risk for the target population
 - Must be validated on the target population



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Summary

- The relevance of the fidelity principle is to move toward the adoption, evaluation and dissemination of knowledge regarding the principles of effective intervention
- By integrating and systematizing the fidelity principle into our work, we are more likely to achieve the greatest reductions in future offending
- Putting risk, need, and responsivity factors in their proper principles allows staff to verify that the individual is getting the treatment and help they need



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Process to Achieve Fidelity

With any skill or tool, what helps
to achieve fidelity?
One potential process...

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Integrating Training into the Workplace -a study by Joyce & Showers (2002)

Theory and
Discussion



Demonstration and
modeling



Practice and
feedback



(what % of the participants
using the skill in their
workplace)

o

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Integrating Training into the Workplace -a study by Joyce & Showers (2002)

Theory and
Discussion



Demonstration and
modeling



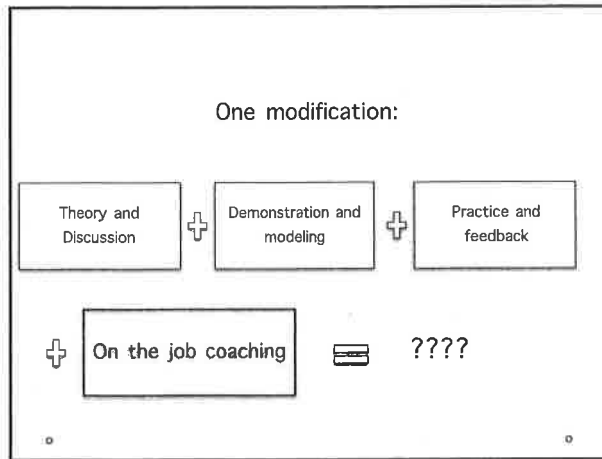
Practice and
feedback

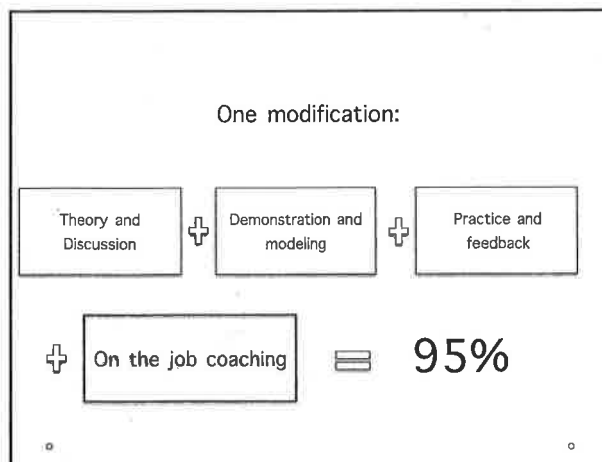


5%!!!

o

o



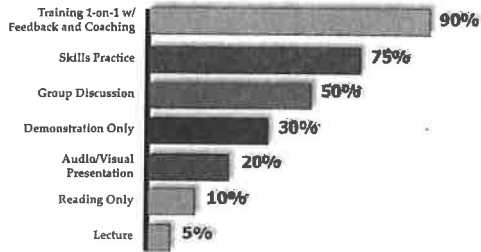


- Why the gap (5% vs. 95%)?
- Training is often viewed as a single event instead of a continuous process
 - Newly learned behavior is fragile and needs to be supported in the face of reactions from probationers and staff
 - Difficult to extinguish old habits
 - Organizational characteristics do not support new behavior

► Orientation

Skill Building vs. Content Knowledge

Post Training Knowledge Retention Levels by Training and Follow-Up Strategy



Source: National Training Laboratory Institute (Alexandria, VA)

What Does the Research Say

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Reductions in Recidivism (%)

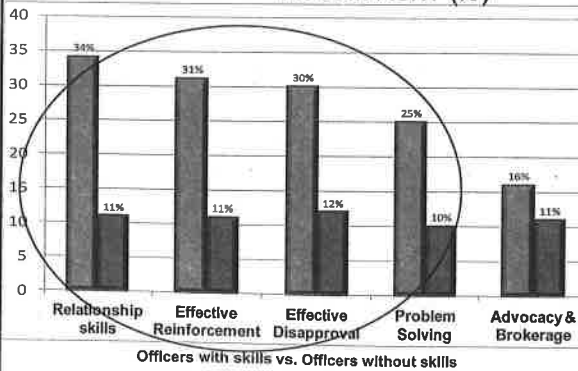
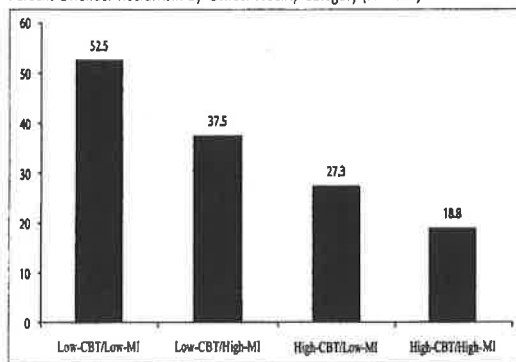


FIGURE 1.

Percent Offender Recidivism by Officer Fidelity Category (N = 102)



Let's Practice

- In community corrections-based interventions, it is common for probation/parole officers to be involved in many parts of offender management processes including eligibility screening, referral to treatment or advising the probationer about the appropriate treatment, drug testing, and treatment monitoring

• (F. Taxman & S. Belarmino, 2012)



Scenario 1

Probationer is a 20 yr. old female. Her criminal history consist of Possession of marijuana (2 counts), Petty Larceny (1 count) and Assault & Battery (1 count at the High School) as a juvenile. As an adult she has been convicted of Possession of Cocaine (1 count) and Possession of Amphetamines (current offense). Her Risk/Needs scales are Substance Abuse high, Criminal Associates/Peers high, Criminal Personality high and Criminal Thinking Self Report medium.



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Scenario 1 continued

She lives moving between two residences, her boyfriend (father of her son) who is on supervision for Possession of Amphetamines and her parents who have custody of her son. For her last two urine screens she tested positive for cocaine, amphetamines, and opiates.

She refuses to admit that she tested positive or that she has a drug problem. She has fresh track marks on her arms and is dodging color code urine screens. She refuses to report as instructed even when she is informed that failure to report will lead to a violation. She states that she will come in and then will call 15 minutes prior to her appointment and provide various reasons why she is not able to come in and the threat of a violation does not seem to bother her.

She has been back to court already on 1 violation for using illegal substances and failure to report. She finally reports to your office.

How would you assess this case?



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Scenario 2

Probationer is 49 years old and on supervision for Possession of methamphetamines. Her criminal history consist of Possession of Cocaine (1 count) and Drive on a Suspended O/L (1 count). Her Risk/Needs scores were low except for Substance Abuse high and Criminal Associates/Peers medium.

She recently tested positive for amphetamines and was referred to treatment. She failed to show for the assessment. She is a grandmother and recently experienced the death of her 11 month old granddaughter. A family member called you and reported at the funeral the probationer was under the influence of substances to the point she was unable to stand on her own or sit and remain in the pew for the funeral.

How would you assess this case?



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Scenario 3

You are looking at 2 offenders' Risk/Needs scores that are strikingly similar on all scales (medium to highly probable) for Criminal Associates/Peers, Criminal Personality, Cognitive Behavioral.

Both are scheduled to come in and see you today.

There is one major difference in their Risk/Needs scores

Probationer 1: Scored low on the Substance Abuse Scale. He has a criminal history of Grand Larceny (3 counts), Assault & Battery (1 count), Driving on a Suspend O/L (3 counts) and Possession of Marijuana misdemeanor (1 count).

In the past 60 days he has submitted 3 urine screens and all had negative results.

How would you assess this case?




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Scenario 3 continued

Probationer 2: Scored high on the Substance Abuse Scale. He has a criminal history of Possession of Cocaine (2 counts), Possession of marijuana misdemeanor (3 counts) and Petty Larceny (3 counts).

He has been out been out for 60 days and has submitted 3 urine screens the first two were negative for any drugs and his most recent urine screen results were positive for cocaine. When you spoke with Probationer 2 on the phone earlier about the drug screen he stated, "It was a stupid mistake. I only used one time since I got out".


How would you assess this case


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CONGRATULATIONS

You have completed the Pre-Requisite session for your future Risk Assessment Training



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PRINCIPLES OF EFFECTIVE INTERVENTION ACTIVITY 1

Risk Factor, Criminogenic Need, and Responsivity Factor Activity

Directions:

- Please silently read through the scenario below.
 - Answer the questions below the scenario.
 - Discuss within your group and come to a consensus on what factors to target and which risk factors to prioritize.
-

Scenario

Joseph is a 25 year-old who was just released from the Department of Corrections after serving a two year sentence. He was convicted of assault after getting into a fight at a bar, possession of methamphetamines, property damage, and resisting arrest. Joseph is now on community corrections supervision and was assigned to your caseload. It was noted in his file that Joseph was officially diagnosed with depression, and he told you at your first meeting he suspects he has been struggling with mental illness ("depression and maybe something else") since his teens.

Joseph has a history of drug use, and tells you he was using right up until he went to prison. He says that in the past he had stopped using drugs because he believes he acted more violently and impulsively when using, and often got into fights. As an example, he points to the bar fight and resisting arrest for which he was currently incarcerated, which happened when he was high. While telling you that story, Joseph mentioned that he thinks the other guy he was fighting made a big deal out of nothing; "I didn't hurt him that bad, definitely not bad enough to go to prison. And it was his fault we were fighting anyway." When you asked about his resisting arrest, Joseph states, "The officer should have recognized that it was the other guy, not me, that should have been arrested. The officer refused to hear my side of the story." When you remind Joseph that he has to make payments to reimburse the bar owner for the property damage, he replies, "the other guy needs to be making payments too, since I wasn't the first one to start throwing glasses and breaking chairs."

Joseph was arrested one other time when he was 16. He was caught breaking windows at his high school while drinking with some friends, for which he served 6 months' probation. He tells you he's gotten into a few fights since then, but wasn't arrested for any of them. Joseph still hangs out with many of the friends he was arrested with when he was 16. Some of them, like Joseph, have been arrested in adulthood. Joseph tells you he doesn't think his friends are into "anything too serious – just stealing and breaking and entering and stuff, but not like, murder or anything." He tells you he has lots of fun with that group of friends; "we're all very open to trying new things, you know, so with them, anything could happen."

Joseph readily admits that he has previously tried several drugs, including marijuana, cocaine, and methamphetamine. He said that he has not used since he was locked up. When asked about when he started to use drugs, he readily admitted that he began drinking in junior high and started using drugs in high school. He could not remember how old he was when he started drinking or using drugs. Joseph shared with you that he did not think there were any problems with people drinking or smoking marijuana,

but drugs like methamphetamine had caused him some of the problems he is in currently. He said he does not judge others who drink or use drugs and said some of his friends are still using, but he is not going to get them in trouble with the law, so he refused to name which friends are using illegal substances.

Joseph has a 4 year old son, who he seems to adore. The son's mother is not in the picture, and Joseph has not told you where she is. While Joseph was in prison, his son stayed with Joseph's parents. Joseph told you the most difficult part of his incarceration was being separated from his child. Since his release, Joseph has been living with his parents. Joseph's native language is Spanish, and while he can speak basic English and is working to learn more, English speaking is still difficult for him.

During this appointment with you, Joseph discussed participating in a substance abuse program, parenting classes, and anger management. He seemed initially excited and motivated to succeed. However, his mood began to change as the discussion continued. When you asked Joseph about this change in mood, he attributed the change to the difficulty he thinks he will have finding a job; "I just want to do right by my son, but no one is going give me a chance. You can't get a good job with a felony on your record." He's had employment problems in the past too, and on at least one occasion was fired for reacting aggressively to his supervisor.

Toward the end of the meeting, Joseph seemed frustrated, especially when you brought back up the topic of the programs he's been told to attend. When you asked why he seems upset, Joseph said he felt like the whole system is set up to cause him to fail; "What's the point in trying? You guys are just looking for another reason to get me in more trouble so why should I spend all that time doing things I don't want to do?" He told you he'd rather be spending time at home, just waiting for his sentence to be up so that he can get on with his life.

Discussion Activity:

1. What are Joseph's static risk factors?

2. What are Joseph's criminogenic needs?

3. What are Joseph's responsivity factors?

PRINCIPLES OF EFFECTIVE INTERVENTION ACTIVITY 2

Risk Factor, Criminogenic Need, and Responsivity Factor Activity

Directions:

- Please silently read through the scenario below.
 - Answer the questions below the scenario.
 - Discuss within your group and come to a consensus on what factors to target and which risk factors to prioritize.
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Scenario

Phillip [REDACTED] comes in for his initial supervision office appointment. As his officer, you have already examined Phillip's previous supervision periods on probation and parole. Phillip's two probation supervision terms appeared to go relatively successfully and these convictions were both for DUI. This is Phillip's second time on parole. His earlier prison term was for burglary and he had several violations on that parole supervision, which primarily were for failure to notify residential changes to his officer, three dirty UA's and failure to complete outpatient treatment but he was successfully terminated. Phillip was subsequently sent to inpatient treatment as a result of this violation and did successfully complete this program. The current offense is for felony domestic violence assault, assault on a law enforcement officer and possession of narcotics and Phillip served eighteen months in prison for these convictions. Related to the felony domestic violence assault, the victim is Phillip's girlfriend and there have been multiple domestic violence arrests but no convictions involving the same girlfriend. Phillip suggested that she just mouths off and he 'popped her one.' The assault on a law enforcement officer happened at the time of the arrest for the domestic violence incident. The possession of narcotics conviction arose from the search subsequent to arrest since Phillip had cocaine on his person. Phillip described the cocaine as something a buddy of his made available to him at no cost, so he wasn't going to pass that up. While previously Phillip has maintained steady full time employment, currently, Phillip is out of work and has described that he just does not have the self-esteem to keep trying to get a job because of his criminal history. Phillip came late to the appointment and said this was due to hanging out with his friend who just got out of prison and he hasn't seen him in a while. Phillip is a bit irritated that you have a problem with him being only five minutes late since 'it isn't a big deal.'

Discussion Activity:

1. What are Phillip's static risk factors?
2. What are Phillip's criminogenic needs?
3. What are Phillip's responsivity factors?