

Risk – Need – Responsivity

& Effective Recidivism Reduction Strategies at the RIDOC

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Overview

The concepts of Risk-Need-Responsivity (RNR), originally developed in the 1980s, have gained increasing support across the nation and have recently been adopted by the Rhode Island Department of Corrections (RIDOC). Research indicates that the three principles can decrease the risk of recidivism for offenders when implemented correctly.¹ Additionally, the RNR principles allow staff to make informed decisions on how to allocate resources to improve outcomes for the criminal justice population.²

With a 2009 three year recidivism rate of 48%, reducing RIDOC's rate is imperative for public safety and saving taxpayer dollars. In order to successfully implement the model, a fundamental shift in how correctional authorities and communities supervise individuals is necessary.³ RIDOC has taken initial steps toward accomplishing this goal by expanding the use of the Level of Service Inventory-Revised (LSI-R), a risk/needs assessment tool which aids in identifying those offenders most likely to reoffend. Further, the Council of State Governments (CSG) provided training for staff throughout all divisions of RIDOC on strategies shown to be effective in reducing criminal behavior among those incarcerated and on community supervision.

What is Recidivism?

The RIDOC defines recidivism as:

- An offender who was released from sentence at RIDOC within a specific period of time, and
- Who was returned to RIDOC as a sentenced inmate.
- Of those released in 2009, a total of 31% returned to sentence within 1 year, 42% by 2 years, and 48% within 3 years of release.
- Thirty-nine (39%) of female offenders and 49% of male offenders recidivated within 3 years of release.

The RNR Model⁴

The RNR model "represents principles of effective correctional intervention within which a wide variety of therapeutic interventions can be used" (p.30).⁵ The three principles are as follows:

- **Risk Principle** – identifies **WHO** to target⁶
 - The risk principle states that the level of service provided to an offender should match their risk of reoffending. As a result, supervision and treatment should be reserved for higher risk offenders, while low risk offenders require little to no intervention. In fact, research has found that too much treatment, or the wrong type of treatment, may be detrimental to a low risk offender.⁷
- **Need Principle** – identifies **WHAT** to target⁸
 - The need principle indicates that treatment should focus on an offender's dynamic criminogenic needs (the factors most likely to lead to crime) and prioritize treatment accordingly. Eight central criminogenic risk factors are identified as the key causes of criminal behavior (additional information on page 2).
- **Responsivity Principle** – identifies **HOW** to target⁹
 - The responsivity principle attempts to remove barriers to success. *General* responsivity suggests staff should use interventions known to be effective with offenders (e.g. cognitive behavioral programming). *Individual/Specific* responsivity indicates staff should tailor interventions to the individual strengths, style, culture and personality of the offender. Both general and individual responsivity should be considered when working with offenders.

Top 8 Criminogenic Risk Factors

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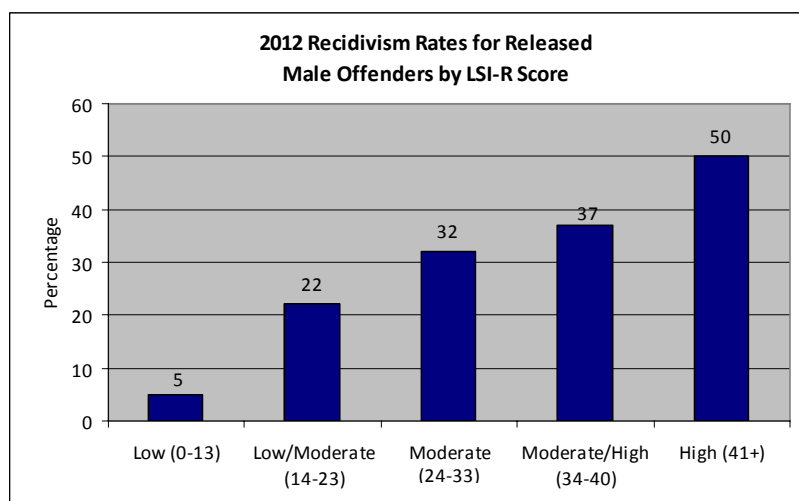
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1. Antisocial Attitudes
2. Antisocial Personality
3. Antisocial Behavior
4. Antisocial Associates
5. Family/Marital
6. School/Work
7. Leisure/Recreation
8. Substance Abuse

The table to the left represents the eight criminogenic risk factors, and more specifically the “Big Four.” These factors, which are known to be the greatest predictors of future criminality, should be targeted through appropriate programming and interventions. As the best predictor of future behavior is past behavior, changing antisocial attitudes and behaviors through treatment from pro-criminal to prosocial will reduce the likelihood of criminal behavior and lead to more positive behaviors.¹⁰ Non-criminogenic factors, such as self-esteem, should by no means be the primary focus of treatment, as “increasing self-esteem without changes in pro-criminal attitudes runs the risk of resulting in confident criminals” (p. 5).¹¹ All non-criminogenic factors (others include personal distress, physical health, and major mental health disorders)¹² should be addressed as responsivity issues during treatment.

RIDOC LSI-R Data

The first step in applying RNR principles is to identify high risk offenders using a validated tool, such as the LSI-R assessment. The LSI-R is a 54-item instrument which assesses offenders across 10 domains: criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drug, emotional/personal, and attitudes/orientation. Scores range from 0-54, with higher scores indicating higher risk and more needs. Analyses of 2012 RIDOC release data show a correlation between higher LSI-R scores and a greater recidivism rate (see graph). For men who scored high risk on the LSI-R, 50% returned to sentenced status at RIDOC within one year as compared to those who scored low or low/moderate (27%).



Case Example

John Doe is a 30 year old male sentenced to his tenth incarceration after violating probation for shoplifting (felony charge). He is currently spending 21 days in segregation for swearing at a Correctional Officer. John was first introduced to drugs by his family members at a young age and has been using ever since. He dropped out of high school in the 10th grade and was fired from his last job of two months after showing up for work under the influence. He states that he refuses to seek employment after release, as he doesn't see the value in working when he is able to make money through illegal means. John's family lives in Massachusetts and also continues to use drugs regularly. He does not have regular contact with anyone but his brother, who cannot visit him during incarceration due to his lengthy criminal record. John has a wide variety of friends, most of whom he met through his incarcerations. John and his friends often use drugs and engage in criminal activity together. His most recent charge was a result of him and a group of friends stealing from local retail stores in order to support their habit. Though this is John's tenth incarceration, this is only his second assessment, as most of his sentences are short-term due to the nature of the nonviolent offenses. The assessment indicates that John is a high risk offender with a score of 41.

