



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Using Responsivity Principles to Attain Better Results for People with Behavioral Health Needs in the Justice System

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Senior Policy Advisor
July 13, 2023

Presentation Outline

- I. Introductions of Presenters and Organizations
- II. Brief Review of Risk-Needs-Responsivity and Risk Reduction
- III. Responsivity and Tailoring Treatment to the Individual
- IV. Understanding Trauma and Responsivity
- V. Principles of Trauma-Informed Screening, Assessment, and Treatment
- VI. Questions and Answers

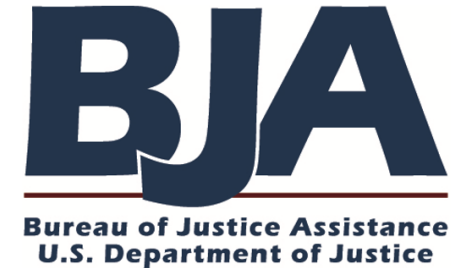
Today's Presenters

- David D'Amora, *Senior Policy Advisor, The Council of State Governments (CSG) Justice Center*
- Ethan Kelly, *Senior Policy Analyst, CSG Justice Center*

U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.

Karhlton F. Moore, BJA Director



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Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) promotes innovative cross-system collaboration and provides grants directly to states, local governments, and federally recognized Indian Tribes. It is designed to improve responses to people with mental health conditions and substance use disorders who are involved in the criminal justice system.

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

Break the cycle of incarceration

High rates of recidivism increase taxpayer costs, diminish public safety, and tear apart families and communities. We work with partners inside and outside of government to reduce crime and incarceration among youth and adults in contact with the justice system.

Advance health, opportunity, and equity

Efforts to make communities safer and healthier are hampered by insufficient behavioral health services, barriers to economic mobility, homelessness, lack of support for victims, and racial and gender inequity. We bring people from diverse systems and perspectives together to improve policy and practice related to these challenges.

Use data to improve safety and justice

Data holds the power to help us understand and change justice systems for the better. And yet, states and counties still know far too little about how their systems perform. Our work transforms information into meaningful insights for policymakers.

Equity and Inclusion Statement



The Council of State Governments Justice Center is committed to advancing racial equity internally and through our work with states, local communities, and Tribal Nations.



We support efforts to dismantle racial inequities within the criminal and juvenile justice systems by providing rigorous and high-quality research and analysis to decision-makers and helping stakeholders navigate the critical, and at times uncomfortable, issues the data reveal. Beyond empirical data, we rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance, and improve outcomes across all touchpoints in the justice, behavioral health, crisis response, and reentry systems.

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Risk Reduction: A Brief Review

What is risk reduction all about?

- Risk principle helps us understand WHOM to focus interventions on
- Accurate assumptions about which individuals are likely to commit a crime
- Effectively targeting interventions and supervision to lower the likelihood a person will commit a crime

Risk Reduction Means Using Risk-Need-Responsivity (RNR)

Risk principle: Match the level of service to the person's likelihood to reoffend.

HIGHER RISK= MORE INTERVENTION
= MORE STRUCTURE
= MORE SUPERVISION
= MORE OF YOUR RESOURCES

Risk Reduction

To have enough resources for higher-risk individuals, we must allocate FEWER resources to people who are at a lower risk of reoffending.

LOWER RISK= LESS INTERVENTION
= LESS STRUCTURE
= LESS SUPERVISION
= FEWER OF YOUR RESOURCES

Risk Reduction

✓ **Now, we know WHO.**

So, what do we DO?

Criminogenic Needs and the Need Principle

Criminogenic:

- Dynamic or *changeable* factors that contribute to the likelihood that someone will commit a crime.

Need Principle:

- Assess criminogenic needs and target those needs with treatment and interventions.

Major Risk/Need Factor	Characteristics	Dynamic Need
Family/Marital	Two key elements are weak: nurturance/caring and poor monitoring/supervision	Reduce conflict, build positive relationships, enhance monitoring/supervision
Substance Use	Misuse of alcohol and other drugs	Reduce substance use; reduce personal and interpersonal supports for substance-oriented behavior; enhance alternatives to drug misuse
Antisocial Friends and Peers	Close association with criminal others and relative isolation from anticriminal others; immediate social support for crime	Reduce association with criminal others; enhance association with anticriminal others

Source: D. Andrews and C. Dowden, "The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections: Crime Prevention Jurisprudence," *Canadian Journal of Criminology and Criminal Justice*, 49, no. 4, (2007): 439-464.

**Major risk/need (criminogenic) factors and associated dynamic needs
(i.e.: promising intermediate targets for reduced recidivism)¹**

Major Risk/Need Factor ²	Characteristics	Dynamic Need
Antisocial Attitudes	Attitudes, values, beliefs, and rationalizations supportive of crime, and cognitive emotional states of anger, resentment, and defiance. Criminal/reformed criminal/anti-criminal identity.	Reduce antisocial cognition; recognize risky thinking and feeling; build up alternative, less risky thinking and feeling; adopt reform/anti-criminal identity.
Antisocial Friends and Peers	Close association with criminals from anti-criminal others; im	
Antisocial Personality Pattern	Adventurous pleasure seeking, aggressive, callous, and dis	
Family/Marital	Two key elements are weak nurturance/caring and poor monitoring/supervision.	Reduce conflict, build positive relationships, and enhance monitoring and supervision.
Substance Abuse	Abuse of alcohol and/or other	
School/Work	Low levels of attendance at work (low socio-economic ac	
Leisure/Recreation	Low levels of involvement and leisure pursuits.	

Communication Skills:
Judges, probation officers, service providers, mentors, jail staff, prison staff

Services:
Addiction Treatment
Co-occurring Disorder Treatment
Job Training/Employment
Readiness

¹ Excerpted from Andrews, D., & Dowden, C., *The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections: Crime Prevention Jurisprudence*, Canadian Journal of Criminology and Criminal Justice, 49 (4), 439-464 (2007).

² The minor risk/need factors (and less promising intermediate targets for reduced recidivism) include the following: personal/emotional distress, major mental disorder, physical health issues, fear of official punishment, physical conditioning, low IQ, social class of origin, seriousness of current offence, and other factors unrelated or only mildly related to offending.

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Risk-Reduction Snapshot

- The **RISK** principle tells us **WHOM** to target.
- The **NEED** principle tells us **WHAT** to target.
- The **RESPONSIVITY** principle tells us **HOW** to target.

Cognitive behavioral therapy takes advantage of the interconnections between thoughts, feelings, and behavior.

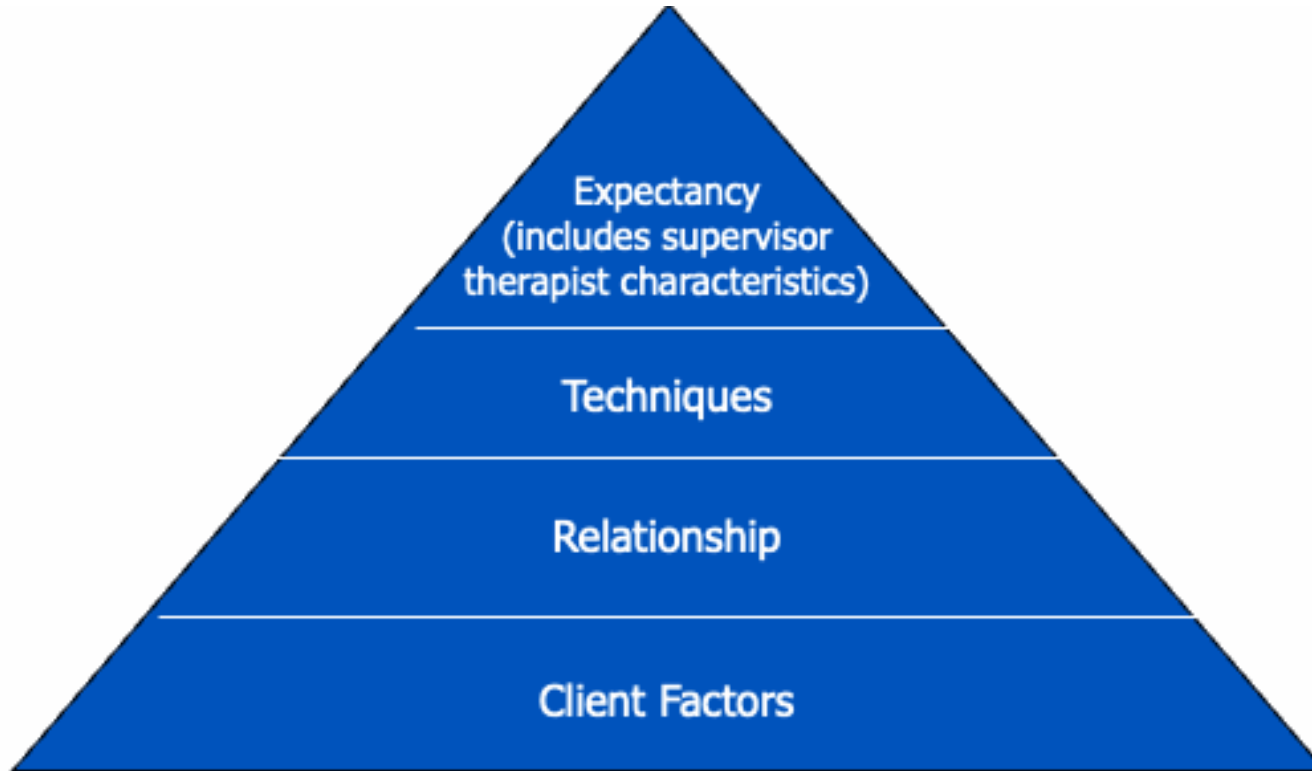


Source: M.W. Lipsey, N.A. Landenberger, and S.J. Wilson, "Effects of cognitive-behavioral programs for criminal offenders," *Campbell Systematic Reviews* (2007): 6, DOI: 10.4073/csr.2007.6.

Responsivity: Tailoring Treatment

- **General**
 - Responsive to learning styles
 - Such as CBT
- **Specific**
 - Responsive to sociobiological personality factors
 - Engagement

Responsivity Principle Key Factors



Source: Stephen Fife et al., "The Therapeutic Pyramid: A Common Factors Synthesis of Techniques, Alliance, and Way of Being," *Journal of Marital and Family Therapy* 40 (2013), 10.1111/jmft.12041.

Risk Reduction and Responsivity

Responsivity: Maximize a person's ability to learn!

Responsivity is all about what helps a person learn.

Risk Reduction and Responsivity

Responsivity means:

- It's not enough to target higher-risk people with the right interventions, you must do it in a way that supports them as they learn the new skills you are trying to teach.

Responsivity Also Means...

Focusing on personal strengths and how specific individual factors might influence the effectiveness of treatment services

Risk Reduction and Responsivity

So, how do we support a person as they learn new skills?

- Consider a person's personal **strengths** and personal **characteristics** when interacting with them and designing their interventions.
- Fidelity to a curriculum does **NOT** mean you have to behave exactly the same way with a person despite their learning style and other needs.

Are non-criminogenic risk factors important to include in an effective RNR assessment?



Obtaining Information about Non-criminogenic Needs

They may need to be addressed before *or* concurrently along with criminogenic needs in treatment since they may represent a barrier to effective participation in treatment otherwise.

Non-criminogenic Needs that May Need to Be Targeted to Effectively Lower Criminogenic Needs

Self-esteem

Anxiety

Lack of parenting skills

Medical needs

Victimization issues

Learning disability

Mental illnesses

Motivation level

Receptive and expressive language skills

Learning style

Concrete thinking

Trauma

Risk Reduction and Responsivity

How can you build on strengths and reduce barriers to treatment?

- *How ready is the person to change?* → Meet the person wherever they are in their change process!
- *Is their mental health creating a barrier?* → Treat their mental illnesses and free up their attention to participate fully in risk-reduction interventions!

Responsivity Principle

Few places identify individual strengths, or “protective” factors, that may be built upon in treatment planning.

- Computer skills
- Strong family relationships
- High educational level
- History of stable employment
- Strong ties to recovering community

Responsivity

Still too few programs effectively identify specific individual factors that might influence the effectiveness of treatment services.

- Anxiety
- ADHD
- Motivation level
- Gender
- Reading level/ESL
- Language

Integral Model of Treatment and Related Concepts to Correctional Treatment

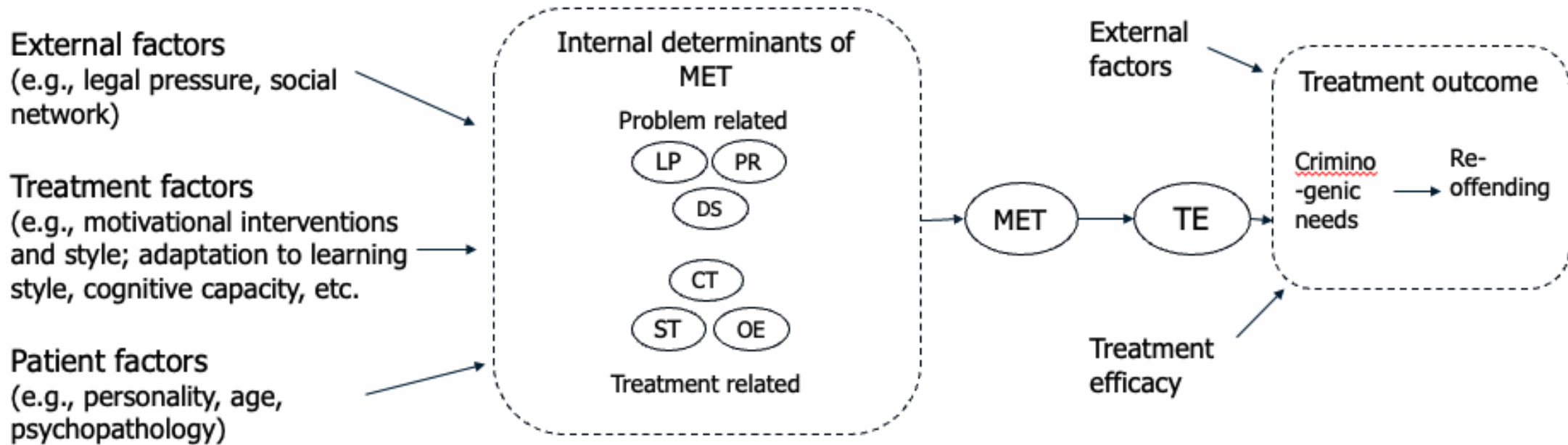


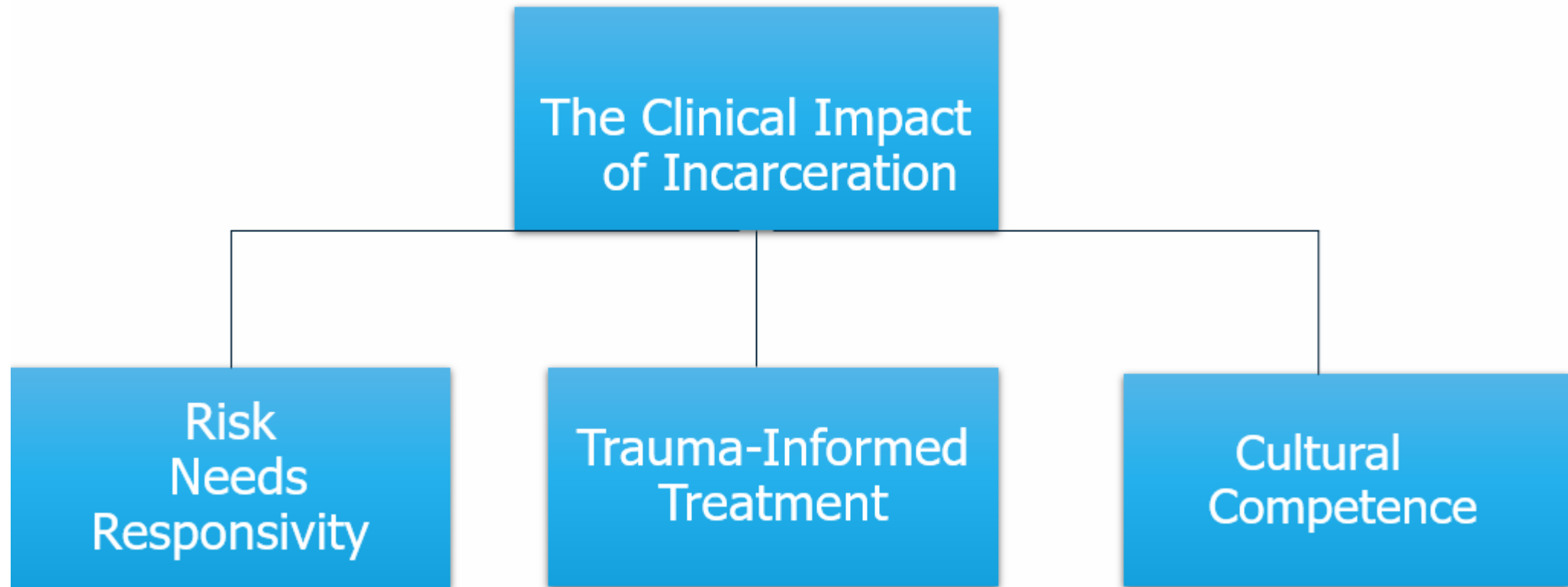
Figure 1: Integral model of treatment motivation and related concepts applied to correctional treatment. Note: LP – perceived Legal Pressure; PR – problem recognition; DS – distress; CT – perceived Costs of the Treatment; ST – perceived Suitability of the Treatment; OE – outcome expectancy; MET – Motivation to Engage in the Treatment; TE – treatment engagement

Engagement as a Responsivity Factor and Key to Change

Treatment outcome and premature termination predicted by engagement

- Treatment outcome related to patient effort
- The therapist's approach related to engagement and effort

Addressing the Clinical Impact of Incarceration



Engagement Challenges

Motivation

- Motivational interviewing
- Client-engaged goal setting
- Focus on recovery

Criminal Justice Culture Adaptation

- Trauma

Risk Reduction and Responsivity

- **Express empathy** \neq approval or sympathy.
- **Roll with resistance** = give up being right.
- **Develop discrepancy** = notice the teeter-totter.
- **Promote change** = help them believe they have the power to change.

Cultural Competence

Cultural Proficiency

- Meaning of symptoms, illness, stressors
- Meaning of treatment
- Relationship with professionals
 - Overcoming mistrust
 - Communication
 - Rapport
 - Disclosure
- **Using “natural” community support**

Incarceration as a Cultural Adaptation

“Those of us who do assessment research in correctional settings must continually remember that we are dealing with **atypical, highly biased samples of people exposed to massive situational influences specifically designed to alter their attitudes, personality, and behavior.** Incarceration is a massive intervention that affects every aspect of a person’s life for extended periods of time.”

Source: E.I. Megargee, “Assessment research in correctional settings: Methodological issues and practical problems,” *Psychological Assessment* 7, no. 3 (1995): 359–366, <https://doi.org/10.1037/1040-3590.7.3.359>.

Incarceration as Cultural Adaptation

“These walls are kind of funny. First you hate 'em, then you get used to 'em. Enough time passes, gets so you depend on them. That's institutionalized.”

—Morgan Freeman, *The Shawshank Redemption*, Warner Brothers, 1994.

Cultural Norms for People in Jail or Prison

- Do your own time.
- Mind your own business.
- Trust no one.
- Show respect.
- Ignore others' infractions.
- Don't steal.
- Don't snitch.
- Don't show weakness.
- Don't stare.

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Trauma

- Trauma results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or threatening and that have lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
- Van der Kolk defined trauma as an event that overwhelms the central nervous system, altering how we process and recall memories.

Sources: Substance Abuse and Mental Health Services Administration, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, HHS Publication No. (SMA) 14-4884 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).

Bessel A. van der Kolk, MD, *Trauma Defined: Bessel van der Kolk on The Body Keeps the Score*, Digital Seminar (2014): 59 mins.

Using a Trauma-Informed Perspective

Consequences

- Isolation
- Hypervigilance
- Emotional reactivity

Intervention principles

- Safe environment
- Processing of trauma
- Identification of coping strategies

Trauma as Both a Responsivity Factor and a Criminogenic Factor

The role of trauma in the assessment and treatment of justice-involved individuals has significantly expanded through an explosion of research on the interaction of trauma—particularly complex trauma—with criminal behavior.

Sources: M.T. Baglivio, N. Epps, and K. Swartz, "The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders," *Journal of Juvenile Justice* 3, no. 2 (2015): 1–23.

N. Wolff and J. Shi, "Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment," *International Journal of Environmental Research and Public Health* 9, no. 5 (2012): 1908–1926.

N. Wolff, J. Shi, and J.A. Siegel, "Patterns of victimization among male and female inmates: Evidence of an enduring legacy," *Violence and Victims* 24, no. 4 (2009): 469–484.

Trauma as Both a Responsivity Factor and a Criminogenic Factor

The majority of individuals in the criminal justice system have frequently been exposed to severe trauma as children and adults. Trauma-informed assessments and treatment are critical in delivering services to those people.

Sources: C.S. Widom, "The cycle of violence," *Science* 244, no. 4901 (1989): 160–166.

M. Basto-Pereira et al., "The global impact of adverse childhood experiences on criminal behavior: A cross-continental study," *Child Abuse & Neglect* (2022): 124.

Trauma as Both a Responsivity Factor and a Criminogenic Factor

- Individuals who experienced childhood neglect and abuse increased their risk of being arrested as a youth by 53 percent, their risk of adult arrest by 38 percent, and their risk of committing a violent crime by 38 percent.
- Briere, Agee, and Dietrich found that although 4 percent of the general population sample had symptoms of PTSD, 48 percent of the prison sample had symptoms of PTSD. Widom highlighted, however, that most of the abused and neglected sample did not commit crimes.

Sources: J. Briere, E. Agee, and A. Dietrich, "Cumulative trauma and current post-traumatic stress disorder status in general population and inmate samples," *Psychological Trauma: Theory, Research, Practice, and Policy* 8, no. 4 (2016): 439–446.

C.S. Widom, "Child abuse, neglect, and adult behavior: Research design and findings on criminality, violence, and child abuse," *American Journal of Orthopsychiatry* 59, no. 3 (1989): 355–367, <https://doi.org/10.1111/j.1939-0025.1989.tb01671.x>

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Trauma Screens

- Trauma screening is recommended for all people with justice system involvement.
- The screening supports individualizing the treatment and case management plans and thus follows the responsivity principle:
 - International Trauma Exposure Measure (ITEM)
 - The Stressful Life Events Screening Scales (SLESS)
 - Texas Christian University (TCU) Trauma Screener
 - International Trauma Questionnaire (ITQ)—looks at both PTSD and cPTSD
 - PTSD Checklist for DSM-5
 - Note—ACEs Questionnaire is not recommended

Principles of a Trauma-Informed RNR Assessment

- Evaluators should address the power imbalances in the assessment interview by acting respectfully toward the participant and acting transparently.
- The evaluator's interpersonal stance toward the participant should be to treat the person with dignity, respect, and empathy while maintaining role clarity.
- The evaluator should be aware that the participant may exhibit altered states of arousal during the interview, including dissociation, agitation, or other signs of emotional dysregulation that the questions in the assessment or the presence of the assessor may have triggered.
- The evaluator should look for nonverbal signs of traumatic symptoms, including indications of hyperarousal and hypervigilance.

Principles of Trauma-Informed RNR Assessment

- Strengths, protective, and resilience factors should be assessed and highlighted to lessen the possibility that the individuals do not feel discouraged or hopeless about their situation and to develop a case management plan. Risk and needs assessments should be designed to support the interviewees as they construct a new narrative about their life. Focusing on trauma may feed into a “victim” story or a “deficit model” rather than a “survivor” narrative.
- **Proper cautions must be put into place** so that trauma does not become stigmatized and that it is recognized from the perspective of “what happened to you” rather than “what is wrong with you.”

Source: J. Goldenson, S.L. Brodsky, and M.J. Perlin, “Trauma-informed forensic mental health assessment: Practical implications, ethical tensions, and alignment with therapeutic jurisprudence principles,” *Psychology, Public Policy, and Law* 28, no. 2 (2022): 226–239; J. Bates-Maves and D. O’Sullivan, “Trauma-informed risk assessment in correctional settings,” *International Journal of Criminology and Sociology* 6 (2017): 93–102.

High-risk participants do not improve with limited interventions.



- **Current conviction:**
 - Burglary
- **Previous convictions:**
 - Burglary
 - Assault
 - Felony theft
- **Risk factors:**
 - Substance use – high need
 - Antisocial thinking
 - Antisocial personality
- **Other factors:**
 - History of trauma
 - No employment
 - No prosocial supports

Ineffective Interventions

- Weekly AA/NA meetings
- Limited supervision
- Job placement program

Why?

AA/NA meetings do not provide enough intensity of programming to address substance use.

- Biweekly visits do not provide enough supervision or control to reduce recidivism.
- Without addressing antisocial thinking and personality through cognitive behavioral interventions, participant is unable to maintain employment.

Trauma treatment may need to come before cognitive behavioral programming.

- Studies of justice-involved adult men have found that the samples had different clinical needs depending on their diagnostic status.
- Those with complex trauma may not respond initially to cognitive behavioral therapy (CBT) programs because they may need a more graduated or phased approach to CBT.
- Although CBT has a strong track record with many disorders, including PTSD, subgroups with complex trauma may or may not have good access to their cognitions during the initial phases of treatment.
- This may lead to treatment dropout or the misinterpretation that the person is “resistant” to treatment.

Source: M. Cloitre, “The ‘one size fits all’ approach to trauma treatment: Should we be satisfied?” *European Journal of Psychotraumatology* 6, no. 1 (2015): 27344–27352.

M. Cloitre, M. et al., “Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis,” *European Journal of Psychotraumatology* 4, no. 1 (2013): 20706–20718.

Trauma Treatment Programs Effective with Justice-Involved Clients

Case and treatment planning includes goals and objectives for ameliorating identified criminogenic needs and responsivity factors that the RNR assessment has determined are currently active. Trauma-informed assessment includes evaluating the individual's potential history of trauma and the consequences of traumatic experiences.

- Seeking Safety
- Eye Movement Desensitization Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)
- Beyond Violence: A Prevention Program for Criminal Justice-Involved Women
- Exploring Trauma: A Brief Intervention for Men

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