



UNDERSTANDING THE CONCEPT OF ***RESPONSIVITY*** WITHIN THE RNR MODEL

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OVERVIEW

- Introductions
- Controversies surrounding recidivism prevention with individuals who are seriously mentally ill
- The RNR model
- Responsivity Principle
- Responsivity applied to Justice-Involved Individuals with SMI
- Case study

INTRODUCTIONS

Getting to know you...

SERIOUS MENTAL ILLNESS AND CRIME

The majority of individuals with serious mental illness do not commit crimes.



True, but the criminal justice and mental health systems are ill-equipped to handle those who do

SERIOUS MENTAL ILLNESS AND CRIME

Offenders with mental illness have risk factors that are the same as those without mental illness!



That's true, and at the same time offenders with SMI need some special accommodations to prevent recidivism

THE RISK-NEEDS-RESPONSIVITY MODEL

- While this model may be common place today, it has taken some time to for it's development.
- Risk: The risk principle states that offender recidivism can be reduced if the level of treatment services provided to the offender is proportional to the offender's risk to re-offend.
- Needs: Criminogenic needs as the target of interventions. Criminogenic needs are the dynamic risk factors associated with criminal behavior. Non-criminogenic needs (vague complaints of emotional distress, self-esteem without consideration of procriminal attitudes) are relevant only in that they may act as obstacles to changes in criminogenic needs.

THE RISK-NEEDS-RESPONSIVITY MODEL

- Responsivity: Match the style and mode of intervention to the ability and learning style of the offender.
 - Social learning and cognitive behavioral styles of influence (role playing, prosocial modeling, cognitive restructuring) generally work best.

DEVELOPMENT OF RNR

- Can be viewed as a 4 phases:
 1. Professional judgment
 2. Actuarial risk
 3. Dynamic/static risk factors: risk/need
 4. Systemic and comprehensive

CENTRAL 8

- **History of Anti Social Behavior**
- **Anti Social Personality**
- **Anti Social Cognitions**
- **Anti Social Associates**
- **Substance Abuse**
- **Family/Marital Relationships**
- **School / Work Poor Performance,**
- **Pro Social Recreational Activities**

PROFESSIONAL JUDGMENT

- While it might feel good, things are not always what they seem.
- Unfortunately still occurs today.
- Unstructured, can vary from professional to professional
- How do you know if what you are doing is effective?

ACTUARIAL RISK

- Between 1970 – 1980: more emphasis on research
- Actuarial risk assessment: Statistical method of estimating risk.
- With some reliability, can assess low vs high risk offenders.
- Drawbacks:
 1. Atheoretical: only uses available data (the data that was collected) and it's association with recidivism. As a result, most of it was associated with criminal history.
 2. Static risk factors: the factors are treated all the same. For example, no differentiation between presence of substance use in history and current substance use. Risk does not change!

EVIDENCE-BASED AND DYNAMIC

- Assessment begin to incorporate dynamic risk factors:
 - Employment
 - Friends
 - Substance use
- Also some assessments were theory based:
- Assessing risk and need is important, but how the person responds to the treatments is also important.
 - Begins Risk-Needs

SYSTEMIC AND COMPREHENSIVE

- Where we are today: tools are only as good as how they are applied.
- Risk-Needs-Responsivity
- New risk assessment instruments integrate systematic intervention and monitoring with the assessment (retest)
- Other personal factors important to treatment: dynamic
 - LSI-R

RESPONSIVITY

Effective intervention matches level of risk and addresses criminogenic needs (“Central 8”),

AND

Does so in a way that is *compatible with the individual’s characteristics*

Responsivity is delivery the appropriate intensity and type of treatment in a manner and context where the individual can be most responsive.

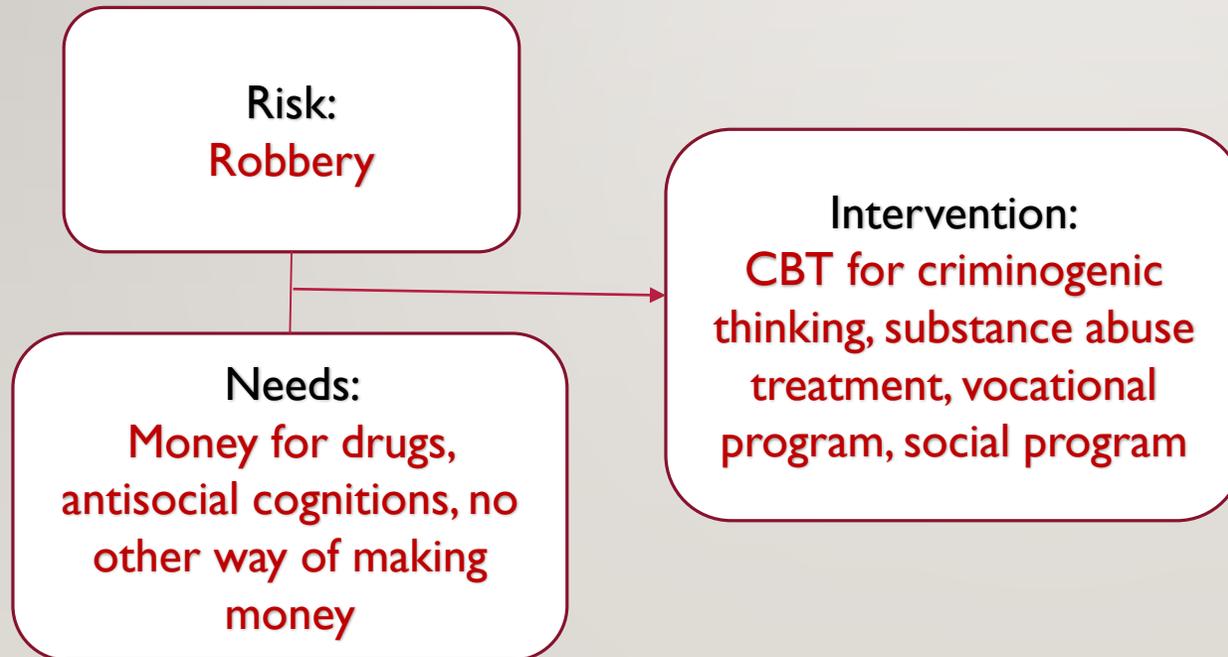
(Andrews, Bonta, & Hoge, 1990)

RESPONSIVITY: SAMMY

Risk:
Robbery

Needs:
**Money for drugs,
antisocial cognitions, no
other way of making
money**

RESPONSIVITY: SAMMY



RESPONSIVITY: SAMMY

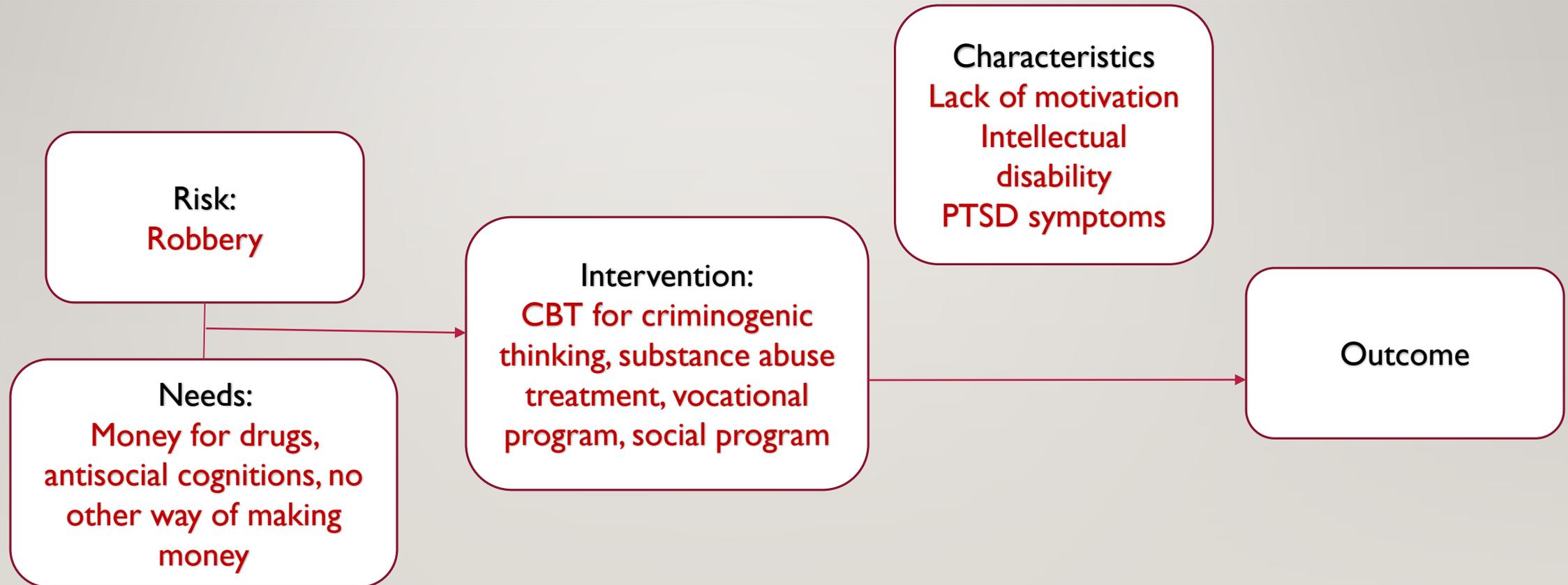
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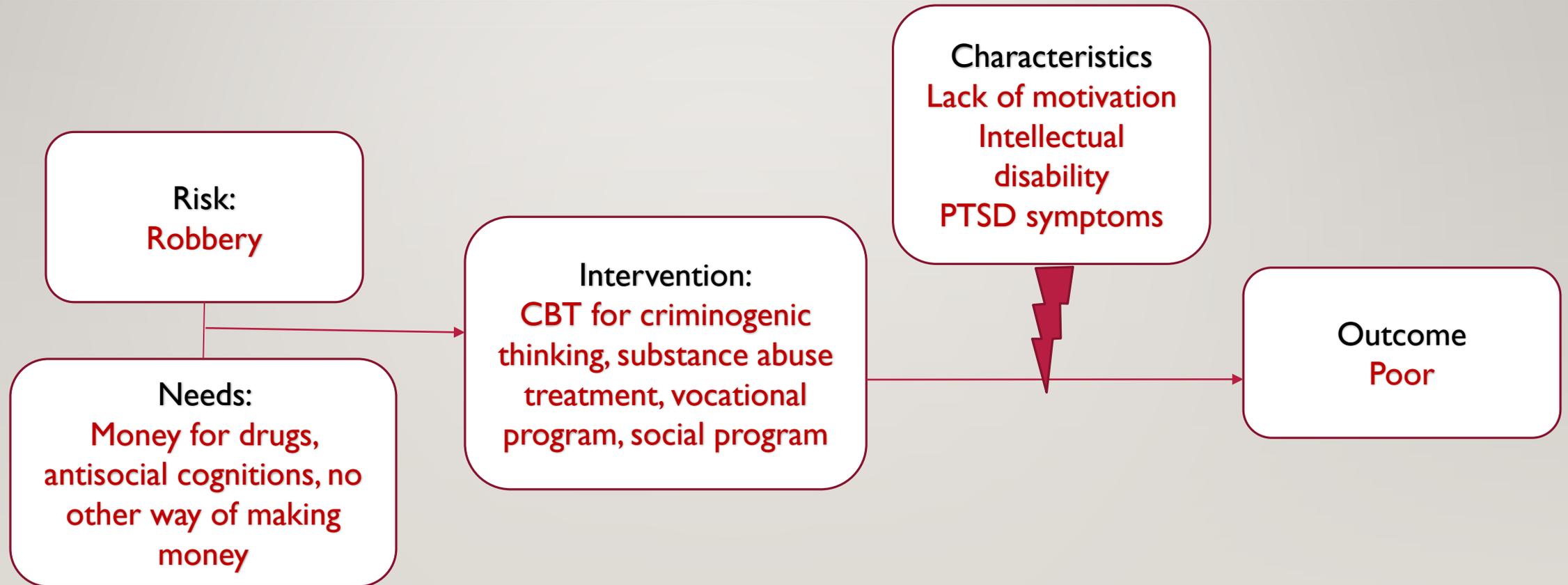
Intervention:
CBT for criminogenic
thinking, substance abuse
treatment, vocational
program, social program

Characteristics
Lack of motivation
Intellectual
disability
PTSD symptoms

RESPONSIVITY: SAMMY



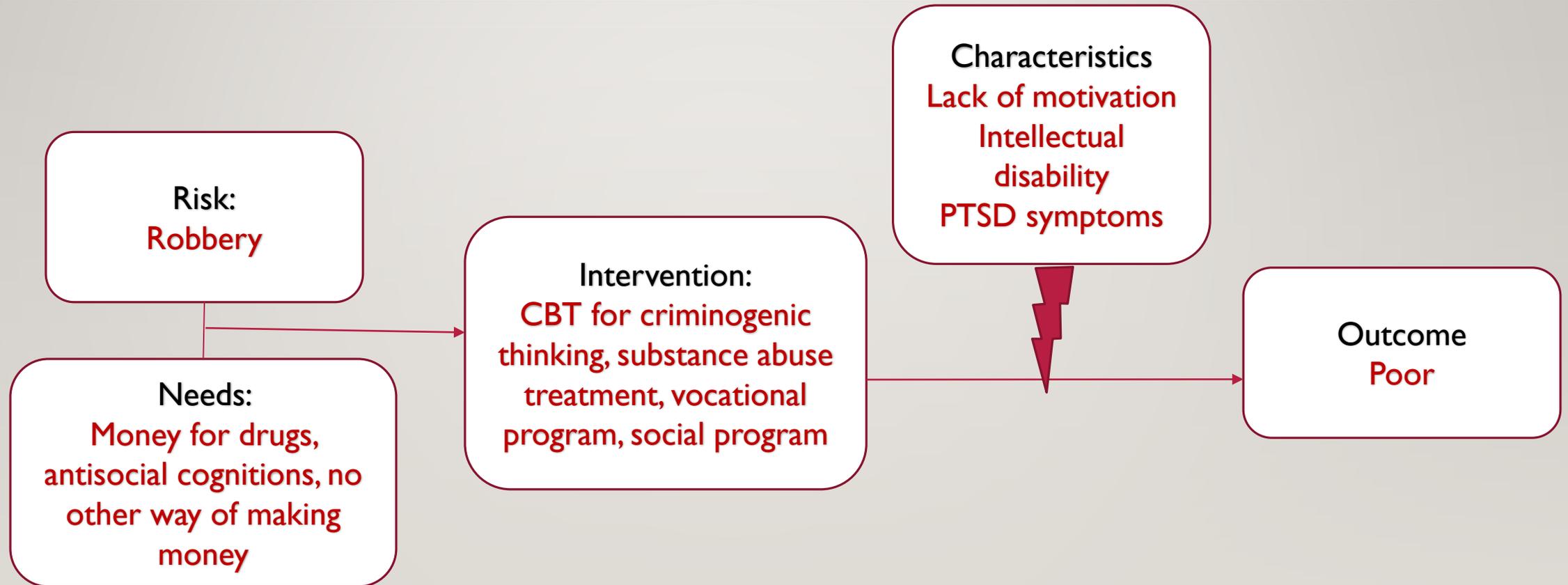
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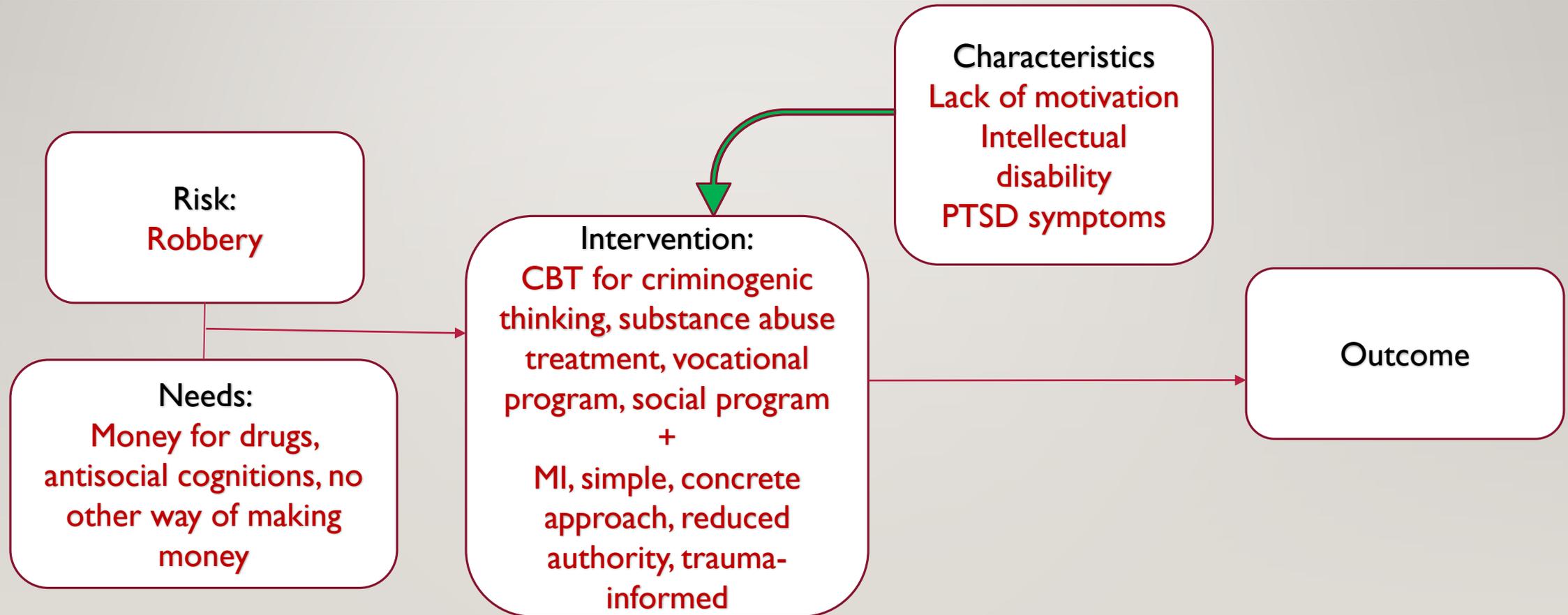
GENERAL AND SPECIFIC RESPONSIVITY

	General Responsivity	Specific Responsivity
Definition	Delivering intervention by most effective methods (empirically supported)	Delivering intervention in a way that takes into account the unique experience of each individual and how this may affect their ability to benefit from intervention
Examples	<p>Using interactive Cognitive Behavior Therapy to address criminogenic thinking</p> <ul style="list-style-type: none"> • Thinking for Change • Reasoning and Rehabilitation 	<p>Less authoritarian approach for trauma survivors</p> <p>Smaller groups for people with Intellectual Disability</p> <p>Exploration and integration of person's own goals into therapy to increase engagement</p>

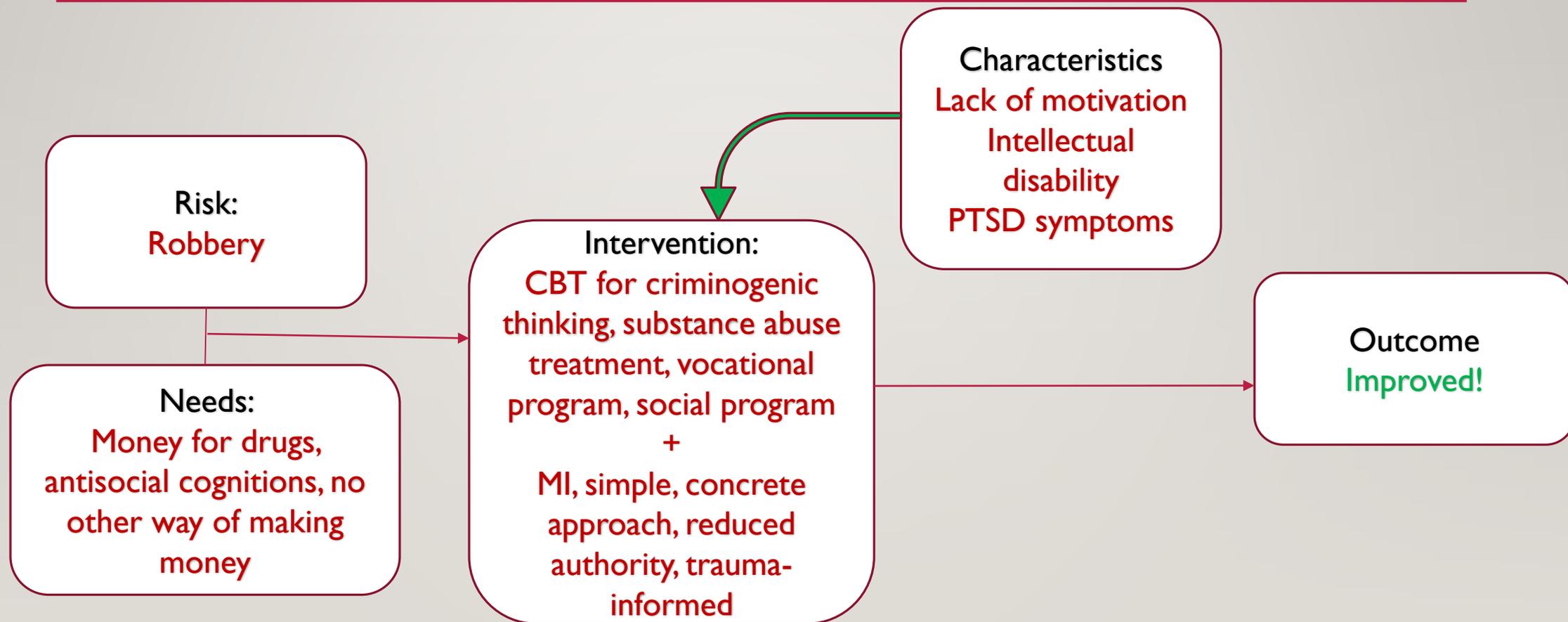
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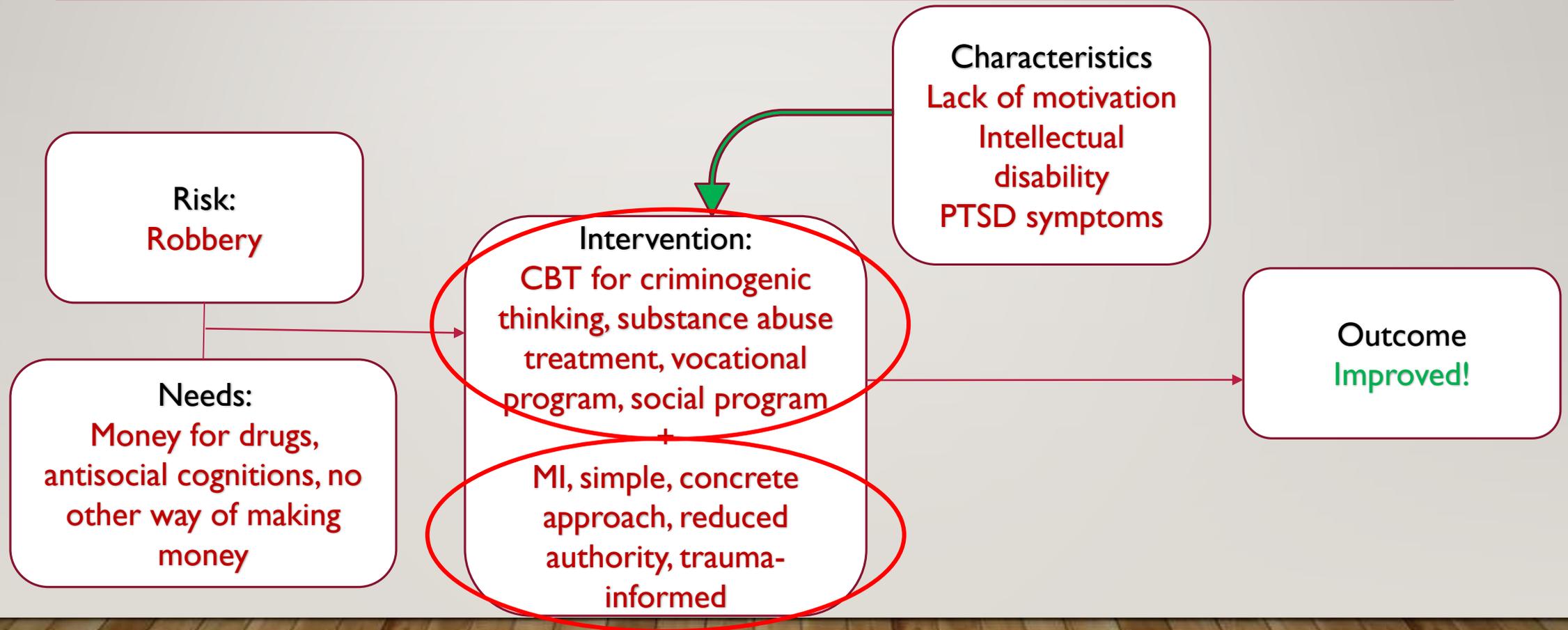
RESPONSIVITY: SAMMY



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ADDRESSING NEEDS AND RESPONSIVITY: IT'S NOT EITHER / OR



RESPONSIVITY APPLIED TO MENTAL ILLNESS

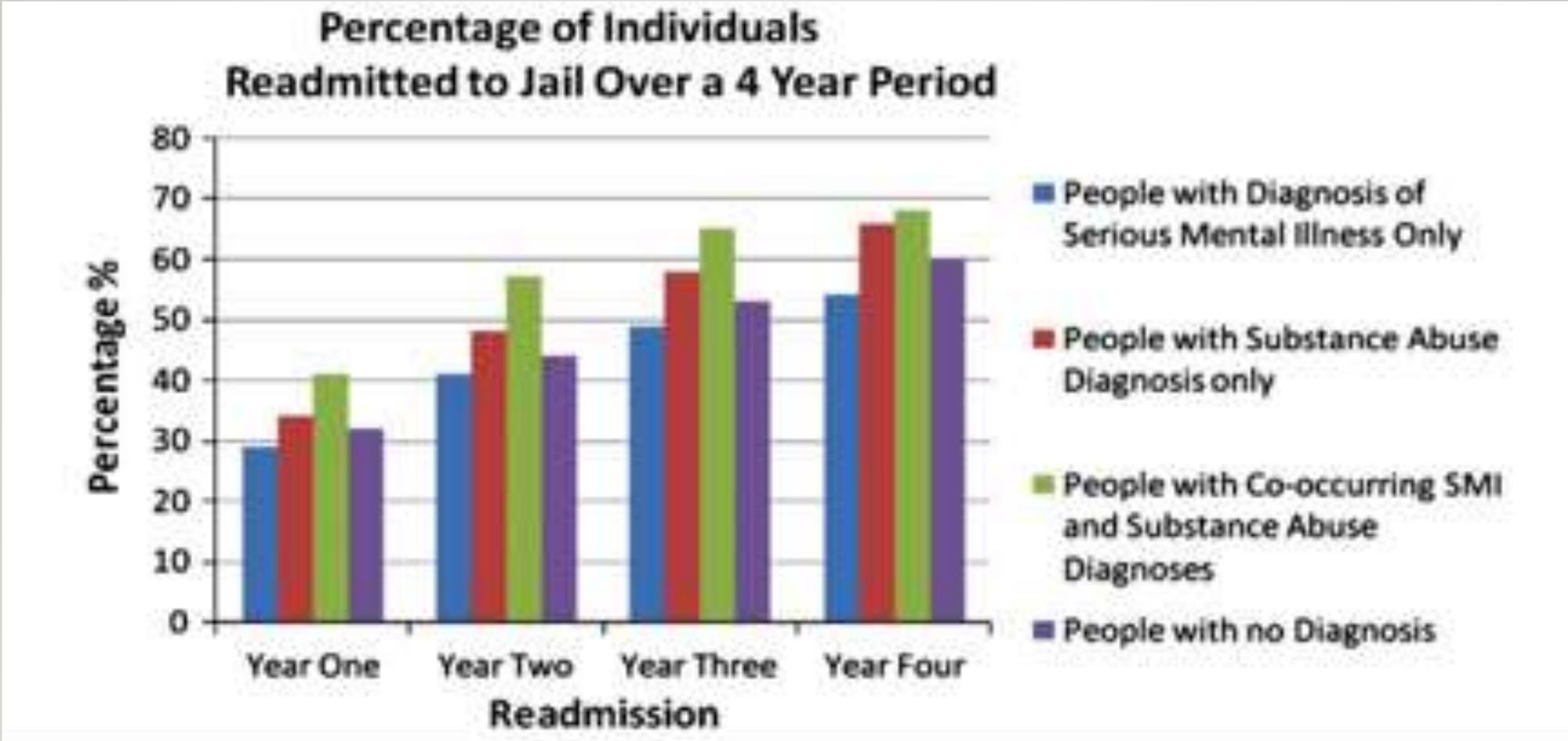
- Mental Illness not always a direct risk factor for violence, but associated with **destabilizers**
- Individuals with mental illness have **more responsivity factors** that must be considered, especially women
- Good news! Mental Illness is one of most **changeable** factors
- This means that we must adopt a more flexible approach when implementing treatment with individuals who have a mental illness.

How do criminal-justice involved individuals with SMI fare in terms of recidivism?

OFFENDERS WITH SERIOUS MENTAL ILLNESS AND RECIDIVISM

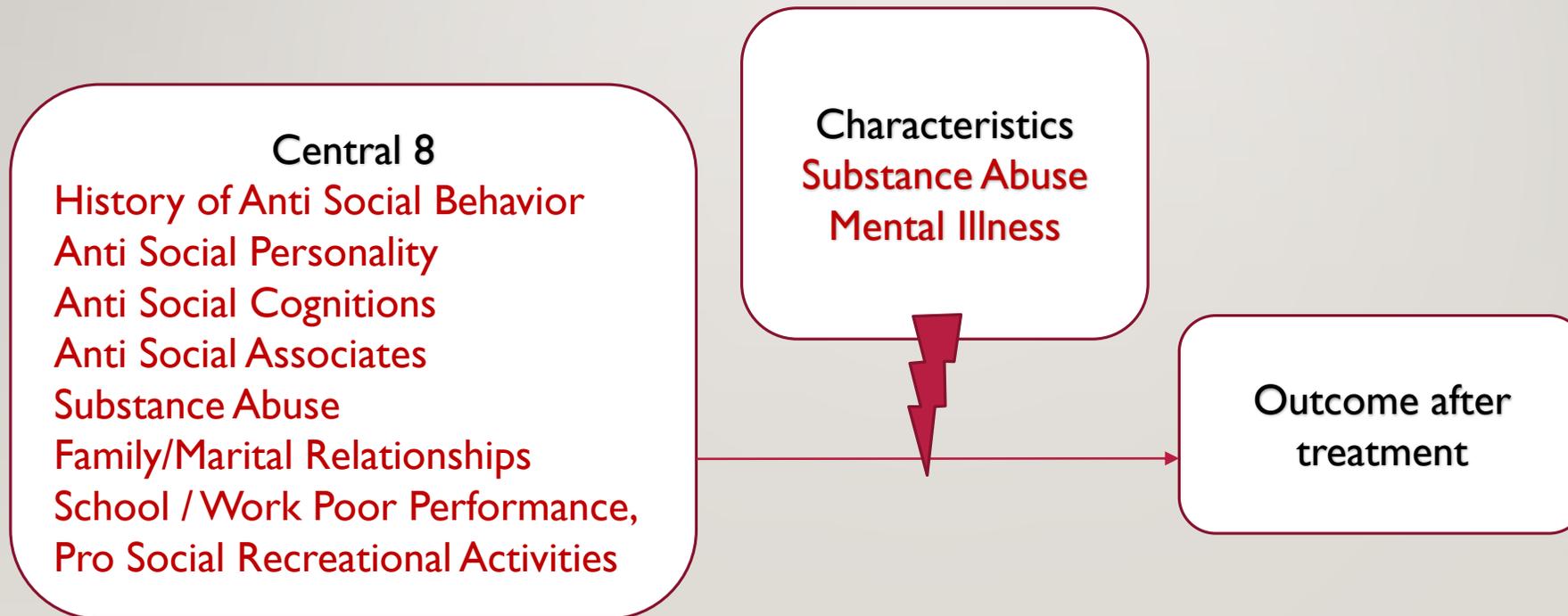
- Most studies find that justice-involved individuals with mental illness return to incarceration both in greater numbers than those without mental illness, and sooner.
- The studies do not always differentiate between the several recidivism outcomes:
 - heightened risk of reincarceration can be due to technical violations rather than and actual new arrests.or
 - higher rate of return to jail or prison due to greater likelihood of reincarceration as a consequence for a new arrest for offenders with mental illness.

Comparison of percentages of individuals readmitted to jail over a 4-year period (Wilson et al., 2011, p, 267).



MENTAL ILLNESS AND THE CENTRAL 8

Substance abuse and mental illness have unique impact on the Central 8.



MENTAL ILLNESS AND THE CENTRAL 8

- **Antisocial personality pattern:** impulsive, thrill seeking, restlessly aggressive and irritable.
 - Studies have found that the prevalence of mental illness is elevated among people with Antisocial personality patterns.
- **Antisocial Associates:** Criminal friends, isolation from prosocial others
 - extensive evidence that **severe psychiatric disorders can lead to social isolation** due to:
 - Stigma: internalized and societal,
 - Negative symptoms: anhedonia, amotivation and asociality. |
 - In addition, individuals with SMI are more likely to engage in substance use, which could potentially lead to antisocial peer association.

MENTAL ILLNESS AND THE CENTRAL 8

- **Antisocial cognitions:** Rationalizations for crime, negative aptitudes towards the law
 - Attitudes, beliefs and rationalizations that are favorable to crime
- **School / work performance:** poor performance, low levels of satisfaction:
 - Serious mental illness interferes with both education and employment. The onset of SMI often occurs during young adulthood interfering with normal developmental goals of young adults, including education and vocation.

MENTAL ILLNESS AND THE CENTRAL 8

- **Leisure and Recreation:** Structured, pro-social activities that bring joy and fulfillment
 - Individuals with SMI are less likely to have structured activities
 - This means reduced social contact, reduced sense of purpose, reduced likelihood of working
 - Presence of negative symptoms, social skills impairments, and medication side-effects interfere with socializing
 - No structure – increases likelihood of antisocial activities / substance abuse / crime
 - Increased structured social activities leads to improvement in above areas, which increases ability to benefit from interventions

MENTAL ILLNESS AND THE CENTRAL 8

- **Family / Marital Circumstances:** Quality (and quantity) of close pro-social relationships with individuals who can offer support
 - Prosocial relationships protect against risk of recidivism as well as mental health problems
 - Many people with severe mental illness have few close prosocial relationships
 - Interventions aimed at improving social skills and increasing prosocial network
 - Interventions that involve the family

MENTAL ILLNESS AND THE CENTRAL 8

- **Substance Abuse:** Dependence on drugs and/or alcohol
 - Substance use is a general risk factor for recidivism
 - Disproportionate comorbid substance use in individuals with an SMI
 - Individuals with co-morbid substance abuse and SMI are more difficult to treat and more likely to recidivate, more likely to engage in violent behavior
 - Chicken or egg: Substances exacerbate mental illness, or mental illness results in vulnerability to substances
 - Intervention – Not treated separately! Need specialized dual-diagnosis interventions.

ADDITIONAL FACTORS

- Homelessness
 - Predicts higher rates of criminal recidivism
 - May be indirectly related to recidivism via substance use, instability, lack of support, etc.
 - Regardless of how direct the relationship is, Homelessness influences responsivity and demands attention
- Poverty
 - Chicken or egg: Low SES experience more stressors which lead to mental illness, or mental illness creates obstacle to success
 - May be forced to live in lower income-neighborhoods with higher prevalence of crime and substance use

PRINCIPLES OF RESPONSIVITY FOR JUSTICE-INVOLVED INDIVIDUALS WITH SMI

- Overlap between Central 8 and responsivity factors for individuals with SMI
 - Treating for Central 8 “as usual” is not sufficient for individuals with SMI: Specific characteristics influence treatment effectiveness
- BOTH criminogenic needs (Central 8) and responsivity must be taken into account, neither is sufficient on its own.
- Generic approaches are NOT sufficient. An **individualized** approach is necessary.
- Two principles help us apply the RNR model for individuals who are CJS-involved and have a serious mental illness.

PRINCIPLES OF RESPONSIVITY FOR JUSTICE-INVOLVED INDIVIDUALS WITH SMI

PRINCIPLE I: Responsivity Informed Supervision Planning

- *Risk level determinations inform intensity of supervision and treatment, but do not fully address which types of supervision or treatment will be most effective for a given individual*
- You need to know more than just risk level to intervene effectively

PRINCIPLES OF RESPONSIVITY FOR JUSTICE-INVOLVED INDIVIDUALS WITH SMI

PRINCIPLE 2: Responsivity Informed Treatment Planning

- *All potentially relevant criminogenic needs and responsivity factors should be identified and guide the interventions, with prioritization of attention based both on the necessary sequence of intervention, if any, and the particular relationship between that factor and recidivism for the specific offender.*
- Include emphasis on individualized formulation

-
- The identified factors have not been formally incorporated into recidivism-focused assessment, supervision and treatment
 - **Pathways to criminality**
 - **Risk (and Needs) Formulation**

PATHWAYS TO CRIMINALITY

- WRNA (Van Voorhis et al., 2010) developed pathways approach is relevant for individuals with SMI.
- Individuals with mental illness who offend suggests that there are some criminogenic needs that may be particularly problematic for them, and that they have specific responsivity factors which must be assessed and addressed.
- The “pathways” approach provides the foundation for more comprehensive evaluation and treatment, but may not fully answer the “how” these needs and factors play out in a specific individual

RISK AND NEEDS FORMULATION

- Structured professional judgment approach
 - using tools that are informed by research and practice, in which risk factors are reviewed, and analyzed for presence in the individual's history and specific relevance to his or her particular violent incidents.
 - HCR-20V3 (Douglas, Hart, Webster, & Belfrage, 2013), culminates not in merely a judgment about level of risk, but in the development of “risk scenarios” (ways in which a provider can anticipate the individual repeating previous acts of violence, and developing strategies to interrupt the pattern.)
- All known potentially relevant factors are considered and contextualized within the details of past behavior and current circumstances, which can inform a more effective treatment plan.

STRUCTURED PROFESSIONAL JUDGMENT

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FORMULATION AND TREATMENT PLANNING

- An individualized recidivism risk formulation, which **integrates and prioritizes an offender's level of risk as well as the associated criminogenic needs and responsivity factors**, can be the template for specific treatment and supervision planning.
- Adds those responsivity factors that potentiate or mitigate the risk of reducing recidivism
- Incorporates those responsivity factors as targets for treatment, based on their relevance for a particular individual, i.e. how they contributed impairing the reduction of recidivism risk.
- Culminates in a clinically specific risk formulation – the risk-focused story - that addresses both public safety and individual health and social needs.

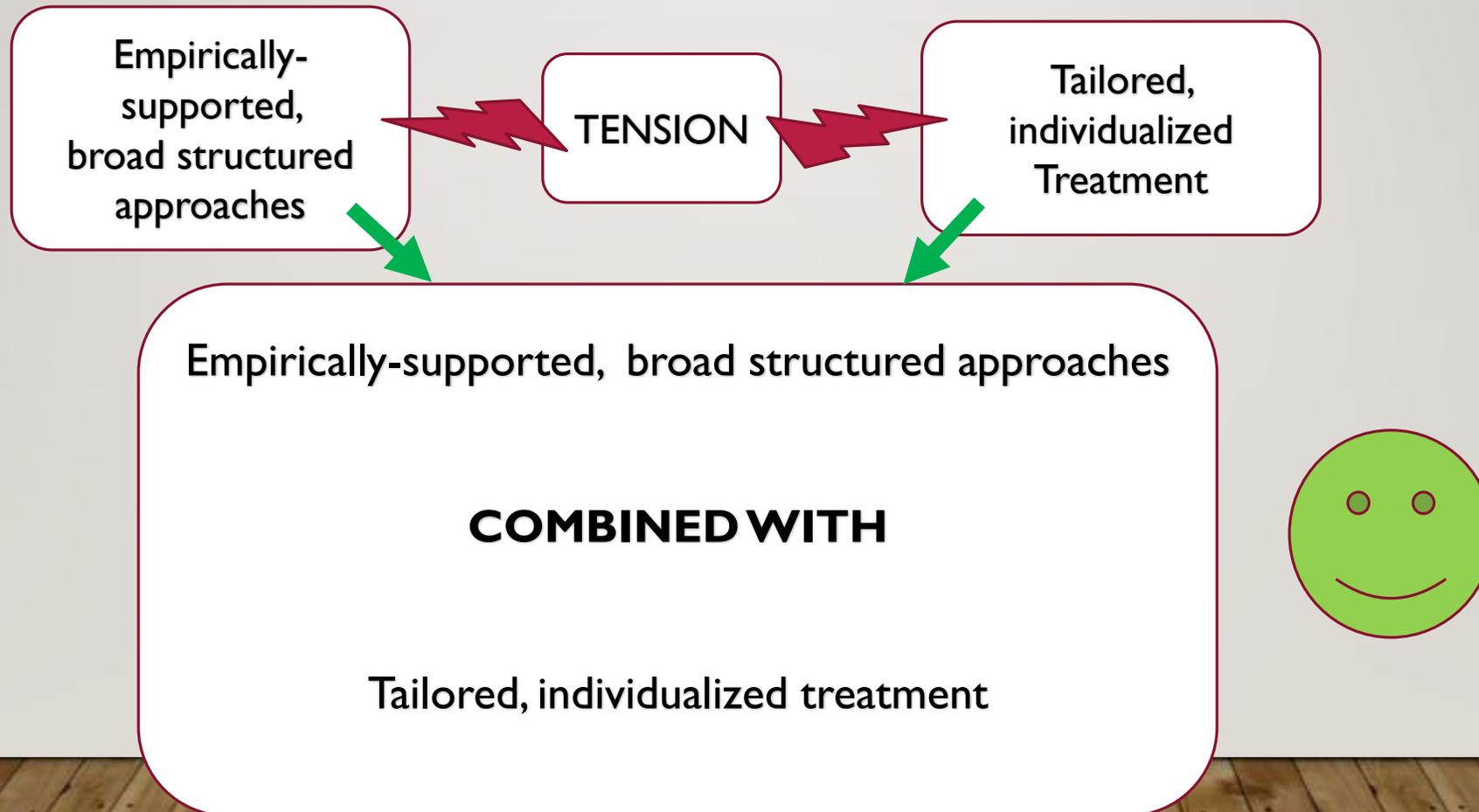
PATHWAYS TO CRIMINALITY AND RISK FORMULATION

1. Prioritizes those criminogenic needs from the Central 8 that may be more relevant than others for specific populations and individuals:
2. For SMI: “Big 4”
 1. Substance Abuse
 2. Antisocial Associates
 3. Antisocial Cognitions
 4. Antisocial Personality Pattern

RECOVERY AND RESPONSIVITY REVISITED



RECOVERY AND RESPONSIVITY REVISITED



FUTURE DIRECTIONS

- Translate theory into **practice!**
- Instead of talking about criminogenic needs vs. responsivity, talk about **directly- and indirectly-related recidivism factors**
- Emphasize **formulation** in practice and research with individuals who are CJS-involved and have a serious mental illness

CASE EXAMPLE: JASMINA

- 19-year old bisexual female, grew up in foster care, sexually abused by several foster parents and acquaintances. Lives in an apartment with 5 other teenage girls, paid for and monitored by her pimp.
- Diagnoses: Posttraumatic Stress Disorder, Mild Intellectual Disability
- Substance abuse: Opiate Use Disorder since age 16
- Engaging in prostitution, influenced by pimp to coerce other teenagers (as young as 15) into prostitution. Also engages in credit card theft and fraud – this is the only way she sees as a “way out” from the control of her pimp. Also steals from customers.
- When asked about her illegal acts, she states: “Nobody did me any favors in life. When I asked for help, people were nasty to me. I don’t have no choice. Plus, those Johns deserve it. Life is hard, doc, get used to it”

CASE EXAMPLE: JASMINA

	Factors	Intervention
Needs Directly recidivism-related		
Responsivity Indirectly recidivism-related		

CASE EXAMPLE: JASMINA

	Factors	Intervention
<p>Needs Directly recidivism-related</p>	<p>History of Antisocial Behavior Antisocial Cognitions Antisocial Associates (Pimp, other unstable youth) Substance Abuse (Heroin) School / Work Poor Performance Lack of Pro Social Recreational Activities</p>	
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<p>Responsivity Indirectly recidivism-related</p>	<p>Sexual orientation Trauma Intellectual Disability Poverty Coercion Lack of social support Housing</p>	

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<p>Responsivity</p> <p>Indirectly recidivism-related</p>	<ul style="list-style-type: none"> Sexual orientation Trauma Intellectual Disability Poverty Coercion Lack of social support Housing 	<ul style="list-style-type: none"> Safe, LGBTQ-friendly treatment setting Trauma-informed care Concrete, simple language and concepts Resources to eliminate reliance on crime Safety planning re:danger from pimp Connecting with prosocial others / group Housing resources



QUESTIONS?

THANK YOU!

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