

From Screening to Clinical Evaluation: Organizing a Comprehensive Risk Assessment in Times of Limited Resources

Reinhard Eher
Ministry of Justice, Austria

- Name: Reinhard Eher
- Profession: Psychiatrist, Psychotherapist
- Affiliation: Federal Evaluation Centre for Violent and Sexual Offenders (FECVSO), Ministry of Justice, Austria

- Risk and Needs Assessment are more and more routinely used in the Correctional Systems
- They inform about the likelihood of recidivism
- They help to work out appropriate interventions
- ➔ „They provide a roadmap for effective correctional rehabilitation initiatives“ (Hanson et al., 2017)
- ➔ „They help to provide the types and dosages of services that are empirically related to reductions in reoffending“ (Hanson et al., 2017)

Risk Assessment

- Identify those who are on high risk for reoffending
 - Identify those who are on no / low risk for reoffending
- ➔ *ultimately, the goal is to turn those with high risk into offenders with low risk by risk management and treatment*

Risk Principle

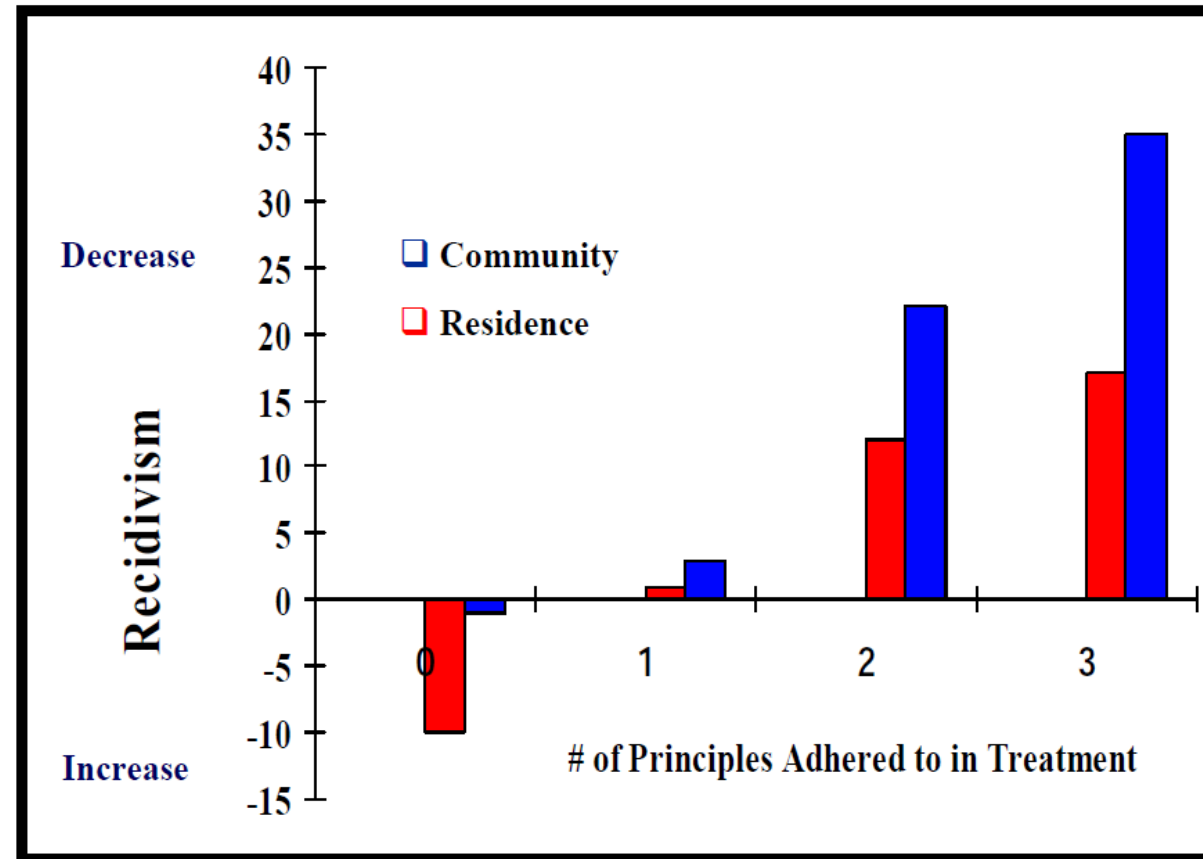
- Match the intensity of the service **to a person's level of risk**
 - Prioritize supervision and program services to **medium and high risk offenders**
 - Be careful with interventions for people with low risk
-

Need principle

- Target **criminogenic needs**
 - Focus on factors that **contribute to the likelihood of reoffense**
 - **Prioritize the core criminogenic needs**
 - Attitudes supportive of criminal behavior
 - Procriminal peers
 - Engagement in relationships and work
 - Substance abuse
 - Lifestyle instability
 - Clinically relevant Disorders
- ➔ The greater the number of criminogenic needs addressed the greater the positive impact

Responsivity Principle

- Account for the **person's abilities and learning styles**
 - Address issues like **motivation and individual learning styles**
 - general issues: what interventions have proved to work?
 - „fine tuning“: what exactly needs the offender when?
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Taken from Bonta & Andrews: **Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation 2007-06. Public Safety, Canada, 2007.**

(Adapted from Andrews & Bonta, 2006)

Talking About Risk

- What is risk?
- How is risk assessed?

Talking about Risk.....

- When we talk about risk, we usually talk about the **risk of reoffending**
- How can we **measure** the individual's risk?
 - capturing individual risk relevant factors and
 - linking this information with a meaningful message about the probability of reoffending

Risk == > Estimate, Probability about the future behavior

Talking about risk communication

- *Nominally* → high, moderate, low
- *Numerically* → by providing statistical information about the relevance of these risk factors in terms of the probability of reoffending
 - **Distribution within the population (Percentiles)**
 - **Absolute risk rates** (how many offender of a category relapse within a given time period)
 - **Relative risk rates** (how high / low is the risk of the group the particular offender is assigned to compared to a reference group => usually the group with average risk)

Strengths and Weaknesses

- Both methods of risk communication have their pros and cons
- ***High, medium and low*** is not clearly defined and is a subjective measure, as long as there is no common opinion about it
- ***Numerical risk communication*** – although superior to all other risk communication, and although derived from individual risk factors – reports percentages or odds without any further understanding for the particular case

Risk Assessment „Tool“ - Requirements

- Needs to be able to discriminate between those who reoffend and those who don't
- Needs to be proven to be valid in the given population and the given jurisdiction (predictive validity)

WHAT CAN RISK ASSESSMENT INSTRUMENTS PREDICT AT ALL?

Generally spoken – by using one cut-off

- **Sensitivity: about 50%**
 - Only 50% of those who will reoffend, will be captured by a reasonable cut-off of the instrument
- **Specificity: about 70%**
 - About 30% of those, who will not reoffend, will be labelled as high risk (or falsely as reoffenders = false positives)

Generally spoken

- Only half of the reoffenders will be captured by reasonable cut-offs (low sensitivity)
- Many „non-reoffenders“ will be labeled „high-risk“ or falsely predicted to be reoffenders (low PPV)
- **The risk therefore will be overestimated – the more, the lower the reoffense base rate is**

That means that High Risk,.....

- although measured correctly, is not necessarily equal to reoffending
- ➔ but it implies a high(er) probability of reoffending
- ➔ high risk usually means a higher or much higher than average risk, but not necessarily more re-offenders than non-reoffenders in this group

Again: Risk Assessment Tools.....

- Need to provide **relevant risk categories, not just one cut-off**
- Risk categories have to be *informative* for decision makers
- they have to *provide rich individual-level offender information* and *statistical indicators about the risk of reoffending*



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**As risk communication
usually is very arbitrary**

**→ universally valid relevant
Risk Categories**

R. K. Hanson et al., 2017
Public Safety Canada

**→ Developing a common
language for communicating
risk**

A Five-Level Risk and Needs System: Maximizing Assessment Results in Corrections through the Development of a Common Language

R. Karl Hanson, PhD
Public Safety Canada

Guy Bourgon, PhD
Public Safety Canada

Robert J. McGrath, MA
Vermont Department of Corrections;
McGrath Psychological Services, PC

Daryl Kroner, PhD
Department of Criminology and Criminal Justice,
Southern Illinois University

David A. D'Amora, MS, LPC, CFC
The Council of State Governments Justice Center

Shenique S. Thomas, PhD
The Council of State Governments Justice Center

Lahiz P. Tavarez, BA
The Council of State Governments Justice Center

JUSTICE★CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

 **the NATIONAL REENTRY
RESOURCE CENTER**

Five Risk Relevant Categories

- *Level I*
 - Risk is **no different to the rate of spontaneous first-time offending** (<1-2% per year)
 - If any, only a few identifiable criminogenic needs
- *Level II*
 - Risk is **higher than for community, but lower than the average rate for reoffending**
 - Some identifiable criminogenic needs, but respond quickly and positively to services
- *Level III*
 - Risk is **equivalent to the average reoffense rate** of the offender population
 - Have multiple criminogenic needs varying in severity
- *Level IV*
 - Risk is **higher than the average but not the highest** (2-3times the average risk)
 - Have many criminogenic needs, likely in all risk relevant domains
- *Level V*
 - Risk is **highest, most likely to reoffend** (offenders in the highest 5 percent of the distribution)
 - Have most of the major criminogenic needs

Example

**STEPWISE RISK AND RESSOURCE ADAPTED
ASSESSMENT OF SEXUAL OFFENDERS IN AUSTRIA**

**BY ADOPTING THE FIVE RISK CATEGORY MODEL IN
AUSTRIA**

Step 1

**1. SCREENING OF ALL OFFENDERS BY A WELL
VALIDATED RISK ASSESSMENT TOOL**

2. ASSIGNMENT TO A RISK CATEGORY

Risk Assessment Instrument → Static-99

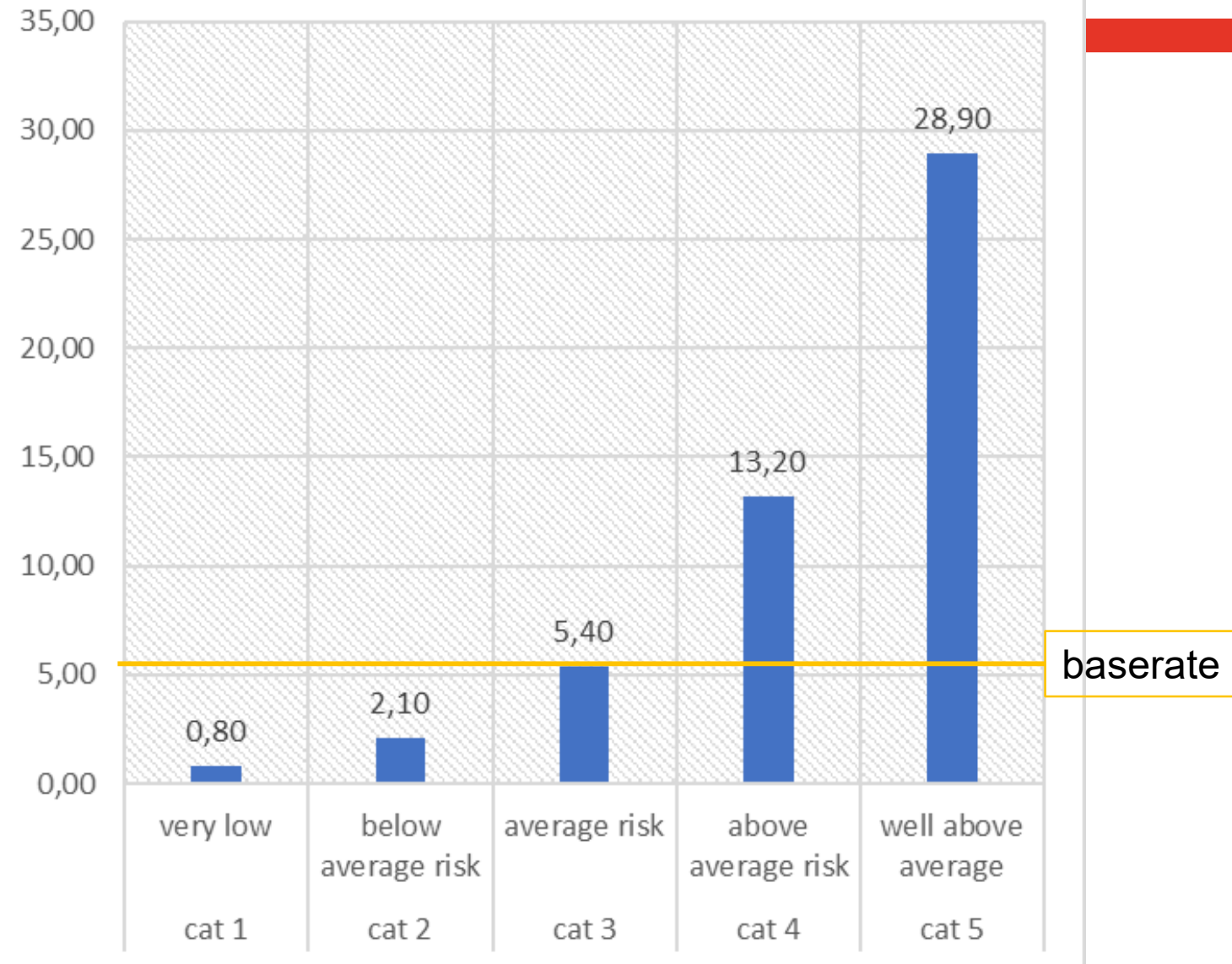
- Actuarial Risk Assessment Instrument focussing on static risk factors (commonly used and well validated, also in an Austrian offender population – AUC = 0.75)
 - Risk factors can be easily assessed by file analysis (no interview is required) – but proper training is required
- ➔ Creating Relevant and Reliable Cut-offs for Risk Categories of Inprisoned Sexual Offenders

Relapse rates in relation to Static-99 risk categories

<i>Category</i>	<i>Name</i>	<i>number</i>	<i>reoffense</i>	<i>relapse observed</i>	<i>relapse estimated</i>	<i>95% CI unten</i>	<i>95% CI oben</i>
cat 1	very low	174	2	1,1	0,80	0,45	1,38
cat 2	below average risk	658	16	2,4	2,10	1,43	3,00
cat 3	average risk	569	28	4,9	5,40	4,28	6,71
cat 4	above average risk	209	23	11	13,20	10,58	16,28
cat 5	well above average	69	24	34,8	28,90	21,38	37,71

Prison released sexual offenders, Austria; representative sample;
Fixed 5-years sexual reoffense rates; Baserate = 5,4%

relapse estimated

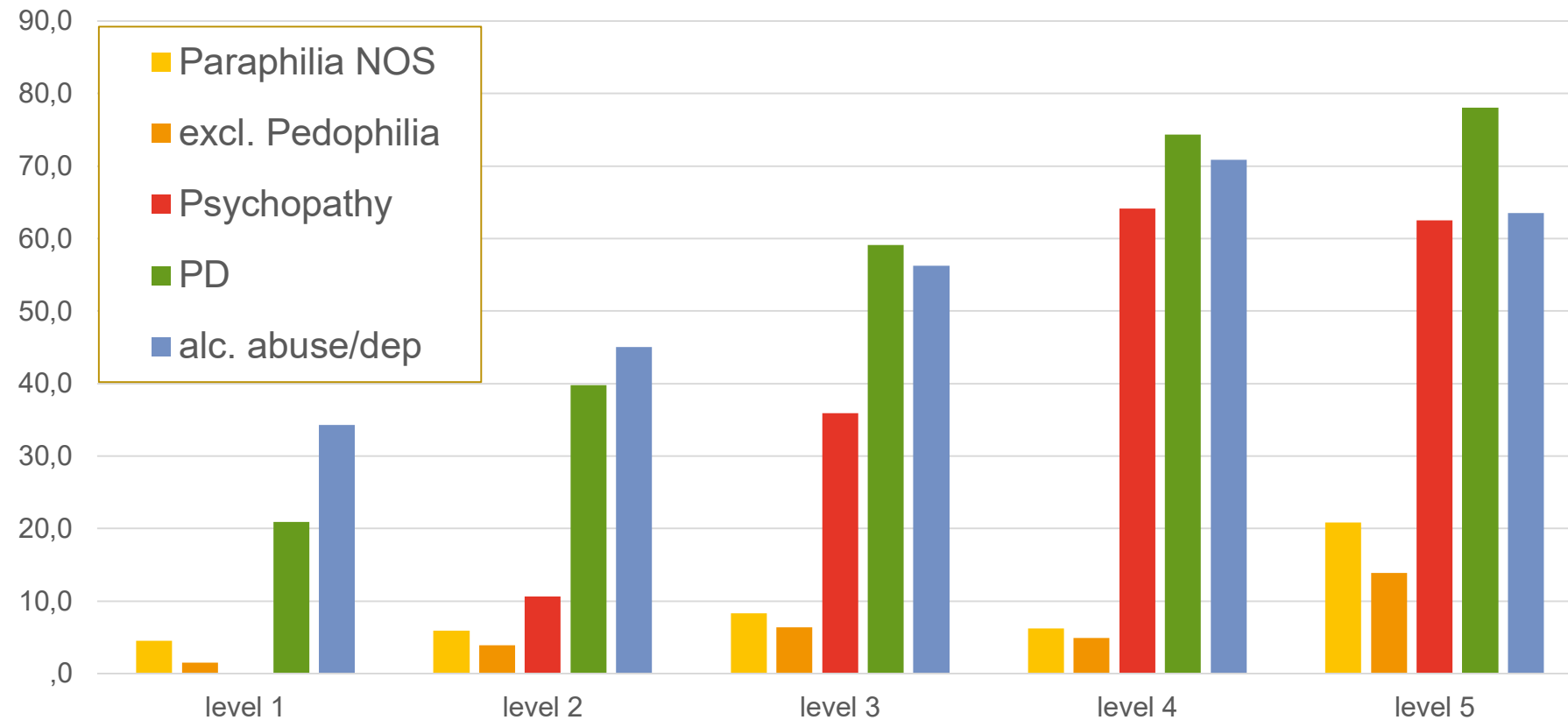


Fixed 5-years sexual reoffense rates
Baserate = 5,4%

Hanson, 2017

- Each standardized risk and needs level is associated with a certain number and severity of dynamic risk factors
- Without knowing more about the offender than the risk category, we have important information about his risk, his needs, his recommended services and his prognosis

Prevalence of criminogenic and non-criminogenic disorders in relation to risk category



Relevant clinical risk factors (needs) for sexual and violent reoffending

– criminogenic and non-criminogenic

Diagnosis		sexual reoffense	violent reoffense
• Personality disorder	→	$HR = 1,32$	$HR = 2,61$
• PCL-R ($\Rightarrow 25$)	→	$HR = 1,12$	$HR = 2,68$
• Sexual deviance (DSM, ICD)	→	$HR = 1,93$	$HR = 0,53$
• Sexual deviance NOS	→	$HR = 2,04$	$HR = 1,07$
• Exclusive pedophilia	→	$HR = 3,46$	$HR = 0,99$
– Alcohol abuse		-	$HR = 2,06$
– Drug abuse		-	$HR = 1,88$

Again: Risk Assessment Tools.....

- Need to provide **relevant risk categories** ✓
- Risk categories have to be ***informative*** for decision makers ✓
- they have to ***provide rich individual-level offender information and statistical indicators about the risk of reoffending*** ✓

Strategy – level I

- Relapse rates are **very low**– comparable with those of non-offenders
- If assigned to level I, recheck reliability of assignment after some time (to be on the safe side and to include new information)
- Do not provide standard clinical assessment of criminogenic needs
- Screen for **obvious** signs of additional risk factors known to be linked to risk (identifiable criminogenic needs)
 - No such signs → provide usual rehabilitation strategies
 - Such signs found → provide structured needs assessment or clinical assessment
- If confirmed → provide treatment and management for risk factors
- If not confirmed (most of time) → do not provide treatment for risk reasons

Strategy – level II

- Relapse rates are **low** – lower than the average offender population
- If assigned to level II, recheck reliability of assignment after some time (to be on the safe side and to include new information)
- Provide **standard assessment of criminogenic needs on a low level**
- ➔ Provide treatment and management for offenders according to their criminogenic needs – usually minimal

Strategy – Level III

- Relapse rates are **comparable with the base rate** of the offender population
- Offenders have **multiple criminogenic** needs
- **Systematic needs assessment** with a standard tool assigned for and validated in your country and/or jurisdiction is usually adequate and sufficient
- Comprehensive **clinical assessment is the exception** (only if standard needs assessment leaves questions about the nature of the criminogenic needs)
- ➔ Provide treatment and management for offenders according to their criminogenic needs – significant (100-200h)

Strategy – Level IV

- Relapse rates are **considerably higher than the base rate of the offender population**
- Offenders have **many criminogenic needs**
- Provide **systematic needs assessment** with a tool assigned for and validated in your country and/or jurisdiction
- **Comprehensive clinical assessment has to be considered routinely** (e.g. PCL-R, Personality Disorders, Sexual Deviances), but may not be provided if criminogenic needs are obvious and clear
- ➔ Provide treatment and management for offenders according to their criminogenic needs (200-300h)

Strategy – Level V

- **Relapse rates are very high**
- Offenders have **many and major criminogenic needs**
- Provide **comprehensive clinical assessment** for motivational reasons, and for treatment planning
- ➔ Provide treatment and management for offenders according to their criminogenic needs – extensive, more than 300h

Proposed Strategy – overall

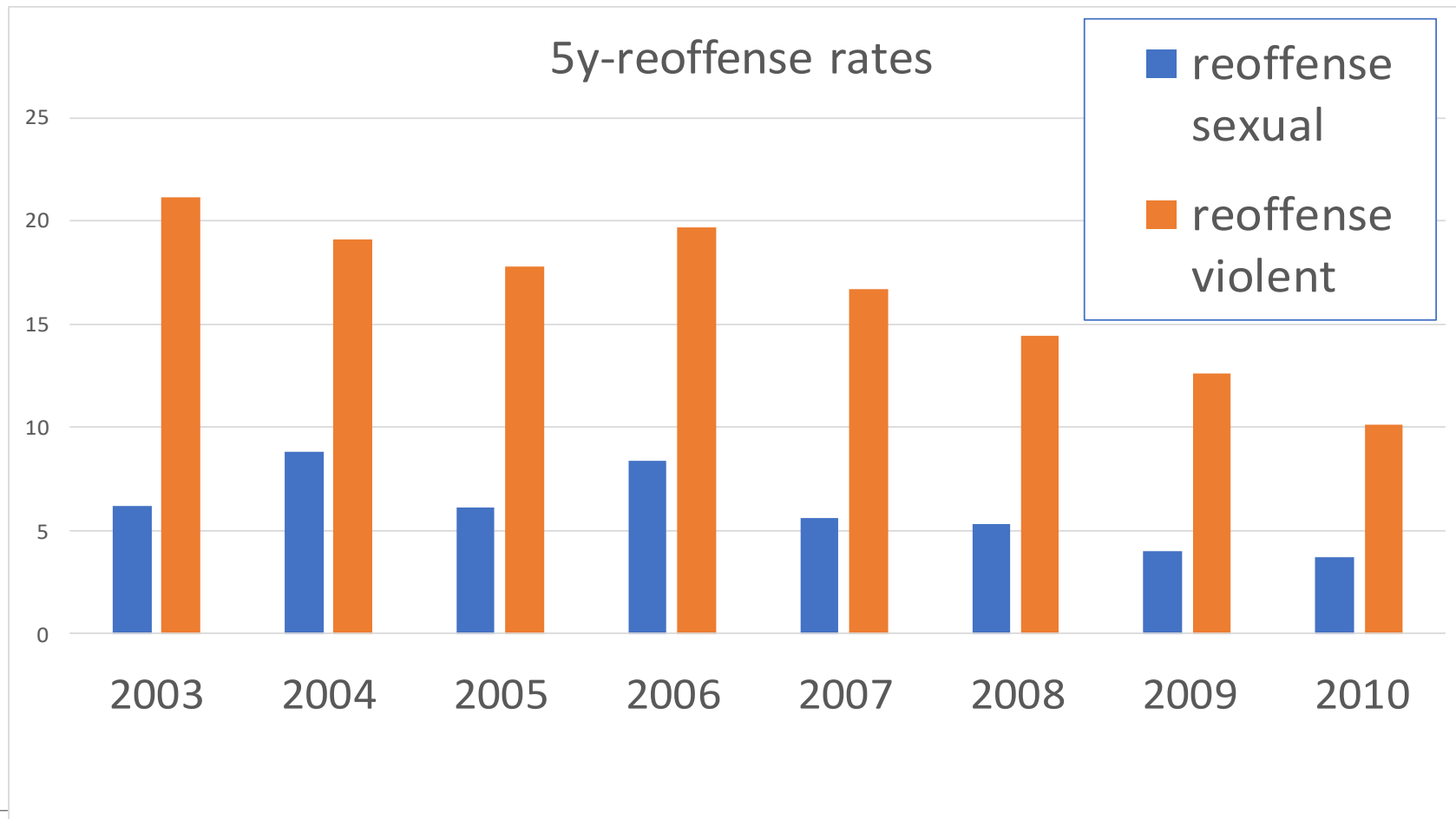
- Start with a well validated, easily administrable risk assessment tool based on mainly static and easily identifiable risk factors
- Make an assignment to one of the proposed five risk categories
- **Increase your resources, professionalism and carefulness in identifying criminogenic needs along with the level of the risk category the offender is assigned to**
- **Differentiate between criminogenic and non-criminogenic needs based on an individual (!) theory of offending**
- **Provide treatment and management for criminogenic (and non-criminogenic) needs according to the needs level**

Perspective – Development on Relapse Rates in Austria

- risk dependent assessment process
- risk dependent professional management during prison sentence and in the aftercare
- jurisdictional changes
 - Rate of conditional release doubled (30% => 70%) with systematic aftercare
 - Systematic providing and financing the aftercare

➔ Decrease of relapse rates

Relapse rates of offender cohorts released in...





Don't hesitate to contact me:

reinhard.eher@justiz.gv.at