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

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- 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

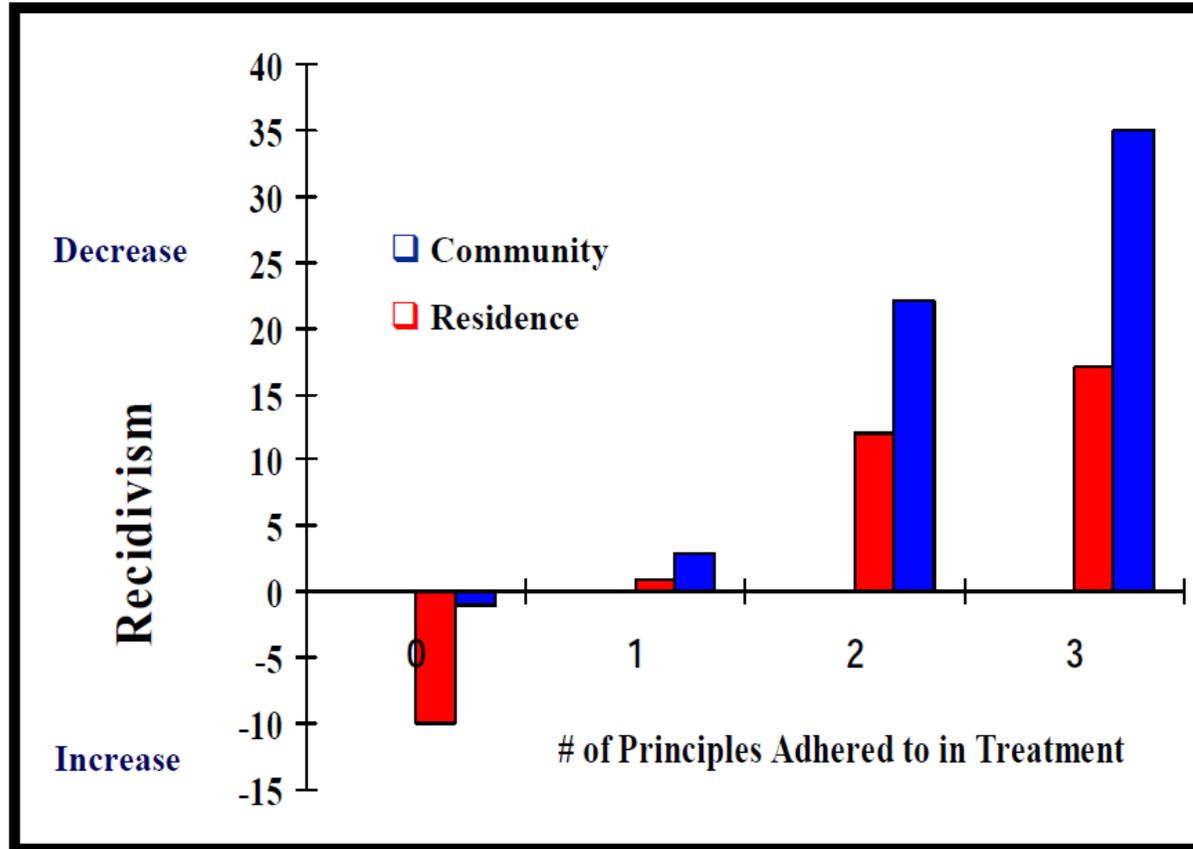
- Match the intensity of the service **to a person's level of risk**
 - Prioritize supervision and program services to **medium and high risk offenders**
 - Be careful with interventions for people with low risk
-

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?
-



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

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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

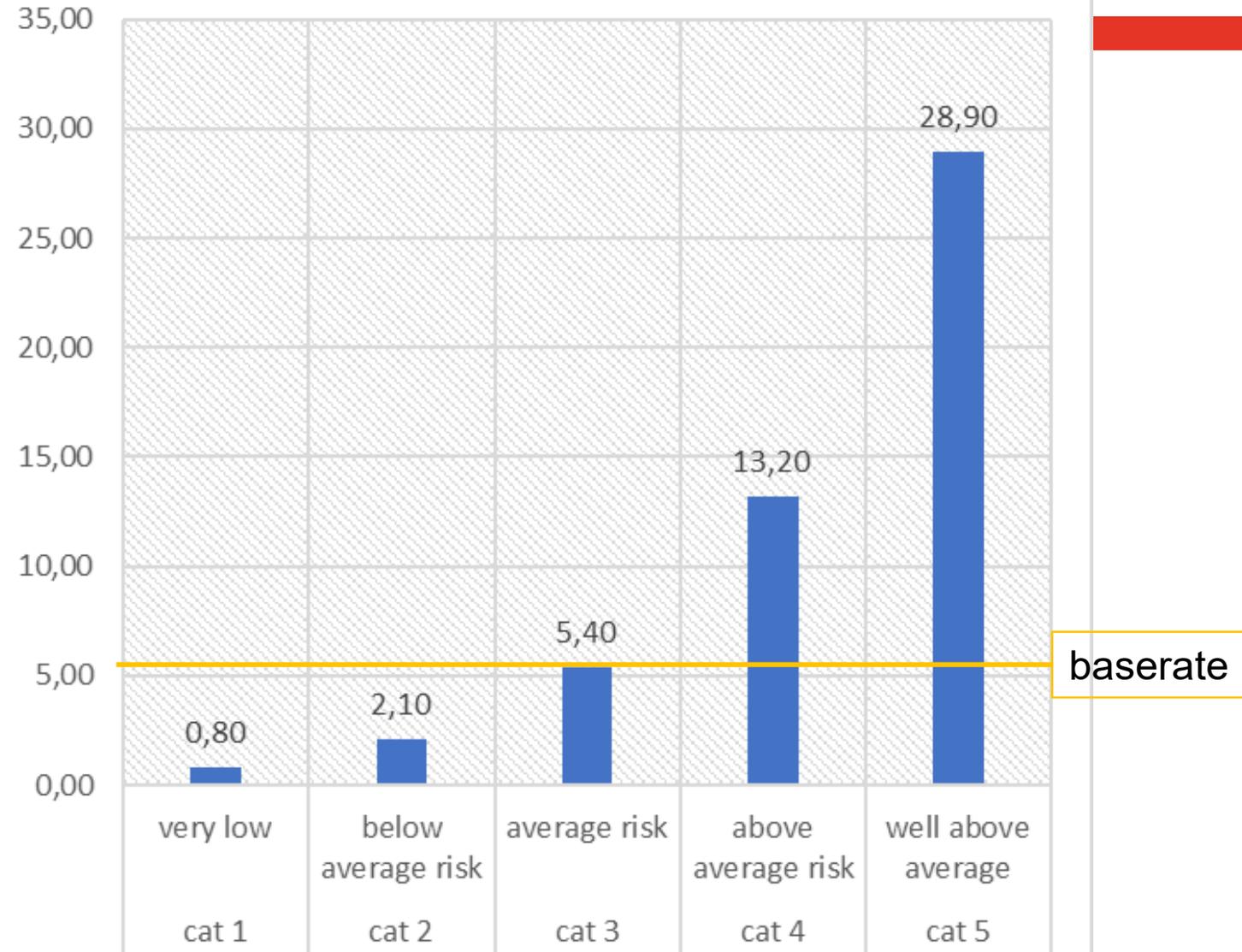
- Actuarial Risk Assessment Instrument focussing on static risk factors (commonly used and well validated, also in an Austrian offender population – AUC = 0.75)
 - Risk factors can be easily assessed by file analysis (no interview is required) – but proper training is required
- ➔ Creating Relevant and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

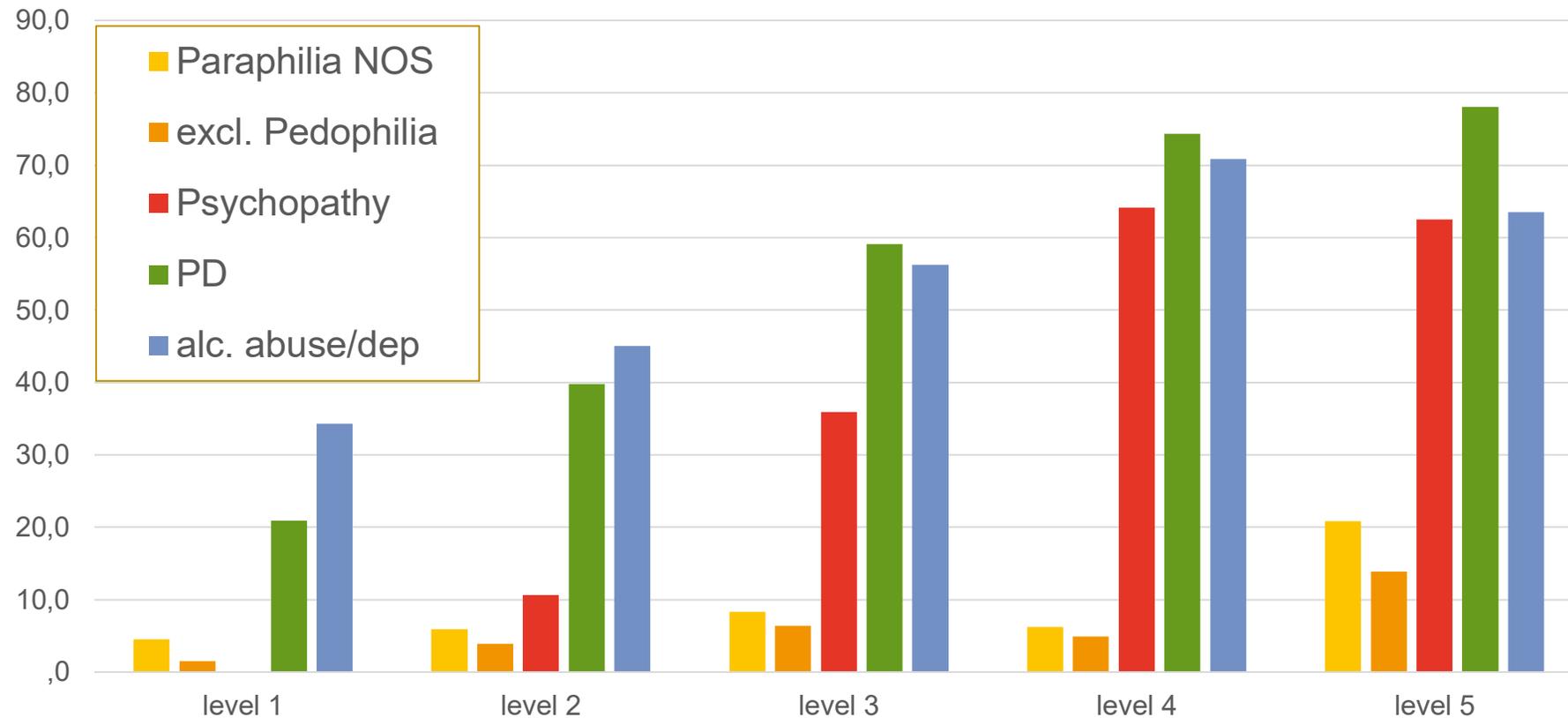


Fixed 5-years sexual reoffense rates
Baserate = 5,4%

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	→	<i>HR = 1,32</i>	<i>HR = 2,61</i>
• PCL-R (=>25)	→	<i>HR = 1,12</i>	<i>HR = 2,68</i>
• Sexual deviance (DSM, ICD)	→	<i>HR = 1,93</i>	<i>HR = 0,53</i>
• Sexual deviance NOS	→	<i>HR = 2,04</i>	<i>HR = 1,07</i>
• Exclusive pedophilia	→	<i>HR = 3,46</i>	<i>HR = 0,99</i>
– Alcohol abuse		-	<i>HR = 2,06</i>
– Drug abuse		-	<i>HR = 1,88</i>

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

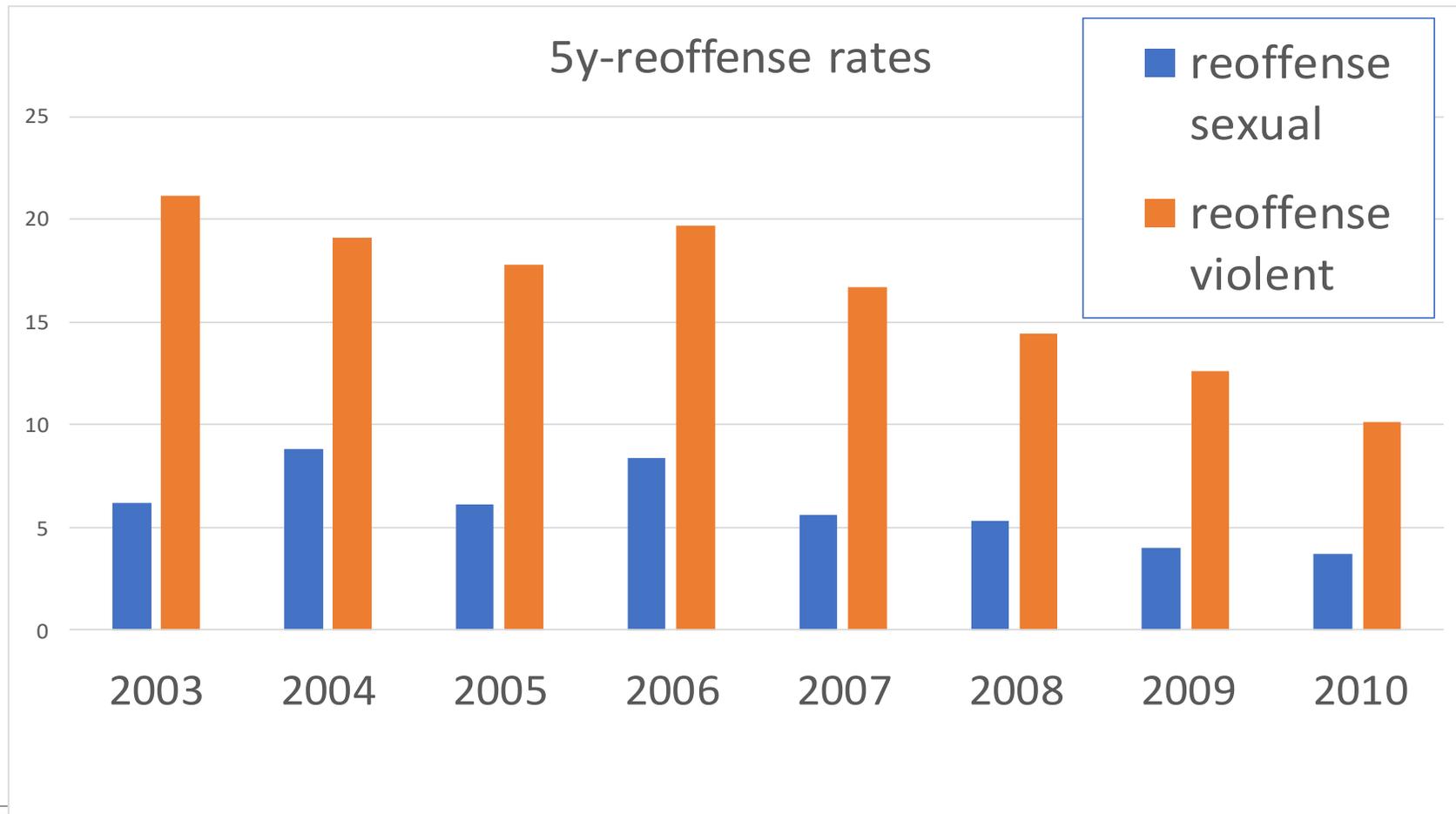
Proposed Strategy – overall

- 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...





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