



Risk, Need, and Responsivity Principles for Treatment Courts

Arkansas Specialty Court Conference

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Introductions



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Overview

- 1A: Define and recall the risk, need, and responsivity (RNR)
- 1B: Describe how the risk, need, and responsivity can be applied in treatment courts
- 1C: Summarize the benefits of adhering to the RNR principles in treatment courts

Overview of Risk, Need, and Responsivity Principles

What Are the RNR principles



Risk

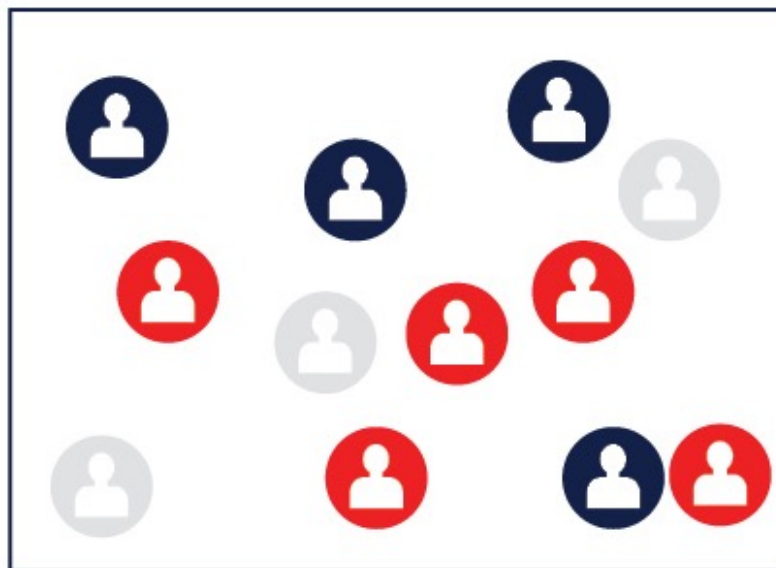
- Risk of recidivating
- Two types of risk factors
 - Static
 - Dynamic



Risk

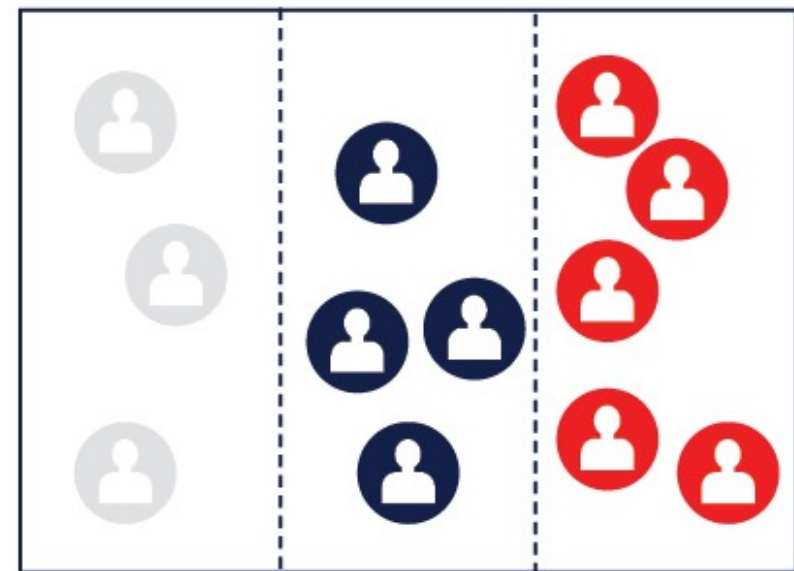
The Risk Principle - focus the most intensive resources on individuals most likely to commit crime to have the largest impact on recidivism

Without Risk Assessment...



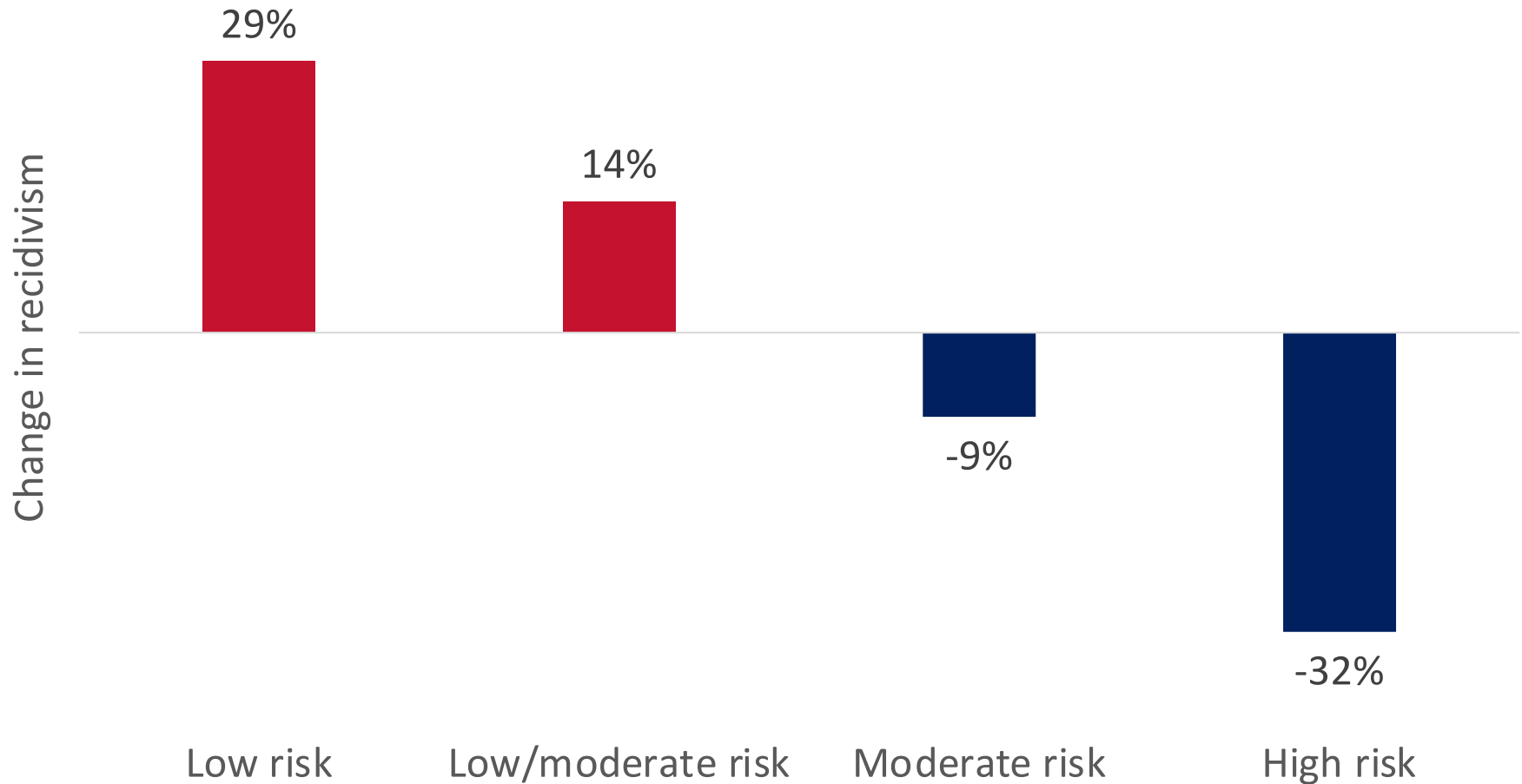
All Risk Levels

With Risk Assessment...



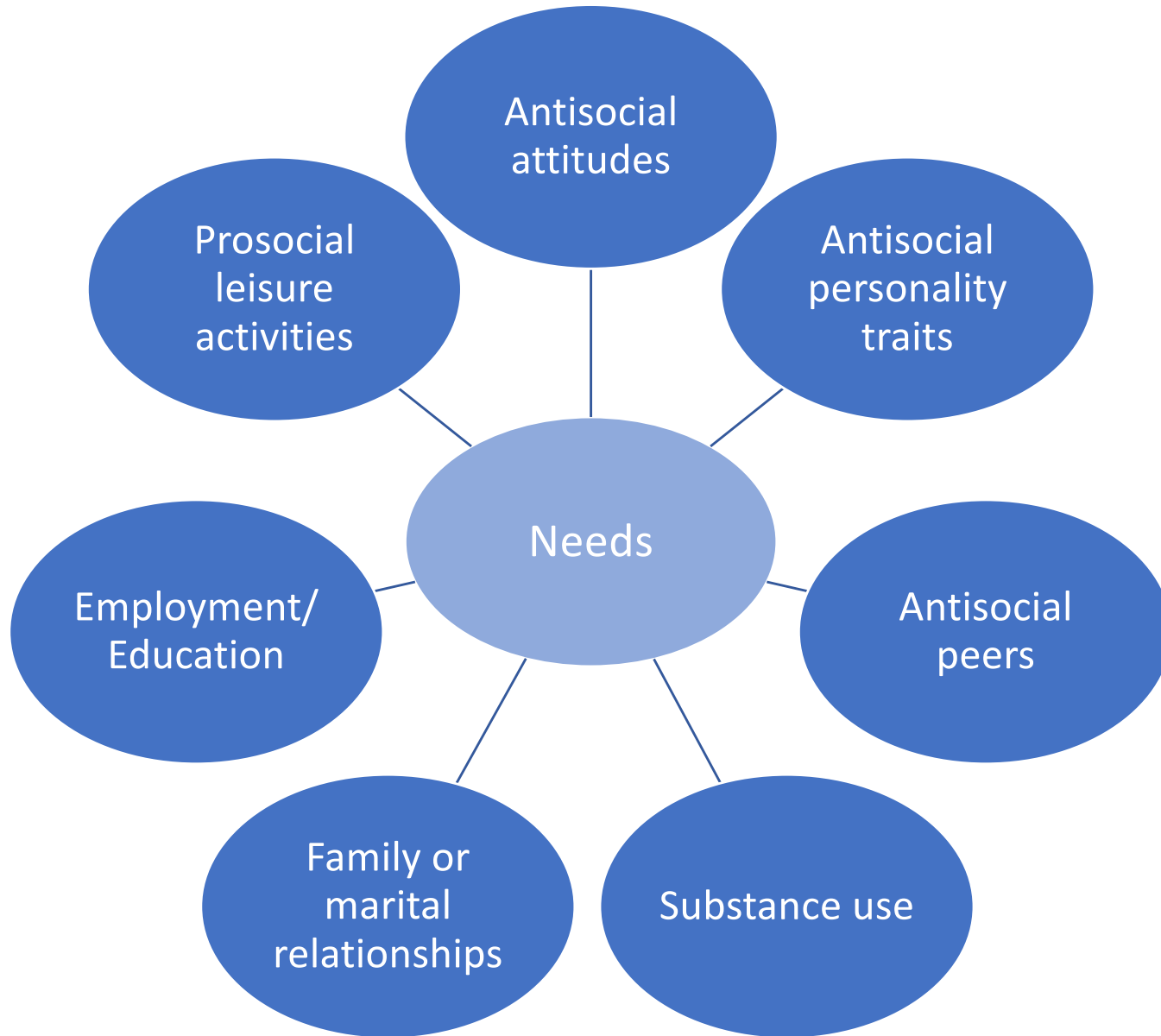
Low Risk Medium Risk High Risk

Problems of Over-Treating in General

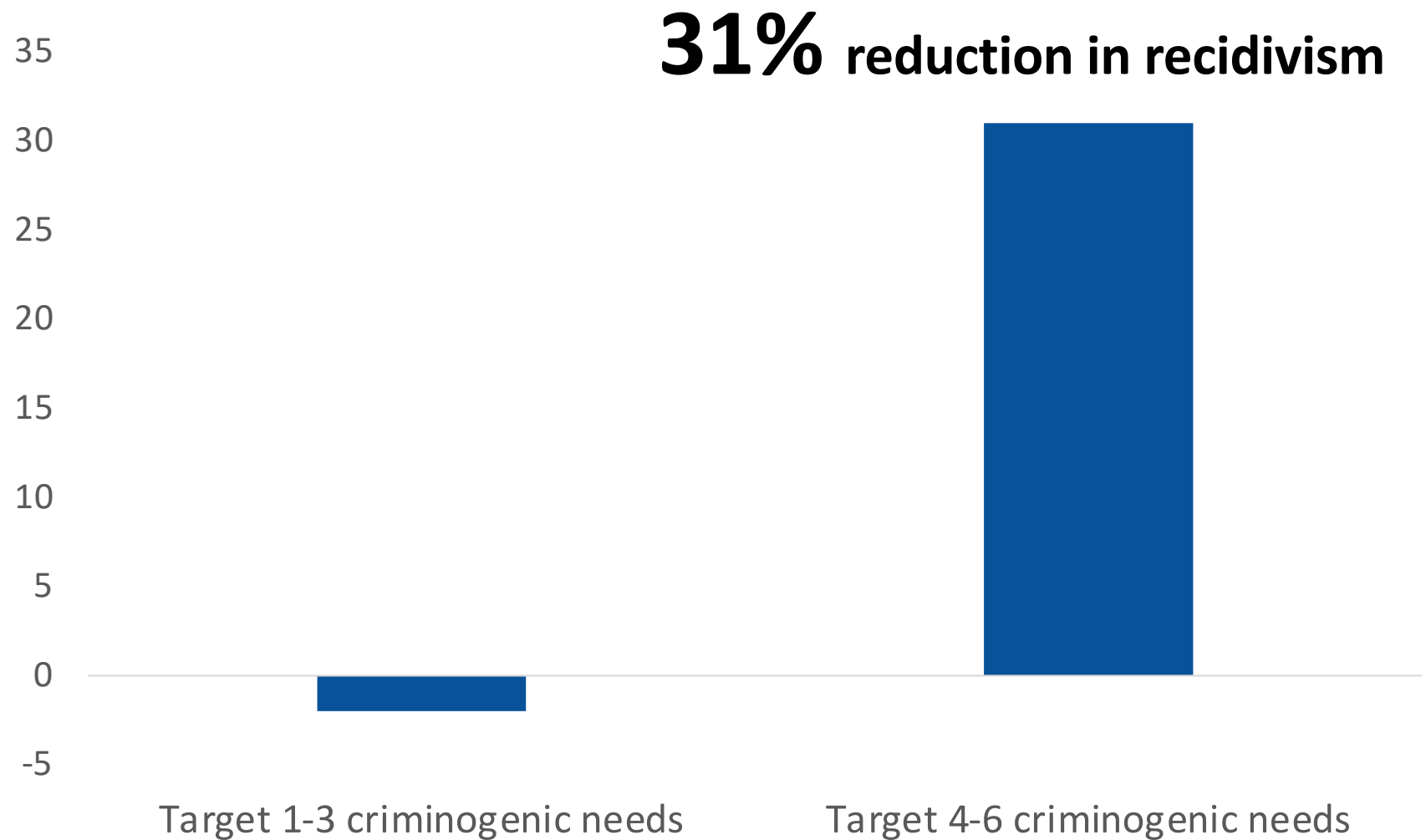


Lowenkamp, C. T. and Latessa, E. J. (2002). Evaluation of Ohio's halfway house and community based correctional facilities. Cincinnati, Ohio: University of Cincinnati.

Need Principle



Need Principle



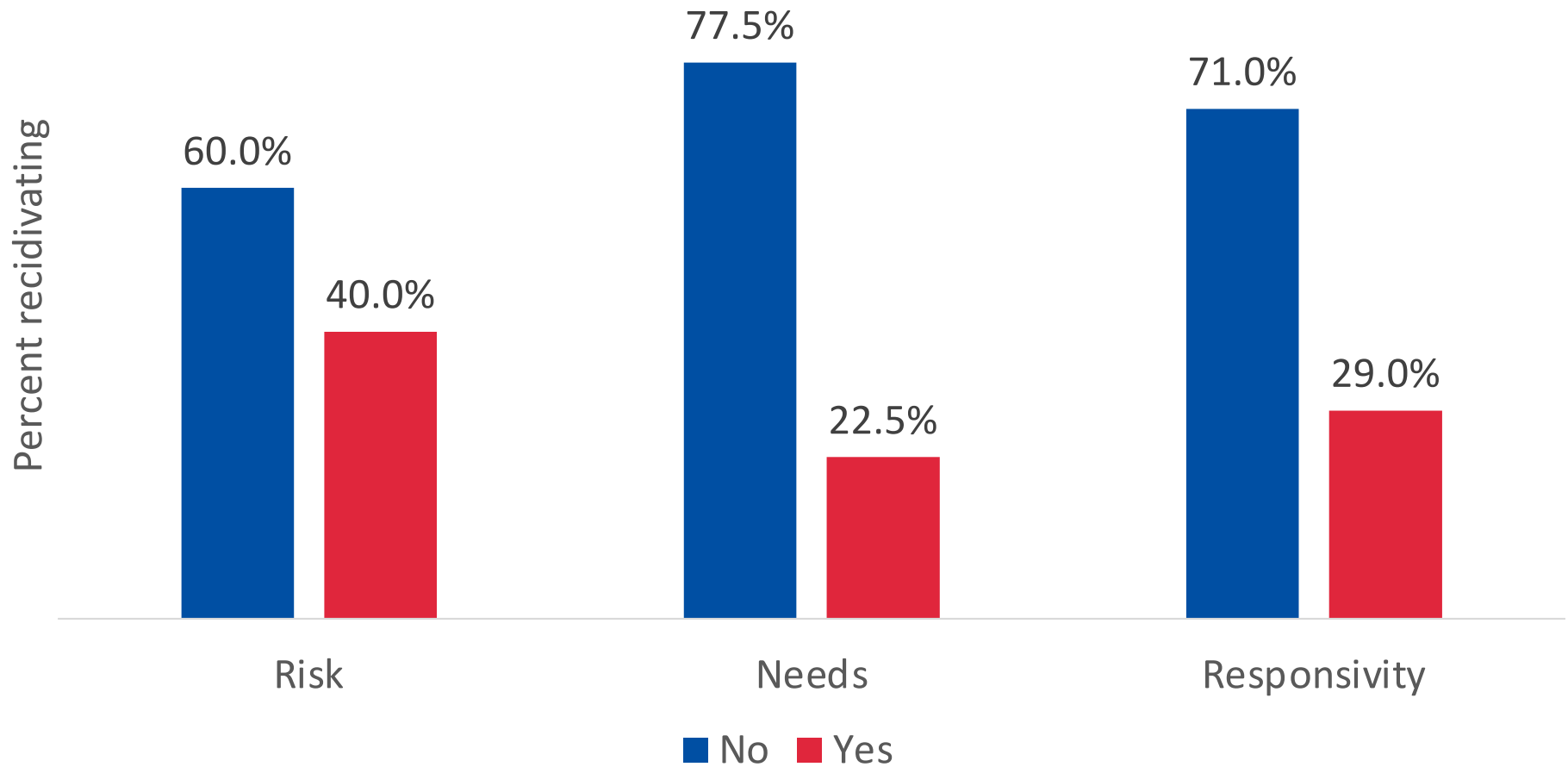


Responsivity Principle

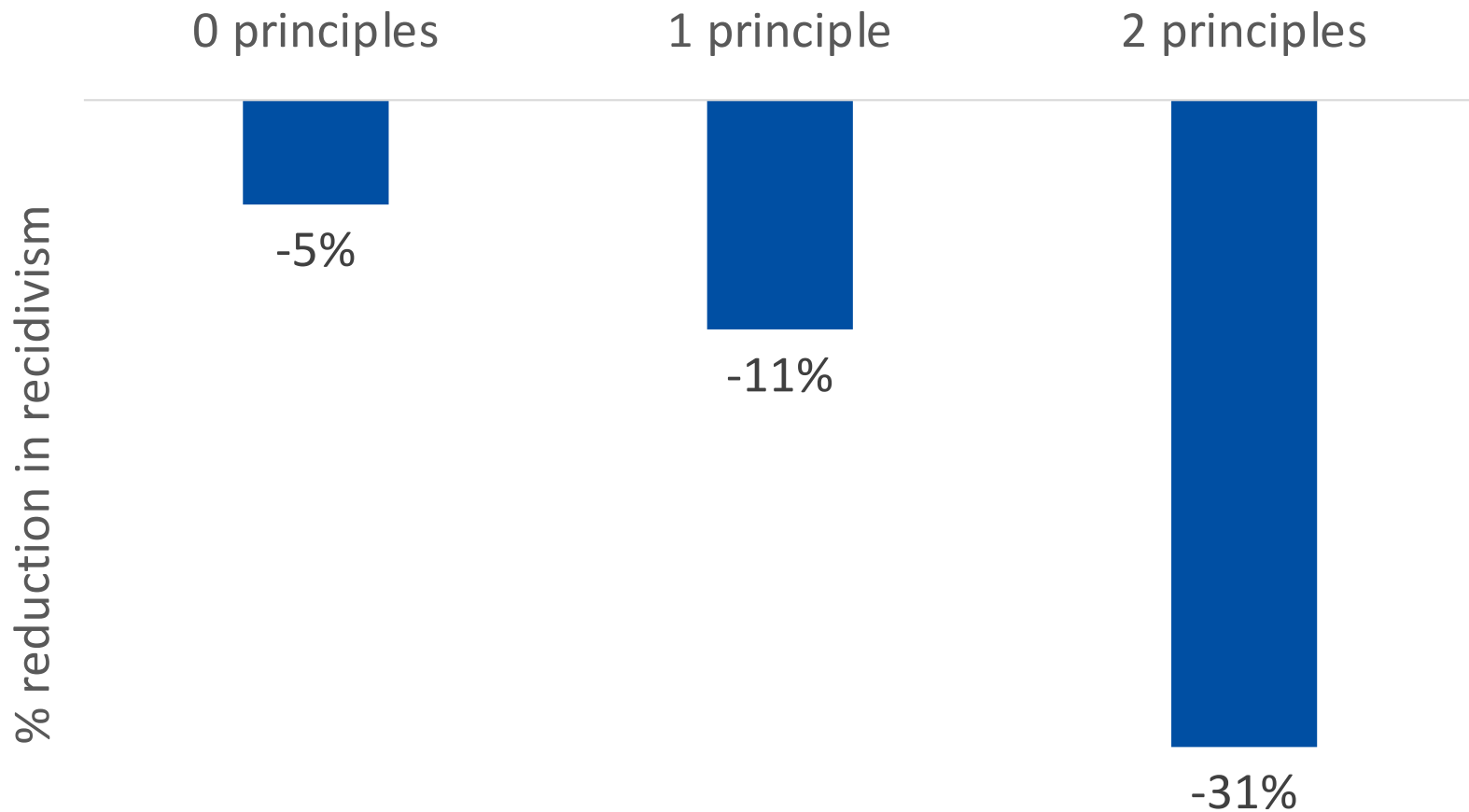
- Which interventions to use:
 - Cognitive
 - Behavioral
- Identifying individual characteristics that increase or decrease treatment engagement and that allow us to “fine tune” CBT interventions
 - Motivation
 - Mental health
 - Transportation



Enhance Public Safety!

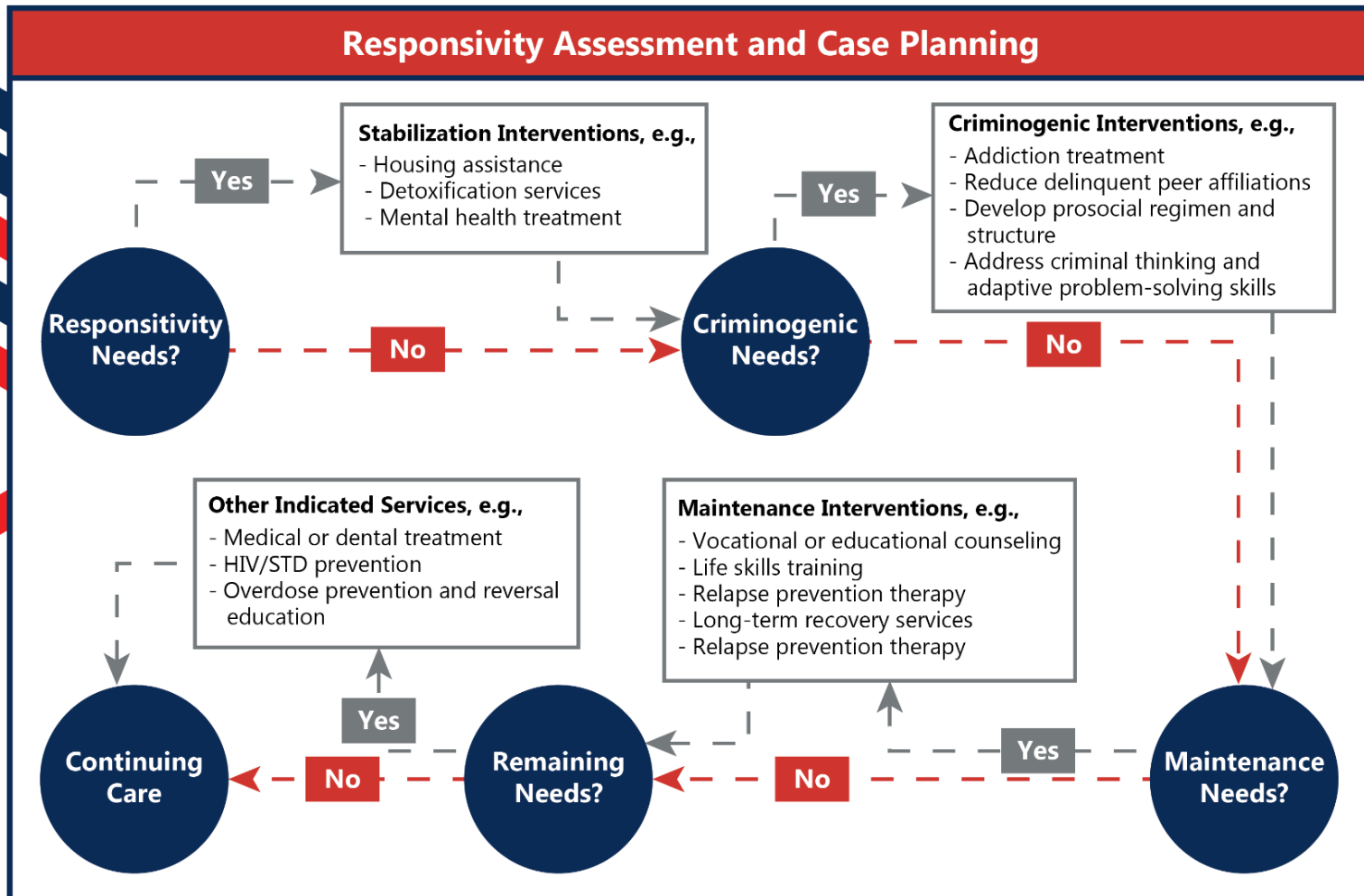


Enhance Public Safety in Treatment Courts Too!



Gutierrez, L., & Bourgon, G. (2012). Drug treatment courts: A quantitative review of study and treatment quality. *Justice Research and Policy*, 14(2), 47-77.

Putting it into Practice



Application of Risk, Need, and Responsivity Principles to Treatment Courts

Application of RNR to Treatment Courts

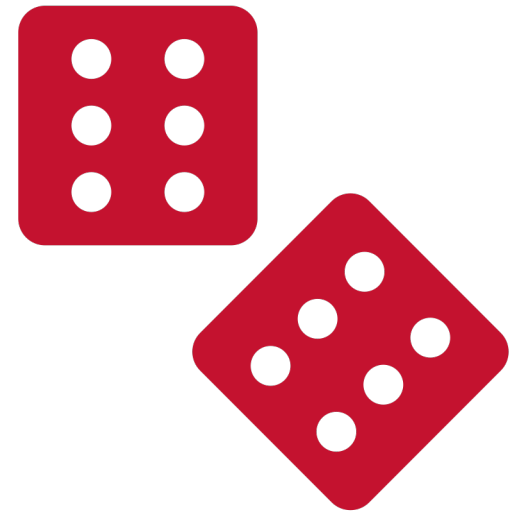


- How are we doing in adhering to RNR
- What happens when we do or do not adhere to these principles
- How can we increase our adherence to the RNR principles

Risk Principle

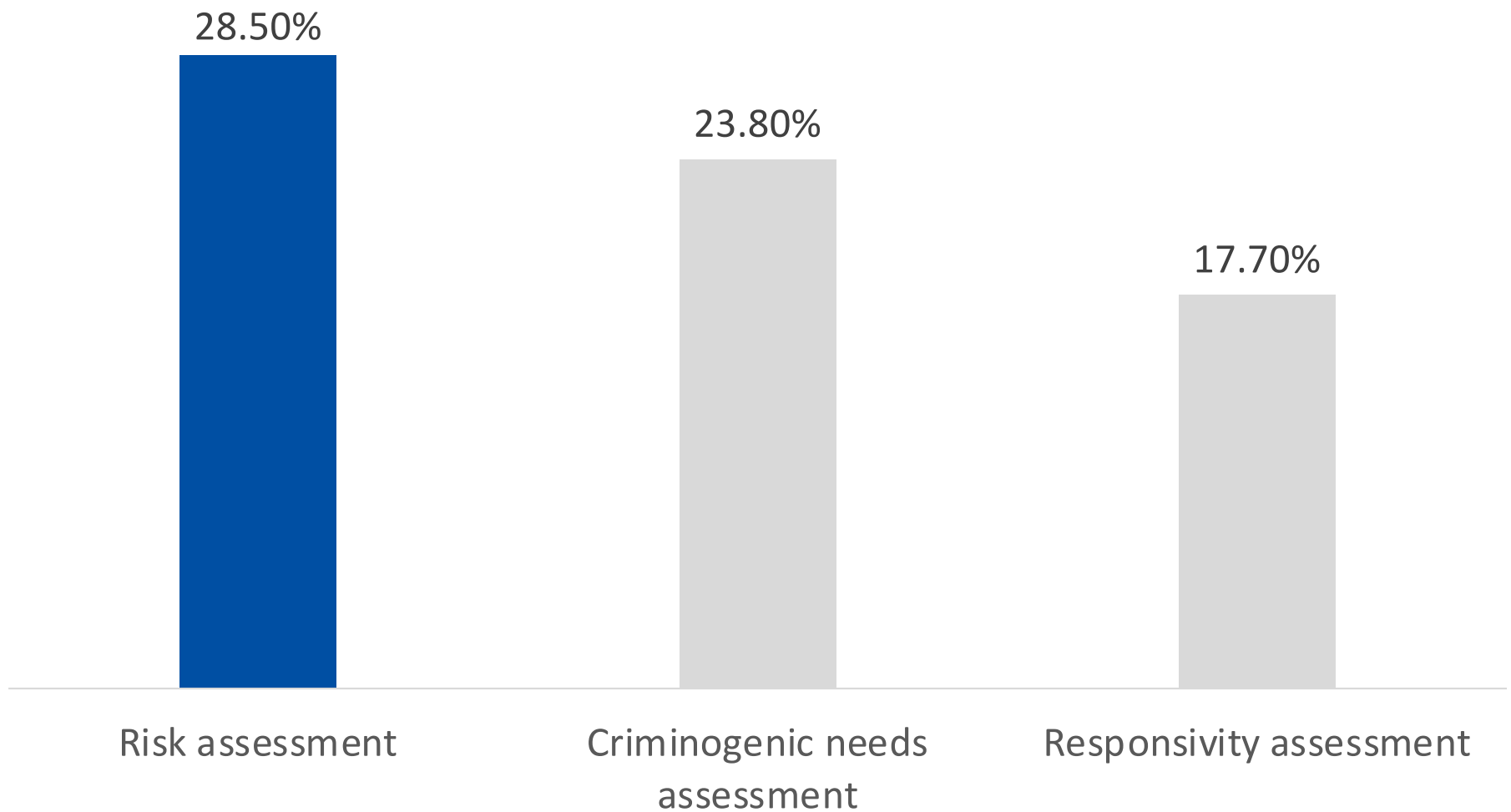
Risk Principle - Review

- The chance or likelihood of rearrest
- Moderate or high risk > likelihood of recidivating
- High risk \neq 100% chance of recidivating





Percent of Treatment Courts Conducting Actuarial RNR Assessments



Shaffer, D. K. (2006). *Reconsidering drug court effectiveness: A meta-analytic review*. University of Cincinnati.



Expectations

Hypothetical treatment court

- Inpatient or residential treatment in Phase 1
- Report to probation 2x per wk
- Drug test at least 2x per wk
- Meet with coordinator or case manager 1-2x per wk
- Weekly or biweekly court appearances

High Risk?

Moderate Risk?

Low Risk?

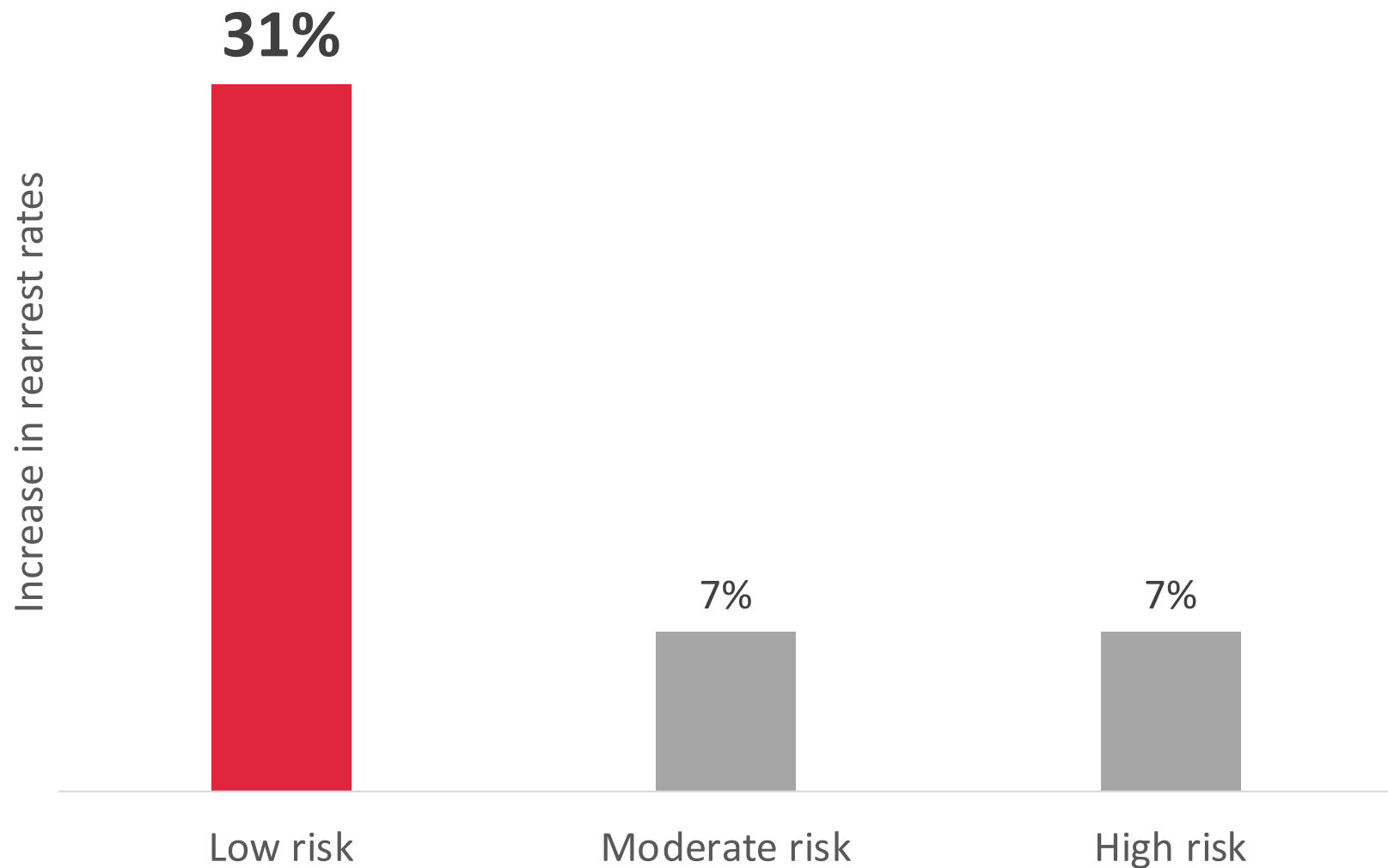
Risk & Dosage

Risk Level	Low	Moderate	Moderate/High	High
Dosage	Not Applicable	100 hours	200 hours	300 hours
Duration	Minimal	3-6 months	6-9 months	9-18 months
Intensity	Minimal	1x/week	2x/week	2x/week or residential

Evidence Based Corrections Webinar. National Institute of Corrections.

Comprehensive clinical assessments should always drive specific treatment plans!

Problems of Over-Treating in Treatment Courts



Reich, W. A., Picard-Fritsche, S., Rempel, M., & Farley, E. J. (2016). Treatment modality, failure, and re-arrest: A test of the risk principle with substance-abusing criminal defendants. *Journal of Drug Issues*, 46(3), 234-246.

Adherence to RNR in Treatment Courts

Supervision		
Low risk (6-9 mo)	Moderate risk (9-12 mo)	High risk (12-18 mo)
<ul style="list-style-type: none">• Court/status hearing 60 days after admit, then noncompliance calendar• No supervision or remote check in• Baseline drug test (if at all)• Psychosocial education if substance use indicated• No contact with mentor or only contact based on RNA• Low # of community service hours (Ex: 0 – 15)	<ul style="list-style-type: none">• Court hearings once per month• Supervision meeting once per month• Drug testing once per month• Contact with mentor every two weeks to monthly	<ul style="list-style-type: none">• Court hearings weekly or biweekly• Supervision meetings twice per month• Drug testing two times per week• Contact with mentor every two weeks to weekly

Need Principle

Need Principle - Review

- Target factors that are predictive of recidivism – *criminogenic needs*

Antisocial attitudes

Antisocial personality
traits

Antisocial associates

Family & relationships

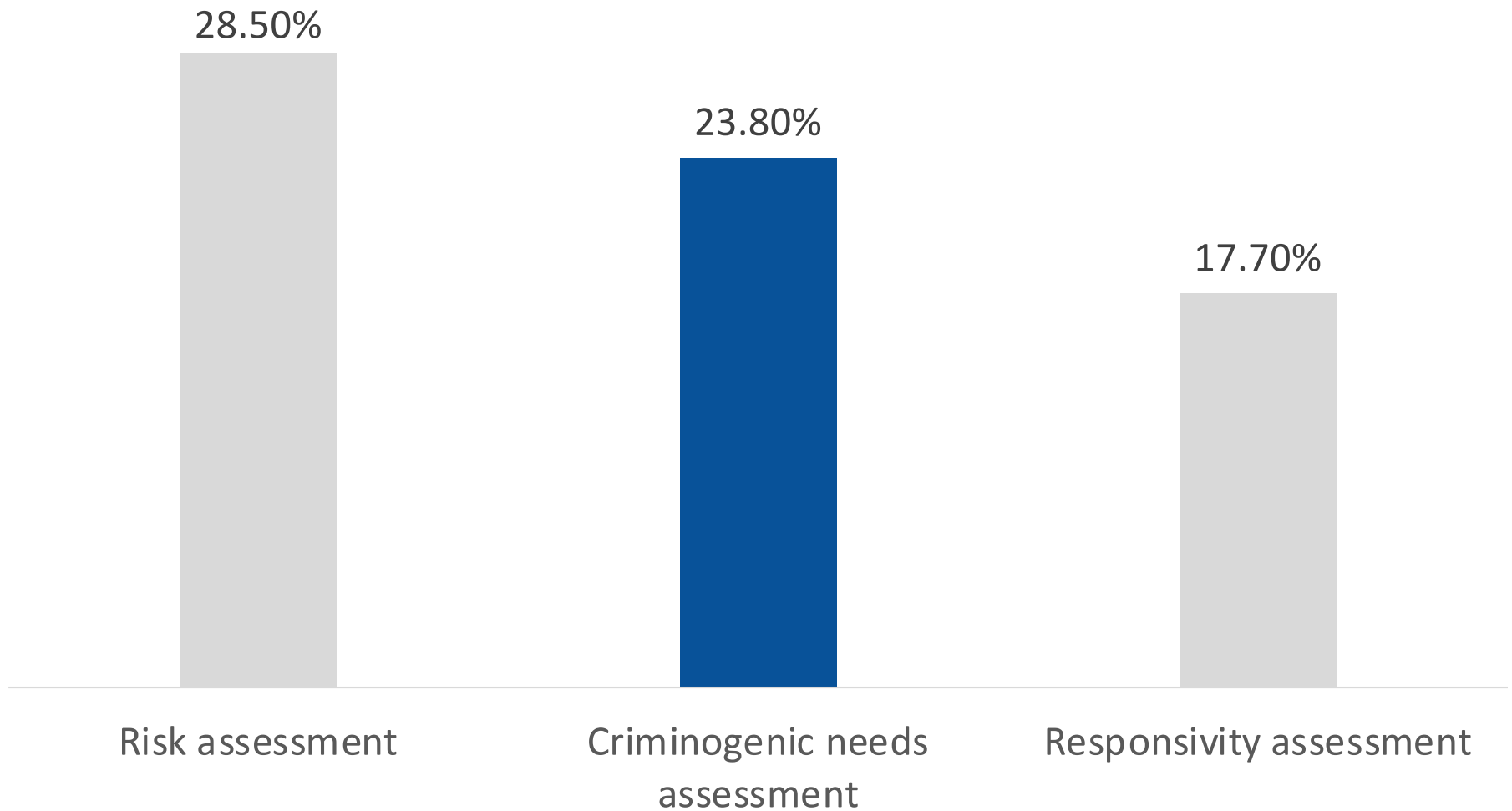
Education & employment

Substance use

Poor use of leisure time

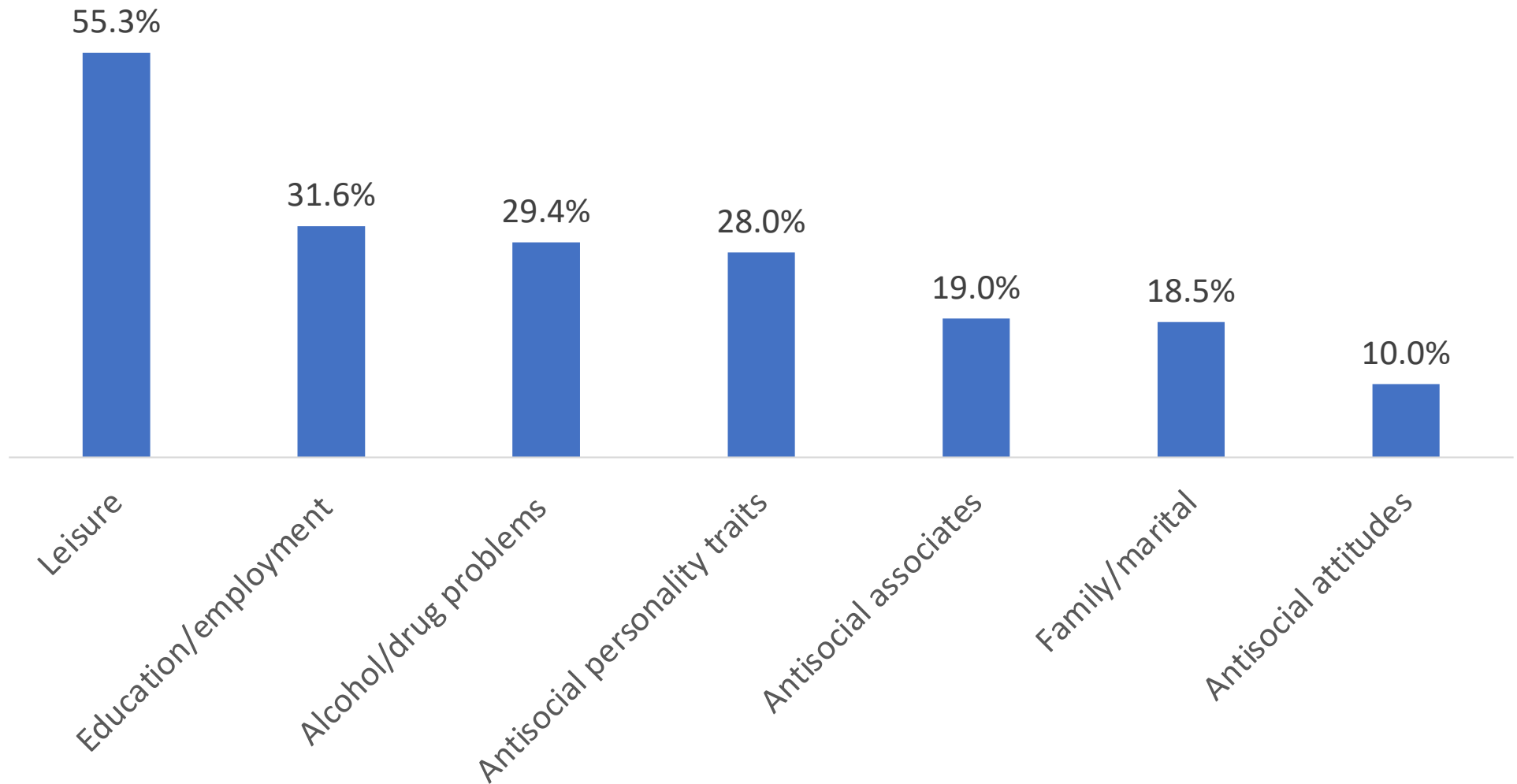


Percent of Treatment Courts Conducting Actuarial RNR Assessments



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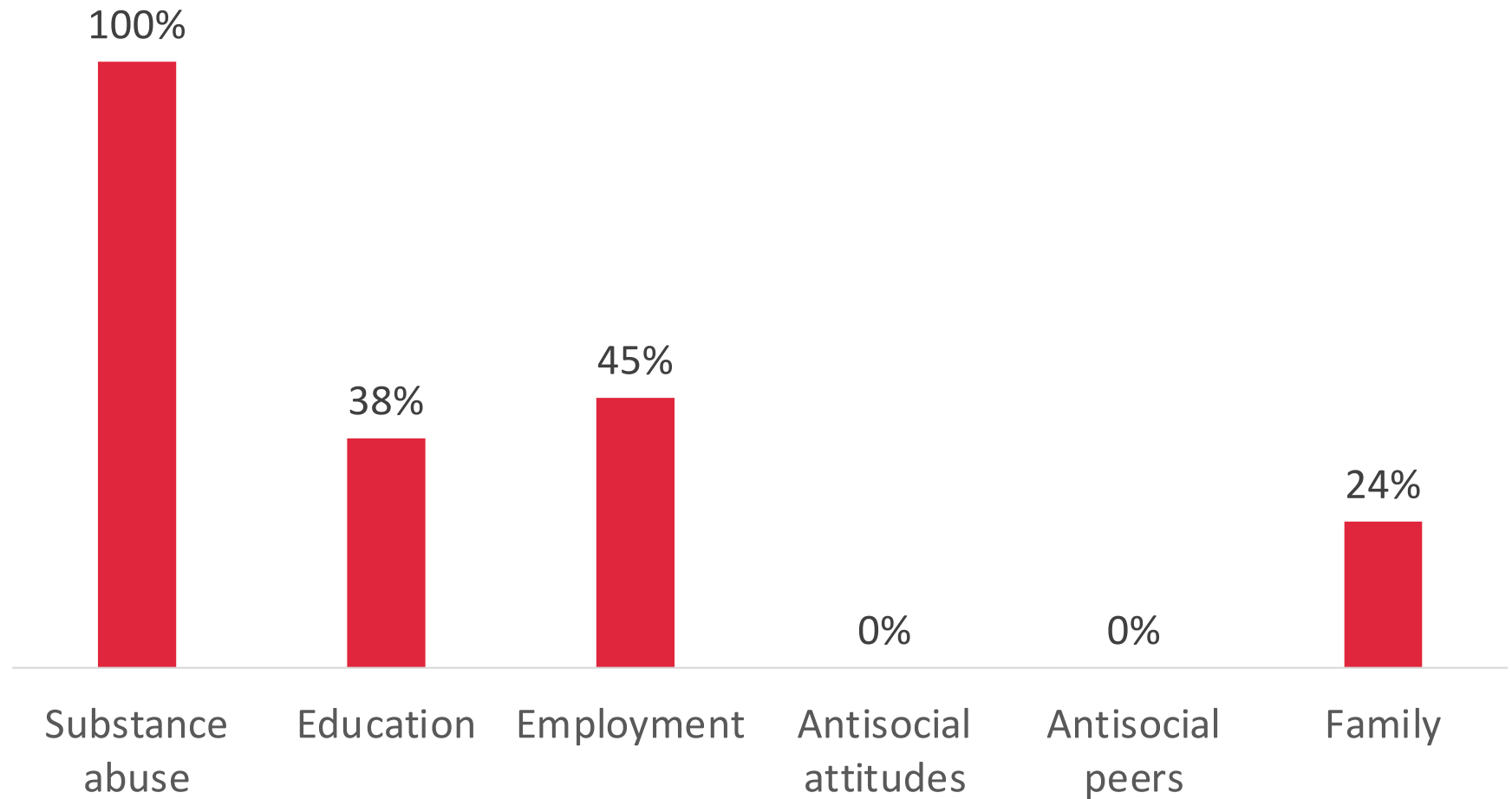
What % of Case Plans Match the Assessments?



Campbell, M. A., Canales, D. D., Wei, R., Totten, A. E., Macaulay, W. A. C., & Wershler, J. L. (2015). Multidimensional evaluation of a mental health court: Adherence to the risk-need-responsivity model. *Law and Human Behavior*, 39(5), 489.



Treatment Targets



Shaffer, D. K. (2006). *Reconsidering drug court effectiveness: A meta-analytic review*. University of Cincinnati.

What Determines Residential Treatment Placement



Drug of Choice

Homeless

Unemployment

Early Onset of SUD

No H.S. Diploma

Recent Arrest

Unmarried

What's Missing?

Assessment!

- Koetzle, D., Garman, J., & Sudula, S. (2025). Predicting Placement in Residential Treatment in a Drug Court Program. *Criminal Justice Policy Review*, 08874034251316878.
- Picard-Fritsche, S., Rempel, M., Reich, W., Farley, E., & Kerodal, A. (2016). Implementing Evidence Based Assessment and Treatment Matching. *Center for Court Innovation*.

Why Use Assessment Driven Case Planning for Criminogenic Needs?



	% reduction
Antisocial attitudes	39%
Alcohol/drug problems	24%
Leisure	18%
Employment	16%
Antisocial personality traits	14%
Family/marital	8%

23% reduction
in number of
new offenses for
each matched
need

Use Case Planning



Client's name:		Date:
Need:		
Goal:		
What will client do?	What will staff member do?	Expected date of completion of tasks:



Matching Criminogenic Needs to Interventions

Intervention	
Antisocial attitudes & personality traits	MRT, Thinking for a Change, TCU Understanding & Reducing Angry Feelings, Beyond Violence, DBT, Moving On
Alcohol/drug problems	Living in Balance, Matrix Model, TCU Transition Skills for Recovery
Antisocial associates	Peer Support Specialists
Leisure	Community Reinforcement Approach
Education/employment	Vocational Rehab, Workforce Development
Family & relationships	TCU's Time Out! For Men & Women, Triple P

At The Desk Interventions



Institute of Behavioral Research



Free training for collaborative care management



Responsivity Principle

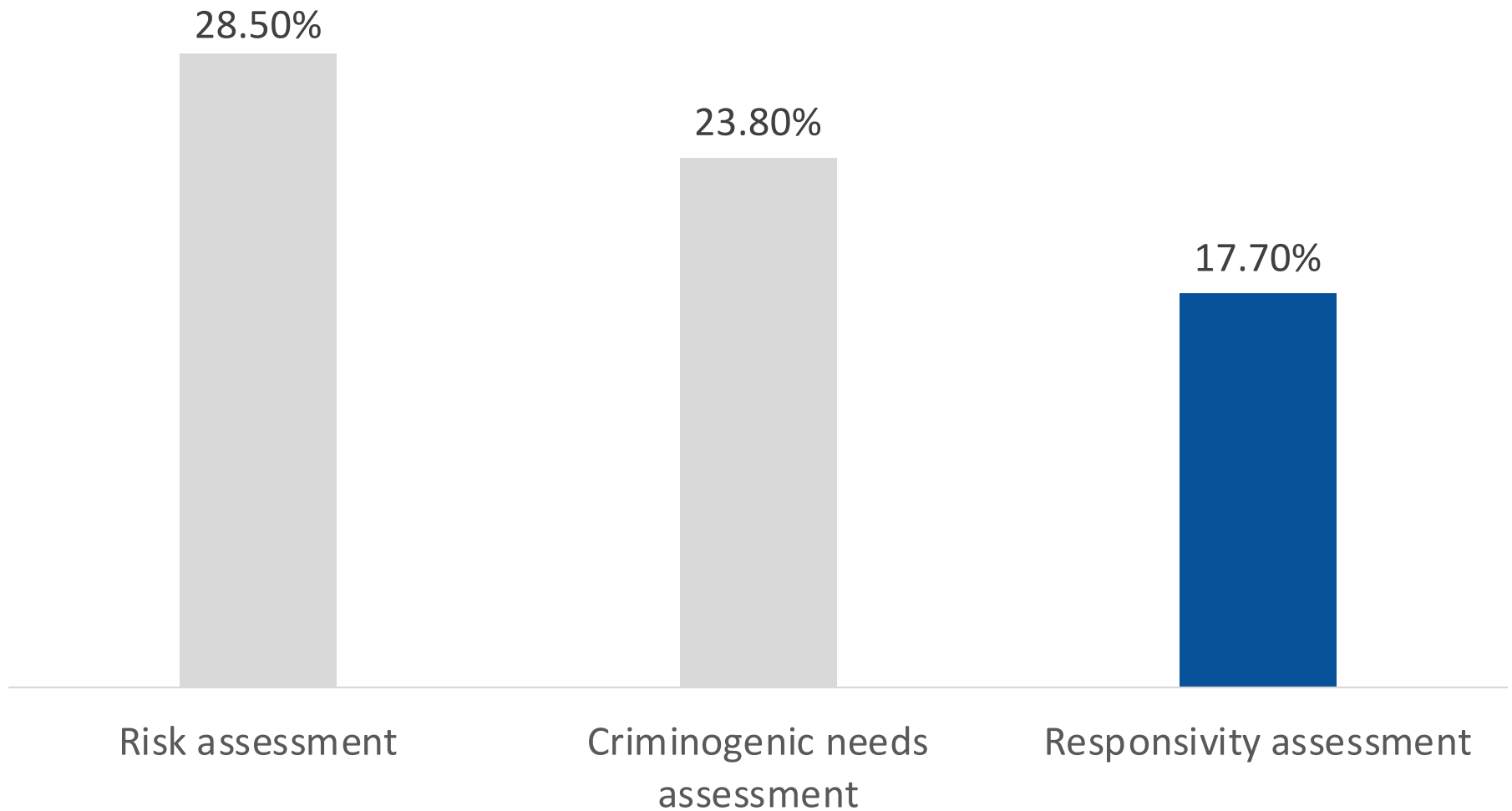


Responsivity Principle - Review

- General responsiveness
 - Cognitive behavioral programming
 - What* participants think
 - How* participants think
 - Utilizes social learning principles
 - Specific responsiveness
 - Internal barriers
 - External barriers
- Mental health
 - Traumatic brain injuries
 - Motivation
 - Transportation
 - Childcare
 - Insecure housing



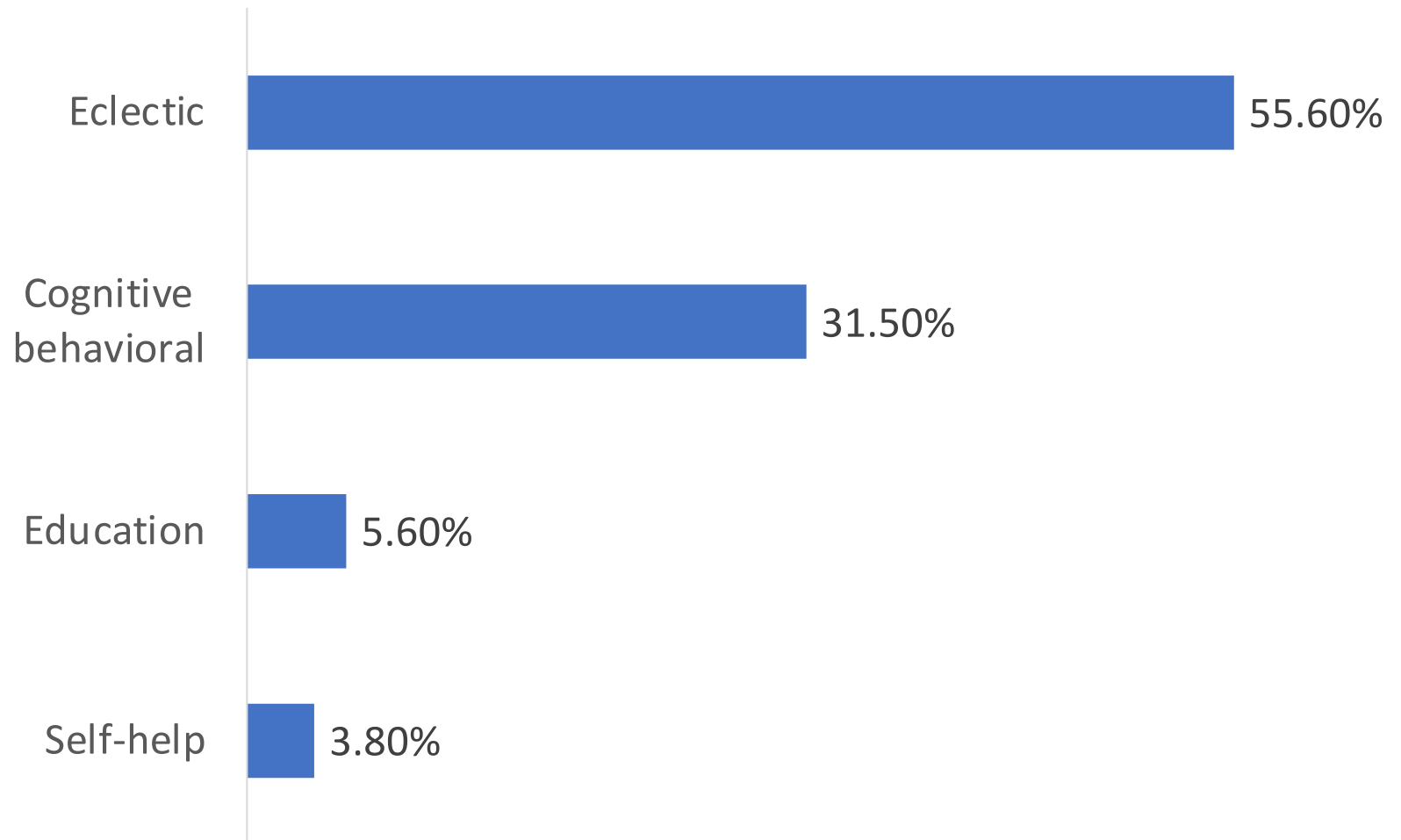
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Type of Substance Abuse Treatment Offered



Shaffer, D. K. (2006). *Reconsidering drug court effectiveness: A meta-analytic review*. University of Cincinnati.



How to Increase Adherence to General Responsivity Principle

- Cognitive restructuring programs
- Structured, skill building exercises
- Social learning techniques such as modeling and role playing
- Repeated practice of alternative behaviors
- Shaping and reinforcement
- Effective disapproval
- Core correctional practices
- Develop the therapeutic alliance
- Collaborative case planning

Example of structured, skill building exercise



Giving Feedback

1. Decide if you want to provide objective information to someone about their behavior, thoughts, or feelings.
2. Decide what kind of information you wish to provide.
3. Think about different ways to give the information and pick one way.
4. Pick the right time and place to give feedback.
5. Give the other person the information in an objective manner.



How to Increase Adherence to Specific Responsivity Principle

- Motivational enhancement interventions
- Contingency management
- Individual therapy
- Concrete, structured activities or lessons
- Cognitive remediation programs
- Holistic interventions to support mental health stabilization
- Interventions to address transportation, housing instability, and childcare issues

Conclusion

