Risk Assessments vs. Clinical Assessments

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DISCLAIMER

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Agenda

- Clarify differences between risk assessments and clinical assessments

- Address common obstacles in screening and assessment processes

- Using risk and clinical assessments to inform collaborative case plans

Best Practice Standards

Target Population

- Valid Eligibility Assessments

Candidates for treatment court are assessed for their eligibility using both a validated risk-assessment tool and a clinical assessment tool.

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Best Practice Standards

Risk Assessments

- Standardized process

- Validated tool for the population you are working with

- Not perfect, but better than guessing

"Standardized risk-assessment tools are typically accurate about 65%-85% of the time."

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https://allrise.org/publications/standards/

Risk Assessment

https://bja.ojp.gov/program/psrac

Clinical Assessment

https://nida.nih.gov/nidamed-medical-health-professionals
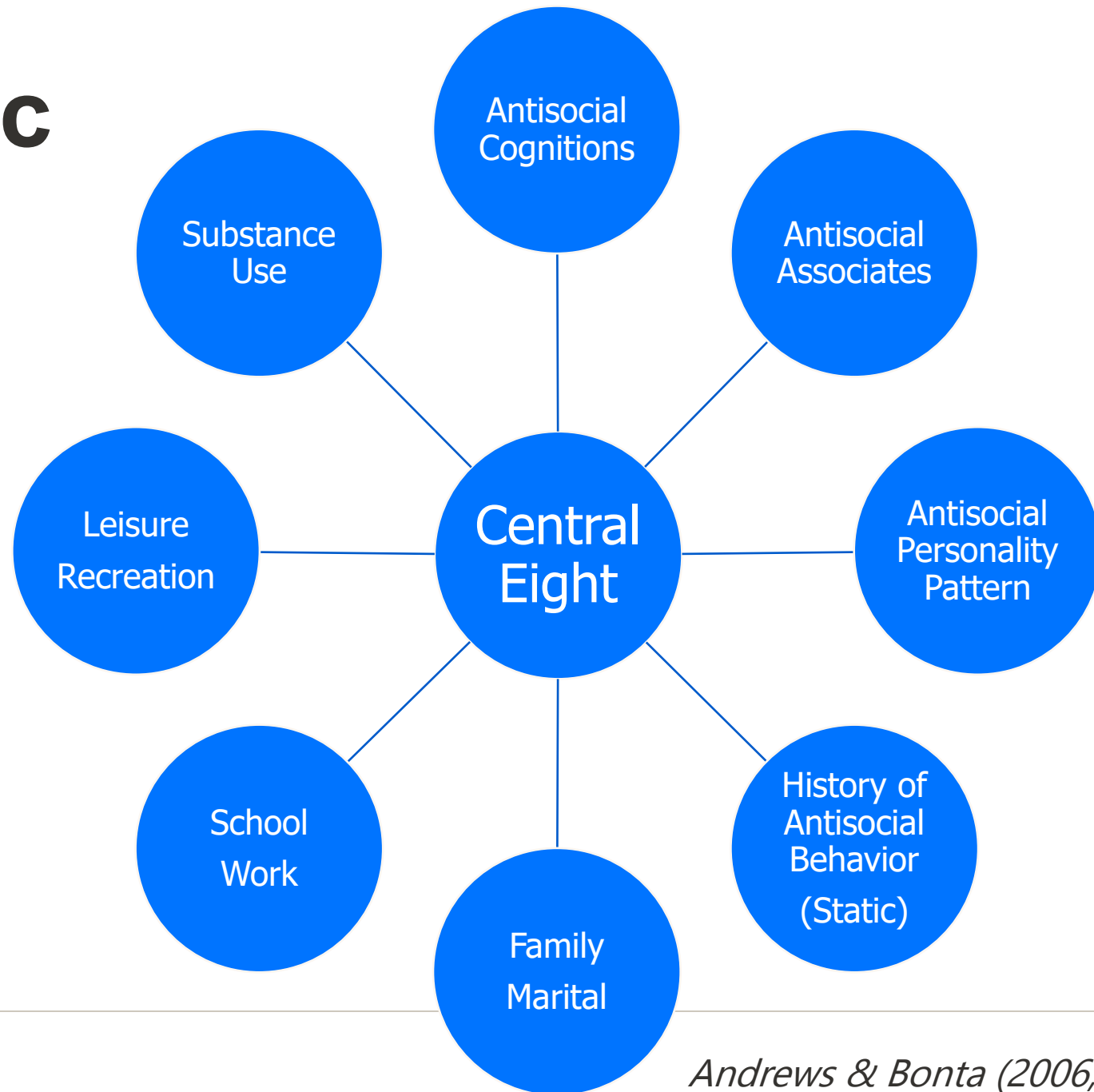
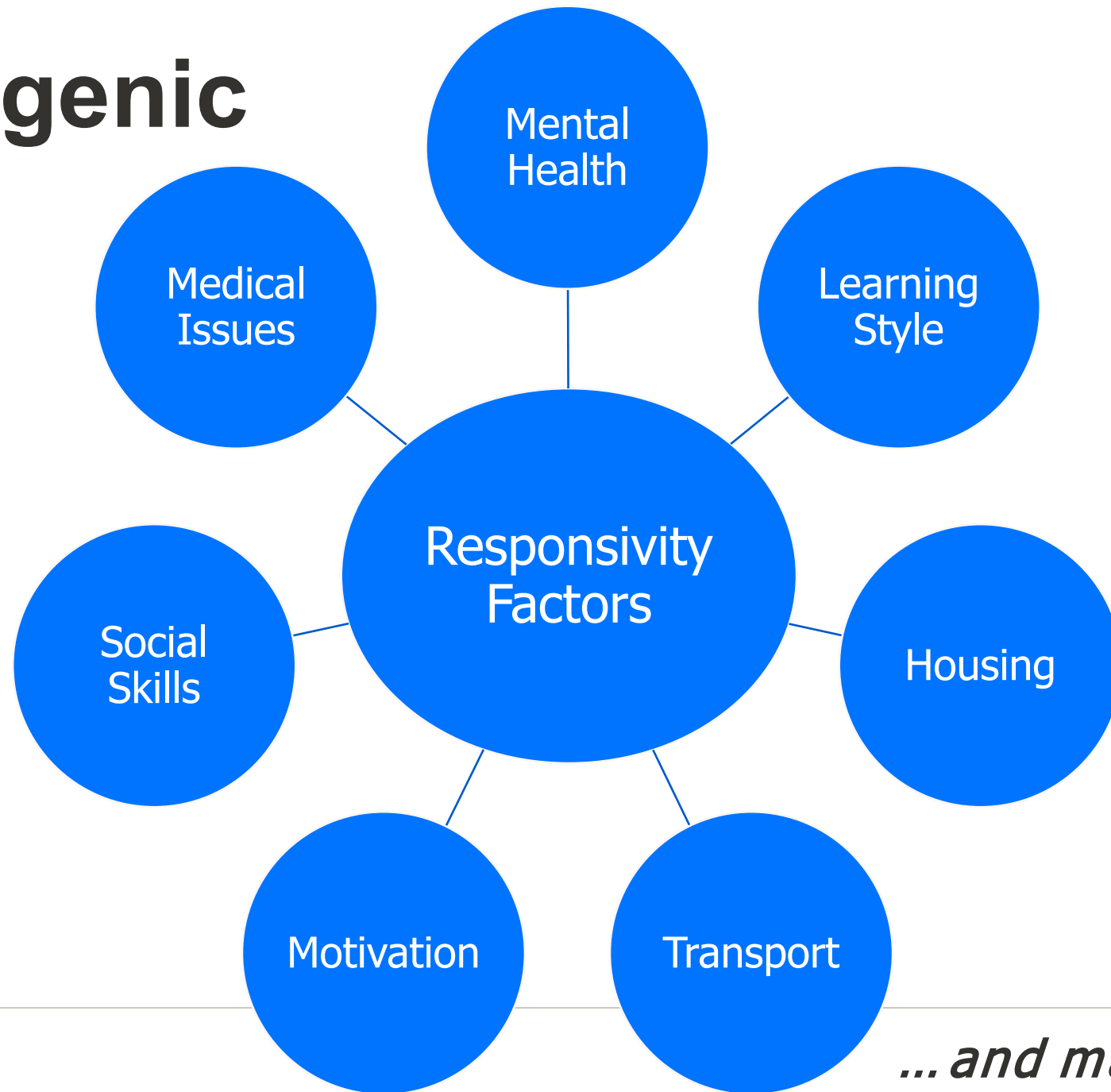# Risk Assessment

Risk Assessment

- Determine level of criminogenic risk – total risk score

- Identify individual criminogenic needs

- Identify non-criminogenic needs – responsivity factors

- Guide strength-based, goal-oriented case planning

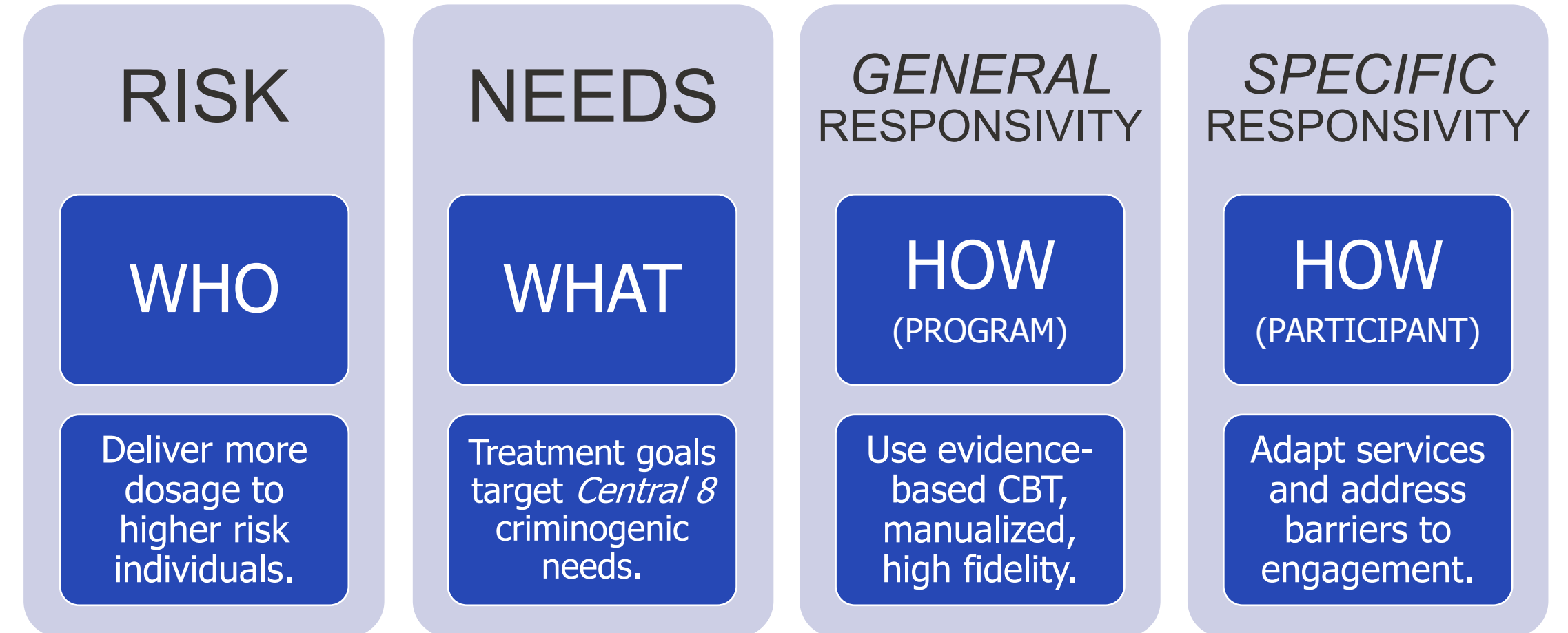# Criminogenic Needs

Antisocial Cognitions

Substance Use

Antisocial Associates

Leisure Recreation

Central Eight

Antisocial Personality Pattern

School Work

History of Antisocial Behavior (Static)

Family Marital

Andrews & Bonta (2006, 2010)

Matching to Services
Risk Needs Responsivity (RNR)

| RISK	NEEDS	*GENERAL* RESPONSIVITY	*SPECIFIC* RESPONSIVITY
WHO	**WHAT**	**HOW** (PROGRAM)	**HOW** (PARTICIPANT)
Deliver more dosage to higher risk individuals.	Treatment goals target *Central 8* criminogenic needs.	Use evidence-based CBT, manualized, high fidelity.	Adapt services and address barriers to engagement.

The *RNR* principle argues that:

Higher risk/Higher need clients warrant *increased* level of supervision, case management and intervention.

Lower risk/Lower need clients may have *poorer* outcomes with too *much* supervision, case management and intervention.
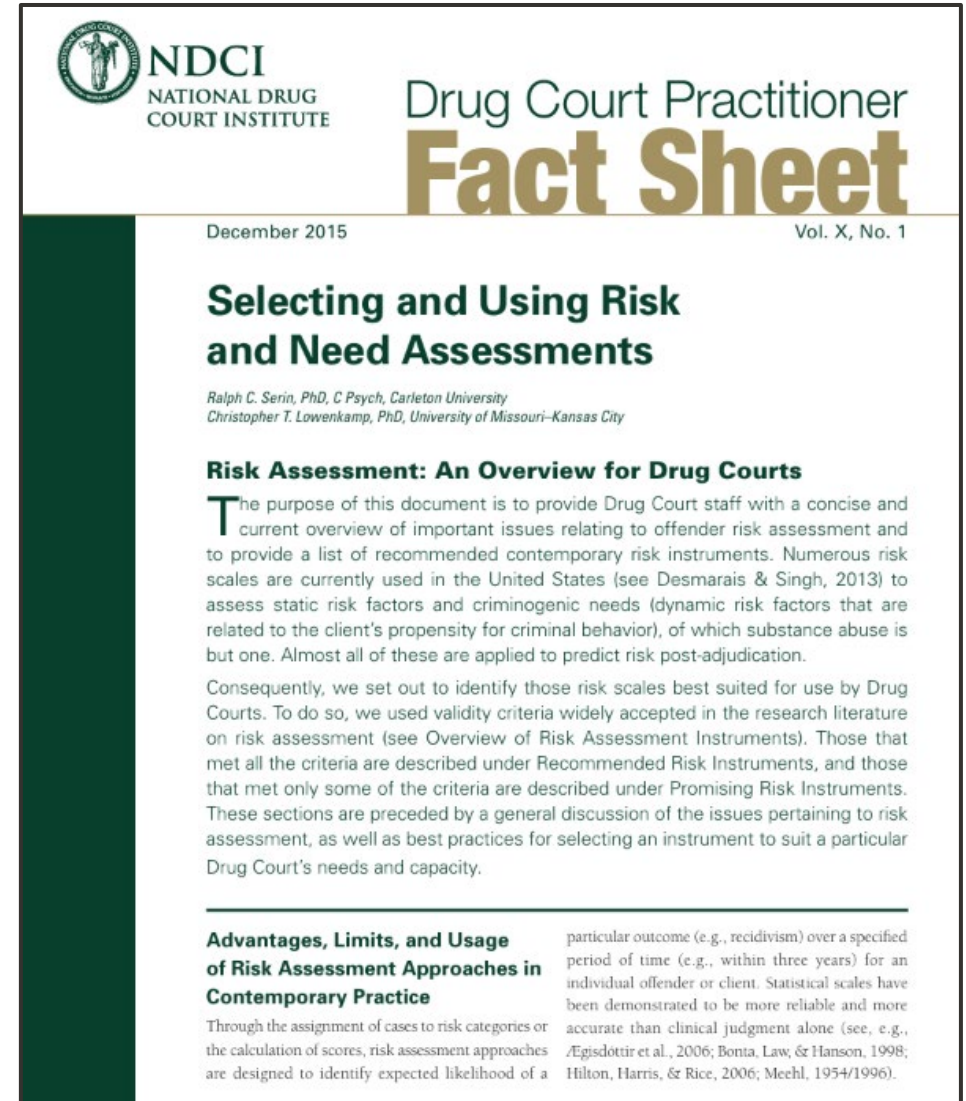
THE IMPORTANCE OF RISK PRINCIPLE

Failing to adhere to the risk principle can **increase** recidivism

Average Difference in Recidivism by Risk
for Individuals in Ohio Halfway House

LOW RISK
+ 3%

Moderate Risk
- 6%

High Risk
- 14%
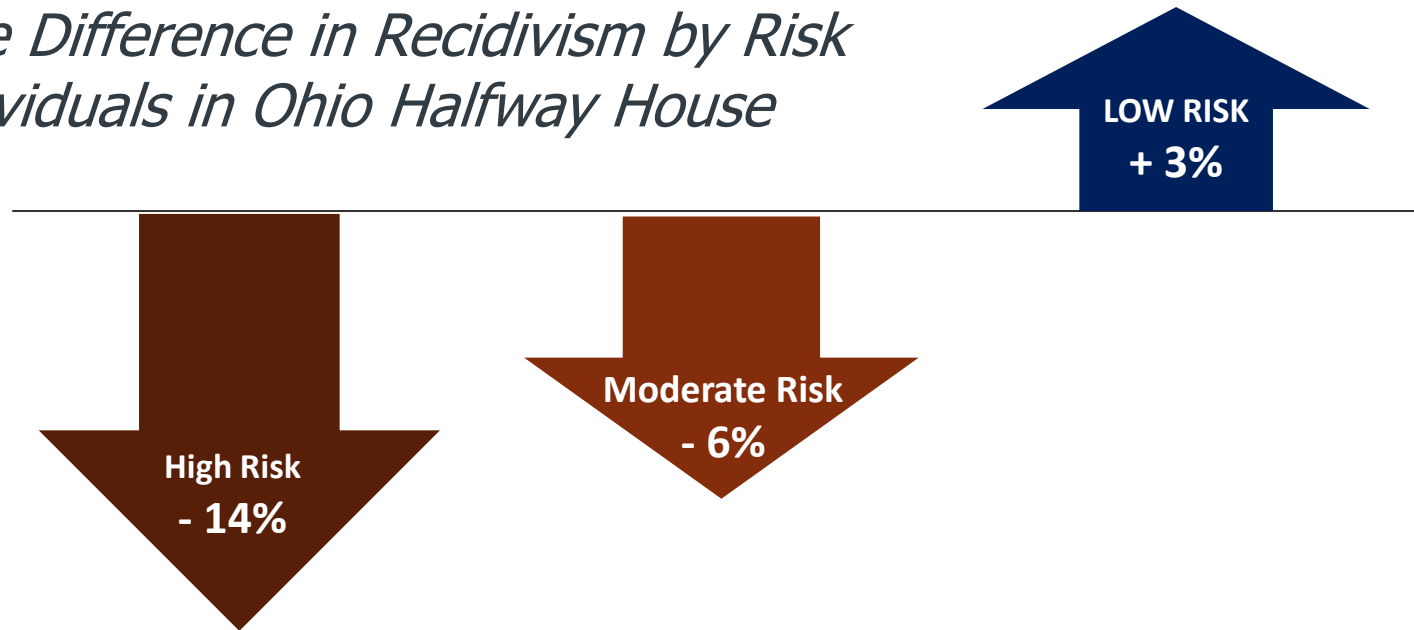
Common Risk Assessments

- LS/CMI and LSI-R

- ORAS: Ohio Risk Assessment System

- COMPAS: Correctional Offender Management Profiling for Alternative Sanctions

- WRNA: Women's Risk/Needs Assessment

- IDA: Impaired Driving Assessment

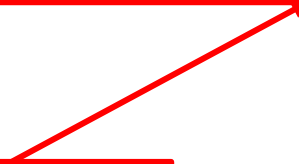- ODARA (interpersonal violence)

- TRAS, SRNA, PSA, STRONG-R…

NDCI
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Drug Court Practitioner
Fact Sheet

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Selecting and Using Risk and Need Assessments

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Risk Assessment: An Overview for Drug Courts

The purpose of this document is to provide Drug Court staff with a concise and current overview of important issues relating to offender risk assessment and to provide a list of recommended contemporary risk instruments. Numerous risk scales are currently used in the United States (see Desmarais & Singh, 2013) to assess static risk factors and criminogenic needs (dynamic risk factors that are related to the client's propensity for criminal behavior), of which substance abuse is but one. Almost all of these are applied to predict risk post-adjudication.

Consequently, we set out to identify those risk scales best suited for use by Drug Courts. To do so, we used validity criteria widely accepted in the research literature on risk assessment (see Overview of Risk Assessment Instruments). Those that met all the criteria are described under Recommended Risk Instruments, and those that met only some of the criteria are described under Promising Risk Instruments. These sections are preceded by a general discussion of the issues pertaining to risk assessment, as well as best practices for selecting an instrument to suit a particular Drug Court's needs and capacity.

Advantages, Limits, and Usage of Risk Assessment Approaches in Contemporary Practice

Through the assignment of cases to risk categories or the calculation of scores, risk assessment approaches are designed to identify expected likelihood of a particular outcome (e.g., recidivism) over a specified period of time (e.g., within three years) for an individual offender or client. Statistical scales have been demonstrated to be more reliable and more accurate than clinical judgment alone (see, e.g., Ægisdóttir et al., 2006; Bonta, Law, & Hanson, 1998; Hilton, Harris, & Rice, 2006; Meehl, 1954/1996).

Example of ORAS Score and Domains

	Males			Females	
Low Risk →	0-14	Low		0-14	Low
	15-23	Moderate		15-21	Low/Moderate
	24-33	High		28	Moderate
	34+	Very High		29+	High

High Risk

Example of ORAS Score and Domains

??

Males		Females	
0-14	Low	0-14	Low
15-23	Moderate	15-21	Low/Moderate
24-33	High	28	Moderate
34+	Very High	29+	High

Example ORAS Score and Domains

ORAS Domains

1. Criminal History
2. Peer Association
3. Criminal Attitudes/Behavior
4. Educ./Employ./Financial
5. Family And Social Support
6. Neighborhood
7. Substance Use

Max Score

8
8
13
6
5
3
6

High Risk

15-23 Moderate (Men)/15-21 Low-Moderate (Women)

Example ORAS Score and Domains

ORAS Domains

1. Criminal History
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5. Family And Social Support
6. Neighborhood
7. Substance Use

Max Score

8

8

13

6

5

3

6

~ Low Risk

15-23 Moderate (Men)/15-21 Low-Moderate (Women)

Common Obstacles with Risk Assessment Screening

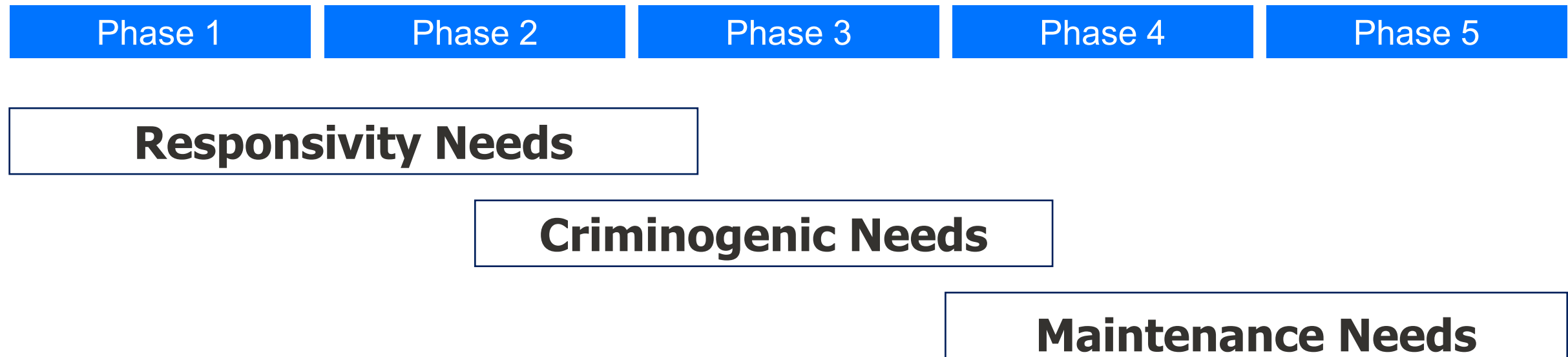- Self-report bias and lack of rapport

- Training on administration and interpretation and interrater reliability

- Overreliance on static factors

- Professional overrides

- Inconsistent reassessment to capture changes over time

Clinical Assessment

Best Practice Standards

Clinical Assessment

- Diagnose substance use disorder and severity

- Establish medical necessity to treat

- Determine appropriate level of care

- Inform collaborative, person-centered treatment planning

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Clinical Assessment
DSM-5-TR (SUD Diagnostic Criteria)

- Larger amounts or for longer than intended
- Inability to quit
- Great deal of time obtaining, using, and recovering
- Craving
- Failing major role obligations
- Social or interpersonal problems
- Reduced important activities
- Use in hazardous situations
- Use despite physical or psych problems
- Tolerance
- Withdrawal

Mild: 2-3 indicate a mild substance use disorder.

Moderate: 4-5 symptoms indicate a moderate substance use disorder.

Severe: 6+ symptoms indicate a severe substance use disorder.

01 INTOXICATION, WITHDRAWAL & ADDICTION MEDICATIONS

02 BIOMEDICAL CONDITIONS

03 PSYCHIATRIC & COGNITIVE CONDITIONS

Six Dimensions of the ASAM Criteria

04 SUBSTANCE USE-RELATED RISK

05 RECOVERY ENVIRONMENT INTERACTIONS

06 INTOXICATION, WITHDRAWAL & ADDICTION MEDICATIONS
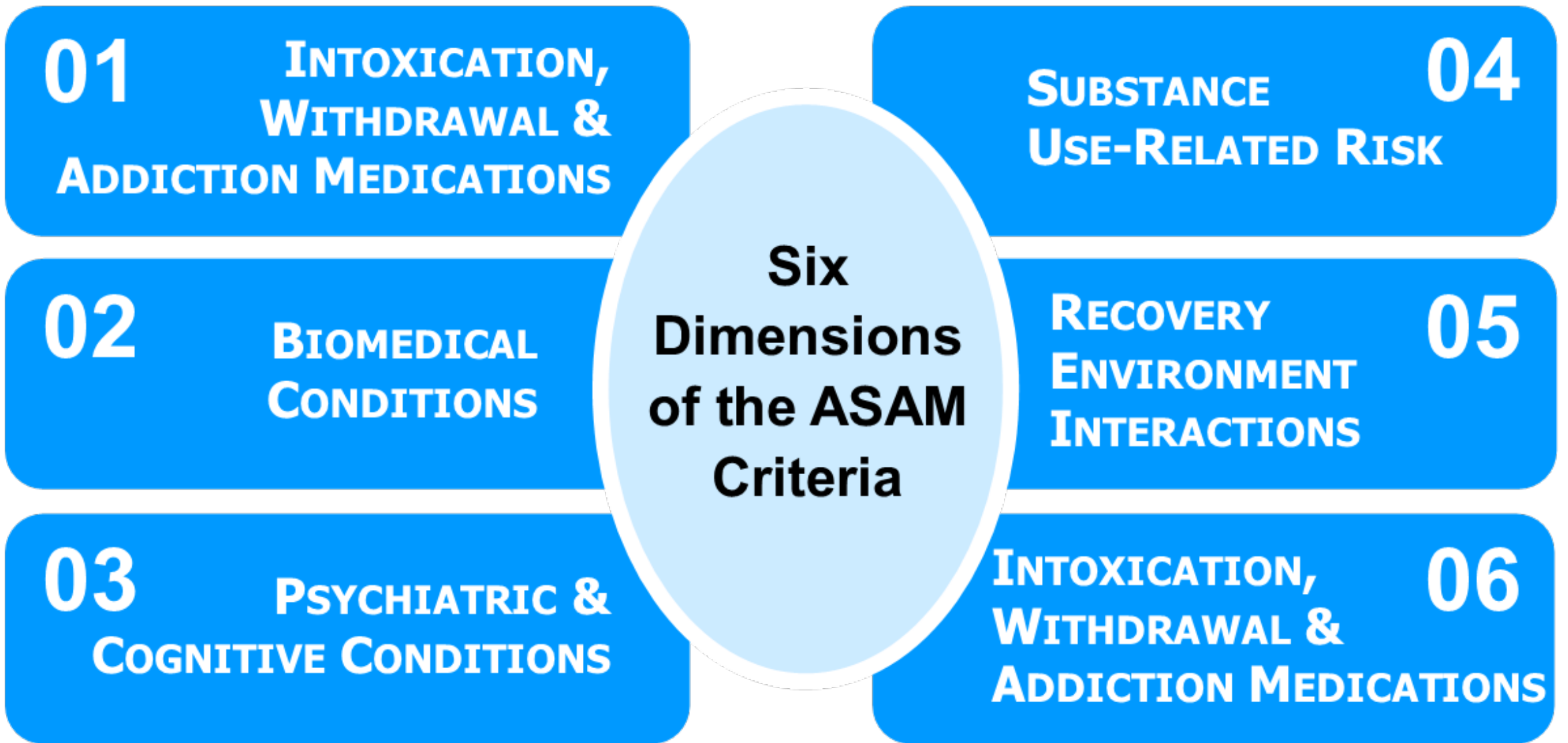
The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4: Inpatient
- 4 Medically Managed Inpatient

Level 3: Residential
- 3.1 Clinically Managed Low-Intensity Residential
- 3.5 Clinically Managed High-Intensity Residential
- 3.7 Medically Managed Residential

Level 2: IOP/HIOP
- 2.1 Intensive Outpatient (IOP)
- 2.5 High-Intensity Outpatient (HIOP)
- 2.7 Medically Managed Intensive Outpatient

Level 1: Outpatient
- 1.0 Long-Term Remission Monitoring
- 1.5 Outpatient Therapy
- 1.7 Medically Managed Outpatient

Recovery Residence
- RR Recovery Residence*

Common Obstacles with Clinical Assessment Screening

- Self-report bias and lack of rapport

- Incomplete history

- Training on administration and interpretation and interrater reliability

- Professional overrides

- Inconsistent reassessment to capture changes over time

- Complex conditions

- Limited time for assessment

Putting It All Together

Putting it All Together

TIMING MATTERS

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5

Responsivity Needs

Criminogenic Needs

Maintenance Needs

Putting it All Together

RISK DOMAINS

- Antisocial Cognitions
- Antisocial Associates
- Antisocial Personality Pattern
- History of Antisocial Behavior
- Family/Marital Circumstances
- School/Work
- Leisure/Recreation
- Substance Use

CLINICAL (ASAM) DOMAINS

- Intoxication, Withdrawal, and Addiction Medicines
- Biomedical Conditions
- Psych. & Cognitive Conditions
- Substance Use Risks
- Recovery Environment Interactions
- Person-Centered Considerations

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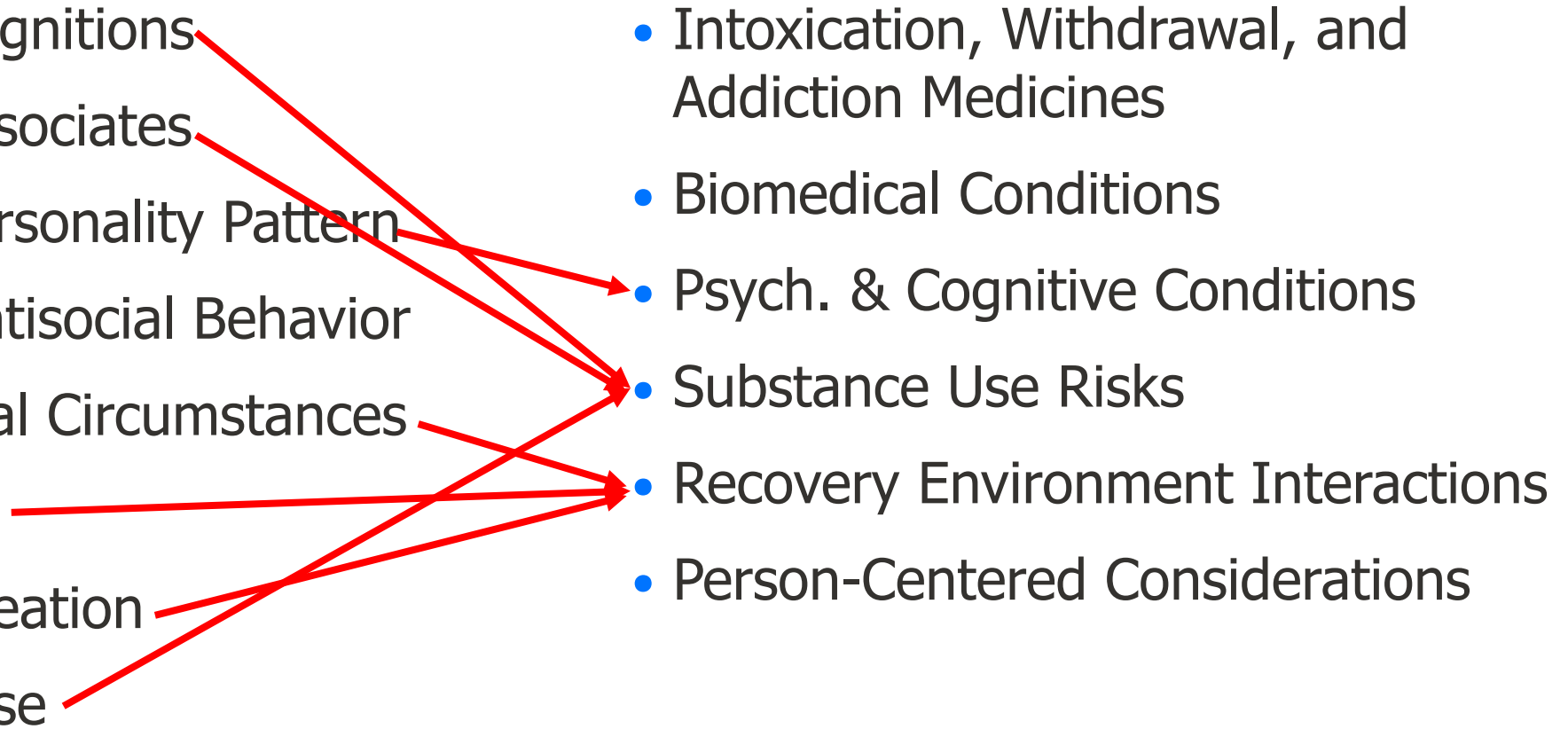
Putting it All Together

TOP 3 RISK DOMAINS

- Antisocial Cognitions

  States he drives better when buzzed

  Thinks treatment is a scam

- Family/Marital Circumstances

  Frequent verbal arguments

- Substance Use

  Current daily alcohol use

  Law and martial issues from alcohol use

TOP 3 ASAM DOMAINS

- Intoxication, Withdrawal, and Addiction Medicines

  Hand tremors, sweating, etc.

- Substance Use Risks

  Says he will continue to drive w/o license

  Says alcohol isn't the problem, the cops are

- Person-Centered Considerations

  Doesn't believe he needs treatment – preference is lowest level to accommodate work schedule

Putting it All Together

TIMING MATTERS

| Phase 1 | Phase 2 | Phase 3 | Phase 4 | Phase 5 |

Responsivity Needs

Acute stabilization/reduce interfering clinical symptoms

Address transportation

Motivational enhancement

Criminogenic Needs

CBT to address risky thinking

Problem solving skill development

Anger Management?

Maintenance Needs

Continuing care plan

Symptom-recurrence prevention plan
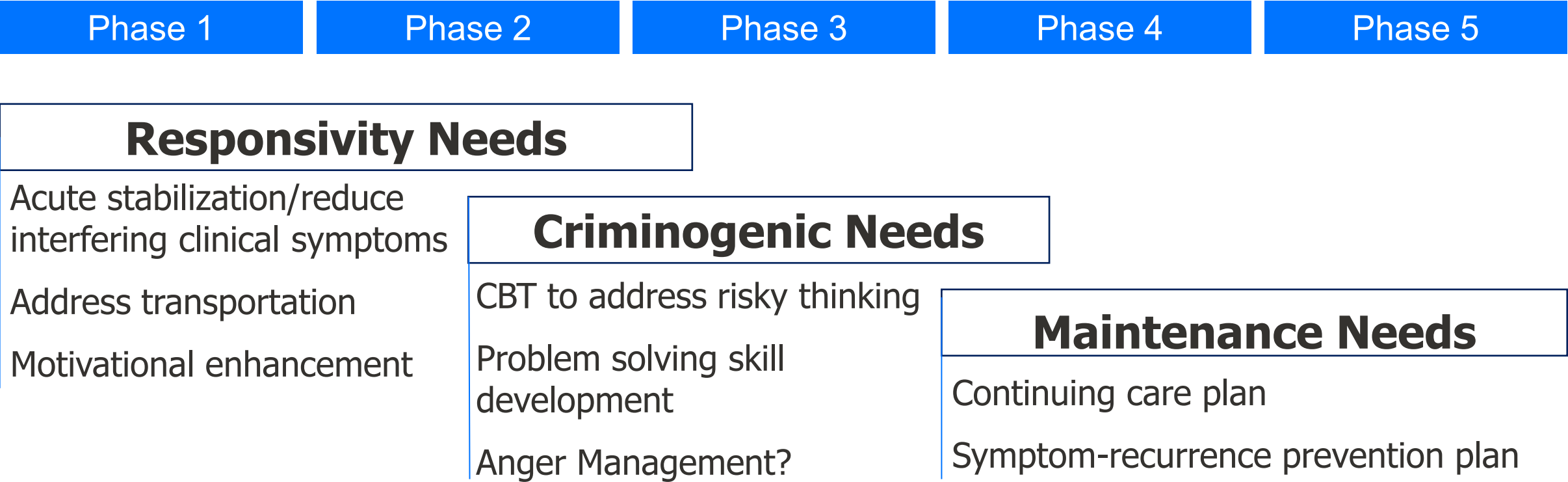
Conclusion

- Use both a validated risk assessment and clinical assessment.

- Risk assessments are demonstrated to predict criminal recidivism.

- Clinical assessments evaluate diagnostic criteria and give the recommended level of care.

- Both aim to identify key factors that contribute to an individual's behaviors by addressing underlying risk factors.

- Combining their results creates a comprehensive view of the individual, leading to more personalized and effective treatment plans.

Ask the Expert

https://allrise.org/trainings/ask-the-expert/

Office Hours
Scheduled times with experts on various key topics
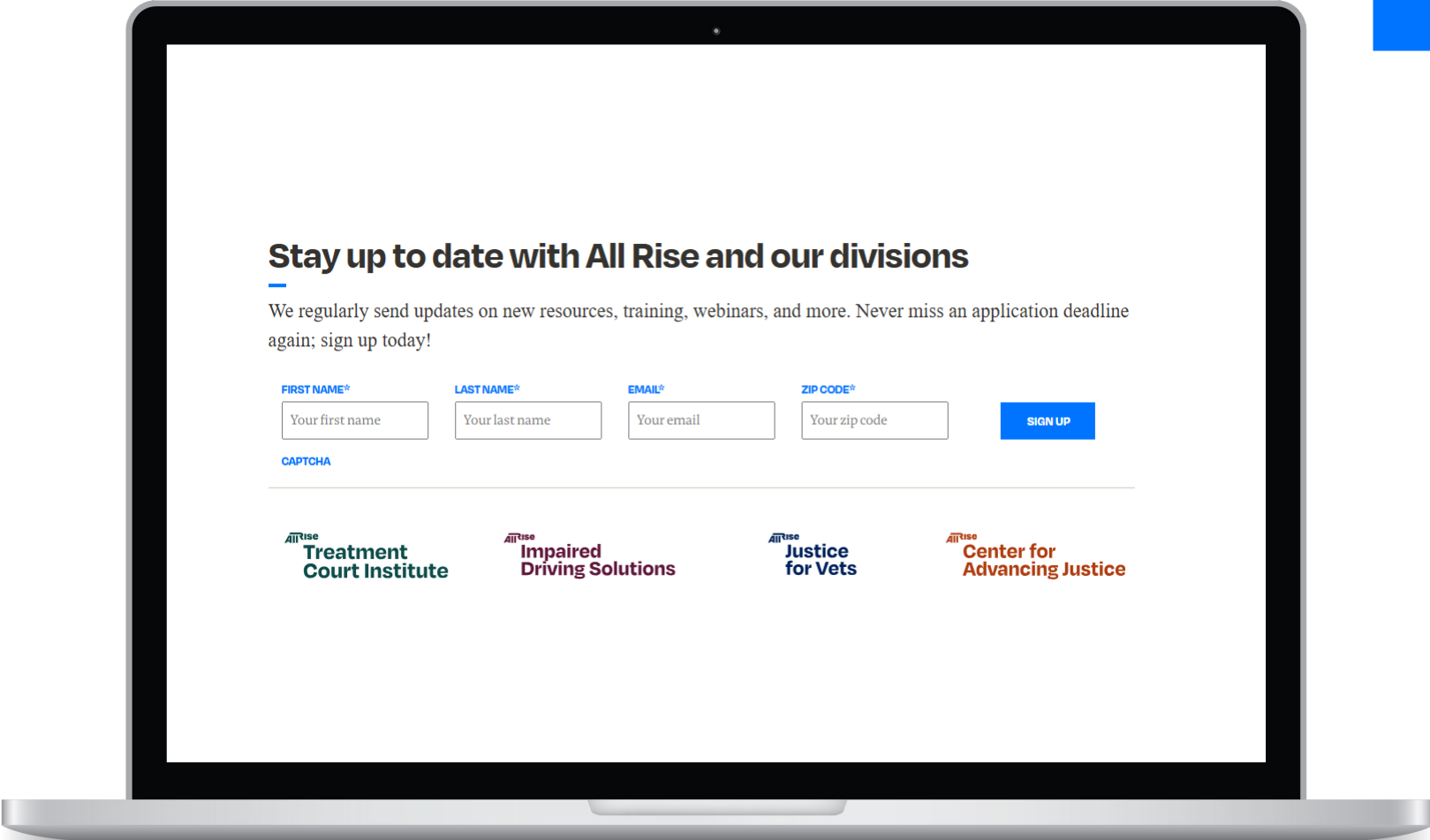
Submit a Question
Submit a question to the All Rise team

Schedule a Consultation
Schedule a consultation with the All Rise team
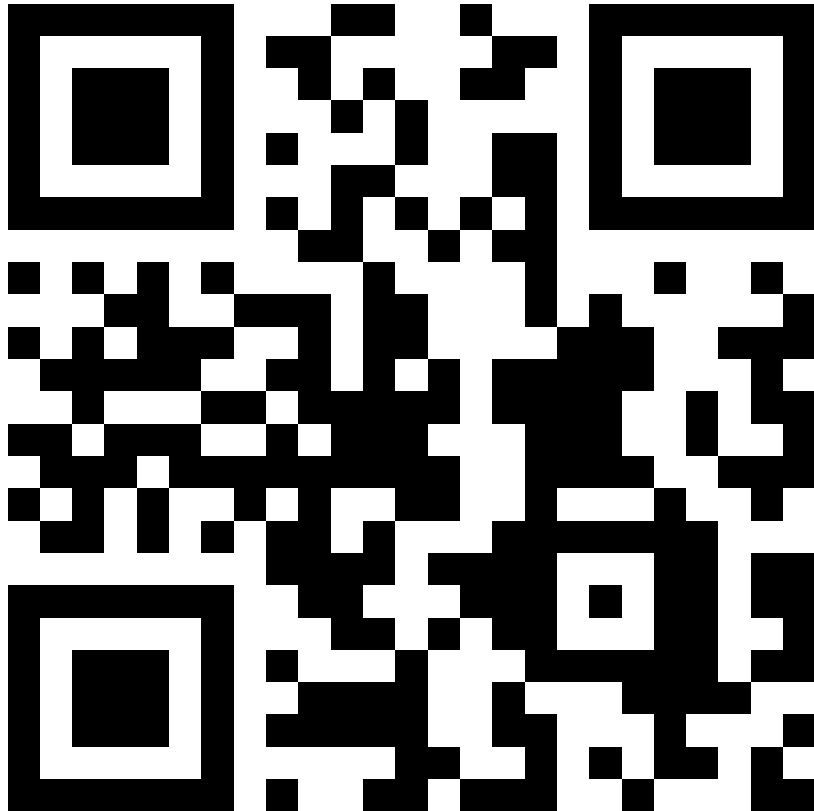
Evaluations

1. On your compatible phone or tablet, open the built-in camera app.

2. Point the camera at the QR code.

3. Tap the banner that appears on your phone or tablet.

4. Follow the instructions on the screen to complete the evaluation.

5. After completion, you will be provided with a certificate that can be saved and printed.

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