Utilizing RNR Principles in Effective Case Planning: Overcoming Challenges and Building Champions

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Overview

- Reviewing RNR
- Challenges at the Individual and Systems Level
- A Stepwise Process for Organizing RNA Results informed by RNR
- Practice
### Risk-Needs-Responsivity Model of Case Planning (Andrews & Bonta, 2010; Hoge, 2016)

- **Risk Principle**
  - Intensity of treatment services should reflect risk level

- **Needs Principle**
  - Interventions should target needs (e.g., dynamic risk factors)

- **Responsivity Principle**
  - **Specific** = characteristics/circumstances not related to offending but require attention in case planning (e.g., strengths, ability, motivation)
  - **General** = feature of the intervention or treatment

### Central Eight Risk Factors (Andrews & Bonta, 2010)

- **Big Four** ($r = .26$)
  - Criminal History
  - Antisocial Attitudes
  - Antisocial Associates
  - Antisocial Personality

- **Moderate Four** ($r = .17$)
  - Education/Employment
  - Family/Marital Status
  - Leisure Recreation
  - Substance Abuse

- **Criminogenic Needs**
  - Dynamic factors that are functionally related to criminal behavior

- **Non-criminogenic Needs** ($r = .03$)
  - Dynamic factors that have little to no functional relationship to criminal behavior

### Conceptual and Definitional Drift When Applied to Justice-Involved Adolescents (Hoge, 2016)

- Notice that emotional distress and/or psychiatric problems are identified as responsivity factors!

- Factors that can interfere with treatment targeting dynamic criminogenic needs!
RNA Results – Risk Levels Matter

Dynamic Factors Matter More Than Static

Tools Don't Tell Us How To Intervene

Needs + Case Plan = Better Outcomes

- 30.7% overall RNA needs/case plan match
  - Recidivism rates were lower when needs were matched to an appropriate service in 5 out of 6 YLS/CMI domains (Peterson-Badali, Skilling, Haqanee, 2014)
  - Higher match rate significantly predicted recidivism reduction (25% well matched versus 75% not well matched; Vieira et al., 2009)
  - Needs/match rate better predict or recidivism reduction for males compared females (Vitopoulos et al., 2012)
### Practical Case Planning Steps

- Use a structured RNA tool
- Observe RNR
- Consider a youth’s developmental level when setting case plan goals
- Incorporate strengths and protective factors
- Establish a positive relationship with youth
- Engage youth — find out what matters to them
- Use evidence-based interventions
- Review progress at regular intervals

### Case Planning Recommendations (Hoge, 2016)

- Use a structured RNA tool
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### Steps in Intervention Planning

1. Match **intensiveness** of interventions to risk level
2. Address **Critical Vulnerabilities**
3. Leverage and build **Key Strengths**
4. Identify **scenarios** — trouble-shoot & plan
More Intensive Interventions for Higher Risk Youth

- Regular monitoring
- Some strategies (e.g., problem-focused therapy)
- Intensive (e.g., day program, specialized therapy)
- Urgent & intensive (e.g., suicide watch)

Low Risk  Moderate Risk  High Risk  Very High

Address Critical Vulnerabilities

- Draw on the research!
  - Big four versus the moderate four
  - Prioritize and balance the number of high risk need areas
  - Look for patterns that inform your understanding of the delinquency risk

- What is your level of concern that responsivity factors are impacting these needs?

What Do I Mean by Prioritize and Balance?

- Look for needs that cluster together or have a common theme
- Pay attention to what comes first (i.e., needs as links in a chain)
- Look for an underlying root cause
- What responsivity factors exacerbate needs or will interfere with services?
- Match treatments to prioritized needs!!!
Leverage and Build Key Strengths

If High, goal is to LEVERAGE Strengths
"working with what you’ve got"

If Low, goal is to BUILD Strengths
building capacities & areas of promise

Identify Scenarios (Hart & Logan, 2011)

- Interventions focusing on skill development take time – what case management strategies do you need to develop and deploy while you wait for new skills to develop?

- **What is the youth most at risk for?**
- **What could happen?**

Types of Scenarios

- Repeat – same as before (e.g., youth with aggression history continues to engage in aggression)
- Escalating – gets worse (e.g., youth with history of impulsivity and being bullied starts to carry a weapon)
- Twist – behaviors change (e.g., youth with no history of substance use begins using drugs)
- Improving – gets better (e.g., youth starts a new part-time job that she enjoys and finds rewarding)
Case Planning Checklist

- Have I considered an appropriate dose and intensity consistent with overall risk level?
- Have I accounted for critical (high needs and responsivity) factors?
- Have I recommended interventions known to work to reduce/manage the critical factors?
- Have I considered strengths and scenarios?
- Have I explained the rationale to youth/family and incorporated their input?

Practice Cases

Case #1 – “LT”

- LT is a 14-year-old, Black, male on 12-months supervised probation for Robbery
- With a group of four peers, he pushed an adult female to the ground and took her cell phone
- YLS/CMI 2.0 Overall Risk Level = Moderate with 2 domains rated high, 6 domains rated moderate, 1 strength, and multiple responsivity factors
Case #2 – “KA”

- KA is a 16-year-old, White, male currently in detention (3 weeks) awaiting final disposition on the charge of Aggravated Assault with the Weapon
- Following an argument with his father, KA assaulted his father with a baseball bat causing fractured ribs and arm
- VLS/CMI 2.0 Overall Risk Level = Moderate
- Two domains rated high, 6 domains rated moderate, 1 strength, and multiple responsivity factors

Program Delivery – RNR isn’t just for Probation Officers! (Hoge, 2016)

- Program culture should reflect RNR principles
- Staff competence in RNR principles should also be evaluated
- Program must be committed to quality controls

Assessment, Treatment, Cross-system Collaboration

- Assessment
  - There are cases when a more comprehensive assessment can aid in case plan development
- Treatment
  - Evidence-based practices should focus on risk-reduction and building strengths
- Cross-system Collaboration
  - Justice and treatment professionals must be working toward the same goals and understand case plan objectives
When to Seek an Assessment

- What do you know about your client's life experiences and prior mental health history?
- Has a screening been done? What did the screen indicate about overall mental health problems?
- When you read prior assessment reports is there a clear indication that mental health was properly evaluated? Is there a laundry list of diagnoses?
- A risk/needs assessment was done by JJ agency (probation) and there are criminogenic needs that are commonly connected to common mental health problems
- Is there a clear pattern of functional behavior problems that recently onset and/or increased?

Be Specific About What You Want from the Evaluator!

- Things you want to know from the assessment
  - What is my client's load of mental health difficulties?
  - Is there evidence of current mental health symptoms?
  - Does this rise to the level of a diagnosable mental health disorder?
  - What evidence is there of positive coping skills/patterns of resilience?
- Tell the evaluator what behaviors you are concerned about and how this could impact case outcomes (e.g., disposition, supervision)
  - Is there a link between the client's mental health problems and behaviors that led to court involvement?
  - Is mental health driving current risk/needs?
  - What treatment services are needed to address that link?
  - What is the overall risk level and how many dynamic needs are there?
  - Will concurrent treatment for both need areas (criminogenic and mental health) help manage overall risk reduction?

To Answer These Questions Evaluators MUST Consider . . .

- The functional behavior that brought the youth to juvenile court
- What are the critical factors that have been driving that behavior?
- Is mental health problem(s) one of those factors?
- How and why mental health is driving the problem behavior and/or specific criminogenic needs?
- What combination of treatment services can address both areas?
### Treatment

- Improving needs/case plan match is aided by the development of a service matrix
- Requires knowledge of what programs offer – goal is evidence-based interventions
- You want to know the following about each program
  - Training in models
  - Experience in applying that model to JJ adolescents
  - Supervision and quality assurance monitoring
  - Outcome monitoring

### Service Match – Requires Effective Cross-System Communication

- Share information and communicate effective strategies to identify and overcome barriers (i.e., responsivity)
- Providers should clearly understand how their services are connected to the youth’s overall case plan
- Providers can be allies in scenario planning
- Probation officers should communicate regularly with service providers to ensure services are being delivered at an intensity and dosage that is appropriate and monitor impact on needs and relevant outcomes

### Challenges to Comprehensive Use of RNR (Hoge, 2016)

- Skepticism in rehabilitation goal
- Fragmentation across the system – failure for cross-system collaboration
- Resistance to change
- Economic challenges
- Don’t yet have a clear evidence base on responsivity factors and strengths
- Non-holistic and does not stress a youth’s overall well-being (see Von Damme et al., 2017)
Don’t Overlook Systems Issues

- Implementation is an Ongoing Process
  - Quality Assurance
  - Ongoing staff training
  - Rater fidelity

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Other System Level Recommendations

- Is your case plan form built to support integration of RNR?
- What level of initial training and ongoing coaching is provided to line level staff?
- Are you monitoring needs/responsivity case plan match?
- Do you have consistent feedback loops established with your treatment partners?
- Are youth and families considered strategic partners?
- Have you trained other juvenile justice partners in this approach?
- Have you formed a program outcome/research partnership?

Q&A
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