

# Best Practices in the Assessment and Evaluation of Individuals within Treatment Courts:

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## Identifying the “Who” and “What”

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# What is our goal?

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- Public safety
- Risk reduction
- Getting individuals the help they need
- Holding people accountable



# Classification

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- Form a typology of individuals
- Each type of individual is categorized by behavioral or psychological dimensions or level of risk

# What questions are answered by classifying?

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- Will this individual fail to appear? (APPEARANCE)
- Is this person safe to be on the streets? (DANGEROUS)
- What is this person's risk? (RISK)
- What services does this individual need? (NEED)
- Will this person reoffend? (RECIDIVISM)

# When are assessments used?

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- Pretrial decision making
  - Is this person safe to be out in the community awaiting trial?
  - Will this person show up for trial?
- Post adjudication/predisposition/postdisposition
  - What is the best placement for this individual?
  - What is the person's level of risk/need?
  - What services does this individual require?



# What is risk?

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- Usually looking at the chance of committing a new offense
  - Multiple predictors working together to increase risk to recidivate
- Seriousness of offense does not equal risk!
  - Not a strong predictor of future criminal behavior

# Actuarial versus clinical assessment

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- Actuarial based on statistical analysis of records and other information resulting in development of probability
- Clinical assessment based on information and then using experience, skills, judgment to form conclusions
- Studies dating back over 50 years have demonstrated that actuarial assessments more accurate than clinical prediction

# Screening or Assessment

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- A screening instrument is designed to be completely quickly
  - Screen in/screen out
- An assessment instrument is more comprehensive
  - Provides a better representation of the individual



# History of Classification and Risk Assessment

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- First Generation-These are also known as quasi-clinical, subjective assessments, professional judgment, intuition, and gut-level feelings (GFI)
- Second Generation-Objective empirically based risk assessments. Development began in the 1920s
- Third Generation-Accept the necessity of delivering rehabilitation services in order to enhance public safety
- Fourth Generation – includes dynamic factors and an integrated case management plan system

# Dynamic Risk Factors and Their Importance

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- Also called *criminogenic needs*
- Changing these factors changes the probability of recidivism
- Provide the basis for developing a treatment plan—addressing these factors will reduce risk
- Lead to public safety



# Classification and Assessment Is Important Because It:

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- Provides standardized examination of population
- Reduces bias
- Helps track changes in the individual
- Tells staff “who” and “what”
- Helps to better utilize resources
  - Guides decision making
  - Improves placement of individuals
- Can lead to enhanced public safety

# Problems Associated with Assessment:

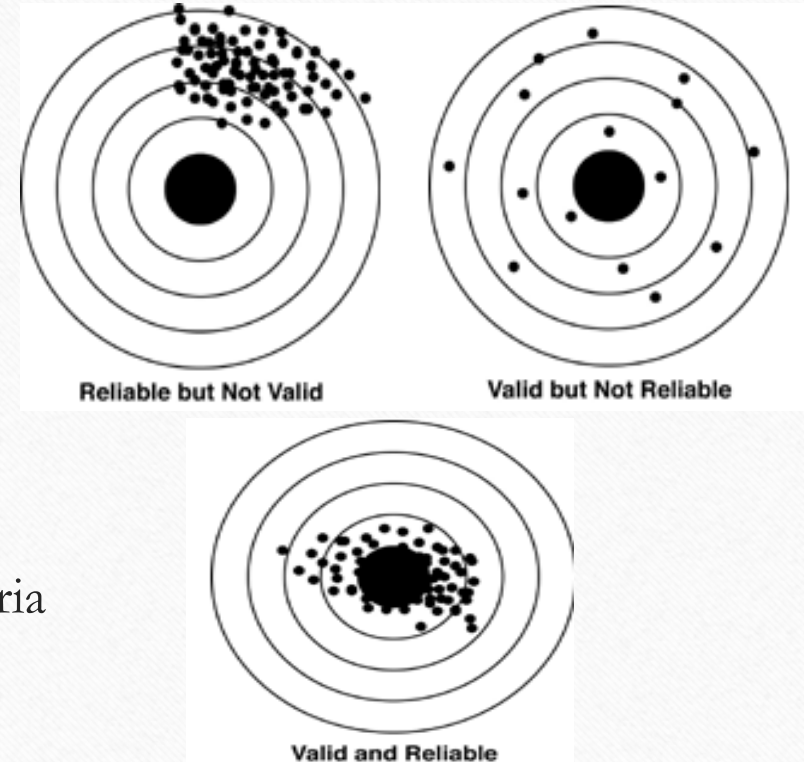
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- Individuals are assessed then everyone gets the same treatment—put in the file and never used again
  - Waste resources
  - Not adhering to principles of risk and need
- Assessment instruments are not validated or normed to populations
  - Even with nationally validated assessments need to norm and validate on specific population



# Reliability & Validity

- Reliability – examines the quality of measurement
  - Consistency/dependability
  - Inter-rater – degree to which different raters give consistent estimates of some phenomenon
- Validity – does the instrument measure what it is meant to measure
  - Accuracy
  - Predictive validity – scale predicts scores on some criteria
  - Local vs. general validation



# Problems Associated with Assessment

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- Assuming a one size fits all approach
  - Make sure tool is used for the population it was designed to be used on
  - A general risk/need tool may not predict for certain types of clients
    - Need a specific sex offender risk tool
- Errors occur even with the most efficient instruments
  - Initial training on tool to certify use of instrument
  - Booster trainings to prevent drift



# Problems Associated with Assessment

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- Even best tools are not perfect
  - False positives – assessment indicates that event will occur when in reality it would not
  - False negatives – assessment indicates that event will not occur when in reality it would occur

# Guidelines for Selection and Use of Risk Assessment

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- Directly relevant to criminal behavior, derived from theory and data
  - Best predictors of criminal behavior are known
- Based on actuarial measures of risk
  - Structured, quantitative, and empirically linked to relevant criterion
- Develop quality assurance process
  - Demonstrate predictive validity
  - Examine outcomes by subgroups



# Guidelines for Selection and Use of Risk Assessment

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- Sample multiple domains
  - Increased sampling of domains results in improved prediction
  - Multiple items within each domain
- Keep in mind that staff have professional discretion and make decisions
  - Humans should be making decisions about humans after reviewing risk/need assessments

# Principles of Effective Classification

## RISK

### WHO

Deliver more intense  
intervention to higher  
risk individuals

## NEED

### WHAT

Target criminogenic  
needs to reduce risk  
for recidivism

## RESPONSIVITY

### HOW

Use CBT approaches  
Match mode/style of  
service to of

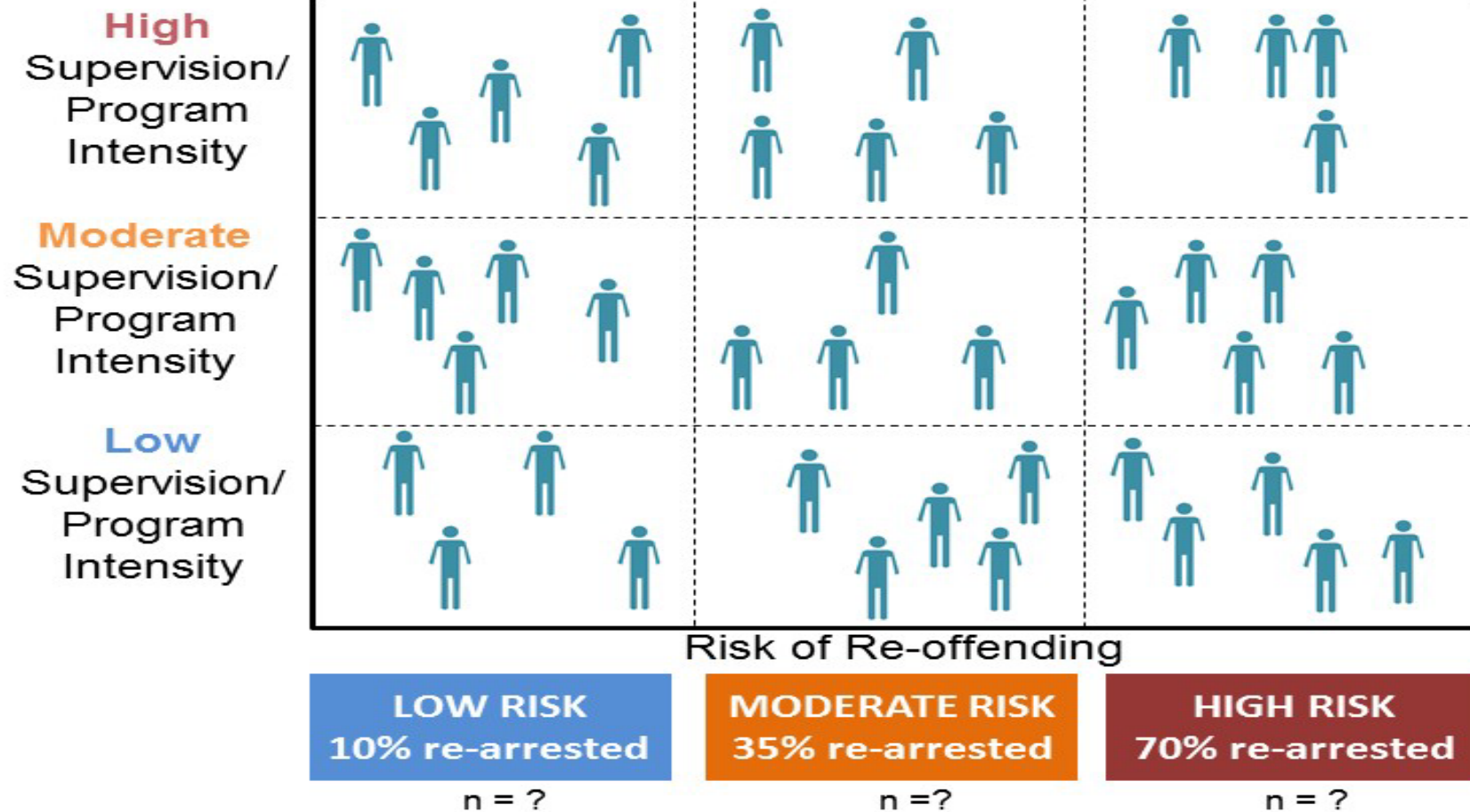


# The Risk Principle

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- Assess the individual's level of risk using validated instruments
- Differentiate supervision and programming based on the person's risk
- Higher risk individuals need more supervision and services
- Do not mix low and high risk individuals
- Answers the question WHO

# Before Assessing Risk of Re-Offending...



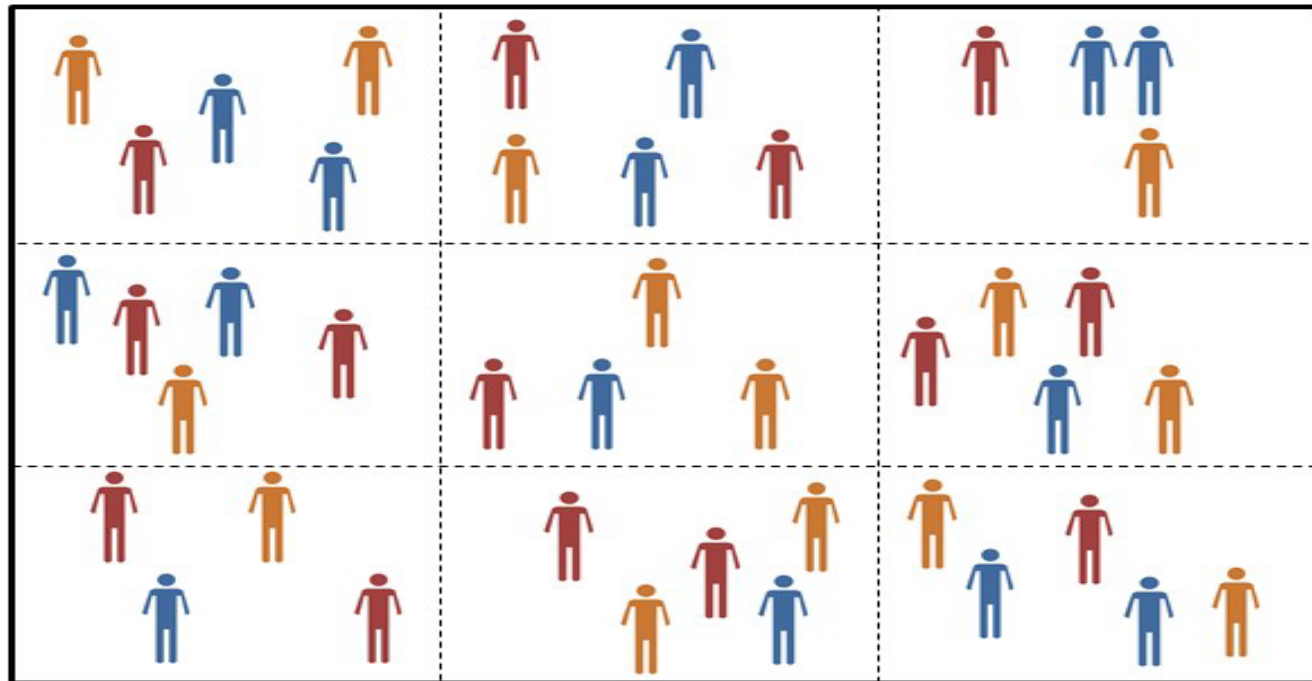


# After Assessing Risk of Re-Offending...

**High**  
Supervision/  
Program  
Intensity

**Moderate**  
Supervision/  
Program  
Intensity

**Low**  
Supervision/  
Program  
Intensity



Risk of Re-offending

**LOW RISK**  
10% re-arrested

**MODERATE RISK**  
35% re-arrested

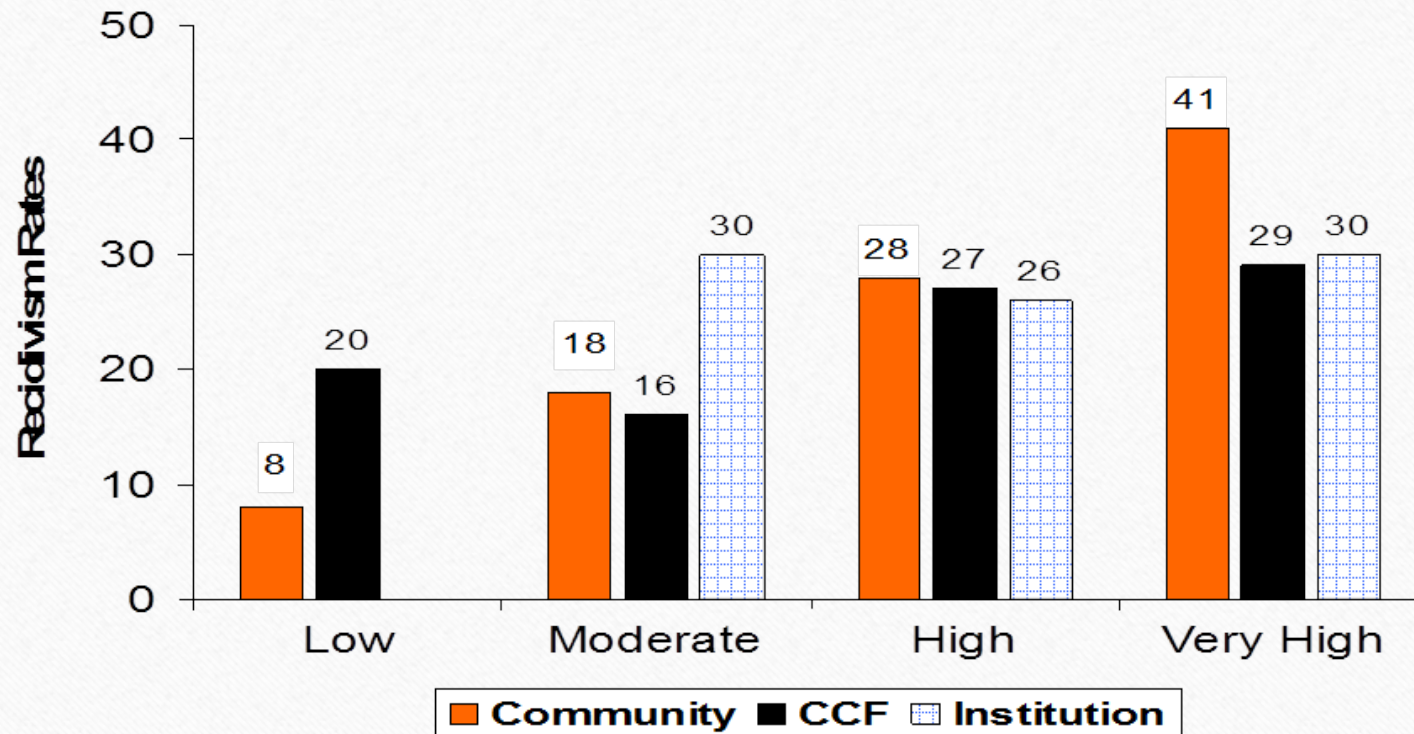
**HIGH RISK**  
70% re-arrested

# After Applying the Risk Principle...

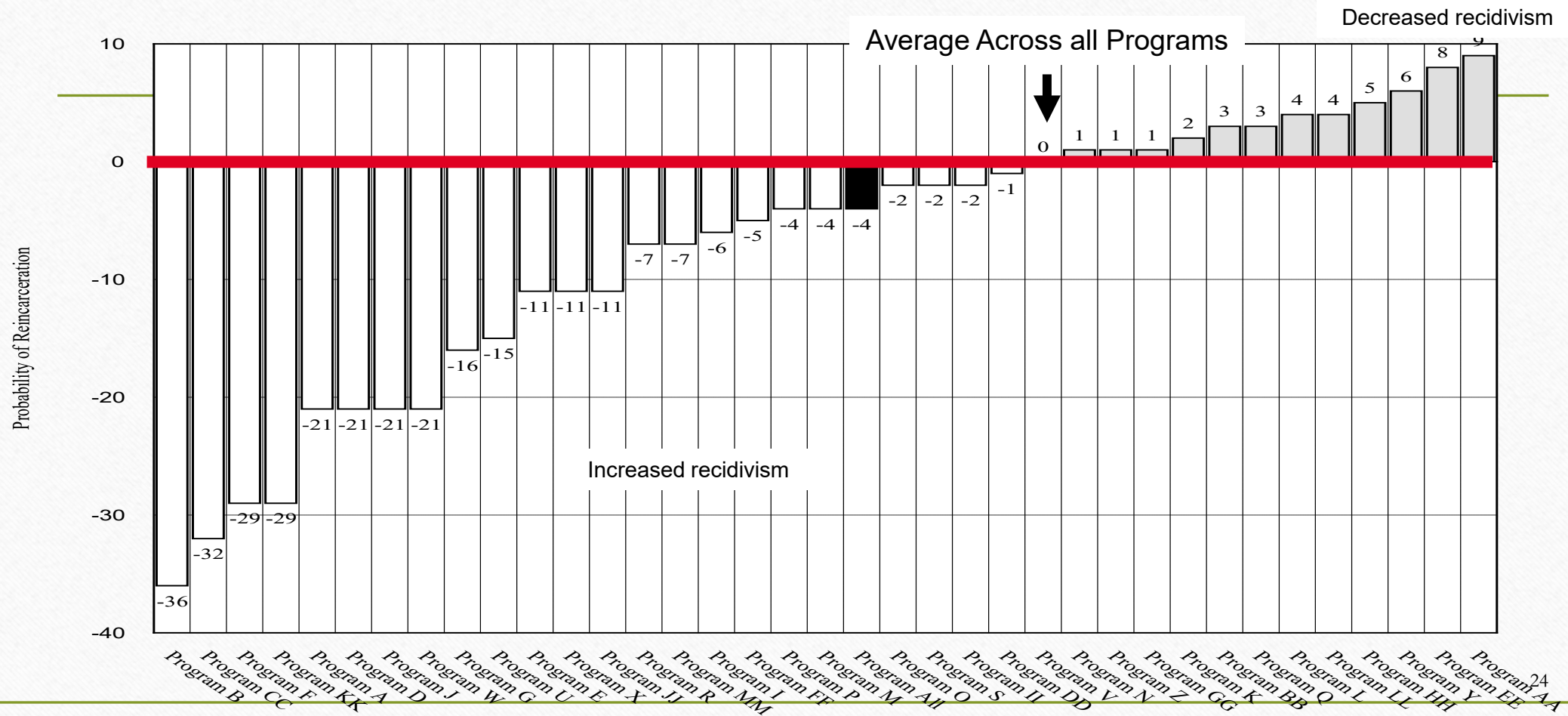




# Example of the Risk Principle in Action

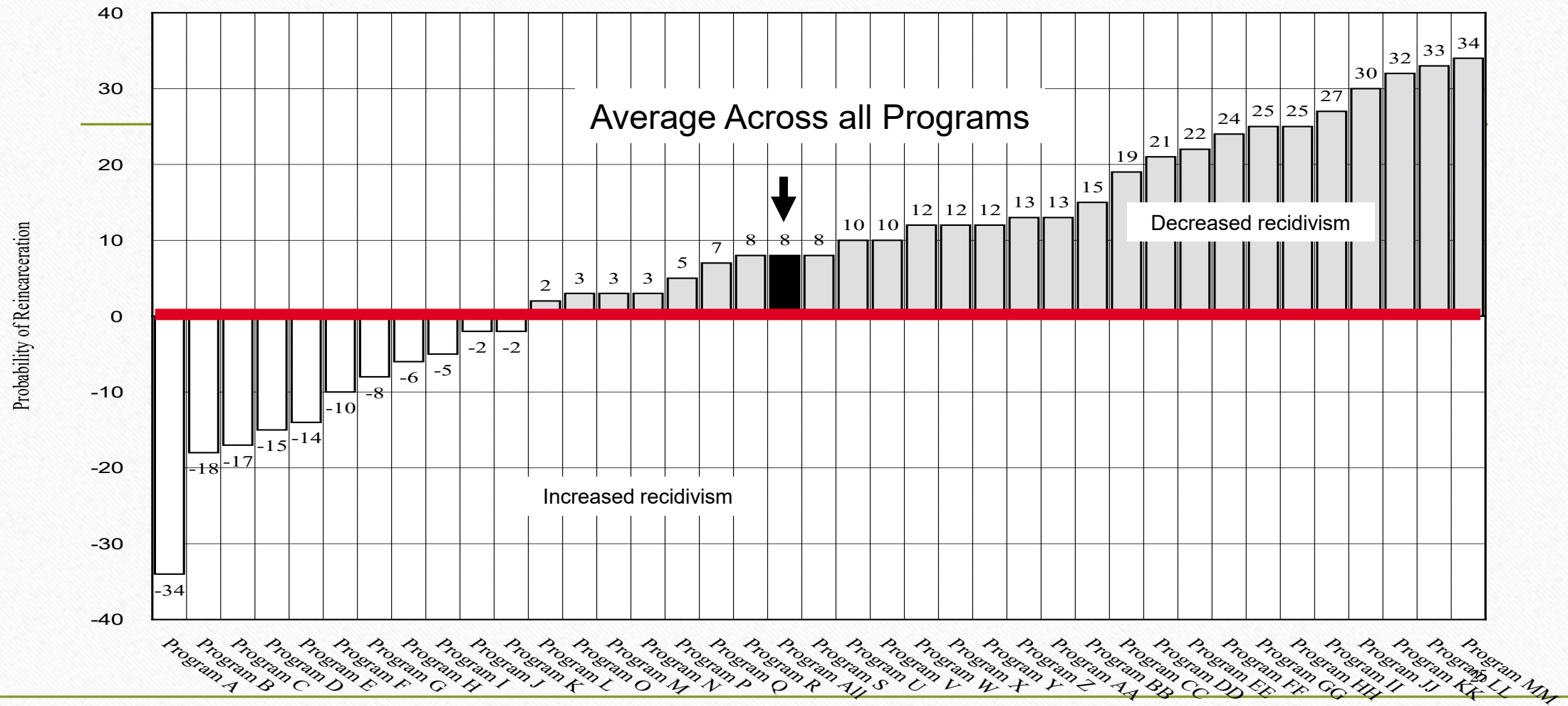


# Treatment Effects for Low-Risk Individuals





# Treatment Effects for High-Risk Individuals



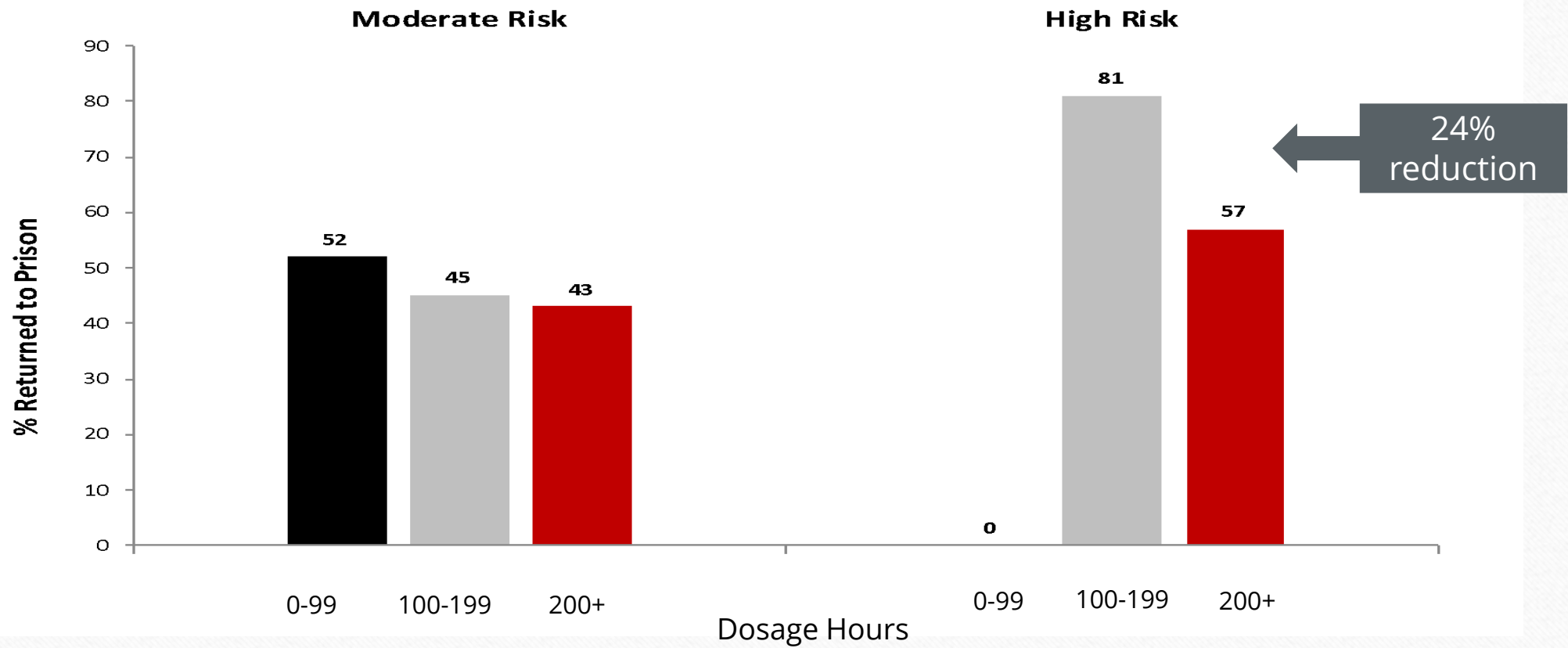
# Dosage

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Units of service that target a criminogenic need using evidence-based interventions (e.g., interventions grounded in cognitive-behavioral and social learning theories).



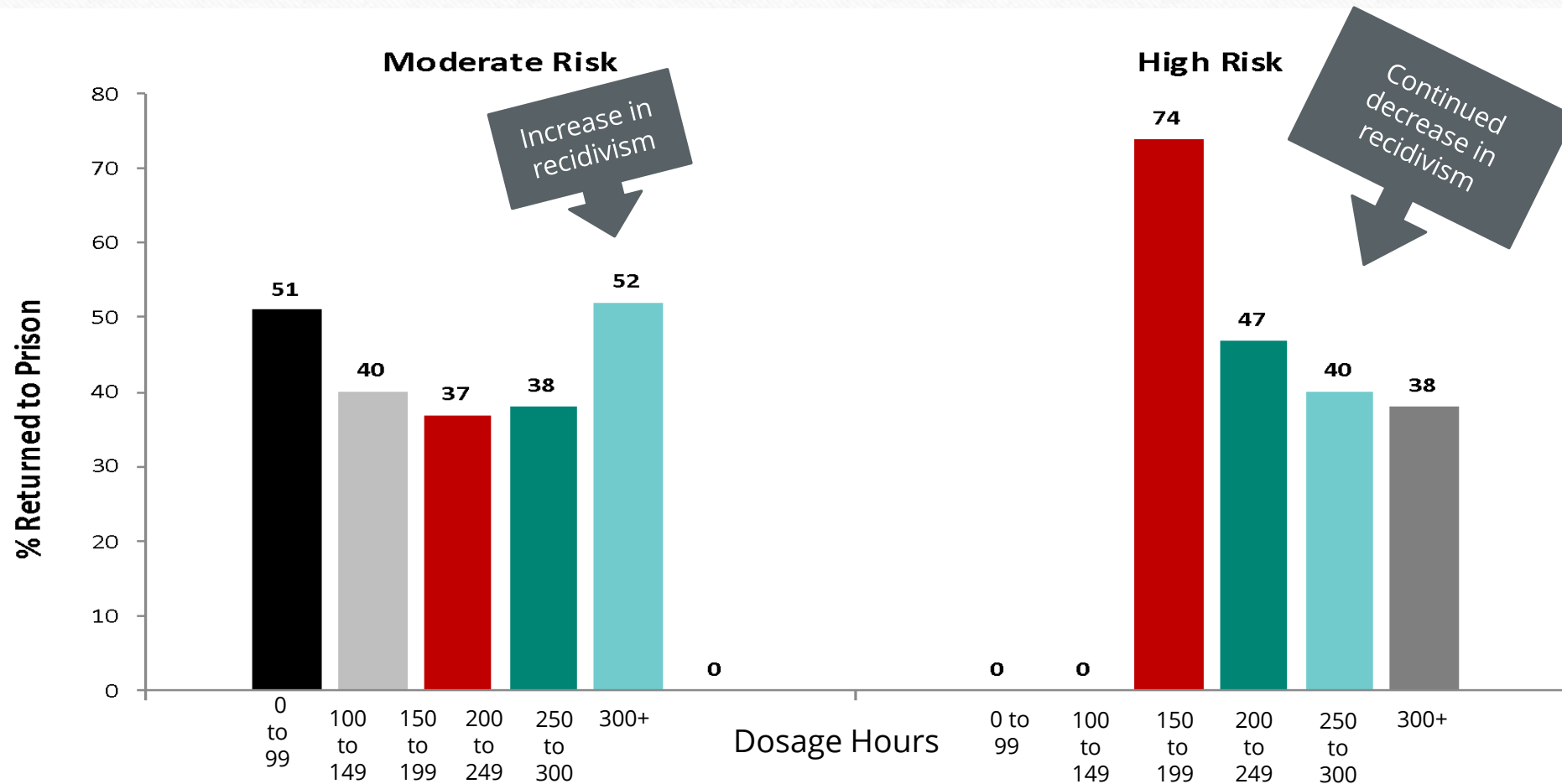
# Dosage Research



Latessa, E., Sperber, K., & Makarios, M. (2013). Examining the Interaction between Level of Risk and Dosage of Treatment. *Criminal Justice and Behavior*, 40(3).



# Dosage Research



Makarios, M., Sperber, K. G., & Latessa, E. J. (2014). Treatment dosage and the risk principle: A refinement and extension. *Journal of Offender Rehabilitation*, 53(5), 334-350.

# What causes Risk?

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- Individuals are not usually high risk because of one single factor
- They have multiple criminogenic needs
  - Cumulative effect



# Major Set of Risk/Need Factors

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Criminal History

Antisocial Attitudes

Antisocial Personality

Antisocial Peers

Substance Use

Education/  
Employment

Family

Leisure/Recreation

# The Need Principle

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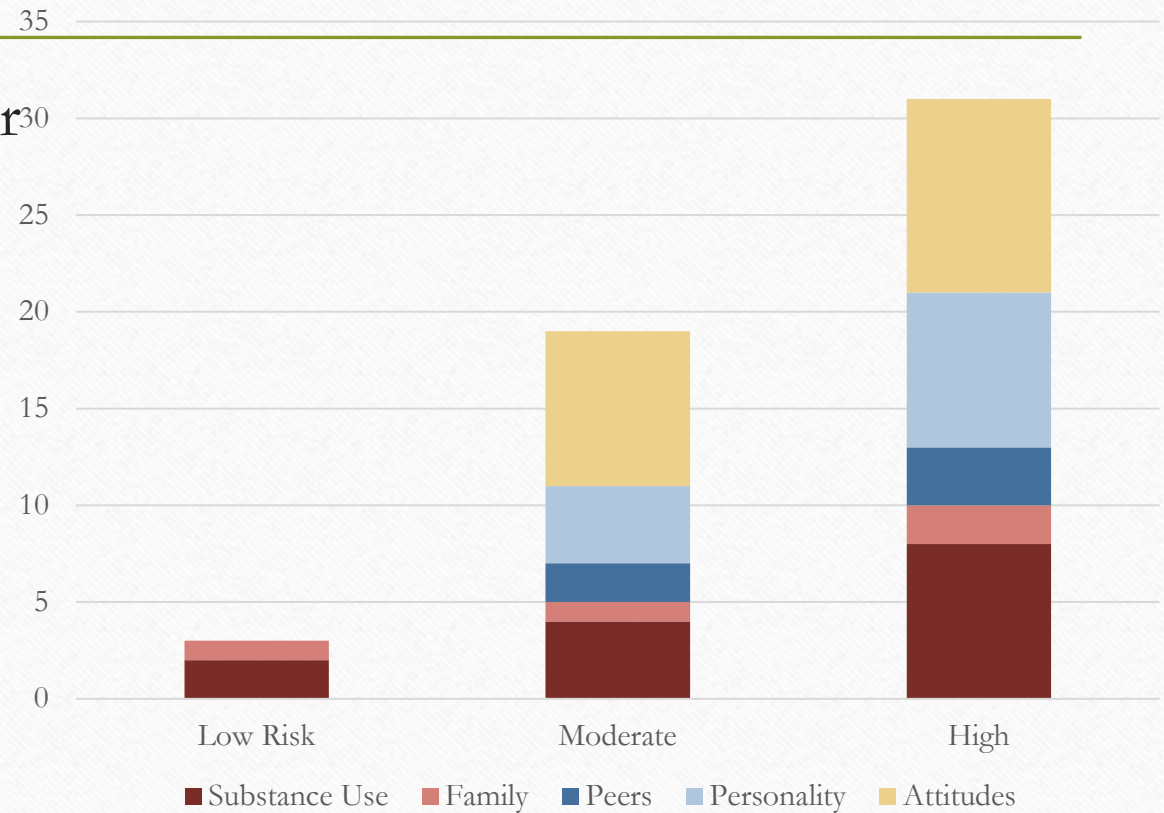
- To reduce recidivism need to focus on criminogenic needs of the individual
- Provide appropriate services to address the need(s)
- Answers the question WHAT
  - What should we address if we want to reduce recidivism/change risky behavior



# Need Principle: Density

- Individuals are not usually higher risk because they have a risk factor...

**they have multiple risk factors**



# Conclusions

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- Implement proven standardized instruments for the population
- Ensure staff are properly trained
- Develop quality assurance processes to prevent drift
- Use the information from the assessment to guide decisions
  - Risk
  - Need

# Contact

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