

A Primer for Pretrial Risk Assessment

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Evidence Based – What does it mean?

There are different forms of evidence:

- The lowest form is anecdotal evidence; stories, opinions, testimonials, case studies, etc - but it often makes us feel good
- The highest form is empirical evidence – research, data, results from controlled studies, etc. - but sometimes it doesn't make us feel good

Evidence Based Practice is:

1. Easier to think of as Evidence Based Decision Making
2. Involves several steps and encourages the use of validated tools and interventions.
3. Not just about the tools you have but also *how* you use them

Evidence-Based Decision Making Requires

1. Assessment information
2. Relevant research
3. Available programming
4. Evaluation
5. Professionalism and knowledge from staff

What does the Research tell us?

There is often a Misapplication of Research: “XXX Study Says”

- the problem is if you believe every study we wouldn't eat anything (but we would drink a lot of red wine!)

- **Looking at one study can be a mistake**
- **Need to examine a body of research**
- **So, what does the body of knowledge about correctional interventions tell us?**

A Large Body of Research Has Indicated....

....that correctional services and interventions can be effective in reducing recidivism for offenders, however, not all programs are equally effective

- The most effective programs are based on some principles of effective interventions
 - Risk (Who)
 - Need (What)
 - Treatment (How)
 - Program Integrity (How Well)

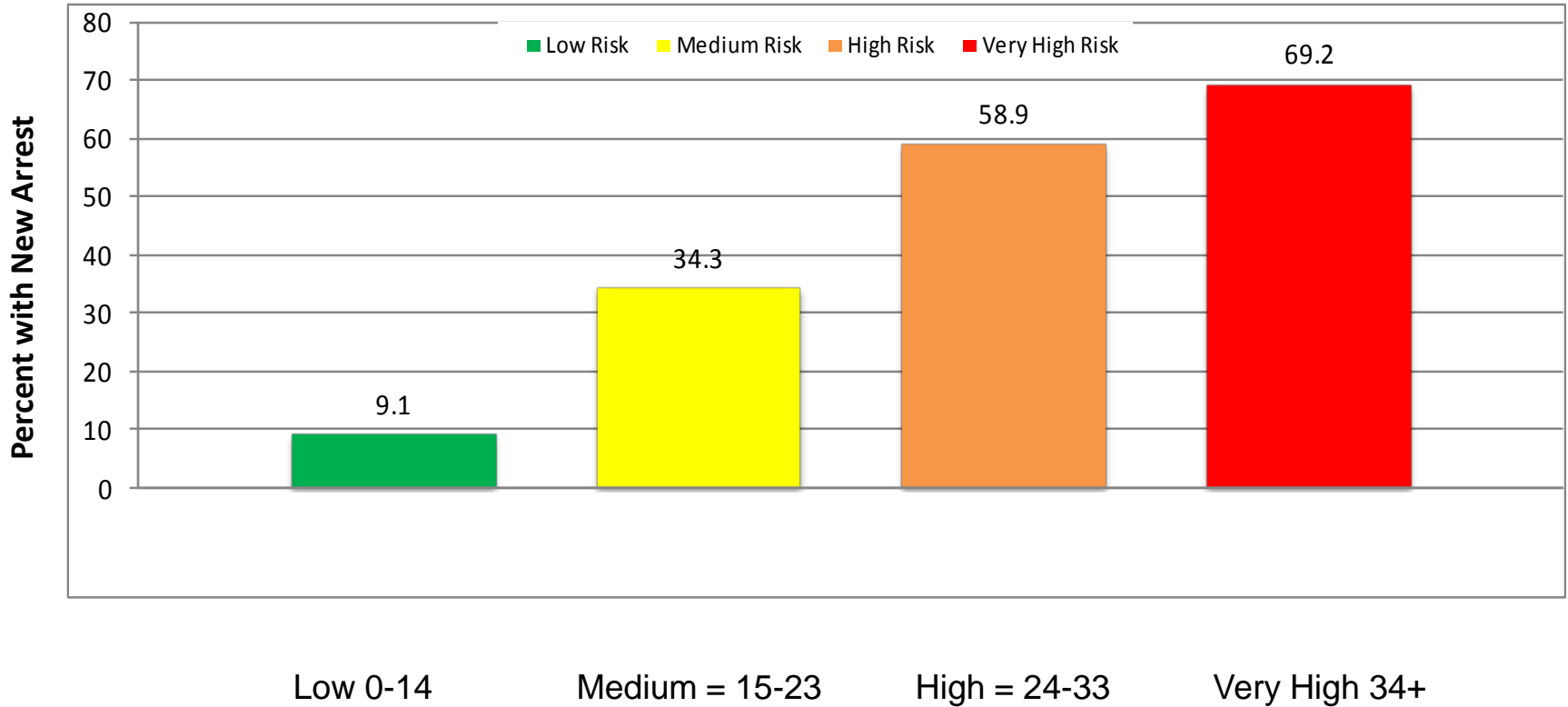
Let's Start with the Risk Principle

Risk refers to risk of reoffending and not the seriousness of the offense.

Risk Principle

As a general rule treatment effects are stronger if we target higher risk offenders, and harm can be done to low risk offenders

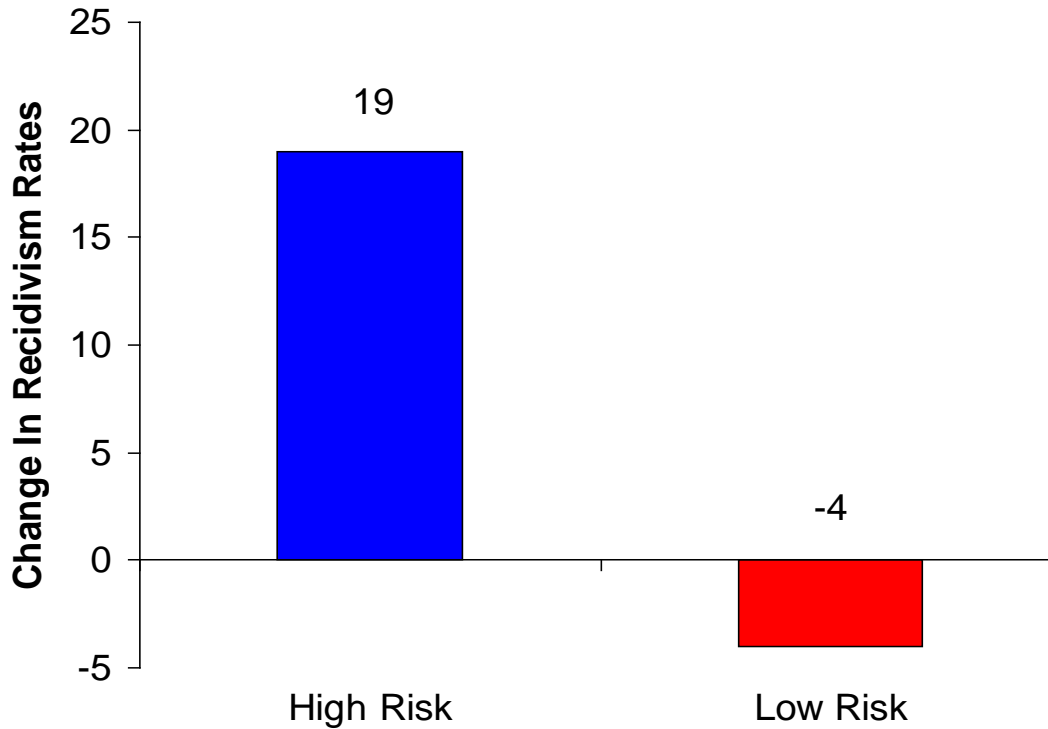
Risk Level by Recidivism for the Community Supervision Sample



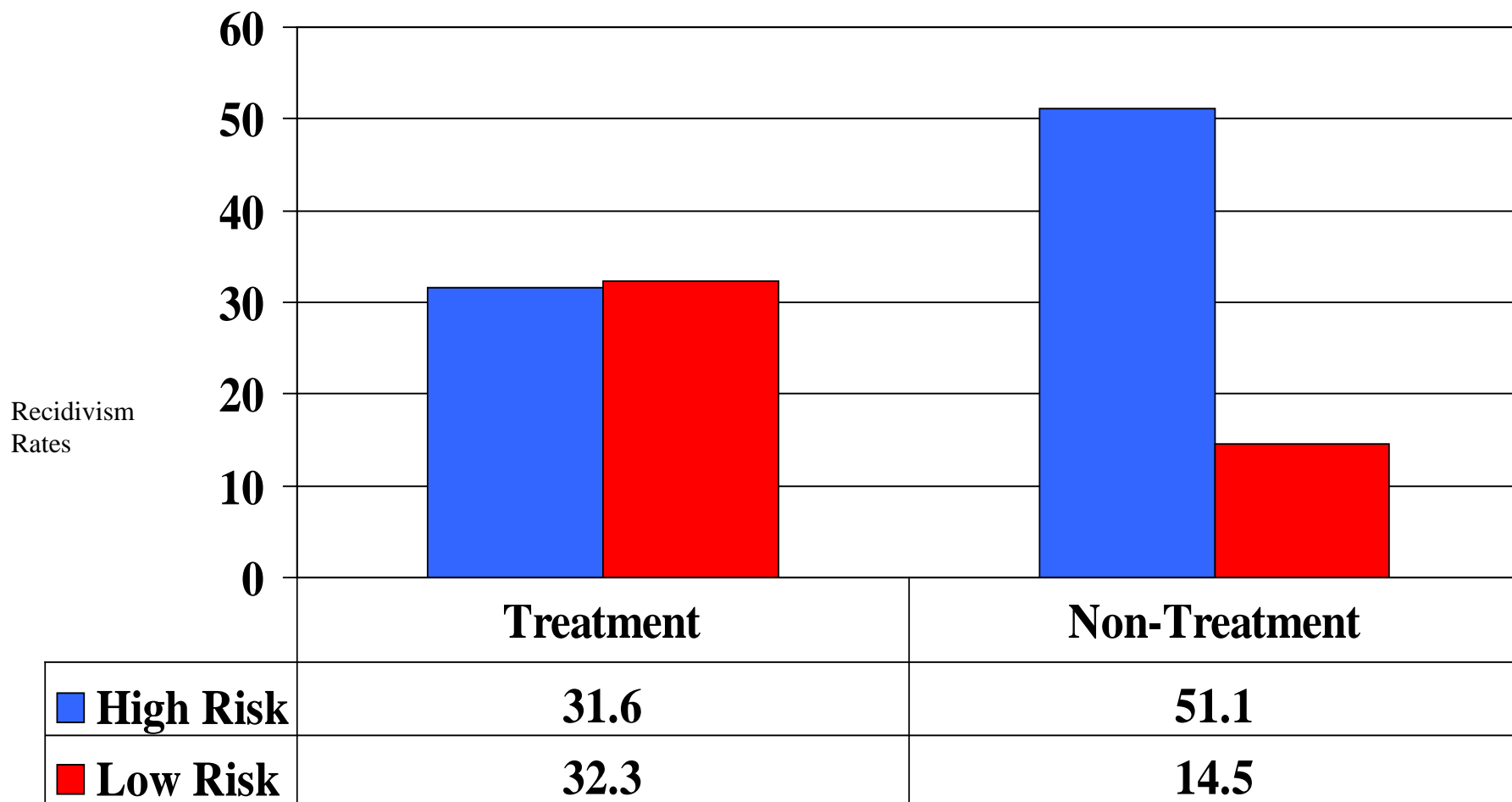
Intensive Intervention for Low Risk Offenders will Often Increase Failure Rates

- Low risk offenders will learn anti social behavior from higher risk
- Disrupts pro-social networks
- Increased reporting/surveillance leads to more violations/revocations

The Risk Principle & Correctional Intervention Results from Meta Analysis



Study of Intensive Rehabilitation Supervision in Canada

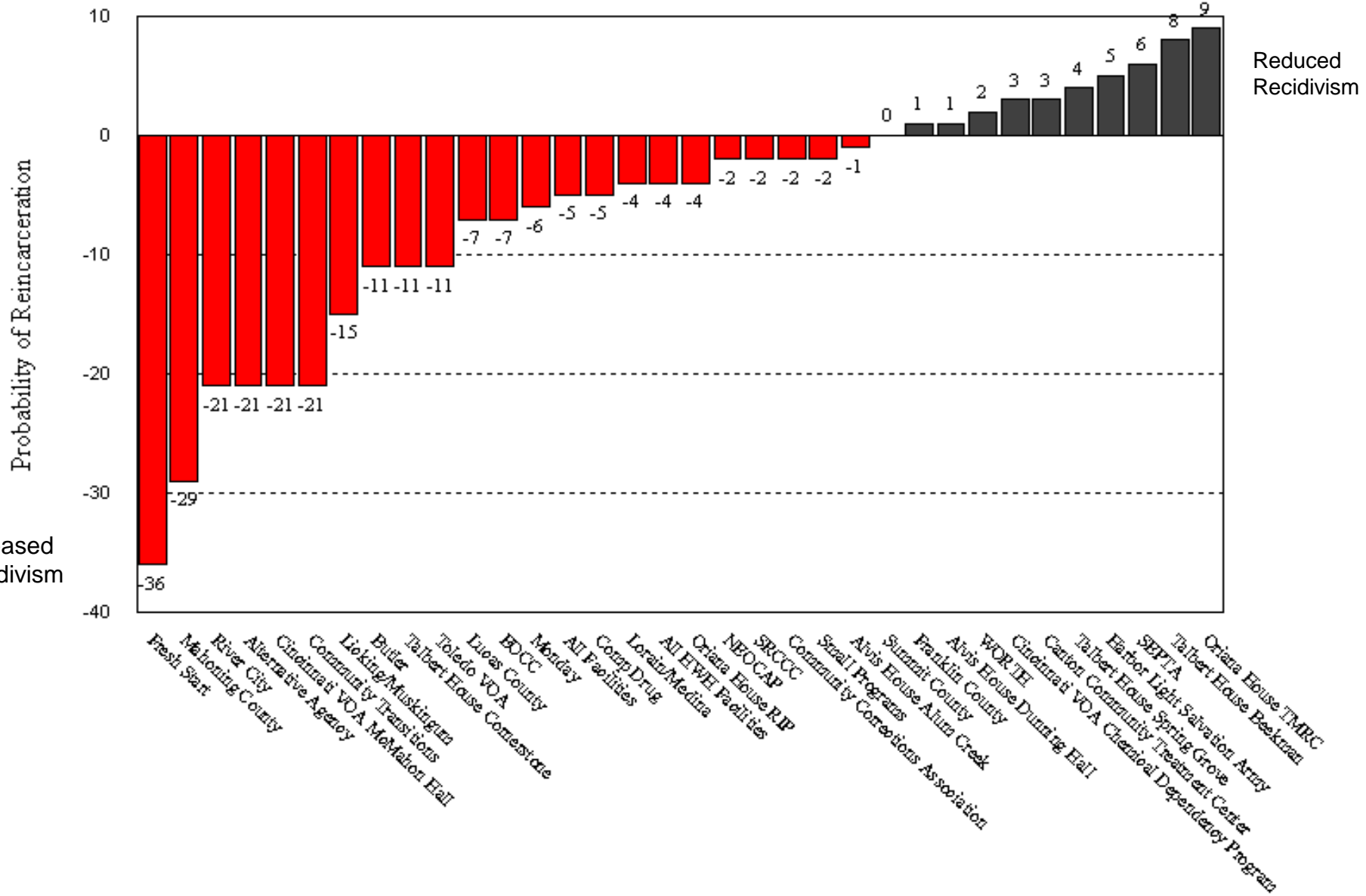


Bonta, J et al., 2000. A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program., Vol. 27 No 3:312-329. *Criminal Justice and Behavior*

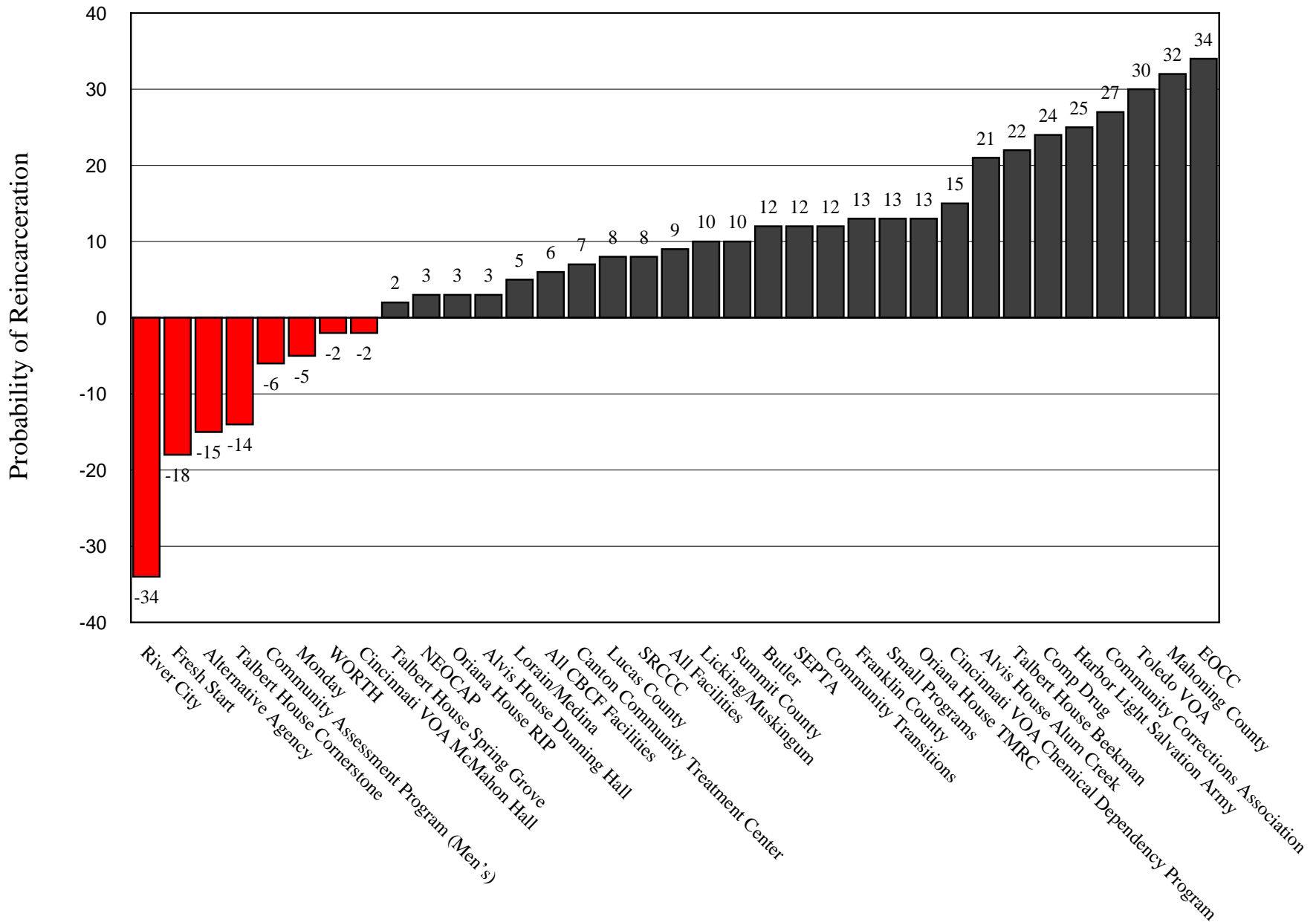
STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

- **Largest study of community based correctional treatment facilities ever done up to that time.**
- **Total of 13,221 offenders – 37 Halfway Houses and 15 Community Based Correctional Facilities (CBCFs) were included in the study.**
- **Two-year follow-up conducted on all offenders**
- **Recidivism measures included new arrests & incarceration in a state penal institution**

Treatment Effects for Low Risk Offenders



Treatment Effects For High Risk Offenders



The Risk Principle and Pretrial Release

- Van Nostrand and Keebler (2009) found that when lower risk defendants were released to conditions that included alternatives to detention, they were *more* likely experience pretrial failure.
- These defendants were, in effect, over-supervised given their risk level.

To understand the Need Principle we need to review the body of knowledge related to risk factors

What are the risk factors correlated with criminal conduct?

Major Set of Risk Factors

1. Anti-social/pro-criminal attitudes, values, beliefs and cognitive emotional states.
2. Pro-criminal associates *and* isolation from anti-criminal others.
3. Temperamental and anti-social personality patterns conducive to criminal activity including:
 - Weak socialization
 - Impulsivity
 - Adventurous
 - Restless and aggressive
 - Egocentrism
 - Risk-taking
 - Weak problem-solving, self-regulation & coping skills
4. A history of anti-social behavior.

Major Set Continued

5. Familial factors that include criminality and a variety of psychological problems including:
 - Low levels of affection, caring, and cohesiveness
 - Poor parental supervision and discipline practices
 - Outright neglect and abuse
6. Low levels of personal, educational, vocational, or financial achievement.
7. Low levels of involvement in pro-social leisure activities.
8. Substance abuse.

Mentally Disordered Offenders (MDOs)

Conventional Clinical Wisdom:

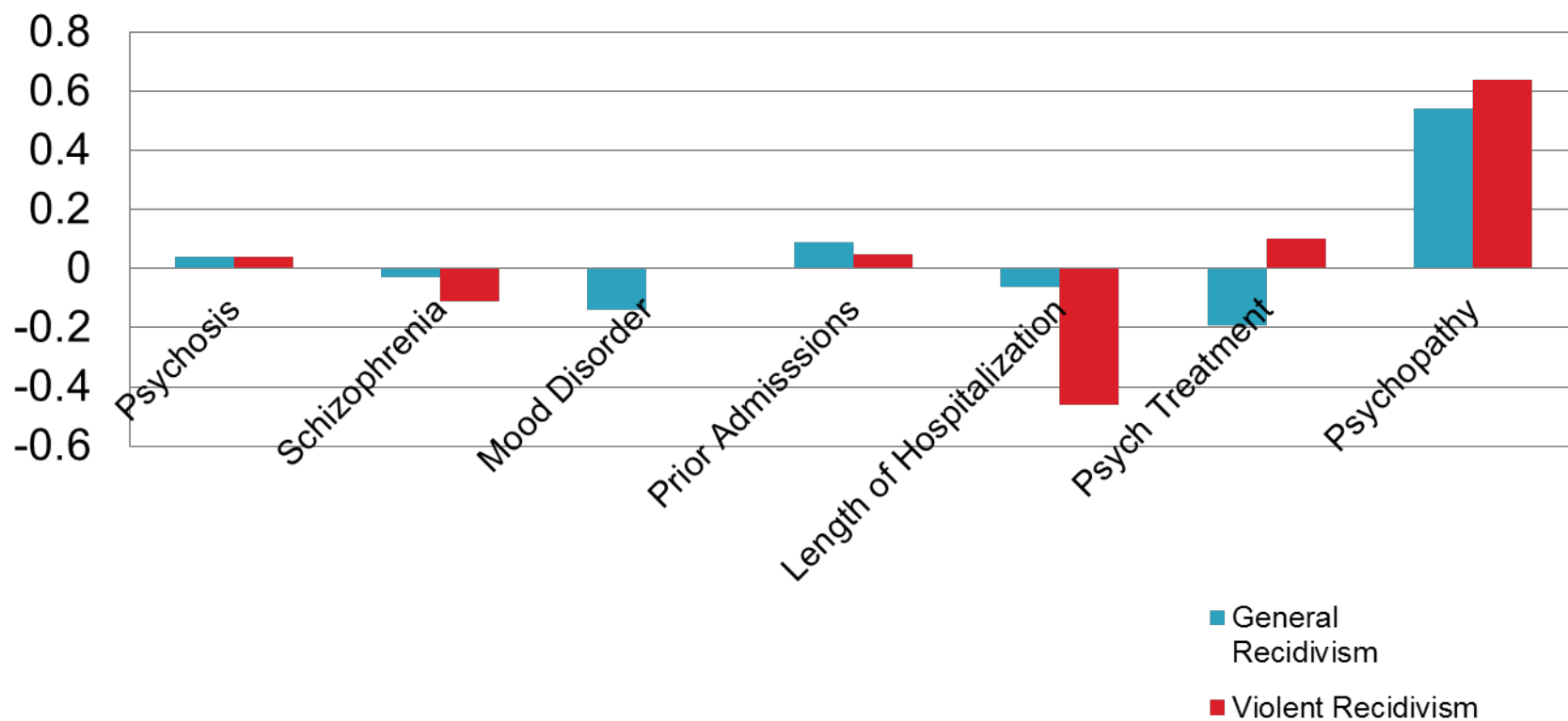
- Criminal activities of MDOs best explained by psychopathological models
- Assessments typically focus on psychiatric diagnoses, psychiatric symptomatology, and personal distress (i.e. anxiety, depression)
- Assessments are often costly and time consuming

MDOs Continued

Review of the Empirical Research:

- The Psychopathological model has little relevance regarding the prediction of MDO criminal behavior
- Gendreau (1996) conducted meta-analysis on studies of psychiatric symptomatology and general recidivism: Correlation=ZERO
- Bonta's (1998) meta analysis found correlation between having a diagnosed mental disorder, mood disorder, or psychosis and general/violent recidivism ranged from $r = .01$ to $-.17$.
- Criminogenic risk factors were the strongest predictors ($r=.23$)
- Major correlates of criminal behavior appear to be the same regardless of presence or absence of a mental disorder

Average Effect Size of Clinical Factors with General & Violent Recidivism



Bonta, Blais and Wilson (2014) A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and Violent Behavior, 19*:278-287.

Criminal Thinking and Mental Illness*

Morgan, Fisher, Duan, Mandracchia, and Murray (2010) studied 414 adult offenders with mental illness (265 males, 149 females) and found:

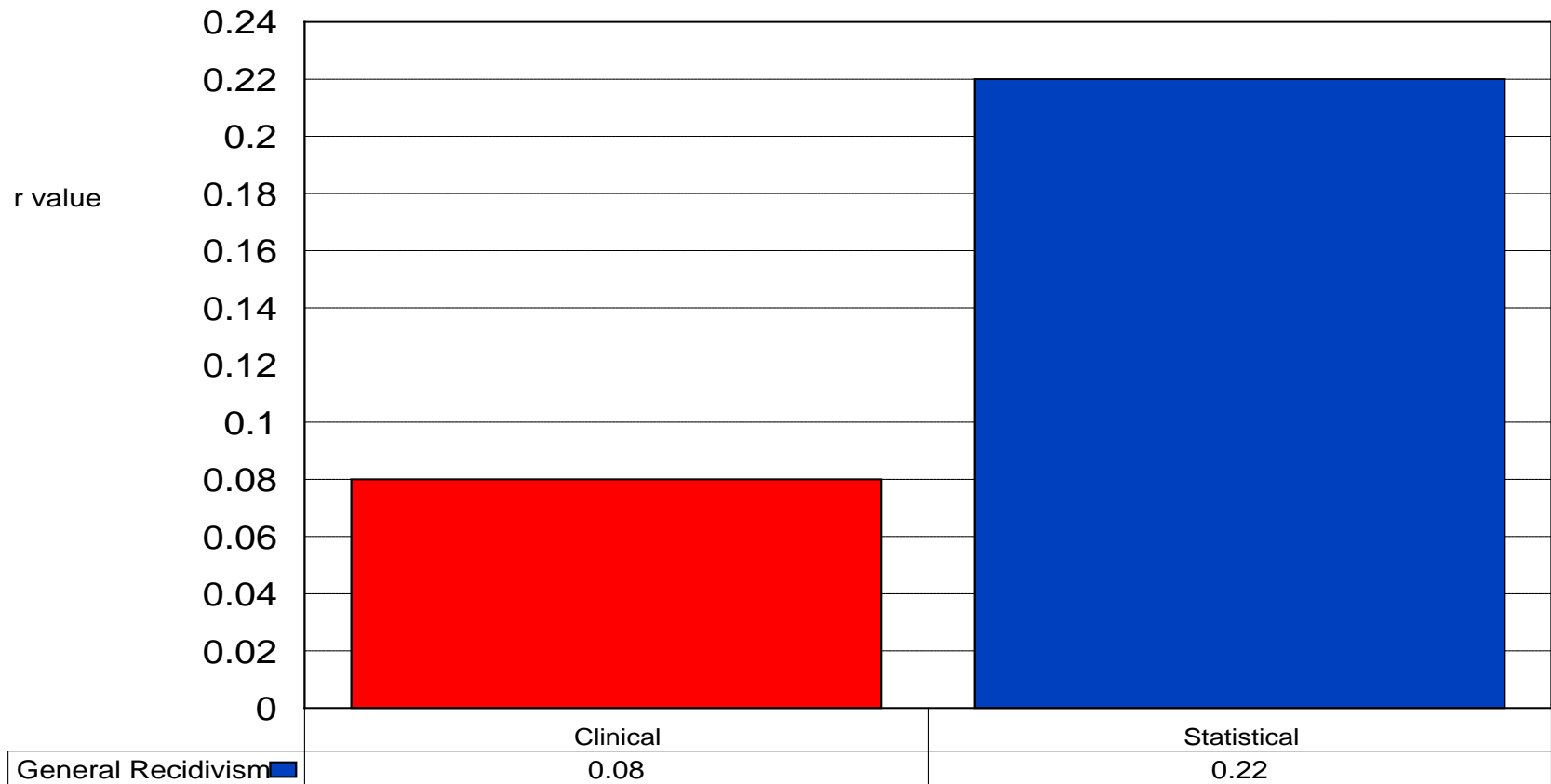
- 66% had belief systems supportive of criminal life style (based on Psychological Inventory of Criminal Thinking Scale (PICTS))
- When compare to other offender samples, male offenders with MI scored similar or higher than non-mentally disordered offenders.
- On Criminal Sentiments Scale-Revised, 85% of men and 72% of women with MI had antisocial attitudes, values and beliefs – which was higher than incarcerated sample without MI.

See: Prevalence of Criminal Thinking among State Prison Inmates with Serious Mental Illness. *Law and Human Behavior* 34:324-336, and Center for Behavioral Health Services Criminal Justice Research Policy Brief, April 2010. Rutgers University.

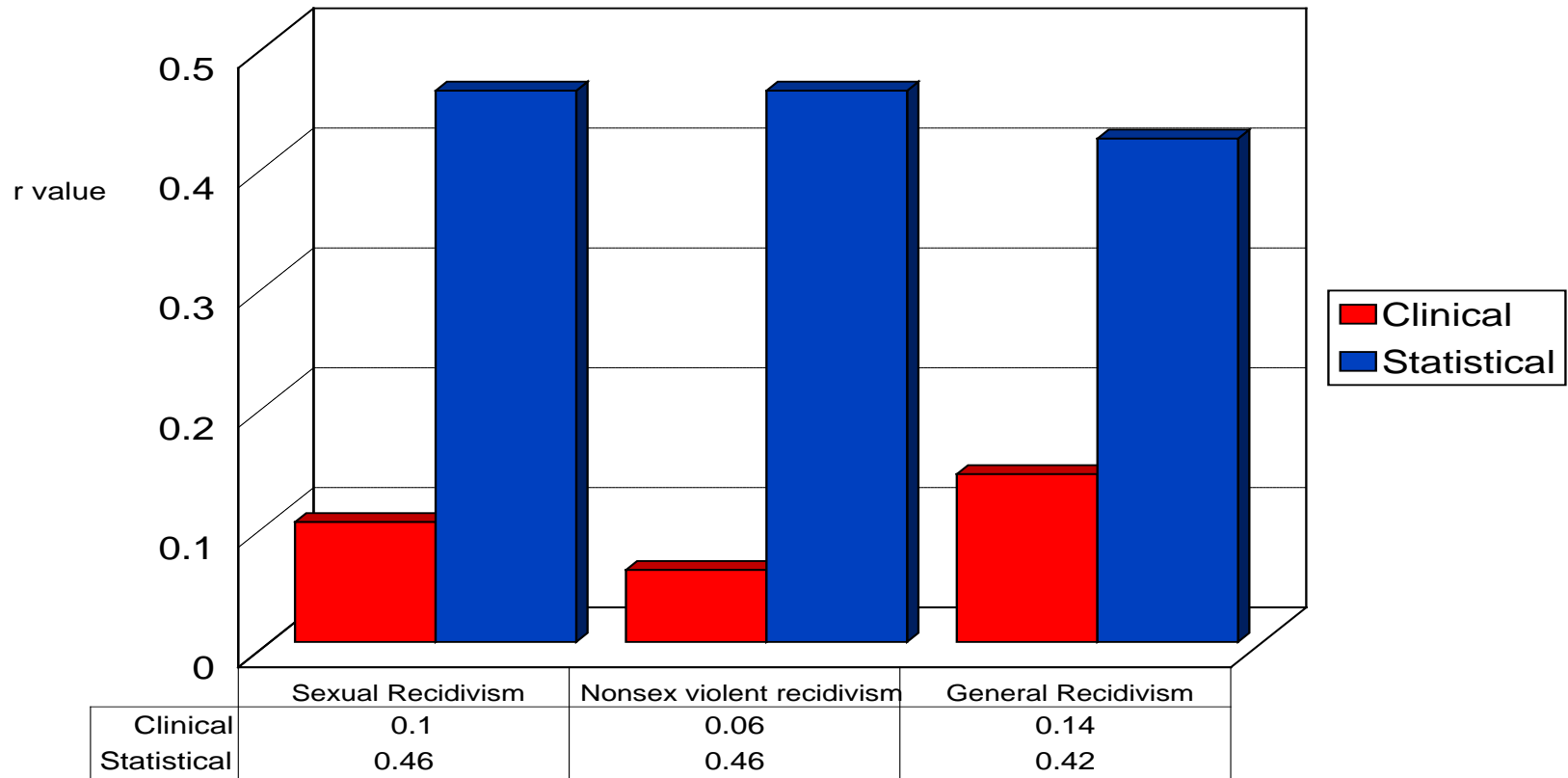
Assessment is the engine that drives effective correctional programs

- Need to meet the risk and need principle
- Can help reduce bias
- Aids decision making
- Best risk assessment method is the actuarial (statistical) approach

Comparison of Clinical vs. Statistical Prediction of Recidivism



Comparison of Clinical vs. Statistical Prediction of Sex Offenders



To Understand Assessment it is
Important to Understand Types of Risk
Factors

Dynamic and Static Factors

- Static Factors are those factors that are related to risk and do not change. Some examples might be number of prior offenses, whether an offender has ever had a drug/alcohol problem.
- Dynamic factors relate to risk and *can change*. Some examples are whether an offender is currently unemployed or currently has a drug/alcohol problem.

According to the American Heart Association, there are a number of risk factors that increase your chances of a first heart attack

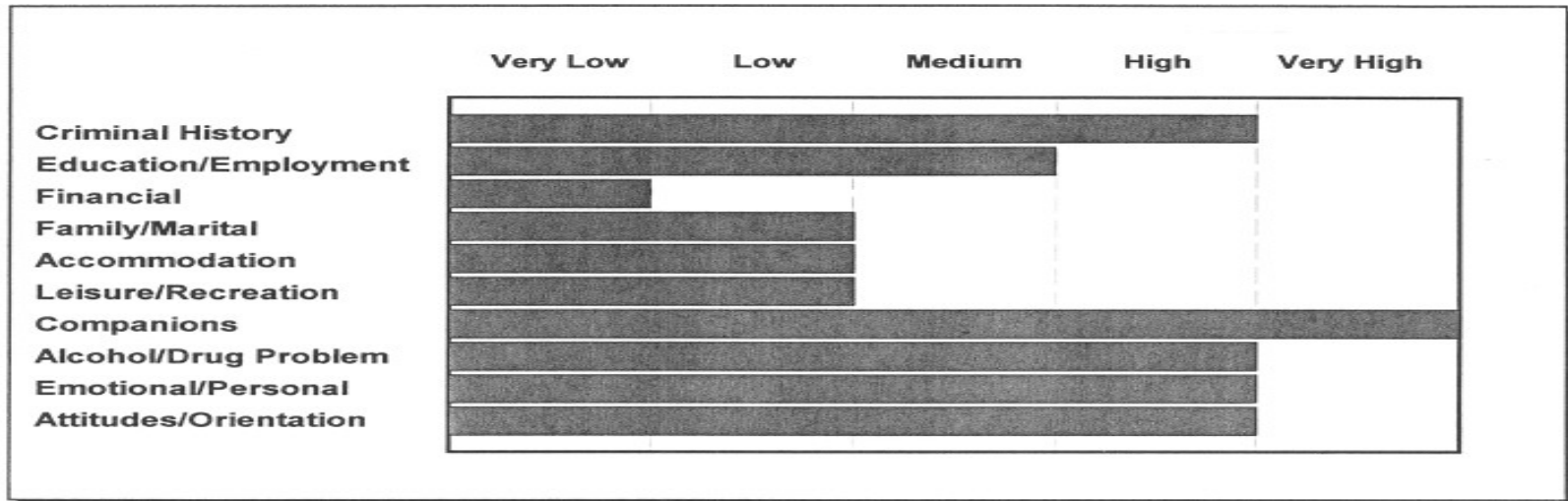
- ✓ Family history of heart attacks
- ✓ Gender (males)
- ✓ Age (over 50)
- ✓ Inactive lifestyle
- ✓ Over weight
- ✓ High blood pressure
- ✓ Smoking
- ✓ High Cholesterol level

There are two types of dynamic risk factors

- Acute – Can change quickly
- Stable – Take longer to change

Some Examples of Offender Risk Assessment Tools

- Level of Service Inventory (LSI)
- COMPAS
- Ohio Risk Assessment System

Assessment of Risk/Needs based on LSI-R Subcomponents**Details Regarding Subcomponent Risks / Needs****Criminal History:**

1. Any prior adult convictions: Yes, Number: 3
2. Two or more prior convictions: Yes
3. Three or more prior convictions: Yes
4. Three or more present offenses: Yes, Number: 3
6. Ever incarcerated upon conviction: Yes
8. Ever punished for institutional misconduct: Yes, Number: 1
9. Charge laid or probation/parole suspended during prior community supervision: Yes

Education/Employment:

11. Currently unemployed: Yes
13. Never employed for a full year: Yes
14. Ever fired: Yes
16. Less than regular grade 12: Yes

Family/Marital:

23. Dissatisfaction with marital or equivalent situation: A relatively unsatisfactory situation with a need for improvement

Accommodation:

29. High crime neighbourhood: Yes

Leisure/Recreation:

31. Could make better use of time: A relatively unsatisfactory situation with a need for improvement

Companions:

Northpointe COMPAS Risk Assessment

Name: **Jones, Robert**

Date of Birth: **11/01/1968** SSN: **111-11-1111** Offender #: **121989**

Date of Screening: **11/01/2002** Comment/Description:

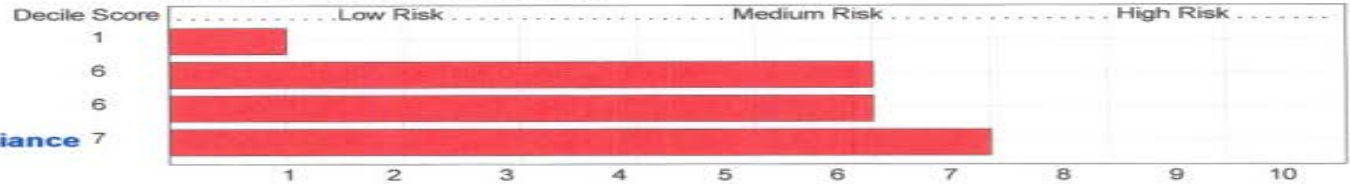
Overall Risk Potential

Violence

Recidivism

Failure to Appear

Community Non-Compliance



Criminogenic and Needs Profile

Criminal History Factors

Criminal Involvement	7
History of Non-Compliance	9
History of Violence	1
Current Violence	3

Criminal Associates/Peers

Substance Abuse	10
Financial Problems/Poverty	8
Vocational/Education Problems	5

Criminal Attitudes

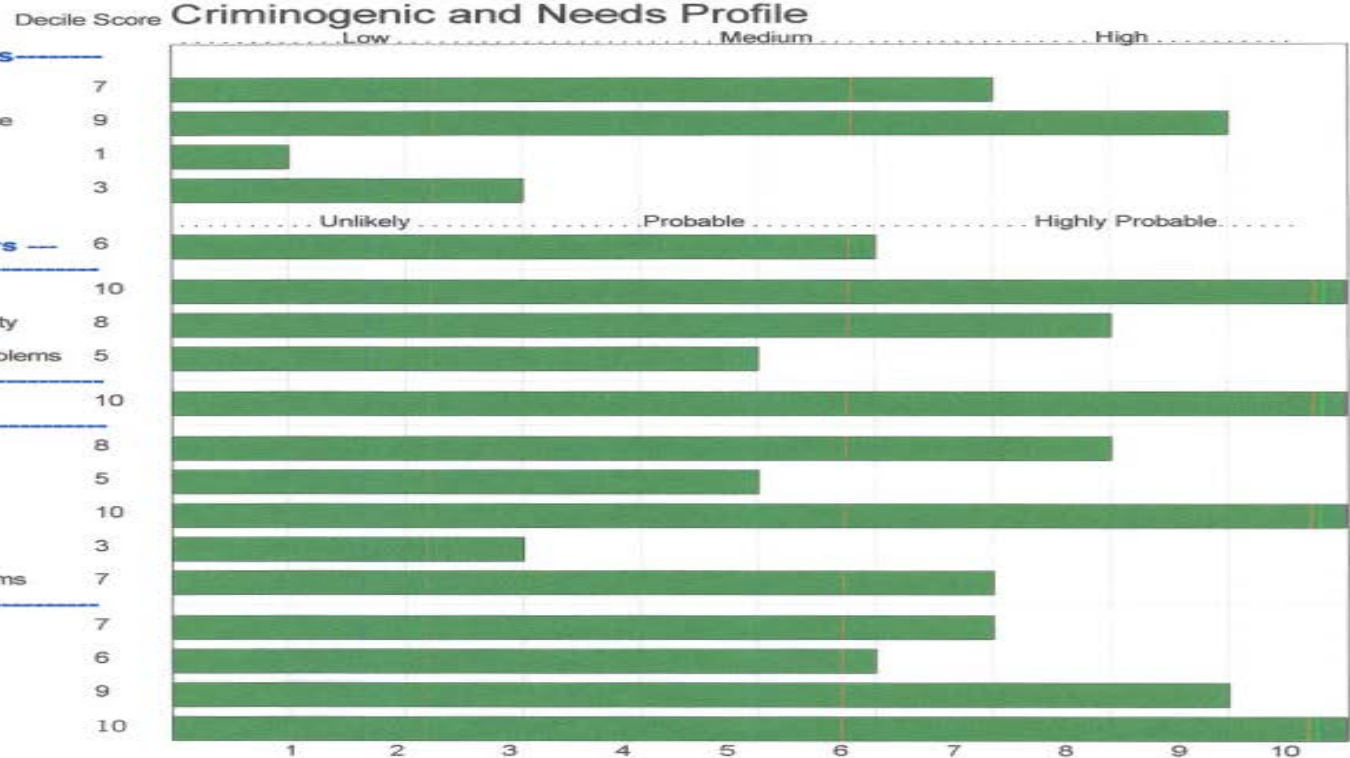
Criminal Thinking	10
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Social Environment

Family Criminality	8
Social Environment	5
Leisure and Recreation	10
Residential Instability	3
Social Adjustment Problems	7

Higher Order Factors

Socialization Failure	7
Criminal Opportunity	6
Criminal Personality	9
Social Isolation	10



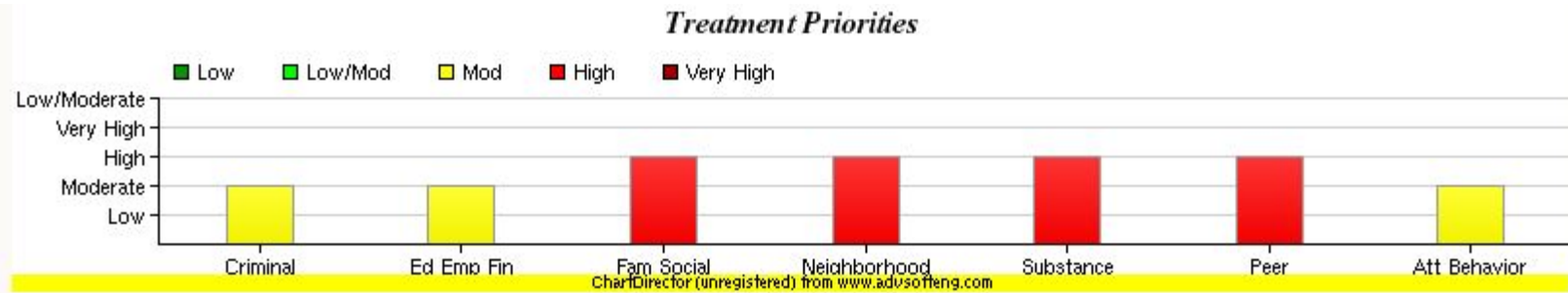
* Scales with an asterisk are deactivated.

One New Non-Proprietary System is the ORAS

The Ohio Risk Assessment System (ORAS) consists of 6 basic tools:

1. Pre-Trial Tool (ORAS-PAT)
2. Misdemeanor Assessment Tool (ORAS-MAT)
3. Community Supervision Assessment Tool (ORAS-CST)
4. Prison Intake Screening Tool (ORAS-PST)
5. Prison Intake Tool (ORAS-PIT)
6. Reentry Tool (ORAS-RT)

ORAS-Community Supervision Tool Intake Assessment



Challenges of Developing Pretrial Assessment Tools

- There have been hundreds of studies of criminal behavior over many years, involving thousands of offenders that have found great deal of consistency with regard to the basic domains of risk
- The challenges with pretrial are fairly unique and is probably the reason that there is so much consistency between pretrial assessment tools

Pretrial Assessment

- There are a number of assessment tools available and most find similar predictors

The Most Common Items in Pretrial Assessment Tools

- Prior FTAs
- Prior Convictions
- Present Charge a Felony
- Being Employed
- History of Drug Use
- Having a Pending Case

Some Methodological and Practical Issues in Developing Pretrial Assessment

All the problems normally associated with developing assessment tools plus:

- Quality and availability of data
- Skewed sample – many high risk/serious defendants are not granted pretrial release
- Generally we are concerned about outcomes during the pretrial release period: result is short follow-up and low base rates of failure
- Legal status limits type of information that can be gathered
- Time constraints for assessment
- Two outcomes: FTA and New Arrests

ORAS- PAT

- Like most it is short
- Non-proprietary
- Minimal Training

PRETRIAL ASSESSMENT TOOL

NAME: _____
CASE NUMBER: _____
BOND AMOUNT: _____

DATE OF OFFENSE: _____
DATE OF ASSESSMENT: _____
COURT DATE: _____

Verified

1. What was the age of the defendant at first arrest. If unknown, use first conviction
0 = If the defendant was 33 or older
1 = If the defendant was 32 or younger
2. How many failure to appear warrants have been filed in the last 24 months
0 = None
1 = A single failure to appear in the last 24 months
2 = Two or more failure to appears in the last 24 months
3. Did the defendant have three or more prior jail incarcerations?
0 = No
1 = Yes
Number of Prior Prison incarcerations: _____
4. Was the defendant employed at the time of arrest?
0 = Defendant is employed full time/disabled/retired/student (31+ hours)
1 = Defendant is employed part time (10-30 hours)
2 = Defendant is unemployed
Defendant on public welfare?: _____
Job start date was within 6 months: _____
5. Any illegal drug use in the last 6 months
0 = No
1 = Yes
6. Defendant self reported severe drug related problems
0 = No (1-3)
1 = Yes (4-5)
7. Has the Defendant lived at the current residence for 6 months or more?
0 = Yes
1 = No
Is the current residence within the assessor's jurisdiction? _____

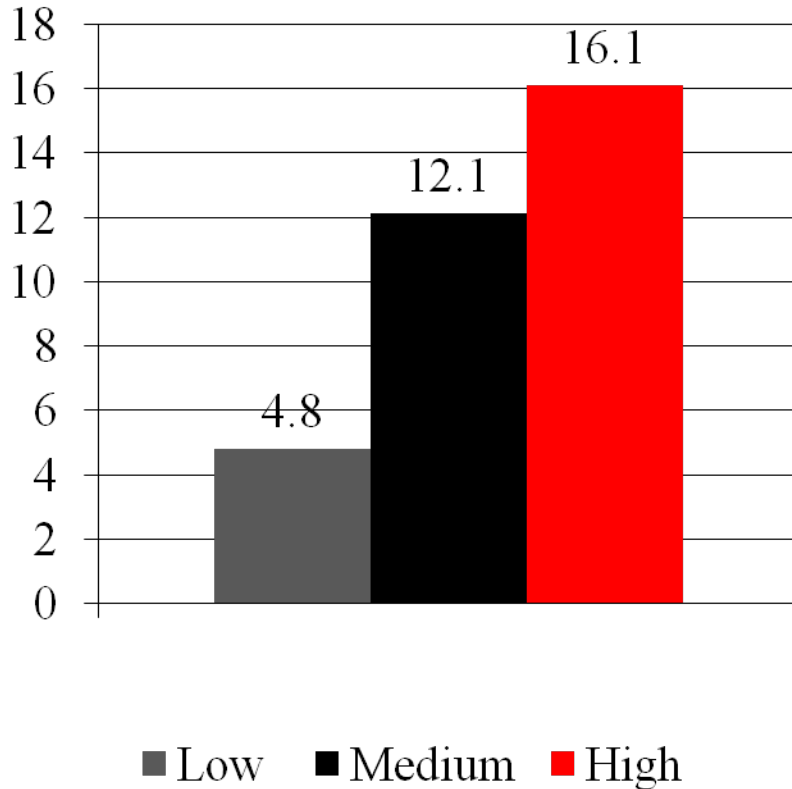
Risk Level

0-2 = *Low*
3-5 = *Medium*
6+ = *High*

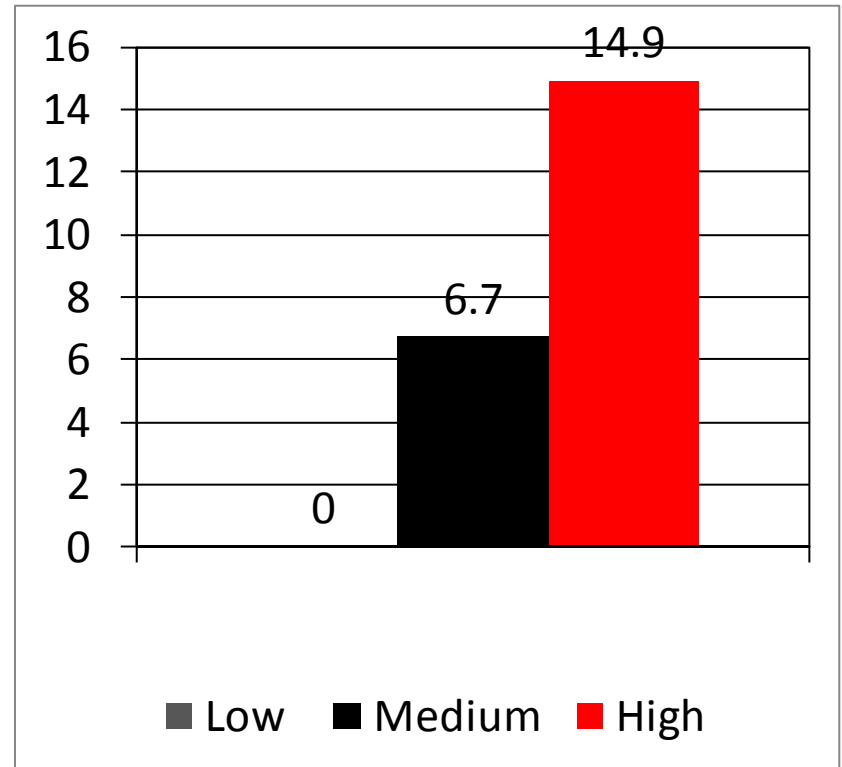
TOTAL SCORE

Cutoffs

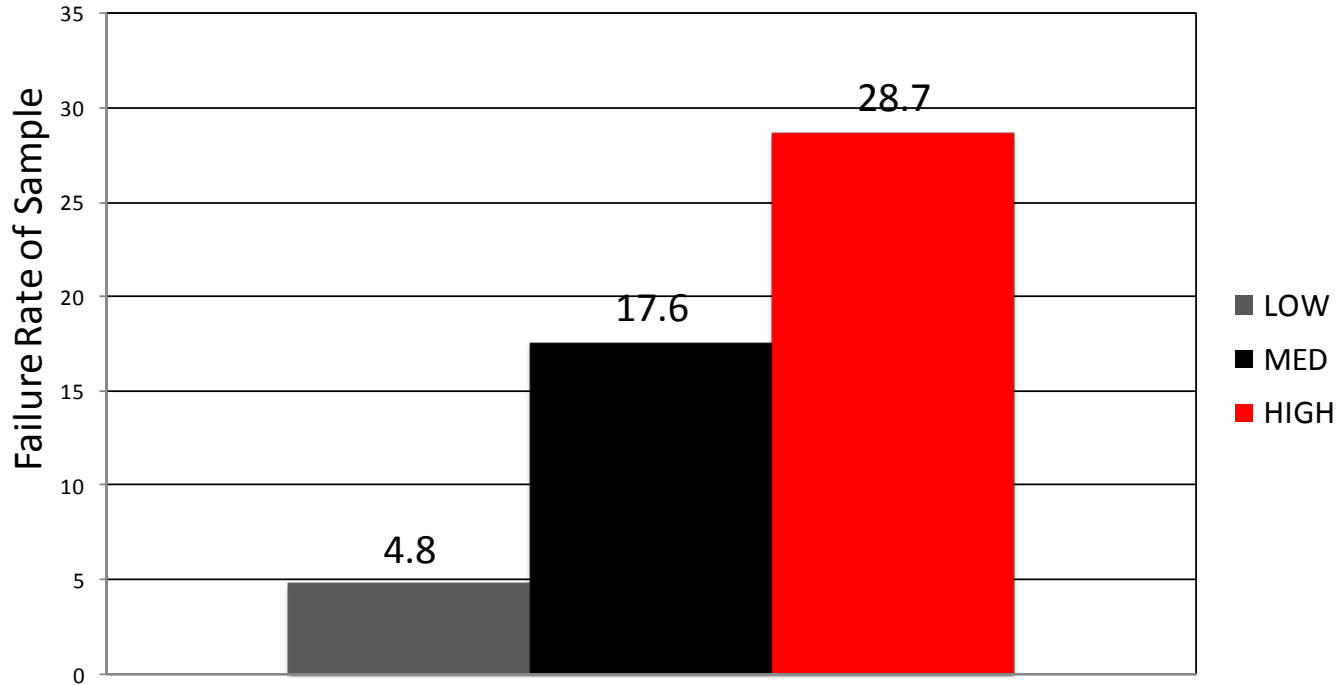
Failure to Appear



New Arrest

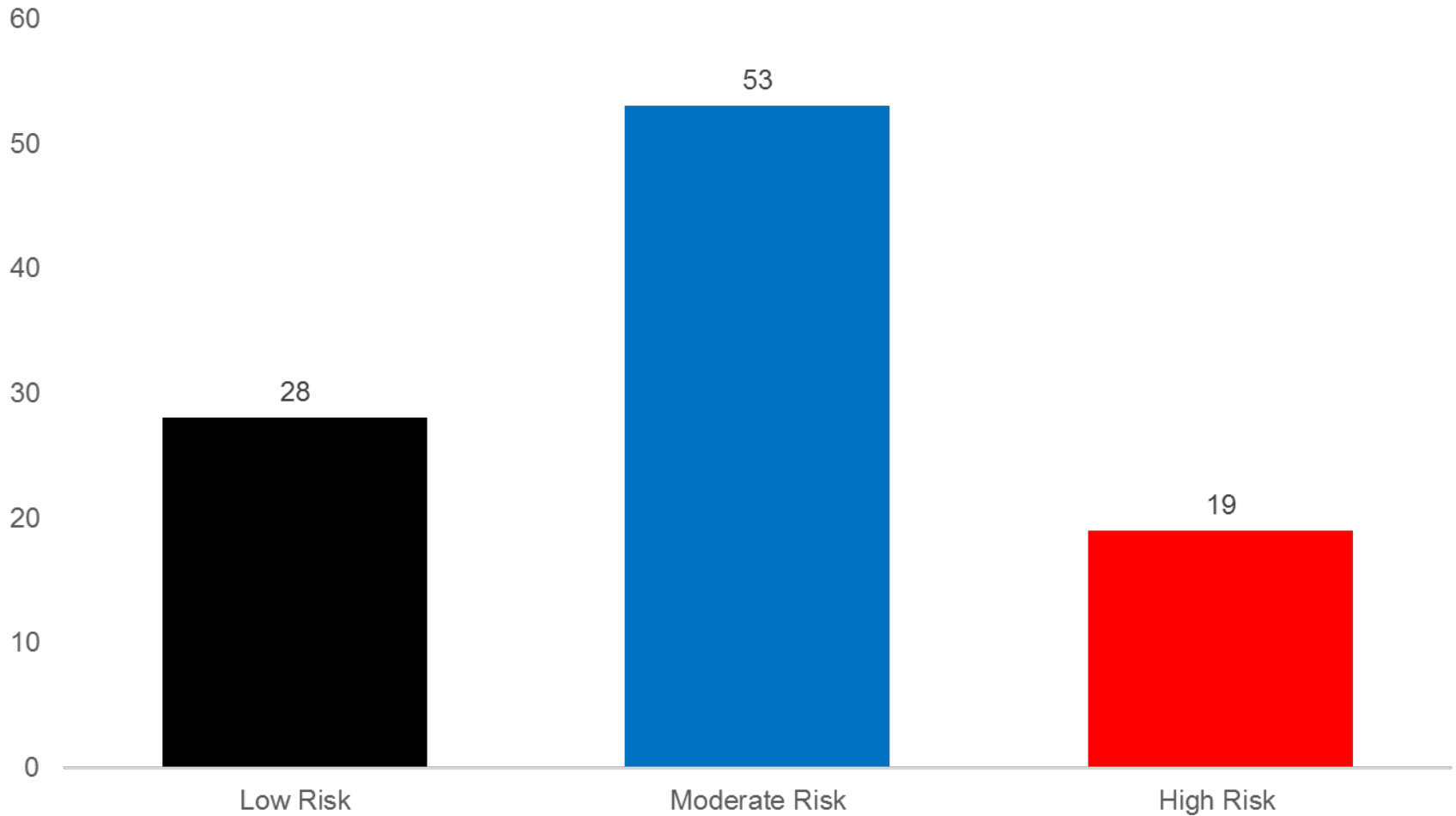


Cutoffs: Any Violation



Differences in Recidivism Rates for each Risk Level
(n=452)

Percentage in Each Risk Category



Some Observations

- For traditional Pretrial programs (looking at FTA or risk of reoffending):
 - Most tools are similar
 - Short and sweet
 - Sort fairly well
- For Pretrial programs that want to provide services (i.e. place in drug court)
 - Most of the existing general assessment tools will do just fine (i.e. LSI, ORAS-CST, or COMPAS)

Research on the Effects of Supervised Pretrial Intervention is still Evolving but some Findings Include:

- Use of quantitative or mixed quantitative-qualitative risk assessments lowers a defendant's likelihood of pretrial misconduct
- Ability to impose sanctions and reports to courts is associated with less pretrial misconduct
- The more ways a pretrial program has to follow-up an FTA, the lower the likelihood of a defendant's pretrial misconduct
- Use of targeted mental health screening lowers a defendant's likelihood of pretrial misconduct
- Supervising mentally ill defendants lowers the likelihood of a defendant's re-arrest

Sanction Type by Offender Compliance

Wadahl, Boman and Garland (2015) examined 283 offenders on ISP and looked at the effectiveness of jail time versus community-based sanctions.

List of Sanctions

Verbal reprimand

Written assignment

Modify curfew hours

Community service hours

Restrict visitation

Program extension or regression

Electronic Monitoring

Inpatient or outpatient tx

County jail time

They found Jail Time:

- Was not related to number of days until the next violation
- Did not increase or decrease the number of subsequent violations
- Receiving jail time as a sanction as opposed to a community-based sanction did not influence successful completion of supervision

Some Challenges

- Time Constraints and Practicality of Assessment
- Money Bail Schedules
- Local Capacity (i.e. programs, validation of tools, etc.)
- Subjective Assessment
- Court Culture and Judicial Behavior

Implementing Assessment

- What do I want to use it for?
- Length of time needed to complete
- Training
- Cost
- Complexity
- When will it be done?
- Where will it be done?
- Who will do it?
- Level of staff commitment
- Is assessment reliable?
- Is assessment valid?

Validation

Validating means it is measuring what you think it is measuring

Reliability

- Are staff consistent in scoring?
 - Inter-rater reliability
 - Training
 - Experience

Some things to remember

- There is no “one size fits all” assessment tool
 - some domains or types of offenders will require specialized assessments (such as sex offenders or domestic violence)
 - use or purpose will vary
- Actuarial assessment is more accurate than clinical assessment, but no process is perfect
- Assessment helps guide decisions, doesn't make them -- professional discretion is part of good assessment
- Reliability is more difficult to achieve with dynamic instruments – requires training of staff and continual monitoring of assessment process

Some Common Problems with Offender Assessment

- Don't assess offenders at all
- Assess offenders but process ignores important factors
- Assess offenders but don't distinguish levels (high, moderate, low)
- Assess offenders then don't use it – everyone gets the same treatment
- Make errors and don't correct
- Do not adequately train staff in use or interpretation
- Assessment instruments are not validated or normed
- No quality assurance in place