

# Using Dynamic Risk Assessment to Understand Case Planning & Risk Management in Community Supervision

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## Big Picture



- Strategy for change
  - Core Correctional Practice
- Model for change
  - Transition to desistance
- Integration not duplication
  - Augmenting risk scales
- Using the DRAOR in daily supervision with clients
  - Case analysis and decision rules

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## DRAOR and Other Risk Scales?

- Much overlap in terms of areas assessed, except DRAOR has explicit protective items.
- This means a slight time increase on initial assessment but takes only minutes thereafter.
- DRAOR appears more sensitive to change than current “dynamic” scales - LSI-R, LS-CMI, ORAS, Compas
- DRAOR complements current assessments.

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### Why Do Both?

- Develop an incremental risk assessment to inform case planning and risk management strategies.
- To assess real time changes in risk.
- To improve PO accuracy in decision making.
- To advance research on risk assessment.

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### How to Use Both

- DRAOR is done at every substantive client session (typically monthly).
- Other risk scales are typically done once (baseline) and then annually.

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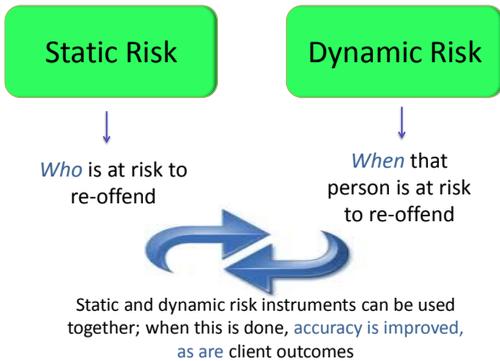
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#### Situating **Dynamic Risk** Assessment




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## Differentiating *Within* Risk Groups

- Static risk instruments identify a particular *group* with an expected failure rate.
- Within that risk group, however, there is *individual* variation.
- The DRAOR is intended to assist POs regarding such case-specific variation and to guide responses according to changes in risk.



## What are Methods to Influence Client Change?

## Factors Influencing **Client Change**

- **Client characteristics**
  - Age, motivation, identity
- **Staff characteristics**
  - Style, working relationship, experience
- **Staff skills**
  - Core Correctional Practice
- **Life changes for client**
  - Impact of addictions, mental health issues, etc.
- **Social capital**
  - Employment, external supports, prosocial peers

Effective **Staff Characteristics**



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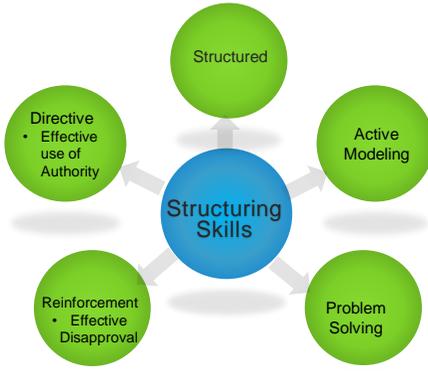
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Effective **Staff Characteristics**



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Use of DRAOR both facilitates relationship with clients and structures sessions

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## Reductions in Re-offending

Style	Reduction	No. of Studies
<b>Low Relationship/Low Structure</b>	<b>5%</b>	<b>327</b>
Low Relationship/High Structure	25%	34
<b>High Relationship/Low Structure</b>	<b>26%</b>	<b>3</b>
High Relationship/High Structure	36%	10

Both relationship skills and structure are important in risk reduction!

## Understanding Client Change

- The **DRAOR** reflects an underlying model of offender change
- It was developed to assist POs to:
  - Better identify and support clients who are making positive efforts to change (i.e., desist from crime)
  - Better identify and challenge clients who remain committed to a criminal lifestyle

## Core Correctional Practice (CCP)

- The **DRAOR** complements CCP by identifying changes in client needs that warrant intervention.
- The **DRAOR** user manual provides information regarding case planning and risk management, based on changes in dynamic risk.



**What are the top 3 reasons that clients change?**

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**The factors that explain how, when and why people start and stop crime are essentially the same. Thoughts?**

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**Transitional Model of Client Change**

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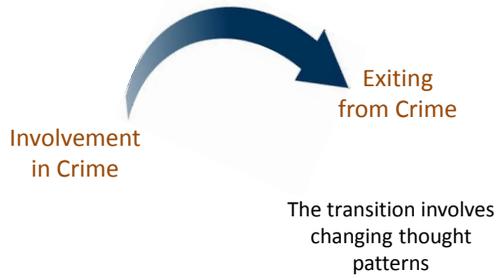
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## The Transition Model




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## Model of Client Change



- What are the components that influence client change?
- How do they fit together?
- What internal factors influence change?
- What external factors influence change?
- What are likely risk (aggravating) and stabilizing (mitigating) factors?

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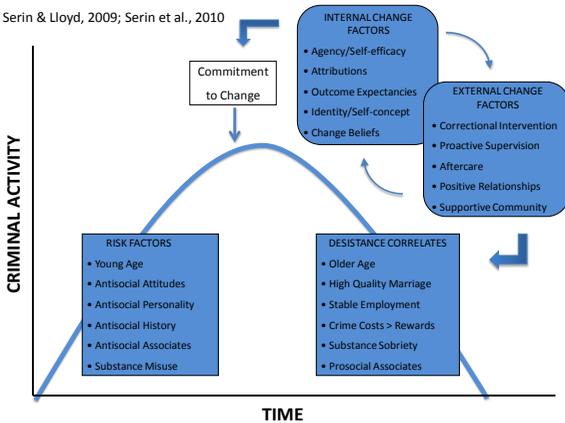
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Serin & Lloyd, 2009; Serin et al., 2010




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## Crime Acquisition Vs. Desistance

- The characteristics and circumstances that influence people to desist from crime are in many ways **different from the ones** that got them involved in crime or led them to continue committing crimes.
- The process of **desistance** is different from the process of **initiation** into criminal behavior or the **persistence** of criminal activity.

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How is this different from current practice?



Places a much greater emphasis on working with offenders to build skills and leverage their strengths to encourage them to give up criminal lifestyles.

Looks for positive ways to work with offenders to promote changes, rather than being limited only to strategies that are designed simply to avoid risk and prevent negative (criminal) behavior.

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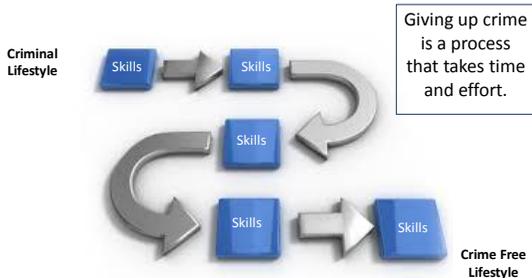
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## Desistance: A Process Not an Event



**Desistance is a process of adding to a person's skills and enhancing their strengths in positive ways.**

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## Desistance Vs. Risk

Crime desistance ≠ the absence of risk factors

Example: Giving up old criminal friends does not *automatically* teach someone how to find new, non-criminal relationships or how to participate in new kinds of activities.

These are skills that need to be developed.

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## Sustaining Desistance

- For clients to maintain change
  - Social experiences must AFFIRM the new prosocial identity
  - Best if done by persons in authority
  - HOWEVER, ex-offenders must also develop strong sense of self in spite of potential stigmatization

(Burnett & Maruna, 2006; Harding, 2003)

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## So, What Do We Mean By Dynamic Risk?

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## Risk Status Versus Risk State

- **Risk status**
  - The offender’s risk of offense in comparison to other offenders (static).
- **Risk State**
  - An offender’s propensity to commit an offense at a given time. Changes over time, and in response to intervention.

Douglas & Skeem, 2005

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## Time at Release and Failure

- 50% of all offenders who fail, do so in the first 3-6 months (Urban Institute)
- Predictors of failure change over time (e.g., at 1 month versus 3 months)
  - Earlier (**triggers**) - substance abuse
  - Later (**appraisals**) – perceived problem level and global stress

Brown, Amand & Zamble – LHB (2009)  
Ullrich & Coid – JCCP (2011)

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## Dynamic Risk Scales

- Items can change over time
- Content reflects theoretical model of criminal conduct (LSI-R, LS-CMI, WRN, ORAS, TRAS, Compas)
- Scores can inform case planning and risk management
- Assessment requires greater effort (& training) but yields comparable accuracy to static risk instruments
- Regular re-assessment and consideration of change scores

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## Overview of DRAOR

- In essence:
  - the **stable** factors address criminal orientation and impulsivity concerns;
  - the **acute** factors address self-control issues and lifestyle stressors;
  - the **protective** factors address social support and prosocial identity changes.

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## Timing Issues

- Overall higher scores relate to high rates of violation behavior.
- We think the more proximal the assessment is more predictive, but that is speculation (and not supported in SO research).
- Impact of degree of change on predictive accuracy is unclear.

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## Linking Supervision to Risk

- Review survival curves - Initial release is time of greatest risk (honeymoon)
- BOI research (58% of cases looked “good” at time of release, but then deteriorated)
- Need to identify changes in dynamic risk and respond accordingly

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### **Risk Assessment** is NOT enough!

- The ultimate goal of risk assessment is *prevention & risk management*
- Need for specific dynamic risk management strategies that stem from risk assessment procedures and case analysis to determine *when* the probationer is at risk

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### **Linking DRAOR Scores With Supervision**

- Initial risk score (LSI-R, Compas, ORAS, TRAS, WRN) assigns level of supervision (FOC) BUT within a risk group, DRAOR score should further inform and influence PO decisions
  - High(er) scores have poorer outcomes
  - Low(er) scores have better outcomes

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### **DRAOR and Decision Rules:** Supervision Level

- DRAOR Total score (S+A-P) can be used to modify initial supervision level that is based on Iowa Risk Assessment.
- High scores (**10-23, twice the baserate**) should move up a level.
- Low scores (**0-2, half the baserate**) should move down a level.

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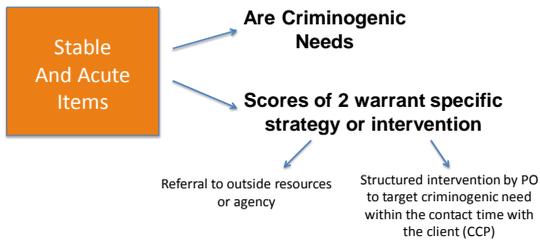
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## DRAOR and Decision Rules: Case Planning




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## Prioritizing Needs

- Behavioral chain and decision grid
- Identify needs that are most linked to criminal behavior

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## Targeting Stable Factors



STABLE FACTORS	INTERVENTION STRATEGY
<ul style="list-style-type: none"> <li>• Peer associations</li> <li>• Attitudes towards authority</li> <li>• Impulse control</li> <li>• Problem-solving</li> <li>• Sense of entitlement</li> <li>• Attachment with others</li> </ul>	<ul style="list-style-type: none"> <li>• MI, ME, treatment readiness</li> <li>• Cog. Self change</li> <li>• T4C</li> <li>• STARR, EPICs</li> <li>• Decision grid</li> </ul>

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## Targeting Acute Factors



ACUTE FACTORS	INTERVENTION STRATEGY
<ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Anger/hostility</li> <li>• Access to victim</li> <li>• Negative mood</li> <li>• Employment</li> <li>• Interpersonal relationships</li> <li>• Living situation</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse, AA, NA</li> <li>• Anger control, violent offender (social information processing)</li> <li>• Affect management, relaxation training, coping</li> <li>• Employment training</li> <li>• T4C, Cog. Self Change, autobiography</li> <li>• Coping, problem-solving, link to voluntary sector</li> <li>• Behavioral chain, Antecedents to Crime Inventory</li> </ul>

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## Enhancing Protective Factors



PROTECTIVE FACTORS	STRATEGY
<ul style="list-style-type: none"> <li>• Responsive to advice</li> <li>• Prosocial identity</li> <li>• High expectations</li> <li>• Cost/benefits</li> <li>• Social support</li> <li>• Social control</li> </ul>	<ul style="list-style-type: none"> <li>• Individual sessions</li> <li>• ME, problem-solving</li> <li>• Dealing with rigid thinking</li> <li>• Decision grid</li> <li>• Desistance exercise</li> <li>• Prosocial model exercise</li> <li>• Social capital – CRC, volunteers, faith-based organizations, ex-offenders</li> </ul>

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### DRAOR and Decision Rules: Desistance

- A lack of protective factors leads to poorer outcome.
- POs need to help clients develop protective factors (strengths/stabilizers).
- The presence of protective factors should be reinforced.

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## Enhancing Protective Factors

- Social capital
  - Who/What is important in client's life as a prosocial role model/hook
- Motivational engagement
  - Celebrate small successes
- Problem-solving
  - What has been going well during (apparent) periods of desistance

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## DRAOR and Decision Rules: Risk Management

- **Increases** in Stable and Acute scores **warrant action on the part of the PO.**
- Action plan should address imminence and likelihood of violation behaviour, as well as likely consequences
- Action plan should increase FOC and reflect **how** risk will be managed until next contact
  - Crisis counselling, hospitalization, behavioral contract, urinalysis, electronic monitoring, referral to service/take to service, notification of supervisor, etc.

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## Strategic Planning?

- Initial assessment allocates risk and needs
- This assessment informs supervision level, case planning, and intervention requirements
- Changes in **dynamic** risk ( $\uparrow\downarrow$ ) within a risk group should inform **differential** supervision
- Risk re-assessments permit refinement of this initial assessment to better manage risk over time

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### Testimonials



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“The time they’re spending with clients is more focused. POs are finding out information about clients that they’ve never thought about before. It’s opening doors to help offenders and POs understand the risks that lead to offending.”

“Both POs and clients have commented that their appointments are both more meaningful and more effective in addressing issues.”

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### Empirical Support

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## Samples

- New Zealand
  - Large, fully representative of nation’s supervised offenders
- Iowa
  - DRAOR used by a substantial number of officers, but smaller number of use-able cases (e.g., fully trained officers, multiple assessments on same person)
- Both samples have repeated measurements

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## Empirical Support: Measurement

- Data supports the way the DRAOR is structured (subscales: stable, acute, protective; risk vs. protective factors)
- DRAOR correlates with static risk scores
- DRAOR predicts similarly across different ethnicities

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## Empirical Support: Prediction

- Recidivists have poorer DRAOR scores compared to non-recidivists
- Both subscale & total DRAOR scores predict reconvictions (criminal & violations)
- DRAOR has shown better (incremental) prediction compared to static and “dynamic factors” risk scales

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### Empirical Support: Change

- A substantial %/majority of offenders have DRAOR scores that change across time
- Recidivists demonstrate more change in DRAOR scores, compared to non-recidivists
- The direction of DRAOR change is less positive (poorer) for recidivists

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### Ongoing Research

- Proximal versus distal assessments
- Change and outcome
- Sex offenders
- Women offenders
- Working Relationship
- Inter-rater reliability using credentialing cases

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### Conclusion

**DRAOR is a promising assessment approach that provides structure for constantly revising assessment of risk and for management of risk and complements initial risk/needs assessment**

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**THANK YOU!**

Questions?

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