

**Proceedings of the 2008  
College of Liberal Arts  
Forum on Faculty-Student  
Research**

**March 26, 2008**

**Rochester Institute of Technology**

## **Gang Offender Re-entry: Utilizing the Principles of Risk, Needs, and Responsivity**

*Helen Syme  
Criminal Justice*

**T**he most effective reentry programs are based on three core principles: risk, needs, and responsivity (RNR). It is used in both youth and adult corrections. According to Don Andrews and Craig Dowden, “The National Institute of Corrections (2004) and the International Community Corrections Association are also strong proponents of RNR” (Andrews & Dowden, 2007). The RNR model also addresses other aspects of reentry. It is also important to recognize the special attention paid to staffing, management, and organizational concerns (Andrews & Dowden, 2007).

Risk is the identification of personal attributes or circumstances predictive of future behavior. An important part of this phase is

distributing a valid risks and needs assessment before the client is released from the institution. According to the risk principle of case classification, intensive programming is should be delivered to high risk cases, whereas low risk cases have a small risk of a negative outcome even without services (Andrews & Dowden, 2006). This risk classification is important when assigning a level of supervision or services, over programming offenders may actually lead to an increase in recidivism.

To determine the risks and needs of offenders, a serious of questions, called risk/needs assessments will be asked. Some of the best risk/needs assessments incorporate a variety of both static and dynamic risk factors. Static risk factors are defined as correlates of recidivism that cannot be changed, such as age of first arrest; dynamic risk factors are those identified through recidivism research that can be targeted and changed using appropriate services (Lowenkamp, Holsinger, & Latessa, 2001). Dynamic risk factors include drug and alcohol abuse. Correctional Offender Management Profiling for Alternative Sanction (COMPAS) is an instrument to determine offender's risks and needs. COMPAS was developed by Northpointe Institute for Public Management, Inc (New York State Division of Probation and Correctional Alternatives, 2007). It is the risk/needs assessment currently being used in New York State. COMPAS covers four different types of risk: violence, recidivism, failure to appear in court, and community non compliance, as well as 18 different criminogenic needs; COMPAS was developed for, validated, and normed on a representative sample of offenders in New York State (New York State Division of Probation and Correctional Alternatives, 2007).

COMPAS is a Fourth generation (4G) risks and needs assessments. Such assessments guide and follow supervision from intake through case closure, a major goal of the assessment is to strengthen adherence to the principles of effective treatment and organize clinical supervision to enhance public protection (Andrews, Bonta, & Wormith, 2006).

Research shows that the most effective programs are planned before the inmate is released. Assessments can identify and screen out low-functioning offenders from services that require a normal range of cognitive functioning or those who are highly anxious from programs or staff that utilize confrontational strategies (Listwan, Cullen, & Latessa, 2006). The program should also reassess offenders after a predetermined time period. In a recent review of more than 200 studies of the effect of correctional treatment programs, less than 10% of the studies reported the effectiveness of the study separately for high and low risk offenders (Andrews & Dowden, 2006).

The second principle, needs, refers to the targeting the criminogenic needs. Criminogenic needs are those highly correlated with criminal behavior (Listwan, Cullen, & Latessa, 2006). Offenders reentering society have a wide variety of needs and interagency cooperation is often necessary to address these needs. According to Di Placido and colleagues, "Criminal associates is one of the most important criminogenic risk factors for gang members" (Di Placido, Simon, Witte, Gu, & Wong 2006). It is important to note that most offenders have multiple criminogenic needs they need addressed. Other criminogenic factors that often present in gang members reentering society include a

violent lifestyle, substance abuse, and interpersonal aggression (Di Placido et al., 2006). These factors can be changed. The most promising targets are antisocial attitudes, feelings and values, attending to skill deficiencies in the area of poor problem solving skills, self-management and self-efficacy, impulsivity, poor self-control and irresponsibility; effective treatment can lead to changes in an offender's criminogenic needs (Di Placido et al., 2006). This phase starts upon the release from an institution.

An effective form of substance abuse treatment involves the use of Voucher Based Reinforcement Therapy (VBRT). This involves providing a voucher, which is exchangeable for services, to clients who provide clean urine samples. If a client gives a dirty sample, the voucher will not be provided to the client. An important factor to consider in VBRT is the speed at which the voucher is delivered after a clean urine sample is provided. The best programs provide vouchers immediately upon a clean drug screening. One of the major criticisms of VBRT is the lack of choice it provides to its recipients.

In VBRT, patients receive vouchers in exchange for biological samples (urine, blood, breath) that indicate no recent drug use, vouchers are withheld with samples that indicate recent drug use (Roll, Prendergast, Sorensen, Prakash, & Chudzynski, 2005). Vouchers can be exchanged for goods or services that help the patient engage in pro-social behavior, if the client has children, the vouchers may be exchangeable for tickets to the circus or a sporting event. Vouchers can not be exchanged for goods that are not in line with developing a drug-free life style. VBRT has

proven to be successful at initiating periods of abstinence where compared to standard treatment groups with cocaine dependent clients (Roll et al., 2005). This is especially important for clients involved in the criminal justice system because the relationship between crime and drug use has been long established. VBRT is designed so that drug use is quickly detected, abstinence is positively reinforced, drug use results in loss of reinforcement, and the vouchers are exchanged to increase involvement in healthy alternatives to drugs (Budney, Higgins, Radonovich, & Novy, 2000).

For many offenders education is an important first step in the reintegration process. It's not surprising that research indicates that many inmates are lacking basic education skills. In 1997, only 40% of adult inmates had finished their high school education (Listwan, Cullen, & Latessa, 2006). Simply educating people without changing helping to understand the consequences of their behavior and develop pro-social alternatives to crime is likely to fall short in an effort to reduce recidivism.

Social support can help reduce strain and subsequent negatives emotions, as well as produce higher levels of self-control and predictability (Listwan et al., 2006). Research shows that offenders who discontinue crime are often socially bonded to family, maintaining contact while in the correctional institution. It is often true that families are not well equipped to handle the parolee, and few agencies recognize the importance of family-based therapy, and family reunification (Listwan et al., 2006). The social support that families provide can reduce recidivism rates, and family-based interventions can strengthen the family support

network. Re-entry for man offenders brings them back into the neighborhoods and communities that may have originally contributed to their criminality. The importance of using cognitive behavioral programs cannot be overstated (Listwan et al., 2006).

Many programs target the basic, non-criminogenic needs such as housing, which sometimes supersedes the core treatment needs that are likely to produce a long term change in offender behavior (Listwan et al., 2006). While it is true that the immediate needs must be satisfied, a program that targets only these emergency needs may make no impact on the overall recidivism rate.

The third principle is responsivity, referring to the delivery of an intervention that is appropriate for the individual offender and matches the abilities and styles of the client. According to the responsivity principle, treatment efficiency can be maximized if treatment is delivered in accordance with the offenders cognitive abilities, level of motivation, cultural background, and readiness for treatment (Di Placido et al., 2006). The duration of aftercare should not be fixed, but it should be administered according to the risks and needs of the offenders (Listwan et al., 2006). Although the initial reintegration period may go fairly smoothly, after a while, when the a person becomes fully reintegrated and the frustrations of daily life become more frequent, it may become harder for an offender to maintain a pro-social lifestyle, so the support from the program may still be needed. This is particularly true for gang members who may lack motivation or feel pressure to skip treatment from other gang members, even if they are motivated to change (Di Placido et al.,

2006). The prospect of employment can be dim for a number of people under correctional supervision, and offenders generally need assistance finding work.

Since gang members are often associated violence in the community, gang members who are reentering the community may again become a concern for the safety of the community. Dissociating ties with a delinquent gang can be important to reducing recidivism because it may reduce ones association with anti social and delinquent peers. Leaving a gang is often a difficult task. Fong et al. reported that 1-5% of prison gang members were able to dissociate from their gangs, those who successfully dissociated generally held lower ranks in the gang and were less inclined to violence (Di Placido et al., 2006). Gangs use fear of retaliation to control their member's loyalty. The Connecticut Department of Corrections offers an incentive based cognitive-behavioral program for gang members who want to renounce their association; the program includes interacting with people who were formally involved in rival gang activities, signing a renunciation statement, attending anger management classes, and learning about cultural awareness (Di Placido et al., 2006). Effective treatment can change dynamic risk factors and lead to reduced recidivism.

## Works Cited

Andrews, D.A., Bonta, J., & Wormith, S. J. (2006). The recent past and near future of risk and/or need assessment. *Crime and Delinquency*, 52(7), 7-27.

Andrews, Donald A., and Dowden, C. (2006). Risk principle of case classification in correctional treatment: A meta analytic investigation. *International Journal of Offender Therapy and Comparative Criminology*, 50(1), 88-100.

Andrews, D.A., & Dowden, C. (2007). The risk-need-responsivity model of assessment and human service in prevention and corrections: Crime-prevention jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, 49(4), 439-464.

Budney, A. J., Higgins, S. T., Radonovich, K. J., and Novy, P. L. (2000). Adding voucher-based incentives to coping skills and motivational enhancement improves outcomes during treatment for marijuana dependence. *Journal of Consulting and Clinical Psychology*, 68(6), 1051-1061.

Di Placido, C., Simon, T. L., Witte, T. D., Gu, D., and Wong, S.C.P. (2006). Treatment of gang members can reduce recidivism and institutional misconduct. *Law and Human Behavior*, 30(1), 93-114.

Listwan, S. J., Cullen, F. T., and Latessa, E. J. (2006). How to prevent prisoner re-entry programs from failing: Insights from evidence-based corrections. *Federal Probation*, 70(3), 1-9.

Lowenkamp, C. T., Holsinger, A. M., and Latessa, E. J. (2001). Risk/need assessment, offender classification, and the role of childhood abuse. *Criminal Justice and Behavior*, 28, 543-563.

New York State Division of Probation and Correctional Alternatives. (2007). Retrieved December 13, 2007, from the world wide web <http://dpca.state.ny.us/technology.htm#compas>.

Roll, J. M., Prendergast, M. L., Sorensen, K., Prakash, S., & Chudzynski, J. E. (2005). A comparison of voucher exchanges between criminal justice involved and noninvolved participants enrolled in voucher-based contingency management drug abuse treatment programs. *The American Journal of Drug and Alcohol Abuse*, 31, 393-401.