



Risk and Needs Assessment Guidelines

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Introduction to Risk and Needs Assessment

Offender risk and needs assessment relates to several Principles of Effective Intervention:

- Principle 1: Target Criminogenic Needs
- Principle 2: Conduct Thorough Assessments of Risk and Need and Target Programs to High Risk Offenders
- Principle 6: Provide Intensive Services
- Principle 7: Match the Offender's Personality and Learning Style with Appropriate Program Settings and Approaches

Assessment can be thought of as the foundation of good correctional rehabilitation practice.

Criminogenic risk: the likelihood that an offender will commit additional offenses. Research tells us that high risk offenders should receive high priority for treatment (especially intensive treatment), as they will most likely recidivate if not treated. Low risk offenders are likely to succeed even without treatment. Putting them into programs (especially intensive programs) may be a waste of resources and perhaps even have harmful results through exposure to more serious offenders in treatment programs. When we assess for criminogenic risk, we determine who is most in need of intervention. These same individuals will also benefit the most from effective interventions.

Criminogenic needs: specific factors that contribute to risk for an individual offender. Needs that are strongly connected to criminality are:

- Criminal thinking
- Anti-social attitudes
- Association with other offenders
- Poor decision making
- Substance abuse

Research tells us that treatment should be focused directly upon those needs assessed as most significant for a given offender. Two offenders may be equally high risk, but may have very different needs profiles. Treating offenders for low level need produces few results and represents a wasteful use of treatment resources. When we assess for criminogenic need, we determine which needs should be treatment targets.

Best Practices: a substantial body of research and evaluation studies clearly demonstrates that correctional treatment programs that conduct thorough, rigorous and objective assessments of offenders and use this assessment information to inform treatment planning decisions have much better outcomes than programs that do not utilize assessment. Research also shows that assessment is best done with an objective instrument, as opposed to subjective clinical judgment.

Ideally, an assessment instrument should be *normed* on the local population. This means that thresholds for low, medium and high levels of risk and need correspond to patterns that exist in a given population; for example, an offender assessed as being high need in a particular area really is high need compared to other offenders. The cut off scores of various assessment instruments on the final page of these guidelines are the result of norming work on PA offenders.

Current Status: Over the past three years, the PA DOC has greatly expanded its assessment practices. All newly committed inmates in the Diagnostic and Classification Centers at SCI-Camp Hill and SCI-Muncy are administered the following assessment instruments:

- Level of Service Inventory-Revised (LSI-R)
- Hostile Interpretations Questionnaire (HIQ)
- Criminal Sentiments Scale-Modified (CSS-M)

Administration of the ***LSI-R***, CSS-M and HIQ are automated. Information on utilizing assessment scores to develop the Correctional Plan (DC-43) is on pages 5 through 8 of these guidelines. Since the DOC anticipates a number of additional changes to these guidelines in the coming months, they will not be placed into 7.2.1, Section 4 until 2006.

Future Directions: Coping skills have emerged in a study of PA parole violators as a key factor contributing to failure on parole. The DOC pilot tested two assessment instruments that measure inmates' *coping skills*, i.e., inmates' ability to resolve stressful situations in their lives without resorting to anti-social behavior. Data collected from nearly 1,000 inmates during this coping skills pilot was analyzed and a decision was made not to adopt a coping skills tool at this time. The measurement of coping skills has not yet been developed to the stage of strong validity for an offender population. The DOC will continue to monitor the development of coping skills instruments as part of future evaluations of the entire assessment protocol.

The DOC is now working to ensure that assessment information is used to its fullest potential by staff who actually plan and deliver treatment to inmates. The Bureau of Inmate Services now has an Assessment and Classification Division, which will be working over the coming year to expand assessment training and information dissemination to institutional staff (Unit Managers, Psychology staff, Corrections Counselors, DATS, and DATS Supervisors). Procedures will also be instituted for staff from this Division to routinely audit individual treatment plans to monitor the use of assessment data. Guidelines for the use of assessment data will also be expanded.

The PA DOC has made major strides over the past several years in testing and implementing new inmate assessment tools and systems. Work will continue over the next several years to maximize the utilization of this system by institutional staff through the provision of comprehensive training, the establishment of re-testing guidelines, the implementation of auditing, and ongoing information sharing.

Risk and Needs Assessment Instruments

1. **Texas Christian University Drug Screen II (TCUDSII)** – an AOD dependence screening tool, which includes 15 items that represent key clinical and diagnostic criteria for AOD dependence. Individuals who respond “yes” to 3 or more of these characteristics meet the criteria for substance dependence.
2. **Pennsylvania Department of Corrections Initial Assessment** – a 13-page clinical assessment conducted by a Department of Corrections Drug and Alcohol Treatment Specialist. It consists of a collection of detailed information that includes the inmate’s substance use history, drug and alcohol treatment history, and the relationship between substance use and criminal behavior.
3. **Level of Service Inventory-Revised (LSI-R)** – an objective, quantifiable instrument that provides a consistent and valid method of predicting risk to re-offend, and a reliable means of measuring an inmate’s change over time through re-administration. The LSI-R provides insight into which inmates should receive the highest priority for treatment regardless of their specific problem areas.
4. **Hostile Interpretations Questionnaire (HIQ)** – this instrument is comprised of seven vignettes that measure an offender’s tendency to place hostile interpretations on social situations and interactions. It contains the following five sub-scales related to relationships and hostility:
 - *Authority*: the degree to which individuals attribute hostile intent in their interactions with authority figures
 - *Intimate/family*: the amount of hostility perceived in close interpersonal relationships
 - *Acquaintance*: the degree of hostility within more distant interpersonal relationships
 - *Work*: a measure of the hostility perceived in work relationships
 - *Anonymous*: assesses the degree to which hostile intent is perceived in interactions with strangers
5. **Criminal Sentiments Scale – Modified (CSS-M)** – the CSS-M contains five sub-scales that measure the following criminogenic needs:
 - *Attitudes toward the Law*: ten items related to law-abiding behavior
 - *Attitudes toward the Court*: eight items related to courts and the inmate’s sentence
 - *Attitudes toward the Police*: seven items related to law enforcement officers
 - *Tolerance for Law Violations*: ten items related to the tendency to rationalize or excuse criminal behavior
 - *Identification with Criminal Others*: six items related to affiliation and sympathy with other offenders

Risk and Needs Assessment Guidelines for Utilizing Assessment Scores

A. Developing the Correctional Plan

1. The Department completes the following assessments on every newly committed inmate as he/she moves through the Diagnostic and Classification Center (DCC) process. Facility staff will use the results of these assessment instruments along with other considerations to prescribe programming to lower inmates' risk and address their needs as measured by these tools. When an inmate is received from the DCC, the Unit Management staff at the receiving facility will review the assessment results found in DOC Info in the inmate query screen in the criminal assessment selection. Staff may also find paper copies of the assessment instruments under the Assessment/Screening Tools tab on the left side of the DC-14, Cumulative Adjustment Record.

2. The primary risk assessment tool is:

Level of Service Inventory – Revised (LSI-R) – measures risk of re-offending and treatment needs.

The LSI-R may be thought of as a type of triage tool. It is the first cut to determine whether or not an inmate receives institutional programming.

3. The secondary needs assessment tools are:

Hostile Interpretations Questionnaire (HIQ) – measures characteristics of hostility

Criminal Sentiments Scale – Modified (CSS-M) – measures attitudes, values and beliefs related to criminal behavior

Texas Christian University Drug Screen (TCU) – measures AOD dependence

Sex Offender Program Evaluation – measures risk of sexual re-offending and treatment needs (administered at the parent facilities for inmates incarcerated for a sex offense) or an Evaluation for Sex Offender Treatment due to a Technical Parole Violation or prior Sex Offense (administered at the parent facility).

Scores on the HIQ, CSS-M, and TCU are secondary to the LSI-R for treatment planning. Formulation of treatment planning should follow these steps:

- Determine the risk to re-offend based on the LSI-R
- Consider the scores on the HIQ, CSS-M, and TCU
- Consider the nature of the commitment offense
- Consider factors that justify deviation from the guidelines

3. The following guidelines shall be used:

a. **Low LSI-R score with:**

- 1) Low HIQ, CSS-M, and TCU scores should be used to recommend community based treatment ***only*** if there are other indicators of treatment needs.
- 2) Medium or high HIQ and CCS-M scores indicate consideration for community based programs. Consider institutional placement in Thinking for a Change based on institutional adjustment (**Cognitive Based AOD programs replace Thinking for a Change**); consider Batterers Intervention or Violence Prevention based on commitment offenses.
- 3) **Low HIQ and Med - High CSS-M scores indicate consideration for Community based treatment. Consider Thinking for a Change based on institutional adjustment. (Cognitive Based AOD programs replace Thinking for a Change)**
- 5) **Medium-High HIQ and low CSS-M scores indicate consideration for community based treatment; consider Violence Prevention. Based on offense, Batterers Intervention replaces Violence Prevention.**
- 6) Low LSI-R score and medium TCU scores (3-5) indicate consideration for placement in OP program.
- 7) High TCU scores (6 through 9) indicate **consideration for placement** in OP program or **Community Based Treatment**

b. **Medium or High LSI-R score with:**

- 1) Low HIQ and CSS-M scores indicate a consideration for placement in Peer Coordinated Cognitive Behavioral Programming.
- 2) Medium and High scores on both the HIQ and CSS-M indicate placement in Peer Coordinated Cognitive Behavioral Programming, Thinking for a Change (**Cognitive Based AOD programs replace Thinking for a Change**) and Violence Prevention. Batterers Intervention replaces Violence Prevention based upon commitment offense.

- 3) Low HIQ and Medium to High CSS-M scores indicate placement in Peer Coordinated Cognitive Behavioral Programming and Thinking for a Change. (**Cognitive Based AOD programs replace Thinking for a Change.**)
- 4) Medium to High HIQ and Low CSS-M indicate placement in Peer Coordinated Cognitive Behavior Programming and Violence Prevention. Batterers Intervention replaces Violence Prevention based on commitment offense.
- 5) Low TCU scores (0-2) are not recommended for any AOD treatment unless there are other indicators of treatment needs.
- 6) Medium TCU scores (3-5) indicate placement in OP Program. DATS Supervisor may recommend placement in Therapeutic Community, but at low priority.
- 7) High TCU scores (6 through 9) indicate placement in a Therapeutic Community.

Please refer to 7.4.1 for complete information on utilizing assessment scores in relationship to AOD placement.

Please refer to 13.8.1, section 11 for complete information on Sex Offender Program recommendations.

4. Factors that may result in Deviation from Guidelines

Assessment data is to be used as a guide along with the professional judgment of staff to provide effective correctional intervention when assigning inmates to programs. Along with assessment scores, staff shall analyze other information about inmates, such as:

1. **Proximity of Minimum Expiration date: Community based treatment, when available (for example AOD), may be substituted for recommended institutional programs that would extend beyond the minimum expiration date.**
2. **Avoidance of Duplicate Programming: When multiple programs will address the same treatment needs, the more appropriate program shall be recommended, that is AOD replaces T4C and BI replaces VP**
3. **Criminal history:** pattern, lengthy history of violence, nature of prior offenses and context
4. **Misconduct history:** violent nature, pattern, drug-related
5. **Length of time between multiple incarcerations:** more or less time, are the crimes getting more or less serious?
6. **Education:** GED? Less than grade 12? Suspended or expelled at least once?

7. **Work history:** employed or unemployed while on parole? Never employed for a full year? Ever fired?
8. **Age:** arrested under 16 years of age?
9. **Separation needs:** nature of separation(s).
10. **Institutional adjustment:** prior and current
11. **And other factors** as they present themselves in order to identify program needs.

5. Documentation of Deviation from Guidelines

Factors that result in deviation from the guidelines shall be documented in the Unit Management System in General Comments. In addition, if the assessment scores do not indicate the need for a recommended program and the recommendation would extend programming beyond the minimum expiration date, the justification for extending programming beyond the minimum must also be documented. Documentation must be completed no later than 7 days after the origination/revision of the Correctional Plan.

B. Re-administration of Assessment Tools

Assessment scores may also be used to measure how much inmates may have benefited from effective correctional interventions. Beginning in late 2005, an assessment re-testing pilot will be conducted. Based on the results of this operational pilot, a plan for department wide re-testing will be formulated.

C. Performance Indicators and Assessment Auditing

In order to assure adherence to assessment guidelines and to measure the effectiveness of our assessment program, pilot assessment auditing **was conducted in the** fall, 2005. Assessment audits begin in January 2006 in conjunction with the PACT audit schedule. Performance measures will focus on the utilization of assessment scores for treatment placement, according to these guidelines and the AOD placement guidelines contained in 7.4.1.

ASSESSMENT GUIDELINES

ASSESSMENT SCORES	RECOMMENDED TX PROGRAMS
LOW SCORES FOR ALL ASSESSMENTS	COMMUNITY BASED TREATMENT (only if other indicators are present)

LOW LSI-R WITH	
MED-HIGH HIQ & CSS-M	Community Based Treatment; Consider Thinking for a Change based on Institutional Adjustment (Cognitive Based AOD Programs Replace T4C), Consider Batterers Intervention or Violence Prevention Based on Offenses
LOW HIQ AND MED –HIGH CSS-M	Community Based Treatment; Consider Thinking for a Change Based on Institutional Adjustment (Cognitive Based AOD Programs Replace T4C)
MED-HIGH HIQ & LOW CSS-M	Community Based Treatment; Consider Batterers Intervention or Violence Prevention Based on Offenses
LOW TCU(0-2)	No AOD TX, Unless Other Indicators are Present
MEDIUM TCU(3-5)	Consider OP Program
HIGH TCU (6-9)	Consider OP Program or Community Based Treatment

MED-HIGH LSI-R WITH	
LOW HIQ & CSS-M	Self Help Cognitive Behavioral Program
<i>MED-HIGH</i> HIQ & CSS-M	Self Help Cognitive Behavioral Program , Thinking for a Change (Cognitive Based AOD Replaces T4C), Violence Prevention, Batterers Intervention Based on Offenses
LOW HIQ & MED-HIGH CSS-M	Self Help Cognitive Behavioral Program , Thinking for a Change (Cognitive Based AOD Replaces T4C)
MED-HIGH HIQ & LOW CSS-M	Self Help Cognitive Behavioral Program , Violence Prevention, Batterers Intervention Based on Offenses
LOW TCU (0-2)	No AOD Programs Absent Other TX Indicators
MED TCU (3-5)	OP, Consider for TC, But at Low Priority
HIGH TCU (6-9)	TC

ASSESSMENT GUIDELINES

PA DOC Assessment Cut Scores

	LSI-R
HIGH	29 and Above
MED	21 – 28
LOW	20 and Below

	CSS-M	HIQ	TCU	
HIGH	30 and Above	73 and Above	HIGH	6-9
MED	19 – 29	56 – 72	MED	3-5
LOW	18 and Below	55 and Below	LOW	0-2