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## Effective and Ethical Measures of Predicting Criminal Offenders' Risk of Recidivism and Treatment Needs on Risk-Need Assessments

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Effective and Ethical Measures of Predicting Criminal Offenders' Risk of  
Recidivism and Treatment Needs on Risk-Need Assessments

by

Chelsie Clemens, BSW

MSW Clinical Research Paper

Presented to the Faculty of the School of the  
School of Social Work  
St. Catherine University and University of St. Thomas  
St. Paul, Minnesota  
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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation

### Abstract

Research has shown that the prison population and recidivism rate of criminal offenders have continued to rise over the last thirty years (Coll, Stewart, Juhnke, Thobro, & Haas, 2009). In response, professionals are implementing techniques, such as risk-need assessments, to assist in lowering recidivism. These assessments are empirical tools that professionals use when interviewing offenders to identify their risk of recidivism (Barber-Roja & Rotter, 2015). Previous research has been focused on assessment's predictive accuracy, but there is less data on professionals' perceptions regarding which measures are most effective (Labrecque, Smith, Lovins, & Latessa, 2014). Studies have shown that corrections professionals and treatment providers have interpreted assessment results differently (Marlowe, 2012). In the current study, a quantitative survey with some qualitative elements was used to examine the following questions: 1) What aspects of risk-need assessments do different criminal justice professionals find important to effectively examine offenders' risk of recidivism and treatment needs, and 2) How do professional values relate to offenders' assessment results? Findings have shown that among the 51 respondents, a majority of the sample found risk-need assessments to be effective, as well as useful for treatment purposes. However, significant differences emerged between the occupational groups in the areas of ethical domains and strengths. Results indicate the need for policies to be created to ensure that professionals performing assessments possess qualifying criteria. Implications for social work practice are explored in the context of this paper.

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## Introduction

It is estimated that the prison population in the United States has risen by about 475 percent over the last thirty years (Winkoff, Linhorst, & Morani, 2012). This drastic statistic represents massive overcrowding in American jails and prisons that has had extreme financial consequences (Jung, Spjeldnes, & Yamatani, 2010). In 1987, the United States correctional budget was approximately 12 billion dollars, but in 2007 it rose astronomically to approximately 49 billion dollars (Jung et al., 2010). This represents an incredible burden on taxpayers, making the high incarceration rate a problem that affects all Americans.

Research have shown that approximately 12 million people in the United States cycle through Federal and State jails and prisons every year (Jung et al., 2010). Of these 12 million inmates, about 95 percent are released from prison at some point (Hall, 2015). According to a study conducted by the Department of Justice in 1994, approximately 68 percent of released ex-offenders will recidivate (Hall, 2015). This research was corroborated by countless other research studies including Jung et al. (2010), who found that over a three year period, 67.5% of the researched sample of released offenders recidivated.

This high recidivism rate has had drastic social and economic effects, such as displaced families and increased taxes. This has prompted an abundance of research to be conducted into different and creative methods used to address the crime increase among offenders. While there are many valuable methods used to combat recidivism, the method focused on in this research study was risk prediction. Risk prediction in the context of this study is defined as identifying offenders' risk factors and criminogenic needs in order to diminish their risk over time (Labrecque et al., 2014).

Implementing systematic empirical tools that predict criminal behavior has become an increasingly popular trend among criminal justice professionals to address recidivism (Shock, 2007). Risk-need assessments operate by measuring the various components that research have suggested are predictive of recidivism (Shock, 2007). Once risks are assessed they are scored as a means to categorize offenders into the risk categories of high, medium, and low (Shock, 2007). They are then supervised and treated them according to the designated risk level. Generally, risk-need assessments utilize both self-reports and in person interviews in accordance with evidence-based practice, thereby increasing their reliability (Schwalbe, 2008).

The majority of risk-need assessments follow the Risk Need Responsivity (RNR) framework, which works by targeting dynamic factors that are directly related to recidivism (Taxman, 2014). Risk refers to both static and dynamic factors that influence offenders' likelihood of reoffending. Need refers to the presence of criminogenic needs that should be targeted to minimize their future risk. The responsivity part of this framework focuses on offenders' needs in order to create tailored "evidence based correctional and treatment programs" (Taxman, 2014, p. 1). The Good Lives Model is another respected model in the study of risk prediction. It has been perceived differently than the RNR model because it incorporates a strength-based rehabilitative lens to the assessment process that is helpful for professionals when predicting risk (Ward, Yates, & Willis, 2012).

In order to accurately predict offenders' risk of recidivism, risk-need assessments consist of domains that research has found to be associated with recidivism. These risks are also defined as criminogenic needs (Barber-Roja & Rotter, 2015). While there are a variety of opinions within previous research on the types of criminogenic needs should be measured, overall research has been generally unanimous on the predictive accuracy of these two assessments: Level of Service

Inventory-Revised Assessment (LSI-R) and the updated Level of Service Case Management Index (LS-CMI) (Labrecque et al., 2014). The LSCI-R/ LS-CMI has defined important criminogenic needs as “criminal history, employment/education, finance, accommodations, leisure, family/marital, companions, alcohol/drugs, emotional/personal, and attitudes/orientation” (Guastaferro, 2012, p. 772). These are considered to be the central 10 factors most important to recidivism that are also present within a variety of other assessments.

While these factors are generally supported, there are some general discrepancies among professionals about other domains that should be utilized. It is a customary practice for a standard assessment to be given to all offenders within a given organization. This practice is highly criticized by professionals and theorists who believe that it is irresponsible to administer an assessment that does not account for gender responsivity or cultural competence (Rettinger & Andrews, 2010; Harcourt, 2015).

While risk-need assessments are generally evidence-based instruments that have value in the criminal justice system, they can also be ethically problematic. In fact, many professionals have ethical concerns given the fact that assessment results have the capability to take away offenders’ liberty on merely the assumption that they will recidivate (McSherry, 2014). Additionally, the fact that there are significant differences in the treatment of minorities in the criminal justice system creates doubt for many professionals on the ethical nature of having a generalized assessment (Harcourt, 2015). For instance, African- Americans are more likely to score in the high-risk category because they are more likely to have lengthy criminal histories due to institutional discrimination (Harcourt, 2015). When examining assessment accuracy, it has been shown to be extremely important that assessments maintain professional ethics. The focus on criminogenic needs have caused assessments to generally lack a strength-based lens. When a

strengths-based perspective is not utilized, it can cause personal attributes such as personal and social resources, skills, and positive attitudes to be ignored in the assessment process (Jones, Brown, Robinson, & Frey, 2015). These factors have the potential to impact the effectiveness and ethics of these instruments.

Present research has shown an abundance of professional opinions on the merits of certain approaches over others, but overall there has been a lack of research on the subject. Past research has focused on rating the reliability and effectiveness of specific assessments. These tests of validity have solely been conceptualized through comparing offenders' recidivism rates with their risk level determined on the respective assessment. There has been less research conducted about professionals' opinions on which measures increase the tool's effectiveness. While practitioner bias is an important factor to consider, it should not cause clinical judgment to be removed from the risk-need assessment process entirely (Barber-Roja & Rotter, 2015).

Therefore, the purpose of this study was to gain a better understanding of professionals' perceptions on which factors are most important when determining offenders' risk of recidivism. Due to the fact that criminal justice professionals rely upon empirical tools in their decision-making, it is important to assess the effectiveness of various tools. Furthermore, there is a long history of differing professional values between corrections professionals and treatment providers in their work with offenders in the criminal justice system (Marlowe, 2012). In order to properly respond to this reality, it is important to also assess whether there are differences between these two occupational groups related to the importance of assessing strengths, risk, and ethics when predicting recidivism. The overarching questions guiding this study were; 1) What aspects of risk-need assessments do different criminal justice professionals find important to effectively examine offenders' risk of recidivism and treatment needs, and 2) How do

professional values relate to offenders' assessment results? To examine these overarching research questions, four specific research questions were created as follows:

- 1.) Do criminal justice professionals believe the risk-need assessments they use are effective, and do these views vary by type of risk-need assessment used?
- 2.) Is it important to criminal justice professionals' that the results of risk-need assessments correspond to their treatment plans, and does this vary by educational background?
- 3.) Is there a significant difference between treatment providers and other criminal justice professionals in their value of strengths and risk behavior as predictive of recidivism on risk-need assessments?
- 4.) Do treatment providers place a higher value on risk-need assessments being ethical than other criminal justice professionals, and does this vary with level of experience?

### **Definition of Terms**

**Corrections Professional Role-** Correctional officer or caseworker, probation or parole officers who work to lower recidivism by supervising and monitoring offenders

**Criminogenic Risk Factors-** The presence of evidence based factors in offenders' lives that increase the likelihood that they will recidivate

**Criminogenic Needs-** Clinical disorders or functional impairments that, if improved, reduce the likelihood of continued engagement in crime

**Domains-** Individual or groups of items that measure a particular component of recidivism used to predict offenders' likelihood of recidivating

**Dynamic Risk Factors-** Risk factors that are potentially changeable with proper interventions

**Protective Factor-** A factor that interacts with offenders' risk factors that has the capacity to reduce their negative outcomes

**Offenders-** People who are either currently incarcerated in jail or prison, or have been incarcerated in the past, and currently have a criminal record

**Recidivism-** When released offenders are rearrested, reconvicted, or incarcerated for a new offense

**Responsivity-** Issues that create barriers for successful treatment

**Risk-** Considering prior or current negative behavior in determining likelihood of future criminal behavior

**Risk-Need-** Treatment and supervisory conditions that should be included in sentencing orders

**Risk-Need Assessment-** Assessments that estimate the likelihood of offenders' future criminal behavior through empirical formulas that are conducted by professionals in the criminal justice system through semi-structured interviews

**Static Risk Factors-** Risk factors that are considered un-changeable by the offender

**Strengths-** Considering prior or current positive behavior in determining likelihood of future criminal behavior

**Treatment Provider Role-** Social workers, or other counseling professionals, who work to lower recidivism by treating offender's needs and provide them with skills necessary for the reintegration process

## **Literature Review**

### **The Presence and Effect of Crime in the United States**

The astronomically high crime rate in the United States has led to massive prison overpopulation (Geis, 2012; Coll et al., 2009). In the United States there are "over two million

inmates currently incarcerated” (Hall, 2015, p. 4). This number represents 25 percent of the world’s prison population, despite the fact that the United States “comprises only five percent of the total world population” (Jung et al., 2010, p. 181). This increase has resulted in a 37 billion dollar increase in taxpayer spending for correctional costs between 1987 and 2007 (Jung et al., 2010).

In addition to the financial cost that recidivism; there is also a large social cost. When offenders are released from prison there are many collateral consequences that act as barriers to them living productive lives. These collateral consequences include, “being ineligible for federally funded health and welfare benefits, food stamps, public assistance, and federal education assistance” (Alexander, 2012, p. 143). When offenders are cut off from their ability to gain employment, housing, and assistance to pay their bills, they are likely to lose their children, families, and dignity (Alexander, 2012). This can cause families to be broken up by parents who are chronically incarcerated, resulting in communities to become fragmented (Alexander, 2012). When this occurs, the “lives of children, as well as in family functioning, mental health, physical health, labor markets, and the economic and political infrastructures” become depleted (Clear, 2008, p. 102). When communities become this depleted more violence occurs. This can hurt both citizens’ welfare, and the community as a whole.

### **The Problem of Recidivism**

A study conducted by the Bureau of Justice concluded that approximately 30 percent of released prisoners will recidivate within a year, and 68 percent will recidivate within a three-year period” (Alexander, 2012). In general, recidivism is defined as offenders' re-arrest, reconviction, re-incarceration, or revocation for a violation (Duwe, 2014). Prominent social theorist Loic Wacquant has described this phenomenon as a “closed circuit of perpetual marginality” that is

caused by prisoners being released into the same circumstances they were in before their incarceration (Alexander, 2012, p. 95). This has created a higher likelihood of them being cycled back into the prison system.

As referenced previously, the recidivism problem in America has resulted in an approximate 55 percent prison population increase between 1999 and 2010 (Hall, 2015). The prison revolving door has resulted in the correction cost rising approximately 35 billion dollars between 1987 and 2007 (Jung et al., 2010). In addition to the financial cost, mass incarceration has had social consequences that occur when families and communities are disrupted by it (Jung et al., 2010). There have been a variety of correctional programs such as educational, job training, and cognitive behavioral programs including chemical dependency and sex offender treatment, work release, and boot camps that have been proven to help lower the recidivism rate (Duwe, 2014).

One effective practice correctional professionals have used to combat recidivism has been to predict the likelihood of offenders recidivating, (Marlowe, 2012). Prisons, re-entry centers, probation, courts, and other criminal justice institutions have increased their use of screening tools, such as risk-need assessments, in order to accurately supervise and treat offenders (Barber-Rioja & Rotter, 2015). Offenders' risk-need assessment scores are used to determine their risk level, thereby influencing the level of supervision and kind of treatment they receive (Marlowe, 2012). Therefore, it is extremely important that these assessments are accurate for both supervision and treatment purposes.

### **Risk-Need Assessment Models**

Risk-need assessments are empirical tools that use research based methods to assess offenders' risk factors (Barber-Rioja & Rotter, 2015). These assessments produce results that



measure offenders' risk in order to implement appropriate supervision. They also identify offenders' criminogenic needs that their treatment plan should address. There are different theoretical models and techniques that guide how these assessments are crafted and conducted by criminal justice professionals. Some different types will be explored, below.

**Risk Need Responsivity (RNR) Model.** The Risk, Need, Responsivity (RNR) framework identifies risk factors that target criminogenic needs pertinent to offender recidivism (Barber-Rioja & Rotter, 2015). The RNR model was founded on the principle that offenders' treatment and supervision intensity should correspond to their recidivism risk level (Barber-Rioja & Rotter, 2015). The risk principle originates on the idea that criminal behavior can be predicted through the use of valid risk assessments (Labrecque et al., 2014).

The need principle is the method in which practitioners work to lower offenders' risk of recidivism. It asserts that practitioners should use risk-needs to target dynamic, or changeable, behaviors that produce risk factors, or criminogenic needs, for the purpose of reducing recidivism (Labrecque et al., 2014). Needs are important because they determine which factors offenders should addressed to be successful (Taxman, 2014). Another reason it is important for needs to be assessed is that they have been shown to have the greatest impact on reducing recidivism (Taxman, 2014). The goal is that "treatment and supervision services should be specifically tailored to the risk/need profile of the offender" in order to implement services that will be most efficient and cost effective (Marlowe, 2012, p. 169). This does not always occur because the goals of treatment providers and supervising corrections professionals have often been different. This is often due to the fact that they may interpret scores and use risk-need assessments differently.

The responsivity principle asserts that suitable treatment can be implemented depending

on the determined risk level in order to identify risk factors that interfere with offenders' treatment goals (Labrecque et al., 2014). Additionally, previous research has asserted the importance of assessing offenders' criminogenic risk level and responsivity needs, because these are issues related to criminality (Coll et al., 2009). In general responsivity tests "learning style, gender, personality, motivation... mental health functioning, housing stability, and physical location" as factors that assess offenders; treatment needs (Taxman, 2014, p. 3).

The risk is *who* should be treated, the need is *what* should be treated, and the responsivity is *how* treatment strategies should be implemented (Labrecque et al., 2014). Previous research has shown that "targeting criminogenic factors reduces recidivism, while targeting non-criminogenic areas has a weak effect on recidivism" (Labrecque et al., 2014, p. 117). Risk-need assessments have continued to evolve since their inception. Originally they were solely reliant on professional judgment, which can be very subjective (Barber-Rioja & Rotter, 2015). It became clear that this approach was not empirically valid, and it slowly evolved into an "actuarial assessment method based on formulas that are mathematically derived" (Barber-Rioja & Rotter, 2015, p. 85). These assessments were used purely for the purpose of assessing static factors in order to determine offenders' risk level (Barber-Rioja, & Rotter, 2015). In contrast, third and fourth generation instruments, that implement the Good Lives Model, have inserted need and responsivity portions into the assessment (Barber-Rioja & Rotter, 2015).

In theory, risk-need assessments accurately predict offenders' motivation to change that is important when treating criminogenic need (Taxman, 2014). This reality can often reinforce the tension between providers, because historically corrections professionals have been more concerned with addressing criminogenic risks while treatment professionals have focused more on criminogenic need (Marlowe, 2012). As risk-need assessments continue to evolve, it will be

important for this tension to be addressed.

**The Good Lives Model (GDL).** The Good Lives (GDL) Model is a strength-based rehabilitative theory that focuses on primary human goods that provide offenders with resources that assist them in living a good life (Ward et al., 2012). These primary human goods have been defined as, “healthy living and functioning, knowledge, excellence in play, excellence in work, excellence in agency, inner peace defined as freedom from emotional turmoil and stress, friendship including intimate, romantic, and family relationships, community, spirituality, happiness, and creativity” (Ward et al., 2012, p. 95). The GDL model takes after the third and fourth generation’s philosophy of a treatment-centered assessment.

Primary goods are important because they give individuals a “sense of who they are and what is really worth having in life” (Ward et al., 2012, p. 95). These goods are measured due to the fact that psychological, social, biological, and anthropological research have shown that offenders are goal directed individuals (Ward et al., 2012). Therefore, assessments have focused on identifying and building on offenders’ individual goals. Criminogenic risks have been identified as factors that interfere with offenders' ability to reach their goals (Ward et al., 2012). These goals often go beyond just reducing risk, to a person-centered therapy that targets their criminogenic needs as well.

### **Types of Needs Assessment Domains**

Empirical research has shown the predictive validity of using research based risk-need assessments (Barber-Rioja & Rotter, 2015). These types of instruments utilize self-reports as well as true or false and scale questions as part of the clinical interview. There are many different assessments used by various criminal justice professionals such as the Historical-Clinical Risk Management system, Service Planning Instrument (SPIn), Juvenile Sex Offender Assessment

Protocol (J-SOAP II), the Arizona Risk/Needs Assessment Instrument, and the Level of Service Inventory-Revised (LSI-R) as well as the updated Level of Service Case Management Index (LS-CMI) (Barber-Rioja & Rotter, 2015; Labrecque et al., 2014).

Within the six risk-need assessments that were researched by Gustaferry (2012), the most common domains found were the central 10 risk factors. These factors are “criminal history, employment/education, finance, accommodations, leisure, family/marital, companions, alcohol/drugs, emotional/personal, and attitudes/ orientation” (Gustaferry, 2012, p. 772). It has been shown to be important to identify these risk factors because they have the ability to target offenders’ attitudes, identify their level of personal supports, determine their problem solving and self-control skills, and ascertain important barriers that may prevent them from re-entering society successfully (Gustaferry, 2012). At least some of these factors have been found to be present within all the assessments presented in this review.

**Criminal Thinking.** Criminal thinking has been shown to be an important factor to assess, because there has been such a dramatic link between it and recidivism. With proper cognitive behavioral treatment, offenders with high criminal thinking patterns have been known to increase interpersonal skills, including cognitive-decision making skills (Taxman, 2014). Criminal thinking patterns have been known to be very destructive, and increase offenders’ risk of recidivism. Therefore, it is very important for this domain to be identified in risk-need assessments. Particularly important offender thinking patterns include “awfulizing” or exaggerating the circumstances and consequences of different situations, fortune telling or negatively predicting the future, and personalizing or self-blaming instead of considering alternative factors (Mitchell & Tafrate, 2012). The result of these thinking patterns has been that offenders minimize their responsibility (Mitchell & Tafrate, 2012). Criminal thinking has also

been defined in the literature as pro-typical characteristics, which include items such as lack of empathy and impulsive decision-making (Mitchell & Tafrate, 2012).

The criminogenic thinking profile has also included the subscales of disregard for others as characterized by lack of empathy or remorse, demand for excitement defined as impulsivity, poor judgment, being emotionally disengaged as evidenced by a lack of trust and avoidance of emotions, exploitive worldview or evading responsibility, justifying or minimization, inability to cope or ineffective problem-solving, and grandiosity or overestimating personal skills (Mitchell & Tafrate, 2012). These domains are important because these thinking patterns have been shown to reflect callousness and egocentricity (Mitchell & Tafrate, 2012).

**Education.** Research has included education in the central 10 risk factors due to its overall importance and predictive validity (Lambrecque, 2014). As part of education, school bonds should be considered in order to understand more about offenders' educational history, as well as their history of peer relationships (Ousey, Wilcox, & Schreck, 2015). School bonds are defined as the offenders' belief that "teachers care about and take an interest in them... and how much they consider school to be worthwhile and important" (Ousey et al., 2015, p. 187). In addition to education, Ousey et al. (2015) identified several mental health characteristics such as impulsivity, low self-control and deviant values as important predictors of recidivism. These deviant values depend on offenders' opinions on whether or not it would be wrong for them to participate in hypothetical criminal behavior (Ousey et al., 2015).

**Mental Health.** Presence and history of mental health has also been considered a prominent criminogenic risk factor that has been known to be common for offenders in the criminal justice system. Prisoners are two to four times more likely than the general public to have experienced mental health issues, suggesting that mental health is a recidivism risk factor

(Duwe, 2015). Additionally, the identification of mental health issues have assisted practitioners in “revealing high rates of institutional misconduct, homelessness, substance abuse, and prior physical abuse” (Duwe, 2015).

Despite previous research on the importance of assessing mental health history, research has asserted that many professionals have found it ethically problematic to make an uncontrollable ethical characteristic, such as mental health history, a recidivism risk factor (Mitchell & Tafrate, 2012). Instead of viewing this domain as a primary risk, previous research has emphasized the importance of accounting for offenders’ “psychosocial functioning including mental health status, homelessness, and economic depravity, which impact daily decisions and choices” (Taxman, 2014, p. 3). Other important information that should be assessed is initiation and engagement in programming, because both of these factors accurately predict offenders’ motivation to change (Taxman, 2014).

**Substance Abuse.** Another risk factor that has been identified as empirically important is the history and presence of substance abuse issues (Labrecque et al., 2014). The identified risk factors in a study conducted by Coll et al. (2009) were “alcohol and drug abuse or addiction, lack of parent-child closeness, family conflict, beliefs and attitudes favorable to criminality, early childhood aggressiveness, antisocial behavior, and poor peer acceptance” (p. 69). The findings of this study have shown that almost half of the participants were categorized as chemically dependent, and therefore higher risk to reoffend (Coll et al., 2009). Significantly larger problems with social functioning, substance abuse, a need of structure in treatment, and self-harm have been reported among these higher risk participants (Coll et al., 2009). Additionally, participants who were identified as high-risk were “significantly more likely to demonstrate risky attitudes and behaviors toward self and others and have poor social and adaptive functioning” (Coll et al.,

2009, p.76).

**Criminal Record.** In another study conducted by Bridges and Steen (1998), the most significant factor relating to recidivism has been prior conviction. In determining risk, it was very important to probation officers whether a youth had “a proper attitude toward crime, a disrespectful attitude, and a lack of understanding or agreement with the legal order” (Bridges & Steen, 1998, p. 556). Additionally, having functional families, drug and alcohol use, engagement in school, and family or friends who are criminals were static factors that were viewed as important by probation officers (Bridges & Steen 1998).

### **LSI-R and LS/CMI Assessment**

The LSI-R and the LS/CMI are risk-need assessments that are commonly used to predict offenders' risk of recidivism. These assessments have been empirically tested and have a predictive validity of around  $r = .42$  (Baglivio, 2009). This research-based tool determines offenders' change in risk over time by evaluating the 54 items on the initial assessment (Labrecque et al., 2014). They are then re-assessed after a pre-determined period to complete the assessment (Labrecque et al., 2014). The LSI-R/ LS/CMI embodies the most significant factors predictive of recidivism. These factors are defined as “criminal history, antisocial personality, antisocial attitudes, and social support for crime” (Guastafarro, 2012, p. 771). The central 10 risk-need factors are encompassed within the LSCI-R/ LS/CMI risk-need assessment (Gustafarro, 2012). Other dynamic risk factors that the LSIR/ LSCMI assess are “antisocial attitudes, antisocial peer associations, lack of problem solving and self control skills, criminal thinking patterns, unemployment, and limited educational attainment” (Guastafarro, 2012, p.772).

In addition to these proven dynamic risk factors, it is also important to note that, according to previous research, demographic data have been very important to predicting

recidivism on the LSCIR/LS/CMI (Lowenkamp & Bechtel, 2007). Some research has shown that demographic data is valuable in determining recidivism risk (Lowenkamp & Bechtel, 2007). Despite its effectiveness, there are differing beliefs among professionals on the ethical nature of using demographic data to assign risk level. This dichotomy will be explored later in this review.

### **Other Assessment Domains**

There is an abundance of research on the domains assessed on systematic assessments that most effectively predict reoffending. When researching the predictive validity of the Arizona Risk-Needs Assessments (ARNA) Schwalbe (2009) has assessed several domains such as: type of offense, family relationships whether they were characterized as assaultive, history of drug use, school enrollment, truancy, behavior and mental health, peer delinquency, prior complaints, and history of running away. The most identified risk factors that have been predicative of recidivism in the study were peer delinquency and a proclivity to assault (Schwalbe, 2009).

There has also been research conducted examining the predictive validity of the Strength Based Service Planning Instrument (SPIn) (Jones et al., 2015). The SPIn is a risk-need assessment that has a total of 11 domains including, “criminal history, response to supervision, aggression/ violence, substance abuse, social influences, family, employment, attitudes, social/cognitive skills, stability, and mental health” (Jones et al., 2015, p. 327).

Some assessments have utilized more specific sub-scales. The Post-Conviction Risk Assessment (PCRA) contains five total domains including criminal history, substance abuse, education/employment, social network, and cognitions (Harris, Lowenkamp, & Hilton, 2015). The criminal history domain has included items such as information surrounding arrests, history of violent offenses, offenses during supervised release, institutional incidents, and age at the time



of the offense was committed (Harris et al., 2015). The substance use domain include items such as use of substances that interfere with work, school, or family life, substance abuse that causes legal problems, current problem with substances, and continued use of substances despite consequences (Harris et al., 2015). The education and employment domain includes items such as highest level of education, employment history, and the number of jobs held in the last year (Harris et al., 2015). The social network domain analyzes items such as marital status, current living arrangement, lack of support system, family stability, and current antisocial peer relationships (Harris et al., 2015). The cognitions domain considers items such as antisocial values and offender's attitude about change (Harris et al., 2015).

With the movement toward empirical actuarial assessments, self-reports have become a significant part of the assessment. To assess the predictive validity of self-reports Loza and Loza-Fanous (2001) examined the Self Appraisal Questionnaire (SAQ). The SAQ is a "self report instrument... [that] consists of 67 true or false questions and has six subscales" (Loza, & Loza-Fanous, 2001, p. 5). These subscales include criminal tendencies, antisocial personality problems, conduct problems, criminal history, alcohol abuse, drug abuse, and antisocial associates (Loza & Loza-Fanous, 2001).

Another self-report questionnaire is the Emotional Quotient Inventory (EQT). The EQT assesses healthy personality traits through the scale scores of interpersonal and intrapersonal adaptability, stress management, and general mood (Mitchell, & Tafrate 2012). This assessment has importance because it utilizes the self-report as well as a strength-based scale (Mitchell & Tafrate, 2012).

**Gender Specific Domains.** Presently, risk-need assessments use a gender-neutral model to assess criminogenic need and responsivity factors (Rettinger & Andrews, 2010). The feminist

perspective asserts that “women’s pathways into the criminal justice system are gendered” (Rettinger & Andrews, 2010, p. 31). It also stresses that current assessments “ignore how the power imbalance in societal structure and the differential socialization and experience of males and females influence both rates of occurrence and the impact of factors such as victimization, parenting, and family obligations” (Rettinger & Andrews, 2010, p. 31). Critics of present risk-need assessments have also asserted that factors related to female offending are different than factors for males (Geraghty & Woodhams, 2015).

Victimization has been researched as a factor with a significant association to recidivism, especially for female offenders (Ousey et al., 2015). Research has asserted that women who have been victims of crime are generally isolated (Ousey et al., 2015). This is exhibited through problems with self-control, parental attachment, and the presence of delinquency in peer associations (Ousey et al., 2015). The General Strain Theory shows how having a history of crime victimization can lead to crime involvement (Ousey et al., 2015). This theory defines crime involvement as behavior that has prevented offenders from achieving their goals (Ousey et al., 2015). The General Strain Theory is important because it works to show how “individuals who get victimized have a particularly high-risk combination of personality traits, social relationships, and pro-crime attitudes” (Ousey et al., 2015, p. 165). Victims of crime are more likely to offend because they develop criminal coping skills as a method to deal with their own victimization, making them susceptible to engage in criminal thinking patterns and activity (Ousey et al., 2015). Despite this truth, there have been concerns from professionals on the ethics of assigning higher risk based on factors outside of offenders’ control (Marlowe, 2012).

While there is significant research concluding that the central 10 risk and need factors have accurately predicted risk and need, there is less research on whether gender responsive

assessments have more predictive validity than gender-neutral assessments (Rettinger & Andrews, 2010). In their study, Rettinger and Andrews (2010) have compared these two approaches. The measures that were statistically significant to predict risk were measures relating to the central 10 factors. These factors were operationalized as the “type of correctional setting, age, race, socioeconomic distress, single parenthood, traumatic life history, and experiences of emotional and social distress” (Rettinger & Andrews, 2010, p. 42). Findings have showed that “having a non-supportive family was associated with general recidivism, but not violent recidivism” (Rettinger & Andrews, 2010, p. 40).

Additionally, a study conducted by Gould (2010) identified common risks for women that are not as prevalent for men. The domains listed were marital status, suicide attempts, family structure, childhood abuse, depression, substance abuse, single parenting, use of public assistance, and relationships (Gould, 2010). While females are less likely than men to have violent offenses, they are narrowing the gap (Baglivio, 2009; Gould, 2010). The higher rate of violent offenders in both genders creates the need to use precise risk-need assessments that measure pertinent dynamic risk factors in order to investigate the reason for this change.

According to this research, the most important risk factors for female delinquency have been “school and family relationships, history of physical or sexual abuse (victimization), criminal history, social history including academic performance, attendance, conduct, and performance, history of court ordered placement, history of running away, parental authority and control, and substance abuse” (Baglivio, 2009, p. 604). Through meta-analysis, research conducted by Baglivio (2009) has determined that “the relationship between social history and recidivism was stronger than between criminal history and recidivism” (p. 604). Due to the fact that utilizing social histories has been found to be an important component of assessment

accuracy, many professionals have been able to use a strength-based lens in their assessments.

In accordance with many studies on gender responsiveness in risk-need assessments, Geraghty and Woodhams (2015) have defined important criminogenic risk factors as items that “include accommodation, financial, personal/ emotional, general risk/ need, family/marital, education, employment, alcohol/drug, and leisure and recreation” (p. 32). These factors reflect the major 10 factors, but also have simultaneously used a gender responsive lens to ascertain information that specially targets women (Geraghty & Woodhams, 2015). This research also suggested that there have been unique factors that specifically target women which should be considered on assessments, such as prostitution, teenage or young adult pregnancy, and self-harm (Geraghty & Woodhams, 2015).

In an additional study conducted by Rettinger and Andrews (2010) on female criminality, the authors assessed domains such as women’s self-harm, emotional/ social distress, education level, measure of poverty, employment status, financial problems, supportive network, parental status, whether they were worried about their children, victimization/ traumatic life history, use of substances, and personal misfortune. Some of these factors have been included in the central 10 risk factors, but they have been reframed into a feminist perspective that accounts for gendered criminality (Rettinger & Andrews, 2010).

### **Best Practices of Addressing Risk Factors**

Empirical tools have shown to be “highly reliable in predicting violence” (Barber-Rioja & Rotter, 2015, p. 85). In addition to the research-based domains that identify the presence and persistence of criminogenic risk factors, social workers and other criminal justice professionals utilize several theories in order to create effective and empirical risk prediction tools.

**Structured Decision Making.** According to previous research conducted by Shook and

Sarri (2007), structured deciding making (SDM) was found to be an important theory that has assisted court officials when evaluating risk. SDM is defined as “a formal and standardized procedure guiding decision makers by defining the criteria they must use in their deliberations and decisions” (Shook & Sarri, 2007, p. 1336). These procedures are clinical processes that predict future risk and identify appropriate interventions (Shook & Sarri, 2007). The study has measured professionals’ opinions on SDM, and their perceptions on its effectiveness. This research found that 63 percent of the sampled professionals have reported using risk-need assessments as part of their practice with offenders (Shook & Sarri, 2007). These findings signify the increasing importance of risk-need assessments to criminal justice practice.

**Evidence Based Practice.** Research into evidence-based practice has highly influenced the format of risk-need assessments. Research conducted by Schwalbe (2008) outlined how evidence based practice principles supplement human service provider’s judgment about future risk. It operates by integrating clinically relevant questions grounded in risk and need prediction as well as the case planning elements of the assessment (Schwalbe, 2008). Risk-Need assessments that utilize evidence-based practice identify both static and dynamic factors, though static factors are more common. Static factors are risk factors such as “offense history, family circumstances, education, peer relation, substance abuse, leisure, personality, and attitude... while dynamic risk are domains related to potential interventions” (Schwalbe, 2008, p. 1460). Static factors are measured using 42 indicators, and are combined with each offenders’ criminogenic needs and responsivity factors in order to gage their risk level (Schwalbe, 2008). The use of the dynamic factors shows the link between risk-need assessments and case planning. Evidence based practice is important because it provides empirical data to support structured decision making in clinical practice, improving the effectiveness of clinical outcomes (Duwe,

2015).

**Strength-Based Approach.** Historically risk-need assessments have solely focused on static factors, such as criminal history, to predict risk (Barber-Roja & Rotter, 2015). As the purpose of risk-need assessments has expanded, so have the methods of collecting assessment data. Findings in previous research have asserted that when responsivity and general need are assessed using a strength-based perspective, then they are better able to predict risk and target treatment planning (Jones et al., 2015). In the RNR model, strengths have been identified in order to quantitatively count them as part of the overall risk scores (Jones et al., 2015). Incorporating strengths in risk-need assessment scores have signaled a movement toward positive psychology, which aims to “study an individuals’ skills, strengths, virtues, and enhancement of well-being” (Jones et al., 2015, p. 322). The types of strengths identified have been identified as, “pro-social bonds, personal qualities, academic ability, and internal processes” (Jones et al., 2015, p. 322). This strengths based approach is grounded in relational theory that emphasizes a holistic approach (Jones et al., 2015).

The effectiveness of strength-based risk-need assessments was explored through a study conducted by Jones et al. (2015) where the Service Planning Instrument (SPIn) risk-need assessment was assessed for validity. This assessment differentiates itself from others because it examines risk, needs, and strengths. In the SPIn, “the strengths are specifically quantified for personal and social resources, skill, and positive attitudes” (Jones et al., 2015, p. 325). Likert scales were utilized to “produce both domain totals and an overall strength score used to determine offender classification” by tracking change over time (Jones et al., 2015, p. 326). The research study has found that there was a “significant decrease in recidivism rates across strength classifications for all subsamples” (Jones et al., 2015, p. 328). Overall, “high strength scores are

particularly effective in attenuating recidivism rates among higher risk cases” (Jones et al., 2015, p. 329). In addition to the predictive capabilities of the strength-based assessment it also “complements a number of approaches aimed at building rapport with the offender and enhancing motivation” (Jones et al., 2015, p. 332).

### **Ethical Challenges**

Data from research-based tools such as the LSI-R/ LSCMI has suggested that demographic data should be used to determine risk (Lowenkamp & Bechtel, 2007). At the same time, automatically assigning higher risk to certain demographics can be seen as ethically problematic. Risk-Need Assessments have the possibility of denying people their personal liberty based only on their probable future criminal action (McSherry, 2014). Due to this fact, many professionals believe that predictive risk-need assessments breach human rights, making them ethically problematic (Geis, 2012).

Historically, the intended overall purpose of risk-need assessments has been to categorize offenders’ risk level in order to assign the appropriate community interventions, such as release and re-entry planning (McSherry, 2014). Currently, there are agencies using offenders’ risk level determined by risk-need assessments as a reason to incarcerate them for longer sentences, or make them participate in “continued coercive supervision after sentence” (McSherry, 2014, p. 787). Previous research has found this practice to be extremely unethical. When clinicians are instructed to use risk-need assessments this way they become “agents of supervision, social control, and monitoring” (McSherry, 2014, p. 30). While research supports the fact that community supervision of offenders reduces recidivism, if the level of supervision is assigned in an unethical way, it becomes problematic (McSherry, 2014; Wikoff, Linhorst, & Morani, 2012).

**Racial Disparities.** One of the major critiques of the use of empirical risk-need

assessments as a means to assess risk has been that they have been found to disproportionately categorize African Americans as high-risk (Harcourt, 2015). Previous research has asserted that one of the main criminogenic factors assessed on risk-need assessments is criminal history (Bridges & Steen, 1998). Due to the presence of institutional discrimination, African Americans are more likely to have more lengthy criminal histories than any other ethnic group (Harcourt, 2015). Therefore African Americans are more likely to score in the high-risk category (Harcourt, 2015). In this way, “criminal history has become a proxy for race” (Harcourt, 2015, p. 237).

Research has suggested “relying on prediction instruments to reduce mass incarceration will surely aggravate what is already an unacceptable racial disproportionality” (Harcourt, 2015, p. 240). Also, high-risk categorization has been shown to result in “significant detrimental consequences on [offenders’] employment, educational, familial, and social outcomes” (Harcourt, 2015, p. 240). Even the LSI-R/ LSCMI, which is considered one of the most accurate risk prediction tools, has had problems remaining ethnically fair. Meta-analysis conducted on the reliability of this assessment suggests that the results of the LSI-R/ LSCMI instrument have not been as accurate with female and non-white participants (Baglivio, 2009; Lowenkamp & Bechtel, 2007). These findings have been considered increasingly problematic when contemplating the ethical nature of risk-need assessments.

When examining the ethical dilemmas that have arisen when conducting risk-need assessments, it is important to acknowledge the fundamental dichotomy between corrections and treatment professionals. Corrections professionals have generally conducted their work of lowering recidivism through supervising offenders appropriately, and effectively catching their potential violations. Treatment providers have worked toward reducing recidivism by treating offenders’ potential needs in order to provide them with the skills necessary to reintegrate into



society successfully. They both have the same goal, but have completely different methods and philosophies guiding their work that can create inevitable clashes. These clashes influence each professional group's perception of the effectiveness of risk-need assessments.

### **Practitioners' Role**

Practitioners who perform risk-need assessments in the criminal justice system must walk a fine line between protecting public safety and ensuring offenders' individual liberty (Geis, 2012). In order to accomplish this, practitioners must always be sure not to "engage in deception, exploitation, or needless invasion of the privacy of the people who are examined" (Geis, 2012, p. 787). When practitioners fail to uphold this standard, they cease to be clinicians and instead become agents of social control (Geis, 2012). When this occurs the practitioners' role in the risk-need assessment process can compromise the accuracy of the assessment process.

**Practitioner Bias.** Generally, even when risk-need assessments place African Americans in lower risk categories, they still have been treated as if they were high-risk offenders (Raynor & Lewis, 2011). This problem was examined in Raynor and Lewis' (2011) study on the connection between offenders' race and the harshness of their sentence. In their study, the difference between offenders' risk-need score and sentence was compared. All comparisons were conducted between offenders from different ethnicities who have similar sentence dispositions (Raynor & Lewis, 2011). Findings suggested that minority offenders receive higher risk-need scores and have lower criminogenic needs than their white counterparts (Raynor & Lewis, 2011). Despite the fact that the study found that there was an average difference of -11.1 percent between the criminogenic needs of minority and white offenders, the offenders in the study received similar dispositions (Raynor & Lewis, 2011). Practitioner bias is important because it has the ability to affect how the instrument is conducted and the way the instrument is scored.

Even though discrimination has been prohibited in sentencing and arrests, it does not change the fact that racial disparities do exist in the criminal justice system (Raynor & Lewis, 2011). This disparity has the potential to affect criminal justice professionals' ability to be unbiased with their clients. As with the ethical concerns of the assessment tools themselves, the fact that practitioners have been in such a powerful position means that practitioner bias has the potential to taint assessments. This must be considered when the validity of risk need assessments is assessed.

In a research study conducted by Bridges and Steen (1998), researchers examined whether professionals' perceptions of demographic attributes, such as race, effect diagnostic and treatment processes. The issues examined were whether court officials have perceived and judged minority offenders differently than white offenders, whether officials have perceived minorities as more likely than white offenders to commit future crimes, and whether these perceptions have negatively affected minority youths' recommended sentences (Bridges & Steen, 1998). Through interviews with probation officers the study found that these officers were significantly more likely to have had negative internal attributes about minority youths than white youths. This finding has been actualized with a mean score of .56 of negative attributions for Black participants, and -.07 percent for White participants (Bridges & Steen, 1998). The potential for this bias to affect the manner that risk-need assessments have been scored was shown in this study. It is important to understand how the power of perception affects assessment results. To counteract bias, practitioners must utilize positive and evidence based clinical judgment.

**Clinical Judgment.** Clinical judgment alone in determining offenders' risk classification has been found to be inaccurate (Barber-Rioja & Rotter, 2015). This does not mean there is not

place in the risk-need assessment process for clinical judgment to be used. Several studies include a place within the risk-need assessment for clinical discretion and judgment to be implemented. In theory “a risk/needs assessment should incorporate an actuarial instrument, clinical interview, and collateral information” (Gustafarro, 2012, p. 771). The LSCI-R/ LS/CMI assessments have exemplified the incorporation of the clinical perspective by having a clinical interview as part of the process, as well as having an option for the clinician to explain why they disagree with the score (Labrecque et al., 2014).

In research conducted by Bosker, Hermanns, and Witteman (2013), researchers interviewed criminal justice professionals about their clinical opinions on risk-need assessments. The data concluded that these professionals generally target offenders’ problem areas of “cognitive skills, addiction, attitude, and emotional needs” (Bosker et al., 2013, p. 73). While these items have been present on every assessment, assessments have the capability to be more accurate when clinicians have been allowed to use their clinical judgment. Part of clinical judgment is the importance of clinicians having the ability to ask additional questions to gain supplementary information to be considered in the scoring. This has been seen through clinical professional override features on assessments such as the LSI-R/ LS-CMI (Gustafarro, 2012). This override function has allowed practitioners’ clinical opinions to be included in the determination of offenders’ specific needs and risk score. This is extremely important because these scores have the ability to affect offenders’ level and type of treatment and supervision.

### **Conceptual Framework**

To implement this study, a strengths-based rehabilitation framework has been used in order to emphasize both professional ethics and effectiveness of risk-need assessment practices. The strengths-based rehabilitation framework views the offenders’ entire personhood when

examining their risk. This framework has historically allowed traditional criminogenic risk factors as well as individual strengths to be assessed (Ward et al., 2012). This perspective has been best described as an all-encompassing theory that is used to utilize a “combination of ethical, theoretical, scientific, and practice elements” (Ward et al., 2012, p. 95). Under this framework, assessments should be “socially acceptable and personally meaningful” (Ward et al., 2012, p. 95).

Viewing strengths has been found to be important when predicting risk. Generally risk-need assessments focus on offenders’ negative attributes, such as their criminal history. Even when strengths are uncovered in the assessment, they have been rarely used as part of the risk level scoring process (Jones et al., 2015). When this approach is used, it gives a limited view of their lives. Due to the fact that offenders’ treatment and rehabilitation methods have depended on how they are assessed, it is important for measures that predict risk to be effective and strength-based. When such an approach is used to examine risk-need assessments, offenders’ primary human goods have the ability to be identified (Ward et al., p. 2012).

Many offenders have been classified as high risk because they present with many criminogenic risks and needs. At the same time, they also have many strengths that, if considered, have the potential to lower their risk of recidivism level. This framework has shown that when individual strengths are not assessed, offenders are not portrayed accurately, resulting in assessments not being individualized. Therefore, when strengths are eliminated from the assessment process, it can fundamentally taint the results.

Within this framework, primary human goods have been defined as the client’s “core values and life priorities... [which] create individual’s sense of who they are and what is really worth having in life” (Ward et al., 2012, p. 95). When strengths are viewed as important, not

only can potential risks be identified, but also professional relationships can be developed through “build[ing] rapport with the offender and enhance[ing the offender’s] motivation” (Jones et al., 2015, p. 332). While predicting risk has been found to be extremely important, its only value is to assist in making communities safer through assisting individuals to become their most productive selves. A strengths-based rehabilitative approach is important because it has the ability to be used to shift the focus of assessments away from offenders’ past mistakes, and toward their future goals.

Research has suggested that generally offenders are extremely goal-oriented individuals (Ward et al., 2012). Therefore, a strength-based rehabilitative theory framework was used to account for offenders’ experiences and personal characteristics. These experiences make up their primary human goods, which has been found to be an effective practice. When this model is used correctly, offenders’ primary human goods acknowledge their criminogenic needs for the purpose of building and developing their goals, so they may be able to achieve full rehabilitation (Ward et al., 2012). Developing such goals has been accomplished through cultivating internal capabilities such as “knowledge and skill sets, and external capabilities such as environmental opportunities, resources, and supports” (Ward et al., 2012, p. 96).

In this way, criminogenic needs have been understood as factors, both static and dynamic, that prevent offenders from achieving their goals (Ward et al., 2012). Viewing criminogenic needs in this way still allows for the empirically tested Risk Need Responsivity model to be utilized, while still adhering to clients’ individual strengths and treatment needs. When positive characteristics are emphasized, they reveal different information. This information is vital for criminal justice professionals to understand in order to supervise each individual offender properly, and treat them effectively. This framework allows for offenders’ dignity to be upheld in

the assessment process. Only when this is done can risk-need assessments be conducted both ethically and effectively.

## **Methodology**

### **Research Purpose and Design**

The purpose of this research was to examine criminal justice professionals' opinions on how to most effectively assess criminal offenders' risk and responsivity factors on risk-need assessments in a way that accurately predict their likelihood of recidivism. The research survey was designed by the researcher using quantitative measures to assess criminal justice professionals' perceptions on effective and ethical predictors of recidivism used on risk-need assessments. Additional qualitative items were part of the quantitative survey. Both descriptive and inferential data were gathered through demographic, open ended, multiple choice, and likert questions. The survey questions were related to professionals' beliefs and opinions on the value of measures used on risk-need assessments, as well as what components were most important to be focused on to make them effective and accurate tools to combat recidivism (See Appendix A). A quantitative study was chosen in order to survey a larger and more diverse sample, and to assess a distinct sample of professionals' opinions on a variety of research-based risk and responsivity factors.

### **Sampling Method and Data Collection**

To collect necessary data this research targeted potential participants using a convenience and snowball sampling method. Snowball sampling is defined as a, "recruitment technique in which research participants were asked to assist researchers in identifying other potential subjects" (Institutional Review Board, 2010, para. 1). In this way it also served as a convenience sample, as it began within the researchers' professional network. The researcher contacted

several professional contacts and asked them for their participation, and to identify other possible participants to take the survey. Initial contact with qualified possible participants was made through e-mail, and they were asked to distribute the survey to additional participants. This sampling method was chosen in order to gain a larger sample of criminal justice professionals than the researcher believed could be collected independently.

### **Protection of Human Subjects**

In order to ensure the protection of all participants, this research underwent approval from the Institutional Review Board (IRB) at St. Catherine University. Additionally, the researcher completed the required Collaborative Institution Training Initiative (CITI), which is widely accessed by academic institutions. Potential participants of the research study were required to agree to the consent form that preceded the electronic survey. This was done in order to ensure their informed consent and that their participation was entirely voluntary.

The consent form included background information on the study's focus, a description of the survey and research procedures, the potential risks and benefits to participating in this study, and a statement that outlined the protection of confidentiality that the author created using an online survey tool entitled Qualtrics. The participants were advised that they were free to end their participation of the survey at any time with no penalties. Due to the fact that the survey was completely circulated electronically through email, and the researcher was not present while the participants took the survey, the potential for coercion was diminished.

Every effort was made to maintain participants' confidentiality and anonymity in this study. No personal or identifying information was collected. All surveys and consent forms were stored on the researchers' password protected and secured computer, and on the secure and password protected Qualtrics database. In addition, the dataset that was created on the Statistical

Package for the Social Science system (SPSS) that was stored on the researchers' password protected storage drive at the University of St. Thomas. The surveys, consent form, SPSS dataset, and other documents with identifying information will be destroyed by June 1, 2016.

### **Participants**

The participant goal for this study was 40 participants, but the study had 79 total participants. Fifteen people opened the survey but did not start the survey; 11 people did not complete the survey causing the researcher to erase data, and two surveys were not analyzed due to technical difficulty. Therefore, the actual total number of participants analyzed was 51. Incomplete data was removed so that the data analysis, and in particular the scale scores, would be more accurate. Since the amount of incomplete surveys was higher than expected, the researcher evaluated the places where the survey was discontinued. All 11 participants discontinued taking the survey when more specific questions were asked about risk-need assessments. It is hypothesized that these participants did not have enough specialized knowledge about risk-need assessments to continue taking the survey.

**Occupational Group.** The specific participant goal was to have 20 social workers or other treatment providers, and 20 other criminal justice professionals, for comparative purposes. When the data was cleaned and analyzed, there were 13 (25.5%) respondents who were classified as "Treatment Providers" (including social workers, counselors, and drug court and assessment coordinators), and 34 (66.7%) respondents who were characterized as "Corrections Professionals" (including probation/ parole officers, correctional officers, corrections caseworkers, pre-trial release case managers, corrections managers, re-entry case managers, employment coordinators, corrections director, court services workers, judges, prosecutors, and judicial officers).



The four (7.8%) remaining respondents in this study listed their occupation as being “researcher”, “education”, and “professor”. These surveys were not analyzed as part of this variable because their occupation was outside the scope of the research. Since these occupations are not traditionally apart of the criminal justice system, the researcher felt that their occupational group would not be appropriate in either the “Treatment” or “Corrections” occupational group. Both descriptive and inferential statistics were analyzed in order to explore the research questions related to differences in professional values. This was the main demographic characteristic analyzed in this study.

**Education.** This sample included participants with a variety of educational backgrounds. In order to explore the educational distribution of this sample, the variable “Education” was examined. Three categories were created: 1) Social Science (including psychology, social work, alcohol and drug counseling, family therapy, mental health counseling, and sociology), 2) Corrections (including corrections and criminal justice), and 3) Legal (including JD Law and paralegal studies). Frequency tables and bar charts were run on the variable “Education”. Twenty-One (41.2%) respondents had an educational background in Social Sciences, 17 (33.3%) of the respondents had an educational background in Corrections, and seven (13.7%) of the respondents had a legal educational background. While the findings indicate that there was a great split between the occupations in the sample, the educational background of the sample was more evenly distributed.

**Experience.** This sample also had a variety of levels of experience represented. This nominal variable “Experience” measured the sample’s level of experience in the criminal justice field. This variable was separated into three categories: 1) Low Experience, 2) Medium Experience, and 3) High Experience. Twelve (23.5%) respondents had between 0-5 years of

experience (Low Experience), nine (17.6%) of the respondents had between 6-10 years of experience (Medium Experience), and 30 (58.9%) of the respondents had between 11-45 years of experience (High Experience). Findings indicate the majority of the sample (58.9%) are considered to be experienced.

### **Procedure**

The data for this study was obtained through an electronic survey that lasted approximately 15 to 20 minutes. Participants were recruited through the researchers' professional contacts. Qualifying criteria for participation in this study were that participants had to be at least 18 years old, and either presently or in the past have worked with criminal offenders in any capacity. In order to ensure that participants matched this criteria, screening questions were asked. If participants' answers to these screening questions did not affirm the qualifying criteria, then they were automatically required them to exit the survey. No other demographic characteristics were targeted in the sample.

The survey was distributed through email lists, and participants were required to read and sign the consent form expressing that they understood the study's procedures, risks, confidential nature, and agreement to participate prior to beginning the survey. All data collected remained anonymous, as no identifying information was collected. Participants' names and email addresses were not linked to their responses. The researchers' contact information was given to participants to give them the ability to contact the researcher if they had any questions about their participation.

### **Instrumentation**

The survey instrument included 24 questions that were created by the researcher and based on an extensive literature review (See Appendix A). Two questions (Q. 1-2) were

screening questions aimed to eliminate participants outside the scope of the research. Eight questions (Q. 3-10) were multiple-choice questions that focused on participants' gender, occupation, level of experience, education, previous training, geographic location, level of familiarity with risk-need assessments, and type of assessment used. Three questions (Q. 11-13) asked participants to choose from paired statements that assessed their opinions on the effectiveness and ethics of risk-need assessments. This section had space for qualitative responses to these quantitative questions.

Four questions (Q. 14-17) were likert questions that asked participants to rate the importance of researched based domains used on different risk-need assessments. Four questions (Q. 18-19, 22-23) were likert questions that asked participants to specifically rate their agreement with several questions about the effectiveness, ethics, and treatment purposes of risk-need assessments. Within this section there were two qualitative questions (Q. 20-21) asking for participant comments on their quantitative responses. There was also one additional qualitative question (Q. 24) that asked participants about their opinions on improvements that should be made to risk-need assessments in the future.

### **Data Analysis**

Prior to the data being analyzed, three composite scores were computed based on items contained in the survey. The resulting composite items were: Strengths Scale Score, Risk Scale Score, and Ethics Scale Score. These scale scores were created by the researcher based on a variety of different questions throughout the survey (See Appendix B). They were analyzed using additive median splits in SPSS. Additive median splits work through comparing the sample by splitting them into two groups where high is classified as the group above the median response number and low is below the median response number (Howell, 2013).

The Strengths and Risk Scale Score were used to answer the question: *Is there a significant difference between treatment providers and other criminal justice professionals in their value of strengths and risk behavior as predictive of recidivism on risk-need assessments?* Separate chi-square analyses were conducted comparing the variables “Strengths” and “Risk” to the variable “Occupation”. Cross tabulations were run on these variables in order to determine whether there was a significant relationship between respondents’ occupational group and their belief that strengths and risk behavior are an important part of predicting risk on risk-need assessments.

The Ethics Scale Score was used to answer the question: *Do treatment providers place a higher value on risk-need assessments being ethical than other criminal justice professionals, and does this vary with level of experience?* Cross tabulations were run on these variables in order to determine whether there was a significant relationship between respondents’ occupational group and whether they placed a high value on risk-need assessments being ethical.

To further analyze the variable “Ethics” a descriptive statistic was run on the variable “Race”. Responses were recoded into two categories: 1) Ethical and 2) Unethical. In order to analyze this research question, frequency distributions were run on these variables. To determine if there was a significant relationship between the value respondents placed on risk-need assessments being ethical and their level of experience, chi-square analyses were conducted on the variables “Ethics” and “Experience”. Chi-Square tests and cross tabulations were run in order to determine the significance between these variables. The variable “Experience” was recoded into two categories: 1) Low Experience (between 0-10 years of experience), and 2) High Experience (more than 10 years of experience.)

In order to answer the remaining research questions, several descriptive statistics were

conducted. The variables “Effective” and “Assessment” were analyzed to answer the research question: *Do criminal justice professionals believe the risk-need assessments they use are effective, and do these views vary by type of risk-need assessment used?* Frequency distributions were run on these variables in order to explore how many respondents believed that the risk-need assessment they currently use is effective, and what type of assessments were represented in the sample. The variable “Effective” was recoded into two categories 1) Effective and 2) Not Effective.

The variable “Assessment” measured which risk-need assessments criminal justice professionals use. This variable was recoded into two categories; 1) LSIR/LSCMI and 2) Other (which included the OYAS, Historical-Clinical Risk Management System, COMPAS, SPIn, J-SOAP II, Arizona Risk/Needs Assessment Instrument, and Other assessments including MNSTARR, RANT, T-RAS, PSI, BERT/VERA, Risk and Needs Triage, SARA, DVSI, Educational Assessments, ACE, YLS, and OWDS.)

In order to determine if there was a significant relationship between the type of assessment used and the respondents’ perception of the effectiveness of risk-need assessments, chi-square analyses were conducted on the variables “Assessment” and “Effective”.

The variables “Treatment” and “Education” were analyzed in order to answer the research question: *Is it important to criminal justice professionals’ that the results of risk-need assessments correspond to their treatment plans, and does this vary by educational background?* Frequency distributions were run on these variables in order to determine how many respondents believed that risk-need assessment scores should correspond to offenders’ treatment plans. This test also determined the educational background of this sample.

The variable “Treatment” was recoded into the two categories of 1) Agree and 2)

Disagree. The variable “Education” was recoded into three groups: 1) Social Sciences, 2) Corrections, and 3) Legal. The recoding was consistent with how this variable had previously been analyzed. In order to determine if there was a significant relationship between the respondents’ beliefs about whether treatment results should correspond to offenders’ treatment plans and their educational background, chi-square analyses were conducted on the variables “Treatment” and “Education” to determine significance between these variables.

## Findings

### Occupational Group Comparisons

The heart of this research was the comparisons of the difference of opinions between occupational groups on the predicative accuracy of strength-based and risk-oriented domains, as well as the ethical nature of risk-need assessments. Composite scale scores were created in order to test the relationship between respondents’ occupation and their occupational values related to risk-need assessments.

**Strength-Based Domains.** Data suggest that there was no significant difference between treatment and corrections professionals in their belief that client strengths are predictive of recidivism. To determine this, chi-square analyses were run on the nominal variables “Strengths” and “Occupation”. This statistical analysis was conducted in order to answer the research question: *Is there a significant difference between treatment providers and other criminal justice professionals in their value of strengths and risk behavior as predictive of recidivism on risk-need assessments?* Due to the low number of treatment providers that endorsed a low value on the scale focusing on the use of strength-based domains being considered on risk-need assessments, Fisher’s exact test was used to examine the differences between professional groups. Results of Fisher’s Exact Test indicated that there was no significant difference between

treatment and corrections professionals in their beliefs that strength-based domains are predictive of recidivism ( $p = .094$ ). (See Table 1). Despite the fact that this test was not found to be significant, there was a definite trend present whereby more treatment providers placed a higher value on client strengths being included when the risk of recidivism is determined on risk-need assessments than corrections professionals do.

Table 1.

*Client Strengths Predictive of Recidivism by Occupational Group.*

Strength Scale Score Value	Treatment	Corrections
Low	2 (15.4%)	15 (44.1%)
High	11 (84.6%)	19 (55.9%)

**Risk-Based Domains.** Data in this study suggest that there is not a significant difference between respondents in different occupations in their beliefs about whether offenders' risk behavior assessed on risk-need assessments is predictive of recidivism. Chi-Square Analyses were used to answer the research question: *Is there a significant difference between treatment providers and other criminal justice professionals in their value of strengths and risk behavior as predictive of recidivism on risk-need assessments?* To answer this research question, the nominal level variables "Occupation" and "Risk" were analyzed.

Results using the Pearson Chi-Square test indicated that there was no significant difference between treatment and corrections professionals in whether they find clients' risk behavior to be predictive of recidivism (chi-square  $\chi^2 (1, N=47) = .000, p = .989$ ). These findings suggest that there is no significant difference between treatment and corrections professionals in their beliefs about whether negative behavior is predictive of recidivism. The expected values and actual counts were the same for each association, and the percentages between the

occupations in their value of risk were nearly identical (See Table 2). Findings suggest that there is consistency between occupational groups concerning their value of risk being highly predictive of recidivism. For the purpose of this study, when the variable “risk” is used it should be interpreted as prior negative behavior.

Table 2.

*Client Risk Behavior Predictive of Recidivism by Occupational Group.*

Risk Scale Score Value	Treatment	Corrections
	Low	5 (38.5%)
High	8 (61.5%)	21 (61.8%)

**Ethics.** Data in this study suggest that there is a significant relationship between respondents’ professional group and their value of ethical risk-need assessments. This was determined by chi-square analyses that were conducted on the variables “Occupation” and “Ethics”. These statistical analysis were performed in order to answer the research question: *Do treatment providers place a higher value on risk-need assessments being ethical than other criminal justice professionals, and does this vary with level of experience?* Due to the lack of treatment providers that endorsed a low value on the scale focusing on the importance risk-need assessments being ethical, Fisher’s exact test examined the difference of this value between these professional groups. Results using the Fisher’s exact test indicated that there was a significant difference between treatment and corrections professionals in their value of the presence of ethical domains on risk need assessments ( $p = .021$ ) (See Table 3). Data suggest that there is a significant relationship between professional group and value of ethics. While the majority of the sample across both occupations had a high value of ethics (74.5%), 100% of treatment providers had a high value of ethics, compared to 64.7% of corrections professionals



Table 3.

*Value of Ethical Domains on Risk-Need Assessments by Occupational Group.*

Ethics Scale Score Value	Treatment	Corrections	Total (Occupation)
Low	0 (0.0%)	12 (35.3%)	12 (25.5%)
High	13 (100.0%)	22 (64.7%)	35 (74.5%)
Total (Ethics Scale)	13 (27.7%)	34 (72.3%)	47 (100.0%)

One of the important questions that the researcher used to determine the ethical scale score was whether respondents felt static factors, which past research has found to be ethically problematic, are unethical to include on risk-need assessments (Bridges & Steen, 1998) (See Appendix A). One of the options of unethical domains that the survey asked respondents to rate was race. To further examine the variable “Ethics”, a frequency distribution was run on the variable “Race”. This test was conducted in order to determine whether the sample believed race was an ethical or unethical domain to be assessed on risk-need assessments. In fact, the majority of respondents believed that race was an unethical domain to be considered (See Table 4).

Table 4.

*Distribution of Race*

	Frequency	Percent
Ethical	15	31.3%
Unethical	34	68.8%

In addition to the quantitative data on unethical assessment domains, the survey also had a space for respondents to fill in other unlisted domains that they thought were unethical predictors of offender recidivism (See Table 5). Qualitative data was gathered in order to better understand the respondents’ answers, and uncover other domains that they found to be unethical.

Table 5.  
*Participant Statements on Unethical Domains*

Types of Other Unethical Domains:
- Family criminal history
- Not guilty pleas
- National birth origin
- Number of children in family origin
- Homelessness
- Religion
- Ethnicity
- Sexual orientation

**Experience.** As discussed in the participant section, data suggest that over half of the sample was considered to be experienced (See Table 6). High experience was defined as having 10 or more years of experience working in the criminal justice field.

Table 6.  
*Distribution of Experience (Recoded)*

	Frequency	Percent
Low	21	41.2%
High	30	58.8%

Findings indicated that there is not a significant relationship between professionals' level of experience and their value of risk-need assessments being ethical. This was determined by chi-square analyses that were conducted on the variables "Experience" and "Ethics". Results using Pearson's Chi-Square indicated that there was not a significant difference between respondents' level of experience in their value of risk-need assessments being ethical ( $p = .973$ ). Findings suggest that criminal justice professionals' level of experience is unrelated to their beliefs about ethical domains being used to assess offenders' risk of recidivism on risk-need assessments.

Table 7.  
*Relationship Between Value of Ethical Domains and Experience*

	High Experience	Low Experience
Low Ethics	9 (43.3%)	12 (42.9%)
High Ethics	13 (56.7%)	17 (57.1%)

### Other Variables

While the main focus of this research was on the effect that professional values can have on professionals' beliefs about risk-need assessments, there were other variables besides occupational group that were analyzed in this study. Other variables were analyzed in order to determine if there are other important variables within this population that affect professionals' beliefs concerning effective and ethical measures of recidivism on risk-need assessments. Descriptive statistics and chi-square tests were used to analyze the variables "Effectiveness", "Assessment", and "Treatment".

**Effectiveness.** Before tests of association were run, frequency distributions were conducted to determine what assessments the respondents use as well as their beliefs concerning assessment effectiveness. Data suggests that the majority of the sample found risk-need assessments to be effective (See Table 8).

Table 8.  
*Distribution of Effectiveness (Recoded)*

	Frequency	Percent
Agree	37	72.5%
Disagree	5	9.8%

**Assessment.** Findings also indicated that more than half of the sample used assessments other than the LSIR/ LSCMI. Frequency distributions were run in order to determine which risk-need assessments were represented in the sample. Results indicated that 16 (31.4%) of the

respondents used the LSIR/ LSCMI risk-need assessment, while 34 (66.7%) of the respondents used other risk-need assessments. One of the other risk-need assessments in this category was the Service Planning Instrument (SPIn). Due to the fact that strength-based measures were such an integral part of this research, it is important to note the participant's use of strength-based assessments. According to Jones et al. (2015), one of the most prominent strength-based risk-need assessments used currently is the SPIn. In the current study, there were 3 (5%) respondents who reported using the SPIn risk-need assessment in their practice. Findings related to this variable indicate that there is a great diversity in the types of risk-need assessments that the respondents in this study use.

When examined together, data suggest that there is not a significant relationship between type of assessment used and respondent's belief in the assessment being effective. In order to answer the research question: *Do criminal justice professionals believe the risk-need assessments they use are effective, and do these views vary by type of risk-need assessment used?* chi-square analyses were run on the variables "Assessment" and "Effective". Due to the fact that the number in both of the cells in the "Not Effective" row were less than five, Fisher's Exact Test was used. This test indicated that there was no significant difference between respondents who used the LSIR/ LSCMI assessment and those who used other risk-need assessments in whether they find risk-need assessments to be effective in predicting recidivism ( $p = .645$ ) (See Table 9). Findings indicate that the type of assessment the respondent used was unrelated to their belief on whether risk-need assessments were effective.

Table 9.

*Relationship Between Belief in the Effectiveness of Risk-Need Assessments and Assessment Used.*

	LSIR/ LSCMI	Other
Effective	11 (84.6%)	25 (89.3%)
Not Effective	2 (15.4%)	3 (10.7)%

**Treatment.** Before tests of significance could be run, frequency distributions were conducted in order to determine the educational makeup of the respondents in this sample, as well as how they viewed treatment in relation to risk-need assessments. Descriptive statistics were run on the variable “Treatment” in order to answer the following research question: *Is it important to criminal justice professionals’ that the results of risk-need assessments correspond to their treatment plans, and does this vary by educational background?* Data suggests that the majority of the sample endorsed the belief that risk-need assessment results should inform offenders’ treatment plans (See Table 10). The variable “Education” had the same coding techniques as was used previously.

Table 10.  
*Distribution of Treatment (Recoded)*

	Frequency	Percent
Agree	33	64.7%
Disagree	10	19.6%

Findings indicate that there is not a significant relationship between respondents’ educational background and whether or not they believe that the results of offenders’ risk-need assessments should inform their treatment plans. Due to the low number of participants who endorsed the belief that assessment results should not correspond to treatment plans in each of the educational categories, Fisher’s Exact Test was used. This test examined the difference in perception about the purpose of risk-need assessments between the respondents’ by educational background. The results of Fisher’s Exact Test indicate that there was no significant difference between participants’ educational backgrounds and their belief in the purpose of risk-need assessments ( $p = .308$ ) (See Table 11).

Table 11.

*Relationship Between Belief that Assessment Results Should Affect Treatment and Education*

	Social Sciences	Corrections	Legal
Treatment			
Agree	12 (40%)	12 (40%)	6 (40%)
Disagree	5 (50%)	5 (50%)	0 (0%)

### Discussion

The purpose of this study was to build upon previous outcome research on the validity of risk-need assessments. This was done by assessing criminal justice professionals' perceptions on the nature of effective domains, the ethical nature of these assessments, and their opinions on their overall purpose of risk-need assessments. In particular, it was important that this research examined how these perceptions differed by occupational group. This comparison was especially significant because historically offenders have had a different type of relationship with corrections professionals than they have had with treatment providers within the criminal justice system (Marlowe, 2012).

Criminal justice professionals have a great deal of power over offenders in the criminal justice system. When professionals conduct their work with offenders in an ineffective or unethical way, it may result in higher negative reinforcements in offenders' lives. When this occurs, professionals move away from their intended role, and instead become agents of social control (Geis, 2012). This may occur when offenders' strengths are not identified, causing the overall ethics of the profession to not be upheld. In order to avoid this trend, it is important to establish whether there are differing professional values within the system, and how those values may affect professionals' work with offenders. In the current study, risk-need assessments were the tools analyzed in order to examine this concept.

The preset research indicates that there is a significant difference or trend between the

importance that treatment providers place on the values of ethical assessments and strength-based measures to predict recidivism. There was not a significant difference between the occupations in value of risk behavior being predictive of recidivism. In general this study is aligned with previous research that asserts there is a tension between these occupational groups (Marlowe, 2012). Through the qualitative components of the survey, discrepancies in the data were observed that will be examined.

### **Effectiveness**

The present research indicates that 88.1% of the sample believes that the risk-need assessments that professionals work with effectively predict offenders' risk of recidivism. This statistic supports the hypothesis of this study, as well as previous research indicating that the majority of criminal justice professionals find risk-need assessments to effectively predict offenders' risk of recidivism and treatment needs (Barber-Roja & Rotter, 2015).

Qualitative data that were collected provided a description of the sample's beliefs about the effectiveness of risk need-assessments. Some responses correlated with assertions in previous research such as: "If the risk assessment is accurate and well researched and completed correctly, then it is effective and ethical." There were also statements that did not support the findings such as: "I feel we put too much emphasis on risk assessments. From my experience, risk assessments have very little bearing on who will be successful and who won't." These variances may be due to the fact that criminal justice professionals support evidenced based practice and researched based tools, but sometimes their personal experiences tell a different story than the research does. Respondents pointed to factors such as housing, employment, and education that unfairly drove up scores, as well as institutionalized offenders who "know what to say" helping them score lower than they should have. This exemplifies some participants' feelings on how assessments

can be ineffective.

### **Treatment**

Another important part of the present study was to determine if professionals believe that offenders' risk-assessment results should correspond to the type of treatment they receive. Previous research asserts that high-risk and high-need individuals should be targeted with the highest degree of treatment and it should continue to respond accordingly (Marlowe, 2012). Findings in the present study suggest that 76.7% of the sample believe that the scores of offenders' risk-need assessments should correspond to the treatment they receive. Therefore, the present research affirms previous research that asserts that offenders' re-entry plans, including their treatment and supervision intensity, should be founded on information gathered in their risk-need assessment (Barber-Roja & Rotter, 2015).

Most assessments specifically assess offenders' criminogenic needs. Ideally offenders' treatment plans should target their assessed criminogenic needs. Overall qualitative data supported this concept. Respondents spoke about the importance of connecting assessments to treatment because of how it assists professionals in building rapport with their clients. One participant stated:

My personal experience tells me that targeting offenders' treatment needs is most successful with development of trust and client engagement. Many clients far exceed court ordered interventions. I have had the privilege to see many succeed and never return to the criminal justice system. Collectively, those individuals report relationship with trusting people- professionals and personal supports were a big part of their recovery.

As data in this study exemplifies, in order for risk-need assessments to fulfill their purpose of helping to lower the recidivism rate in the United States, the results of these assessments need to



be used to create and implement effective and appropriate treatment plans.

### **Comparing Professional Values**

**Strengths.** Current research is clear on the validity of incorporating offenders' strengths into assessment results. While the findings in this study were not significant, there was a definite trend present toward treatment professionals having a higher value of strengths being part of the scoring of risk-need assessments than corrections professionals do. This trend supports previous research. A study conducted by Jones et al. (2015) came to the conclusion that "adopting a concurrent strength-based approach may actually complement traditional risk assessment protocols by adding incremental validity to the prediction of criminal outcome" (p. 324). This study went on to find that "protective scores... improved the accuracy of the tool over total risk scores" (Jones et al., 2015, p. 324-325).

Qualitative data in the current study provide good insight into the different opinions on the importance of strengths being part of risk-need assessment results. To explain the importance of strengths, a participant explained: "I believe assessments should be more strength based as opposed to fixating on weaknesses. I also believe that clients/ human beings in general think and act differently when confined and that this may result in skewed outcomes"

In opposition, one respondent asserted, "Risk is not the same as responsivity." This statement communicated how this respondent did not connect offenders' risk of recidivism to their personal responsivity, or strengths. In other words, in this study, they did not see offenders' strengths as factors that contribute directly to predicting their risk of recidivism. This represents a stark difference in professional values related to how different professionals assess offenders' risk of recidivism.

This belief is in conflict with previous research on the importance of considering

offenders' strengths when scoring risk-need assessments. In a study conducted by Jones et al. (2015) the researchers found that "the consideration of strengths offers unique information that cannot be inferred from the measurement of risk and need factors along. Namely, there is evidence to suggest that pathways toward crime dissonance are distinct from pathways toward crime initiation" (p. 324). This research study supports the premise that when strengths are not considered when determining risk of recidivism, the assessment results cease to be as accurate as they could be if strengths were included. The trend found in this research is important because it shows the potential inaccuracies in the scoring of risk need-assessments conducted by corrections professionals.

**Risk Behavior.** When assessing offenders' risk level, factors pertaining to prior negative behavior such as criminal history, negative interactions with law enforcement, and antisocial activity and associates are considered to be most important (Gustafarro, 2012). Previous research has identified the central 10 criminogenic risk factors as "criminal history, employment/education, finance, accommodations, leisure, family/marital, companions, alcohol/drugs, emotional/personal, and attitudes/ orientation" (Guastafarro, 2012, p. 772). In one way or another all of these domains are related to risk behavior.

Findings were insignificant that there was a difference between participants in different occupational groups in their belief that assessing risk is important in order to predict recidivism. Both treatment providers and corrections professionals found risk to be important. When examining respondents' qualitative responses surrounding risk, it became apparent that negative behavior was important. One participant stated: "I believe that risk is a complicated issue that should encompass many factors including history, present client comments, and the seriousness of the instant offense, collateral input, and prior psychological / medical history. Human

behavior is unpredictable.”

While this test was insignificant, it was important that both occupations valued risk. Often it has been assumed that risks and strengths are mutually exclusive, and professionals who value strengths do not value risk. Despite this widely accepted phenomenon, previous research asserts the opposite. In their research, Jones et al. (2015) stressed, “quantitative inclusion of strengths in risk assessment is a worthwhile endeavor that is apt to enhance both predictive and case management functions” (p. 332). In this way, the present study affirms previous research and refutes common misconceptions.

The fact that both groups found negative behavior to be effective measures predictive of recidivism provides further validity to strengths measures. Criminal justice professionals can find both strength and risk measures important to predict recidivism. The fact that there might be a higher trend of treatment providers valuing strengths more than corrections professionals does not mean that treatment providers do not simultaneously value risk. When professionals value both measures, then assessment results are most accurate. As one respondent verbalized, “risk prediction is complex and difficult to predict.” When only negative behavior is assessed it not only taints the results of the assessment, it makes the assessment unethical.

**Ethics.** Creating valid assessment tools requires assessments to both accurately and ethically predict offenders’ risk of recidivism and areas of important treatment intervention. Previous research has found that minorities have historically received higher risk scores on risk-need assessments than their white counterparts (Raynor & Lewis, 2011). Often times these scores can affect offenders’ sentences, treatment requirements, or level of supervision (Barber-Roja & Rotter, 2015). Therefore, if the assessments are not constructed and conducted ethically, they have the potential to be inaccurate and unfairly influence sentence dispositions. Given the

presence of racial disparities in the criminal justice system, it was important for this study to assess whether respondents believed race was an ethical risk factor. The majority of the sample believed that this domain was unethical (69.0%). This finding seems to affirm the concern past research has asserted that this domain can lead to racial inequalities (Raynor & Lewis, 2011).

Some explanations by respondents about the presence of the risk factor of race on risk-need assessments provided important information: “Race is a confound with poverty- it is a predictor based on unequal police and criminal justice interaction, not actual criminal behavior.” In this way, some professionals find race to be an important factor to assess, not because it makes the offender more likely to commit crime, but because it can make others more likely to assume they are criminals and treat them as such.

In addition to this test, it was important to understand whether there was a difference between the occupations in the value of assessments being constructed ethically. To assess this difference, an Ethics Scale Score was developed. This scale was centered around professionals’ opinions on whether is it ethical to count uncontrollable characteristics, such as race and socio-economic status, against offenders in scoring their likelihood of recidivating. Other factors such as belief that there are racial disparities in the criminal justice system, if risk-need assessments should be culturally competent, and whether individual differences should be accounted for on assessments were included as well (See Appendices A & B). Previous research has stated this is an unethical practice (Mitchell & Tafrate, 2012).

The findings of the present research suggest there is a significant relationship between treatment providers valuing ethics more than corrections professionals do. It was encouraging that over the entire sample 74.5% of the respondents scored in the “High Ethics” category. Even more striking was that 100% of treatment providers scored in the “High Ethics” category. This

suggests that while both groups value ethics, treatment providers place a higher value on risk-need assessments being constructed ethically than correctional professionals do. Supplemental qualitative data on this subject added important insight into the sample's responses.

When asked to identify other unethical domains besides the listed options of: mental health diagnosis, race, gender, age, history of being abused, absence of supportive parents/guardians, and socio-economic status, respondents identified many other domains (See Table 8) (See Appendix A). The volume of responses to this question suggest that criminal justice professionals are concerned about this issue, and are actively considering what domains should not be counted against offenders in the assessment process. These unethical domains are overwhelmingly static factors, or at the very least dynamic factors with huge barriers attached to them. Due to the fact that the categorization of a higher risk level may result in a higher supervision status and other intrusive interventions, it is incredibly problematic for domains composed of unchangeable factors to increase their recidivism risk level.

When reviewing the multitude of qualitative responses, two separate schools of thought emerged in regard to unethical domains. Many believed that all domains were fair game because "if [the domains are] supported through statistics I don't believe any of them is 'unethical'." This supports the concept that assessments should be evidence-based, but it does not acknowledge the fact that some domains may put certain people at an automatic disadvantage based on factors that are outside of their control. In deference, some respondents acknowledged this dichotomy:

"While I do believe some of the individuals represented in these domains are overrepresented in the criminal justice system, I don't believe they have any relevance to measuring recidivism. I am concerned about criminalization of individuals based on these

domains.”

It is extremely important that risk-need assessments are effective at predicting recidivism in order to give professionals the information they need to assist them in treating offenders effectively as well as keeping the public safe. At the same time, if the assessments are conducted in such a way that they are unfairly targeting people from certain groups, they not only cease to be accurate, they also cease to be ethical. Some of these somewhat unchangeable factors are factors that may be able to be improved with proper interventions, such as mental health history and symptoms. While this is important to evaluate for treatment purposes and other interventions, it is unethical for such a biological factor to increase the offenders’ risk level (McSherry, 2014). When professionals place a high value on assessments being ethical, they are more likely to use their professional judgment to make needed changes to ensure that assessments are conducted as ethically as possible. If there are certain groups of professionals who do not find this to be important, the results of the assessments they conduct will be tainted. If this is true, this issue needs to be addressed.

### **Other Variables**

Besides occupation, statistics on the variables of “Assessment”, “Experience”, and “Education” were also conducted. In many ways the sample contained considerable diversity in these categories, increasing its validity. There were over 15 assessments represented in this study. The researcher expected the majority of the sample to report using the LSIR/ LSCMI because it is most commonly used in the Midwest, and is one of the most evidenced based tools available (Gustafarro, 2012). The fact that 68% of the sample used other assessments means that the perceptions gathered in the present research are not specific to the LSIR/ LSCMI. In the future it would be interesting to understand more fully in what ways different assessments incorporate the

professional values of strengths, risk, and ethics examined in the present study.

Examining the variable “Experience” showed that the majority of the sample (58.9%) had a decade or more of experience. In some ways it could be perceived to be preferable to have an experienced sample, but it is possible that a less experienced sample could have provided a less jaded perspective. While this was an interesting test, it does not seem to be a factor that would provide significant enough data to compare with occupational values.

The “Education” variable was interesting. Even though the “Occupation” variable was not close to being even, having only 13 (27.7%) of the sample categorized as treatment professionals, 21 (46.7%) of the sample had an educational background in the social science field. The social science category included disciplines such as: Psychology, Social Work, Sociology, Alcohol and Drug Counseling, Family Therapy, and Mental Health. This represents a very treatment oriented educational sample. While the amount of corrections professionals vastly outnumbered treatment providers at 34 (66.7%), respondents from an educational background of criminal justice/ corrections was only 17 (37.8%). Additionally, there were a variety of legal professionals that were unexpected and compromised 7 (15.6%) of the sample. Comparing the variables of “Education” and “Occupation” show that while there were more corrections professionals than treatment providers, there were a more equal number of people educated in separate fields. In this way, it is possible there was an overlap between these two variables.

### **Social Work Implications**

#### **Implications for Social Work Practice**

As the forensic social work field continues to expand, there will be more social work professionals working with offenders in traditional corrections settings. As this shift continues to occur, it is natural for corrections professionals to feel resistance toward the new methods that

treatment providers, or social workers, will try and implement (Marlowe, 2012). At the same time, many of these social work centric methods are extremely research and evidenced based. This creates institutional motivation to implement new methods, such as risk-need assessments. While it is important for these types of evidenced based instruments to be used, it is equally important how ethically and effectively risk-need assessments are constructed.

It is also important how the instruments themselves are conducted. The fact that treatment providers find strength-based, risk-based, as well as ethical domains to be important to accurately predicting risk is important. This shows how imperative it is for social workers to have a voice in making policy and direct practice decisions in the criminal justice system. Social workers have different experiences than other criminal justice professionals, and their perspective is *very* important. When social workers are not part of the decision making process there is a potential for interventions that are ineffective, unethical and not client-centered to be implemented. Corrections need to employ an inter-disciplinary approach where social workers are valued, and are continually sought out to be included in policy implementation and direct practice decisions.

Furthermore, if corrections professionals do not value offenders' strengths or emphasize the importance of having ethical assessments, then it is possible that the assessments they conduct are not as valid as the assessments treatment providers conduct. If this is found to be true, traditional measures must be implemented to institute validity, such as requiring more training or specialized educational experiences as requirements for non-treatment providers to conduct assessments. Maintaining clinical judgment is important to ensure assessment accuracy. At the same time, practitioner bias is a present reality that risk-need assessments should be protected against as much as possible.



Due to the fact that the results of risk-need assessments have the potential to determine offenders' type and length of sentence, level of supervision, and degree of required treatment, it is important that the tool be as accurate as possible. If risk-need assessments are not constructed and conducted in an accurate way, then they are facilitating the continued incarceration of offenders based on faulty reasoning. This is an issue of social justice that social workers should be very concerned about.

Practitioner biases and high-risk level categorization has the capability to result in unethical over incarceration and supervision of offenders. These realities indicate system wide disparities and flaws within the criminal justice system. The high incarceration rate in the United States is facilitated by a system that over-arrests people and provides inadequate services to ex-offenders (Alexander, 2012). When both of these factors are present in society, communities and families breakdown. This can cause problems that influence the functioning of the country as a whole. Mass incarceration is not just a problem for the 12 million people incarcerated in correctional facilities every year; it is *everyone's* problem (Jung et al., 2010). Given the ability to intentionally or unintentionally use unethical and ineffective practices in the current implementation of risk-need assessments, serious consideration should be given to the findings in this study that will improve future clinical social work practices and policies on how risk-need assessments are constructed and conducted.

### **Implications for Social Work Policy**

The implications of this study point to several policy interventions that should be made to help ensure that risk-need assessments are conducted ethically and effectively in the future. Social workers need to be involved in criminal justice interventions. Interagency and interdisciplinary collaboration should be required by corrections agencies in new policy creation

and implementation. Additionally, there should be an emphasis on hiring social workers and other treatment providers, and making sure they are in a position where they have a voice in policies and procedures concerning treatment interventions. Finally, there should be a focus on risk-need assessments being conducted ethically and effectively. Since strength-based measures have been shown to be effective, they need to be implemented in the actual scoring of offenders' risk level (Jones et al., 2015). Additionally since strength-based assessments assess offenders' strengths and risks, which more accurately predict risk, the Federal Bureau of Prisons and State Department of Corrections should implement more strength-based assessments. Future research needs to be conducted to empirically verify these policy implications.

### **Future Social Work Research**

This study supports previous research on the importance of the values of strengths, risk behavior, and ethics when predicting offenders' risk of recidivism on risk-need assessments. To distinguish itself from previous research studies on the subject, this study aimed to assess criminal justice professionals' opinions in order to gain information from experts in the field on the differences in responses based on occupational group. In order to build on the current study, future research must be done to authenticate the findings. In addition to having a larger and more diverse sample size, there are several other variables that must be assessed to have the necessary information in order to move forward with potential risk-need assessment policy implementation.

As was seen in the findings, there were more corrections professionals than treatment providers in the sample. At the same time, there was a more equal amount of participants whose educational background was from the social sciences and criminal justice fields. Further research should be conducted to investigate the association between participants' education and their professional values. In particular, future research should specifically target whether corrections

professionals with an educational background in social sciences have different values related to risk-need assessments than corrections professionals with a criminal justice or a non-social science educational background. This will help to determine whether occupation or education is a greater indicator of differing values related to risk-need assessments. Other variables in the study that were not assessed in this study that should be researched in the future include gender, previous training, and geographic location. These variables should be evaluated in order to determine association regarding the values of strengths and ethics.

As a quantitative study with some qualitative elements, this research had space for respondents to answer open-ended qualitative questions that were associated with the quantitative measures. While the qualitative data gathered did not rise to the level of themes to be analyzed, it provides important insight into professionals' perceptions on these topics. Future qualitative research should be conducted to gain more specific information on the varying opinions on values between the occupations, and what should be changed about the structure of risk-need assessments to implement these values. Ideally, participants from different professional and educational groups would be targeted for comparison purposes. Comparisons between treatment professionals and corrections professionals are important because this difference has important implications for future social work practice.

Additionally, since the presence of strength-based domains on risk-need assessments was a focus of the present research, more research should be done on strength-based assessments. The SPIn risk-need assessment is one of the most widely used strength-based assessments currently used in the United States (Jones et al., 2015). Despite previous research into the validity of this assessment, the present research only had 3 (5%) participants who reported using the SPIn. Future research should be conducted comparing the values between professionals who

use strength-based assessments, such as the SPIn, opposed to other assessments that focus on risk behavior, such as the LSIR/ LSCMI.

The other focus of this research was ethical domains. As previously discussed, there were a variety of responses on the ethical nature of using static factors to determine risk level. The other part of the ethics scale score were the ethical issues surrounding assessments being culturally competent and gender responsive (See Appendix B). While there was not as much data gleaned on these ethical issues, one participant stated: “As a researcher, I work with numerous assessments. Most are not gender responsive enough and do not focus enough on responsivity.” Future research needs to be done to gain more information from professionals about how risk-need assessment practice can grow to become more culturally competent and gender responsive.

### **Strengths and Limitations**

While the findings in this study are important, it is necessary for the strengths and weaknesses to be considered in order to fully understand the finding’s implications.

**Strengths.** The greatest strength of this study is the diversity of sample size. This sample covered a variety of variables such as educational background, occupation, assessment used, and years of experience in the field. Additionally, having a sample size of 51 participants was a large enough to be able to run a variety of statistical tests, including tests of association. The sample represents many collective years in the corrections and forensic social work field. Such a diverse sample with a variety of important professional experiences increased the study’s overall validity.

Also, the fact that the survey allowed space for several open-ended questions to be asked was a strength of the study. This gave participants the ability to explain their responses, and provided greater insight into these responses. Quantitative studies often do not allow participants space to explain themselves and the motivation behind their responses. By giving them the

ability to provide more information, the data collected in this study was much more expansive than most quantitative studies. Having qualitative data permitted the researcher to understand the participant's perceptions in a greater capacity. This allowed for more assertions to be made in the discussion and implication sections of the present study.

While there were fewer participants that had the qualifying criteria necessary to be considered treatment providers than the researcher had hoped, there were still enough treatment providers to be able to run statistical comparisons. Given the fact that there are less treatment providers working in the criminal justice system, and they are generally more difficult to target than other criminal justice professionals, it is a strength of the study that the sample had 13 treatment providers.

In addition to the participant's occupation, the study also represented criminal justice professionals from a variety of locations. The sample represented nine different states throughout the United States, using 15 different kinds of risk-need assessments. Given the fact that the snowball sample of the survey began in Minnesota, where the LSIR/ LSCMI is the predominant instrument used, the researcher was aware that there was a chance that professionals from that region using that assessment would dominate the findings. The fact that there was diversity in the assessments used is a great strength of the study. Instead of being a study of the LSIR/ LSCMI, the study was truly on risk-need assessments in general, which was the researcher's vision for the project. Having this level of diversity within the sample permitted the researcher to be creative in the research design, have options in the types of statistical analyses to conduct, a greater ability to interpret the findings, and make recommendations for future research.

**Limitations.** While the sample as a whole was diverse, the main limitation of the study was that the occupation sample was not very even. Having a significantly lower amount of

treatment providers than corrections professionals meant that the chi-square analyses comparing significance between these two professional groups was not as strong as it could have been if the sample had been more even. To counteract this limitation, the researcher compared percentages opposed to raw numbers, and used Fischer's Exact Test instead of Pearson's Chi Square to test significance. Despite taking these precautions, the research findings in this study would have had greater validity if the numbers between the comparison groups had been more even. Considering the fact that these comparisons were the heart of the research, it is a significant limitation of the study to not have comparable numbers between occupational groups.

Another possible limitation to this study was the level of experience that participants in the sample had. Over three quarters of the study (76.5%) had over a decade of experience in the criminal justice field. In fact there was at least one participant who reported having 45 years of experience. While having a sample that was able to draw on their extensive experience is generally a positive attribute, in this case it does not provide a diverse view of the use of risk-need assessments. Risk-need assessments have changed so much in the last few decades, it is possible that having an experienced sample size provided only one view on the use of risk-need assessments that might look different among a group of less experienced professionals.

When conceptualizing the limitations of the sample, a possible reason for the participant limitation is the fact that a snowball sample was used to collect the data for the present study. While snowball samples are extremely convenient, and allow researchers to easily and inexpensively gather necessary data, "the way the participants are gathered can easily influence the results by introducing unexpected or uncontrolled factors" (Emerson, 2015, p. 166).

Due to the fact that generally only a handful of individuals distribute the survey, it is common for the sample to reflect the attributes of the people who distribute the survey such as

their geographic region, occupation, or race (Emerson, 2015). These demographic details have the capacity to have a profound impact on a study. Since “all the participants are similar on one or more factors, [using a snowball sample] might skew the results of a study” (Emerson, 2015, p.166). In this way, the researcher can lose a fair amount of control of the sample when a snowball sample is utilized.

The snowball sample that was used in this study was gathered through professionals within the researchers’ professional network. While the sample represents professionals outside of the researchers’ network, it is possible that the study’s sample could have been more even if the sample was recruited differently. To protect against the limitations that a snowball sample presents, it would have been more optimal if a random sample had been used. While it is considered to be a more difficult and often an economically unfeasible option, it can increase the validity of a study’s sample.

In addition to the type of participants that were part of the study, it is also a limitation that several participants dropped out of the survey. On top of the 15 participants who exited the survey before beginning it, and the 2 participants’ surveys who were deleted due to technical difficulties, there were 11 participants who dropped out of the survey after beginning it. Upon further investigation it became apparent that all of the 11 participants who dropped out of the survey exited the instrument once more specific questions were asked about their opinions and experiences with risk-need assessments.

This information suggests that perhaps the participants who dropped out of the survey did not have enough knowledge about risk-need assessments to continue. To avoid this in the future, the researcher should ask another screening question about the participants’ familiarity with risk need-assessments. There should also be more specific information added to the consent form

about the specific type of questions that the survey will ask. Other possible reasons that these participants dropped out of the survey would be that the survey questions were confusing, it was too long, or that they exited the survey with the intention of returning but were never did.

Another possible limitation of this study is that the researcher created the survey instrument, and it has not been independently verified. For the findings of the study to have larger implications, the survey instrument and the scales within it would need to be recognized by an outside source. These factors should all be considered before future research is conducted.

### **Conclusion**

The findings in this study reveal important differences between how treatment providers and corrections professionals perceive the value of assessing strengths, and conducting ethical risk-need assessments. Additionally, both occupations shared a similar value in the predictive value of risk behavior. While there was a trend in the research toward treatment providers being more concerned with these values, when viewing the sample overall it was apparent that the majority of the sample valued these concepts. These results reveal the importance of implementing these values into the construction of risk-need assessments, as well as how professionals conduct it. The importance of assessing strengths and using ethical measures is consistent with previous research (Jones et al., 2015; Mitchell & Tafrate, 2012).

Another important finding in this study was that the majority of the sample believed offenders' treatment should be assigned based on the criminogenic needs identified on their risk-need assessments. This suggests the need to design a variety of appropriate correctional-based programming options that offenders should participate in based on their risk-need assessment scores. These findings confirm previous research on the importance of offenders participating in evidence based treatment, due to the fact that it is a more effective means of lowering the



recidivism rate (Duwe, 2014).

A review of the literature shows the overall validity of the RNR model in predicting offenders' risk of recidivism on risk-need assessments (Gustafarro, 2012). The purpose of this research was to build on the reliability of this tool by assessing current professionals' perceptions about it. This allowed the researcher to understand the effect of relevant professional values on the assessment's overall effectiveness. While the present study found that the majority of the sample believed the assessments they conduct are effective, strength-based and ethical measures were not as valued by corrections professionals. Previous research asserts that these values contribute to the assessment's overall effectiveness, and therefore should both be present within the construction of assessments and by the practitioners who conduct them (Jones et al., 2015).

Since corrections professionals do not value strengths or ethics as much as treatment providers do, the researcher suggests that treatment providers who have completed a standardized amount of education, training, experience, and supervision should predominantly conduct the assessments. If corrections professionals do conduct these assessments, the author suggests that they complete the same standardized training, education, and practice as treatment providers do. This policy change is the most measurable way to ensure that the values of ethics and strengths are present within the assessment process.

Since 63.8% of the sample (See Table 3) believes that the value of strengths is important when assessing offenders' risk of recidivism, the author suggests that more strength-based measures be added to the assessment and used as part of the scoring of offenders' risk category. Currently, strength-based measures are assessed but not considered in the scoring of risk (Jones et al., 2015). This practice is not in congruence with the RNR model (Barber-Roja & Rotter, 2015). Future research should be conducted to determine practitioners' opinions on scoring risk-

need assessments.

As far as ensuring ethical measures are assessed, the author suggests that the measures listed as unethical by respondents in this study not be assessed. Since 74.5% of the sample (See Table 6) valued ethical assessments and also identified many different other unethical domains present on risk-need assessments (See Table 13), this proposal is in alignment with the present study. This change is to begin to facilitate ethical assessments. In particular, it would assist in ensuring that these tools are not targeting members of minority groups and contributing to them arbitrarily serving harsher sentences.

To determine more specific changes that should be made to the structure of risk-need assessments, future qualitative research with criminal justice professionals should be conducted. Implementing such modifications to existing assessments, and creating new policies for practitioners conducting assessments would be a positive step to ensure that social work values are present in the risk-need assessment process. If that occurs then it will result in the ability to more effectively predict offenders' risk of recidivism and treatment needs over time.

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## Appendix A

### Survey Questions

#### Screening Questions

- 1.) Are you 18 years old or older?
- 2.) Do you work currently, or have you worked in the past, with clients involved in the criminal justice system?

#### Demographic Questions

##### 3.) Gender

- a. Male
- b. Female
- c. Other

##### 4.) Occupation

- a. Social worker
- b. Probation/ Parole officer
- c. Counselor
- d. Correctional officer/ caseworker
- e. Other (fill in)

##### 5.) Years of Experience

- a. (Fill in)

##### 6.) Educational Background

- a. Psychology
- b. Social work
- c. Corrections
- d. Alcohol and Drug Counseling
- e. Other (fill in)

##### 7.) Familiarity with Risk Need Assessments

- a. Conduct them often
- b. Conduct them occasionally
- c. Rarely conduct them, are knowledgeable about them
- d. Rarely conduct them, are un-knowledgeable about them

##### 8.) Evidence Based Practice Training Participated in

- a. Motivational Interviewing
- b. Crisis Interview Training (CIT)
- c. General Mental Health
- d. General Substance Use
- e. General Ethical Practice

##### 9.) Geographic Location

- a. Minnesota
- b. Wisconsin
- c. Massachusetts
- d. California



- e. Other (fill in)
- 10.) Type of assessment used**
- a. OYAS
  - b. LSI-R/ LS-CMI
  - c. Historical-Clinical Risk Management system
  - d. Service Planning Instrument (SPIn), Juvenile Sex Offender Assessment Protocol (J-SOAP II)
  - e. Arizona Risk/Needs Assessment Instrument,
  - f. Other- write in

**Each of the following questions presents two statements. For each question, please select the statement you agree with most. There are no right or wrong answers.**

**Question 11:**

- 1.) It is important for assessments to be culturally competent, in that they have specialty questions for participants of different races that target their individual needs
- 2.) All assessments should be the same regardless of participant's racial and ethnic background
- 3.) Do you have any comments on your response?

**Question 12:**

- 1.) Predicting risk through actuarial risk assessments is an ethical and effective way to reduce recidivism
- 2.) It is unethical to predict risk through actuarial risk assessments
- 3.) Do you have any comments on your response?

**Question 13:**

- 1.) Practitioner bias is likely to contaminate the results of risk need assessments, therefore it should never be used
- 2.) While practitioner bias is a factor to be considered, with proper training it can be diminished so that the valuable views and experience of practitioners can be utilized during risk need assessments through practices such as practitioner overrides.
- 3.) Do you have any comments on your response?

**Question 14-17:**

**On a scale of 1-5 ((very important, important, unsure, unimportant, very unimportant) how important do you to consider each of these factors to predicting recidivism?**

**Note: These items were separated into 4 questions for organizational purposes. All of the following items were included in questions 14-17**

- 1.) Antisocial/ pro-criminal attitude

- 2.) Presence of manipulative speech
- 3.) Inability to process life events
- 4.) Narcissistic behavior
- 5.) Negative attitude about crime
- 6.) Relationship with parents/ level of parent-child closeness
- 7.) Current intimate relationship- instability, conflict, antisocial partner and dissatisfaction
- 8.) Lack of attachment to children
- 9.) Family criminal justice involvement
- 10.) Substance abuse history
- 11.) History of participation in treatment
- 12.) Types of drugs used
- 13.) Age they began using substances
- 14.) Other addictions- gambling, etc.
- 15.) Early childhood aggression
- 16.) Gang associations/ activity
- 17.) Racist/ sexist beliefs
- 18.) Presence or history of anger management
- 19.) Inappropriate sexual activity
- 20.) Number of friends with criminal histories
- 21.) Are pro-criminal friends are the source of criminal behavior
- 22.) Presence of support system
- 23.) Positive and non-criminal peer relationships
- 24.) Criminal history- juvenile and adult
- 25.) Number of probation violations
- 26.) Number of incidents while incarcerated/ institutional misconduct
- 27.) History of running away or evading arrest
- 28.) History of violence- domestic violence, sexual assault, etc.
- 29.) Presence of law abiding attitudes
- 30.) Accepts responsibility
- 31.) Presence of goals
- 32.) Presence of personal ethics
- 33.) Current intimate relationship- stability, satisfaction, commitment, and pro-social influence
- 34.) Ability to discern the impacts of addictions, other problems, and previous criminal behavior
- 35.) Ability to show restraint
- 36.) Reasoning and motivation behind offense
- 37.) History of engagement in school
- 38.) Participation in organized activities
- 39.) Religious involvement
- 40.) Social interaction opposed to isolated activity
- 41.) Ability to communicate the positives that they will replace their negative behavior with (Positive thinking pattern)
- 42.) Belief that consequences are important
- 43.) Number of rewarding family relationships
- 44.) Presence of job skills and positive employment reviews and references

- 45.) Ability to problem solve effectively
- 46.) Active participation in programming
- 47.) Presence of job skills and positive employment reviews and references
- 48.) Employment history and status
- 49.) Lack of employment motivation
- 50.) Ever been employed for a year straight
- 51.) Negative interaction with employer/ supervisor
- 52.) School disciplinary history- suspensions, expulsions
- 53.) History of truancy
- 54.) Has GED or high school diploma
- 55.) Financial stability
- 56.) High debt
- 57.) Unstable housing
- 58.) History of homelessness
- 59.) Mental health history/ diagnosis
- 60.) Currently taking psychotropic medications
- 61.) Suicide attempts/ ideation
- 62.) Level of mood stability
- 63.) Ability to regulate emotions
- 64.) Inability to Cope

**18.) Please indicate to what degree you agree with each of these statement based upon the following scale: 1-5 (Strongly disagree, Disagree, Neither Agree or Disagree, Agree, and Strongly Agree)**

- 1.) I believe that negative behavior is the most predictive factor of recidivism
- 2.) I believe that identifying offender's strengths is the most important factor to predict recidivism
- 3.) I believe that the purpose of the criminal justice system is to rehabilitate offenders
- 4.) I believe that there are inherent racial disparities present in the criminal justice system
- 5.) I believe that the reasoning behind people's actions is as important when determining risk as the physical behavior is
- 6.) Offenders' criminal histories are most important when predicting risk
- 7.) I believe that offender's motivation and history of attempts to change is more predictive of recidivism than the offender's criminal history

**19.) In your opinion, are the following domains ethical or unethical measures of recidivism?**

- 1.) Mental health issues/ Diagnosis
- 2.) Race
- 3.) Gender
- 4.) Age
- 5.) History of abuse
- 6.) Absence of supportive parents/ guardians
- 7.) Socio-economic status

**Qualitative Follow Up Questions:**

20.) Do you have any comments about your responses?

21.) Please list any other domains that aren't listed that you would categorize as unethical.

**Please answer the following question on a scale of 1-5 (very confident, confident, unsure, not confident, very unconfident)**

22.) How confident are you in the effectiveness of the risk assessment(s) you use?

**Please rate the following statement on a scale of 1-5 (strongly disagree, disagree, neither disagree or agree, agree, and strongly agree)**

23.) Risk need assessment scores guide the treatment decisions of offenders

**Open-ended Question:**

24.) What elements that are missing from current risk need assessments should be factored, in order to develop more accurate risk need assessments which target offender's treatment needs?

For example, if you believe that the risk need assessments you perform are not culturally competent enough, you could talk about what lines of questioning should be added to the assessment to make it more culturally competent.

## **Appendix B**

### **Scale Scores**

#### **Strengths Scale Score:**

“Relationship with Parents”, “History of Participation in Treatment”, “Presence of support system”, “Positive, and non-criminal peer relationships”, “Presence of law abiding attitudes”, “Accepts responsibility”, “Presence of goals”, “Presence of personal ethics”, “Current stable intimate relationship”, “Ability to discern the impact of addictions and previous criminal behavior”, “Ability to show restraint”, “Reasoning and motivation behind offense”, “History of Engagement in School”, “Participation in organized activities”, “Religious involvement”, “Social interaction opposed to isolated activity”, “Positive thinking pattern”, “Belief that consequences are important”, “Number of rewarding family relationships”, “Presence of job skills and positive employment reviews and references”, “Ability to Problem Solve Effectively”, “Active Participation in Programing”, “Financial Stability”, “Currently Taking Psychotropic Medications”, “Ability to Regulate Emotions”, “Rehabilitate Offenders”, “Reasoning”, and “Motivation”

**Summation:** Q14\_6 + Q14\_11 + Q15\_8 + Q15\_9 + Q15\_15, Q15\_16, Q15\_17, Q15\_18, Q16\_1+ Q16\_2 + Q16\_3 + Q16\_4 + Q16\_5 + Q16\_6 + Q16\_7 + Q16\_8 + Q16\_9 + Q16\_10 + Q16\_11 + Q16\_12 + Q16\_13 + Q16\_14 + Q17\_1 + Q17\_10 + Q17\_15 + Q17\_18 + Q19\_3, Q19\_4, Q19\_5, Q19\_7 = Strengths Scale Score

#### **Risk Scale Score:**

“Antisocial/ pro-criminal attitude”, “Presence of Manipulative Speech”, “Inability to Process Life Events”, “Narcissistic Behavior”, “Negative Attitude about Crime”, “Lack of Attachment to Children”, “Family Criminal Justice System Involvement”, “Substance Abuse History”, “Types

of Drugs Used”, “Age Began Using Substances”, “Other Addictions”, “Early Childhood Aggression”, “Gang Associations/ Activity”, “Racist/ Sexist Beliefs”, “Presence or History of Poor Anger Management”, “Inappropriate Sexual Activity”, “Number of Friends with Criminal Histories”, “Are Pro-Criminal Friends the Source of Criminal Behaviors”, “Criminal History”, “Number of Probation Violations”, “Institutional Misconduct”, “History of Running Away or Evading Arrest”, “History of Domestic Violence, Sexual Assault, etc.”, “Lack of employment motivation”, “Negative interaction with employer/ supervisor”, “School disciplinary history-suspensions, expulsions”, “History of truancy in school”, “High debt”, “Unstable housing”, “History of Homelessness”, “Mental health history/ diagnosis”, “Suicide Attempts/ Ideation”, “Level of Mood Stability”, “Inability to Cope”, “Negative Behavior”, and “Criminal History Most Predictive”.

**Summation:** Q14\_1, Q14\_2 + Q14\_3 + Q14\_4 + Q14\_5 + Q14\_7 + Q14\_8 + Q14\_9 + Q14\_10 + Q14\_12 + Q14\_13 + Q14\_14 + Q15\_1 + Q15\_2 + Q15\_3 + Q15\_4 + Q15\_5 + Q15\_6 + Q15\_7 + Q15\_10 + Q15\_11 + Q15\_12 + Q15\_13 + Q15\_14 + Q17\_2 + Q17\_3 + Q17\_4 + Q17\_5 + Q17\_6 + Q17\_7 + Q17\_8 + Q17\_9 + Q17\_11 + Q17\_12 + Q17\_13 + Q17\_14 + Q17\_16 + Q17\_17 + Q18\_1 + Q18\_6 = Risk Scale Score

**Ethics Scale Score:** “Strengths Most Predictive”, “Rehabilitate Offenders”, “Racial Disparities”, “Reasoning Most Predictive”, “Motivation Most Predictive”, “Diagnosed mental health issues”, “Race”, “Gender”, “Age”, “History of abuse”, “Absence of supportive parents/ guardians”, and “Socio-economic status”

**Summation:** Q11\_1, Q12\_2, Q18\_2, Q18\_5, Q18\_7, Q19\_1, Q19\_2, Q19\_3, Q19\_4, Q19\_5, Q19\_6, Q19\_7 = Ethics Scale Score

