

Risk Informed Treatment

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Summary

- Risk should be a priority in treatment and management of clients
- Follow a Risk-Need-Responsivity Model
- Identification of “true” risk (high, medium, low) through use of a tool(s) and refining this over time
- Risk as a focus in intakes and in every group (repeated assessment)
- Risk Assessment as an improvement in quality of treatment and management

Risk Management

• Violence Risk Assessment is "the process of evaluating individuals to (1) characterize the likelihood they will commit acts of violence and (2) develop interventions to manage or reduce that likelihood." Stephen Hart (1998)

Parameters & Definitions

- Risk for physical re-offense only
- Perpetrator Risk Factors and/or victim characteristics (e.g. her assessment of his risk)
- “True” risk: the theory that accurate assessment given “all” information
- Risk Factors: factors that fluctuate/ change over time and differs depending on what we’re assessing (e.g. history of DV)

THEORY

RISK-NEEDS-RESPONSIVITY (R-N-R)

Risk

- ✓ Assess risk accurately using tools and processes to reduce risk for violence toward victims.
- ✓ Specialized risk better than broad (e.g. DV vs. LS/CMI)
- ✓ Have the “right” person assessing for risk

Needs

- ✓ Accurately assess needs in an effort to decrease dynamic risk through effective intervention strategies

Responsivity is matching on many levels

- ✓ Match the offender with the right supervision level
- ✓ Match the right provider/group
- ✓ Match the right interventions to set up the best environment for the possibility for change to occur in order to decreased risk

How we view risk is important

- Risk for what to whom, when?
- Risk for similar behavior AND under what circumstances could they do worse? (Stephen Hart)

•Ways to look at risk:

- Nature
- Severity
- Imminence
- Duration
- Frequency

Views and Use of risk

- How we use risk assessments is important: “Rule of Thirds” and Collaboration (Donald Meichenbaum)

•Means of assessing risk:

- Subjective ratings or gut feeling (inaccurate)
- Actuarial risk tools that define parameters or “rules” for specific items (most accurate) and give us a “score”
- Structured Professional Judgment (somewhat accurate) that gives us a list of items but no “score”

Risk Assessments

- Attempt to forecast risk in the future
- Identify factors that contribute to risk so that we can monitor changes
- Use them as aids in decisions (i.e. a part of the puzzle): supervision, treatment, and information to victims

Arguments For Risk Assessments

- ✓ Assist in separating groups: we are more effective when we Meaningfully separate groups/ types of offenders
- ✓ Assist clinicians in matching treatment groups and interventions
- ✓ Assist probation/supervising officers in developing supervision strategies to manage risk
- ✓ Assist DV advocates/victims in developing adequate safety plans
- ✓ Giving the system a common language for communication

- We never know someone’s “true” risk for violence; we merely estimate it assuming certain conditions.” (Stephen Hart)

•“As with risk markers in general, the instruments still make a substantial amount of misclassifications.” Gondolf, E.W., 2002, Batterer Intervention Systems: Issues, Outcomes, and Recommendations, Sage Publications, Thousand Oaks.

Intervention & Research

- The prediction of risk for future spousal assault in order to determine who should receive more intensive service/ supervision.
- The profiling of abusers through the assessment of characteristics. Profiling allows for post treatment evaluations to determine whether differential outcomes may be based on client variables.
- The evaluation of treatment gain through the measurement of treatment targets such as attitudes and skill deficits.

•Compendium 2000 on Effective Correctional Programming. (2012). Treatment of Family Violence in Correctional Settings . STEWART,L. Hill, J and Cripps. J. Corrections Services of Canada.

Measuring Risk as it Changes

- Static: The history suggests potential in the future
 - Age
 - Gender
 - Prior history of DV
 - “Generalized” violence (non-family)
 - PV’s
- Dynamic: Signs that risk is increasing or decreasing
 - Separation from partner
 - Change in employment
 - Substance Use
 - Controlling/ abusive behaviors (e.g. increasing conflicts)
 - Social Supports
 - Attitudes about women, crime, violence
- Acute: Signs that violence is becoming more imminent and we need to act soon/ now
 - Victim’s perception
 - Stalking behaviors
 - Threats of violence
 - Suicidal/ homicidal thoughts/ threats
- “When dynamic risk factors are included in the prediction model, the historical factors were no longer significant predictors of short-term inpatient aggression.”

Predictive Validity of Dynamic Factors: Assessing Violence Risk in Forensic Psychiatric Inpatients. Wilson, C.M., Desmarais, S.L., Nicholls, T.L., Hart, S.D. and Brink, J. Law and Human Behavior, 2013. Vol. 37 (6): 377-388.

Dynamic Strength/Protective Factors

- Not just the opposite of risk factors/ vulnerabilities
- May have therapeutic benefits beyond risk assessment (e.g. build a therapeutic bond, add to goal-setting)

Protective Factors

- Positive support group/ associates
- Positive treatment experience/ connection with clinician
- positive support group
- advancing age/ maturity
- medical problems

Assessing Risk Repeatedly

- Assess risk –related issues and needs as they emerge and change
- Assist perpetrator treatment in developing treatment strategies to manage risk (e.g. crisis) in the present and over the long-term
- Assist probation/supervising officers in adjusting strategies accordingly
- Assist DV advocates/victims in developing adequate safety plans for victims

A Sex Offender Model: Static, Stable, Acute

STATIC

Young
2-year+ lover
Non-sex violence
Prior sex offense*
Prior sentencing
Non-contact sex offense
Unrelated victims
Stranger victims
Male victims

Stable

Social influences
Intimacy deficits
Emotional ID with kids
Hostility toward women
Social rejection/ loneliness
Lack of concern
Impulsivity
Poor problem solving
Negative emotions
Sex preoccupation
Sex as coping
Deviant sex preference
Co-op with supervision

Acute

- Victim access
- Hostility
- Sexual preoccupation
- Rejection of supervision
- Emotional collapse
- Collapse of social supports
- Substance use

PRACTICAL APPLICATION

Risk Informed Treatment

- Risk assessment becomes a priority, sometimes THE priority
- Risk becomes a central focus in treatment:
 - Assess risk during the intake (use of a tool)
 - Treatment plans address risk
 - Re-assess and monitor risk on a weekly basis (e.g. check ins)
 - Develop risk management plans for client and PPO's

Treatment Planning

Types of Target Behaviors

- Goal-oriented (e.g. turn in ___ number of journals on risk-related situations)
- Need-oriented (e.g. maintain medications to stabilize emotions)
- Risk-oriented (e.g. report all intimate relationships, conflicts and intensity)

Risk Informed Practices

- Collaborate & train your clients how to monitor their own risk
- Have risk related checks built into every group (e.g. check-ins)
- Have risk become a part of regular conversations (mindful prevention)
- Have some groups that target risk and needs items (e.g. A/D increases risk)
- Teach them how to perceive risk
- Teach them “when” to talk/ seek support

Risk Informed Check-ins

- Life changes
- Ratings of emotional distress/ intensity
- Ratings of increasing conflicts
- Ratings of intensity of conflicts
- Ratings of negativity of attitudes
- Need to talk?

Crisis Management in Treatment

- Address increasing distress/ conflicts
- Address cognitions contributing to risk for violence
- Address lifestyle changes/ personal choices that may increase/ decrease risk
- Problem solve including “worst case scenario”
- Use motivational techniques to support and enhance nonviolent choices

A Session on Risk

- Risk: “when could you do it again or worse?”
- Identification of obstacles to accurate assessments (lie, deny, poor insight)
- Personal risk factors related to general recidivism
- Factors related to crisis/ escalation
- How to lower your risk

Risk-oriented Journals

- Themes of journals over time (e.g. powerlessness)
- Situations that increase risk
- Personal signs of escalation
- Attitudes and values related to violence
- Attitudes, values and behaviors that will reduce risk
- Discussion of “protective factors”

Safety Planning

- Identification of signs of “trouble”
- Identification of “slippery situations” or issues related to continuing struggles
- Identification of attitudes, situations, people and behaviors to avoid/ escape from
- Identification of protective factors that will decrease risk (values, codes of conduct, escape/ drastic measure strategies)
- Identification of “when” to seek booster sessions

Examples of Interventions

- Acute:
 - Examples: timeouts, crisis management, ER, drastic measures, anger management, impulse control through DBT (e.g. self-soothing)

- Dynamic:

- Short-term: positive self-talk, radical acceptance, inhibitive thoughts, empathy, mindfulness, self-care

- Long-term: change values/ schemas about women/ power/ violence

Common Tools

ODARA

Danger Assessment

Spousal Abuse Risk Assessment (SARA)

Conflict Tactics Scale

LS/CMI