Risk Need Responsivity Model

• Widely accepted model of correctional classification and treatment to reduce recidivism (Andrews and Bonta, 2015)

• Overarching Principles:
  • Primary objective of a correctional program is to reduce recidivism
  • Respect for the person and their autonomy receiving the services and treating them in an ethical, just, humane and decent manner.
  • Programs should be based in empirically supported principles such as CBT and social learning.
The Risk Principle

• Criminal behavior can be predicted

• Levels of treatment services need to match the risk level of the offender.
  • Lower risk offenders often present as more motivated and are easier to work with than higher risk offenders.

  • Higher risk offenders tend to show the greatest reductions in recidivism after treatment than lower risk offenders with the same investment of resources.
    • Higher risk offenders may not ever become “Low” risk.
The Need Principle

• Everyone has “needs,” like food, shelter, and clothing. This principle addresses the specific needs that are empirically related to recidivism.
  • Interventions need to target needs related to recidivism.

• Criminogenic needs are a subset of risks and are dynamic.
  • When changed, the probability of recidivism changes.
    • Non-criminogenic needs are also dynamic, but when changed, they have minimal impact on changes in recidivism risk.
The Responsivity Principle

- **General Responsivity**: Deliver the program in a style that is consistent with ability and learning style of offender.
  - CBT and social learning principles include role modeling, role playing, reinforcement, skill building, modification of thoughts/feelings with cognitive restructuring and practicing new behavioral strategies over and over until they get good at it.

- **Specific Responsivity**: Respond to the individual differences among offenders receiving services.
  - E.g. anxiety, motivation, intelligence.
  - Once identified this should be incorporated to tailor treatment.
  - Treatment strategies and therapist characteristics need to be matched.
  - Attend to the motivational needs of the higher risk population to keep them engaged in treatment and minimize dropouts.
SOTAP and RNR

- Risk Assessment Unit located at HQ (Risk)
- Screening practices (Need/Responsivity)
- Staff are trained and certified in the Static-99R, Stable/Acute-2007. (Risk/Need)
- Stable-2007 assessment is foundation for ITP
- Treatment program is CBT focused (Responsivity)
- Motivational Interviewing
- Development and training to manual (Need/Responsivity)
- QA activities
SOTAP Programs

- 2 main prison sites MCC-TRU and AHCC
  - Approximately 175 clients at a time at each site (350 clients at any one time)
  - Approximately 700 unique clients per year.
  - 30 Sex Offender Treatment Specialists 6 Supervisors
  - 2 Psychologists, 2 Program Managers
  - 2 QA Specialists

- Special Offender Unit (MCC)
  - 1 Psychology Associate with a caseload 8-12

- Washington Correctional Center for Women
  - 1 Psychology Associate with a caseload 8-12

- Community Treatment
  - 11 DOC providers and 1 contract provider in Yakima County.
  - Treats approximately 280 clients at any one time (about 500 unique clients per year).
<table>
<thead>
<tr>
<th>Sex Offender Treatment</th>
<th>Static 99R Risk Level</th>
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<tbody>
<tr>
<td></td>
<td>High: 6+</td>
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<tr>
<td>Priority</td>
<td>Priority 1A:</td>
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<tr>
<td>Sentence Structure</td>
<td>CCB / ISRB</td>
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<tr>
<td>Additional Criteria</td>
<td>Court Ordered SOTP</td>
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<tr>
<td>Consideration</td>
<td>Priority 1B:</td>
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<td>Consideration</td>
<td>Priority 1C:</td>
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</tbody>
</table>

- Offenders with low to low/moderate risk may be moved to a higher priority if all other identified need areas have been addressed.
- LWOP will not be considered for SOTP per policy 570.000
SOTAP Specialty Group Plan

Core Treatment for all clients is 48-50 Weeks

- Higher risk clients receive about 300hrs (Core group and Specialty Groups)
- Moderate risk clients receive about 250hrs (Core Group alone)

Core Group = 5hrs/week
Specialty Group = 2hrs/week

- DRF Specialty groups are 12 weeks
- Up to 1 specialty group and core group at a time
- 1st Quarter = no specialty groups
- DBT (6 weeks) can be during quarters 2-4
- 1 DBT group at a time
- Up to 2 DBT groups per quarter
- Every client gets Orientation, Core Mindfulness, and Community Transition group
- Aftercare is for those who have a delay until release.

- Clients with a Static 99R Score of 1 or less = No Specialty Groups
- Clients with a Static 99R Score of 2+ get specialty groups per identified STABLE 2007 assessment.

6 week version of Specialty Group Curriculums for time sensitive cases.
Orientation Group

- Two-hour groups, meet twice per week, for four weeks (total 16 hours)

- Purpose:
  - Begin to develop the mindset of attending group therapy
  - Complete intake forms (limits to confidentiality, informed consent)
  - Myth-busting (PPG, civil commitment, etc.)
  - Develop group readiness (participation, challenging/feedback, etc.)
  - Informal assessment (may lead to formal assessment)
  - Study hall, living units (different for AHCC and TRU)
  - Clarify Institutional portion versus Community portion of treatment
Orientation Group

• Intake:
  • Assign Clinician
  • Stable interview
  • Write Initial Treatment Plan (ITP)

• Assignment:
  • Values Clarification
    • pre-assigned for delivery once treatment begins
Core Mindfulness Group

• Two-hour groups, meet once per week, for two weeks (total 4 hours)

• Purpose:
  • Further develop the group therapy mindset
  • Learn mindfulness skills, which will be reiterated throughout treatment

• Intake:
  • Clinicians may complete ITP, if not done already
  • Begin prioritization of clients for specialty groups
Primary Group

SOTAP Assignments Timeline

Phase 1: Awareness and
Appreciation of Risk

Phase 2: Action and
Risk Management

Phase 3: Self-Management and
Skill Generalization

Motivational
Engagement
10%

Problem Identification
20%

Skill Development and Practice
50%

Transition Planning
20%

1) Values
2) Goals
3) Autobiography
4) Preconditions
5) Behavior Chain Analysis (BCA) Offense and non-offense
6) High Risks and Interventions
7) Value Driven Life
8) Ideal Life Reflection

2) DRF Handout
3) Cognitive Distortions
Handout
4) Core Beliefs Handout
5) Interventions Handout

About 1 to 1.5
months

About 2.5 months

About 6 months

About 2 to 2.5 months
Beginning Primary Group
(Institutional Portion)

• Primary groups are 2.5 hours, and meet twice per week, for 48-52 weeks (approximately 250 hours). Additional hours are provided for those with higher risk through specialty groups which are selected based on client need.

• Three Phases of Institutional Treatment in Primary Group:
  • Awareness and Appreciation of Risk and Values (Months 1-4)
  • Action and Risk Management (Months 5-10)
  • Self-Management and Skill Generalization (Months 11-12)

Phases are to inform clinicians, not to evaluate clients.
SOTAP Phase 1
Awareness and Appreciation of Risk and Values

• Purpose:
  • Engagement and motivation
  • Problem identification

• Goals are for client to understand their own:
  • Personal Values
  • Dynamic Risk Factors
  • Cognitive Distortions
  • Core Beliefs
  • Cognitive and Behavioral Interventions
SOTAP Phase 1
Awareness and Appreciation of Risk and Values

Replacement Attitudes and Behavioral Goals

- Able to identify and manage barriers to treatment participation.
- Able to identify and discuss the DRFs that played a role in their offense.
- Identify core values and how they were compromised in order to commit their offense.
SOTAP Phase 2
Action and Risk Management

• Purpose:
  • Skill Development and Practice

• Goals are to practice:
  • Examining own thoughts, feelings, and behaviors
  • Identifying distortions and dynamic risk factors
  • Identify realistic and useful interventions
  • Begin to connect to support people in the community
SOTAP Phase 2
Action and Risk Management

Replacement Attitudes and Behavioral Goals

• Demonstrate an ability and willingness to manage adversity and DRFs with cognitive and behavioral interventions.

• Consistently practice skills and interventions to manage risk and be open with therapist and group.

• Demonstrate accountability for own success and decrease dependence on therapist and/or group.
SOTAP Phase 3
Self-Management and Skill Generalization

• Purpose:
  • Generalize and apply skills in different contexts and in proactive, prosocial ways

• Goals are to:
  • Take ownership of own treatment
  • Recognize and demonstrate accountability
  • Be helpful to group members
  • Prosocial skills become more automatic and less intentional
  • Prepare to transition to community portion of SOTAP
SOTAP Phase 3
Self-Management and Skill Generalization

Replacement Attitudes and Behavioral Goals

• Engage in regular and meaningful self-examining for DRFs and current pursuit of values.

• Learn and adapt from adversity and engagement in DRFs to reduce likelihood of risky behavior in the future.

• Reflect on growth with pursuit of values and management of risks to help group members.
SOTAP Institutional Phase
Quarter Schedule

• Introductory Period
  • 4, 8, or 12 weeks long
  • No specialty groups

• Quarters 2, 3, and 4
  • 12 weeks each
  • Specialty groups assigned depending on risk and need

• Final Period
  • Up to 8 weeks to complete primary treatment, if necessary
  • No specialty groups

Total = 48-52 weeks
SOTAP Institutional Phase
12 Week Specialty Groups

Social Skills
- Corresponding to Stable DRF: Significant Social Influences, General Social Rejection/Loneliness

Healthy Relationships
- Corresponding to Stable DRF: Capacity for Relationship Stability

Hostility toward Women
- Corresponding to Stable DRF: Hostility toward Women

Impulsivity and Problem Solving
- Corresponding to Stable DRF: Impulsive Acts, Poor Cognitive Problem-Solving

Sexual Self-Regulation
- Corresponding to Stable DRF: Sex Drive/Preoccupation, Sex as Coping

Deviant Sexual Interest
- Corresponding to Stable DRF: Deviant Sexual Interests
SOTAP Institutional Phase
6 Week Specialty Groups

Emotional Regulation
  • Corresponding to Stable DRF: General Social Rejection/Loneliness, Impulsive Acts, Poor Cognitive Problem Solving, Negative Emotionality/Hostility, Sex as Coping

Interpersonal Effectiveness
  • Corresponding to Stable DRF: Capacity for Relationship Stability, General Social Rejection/Loneliness, Lack of Concern for Others, Poor Cognitive Problem-Solving, Cooperation with Supervision

Distress Tolerance
  • Corresponding to Stable DRF: General Social Rejection/Loneliness, Impulsive Acts, Poor Cognitive Problem Solving, Sex as Coping
SOTAP Institutional Phase
Specialty Groups

Specialty Group based on the offender’s:

Risk level
- Static score of 1 or lower = no specialty group
- Static score of 2 or greater = specialty groups

Needs per
- Stable criteria
- Clinical judgement
- Supervisor agreement
SOTAP Institutional Phase

Afterward

- Community Transition (2 weeks)
  - All clients participate in community transition group

- Aftercare (6 months)
  - 12 sessions, every other week
  - 2-3 hour sessions
  - For those who will experience a delay from the time they complete the institutional portion of treatment until they release

**ALL** clients completing the institutional portion of treatment will transition to the community portion of treatment to complete the SOTAP Treatment Program.
SOTAP Institutional Phase
What about Responsivity?

- Activity Track
- Moving Forward
- Co-Occurring group (SO and CD)
- SOU for psychiatrically impaired individuals
- Female programming
- Additional individual sessions as needed
- Spanish speaking group at AHCC
- Responsivity groups at TRU and AHCC
- LGBTQI support group at TRU
- Tutors and study hall at both facilities
Activity Track

• Goals:
  • Have 100+ activities designed to address dynamic risk, and/or clarify and commit to living according to one’s values.

• Population
  • Clients with severe mental illness or intellectual, developmental or learning disabilities that impede their ability to complete the assignments that have been designed for SOTAP.

• Locations:
  • AHCC, TRU and SOU.
Activity Track

• Program manual and structure is in development and hoped to be finalized by end of 2018.

• Clients learn treatment concepts through hands on learning, such as games, and other activities that are less dependent on academic skill.
  • Allows for learning through repetition and take an active role in learning.

• Some activities:
  • Values Sort
  • Behavior Chain activities
  • Goal setting activities
  • Problem Solving
  • Social Influences inventory
Community Treatment

• Currently unstructured and varies from therapist to therapist.

• Community Program Manager provides clinical supervision and has made leaps and bounds in the clinical skill of the providers in the community.
  • 11 DOC providers and 1 contract provider in Yakima County.
  • Treats approximately 280 clients at any one time and about 500 unique clients per year.
Community Treatment

• Manual is in development and hoped to be complete and implemented by the end of 2018.

• Next steps to the prison based program
  • Moving toward protective factors and developing life strategies that are absent of, or mitigating of dynamic risk.

• Based in dynamic risk factors from the STABLE 2007
  • CBT based
  • Facilitates discussion of presentation of risk factor in daily life
  • Directed skills practice and follow up each group.
Future Directions

• Specialty Groups will be implemented by July 2018
  • Final curriculums by October 2018

• Quality Assurance
  • 2 staff have been hired, working toward permanent funding
    • Train, coach, assess
  • Data driven decisions
  • Consistent treatment delivery with fidelity to the model
  • Coaching/mentoring supplementing clinical supervision
Future Directions

• Stabilize the Program
  • On-boarding program with specific benchmarks for staff to meet in their probation period to ensure consistent training and evaluation.
    • Assessment for clinical competencies

• Standardized training program
  • Program Manual
  • CBT Training
  • Risk Assessment Training
The WA DOC SOTAP Panel session is directly after this presentation for more questions and discussion.