
VISITING EXPERTS' PAPERS

RISK/NEEDS ASSESSMENT: FROM THEORY AND METHODS TO POLICY AND PRACTICE

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I. INTRODUCTION

Policy makers and practitioners in the field of corrections have a keen interest in repeat offending because of the enormous costs to victims. While crime continues to present a serious social problem, changes in legal definitions and sentencing practices coupled with reduced public tolerance for serious crimes and focused media attention have led to increases in victim reporting and to greater offender accountability. Notwithstanding the many improvements in both court processing and criminal prosecution, there has been more sanctioning — both custodial and non-custodial — of violent, sex and repeat offenses over the last decade.

Being acutely aware that the general public does not fully understand the inner workings of correctional systems, administrators and staff are being called upon to provide timely responses and accurate information on the care, custody and reintegration of offenders. The fact that the media has stretched public tolerance to the limit for any failure, whether in institutions or the community, means that correctional service providers need to apply everything there is to know about managing the risk and needs of violent, sex and repeat offenders and become actively involved in public relations.

To summarize the problem — offenders, staff, volunteers and public opinion are exerting a significant influence over the realization of correctional service delivery objectives. In particular, the task of safely reintegrating offenders in the community continues to fall squarely on the shoulders of staff and volunteers located in correctional facilities and the community at large. Most certainly, these people are being called upon to deliver more sophisticated services to a clientele that is constantly changing and for a public that is uncertain. Moreover, they must do so in an effective and cost efficient manner.

II. OFFENDER REINTEGRATION

Of all the factors that influence public safety, correctional service providers in collaboration with releasing authorities can affect the safe release of offenders into the community. There is solid evidence supporting the premise that the gradual and structured release of offenders is the safest strategy for the protection of society against new offences by released offenders. For example, recidivism studies (Waller, 1974; Harman & Hann, 1986) have found that the percentage of safe returns to the community is higher for supervised offenders than those released with no supervision. Therefore, offender reintegration is seen as working to better prepare offenders for release and providing them with greater support once they are in the community. Reintegration efforts should yield dividends in terms of higher rates of safe return to the community and lower rates of criminal recidivism.

III. THEORETICAL FOUNDATIONS

There are three general theories of criminal behaviour: *Sociological*, *Clinical Criminology*, and *Social Learning*. Only theories that can be supported by empirical evidence (research) are appropriate to apply to correctional management. Theories should be able to explain, predict, and help reduce criminal conduct.

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For many years, sociology was the framework for most theories of criminal behaviour. Sociological theories assume that most crime is caused by social, political and economic factors, not because of individuals. Two prominent sociological theories of criminal behaviour include: *Opportunity Theory* and *Labeling Theory*. Both of these theories suggest that criminal activity is a direct result of social position: economic class, ethnicity, gender, and/or age.

Clinical criminology views crime as being caused by psychopathology (mental disorder), or a psychological deficit, or an inability to live up to one's potential, not because of society. Clinical criminologists work at establishing friendships, advocating, boosting self-esteem and reducing personal distress (such as: feelings of anxiety, depression, and loneliness).

Social learning theory¹ proposes that criminal behaviour, like all other behaviours, is learned, not because they are born criminal and/or have a brain injury. Criminal behaviour results from an interaction between important personal factors and the situation that the person encounters. There are many possible conditions which shape and support criminal behaviour, and the routes to crime can change over time.

Social learning theorists suggest that criminal behaviour is often rewarding, not only because of illicit gains but also because of other criminogenic factors; for instance, criminal behaviour can be rewarded by the social support of criminal peers, by the excitement associated with the risk, by the reaffirmation of criminal attitudes, and through the acquisition of criminal skills. *Social Learning Theory* has become the framework for the assessment, treatment and management of offenders in Canada.

The Personal, Interpersonal, and Community-Reinforcement perspective² on deviant behaviour (PIC-R) uses Social Learning Theory as the underlying psychology. PIC-R is a broad perspective that encompasses the contributions of many theories (motivational and control antecedent/consequent). Criminal behaviour reflects not just particular motivations or particular costs, but also the density of signaled rewards and costs.

Canadian researchers have extended this theoretical perspective into a psychology of criminal conduct and a set of case-based principles for effective intervention — risk, need, and responsivity. First and foremost, the risk principle posits that treatment (programming) must match the offender's level of recidivism risk. When offenders are divided into groups according to risk level and provision of services aimed at reducing criminal behaviour, a significant pattern emerges. *What can reduce recidivism?* When lower-risk offenders receive minimal services, their rate of recidivism is low. When higher-risk offenders receive intensive services, then the rate of recidivism decreases. *What can increase recidivism?* When lower-risk offenders receive intensive services, then the rate of recidivism increases. When higher-risk offenders receive minimal services, then the rate of recidivism increases.

IV. RISK MANAGEMENT

The public is concerned with the manner in which violent, sex and repeat offenders are managed because those providing custody and reintegration services are seen as being responsible for their safety. In keeping with this important task, Motiuk (1995: 24) notes:

Faced with the fact that most offenders eventually return to the community the best way to serve the public is to recognize the risk presented by an individual, and to then put to good use the tools, the training and our fundamental understanding of what it really means to manage offender risk.

¹ Albert Bandura, born in Alberta, Canada and currently at Stanford University, USA, is considered to be the most important contemporary theorist in the world. "Human functioning is the product of a dynamic interplay of personal, behavioural, and environmental influences." His major works include: *Aggression: Social Learning and Personality Development* (1963); *Social Learning Theory* (1977); and *Social Foundations of Thought and Action* (1986). Since the late 1960s, behaviourism has given way to the "cognitive revolution," of which Bandura is considered a part.

² Don A. Andrews is well known for having developed a general personality and social-psychological perspective of criminal behaviour. "Recidivism is predictable and can be influenced." Together, he and his colleagues (J. Bonta & R. Hoge) have evolved a theoretical model which emphasizes the importance of risk and need factors that form a bridge between offender assessment and treatment.

Effective risk management implies that decisions impacting on the organization are made using the best procedures available, are in keeping with the overall goals of the system.

For correctional service providers, the application of risk management principles in reducing the likelihood of criminal recidivism is all that is required to develop or improve an effective risk management program. These risk management principles include the assessment of risk (analysis); the sharing of information (communication); the monitoring of activities (evaluation); and if deemed appropriate, an intervention (incapacitation, programming). Public safety is improved whenever these risk management activities are integrated into every function and level of the organisation providing care and control.

Many jurisdictions have been implementing new and improved offender risk and need assessment and management technology. This paper addresses three important and related questions: "What is offender risk and need?", "How do we assess it?", and "How do we manage it?" Then, we ask ourselves a final question, "What more needs to be done?"

V. RISK: UNCERTAINTY OF OUTCOME

In the criminological literature, there have been many attempts to demonstrate the relative efficacy of risk management procedures in meeting various correctional objectives. So far, attention has focused on both institutional adjustment and post-discharge/release outcome as the variables most relevant to criminal justice and mental health decision-making (Motiuk, 1991).

Most investigations exploring the issue of institutional adjustment have evaluated offenders in terms of disruptive or rule-breaking behaviour such as: riots, assaults, homicides, rule infractions, incident reports, misconducts, drug abuse, escapes, transfers, self-mutilations and suicide attempts. Another large collection of investigations examining the topic of institutional adjustment has assessed offenders with respect to illness behaviour. For these studies, adjustment criteria have included illness complaints, sick call attendance, medical diagnosis, medication line attendance and hospitalisations.

Traditionally, studies addressing the topic of post-discharge/release outcome have evaluated released patients/offenders in terms of recidivism measures. The most significant of these measures have been arrest, reconviction, parole violation and return to prison. From the public's perspective, violent or sexual recidivism is an important problem to address because of its detrimental impact on victims. Moreover, it provides an indication of the effectiveness of correctional interventions (Lipton, Martinson, & Wilkes, 1975; Sechrest, White, & Brown, 1979).

Principle 1: Risk Assessment

Resolving uncertainty about decisions, after all due consideration of relevant risk factors, is the cornerstone of any effective risk management program. In practice, the analysis of offender risk should serve to structure much of the decision-making with respect to custody/security designations, temporary/conditional release, supervision requirements and program placement. Therefore, it is not surprising to find attempts to design, develop and implement objective risk/need assessment procedures for classifying offenders.

Risk assessment has well over 5,000 years of history (Covello & Mumpower, 1985). Dating back to 3,500 BC, there are accounts of the Asipu, a group of consultants in the Tigris-Euphrates Valley, who could interpret the signs and etch them on clay tablets, and then by using tallying techniques provide a recommendation to a decision-maker. Then there was Arnobius the Elder (circa AD 400), who while writing a personal treatise on belief in the afterlife, crafted the dominance principle which would later be known as contingency table analysis in risk prediction paradigm. Perhaps the most significant advancement was the link made between risk and probability theory which took place with a series of works by noted French mathematicians and scientists such as Blaise Pascal (1623-1662) for probability theory and later computer programming language; Pierre-Simon Laplace (1749-1827) for Bayesian interpretation of probability theory; Siméon Poisson (1781-1840) for the Poisson distribution in probability; and Louis Pasteur (1822-1895) for Pasteurization and infection control. The later application of the actuarial method to health concerns was

understandably a major advancement in risk assessment technology.

Notwithstanding the millenniums it took to advance risk assessment via the actuarial method, Covello and Mumpower (1985) noted the many important changes that have taken place over the past decade from turnaround in the nature of risk (infectious disease, heart disease and cancer, crime, terrorism); to increase in life expectancy; to new risks (nuclear waste, plane crashes, pesticides); to increases in the role of the government in the assessment of risk and management (new laws on health, security environment); and to increases in the public interest, concern and demand for protection.

Presently in North America, the bulk of objective classification instruments used were originally developed during the late 1970s and early 80s. Some prominent examples include the Level of Supervision Inventory or LSI (Andrews, 1982); the Wisconsin Assessment of Client Risk Scale (Baird, 1981); the Adult Internal Management System or AIMS (Quay, 1984); the Salient Factor Score or SFS (Hoffman & Beck, 1980); and the Statistical Information on Recidivism Scale or SIR (Nuffield, 1982). Despite the considerable research that had gone into their development, acceptance of these objective classification instruments into everyday correctional practice is still challenged by practitioners and policy-makers.

Although objective classification instruments can yield significant gains both in understanding and predicting criminal behaviour, the fact remains that the amount of variance left unexplained continues to outweigh that which can be explained for a variety of important correctional outcomes (e.g. temporary absence, parole). While this may be cause for disillusionment with classification tools per se, it suggests that offender risk assessment has to move beyond the limitations of any one tool and view offender classification as an integrated process incorporating a variety of methodologies (Motiuk, 1993).

To meet the correctional challenges of the new millennium, it is crucial to align offender-intake-assessment procedures with a plan of intervention and systematic re-evaluations (to make significant gains in risk management). To this end, the most important characteristics guiding the design, development and delivery of the next generation of assessment models are predictive validity, reflecting reality, flexibility, emphasising professional discretion, and being both qualitative and quantitative.

It is believed that comprehensive assessment at the intake/admission stage is critical to the ability to gauge accurately risk during the later phases of the sentence, when decisions as to possible release are taken. At the same time, it is noteworthy that there are successful models of risk assessment for conditionally released offenders in the community. Such work can and has laid the foundation for developing assessment processes for violent, sex and repeat offenders at the front-end. The amalgamation of front-end and back-end processes into one integrated system requires the ability to conduct systematic and objective assessments upon intake/admission and to link up in meaningful ways (i.e. use the same language and cues) with community-based reassessments. First, an approach to assessing criminal risk and identifying the needs of an offender at the time of admission is described, then a community reassessment process.

Previous research regarding the predictive value of offender risk assessments has led to three major conclusions: 1) criminal history factors are strongly related to outcome on release (Nuffield, 1982); 2) a consistent relationship exists between the type and number of criminogenic needs offenders present and the likelihood of their re-offending (Motiuk & Porporino, 1989a); and most importantly, 3) combined assessment of both the level of risk and level of needs can significantly improve the ability to differentiate cases according to likelihood of reoffending (Bonta & Motiuk, 1992).

Risk principle considerations address the assessment of risk, the prediction of recidivism, and the matching of levels of treatment service to the risk level of the offender (Andrews, Bonta, & Hoge, 1990). While there is considerable empirical evidence to support the "risk principle," it cannot be made fully operational until a framework is put into place for establishing program priorities, implementing programs and allocating resources to best meet the needs of offenders.

In 1994, the Offender Intake Assessment (OIA) and process represented for the Correctional Service of Canada, the latest generation of risk assessment technology (Motiuk, 1993; 1997a; Taylor, 1997). Revised in 2009, it integrates information gathered from a variety of sources (police, court, probation, family,

employers) using many techniques (self-report, face-to-face-interviews, case-file reviews). The mechanics of the whole intake assessment process are beyond the scope of this paper. Nevertheless, beginning at the time of sentence, caseworkers co-ordinate the collection of all relevant information about offenders from sources within and outside the correctional system. This information forms the basis for all future decisions and recommendations that case workers must provide throughout the course of managing the offender's sentence, in addition to being the central figure in the intake assessment process, and playing a major role in treatment planning, institutional supervision, preparing cases for decision (parole board and release), and community supervision.

Upon receiving a custodial sentence, the offender is interviewed by a caseworker. Whether the recently sentenced offender is at a local jail, remand or detention facility, the caseworker begins the intake assessment process by orienting the offender to the system. First, and foremost, caseworkers start with identifying any critical concerns (e.g. suicide potential, personal security, and physical/mental health). Then, the caseworker collects the offender's court, police, probation, forensic and jail records. Shortly thereafter, this information is transferred along with the offender to an institution which has a specialised area designated as the intake assessment unit.

Even after the offender has been transferred, a post-sentence community investigation is initiated by a caseworker located in the offender's home community. The post-sentence community assessment report contains collateral sources of information. Knowledge of the case is gained about the nature of the relationship with significant persons (e.g. family, employers), the impact of future contacts with the offender during incarceration or at time of release, and the degree of support that others are prepared to offer to the offender upon return to the community. Moreover, collateral perceptions of the offender's needs are obtained in relation to employment, marital/family relations, substance abuse, etc.

Upon arrival at an institution, the offender undergoes an admission interview and orientation session. During this period, the offender receives an initial assessment which screens for immediate physical health, security (personal and others' safety), mental health and suicide concerns. Should any concerns arise at this stage of the assessment process a psychological referral is made, followed by an appropriate intervention, if required.

Upon completing the initial assessment, the offender then proceeds to the two core components of the OIA process: 1) Static Factors Assessment (criminal history) and 2) Dynamic Factors Identification and Analysis. A closer look at some of these areas will illustrate how progress can be achieved in improving overall offender risk assessment methods.

VI. ASSESSING STATIC RISK FACTORS

At intake, a rating of static risk for every offender is based on the following: the criminal history record, the offence severity record, the sex offence history checklist, whether detention criteria are met, the result of the Statistical Information on Recidivism – Revised 1 scale, and any other risk factors as detailed in a criminal profile report. The criminal profile report provides details of the crime(s) for which the offender is currently sentenced.

The Criminal History Record. By systematically reviewing the offender's file, which includes police reports, court transcripts and criminal records, a criminal history record is completed on both the previous offence(s) and the current offence(s). Information is gathered on previous offence(s), the number and type of convictions, youth court dispositions, adult court sanctions and crime-free periods. This information reflects the nature and extent to which an offender has been involved with the criminal justice system.

The Offence Severity Record. Similarly, a systematic review of the offender's file is used to complete an offence severity record covering both previous and current offence(s). This offence severity record consists of an historical index of offence severity and an index of the severity of the offence for which the offender is currently serving a sentence. As for current offence(s), the type of conviction(s), sentence length, the number and types of victim(s), the degree of force used on victim(s), and the degree of physical and psychological harm to victim(s). This information reflects the nature and degree to which an offender has

inflicted harm on society in general, and victims in particular.

The Sex Offender History Checklist. Again, the offender's file is reviewed thoroughly to complete a sex offence history checklist. This checklist consists of the following: sex offender status, type of sex offence (current sentence), type of sex offence (past sentences), victims, serious harm, assessment and treatment history. Offenders are identified as sex offenders if they are currently serving a sentence for a sex offence, have been convicted in the past for one or more sex offences, are currently serving a sentence for a sex-related offence or have previously been convicted of an offence that is sex-related. For current and past sentences, the type of sex offence is identified as one or more of the following: incest, paedophilia, sexual assault or other sex offences (e.g. voyeurism, exhibitionism, fetishism, bestiality). Information on the number of victims, including their gender and age, is recorded. The determination of serious harm is based on whether the current offence resulted in the victim's death or significant bodily injury. Information is also gathered on prior psychological or psychiatric assessments, prior treatment or intervention and current treatment or intervention for sex offending. Finally, all this information reflects the nature and extent of sexual offending, the amount of harm inflicted on victims, and involvement in assessment, treatment or intervention in relation to sexual offending.

Static Risk Level. An overall rating of static risk is the compilation of professional judgements derived from the results of the criminal history record, offence severity record, and sex offence history checklist. In addition, a review of detention criteria for the current offence(s) reflects the nature of the offence(s) and the degree of harm to victim(s) is taken into account. Then, the SIR-R1 scale (Nuffield, 1982; CSC revised 1996), a statistically derived tool for predicting recidivism, is completed. The SIR-R1 scale combines measures of demographic characteristics and criminal history in a scoring system that yields estimates of chances of recidivism for different groups of offenders. One should keep in mind that the establishment of static risk level might also incorporate a great deal of other assessment information as well. For example, additional information might be obtained from specialised assessments (e.g. phallometric measurement for sex offenders) and input from case conferences.

VII. DYNAMIC FACTORS IDENTIFICATION AND ANALYSIS

The Dynamic Factors Identification and Analysis protocol covers seven need dimensions linked to post-release outcome. These include employment, marital/family situation, associates/social interaction, substance abuse, community functioning, personal/emotional orientation and attitude. A list of indicators and rating guidelines are provided for each of the seven need dimensions. In rating each need area during assessment, the sex offender's entire background is considered. This includes personal characteristics, interpersonal influences, situational determinants and environmental conditions.

Dynamic Factors Level. An overall rating of dynamic factors consists of the compilation of professional judgements derived from the results of an initial assessment (medical, mental health, suicide risk) and the observations or impressions (i.e. degree or severity of need) on each of the seven need areas.

VII. OTHER INPUTS TO THE INTAKE ASSESSMENT PROCESS

Added to the intake assessment process are psychological evaluations to measure personality, cognitive functioning and intellectual capacity; behavioural observations of staff; and supplementary assessments such as education and substance abuse. All of the aforementioned case-based information is then brought together at a case conference that is attended by a multidisciplinary team. It is recognised that any consensus reached by the assessment team about the offender's risk and needs should result in significant improvements in the predictive validity of our intake assessments.

The end product of this intake assessment process is a summary report about the offender. This OIA report contains for each offender a bottom-line or overall level of reintegration potential ranging from low, moderate to high; a statement on each of the seven dynamic factors ranging from "factor seen as an asset to community adjustment" to "considerable need for improvement"; a prioritisation of needs; an estimate of motivation; a custody rating designation ranging from minimum-, medium- to maximum-security; a complete social history; and institutional placement. It is expected that this comprehensive and integrated assessment

package will serve as the basis to formulate an individualised treatment plan for each offender.

IX. THE COMMUNITY REASSESSMENT PROCESS

As part of the standards for community supervision (Correctional Service of Canada/National Parole Board, 1988), parole officers are required to use a systematic approach to assess the criminogenic needs of offenders, their risk of reoffending and any other factors which might affect successful reintegration to the community. In keeping with this standard, a "Community Intervention Scale" (formerly called the Community Risk/Needs Management Scale) was developed and used to capture case-specific information on "criminal history" and a critical set of "needs" for classification while on conditional release (Motiuk & Porporino, 1989b).

X. DYNAMIC RISK ASSESSMENT

A systematic assessment and reassessment approach can assist in identifying appropriate treatment targets by cataloguing those changes during treatment that are associated with changes in the likelihood of institutional maladjustment or post-release recidivism (Bonta, Andrews, & Motiuk, 1993). This test-retest methodology can also play a critical role in measuring changes that can have significant impact on the design and development of effective correctional programs.

Case-need areas are considered to be dynamic risk factors and a subset of an overall offender risk. More importantly, case-need dimensions are designed to be able to reflect change. Whereas the Community Risk/Needs management Scale had emphasised the evaluation of offender risk and needs with respect to criminal recidivism, it gave relatively little consideration of the interaction between risk/needs and the level of intervention. However, this approach to offender risk assessment should lend itself well to the application of the "risk principle" for varying levels of service and it should also improve the ability to identify appropriate targets of rehabilitative effort. Andrews, Bonta and Hoge (1990) described this aspect of case classification for effective rehabilitation as the "need principle". In practice, the "need principle" essentially puts the focus on offender characteristics (e.g. substance abuse) that, when changed are associated with changes in the chances of recidivism.

Principle 2: Sharing of Information

While the sharing and communication of information is crucial to the case management process as a whole, it is especially relevant to successful risk management. The collection of relevant and timely information on violent, sex and repeat offenders from the police, courts and probation is an important first step towards a successful risk management process. Moreover, directing resources towards improvements in information sharing agreements with other criminal justice and mental health agencies is seen as beneficial. Whether it be simply identifying contact persons in other agencies or facilitating the reproduction of court transcripts or case work records, any gain in the speed of collecting criminal justice and mental health information must be seen as improving the overall risk management process.

Principle 3: Monitoring of Activities

In keeping with this risk management principle is the continuous evaluation of correctional activities related to public, staff, volunteer and offender safety. Among other supports to this type of evaluation, developing a computerised means to monitor offender progress throughout the sentence is extremely helpful. A fully automated capacity can equip criminal justice and mental health administrators and planners with valuable risk management information. Whether or not there have been any significant changes in the profile of the offender/patient population under community supervision over time is useful information in any risk management enterprise. As expected, the ability to routinely produce an offender population profile can prove to be extremely useful for raising awareness about community supervision, providing basic statistics with respect to risk/needs levels and estimating resource implications with respect to frequency-of-contact considerations. Furthermore, an ability to monitor the risk/needs levels of an entire caseload or population can move further a system considerably, towards the delivery of an effective and well-integrated risk management program.

Principle 4: Intervention

Whenever it becomes necessary to reject the risk that violent, sex or repeat offenders pose to society, staff, other offenders or even themselves, human-service providers are often equipped with extraordinary powers to respond. Service providers in correctional and mental health facilities may conduct searches of inmates/patients, cells/rooms, visitors and vehicles. Moreover, they have the power to seize contraband or evidence relating to a disciplinary or criminal offence. As well, they can invoke disciplinary sanctions which can be warnings or reprimands, the loss of privileges, an order to make restitution, a fine; extra duties, and in the case of a serious disciplinary offence, segregation from other offenders/patients.

In some jurisdictions, options for managing violent or sex offenders while under sentence include statutory release or the use of detention provisions during the period of statutory release. Detention provisions allow one to detain high-risk offenders beyond their statutory release date and up to their sentence expiration date. Should an offender pose any sort of threat while on conditional release, one can reject this risk by imposing special conditions (e.g. not associate with known criminals, abstain from substances, abide by curfews, etc.) or issue suspension warrants for their arrest. Another important approach to responding to offender risk is commonly referred to as treatment or programming.

XI. RE-ENGINEERING RISK/NEED ASSESSMENT PROCEDURES

Development of any new risk/needs assessment instrumentation or process should purposefully follow and expand on the assessment procedures currently in place. The intention is to capitalise on existing information-gathering practices, retain essential outputs and build on risk assessment training to date.

Some of the major reasons for a classification tool's decline in effectiveness include shifts in the clientele's profile (e.g. age distribution, cultural diversity, and offence-type composition) and changes in legislation or policy. Perhaps an even more compelling reason for periodically retooling risk assessment procedures is the drift towards over-classification that appears to be inherent in human-service-delivery systems (Bonta & Motiuk, 1992).

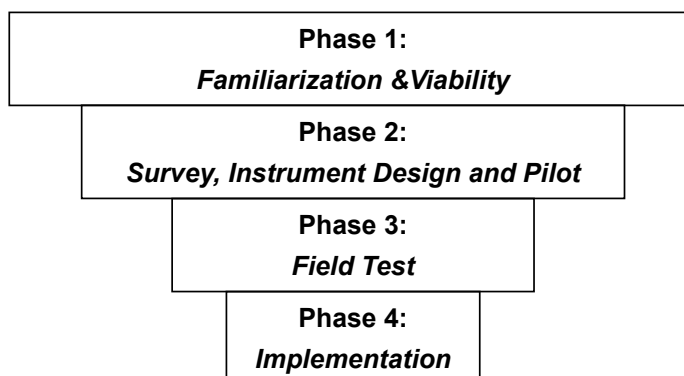
A few examples of correctional systems that have recently devised systematic and objective risk/need assessment procedures include but are not limited to Namibia, Hong Kong and Bosnia-Herzegovina. For the purposes of illustration, the risk/need assessment project that took place in Bosnia-Herzegovina is highlighted in the following discussion.

XII. THE BOSNIA-HERZEGOVINA RISK/NEEDS PROJECT

The Council of Europe (CoE), in collaboration with Bosnia and Herzegovina (BiH) corrections authorities, was actively engaged in developing a system of individualized risk and needs assessment for prisoners. The project was organized into four phases with the main objective of establishing an evidence-based risk-needs assessment system for BiH.

The first phase of the project (December 2005) involved holding a familiarization seminar on risk-needs assessment and conducting a viability study for development. The second phase (April-May 2006) of the project involved surveying convicted prisoners in BiH, designing risk-needs instrumentation, and piloting a new assessment protocol. The third phase (July 2006) of the project involved consolidating instrumentation and practice guidelines, hands-on training and field testing. The fourth and final phase (October-November 2006) involved compiling and analyzing pilot and field test data, conducting a train-the-trainers session, and overseeing multiple groups of training participants. The following steps were offered for development of the BiH RNA process:

Project Phases



The BiH pilot and field tests had revealed considerable previous involvement with the criminal justice system as more than half of the sample had previous adult convictions and more than a third had earlier prison terms. In addition, all nine criminogenic need areas were found to be represented in the distribution with considerable variation. For newly sentenced admissions, unemployment at time of offence, values orientation (disrespect for property and/or people), and cognitive/behavioural skills deficits were the most prominent need areas. The aforementioned provided promising targets for correctional intervention.

Although the predictive value of BiH RNA remains to be tested as extended follow-up periods were required for establishing relationships with relevant correctional outcomes, the robustness of the pilot and field test results suggested the full application of the RNA and Treatment Planning process would have added benefits in BiH whereby standardised reports are generated, sentence plans are produced and valuable management information is gathered for strategic planning purposes.

A Train-the-Trainers manual was assembled which involved trainers in making presentations and/or providing feedback on six sessions: 1) *Risk-Needs Assessment*; 2) *The Risk-Needs Assessment Process*; 3) *Criminal History Risk Assessment*; 4) *Criminogenic Needs Assessment*; 5) *Admission Assessment Summary*; and 6) *Case Presentation and Scoring*. Accompanying the sessions, a series of 36 slides were used to facilitate the training. It is noteworthy that both former focus group and field test participants greatly assisted during these sessions as they had previously become familiar with scoring the RNA protocol and presenting cases during training.

With the design, development, testing and training phases completed, the BiH RNA process was deemed ready to be considered for system-wide implementation. At the time, BiH had become well positioned to introduce a systematic approach to individualized prisoner risk-needs assessment. An objective and comprehensive assessment process had been designed, developed, piloted, and field tested. With successful completion of the fourth phase of the project, BiH prisons would have a modern assessment technology, qualified trainers, trained assessors, practice guidelines and training manuals. To date, senior managers and field staff engaged during the project openly expressed strong support for the initiative. Operationally, the BiH RNA process was seen to assist them in the difficult task of assessing prisoners for risk, safety and developing individualized treatment plans.

XIII. CONCLUSION

Is the accuracy of available assessment instruments for predicting violent, sex and repeat offending high enough to support their use as single criterion for making decisions about incapacitating offenders for long or indefinite periods? It is frequently argued that those who are likely to commit violent, sex or repeat offences upon release can be identified in advance with high accuracy using risk prediction devices. It is sometimes proposed that scores on such measures could be used as criteria for granting release or detaining individuals beyond their normal release dates. However, reliance on single measures invites the risk of omitting data that might be crucial in the prediction of future offending behaviour in individual cases.

Barring any major new developments in offender risk assessment technology, it is highly unlikely that any one tool or risk dimension could provide sufficient predictive accuracy on its own to guarantee safe

decisions about which cases should be released and which cases should be detained for indefinite periods because they may be violent. Correctional systems should avoid the use of single tools or measures for making decisions about release outcomes because more comprehensive methods of collecting and integrating risk information are available. Poor assessment procedures can lead to the release of violence-prone individuals into society, or conversely, low-risk individuals being incarcerated for longer periods than necessary at considerable public expense. Instead, adopting a multi-method, multi-predictor assessment and reassessment approach is preferred.

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