

# Risk & Need Assessment User Guide



January 2023

Specialized  
Assessments



**PPCJI** Pennsylvania Partnership  
for Criminal Justice  
Improvement

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# Foreword

On behalf of the Statewide EBP Leadership Team and the County Chief Adult Probation and Parole Officers Association of Pennsylvania (CCAPPOAP) and in partnership with the Pennsylvania Commission on Crime and Delinquency (PCCD), we are pleased to present *Risk and Need Assessment Specialized Assessments – Volume 2*. This document builds on the foundation established in the previously published *Risk and Need Assessment User Guide – Volume 1*. Both reports are part of the ongoing efforts to guide the implementation of evidence-based practices within county adult probation and parole departments across the Commonwealth of Pennsylvania.

CCAPPOAP began the journey to implement evidence-based practices in 2016 in partnership with PCCD with the creation of the Statewide EBP Leadership Team. Since that time, a tremendous amount of work has been accomplished, including the creation of a strategic plan, which outlined six goal teams to drive implementation work. The strategic plan was refreshed in 2021 to further advance our efforts in recognition of the work already accomplished. Multiple teams of individuals across the Commonwealth are engaged in transforming county adult probation and parole to reduce recidivism, save money, improve individuals' lives, and create safer communities.

A foundational piece of EBP is accurately assessing the risk and needs of those under supervision and implementing individualized services and programs to reduce risk. Most assessment instruments are designed for the general population and are not sensitive enough to pinpoint needs of specific populations such as women and veterans or people who have committed domestic violence or sexual crimes. Specialized assessments help agencies tailor supervision and services to each person's risk and needs.

We want to thank the EBP Committee's Assessment Workgroup for their work on this document, led by Dauphin County Chief Probation Officer Chadwick J. Libby. We also want to thank our partners on the EBP Leadership for their continuing commitment to assist these transformative efforts: CCAPPOAP, PCCD, the Department of Corrections, the Administrative Office of Pennsylvania Courts, the Commission on Sentencing, the County Commissioners Association of Pennsylvania, the Pennsylvania Pretrial Services Association, and the Pennsylvania Office of Victim Advocate.

We hope you find this guide informative and useful.



**April J. Billet**  
*Chair*



**Frank Scherer**  
*Vice Chair*

# Acknowledgements

The County Chief Adult Probation and Parole Officers Association of Pennsylvania (CCAPPOAP) express their deepest appreciation to the community corrections professionals who provided the leadership for the creation of this User Guide.

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## Consulting Team

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Carey Group, a national justice consulting firm, assisted in the research, development, and writing of this User Guide. Their expertise has supported CCAPPOAP's EBP implementation efforts.

**Susan Burke** – Executive Director

**Mark Carey** – Founder

**Rick Parsons** – Deputy Director

# Introduction

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The value of assessment tools is undisputed. While concerns abound with issues, such as fidelity, potential racial bias, or misinterpretation or misapplication of assessment results, there is no question that actuarial tools, properly administered, are a useful tool to inform professional judgment and improve decision making.

In 2018, the County Chief Adult Probation and Parole Officers Association of Pennsylvania released *Risk and Need Assessment: User Guide – Volume 1*.



There is no question that actuarial tools, properly administered, are a useful tool to inform professional judgment and improve decision making.

The guide provided a brief overview of how risk and needs assessments are used, the various types and generations of tools, and specific recommendations for using pretrial and post-conviction assessments.

Volume 2 examines specialty assessments that might be appropriate for the adult population.

General adult risk and needs assessment tools are normed on overall adult criminal justice

populations, with the results predicting the likelihood that someone will recidivate, and which criminogenic needs must be the focus of intervention. But not all persons entering the criminal justice system are the same when it comes to assessing their risk and needs. There are often variations in results with individuals convicted of crimes such as sexual and violent offenses or DUI. Utilizing a general risk instrument on these subpopulations can often lead to inaccurate results. For example, a person convicted of a sexual offense may score low on a standardized risk and needs instrument but due to the circumstances of their crime, may score as a high risk to be arrested for a new sexual offense and will require more intensive supervision than their original risk level indicated.

This guide lists tools that can aid in obtaining more in-depth information about a person's behavior as it relates to factors such as offense type, motivation, trauma history, and mental health. Also included are instruments designed specifically for women. Most risk and needs assessments are derived from factors associated with males. A gender-responsive needs assessment can identify concerns that, when addressed, can result in improved outcomes.

## Screening Versus Assessment

The term "screening" refers to a triage process to determine if additional assessment is necessary. Screening tools typically require only a "yes" or "no" response to a limited number of questions. The results do not determine whether someone has a particular condition. Rather, the results only indicate whether a condition is likely but for which

additional information is needed. Assessment in the criminal justice system is a process for confirming or denying the presence of a condition or behavior, defining its nature, and using the information to develop an appropriate response or course of action. Both types of tools are valuable in helping criminal justice professionals make informed decisions. This guide includes both screening and assessment tools.

## Use of Self Report Assessments

Many assessments currently available rely either partially or solely on the individual's own views of their behaviors, beliefs, or attitudes. Self-reporting tools have numerous advantages such as they are often free or inexpensive, are usually easier to administer, can be performed relatively quickly, and results are usually immediately available. Self-reported data are subject to biases and limitations. Individuals may exaggerate certain items while underreporting others. The research literature discusses numerous limitations of self-reporting tools, including individuals are more likely to provide an answer that they perceive as more socially acceptable; they may not have the ability to assess themselves; they may inappropriately interpret questions or the rating scales; and there may be biases created by previous question or experiences. Due to the limitations, it is important that the assessor not rely on only self-report and that they base their conclusions on other information obtained during the interview, from the file, or from collateral contacts.

## Training

Fidelity, the extent in which the user completes the tool as intended, has huge implications for the results. To increase fidelity, users should be trained on how to administer and score the tool. Unfortunately, there are a significant

number of disparities as it relates to specialized assessment tools. While some tools included in this guide require training and have detailed manuals, the vast majority do not have training available and/or have minimal information on how to complete the tool. Jurisdictions should develop internal controls if a tool is selected where training or a guide is not provided.

## User Guide Structure

This guide is organized by subject area with each assessment briefly described as it relates to its purpose. The information is provided in a quick glance format so as to allow the reader to ascertain whether the assessment might be useful to their individual jurisdiction. Information on each assessment includes background information, instrument content, how to obtain the instrument, training and implementation costs, availability of automation, and jurisdictions currently using the instrument. Jurisdictions should conduct a more in-depth review of any screening or assessment tool to determine if it is appropriate for their needs before adopting it. Such a review should take into consideration whether the tool has been validated, ease of use, cost, and other practical implementation considerations.

## Limitations

This guide has limitations which the reader should consider when reviewing. The reader is encouraged to use the guide to narrow down the list of assessments for potential use and then conduct their own review to determine if the assessment(s) meet their needs. For example, this guide:

- 1 Does not contain all possible specialized assessment instruments. Hundreds of assessments are available and potentially appropriate for a criminal justice population. The guide would become

unwieldy if it were to include every possible assessment.

- 2 Does not address every potential area of assessment. The guide contains assessment information on some of the most requested topic areas such as mental health and substance abuse. However, some assessment areas are not included such as gambling addiction and literacy, among others.
- 3 May contain outdated information. Tools are dynamic, and authors and researchers are often making modifications to the assessment to improve its usefulness. The moment the guide is released, assessment changes may occur such as costs, automation, or training requirements. The reader is encouraged to examine the most current information by going directly to the source of the assessment. The contact information is included under each assessment.
- 4 Does not attempt to reconcile differences between information provided by the assessment source and practitioners. For example, the assessment source may estimate how long it takes to conduct the assessment or qualifications required of the assessor and how real-world experience differs.
- 5 Does not include assessments deemed to be prohibitive in length or cost so as to be impractical for the majority of jurisdictions. These kinds of assessments, if needed, would be conducted on a case-by-case basis, often through referrals to a specialist.
- 6 Does not assess the instrument validation veracity. Validation support among the assessments varies. While the

assessments contained in this manual have been researched, judgment as to the assessment research strength is not provided. Support for some instruments can change over time or be mixed depending on the population. For any screening instrument it is important to recognize that validation support is not static. As circumstances change instruments need to change with them.

## Selecting and Administering an Assessment

Many factors need to be taken into account when selecting an assessment including but not limited to cost, time, training requirements, research support, ease of use, and assessor qualifications. The instrument must be both reliable and valid. It needs to be reliable in that it measures the factors consistently for similar cases and is valid by measuring the result it is designed to measure.

Selecting the instrument(s) is just the beginning. Assessments will not yield intended results if the assessor is not properly trained, scoring is conducted incorrectly, assessment results are misinterpreted, assessors are inconsistent in applying the instrument, and so forth. Unless it is a self-report instrument, the interview can be a critical part of the process. Most tools rely on obtaining honest information from the individual which requires assessor rapport, a non-judgmental approach, and effective interviewing skills. Results can suffer when the assessor appears rushed or focused on completing the process rather than on the goal of the process. For these and other reasons, agencies should develop these skills through training.

Additional information on assessments can be found at the Bureau of Justice Assistance (BJA) Public Safety Risk Assessment Clearinghouse. <https://psrac.bja.ojp.gov/>



A close-up photograph of a person's hands writing in a spiral-bound notebook with a pencil. The person is wearing a red and black plaid shirt. The background is softly blurred, showing what appears to be a desk and a window with natural light.

# Criminal Attitudes & Behavioral Patterns

## Section Overview

Criminal attitudes and behavioral patterns are primary drivers of illegal behavior. The majority, if not all, of criminal justice risk and needs assessment instruments includes factors that are associated with this section. Even though these may be captured in assessments, the staff member could use additional screening tools to gain further insight and analysis. The information can be helpful in selecting the appropriate interventions or programs. These tools can also aid in helping the individual identify their own criminal thinking and behaviors. Finally, these tools can assist in pre- and post-measures of interventions.

# Criminal Attribution Scale (CRAI)

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## Background Information

Antisocial attitudes contribute to risk of re-offense. One aspect of antisocial attitudes is not taking responsibility. The CRAI measures the degree to which the individual takes responsibility or blames behavior on others or circumstances such as the victim, use of substances, or society by assessing the respondent's perception of the causation of crime. It is intended for adult male and female persons referred to a diversion or deferred prosecution program. The six scales measure criminal responsibility under two indexes (internal/external) or framework of attribution of responsibility, each deriving a score. The internal dimension includes the Psychopathology and Personality sub-scales, whereas the external blame domain is comprised of the Alcohol, Victim, and Societal sub-scales. A sixth sub-scale, Random, refers to crime occurring because of chance, thereby discounting the gravity of the acts.



## Instrument Content

The instrument contains 60 items comprised of six sub-scales, each composed of 10 items. For each statement, respondents are asked to answer whether they agree or disagree.



## Instrument Source

<https://drive.google.com/file/d/1KY2Uq6OvaYFw9V4Yp58Lgb6uZ5cy16fs/view>

Daryl G. Kroner, Ph.D. Associate Professor  
Department of Criminology & Criminal Justice  
email: dkroner@siu.edu



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Criminal Cognition Scale (CCS)

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## Background Information

The 25 item CCS was designed to tap five dimensions: Notions of Entitlement, Failure to Accept Responsibility, Short-Term Orientation, Insensitivity to Impact of Crime, and Negative Attitudes Toward Authority. Results from 552 jail inmates support the reliability, validity, and predictive utility of the measure. The CCS was linked to criminal justice system involvement, self-report measures of aggression, impulsivity, and lack of empathy. Additionally, the CCS was associated with violent criminal history, antisocial personality, and clinicians' ratings of risk for future violence and psychopathy (PCL:SV). Furthermore, criminogenic thinking upon incarceration predicted subsequent official reports of inmate misconduct during incarceration.



## Instrument Content

The instrument contains 25 items.



## Instrument Source

To obtain the tool, jurisdictions should contact the developer at the below address.

June Tangney, Ph.D.  
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and Professor of Psychology

George Mason University  
Department of Psychology  
MSN 3F5  
Fairfax VA 22030  
703 993 1365 (Office)  
703 993 1335 (Fax)  
jtangney@gmu.edu



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Criminal Sentiments Scale Modified (CSS-M)

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## Background Information

The CSS-M measures antisocial attitudes, values, and beliefs related to criminal activity. Higher scores on the CSS-M are indicative of greater criminal attitudes. The CSS-M measures what a person thinks. It is intended for adults. The instrument contains five subscales: Attitudes Toward the Law, Courts, Police, Tolerance for Law Violations, and Identification with Criminal Others. The subscales assess respect for the law and criminal justice system, justifications for criminal behavior, and personal judgments about law violators. The instrument takes approximately five minutes to complete.



## Instrument Content

The instrument contains 41 items using a 3-point Likert-type scale.



## Instrument Source

[www.gifrinc.com/css-m](http://www.gifrinc.com/css-m).



## Training & Implementation Cost

On demand training is provided by Global Institute of Forensic Research [www.gifrinc.com/css-m](http://www.gifrinc.com/css-m). The cost is \$228 per student.



# Measures of Criminal Attitudes & Associates (MCAA)

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## Background Information

The MCAA was developed to provide measures of antisocial attitudes and associates of adult males which are central to criminal and antisocial behavior. Throughout the stages of development, the MCAA's item selection was made in accordance with basic psychometric principles (e.g., reliability, item endorsement, and validity). Four sequential studies using samples were undertaken to arrive at the 46-item measure of attitudes. The MCAA was designed to be used in both applied and research settings. More specifically applications involve:

- Assessment of antisocial and criminal attitudes
- Assessment of criminal associations
- Treatment changes
- Program evaluation



## Instrument Content

The MCAA is a two-part instrument. Part A is a self-report measure that quantifies the number of criminal associates a person reports to have. Part B is an attitude measure consisting of four scales. The four scales are Violence, Entitlement, Antisocial Intent, and Associates. The MCAA can be administered either individually or in supervised groups. It is a self-report instrument.



## Instrument Source

[https://www.researchgate.net/publication/267028189\\_Measures\\_of\\_Criminal\\_Attitudes\\_and\\_Associates\\_User\\_Guide](https://www.researchgate.net/publication/267028189_Measures_of_Criminal_Attitudes_and_Associates_User_Guide)



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Measure of Criminogenic Thinking Styles (MOCTS)

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## Background Information

The MOCTS is a self-report instrument designed to measure the presence of thinking styles that perpetuate criminal and other maladaptive behaviors. It consists of five scales: an overall scale of criminogenic thinking (i.e., Total Criminogenic Thinking); three subscales of criminogenic thinking (i.e., Control, Cognitive Immaturity, Egocentrism); and a scale to detect an inattentive response style (i.e., Inattentiveness). The Control scale (26 items) represents thinking patterns that address the individual's need for power and control over the individual's own emotions, the environment, and other people. The Cognitive Immaturity scale (28 items) represents thoughts of self-pity and over-reliance on underdeveloped cognitive shortcuts such as labeling and judging. The Egocentrism scale (11 items) represents an individual's extreme feelings of uniqueness, focus on oneself, and overestimation of one's own importance. The Total Criminogenic Thinking scale (65 items) represents overall level of criminogenic thinking and consists of all the items from the three criminogenic thinking subscales. The Inattentiveness scale consists of five items that direct a respondent to provide a particular response option (e.g., Answer this item with Agree); these items are not included on the Total Criminogenic Thinking scale.



## Instrument Content

The instrument contains 70 items.



## Instrument Source

[https://www.researchgate.net/publication/285783109\\_Manual\\_for\\_the\\_Measure\\_of\\_Criminogenic\\_Thinking\\_Styles\\_MOCTS\\_formerly\\_the\\_Measure\\_of\\_Offender\\_Thinking\\_Styles\\_-\\_Revised\\_MOTS-R](https://www.researchgate.net/publication/285783109_Manual_for_the_Measure_of_Criminogenic_Thinking_Styles_MOCTS_formerly_the_Measure_of_Offender_Thinking_Styles_-_Revised_MOTS-R)



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Texas Christian University Criminal Thinking Scales (TCU CTSForm)

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## Background Information

The TCU CTSForm measures thinking and cognitive orientation related to criminal conduct. The instrument can be used on both adult male and female individuals. The instrument was derived and adapted from the work of Glen Walters and the Bureau of Prisons in 1995. TCU scoring norms have limitations due to a diverse validation sample. It is available in Spanish.

The instrument contains six subscales including personal irresponsibility (blames others or external factors for criminal behavior); entitlement (feeling of privilege); power orientation (need for power/control over others); justification (minimalization of seriousness of antisocial acts); cold heartedness (callousness); criminal rationalization (negative attitude toward law and authority figures). Each scale contains an average of six items. Higher scores on a subscale indicate a greater tendency to exhibit the pattern of thinking measured by that subscale.



## Instrument Content

The instrument has 36 items using a 5-point Likert-type scale (strongly disagree to strongly agree).



## Instrument Source

Institute of Behavioral Research  
Texas Christian University  
Box 29874  
Fort Worth, TX 76129  
(817) 257-7226  
FAX (817) 257-7290  
Email: [ibr@tcu.edu](mailto:ibr@tcu.edu)

The assessment and scoring guide are at: <https://ibr.tcu.edu/forms/tcu-core-forms/>.



## Training & Implementation Cost

The instrument is free. The instrument is copyrighted by TCU Institute of Behavioral Research, Fort Worth, Texas. TCU permits the tool to be used for personal, educational, research, and/or information purposes. Attribution should be made for the author, source, and copyright. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University.

# Texas Christian University Social Functioning (TCU SOCForm)

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## Background Information

Four scales comprise the TCU SOCForm: Hostility (HS), Risk Taking (RT), Social Support (SS), and Social Desirability (SD). HS contains 8 items, has reliabilities of .80 for both community and CJ clients, and is represented by the item "You like others to feel afraid of you." RT has 7 items with reliabilities of .77 (community-based) and .71 (CJ-based). An item from the scale is "You like to take chances." SS is a 9-item scale and has reliabilities of .75 (community-based) and .74 (CJ-based). An example is "You have people close to you who motivate and encourage your recovery?" SD is a recently developed scale based on a subset of 11 items from the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) selected to test for effects of potential response bias. For the full 33-item version of the scale, the literature reported coefficient alpha reliabilities ranging from .73 to .88 (Paulhus, 1991).



## Instrument Content

The instrument includes 36 items from 4 scales representing Hostility, Risk-Taking, Social Support, and Social Desirability.



## Instrument Source

<https://ibr.tcu.edu/forms/client-evaluation-of-self-and-treatment-cest/>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it. The instrument is copyrighted by TCU Institute of Behavioral Research, Fort Worth, Texas. TCU permits the tool to be used for personal, educational, research, and/or information purposes. Attribution should be made for the author, source, and copyright. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University.





# Domestic Violence

## Section Overview

Research on the utilization of a general risk and needs assessment on a population of individuals who have engaged in domestic violence has indicated that the predictive validity is moderate. It appears that this group's propensity to engage in additional violent behavior against their partner is higher than the general population. Therefore, jurisdictions should use specialized screening and assessments tools to determine how best to work with this population.

# Domestic Violence Screening Instrument (DVSI-R)

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## Background Information

The DVSI and DVSI-R were designed to assess the risk of repeated domestic violence in the future on the basis of information available at the time. It was crafted as a short, easy criminal records review and made available to prosecutors, judges, and probation officers for use soon after a suspect's arrest. The original DVSI was validated using two samples of subjects drawn from four pilot judicial districts of the 22 in Colorado: 1,465 male suspects arrested for domestic violence offenses committed against female partners between July 1997 and March 1998; and 125 female partners of the men arrested. These women were offered financial compensation to participate in the study. However, locating them and soliciting their willingness to participate proved difficult, resulting in a relatively small sample. There is no automated/online version available. The instrument, however, has been integrated into the case management system utilized by the Court Support Services Adult Division of the Connecticut Judicial Branch. The logistics regarding the integration are unknown.



## Instrument Content

The original instrument included 12 items related to past criminal and social history, completed by a review of official records, with the 12 items summed to calculate risk scores ranging from 0 to 30. It was substantially revised in Connecticut between 2002 and 2003, resulting in modification and consolidation of the items (now 11), along with corresponding coding instructions. Besides the 11 structured items, two additional mechanisms were added for assessing the imminent risk of violence to the victim or other persons based on an assessor's subjective professional judgment.



## Instrument Source

<http://criminal-justice.iresearchnet.com/forensic-psychology/domestic-violence-screening-instrument-dvsi/>. This tool is under copyright. Approval is necessary before use.



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it, but training is available through the Family Services Department under the CT Judicial Branch.

# Idaho Risk Assessment of Dangerousness (IRAD)

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## Background Information

The IRAD identifies indicators of future risk of harm, as well as indicators of lethality. It includes seven areas of abuse. In 2008, the Idaho Coordinated Response to Domestic & Sexual Violence (ICRDSV) committee was created through a federal grant from the U.S. Department of Justice to encourage arrests in domestic and sexual violence (Idaho Coalition Against Sexual & Domestic Violence (ICASDV), n.d.). The ICRDSV brings together representatives from various statewide agencies to work on initiatives to address issues surrounding domestic and sexual violence across Idaho. Since 2007, this group, facilitated by the ICASDV, has been working on a risk assessment of dangerousness to be used in intimate partner violence (IPV) cases reported to law enforcement. The purpose of this instrument is to assess IPV cases to determine the risk of future violent recidivism for each case. As with most IPV risk assessments that have been developed, the resulting risk level has a variety of uses such as education and safety planning with victims or providing additional information in determining bail and/or release conditions. There is an online version available.



## Instrument Content

The instrument considers seven factors: history of domestic violence (20 Items); threats to kill (2 Items); threats of suicide; recent separation; obsessive/controlling behavior; prior police contacts; and alcohol/drug abuse by suspect.



## Instrument Source

<http://www.idvsa.org/initiatives/idaho-coordinated-response/>. Free printable version.



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Ontario Domestic Assault Risk Assessment (ODARA)

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## Background Information

The ODARA is an actuarial tool for estimating the risk that a person arrested for domestic violence will assault a partner again. It was created by the Ontario Provincial Police Behavioural Sciences and Analysis Section and researchers at Waypoint Centre for Mental Health Care. ODARA is an empirically developed and validated actuarial risk assessment tool developed and validated in Ontario, Canada, to assess the future likelihood of violence against an intimate partner. Currently there is no automated/online version of the instrument available. However, there is an online training program available at <https://odara.waypointcentre.ca/>



## Instrument Content

The tool includes 13 questions that were found to be the most highly predictive of future violence. Nine of the items are typically collected from victims by law enforcement and the other four are derived from criminal history records.



## Instrument Source

A reproduction of the scoring form can be found at <https://www.nj.gov/lps/dcj/agguide/directives/ODARA-Scoring-Form.pdf>

The full scoring manual for the ODARA appears in the book by N. Zoe Hilton (2021), *Domestic Violence Risk Assessment, 2nd Edition: Tools for Effective Prediction and Program Management*. American Psychological Association.



## Training & Implementation Cost

ODARA 101 is an online, restricted-access training program designed to allow assessors to obtain domestic violence risk assessment training anytime, anywhere, and at no charge. Over 1000 assessors per year complete the training, which takes 4-6 hours on average. This training supplements the book, *Domestic Violence Risk Assessment*, which includes FAQs, more practice cases, literature reviews, and guidance on implementation and risk communication.

To register, an online license request form can be filled out at <https://odara.waypointcentre.ca/>



# Propensity for Abusiveness Scale (PAS)

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## Background Information

The PAS assesses propensity for male abusiveness of a female partner (FP) in intimate relationships. Scale items are nonreactive, containing no explicit reference to abusive behavior. 140 men in treatment for wife assault, 63 FPs, 44 demographically matched men, and 33 FPs completed measures of borderline personality organization, anger, trauma symptoms, recollections of early childhood rearing, and attachment patterns. The PAS was validated against reports of abuse victimization by men's FPs using the Psychological Maltreatment of Women Inventory and was correlated with women's reports of male Domination and Isolation tactics and with Emotional Abuse scale scores. Discriminant function for high vs low abusiveness indicated that the PAS correctly classified 82.2 percent of men. The PAS also correlates significantly with physical abuse. Currently there is no automated/online version of the instrument available.



## Instrument Content

The PAS is a 29-item Likert-type questionnaire designed to covertly assess respondents for a propensity toward abusive behavior in relationships.



## Instrument Source

[https://www.researchgate.net/publication/11128066\\_A\\_scale\\_for\\_measuring\\_propensity\\_for\\_abusiveness](https://www.researchgate.net/publication/11128066_A_scale_for_measuring_propensity_for_abusiveness).

This is a downloadable full-text PDF of the introduction to the methods and construction of the PAS, along with 29 item questionnaire.



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Spousal Assault Risk Assessment Guide (SARA)

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## Background Information

The SARA helps criminal justice professionals predict the likelihood of domestic violence by screening for risk factors in individuals who are suspected of, or who are being treated for, spousal abuse. It determines the extent to which risk factors of crucial predictive importance have been assessed with a quality control checklist. It also helps determine the degree to which an individual poses a risk to his or her spouse, children, another family member, or any other person involved. It takes approximately 60 to 90 minutes to complete. An online version is available.



## Instrument Content

The instrument contains 20 items. The SARA is based on interviews with the accused and the victim(s); standardized measures of physical and emotional abuse; standardized measures of drug and alcohol abuse; and a review of collateral records, including police reports, victim statements, and criminal records.



## Instrument Source

<https://storefront.mhs.com/collections/sara#:~:text=The%20Spousal%20Assault%20Risk%20Assessment,being%20treated%20for%20spousal%20abuse.>



## Training & Implementation Cost

The manual is \$77, SARA Quikscore Forms (pack of 25) is \$77, and the SARA Checklist Forms (pack of 25) are \$45.



# DUI/DWI

## Section Overview

The large percentage of a department's overall caseload includes individuals who were arrested and charged with a DUI/DWI. Specialized tools can assist jurisdictions in developing supervision and treatment plans that are designed to address the individualized factors that are specifically correlated to the person's risk to engage in future DUI/DWI behaviors.

# Adult Substance Use and Driving Survey – Revised (ASUDS-R)

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## Background Information

The ASUDS-R can be used to provide guidelines for assessing levels of alcohol and other drug (AOD) problems, abuse and dependence. It can also be used to provide referral guidelines for various levels and types of services for people arrested for impaired driving.

The ASUDS-R assesses an individual's AOD use involvement in ten categories of drugs and measures the degree of disruption that might result from the use of these drugs. Three supplemental scales provide a differential assessment of disruptive AOD use outcomes which are subscales of the general DISRUPTION scale. The ASUDS-R provides a specific measure of the degree of involvement in the use of alcohol, and a specific measure of driving-risk attitudes and behaviors. There is an AOD use benefits scale. It also provides a screen for emotional or mood adjustment problems, a measure of social non-conformity, a measure of legal non-conformity, a measure of defensiveness or resistance to self-disclosure, and a scale to assess motivation and readiness for treatment. It provides measures of AOD involvement and legal conforming for the most recent six-month period the client has been in the community. The ASUDS-R is available in both paper-pencil and automated versions and is in wide use in Colorado and several other jurisdictions.

The tool was normed on over 1000 people arrested for DWI as well as over 600 alcohol dependent patients in residential and intensive outpatient programs. All major ethnic/racial groups and both genders, adolescents and the elderly were included in the sample.



## Instrument Content

The ASUDS-R is a 123-item psychometric-based, self-report, differential screening instrument, designed and normed for people arrested for impaired driving.. The ASUDS-R has 16 primary scales and three supplemental disruption scales. Each item has a five-point response scale.



## Instrument Source

<http://aodassess.com/>



## Training & Implementation Cost

There is no standardized training to use the assessment; however, it was designed for use by those with addictions counselor/psychiatry level experience. An instructional PowerPoint can be provided at no charge if requested. The paper/pencil version costs \$150 for 150 uses or less. There is a one-time charge of \$25 for a general manual and AODAssess.com staff will work with clients to get them started.

The automated system is not web-based; it needs to be installed through <http://aodassess.com/>The install cost is \$800 and there is an individualized annual user contract, the cost of which is dependent upon the annual administration of the assessment (averages \$1-2 per person).

# Behaviors & Attitudes Drinking & Driving Scale (BADDSS)

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## Background Information

BADDSS is a product from the SASSI Institute. It identifies preintervention risk of future impaired driving and changes in DUI-related risky behaviors and attitudes following intervention. It is ideal for initial risk assessment, pre- and post-test screening, and program evaluation.

Reliability studies demonstrate good internal consistency and good test/retest stability. Validity studies have shown that the BADDSS can effectively discriminate between people who engage in the target behavior (drinking and driving) and those who do not, accurately predict future drinking and driving behaviors, and is highly sensitive to attitudinal change for both relatively weak and more complex and time-consuming interventions. The instrument takes approximately 15 minutes to administer and score. SASSI Online is a web-based system for the administration and scoring of SASSI questionnaires (BADDSS) which provides narrative reports on client screening results. Through a secure workspace, SASSI Online enables staff to order and administer questionnaires, receive immediate scoring of clients' responses, and review client results and profile reports, all using a standard web browser and an internet connection.



## Instrument Content

BADDSS is comprised of three scales that measure attitudes, and two that measure behaviors related to drinking and driving. The instrument was designed to screen individuals and groups for impaired driving risk, and as a program evaluation tool to measure change following intervention.

The SASSI Institute's products are carefully developed assessment instruments that require proper administration, scoring, and interpretation. In accordance with the ethical guidelines of the American Psychological Association, a completed Qualification Form must be received prior to initial purchase. Eligibility to purchase, administer and/or use these measures for clinical purposes is limited to individuals with training and experience in the area of assessment. Individuals who do not have professional training can administer and score the instrument if there is appropriate supervision. The BADDSS may be used by individuals with a bachelor's degree in psychology or a related discipline (e.g., counseling, education, human resources, social work, criminal justice, etc.) and coursework related to psychological assessments and surveys.



## Instrument Source

<https://sassi.com/qualify/>

Requires submission of an electronic qualification form prior to initial purchase.



## Training & Implementation Cost

Visit <https://sassi.com/baddss/> to check current requirements and pricing. First time pencil and paper orders must include a starter kit @ \$240. There are additional costs for subsequent purchases. Pricing for online administration is based on quantity, per administration.



# Computerized Assessment & Referral System (CARS-5)

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## Background Information

The CARS-5 is the result of a collaboration between the Division on Addiction and the Foundation for Advancing Alcohol Responsibility, a nonprofit organization with a focus on preventing driving under the influence (DUI). Mental health problems that extend beyond substance use disorders are common among people with addiction and can affect treatment outcomes. However, in a variety of addiction treatment settings—including DUI programs—clients often do not undergo comprehensive screening for psychiatric disorders. CARS-5 assesses a wide range of mental health disorders that likely contribute to addiction-related problems, as well as other mental and physical issues. This is a fully automated assessment.



## Instrument Content

The number of questions changes depending on the options chosen and the answers provided. The assessment can take from 25 minutes to three hours to complete.



## Instrument Source

[carstrainingcenter.org](http://carstrainingcenter.org)



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Impaired Driving Assessment (IDA)

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## Background Information

In 2008, the National Highway Traffic Safety Administration provided funding to the American Probation and Parole Association (APPA) to develop an instrument that can increase the probability of identifying an individual's risk level of engaging in future conduct of impaired driving and to help determine the most effective community supervision that will reduce such risk.

The APPA project team identified several major risk areas of DWI recidivism, an individual's past behavior to include prior DWO and non-DWI involvement in the justice system, and prior involvement with alcohol or drugs. In addition, resistance to and non-compliance with current and past involvement in the justice system was identified as a major risk area. Mental health and mood adjustment problems were found to be a risk area as well. All of these identified areas informed the inclusion of certain items on the development of the IDA. APPA launched a web-based version of the IDA assessment in 2021. The web-application has the same functionality of the paper and pencil IDA assessment widely used for more than 15 years but adds the convenience of a web-application accessible from any device with cloud-based data storage. Agencies can more easily share information, assess individuals, access past results, and evaluate agency-level data. Contact APPA to start using the web-based IDA. The IDA is available to be integrated into private databases and case management systems. APPA has standing agreements with several private companies and agencies. Contact APPA to learn about licensing options and if the IDA is available through your current database systems.



## Instrument Content

The IDA has eight domains that assess a handful of major areas of impaired-driving recidivism: prior involvement in the justice system related to impaired driving, as well as in general; prior involvement with alcohol and/or other drugs; mental health and mood adjustment problems; and resistance to and non-compliance with justice system interventions. The IDA is comprised of two components: a self-report (SR) and an evaluator report (ER). The SR is comprised of 34 questions designed to measure both retrospective and current perceptions of conditions related to mental health and mood adjustment, alcohol and drug involvement and disruption, social and legal non-conformity and acknowledgment of problem behaviors and motivation to seek help for these problems. The ER component is comprised of 11 questions that provide information around the individual's past DWI and non-DWI involvement in the judicial system, prior education and treatment episodes, past response to DWI education and or treatment, and current status with respect to community supervision and assignment to education and/or treatment services.



## Instrument Source

Visit <https://www.appa-net.org/IDARC/> for more information.



## Training & Implementation Cost

APPA is currently offering group training sessions that may be conducted either onsite in respective jurisdictions or at its Training Institutes. Onsite training for the IDA is available by request and is required for anyone looking to implement the tool within their agency. The training can be hosted by an organization, agency, departments, state, or regional area that is interested in coordinating training and technical assistance. It consists of one full day of classroom-based training for up to 30 people at a time. Agencies may also request to receive the Train-the-Trainer option.

# Streamlined DUI Risk and Needs Triage Tool (DUI-RANT)

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## Background Information

Streamlined DUI-RANT was developed from the empirically based Risk and Needs Triage tool (RANT) for the DUI population. DUI-RANT is a highly secure, web-based tool designed to help judges and other criminal justice professionals place adult who has been arrested for into the appropriate care setting. DUI-RANT was derived from empirical evidence showing that outcomes in community correctional settings are influenced by how well people arrested for DUI are matched to services suited to their criminogenic risks and clinical needs. The instrument is web-based. The software immediately generates an easily understandable report sorting people into one of four risk/needs quadrants with direct implications for the optimal level of criminal justice supervision and behavioral health care. In addition to a risk/needs score, the report also lists the specific risk and needs factors identified for the person. DUI-RANT utilizes industry-standard data encryption.



## Instrument Content

Streamlined DUI-RANT includes a client risk/needs assessment that can be administered by program personnel in 15-20 minutes or less, with minimal training required. Simple screens guide users through the 23 items individually, and instantly provides client-level reporting upon completion.



## Instrument Source

[CourtTools@phmc.org](mailto:CourtTools@phmc.org) or call 866-453-9262 to order DUI-RANT or schedule a demo.



## Training & Implementation Cost

Streamlined DUI-RANT license options includes: \$1,100 for five users for a 1-year term or \$2,750 for 25 users for a 1-year term.



# Mental Health

## Section Overview

Even though mental health is not a criminogenic need, many individuals in the criminal justice system suffer from a mental health condition. If this stabilization factor is not addressed, the person's ability to successfully complete and engage in other services are hindered. Screening tools can aid jurisdictions in identifying who may need further intervention or services.

# Brief Jail Mental Health Screen (BJMHS)

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## Background Information

Developed by Policy Research Associates, with funding from the National Institute of Justice, the BJMHS was validated in a study that included 10,330 detainees from four jails, two in New York and two in Maryland. The results indicated that the BJMHS would refer about 11 percent of incoming detainees for further mental health assessment. The BJMHS was administered to all participants during the booking process. The BJMHS results were validated by the Structured Clinical Interview for DSM, a standardized clinical evaluation tool, which was administered to 357 detainees. The SCID evaluation measured whether the BJMHS had correctly identified the detainees who should be referred for further mental health assessment. Seventy-three percent of males and 62 percent of females were correctly identified, making the BJMHS the best available solution to determine further need for mental health evaluation for incoming detainees. It is currently unclear if an automated/online version of the instrument is available or if a county has incorporated the instrument into their case management system.



## Instrument Content

The BJMHS assesses incoming detainees for the possibility of having a serious mental illness such as schizophrenia, bipolar disorder, or major depression. The process takes less than three minutes and is easily incorporated by corrections officers into the booking process. The entire screen consists of only eight yes/no questions. The screen is also available in Spanish.



## Instrument Source

<https://www.prainc.com/product/brief-jail-mental-health-screen/>

The screen can be downloaded from the Policy Research Associates Webpage.



## Training & Implementation Cost

The screen is simple to administer by corrections officers during the booking process. The BJMHS requires little formal training but included with the screen is a page of instructions and suggestions. The instructions include specific administration instructions, as well as scoring instructions. The tool is free.



# Brief Symptom Inventory (BSI)

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## Background Information

The BSI® instrument provides self-reported data to support decision-making. The reliability, validity, and utility of the BSI instrument have been tested in more than 400 research studies. It is designed for medical professionals and can be administered by paper-and-pencil or on a computer. Nine Symptom Scales are scored: Somatization (SOM), Obsessive Compulsive (O-C), Interpersonal Sensitivity (I-S), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR), and Psychoticism (PSY). The tool also includes three Global Indices: Global Severity Index (GSI), Positive Symptoms Distress Index (PSDI) and Positive Symptom Total (PST). It takes 8-10 minutes to complete.



## Instrument Content

The instrument contains 53 items using a 5-point rating scale.



## Instrument Source

<https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Brief-Symptom-Inventory/p/100000450.html>



## Training & Implementation Cost

The BSI Nonpatient Adult Hand Score Starter Kit (Print) includes a manual, 50 answer sheets with test items, 50 profile forms and 2 worksheets: \$147.30.

# Computerized Assessment and Referral System for Mental Health (CARS-MH)

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## Background Information

CARS-MH is a standalone computerized screening system that screens for 17 mental health conditions as well as risk factors for those conditions and provides tailored reports about clients' symptoms, those conditions, and resources in their geographical location. CARS-MH is available as an interviewer-administered or self-administered tool. The tool is fully automated.



## Instrument Content

The number of questions changes depending on the options chosen and the answers. The assessment can take from 25 minutes to three hours to complete.



## Instrument Source

[www.carstrainingcenter.org](http://www.carstrainingcenter.org)



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Correctional Mental Health Screen for Men (CMHS-M) & for Women (CMHS-W)

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## Background Information

The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford and Robert L. Trestman at the University of Connecticut Health Center developed this Correctional Mental Health Screen for Men (CMHS-M) with a grant funded by the National Institute of Justice. It is currently unclear if an automated/online version of the instrument is available or if a county has incorporated the instrument into their case management system.

The version for women (CMHS-W) consists of eight yes/no questions, and the version for men (CMHS-M) contains 12 yes/no questions about current and lifetime indications of serious mental health disorder. Six questions regarding symptoms and history of mental illness are the same on both questionnaires. The remaining questions are unique to each gender screen. Each screen takes three to five minutes to administer.



## Instrument Content

The CMHS uses separate questionnaires for men and women.



## Instrument Source

<https://nij.ojp.gov/library/publications/mental-health-screens-corrections>. Both tools are widely available on the internet and are free.



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Depression Hopelessness and Suicide (DHS)

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## Background Information

The DHS was developed to screen for the presence of depression, hopelessness, and indicators of current and prior risk for suicide. Throughout the stages of development, the DHS item selection was made in accordance with basic psychometric principles (e.g., reliability, item endorsement, and validity). Two sequential studies using samples were undertaken to arrive at the 39-item measure. The DHS was designed to be used in both applied and research settings. The utility of the DHS is in its ability to screen large numbers of individuals for the domains of interest. It can be completed in less than 15 minutes. This is not an automated/online assessment tool, and it is currently unclear if any county has incorporated the instrument into their case management system.



## Instrument Content

The instrument contains 39 true or false items.



## Instrument Source

DHS User Guide 2003.pdf



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



## Background Information

The GAIN-SS is a screener to be used in general populations to quickly and accurately identify clients who would be flagged as having one or more behavioral health disorders. It takes approximately five minutes to administer and is designed for self or staff administration with paper and pen, on a computer, or on the web. The individual is asked about the last time, if ever, they had a problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never. It can be easily converted to a scannable form or incorporated into existing instrument batteries or systems. Versions in different languages (such as Spanish) are also available.



## Instrument Content

The instrument consists of 23 questions.



## Instrument Source

[www.gaincc.org](http://www.gaincc.org)



## Training & Implementation Cost

The GAIN licensing costs for the paper version is \$150 per agency and covers five years of use. Online versions are available for additional costs. Training is required. Contact [gaininfo@chestnut.org](mailto:gaininfo@chestnut.org) to obtain a training estimate.



# Mental Health Screening Form III (MHSF-III)

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## Background Information

The MHSF-III was initially designed as a screening device for clients seeking admission to substance abuse treatment programs. It has been validated to the criminal justice population. This is not an automated/online assessment tool, and it is currently unclear if any county has incorporated the instrument into their case management system.



## Instrument Content

The instrument contains 18 items. Each MHSF-III question is answered either "yes" or "no." All questions reflect the respondent's entire life history; therefore, all questions begin with the phrase "Have you ever."



## Instrument Source

<https://www.forensiccounselor.org/images/file/MHSF%20III.pdf>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



## Background Information

Five different scales are measured in this form, including Self Esteem, Depression, Anxiety, Decision Making, and Expectancy of Recovery. Each scale has been validated for community-based and criminal justice clients. Although no automated/online version of the instrument is currently available, there is spreadsheet designed for automatic scoring that can be provided by contacting <https://ibr.tcu.edu>. Organizations such as the Gateway Foundation have incorporated the form into their case management systems with permission.



## Instrument Content

The instrument contains 33 questions with a rating scale of 1 to 5.



## Instrument Source

<http://ibr.tcu.edu/wp-content/uploads/2014/07/PSYForm-sg-Rev-v11.pdf>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it. The instrument is copyrighted by TCU Institute of Behavioral Research, Fort Worth, Texas. TCU permits the tool to be used for personal, educational, research, and/or information purposes. Attribution should be made for the author, source, and copyright. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University.



# Motivation

## Section Overview

One of the most impactful responsibility factors is personal motivation. Supervision, treatment, and interventions are generally more successful when change is desired. Screening tools can assist in determining someone's motivation and also be used to develop a dialogue with them around the change process and what is needed to accomplish their goals.

# Readiness to Change Questionnaire (RCQ)

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## Background Information

The RCQ is an instrument for measuring the stage of change reached by an excessive drinker of alcohol. The RCQ was developed to provide a short and convenient measure of the drinker's stage of change for use in conjunction with brief, opportunistic interventions with excessive drinkers in medical and criminal justice settings. It was deliberately designed to be quick and easy to administer and score to save time in the busy practices in which it would be used.



## Instrument Content

The instrument contains 12 items with a 5-point scale from strongly disagree to strongly agree.



## Instrument Source

<https://ndarc.med.unsw.edu.au/resource/readiness-change-questionnaire-users-manual-revised-version>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)

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## Background Information

The SOCRATES (or personal drinking questionnaire) is an experimental instrument designed to assess readiness for change in alcohol abusers. The instrument yields three factorially-derived scale scores: Recognition (Re), Ambivalence (Am), and Taking Steps (Ts). It is provided for research uses only. The SOCRATES differs from the University of Rhode Island Change Assessment (URICA) in that SOCRATES poses questions specifically about alcohol or other drug use, whereas URICA asks about the client's "problem" and change in a more general manner. The SOCRATES 8D version assesses readiness for change in drug abusers. The SOCRATES has been found to be an important predictor of long-term alcohol treatment outcome. The SOCRATES can be used on both adult males and females. It takes approximately five minutes to complete. An automated version is available.

The SOCRATES has three scale columns. This provides information as to whether the client's scores are low, average, or high relative to people already seeking treatment for alcohol problems. The scales are recognition, ambivalence, and taking steps. Scoring is accomplished by transferring the numbers circled by the respondent for each item to the SOCRATES Scoring Form. The sum of each column yields the three scale scores. Data entry screens and scoring routines are available. Once the questionnaire is completed, the scores are then transferred to the Socrates Profile Sheet. The questions are sorted and added up according to the three separate scales. Each scale contains a certain number of items to derive a raw score. They are as follows: Recognition (7 items), Ambivalence (4 items) and Taking Steps (8 items). The profile sheet is used to determine whether the client's scores are low, average, or high relative to people already seeking treatment for substance abuse.



## Instrument Content

The instruments are based on a 5-point Likert scale (strong disagreement to strong agreement).



## Instrument Source

<https://casaa.unm.edu/inst/socratesv8.pdf>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



# Texas Christian University Engagement Form (ENGForm)

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## Background Information

This assessment of client needs and performance in treatment can be self-administered or completed in an interview by program staff. It includes short scales for treatment motivation (desire for help, treatment readiness, needs, and pressures), psychological functioning (self-esteem, depression, anxiety, decision making, self-efficacy), social functioning (hostility, risk-taking, social consciousness), therapeutic engagement (treatment satisfaction, counseling rapport, treatment participation), and social network support (peer support, social support). These measures are used for monitoring client performance and psychosocial changes during treatment (as well as program-level functioning) and are interim criteria for evaluating treatment interventions as conceptualized in the TCU Treatment Model (Simpson, 2004).



## Instrument Content

The instrument consists of 36 questions on a 5-point scale (disagree strongly to agree strongly).



## Instrument Source

<https://ibr.tcu.edu/forms/client-evaluation-of-self-and-treatment-cest/>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it. The instrument is copyrighted by TCU Institute of Behavioral Research, Fort Worth, Texas. TCU permits the tool to be used for personal, educational, research, and/or information purposes. Attribution should be made for the author, source, and copyright. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University.

# Texas Christian University Treatment Needs and Motivation Form (MOTForm)

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## Background Information

Scales used mainly for intake and early treatment phases to measure Problem Recognition, Desire for Help, Treatment Readiness, Treatment Needs, and Pressures for Treatment.



## Instrument Content

The instrument consists of 36 questions on a 5-point scale (disagree strongly to agree strongly).



## Instrument Source

<https://ibr.tcu.edu/forms/client-evaluation-of-self-and-treatment-cest/>



## Training & Implementation Cost

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# University of Rhode Island

## Change Assessment (URICA)

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### Background Information

The URICA assesses motivation for change by identifying the individual's placement in one of four stages of change: precontemplation, contemplation, action, and maintenance. It is used to assess readiness to change at entrance to treatment and help guide intervention approaches. It can be used to track shifts in attitudes related to the specific stages of change. It has been applied to a vast array of problems and behaviors, including but not limited to substance abuse, weight loss, depression, anxiety, criminality, intimate partner violence, and gambling. It can be used with adult males and females. It takes approximately ten minutes to score unless using an automated version.



### Instrument Content

The URICA is a 32-item self-report measure that includes 4 subscales measuring the stages of change. The instrument uses a 5-point Likert scale (strong disagreement to strong agreement) and is based on how the respondent is feeling at that point in time.



### Instrument Source

<https://web.uri.edu/cprc/measures/>



### Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



# Sex Offenses

## Section Overview

Individuals who engage in sexual offenses routinely score on a general risk/needs instrument as a low risk to recidivate with a non-sexual offense. Research has indicated that this population has different static and dynamic factors that drive their behaviors related to sexual reoffending. Assessments are highly recommended when working with this population so agencies can accurately determine the level of supervision the person might require, the conditions associated with behavioral change and community safety, and the level of treatment needed.



## Background Information

The ACUTE-2007 instrument consists of specialized tools designed to assess and track changes in risk status over time by assessing changeable "dynamic" risk factors. "Acute" dynamic risk factors are highly transient conditions that only last hours or days. These factors are rapidly changing environmental and intrapersonal stresses, conditions, or events that have been shown by previous research to be related to imminent sexual re-offense. This instrument should be used to inform correctional managers as to how much risk they are managing, inform decisions on levels of community treatment and supervision, and estimate changes in risk status pre- and post-treatment or other interventions. The scores from the Static-99R, Stable-2007, and ACUTE-2007 can be combined to create a cumulative score.

In this scale, there are two factors. The first factor predicts sexual and violent reoffending and uses the following four risk factors: victim access, hostility, sexual preoccupation, and rejection of supervision. The second factor predicts general criminal recidivism using these four factors plus emotional collapse, collapse of social supports, and substance abuse for a total of seven items. Each of these seven items is scored on a 4-point scale (0 = no problem evident, 1 = some problem evident, 2 = significant problem evident, and IN = intervene now) for a total of 14 possible points. An "Intervene Now" score calls for immediate intervention to prevent imminent re-offense or supervision catastrophes such as suicide. Once ACUTE-2007 has been scored, this outcome is combined with the person's STATIC-99/ STABLE-2007 score to estimate an overall risk priority.



## Instrument Content

The instrument assesses seven acute, rapidly changing risk factors that correlate with sexual recidivism.



## Instrument Source

<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ssssng-rsk-sxl-ffndrs/index-en.aspx>



## Training & Implementation Cost

The instrument is free, and training is not required but recommended. The manual is 100 pages. There are several certified trainers available.

# Child Pornography Offender Risk Tool (CPORT): Version 2

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## Background Information

The CPORT was designed to aid in assessing the likelihood that an individual who has been involved with accessing, sharing, and/or producing child sexual exploitation materials will commit further sexual offenses. The better understanding of risk will assist with risk management strategies including sentencing, institutional placement, treatment, and supervision decisions. The authors currently do not recommend the actuarial use of CPORT with reference to recidivism probabilities until future validation studies are completed. Due to the low rearrest rates of this population, it is difficult to develop an accurate assessment. The researchers are continually collecting data and will make adjustments to the instrument as needed. They indicate that it is best used for grounding decision making and when combined with other tools. The CPORT is included in this document since no other tool is currently available.



## Instrument Content

The CPORT consists of seven questions (Yes, No, Unknown). The questions are related to age, prior criminal history, failures on supervision, contact offenses, pedophilic or hebephilic interest, gender of content child exploited material, and gender nude or other child material.



## Instrument Source

<https://www.researchgate.net/project/Child-Pornography-Offender-Risk-Tool-CPORT>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



# Minnesota Sex Offender Screening Tool Revised (MnSOST-R)

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## Background Information

The MnSOST-R is a 16-item, actuarial risk assessment tool initially developed for the Minnesota Department of Corrections (MDOC) to provide empirically based estimates of risk for sexual recidivism for incarcerated males who had been convicted of a sexual offense. Any use on other populations has not been validated. This instrument was designed to be scored based upon a file review.



## Instrument Content

The tool includes 16 items.



## Instrument Source

<https://www.waspc.org/assets/SexOffenders/mnsostrinstructions.pdf>



## Training & Implementation Cost

The developers indicate that adequate training is critical to achieve high degrees of accuracy and reliability, and they are available to provide such training. They recommend a one-day training workshop that includes a review of the rationale and history of the MnSOST-R, a review of relevant reliability and validity studies, and a careful examination of the items and relevant scoring criteria. The workshop includes the scoring and discussion of practice cases.

# Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

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## Background Information

The SOTIPS is a statistically derived dynamic measure designed to aid clinicians, correctional caseworkers, and probation and parole officers in assessing risk, treatment and supervision needs, and progress among adult males who have been convicted of one or more qualifying sexual offenses and committed at least one of these sexual offenses after their 18th birthday. SOTIPS item scores are intended to reflect an individual's relative treatment and supervision needs on each risk factor. The SOTIPS total score is intended to provide an estimation of an individual's overall level of dynamic risk and need for supervision and treatment. This tool should be used in combination with a static tool such as the Static-99R or the VASOR-2.

The SOTIPS involves an interview where the assessor scores the individual based on the following 16 items: Sexual Offense Responsibility, Sexual Behavior, Sexual Attitudes, Sexual Interests, Sexual Risk Management, Criminal and Rule-Breaking Behavior, Criminal and Rule-Breaking Attitudes, Stage of Change, Cooperation with Treatment, Cooperation with Supervision, Emotional Management, Problem Solving, Impulsivity, Employment, Residence, and Social Influences. In addition, the evaluator will use information obtained from behavioral observations, collateral reports, polygraph results, and official records.



## Instrument Content

The instrument contains 16 items.



## Instrument Source

<http://www.robertmcgrath.us/index.php/risk-instruments/sotips/>



## Training & Implementation Cost

The SOTIPS was designed to be scored by clinicians, correctional caseworkers, and probation and parole officers. Before using the SOTIPS, however, it is critical that users carefully read the manual and complete training that includes scoring practice cases to optimize scoring accuracy and reliability. SOTIPS users should also have a basic understanding of risk factors related to sexual offense recidivism and risk assessment principles. The developer offers both a SOTIPS Training Workshop (one day) and a Train the Trainer Workshop (two day).



## Background Information

The STABLE-2007 measures risk factors that can change over time to help treatment providers and corrections professionals formulate a case management plan or identify treatment and supervision targets for person convicted of a sexual offense. Additionally, the tool allows staff to know whether a person you are supervising/monitoring or assessing is getting more dangerous or less dangerous over time. The scores from the Static-99R, Stable-2007, and ACUTE-2007 can be combined to create a cumulative score.

The STABLE-2007 interview takes 90 to 120 minutes to administer for a novice user. Additional time would be necessary to review file materials and, if possible, consult collateral informants (e.g., spouse). The time needed to score the STABLE-2007 substantially decreases with increased experience.



## Instrument Content

The instrument contains 13 factors across five major areas: Significant Social Influences, Intimacy Deficits, Sexual Self-Regulation, General Self-Regulation, and Cooperation with Supervision.



## Instrument Source

<https://saarna.org/download/stable-2007-coding-manual-2014/>



## Training & Implementation Cost

The instrument is free, and training is not required but recommended. The manual is 187 pages. There are several certified trainers available.



## Background Information

The Static-99R is a brief actuarial instrument designed to estimate the probability of sexual and violent recidivism among adult males who have already been convicted of at least one sexual offense against a child or non-consenting adult. The instrument lacks dynamic factors so it does not identify treatment targets. It is not recommended for females or for individuals who have only been convicted of prostitution, pimping, public toileting, possession of indecent materials or child abusive materials. The scores from the Static-99R, Stable-2007, and ACUTE-2007 can be combined to create a cumulative score.



## Instrument Content

The tool contains 10 items: prior sexual offenses; prior sentencing dates; any convictions for non-contact sex offenses; current convictions for non-sexual violence; prior convictions for non-sexual violence; unrelated victims; stranger victims; male victims; age, and relationship status.



## Instrument Source

<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/sttc-2016/sttc-2016-en.pdf>.



## Training & Implementation Cost

The instrument is free, and training is not required but recommended. The manual is 100 pages. There are several certified trainers available.

# Vermont Assessment of Sex Offender Risk-2 (VASOR-2)

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## Background Information

The VASOR-2 is a static risk tool that is designed to assess risk among adult male arrested for a sexual offense. It is composed of a 12-item Reoffense Risk Scale and a 4-item Severity Factors Checklist. The Reoffense Risk Scale is statistically derived and is designed to assess risk for sexual and violent recidivism. The Severity Factors Checklist is clinically derived and details the severity of sex offenses. The VASOR-2 is designed for use by trained mental health professionals and probation and parole officers. Ideally, the VASOR-2 should be used in combination with the SOTIPS, a dynamic risk measure. The VASOR-2 manual may be downloaded at no cost.



## Instrument Content

The Reoffense Risk Scale includes age, prior sex offenses, prior sentencing, violation of supervision, non-contact offenses, gender of the victims, relationship to victims, sexual fixation, substance use, address changes, employment/school, and treatment history. The Severity Factors include sexual intrusiveness, degree of force, degree of harm, and vulnerability characteristics of the victim.



## Instrument Source

<http://www.robertmcgrath.us/index.php/risk-instruments/vasor-2/>.



## Training & Implementation Cost

The VASOR-2S was designed to be scored by clinicians, correctional caseworkers, and probation and parole officers. Before using the VASOR-2, however, it is critical that users carefully read the manual and complete training that includes scoring practice cases to optimize scoring accuracy and reliability. VASOR-2 users should also have a basic understanding of risk factors related to sexual offense recidivism and risk assessment principles. The developer offers both a VASOR-2 Training Workshop (one day) and a Train the Trainer Workshop (two day).

A close-up photograph of a person's hands writing on a clipboard. The person is holding a blue pen and writing on a piece of paper that has some handwritten notes. The background is blurred, showing what appears to be an indoor setting with wooden paneling.

# Substance Abuse

## Section Overview

Drug or alcohol abuse and misuse is prevalent. Even though most risk and needs assessments capture drug and alcohol, specialized screening and assessment tools can aid correctional professionals in determining the level of intervention or treatment that may be appropriate, and whether drugs or alcohol is a driver of the person's criminal behavior. In addition, the tools can be very helpful in assisting the individual in recognizing how their current usage has impacted their lives.



# Addiction Severity Index (ASI)

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## Background Information

The ASI assessment focuses on the "big picture" by providing information on the severity of a person's substance abuse problem and treatment planning. Rather than focusing on substance abuse it examines seven potential problem areas: Medical, Employment/Support, Alcohol, Drug, Legal, Family/Social, and Psychiatric. It helps determine the individual's overall level of stability and assesses those events that contributed to potential alcohol and drug abuse. The assessment was created for the special purpose of enabling a group of clinical researchers to evaluate treatment outcome in a six-program, substance abuse treatment network. The ASI has been shown to be reliable and valid among substance abusers applying for treatment. An automated version is available.



## Instrument Content

The instrument contains 150 items on seven domains including general information (20), medical (11), employment (24), alcohol/drugs (35), legal status (32), family/social (38), and psychiatric status (23). Within each domain, the individual is asked to estimate the number of times they have experienced a particular problem in the past 30 days.



## Instrument Source

<https://www.bu.edu/igsw/online-courses/substanceabuse/AddictionSeverityIndex,5thedition.pdf>



## Training & Implementation Cost

There is no charge for the assessment (it is included in the training material). However, a software program is available at a cost for written evaluations and treatment plans.

# Alcohol Use Disorders Identification Test (AUDIT)

---



## Background Information

The AUDIT is a simple and effective method of screening for unhealthy alcohol use, defined as risky or hazardous consumption, or any alcohol use disorder. Based on the data from a multinational World Health Organization collaborative study, the AUDIT has become the world's most widely used alcohol screening instrument since its publication in 1989. It is currently available in approximately 40 languages.

The AUDIT can also help identify alcohol dependence and specific consequences of harmful drinking. It can be self-administered or used by non-health professionals. It inquires about the three key domains of alcohol intake, potential dependence on alcohol, and experience of alcohol-related harm.



## Instrument Content

The AUDIT has 10 questions and the possible responses to each question are scored 0, 1, 2, 3 or 4; with the exception of questions 9 and 10 which have possible responses of 0, 2 and 4. Over the years, several derivatives of the AUDIT have been published.



## Instrument Source

[www.auditscreen.org](http://www.auditscreen.org)



## Training & Implementation Cost

The instrument is free and training is not required. Training materials are available free online at [www.auditscreen.org](http://www.auditscreen.org).

# American Society of Addiction Medicine Criteria (ASAM)

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## Background Information

The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions. Treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided. The criteria look at six dimensions: acute intoxication and/or withdrawal potential; biomedical conditions and complications, emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and recovering/living environment. An automated version is available.

In dimension one, the questions include drug use history and current usage, treatment history, and withdrawal history and symptoms. Dimension two includes questions related to current and past medical conditions and medications. Dimension three includes questions about current mental health, trauma, and related issues. Dimension four includes questions about their readiness for change. Dimension five includes questions about cravings, drivers of use, and related items. Dimension six includes questions about their current living situation, supports, and other stabilization factors.



## Instrument Content

The tool contains 106 questions in six dimensions.



## Instrument Source

<https://www.asam.org/>



## Training & Implementation Cost

The ASAM is free, but users must complete a training. The ASAM Criteria One-Day Foundations Course is available online and costs \$199 for a non-member.

# Cut down, Annoyed, Guilty, and Eye-opener (CAGE)

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## Background Information

The CAGE was developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill. It has been translated into several languages. The CAGE has been modified to include drug use which is called the CAGE-AID (CAGE Questionnaire Adapted to Include Drugs). The assessment is a brief screen designed to identify signs of alcoholism and identify individuals who require more extensive testing and possible treatment. It does not provide information about quantity, frequency, or pattern of drinking. The screen asks questions regarding symptoms of their use which tends to be more effective at identifying potential problem drinking than asking individuals how much they drink. The CAGE can be used with adult or juvenile males and females. It takes approximately one minute to complete the CAGE.

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant. Answering yes to two or more questions means that a substance abuse assessment is recommended. Generally, answering one question affirmatively indicates a 25 percent probability of having an alcohol problem; two is 50 percent; three is 75 percent and four is 95 percent.



## Instrument Content

The CAGE consists of four questions which require responses in order to score. The screening tool is self-administered and may be subject to social desirability bias. However, the accuracy of responses may improve if the interviewer prepares the individual properly and has developed rapport with the person.



## Instrument Source

[https://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/downloads/all\\_plans/CAGE%20Substance%20Screening%20Tool.pdf](https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf)



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Drug Abuse Screening Test (DAST-10)

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## Background Information

The DAST-10 was designed to provide a quick index of an individual's drug abuse problems and the consequences of that abuse. It can be used with adults and older youth. The instrument takes approximately five minutes to administer and may be given in either a self-report or interview format.



## Instrument Content

The DAST-10 is a 10-item instrument that has been condensed from the 28-item DAST.



## Instrument Source

<https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69>.



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.

# Michigan Alcohol Screening Test (MAST)

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## Background Information

The MAST was first published by Professor Selzer in the American Journal of Psychiatry in 1971 and was modified in 1980. The tool aims to screen a variety of populations for alcoholism and alcohol abuse and was found to have an effectiveness rate of up to 98 percent. The MAST is one of the most widely used measures for assessing alcohol abuse. The MAST has been productively used in a variety of settings with varied populations. It can be administered on adult and juvenile populations.

Several more concise versions of the MAST have been offered, including the 10-item Brief MAST, the 13-item Short MAST (SMAST), and a 9-item modified version called the Malmö modification (Mm-MAST).

Reliability studies have been conducted showing test/retest and internal consistency reliability. Validity studies have been conducted with content and criterion validity measures being derived.

MAST has been criticized in terms of its length (making it hard to be used as screening tool in emergency settings) and in terms of its applicability for detection of early alcohol abuse (as most questions refer to an undefined time period, rather than present). MAST questions are answered with either yes or no and carry weights of 1, 2 or 5 points. Questions considered to have a high discriminating power are awarded 5 points. This tool is somewhat complex to score because the weight of each item depends on whether the wording is positive or negative. MAST takes approximately eight minutes to administer, and five minutes to score and interpret responses. There are online versions available.



## Instrument Content

MAST utilizes pencil and paper self-administration, interview, or other third-party (spouse, parent, etc.) options. The tool is a 24-item yes or no questionnaire designed to provide a rapid and effective screening for lifetime alcohol-related problems and alcoholism.



## Instrument Source

<https://nbminnesota.com/wp-content/uploads/2014/01/drinking-problem-test.pdf>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



# Substance Use Disorder Diagnostic Schedule-5 (SUDDS-V)

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## Background Information

The SUDDS-V consists of a 35-to-45-minute interview that covers both current and lifetime indications of substance use disorders. It also screens for current and past indications of depression and anxiety disorders. Internal consistency reliability coefficients for individual substances range from .90 to .98. This instrument provides information compatible with ASAM's criteria for treatment planning and placement. Scoring can be completed within five minutes. An automated version is available.



## Instrument Content

There are 64 items with 10 subscales.



## Instrument Source

<https://www.changecompanies.net/products/?servicearea=12>



## Training & Implementation Cost

The manual is \$24, and the scoring guides are \$81.25 for a set of 25 booklets. Training is not required but available.

# Substance Abuse Subtle Screening Inventory (SASSI)

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## Background Information

The SASSI is a brief self-report, easily administered psychological screening measure. The Adult SASSI-3 helps identify individuals who have a high probability of having a substance dependence disorder with an overall empirically tested accuracy of 93 percent. The SASSI includes both face valid and subtle items that appear to have no apparent relationship to substance use. The subtle items are included to identify some individuals with alcohol and other drug problems who are unwilling or unable to acknowledge substance misuse or symptoms associated with it. Support materials for the SASSI include User's Guides containing easy-to-understand instructions for administering, scoring, interpretation; and manuals providing comprehensive information on development, reliability, and validity. The instrument is available in paper and pencil formats, with optical scanning to incorporate the instrument into the case management system.



## Instrument Content

The instrument consists of 93 items separated into 10 subscales. The instrument takes 10 to 15 minutes to administer.



## Instrument Source

[www.sassi.com](http://www.sassi.com)



## Training & Implementation Cost

The Large Adult SASSI-4 Starter Kit contains an Adult SASSI-4 User's Guide/Manual, Adult SASSI-4 Scoring Key, 100 – Adult SASSI-4 Questionnaire Forms, and 100 – Adult SASSI-4 Male/Female Profile Sheets for \$265. Other options are available. Training is also available online.

# Texas Christian University Drug Use Severity and History (TCUDS-5)

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## Background Information

The TCUDS-5 is a standardized 15-item screening tool that helps identify individuals with a history of heavy drug use or dependency. The instrument is widely used in adult criminal justice and correctional settings. Items on the TCUDS-5 represent key clinical and diagnostic criteria for substance abuse dependence as specified in the Diagnostic and Statistical Manual (DSM-IV) and the NIMH Diagnostic Interview Schedule (NIMH DISC).

One potentially important feature of the scale is its ability to distinguish between people with documented drug dependence and those who misuse drugs but are not dependent. This distinction is important for criminal justice officials who must make decisions about which people should be referred to treatment and the most appropriate types of treatment interventions for different people.

The TCUDS-5 takes approximately five minutes to complete and can be used either in an interview setting or self-administered by the person. In order to promote reliable self-administration in criminal justice settings, clinical language was reworded to an eighth-grade reading level. The TCUDS-5 can be used on adult males and females.



## Instrument Content

The instrument includes 15 items. The first part of the scale includes questions related to drug and alcohol use problems and the second part addresses frequency of use and readiness for treatment.



## Instrument Source

<https://ibr.tcu.edu/forms/tcu-drug-screen/>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it. The instrument is copyrighted by TCU Institute of Behavioral Research, Fort Worth, Texas. TCU permits the tool to be used for personal, educational, research, and/or information purposes. Attribution should be made for the author, source, and copyright. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University.

# Used, Neglected, Cut Down, Objected, Preoccupied, Emotional Discomfort (UNCOPE)

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## Background Information

The UNCOPE consists of six questions regarding the impact of substance use. Two or more questions answered in the affirmative indicate abuse or dependence. The client or the clinician can score the tests. Additionally, the UNCOPE consists of six questions found in existing instruments and assorted research reports. They provide a simple and quick means of identifying risk for abuse and dependence for alcohol and other drugs. Screens provide an indication of whether or not an individual appears at risk for a given condition. An automated version is available, and Attribution should be maintained.



## Instrument Content

The UNCOPE contains six questions regarding use of alcohol/drugs (use more than intended, neglect of responsibilities, need to cut down, objection of use by others, preoccupation, and use to relieve emotional discomfort). Two or more positive responses indicate possible abuse or dependence. Four or more positive responses strongly indicate dependence.



## Instrument Source

<https://www.healthystartepic.org/resources/evidence-based-practices/uncope-used-neglected-cut-down-objected-preoccupied-emotional-discomfort/>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



# Trauma

## Section Overview

The criminal justice system is realizing the impact that trauma has on criminal behaviors. Unaddressed trauma can have a significant impact on a person's ability to complete supervision or to engage in treatment. Screening tools can help staff identify if someone has a history of trauma so they can make referrals and adjust interventions or supervision to avoid trauma triggers. Finally, the tool can aid the person in gaining a better insight into their past trauma and how it has impacted their lives.



# Adverse Childhood Experiences (ACEs) Questionnaire

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## Background Information

The ACEs Questionnaire is a 10-item tool to measure childhood trauma. The questions are related to potentially traumatic events that occurred before a person's 18<sup>th</sup> birthday. The term "ACEs" refers to 10 categories of adversities in three domains that were identified in the landmark 1998 study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. ACEs and the associated toxic stress they create are the root causes of some of the most common, serious, and costly health and social challenges facing our country. Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who is an alcoholic, a mother who is a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. ACEs are strongly linked to 9 of the 10 leading causes of death in the United States. Currently there is no automated/online version of the instrument; however, there are agencies around the country (CA, NY) that have integrated the ACEs survey into their record keeping systems.



## Instrument Content

The questionnaire assesses 10 types of childhood trauma measured in the ACE Study.



## Instrument Source

<https://www.acesaware.org/learn-about-screening/screening-tools/>



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



# Structured Trauma-Related Experiences & Symptoms Screener (STRESS)

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## Background Information

The STRESS is a 10- to 15-minute self-report instrument designed to assess lifetime exposure to several domains of potentially traumatic and other adverse experiences and age of occurrence (52 items), PTSD symptoms that map onto symptom criteria defined in the Diagnostic and Statistical Manual for Mental Disorders 5th Edition (DSM-5) and applicable to one or more traumatic events (25 items), and functional impairment (6 items).

The STRESS for adults was carefully designed to support administration and interpretation by both clinicians and non-clinical professionals. It can be completed on paper or self-administered via a secure website that reads questions aloud, auto scores, and generates a downloadable report.

Symptom severity can be calculated as a total score or separately for intrusion (Criterion B), avoidance (Criterion C), alterations in cognition/mood (Criterion D), arousal/reactivity (Criterion E), and Dissociation (specifier). Although no symptom cut-off currently exists, severity scores can be used to monitor symptom change over time. Probable PTSD (partial/full) is determined categorically by counting the number of positive symptom criteria in each of the four symptom clusters and evaluating symptom duration and functional impairment. A count of endorsed trauma types has been shown to be sensitive to other measures of psychosocial risk and may be evaluated as an indicator of poly-victimization or cumulative trauma exposure. A web version is available.



## Instrument Content

STRESS contains a total of 83 questions: lifetime exposure (52 items), PTSD symptoms (25 items), and functional impairment (6 items).



## Instrument Source

[www.traumascreens.com](http://www.traumascreens.com)



## Training & Implementation Cost

The paper version is free. There is no training required. A web version is available for \$125 per year per user.

# Trauma-Related Cognitions Scale (TRCS)

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## Background Information

The TRCS provides a measure of trauma-related beliefs associated with the following cognitive processes: overaccommodation, assimilation, accommodation, and optimism. The TRCS was developed over the course of four phases with university students, online samples, and clinical samples. The TRCS is a self-administered assessment for clinical and non-clinical individuals, 18 years of age and older. A Spanish version of the TRCS is available. Currently there is no automated/online version of the instrument, and it has yet to be incorporated into any case management system.



## Instrument Content

The TRCS is a 69-item multi-dimensional measure that assesses three theoretical trauma-related cognitive processes of overaccommodation (25 items), assimilation (13 items), and accommodation (15 items), as well as an additional belief set of optimism (16 items). It takes approximately 10-15 minutes to complete.



## Instrument Source

[https://istss.org/getattachment/Clinical-Resources/Adult-Trauma-Assessments/Trauma-Related-Cognitions-Scale-\(TRCS\)/Trauma-Related-Cognitions-Scale-\(Valdez,-London,-Gregorich,-Lilly,-2021\).pdf?lang=en-US](https://istss.org/getattachment/Clinical-Resources/Adult-Trauma-Assessments/Trauma-Related-Cognitions-Scale-(TRCS)/Trauma-Related-Cognitions-Scale-(Valdez,-London,-Gregorich,-Lilly,-2021).pdf?lang=en-US)



## Training & Implementation Cost

There is no cost associated with using the instrument and training is not required to administer it.



# Violence

## Section Overview

Criminal justice risk and needs assessments focus on an individual's general risk to be rearrested. Of concern to jurisdictions, especially those with high violence rates or limited resources, is the ability to identify who is more likely to engage in a violent act. Additional screening tools can be used to identify those individuals so resources can be focused on this population.

# Historical Clinical Risk Management-20, Version 3 (HCR-20<sup>V3</sup>)

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## Background Information

The HCR-20<sup>V3</sup> is a comprehensive set of professional guidelines for the assessment and management of violence risk. HCR-20<sup>V3</sup> contains extensive guidelines for the evaluation of not only the presence of 20 key violence risk factors, but also their relevance. It also contains information to help evaluators construct meaningful formulations of violence risk, future risk scenarios, appropriate risk management plans, and informative communication of risk.



## Instrument Content

The instrument contains 20 items within three scales: historical, clinical, and risk management.



## Instrument Source

[www.hcr-20.com](http://www.hcr-20.com)



## Training & Implementation Cost

The tool can be purchased for \$209 and includes one manual and a package of 50 worksheets. Training is also available online.

# Violence Risk Appraisal-Guide Revised (VRAG-R)

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## Background Information

The Violence Risk Appraisal Guide-Revised (VRAG-R) is the most commonly used actuarial violence risk assessment tool in the world. Designed to estimate the likelihood that a male individual or forensic psychiatric patient will commit a new violent or sexual offense, the VRAG-R produces an estimated recidivism rate for different lengths of follow-up. Replication studies have established the VRAG scheme's ability to accurately predict violent recidivism in a variety of settings as well as in child molesters, rapists, and non-violent individuals.



## Instrument Content

The VRAG-R includes 12 items. Each item is scored with different weighted values.



## Instrument Source

[www.vrag-r.org](http://www.vrag-r.org)



## Training & Implementation Cost

The instrument is free, but training is required by certified trainers. The list of trainers can be found at [www.vrag-r.com](http://www.vrag-r.com) or at [www.gifrinc.com](http://www.gifrinc.com).





# Women

## Section Overview

One of the most important responsibility factors is gender. Even though many risk and needs assessments have different outcomes based on gender, they do not include factors that are gender-specific that have been correlated to recidivism and their specific needs. Jurisdictions are encouraged to use assessments that are responsive to gender.



# Service Planning Instrument for Women (SPIn-W)

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## Background Information

The SPIn-W™ is a risk, needs and strengths assessment developed by ORBIS Partners for women 17 years of age and older and is intended for predicting probation and parole outcomes, success in correctional reentry centers, institutional misconducts, and post-release recidivism. Drawn from research focused on women and other criminal justice populations, the instrument includes gender-responsive items such as: child-care, family stability factors, history of abuse and trauma, mental and medical health, etc. The assessment results are computer-generated and guide the development of individualized case plans.



## Instrument Content

SPIn-W contains approximately 100 items that assess risk, needs and protective factors that are relevant for increasing responsiveness in case work with justice-involved women. The full assessment is comprised of Criminal History, Response to Supervision, Family and Children, Social Network, Substance Use, Vocational/Employment, Attitudes, Social/Cognitive Skills, Mental Health, Violence, and Community Living.



## Instrument Source

<https://www.orbispartners.com/risk-needs-assessment-women>



## Training & Implementation Cost

Please contact Orbis Partners for pricing.

# Women's Risk Needs Assessment (WRNA)

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## Background Information

The WRNA was originally created through a cooperative agreement between the National Institute of Corrections and the University of Cincinnati through research conducted by Patricia Van Voorhis, Emily Salisbury, Emily Wright, and Ashley Bauman. The instrument is now managed by Dr. Emily Salisbury at the Utah Criminal Justice Center (UCJC), College of Social Work, University of Utah. The suite of Women's Risk Needs Assessment (WRNA) instruments is the only validated, peer-reviewed risk/need instruments in the public domain specifically designed by and for system-impacted women. The WRNA not only measures women's specific criminogenic needs, but also their strengths, to drive a comprehensive, holistic case-plan designed to work alongside women and their gender- and trauma-responsive treatment and supervision. The suite includes three tools: Institutional Assessment, Pre-Release Assessment, and Probation/Parole Assessment. The assessment takes approximately 90 to 120 minutes to complete.



## Instrument Content

The instrument includes 134 questions on attitudes, criminal history, education employment/finances, housing/safety, antisocial friends, anger/hostility, mental health, mental health current symptoms, abuse/trauma, PTSD, substance abuse, relationships, parenting, family of origin. A 35 question self-survey on relationships, self-efficacy and parenting is also included in scoring the tool.



## Instrument Source

<https://socialwork.utah.edu/research/ucjc/wrna/index.php>



## Training & Implementation Cost

The Utah Criminal Justice Center offers online, interactive WRNA end-user training with self-paced and live learning sessions.

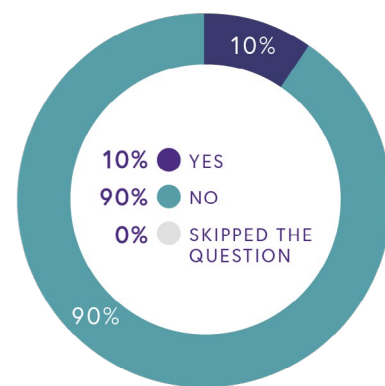
# Appendix A

## Survey of Adult Probation Departments

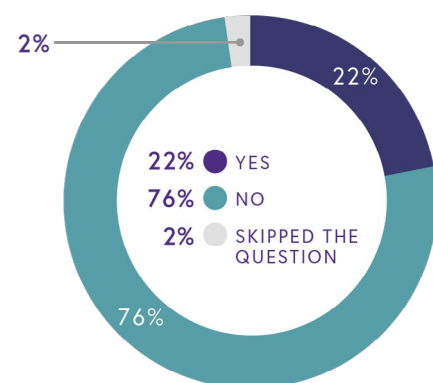
In 2021, the County Chief Adult Probation and Parole Officers Association of Pennsylvania surveyed all of the county adult probation departments to assess the current utilization of specialized assessments by departments in the Pennsylvania. The following are the results of the survey:

1. County: N/A
2. Person completing survey: N/A
3. Does your County utilize a Domestic Violence (DV) related risk assessment instrument(s)?
  - 41 Respondents answered this question
  - 4 answered Yes
  - 37 answered No
  - 0 skipped the question
4. If you answered YES to question #3, please answer the following questions:
  - What is the name of the DV assessment instrument(s)? (4 Responses)
    - 2 answered the Deluth Model
    - Propensity for Abusiveness
    - Healthy Relationships/Anger Management Evaluations
    - N/A
  - Is the DV assessment administered by your department? (5 Responses)
    - 2 answered Yes
    - 3 answered No
  - If you answered NO to 4 (b), who administers the DV assessment instrument(s)? (5 Responses)
    - 3 answered Outside Providers
    - 1 answered N/A
    - 1 answered Unknown
5. Does your County utilize a DUI related risk assessment instrument(s)?
  - 40 Respondents answered the question
  - 9 answered Yes
  - 31 answered No
  - 1 skipped the question
6. If you answered YES to question #5, please answer the following questions:

QUESTION 3  
Does your County utilize a Domestic Violence (DV) related risk assessment instrument(s)?



QUESTION 5  
Does your County utilize a DUI-related risk assessment instrument(s)?

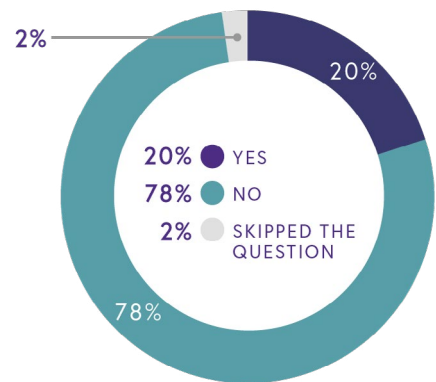


- What is the name of the DUI assessment instrument(s)? (10 Responses)
  - 3 answered CRN
  - 2 answered ORAS
  - 2 answered DUI RANT
  - APPA – IDA
  - CARS
  - Impaired Driving Assessment
  - N/A

- Is the DUI assessment administered by your department? (9 Responses)
  - 8 answered Yes
  - 0 answered No
  - 1 answered N/A

- If you answered NO to 6 (b), who administers the DUI assessment instrument(s)? 3 Responses)
  - N/A
  - N/A
  - Unaware

QUESTION 7  
Does your County utilize a Substance Abuse related risk assessment instrument(s)?



7. Does your County utilize a Substance Abuse related risk assessment instrument(s)?

- 40 Respondents answered the question
- 8 answered Yes
- 32 answered No
- 1 skipped the question

8. If you answered YES to question #7, please answer the following questions:

- What is the name of the substance abuse assessment instrument(s)? (10 Responses)
  - 3 answered ASAM
  - 3 answered ORAS
  - RANT
  - CRN
  - Texas Christian University Drug Screening Tool
  - N/A
- Is the substance abuse assessment administered by your department? (10 Responses)
  - 3 answered Yes
  - 6 answered No
  - 1 answered Yes and No
- If you answered NO to 8 (b), who administers the substance abuse assessment instrument(s)? (7 Responses)
  - The Open Door
  - Single County Authority/CMSU
  - CMSU – D&A
  - Outside Agency
  - Lackawanna Co. D&A Commission
  - Single County Authority/County Jails/Private Providers
  - CRN and ORAS – Outside Agency complete D&A

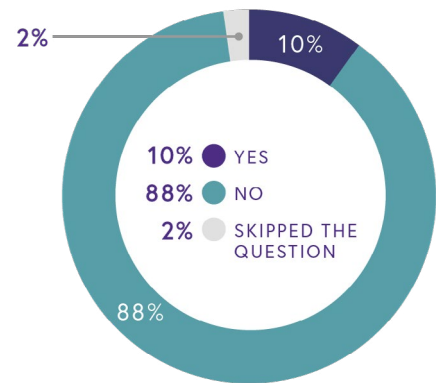
9. Does your County utilize a Mental Health/Behavioral Health (MH/BH) related risk assessment instrument(s)?

- 40 Respondents answered the question
- 4 answered Yes
- 36 answered No
- 1 skipped the question

10. If you answered YES to question #9, please answer the following questions:

- What is the name of the MH/BH assessment instrument(s)? (6 Responses)
  - MHSF III
  - GAIN-SS
  - N/A
  - N/A
  - ORAS
  - Texas Christian University Program
- Is the MH/BH assessment administered by your department?
  - 2 answered Yes
  - 4 answered No
- If you answered NO to 10 (b), who administers the MH/BH assessment instrument(s)? (4 Responses)
  - County Mental Health Services
  - Scranton Counseling Center
  - Outside Agency
  - The Community Guidance Center, or local MH agency

QUESTION 9  
Does your County utilize a Mental Health/Behavioral Health (MH/BH) related risk assessment instrument(s)?



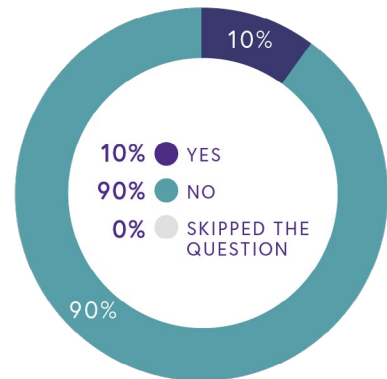
11. Does your County utilize a Trauma Screening assessment instrument(s)?

- 41 Respondents answered the question
- 4 answered Yes
- 37 answered No
- 0 skipped the question

12. If you answered YES to question #11, please answer the following questions:

- What is the name of the trauma assessment instrument(s)?(6 Responses)
  - ACE
  - ACE
  - WRNA
  - N/A
  - N/A
  - In House – Developed by Transitions

QUESTION 11  
Does your County utilize a Trauma Screening assessment instrument(s)?



- Is the Trauma assessment administered by your department? (6 Responses)
  - 2 answered Yes
  - 3 answered No
  - 1 answered Completed at Intake by offender
- If you answered NO to 12 (b), who administers the trauma assessment instrument(s)? (3 Responses)
  - Victim Resource Center/Treatment Courts
  - Unknown
  - N/A

13. Does your County utilize a Victim related risk assessment instrument(s)?

- 40 Respondents answered the question
- 0 answered Yes
- 40 answered No
- 1 skipped the question

14. If you answered YES to question #13, please answer the following questions:

- What is the name of the victim assessment instrument(s)? (2 Responses)
  - N/A
  - N/A
- Is the victim assessment administered by your department? Yes or No (9R2 Responses)
  - 2 answered No
  - 0 answered Yes
- If you answered NO to 14 (b), who administers the victim assessment instrument(s)? (2 Responses)
  - N/A
  - Unknown

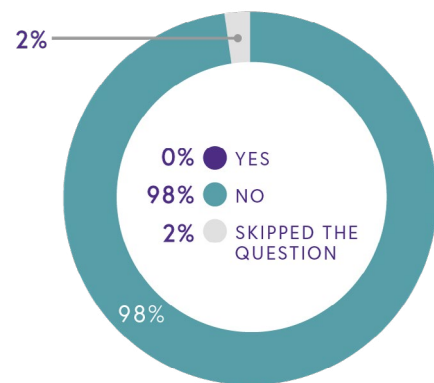
15. Does your County utilize a Sex Offender (SO) related risk assessment instrument(s)?

- 41 Respondents answered the question
- 15 answered Yes
- 26 answered No
- 0 skipped the question

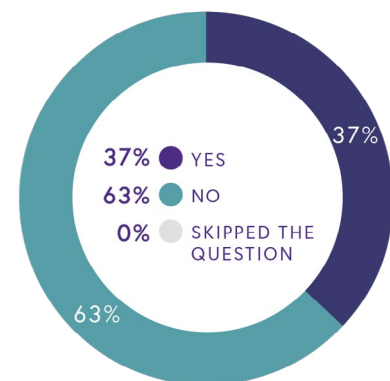
16. If you answered YES to question #15, please answer the following questions:

- What is the name of the SO victim assessment instrument(s)? (16 Responses)
  - 14 use Static 99
  - ACUTE
  - STABLE
  - ORAS
  - Sexually Violent Predator Assessment completed by PA SOAB

QUESTION 13  
Does your County utilize a Victim-related risk assessment instrument(s)?



QUESTION 15  
Does your County utilize a Sex Offender (SO) related risk assessment instrument(s)?





- Is the SO assessment administered by your department? (16 Responses)
    - 9 answered Yes
    - 7 answered No
  - If you answered NO to 16 (b), who administers the SO assessment instrument(s)? (8 Responses)
    - Pennsylvania SOAB
    - Outside Agency
    - 4 answered Treatment Provider
    - Contracted Private Provider
    - Referral Agencies
17. Are there any other specialized risk assessments not mentioned above that your department utilizes?
- 39 Respondents answered the question
  - 9 answered Yes
  - 30 answered No
  - 2 skipped the question
18. If you answered Yes to question #17, please answer the following questions:
- What is the name of the assessment instrument(s)? (10 Responses)
    - STABLE/ACUTE
    - Philadelphia Adult Probation Department Risk Model
    - 4 answered ORAS
    - N/A
    - D&A Evaluations
    - WRNA
    - LSIR
  - Is the assessment administered by your department? (10 Responses)
    - 8 answered Yes
    - 1 answered No
    - 1 answered N/A
  - If you answered NO to 18 (b), who administers the assessment instrument(s)? (3 Responses)
    - 2 answered N/A
    - Outside Treatment Providers

## Risk Assessment and Racial Fairness: The Proper Use of Risk-Needs Assessments

By Judge Roger K. Warren (Ret.)

Actuarial risk-needs assessment tools are used in the justice system to determine a person's risk of recidivism and criminogenic needs. These tools can provide judges and probation and parole officers with valuable information to assist them in determining what support and services, and what level of support and services, will best help a person succeed on supervision and beyond. There is real and legitimate concern, however, about the impact of these tools on racial and ethnic disparities in the justice system. In light of our nation's history of systemic racism, it is important to question and carefully examine the proper use of risk-needs assessment information in the sentencing process and in supervision.

### Risk Assessment Versus Risk-Needs Assessment

Both risk assessments and risk-needs assessments are used in the justice system. It is important to understand and appreciate the ways in which these two types of tools differ from one another. Actuarial risk assessment tools are often referred to as *static* risk assessment tools because the factors on which they are based (e.g., age, gender, prior criminal history) are static and cannot be changed. Risk assessment tools are commonly used in justice settings where the focus is on determining a person's *current* risk of being rearrested, fleeing, or failing to appear in subsequent proceedings. Such tools are then used to decide the nature and intensity of conditions of probation,<sup>1</sup> parole, or pretrial release that may be appropriate to constrain such risks or, sometimes, upon determining that no conditions of release would sufficiently mitigate such risks, whether to temporarily detain a person.<sup>2</sup>

Risk-needs assessment (RNA) tools, on the other hand, were developed for use primarily in post-conviction community supervision settings (probation and parole) to assist supervising officers in determining the most appropriate supervision strategies, interventions, and services to reduce the risk of a person's rearrest.<sup>3</sup> That is, their intended use is not merely to constrain *current* risk but to reduce *future* risk. These tools are often referred to as *dynamic* risk assessment tools because, in addition to assessing static risk factors, they also assess dynamic risk factors, or needs—those characteristics of a person that are statistically associated with risk of recidivism but that, through the use of appropriate interventions, can be changed in ways that are statistically proven to lead to a reduction of future law violations. Common dynamic risk factors include a person's social attitudes, associates, and behaviors; substance use; education and employment; and family situation.

Whereas high risk scores on a static risk assessment tool typically result in the use of increasingly constraining conditions of supervision, high risk scores on an RNA tool typically result in the provision of programming and treatment services that seek to address a person's most influential dynamic risk factors and reduce the risk of recidivism.

## The Benefits of RNA Tools

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When making sentencing and supervision decisions, judges and probation and parole officers usually consider risk factors such as age, prior criminal history, attitudes, associates, education, employment, family situation, and substance use. As noted above, RNA tools consider the same risk factors, but an overwhelming body of research demonstrates that they assess risk and the most relevant risk factors more accurately, fairly, transparently, and consistently than reliance on individual subjective judgment.<sup>4</sup>

### Differential Validity and Predictive Parity

The two most common statistical tests of fairness are “differential validity” and “predictive parity.”

Differential validity means that subgroups are assessed as high risk at the same rate (e.g., the same percentages of African Americans and whites are assessed as high risk). Predictive parity means the assessment is equally accurate in predicting arrests among subgroups (e.g., African Americans who are high risk are rearrested at the same rate as whites who are high risk).

But because arrest rates among African Americans are generally higher than arrest rates among whites, it is statistically impossible for a risk assessment tool to have both differential validity and predictive parity.<sup>7</sup>

As an example, one study demonstrated that, unaided by risk assessments, even trained probation officers tend to overestimate risk and are inconsistent in their risk judgments. The study also demonstrated that actuarial risk assessments are more accurate than subjective risk assessments.<sup>5</sup> Over 1,000 well-trained and highly skilled federal probation officers were asked to assess a person's risk level after watching a 24-minute video of a mock interview, and then again the following day after being trained on how to use the recently developed and validated federal Post Conviction Risk Assessment (PCRA). Before receiving their PCRA training, 17% of the federal probation officers identified the person as high risk, 51% as moderate risk, 30% as low-moderate, and 2% as low. Later, after completing the PCRA training, none of the officers assessed the person as high risk, 2% assessed him as moderate risk, 91% as low-moderate (which was the correct assessment based on the validated tool), and 7% as low.<sup>6</sup>

### RNA and Racial Fairness

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Properly validated RNA tools are not biased; they accurately assess the likelihood of future events regardless of a person's race, gender, or other individual factors.<sup>8</sup> There are legitimate concerns, however, about racially disparate risk assessment outcomes. Systemic and historical disparities in our justice system are reflected in justice system data, including data routinely relied upon by justice system decision-makers and upon which actuarial risk assessments are based. Reducing reliance on *subjective* assessment of that data and instead considering *actuarial* measures of risk decreases opportunities for explicit and implicit biases in decision-making.<sup>9</sup>

Among the factors considered by RNA tools, it is a person's criminal history—reflecting historically disparate arrest records—that contributes most significantly to racially disparate risk assessment

outcomes.<sup>10</sup> Depending on what types of arrest are considered, the base rearrest rate difference between African Americans and whites, for example, reflected in most tools is typically around 25–40%.<sup>11</sup> The analysis of the PCRA tool found that the rearrest rate of whites was 24%, and of African Americans 31%: a 29% difference.<sup>12</sup> Where base rearrest rates differ between two subgroups, an assessment instrument will necessarily, by one statistical test or another, indicate some degree of apparent unfairness (see sidebar on page 2).

There is also concern that bias-infected criminal history records will predict future biased arrest decisions. However, RNA tools' noncriminal history items are also predictive of future arrests. In addition, the instruments are consistent with self-reported and collateral-reported offending that is not infected by law enforcement bias.<sup>13</sup> Assessment tools based on a broader set of factors than criminal history alone can better predict recidivism and tend to be less correlated with race.<sup>14</sup> Indeed, differences between African Americans and whites on the dynamic risk factors of social networks, substance abuse, and social attitudes are negligible.<sup>15</sup> Studies have also shown that the “criminal thinking” variable commonly contained in risk-needs assessment tools predicts recidivism similarly for people without regard to race, gender, or age.<sup>16</sup>

The evidence is clear that actuarial risk assessment information is more accurate, more consistent, and less subject to personal bias than unstructured discretion. As Professor Sandra Mayson concluded in her 2019 *Yale Law Journal* article:

[T]here is every reason to expect that subjective risk assessment produces greater racial disparity than algorithmic risk assessment—and that it does so with less transparency and less potential for accountability or intervention. To the extent that this is true, rejecting algorithmic methods in favor of subjective risk assessment not only will fail to eliminate predictive inequality, but also might exacerbate it. At best, then, rejection of actuarial risk assessment is a superficial measure.... Not only will subjective prediction continue to generate racial disparity, but in the absence of algorithmic methods, the disparity will be harder to see and to redress. Actuarial risk assessment, in other words, has not created the problem of racially disparate prediction, but rather exposed it. Its contribution is to illuminate—in formal, quantitative terms—the way in which prediction replicates and magnifies inequality in the world.... Rejecting the precise mirror of algorithmic prediction in favor of subjective risk assessment does not solve the problem. It merely turns a blind eye.<sup>17</sup>

### The Uses of RNA Information

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Actuarial RNA tools were designed to provide judges and probation and parole agencies and officers with accurate, objective, and reliable information about people's risk and needs; they were not designed to provide information for use in determining appropriate sanctions or penalties for violations of law or conditions of supervision. Further, RNAs provide individual assessments based on group data. They do not predict whether an individual will or will not violate the law again; they simply provide information that a person is a member of a group of people who share either a low, medium, or

high risk (i.e., likelihood) of recidivism. The availability of RNA information allows probation and parole agencies to improve supervision outcomes in multiple ways.

### 1. Agencies Can Better Match the Type, Amount, and Frequency of Services to a Person's Risk and Needs

Needs assessment information is critical in tailoring supervision interventions to specific risk factors identified in a person's assessment. Outcomes improve when programming and services closely focus on the most critical dynamic risk factors identified by the RNA.<sup>18</sup> Where appropriate, as in addressing substance use disorders and behavioral health issues, additional clinical assessments should be performed.

Information about risk, as identified in the RNA and related clinical assessments, should also be used to determine the amount and frequency of intervention, or dosage, that would most benefit a person, with those who are higher risk receiving higher dosage.<sup>19</sup> Evidence suggests that we reach maximum risk reduction potential for adults who are medium risk when they receive 100 hours of programming focused on their criminogenic needs; for adults who are medium-high risk, the recommended dosage is 200 hours; and for adults who are high risk, the recommended dosage is 300 hours.<sup>20</sup>

### 2. Agencies Can Better Prevent and Respond to Noncompliance

Often, noncompliance is a continuation of the behavior that resulted in a person's initial involvement in the justice system; it is not necessarily a reflection of disregard for rules. Therefore, effectively targeting a person's assessed criminogenic needs not only reduces the risk of recidivism but also helps increase the likelihood of compliance.

In response to noncompliance, the RNA plays a role in at least three ways:

- First, the level of risk is a key consideration in determining the level of response. The interest of community well-being and safety advises more prompt and more restrictive (but not necessarily incarcerative) responses to noncompliance by people assessed as higher risk than those assessed as lower risk.
- Second, the type of response depends in part on whether noncompliance relates to a "proximal" objective of supervision (one that the person is readily capable of achieving) or to a "distal" objective of supervision (one that is highly challenging for the person). Responses to noncompliance should be *more* severe when the behavior is proximal, or less challenging—for example, when a person who does not have a substance use disorder tests positive on a drug test. Responses to noncompliance should be *less* severe when the behavior is distal, or more difficult to achieve—for example, when a person who has a substance use disorder tests positive for a drug the person commonly uses.
- Third, appropriate responses depend on the relationship of noncompliance to critical risk factors in the case. A person fired by an employer for drug use might be referred for drug treatment, whereas a person fired for antisocial behavior in the workplace might be referred for cognitive behavioral programming.

### 3. Agencies Can Better Tailor Responses to Prosocial Behaviors

People on supervision may not be intrinsically motivated and capable of making the behavioral changes required to engage in risk reduction activities that address their dynamic risk factors. Research indicates that the consistent use of incentives/rewards and sanctions in a ratio of 4:1 or greater is most effective in promoting compliance and behavior change.<sup>21</sup> Further, responses to prosocial behaviors are most effective when they reflect:

- the relationship between the behavior and a person's criminogenic needs, with greater incentives/rewards for prosocial behaviors associated with the person's criminogenic needs;
- the complexity of a person's behavior (proximal and distal objectives), with more challenging behaviors typically earning greater incentives/rewards; and
- the degree to which a person has mastered the behavior, with behaviors that have not yet become habitual earning higher-level responses.

### 4. Agencies Can Better Manage Their Resources

RNA information can be used to help agencies better manage their resources by creating specialized caseloads based on risk level.

- Staff supervising people who are low risk should carry relatively large caseloads (e.g., 200 cases) in which there are few reporting requirements and there is little need for programming.
- Staff supervising people who are moderate risk should carry medium-size caseloads (e.g., 50–100 cases) in which there are increased reporting requirements (e.g., one 45-minute appointment/month) and programming requirements based on actuarial and clinical assessments of need.
- Staff supervising people who are high risk should carry small caseloads (e.g., 20–50 cases) in which there are high reporting requirements (e.g., one appointment/week or every two weeks) and intensive programming requirements based on actuarial and clinical assessments of need.<sup>22</sup>

### The Importance of Quality Assurance<sup>23</sup>

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Instrument validation is essential to demonstrate predictive accuracy and establish stakeholder confidence. Local validation (or “norming”) to inform the development of appropriate cutoff values for categorizing people into appropriate risk levels should also be undertaken.

Use of a validated RNA tool is a necessary but not sufficient condition to ensure effective supervision practices. Staff must be equipped with the knowledge and skills needed to use the tool properly. A quality assurance program, including initial and ongoing staff training, coaching and mentoring, routine data monitoring, and fidelity testing is also important.

Routine data monitoring should include examination of the distribution of assessed individuals across risk categories by gender and race to minimize disparities, along with careful scrutiny of



the implementation of any policy on administrative overrides that the agency has established or authorized. Staff training and data monitoring should also ensure interrater reliability—that is, that assessments are conducted in accord with uniform procedures such that assessment results do not depend upon the person conducting the assessment.

### **The Importance of the Relationship Between Probation Officers and People on Supervision**

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Concerns about racial fairness are sometimes raised by data—for example, data showing that African Americans are assessed or treated differently than similarly situated whites. But perceptions of racial bias are also often based on the way people feel they have been treated by others. With people on supervision, experiences that will most often influence their perceptions about how they are treated while on supervision are their interactions with their probation officers. When people on supervision feel that a “professional alliance” has been established between them and their probation officers—that is, when they feel they have rapport with their probation officers and have been treated with respect and procedural fairness—they are much less likely to feel that they are victims of racial bias.

#### **Importance of Client Relationship**

In a study of what probation officers consider “quality” in probation services, three of the top five responses out of 19 possible responses identified aspects of the officer–client relationship:

- really engaging with the person;
- mutual trust/respect; and
- sufficient time to work with people.<sup>24</sup>

#### **Probation Officer as Coach**

Dr. Brian Lovins and other probation experts argue that when behavioral change is the goal, recent advances in evidence-based supervision practices will further benefit from staff approaching their role not as a referee but as a coach.<sup>25</sup> The starting point for individual behavioral change is the transition from compelled compliance to self-motivation, from extrinsic motivation to intrinsic motivation. Staff’s likelihood of success in helping people make this transition is enhanced by building a professional alliance with them.

#### **A Balanced, Dual-Role and Procedurally Fair Approach**

Research indicates that a balanced approach to supervision is more effective in reducing incidence of rearrest and revocations than either a purely “law enforcement” approach at one extreme or “social worker” approach at the other.<sup>26</sup> Similar research demonstrates that this dual-role relationship characterized by a firm but fair and caring relationship with the person on supervision significantly

reduces risk of recidivism.<sup>27</sup> Other research in the field of procedural fairness indicates that an officer's ability to secure compliance depends on the extent to which the person views the decision-making process to be fair, with an impartial decision-maker, an opportunity to be heard, treatment with respect, and trust in the motives of the decision-maker being key.<sup>28</sup>

## Ten Key Takeaways

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The issue of racial disparities in actuarial assessments is both complex and critical to achieving the goal of a fair and effective justice system. The following are ten key takeaways on the proper use of assessments:

1. It is not possible to extract a history of systemic racism from assessments as long as those assessments rely on historical factors such as prior arrests and convictions.
2. The risk factors on which actuarial assessments are based are largely the same factors commonly considered by justice system practitioners in making sentencing and supervision decisions without an actuarial assessment (e.g., age, prior criminal history, attitudes, associates, education, employment, family situation, and substance use).
3. Choosing not to use an actuarial assessment tool does not eliminate or reduce explicit or implicit racial biases. In fact, studies suggest that actuarial assessments are more accurate, more consistent, and less biased than unstructured discretion in assessing risk of recidivism.
4. By identifying relevant criminogenic needs, risk-needs assessments are critical in determining the most appropriate supervision strategies, interventions, and services to reduce risk of recidivism.
5. As the risk-needs assessment score increases, the amount (dosage) and intensity of programming must increase in order to maximize risk reduction benefits.
6. Risk-needs assessments help probation and parole agencies match the type of services to a person's needs, provide a more tailored response to noncompliant and compliant behaviors, and better manage limited resources.
7. Actuarial tools should be validated and normed on local populations to ensure they are accurate and able to measure what they intend to measure.
8. Assessment data should be routinely analyzed to ensure the tool is statistically fair across race and gender.
9. Risk-needs assessors should be trained to conduct assessments properly and required to participate in interrater reliability processes.
10. The assessment and ongoing relationship between the probation officer and person on supervision improve when the relationship is built on a foundation of respect, fairness, and trust.

*This brief was sponsored by the Pennsylvania Partnership for Criminal Justice Improvement initiative and endorsed by the County Chief Adult Probation and Parole Officers Association of Pennsylvania. Funding was provided by the Pennsylvania Council of Crime and Delinquency. Special thanks to Mark Carey, of The Carey Group, and Debbie Smith for their assistance and support in preparing this publication.*

## Notes and References

1. In Pennsylvania, the Philadelphia Adult Probation and Parole Department's Risk Forecasting Tool is an example of a risk assessment tool designed to assess the intensity of parole/probation supervision. For information about the creation of this tool, see: Barnes, G. C., & Hyatt, J. M. (2012). *Classifying adult probationers by forecasting future offending*. <https://www.ojp.gov/pdffiles1/nij/grants/238082.pdf>
2. Some pretrial assessment tools explicitly warn that their intended use is solely to determine appropriate conditions of release, not *whether* to detain. See, e.g.: Center for Effective Public Policy. (2021). *Responsible use of the Public Safety Assessment: Guidance from Arnold Ventures and APPR*. <https://cdn.filestackcontent.com/security=policy:eyJleHBpcnkiOjQwNzg3NjQwMDAsImNhbGwiOlsicGijaylsInJlYXQlLCJ3cmI0ZSIsIndyaXRlVXJslwiw3RvcmluLjCjY252ZXJ0liwicmVtb3ZlliwicnVuV29ya2Zsb3ciXX0=,signature:9df63ee50143fbd862145c8fb4ed2fcc17d068183103740b1212c4c9bc858f63/eiDkGpkeT22Ypl9MYAI>
3. Common RNA tools include the Ohio Risk Assessment Community Supervision Tool (ORAS-CST; <https://drc.ohio.gov/Portals/0/ORAS%20webinar.pdf?ver=2016-08-02-115944-207>); the Level of Services Inventory-Revised (LSI-R; <https://www.pccd.pa.gov/Funding/Documents/Funding%20Announcement%20QA/OCJSI/Level%20of%20Service%20Inventory%20Revised%20Profile%20and%20Costs%202016.pdf>); and the Post Conviction Risk Assessment (PCRA) used in federal courts (<https://www.uscourts.gov/services-forms/probation-and-pretrial-services/supervision/post-conviction-risk-assessment>).
4. See, e.g.: American Law Institute. (2017). *Model penal code: Sentencing* (Section 6B.09 Commentary). [https://robinainstitute.umn.edu/sites/robinainstitute.umn.edu/files/mpcs\\_proposed\\_final\\_draft.pdf](https://robinainstitute.umn.edu/sites/robinainstitute.umn.edu/files/mpcs_proposed_final_draft.pdf) ("Actuarial—or statistical—predictions of risk, derived from objective criteria, have been found superior to clinical predictions built on the professional training, experience, and judgment of the persons making predictions. The superiority of actuarial over clinical tools in this arena is supported by more than 50 years of social-science research."); Meehl, P. E. (1954). *Clinical versus statistical prediction: A theoretical analysis and a review of the evidence*. University of Minnesota Press; Ægisdóttir, S., White, M. J., Spengler, P. M., Maugherman, A. S., Anderson, L. A., Cook, R. S., Nichols, C. N., Lampropoulos, G. K., Walker, B. S., Cohen, G., & Rush, J.D. (2006). The meta-analysis of clinical judgment project: Fifty-six years of accumulated research on clinical versus statistical prediction. *Counseling Psychologist*, 34(3), 341–382. <https://doi.org/10.1177/0011000005285875>; Gottfredson, S. D., & Moriarty, L. J. (2006). Clinical versus actuarial judgments in criminal justice decisions: Should one replace the other? *Federal Probation*, 70(2). [https://www.uscourts.gov/sites/default/files/70\\_2\\_3\\_0.pdf](https://www.uscourts.gov/sites/default/files/70_2_3_0.pdf) ("With very few established exceptions, statistical prediction clearly outperforms clinical judgment. Accordingly, we certainly would not advocate use of clinical judgment over statistical prediction."); Grove, W. M., Zald, D. H., Lebow, B. S., Snitz, B. E., & Nelson, C. (2000). Clinical versus mechanical prediction: A meta-analysis. *Psychological Assessment*, 12(1), 19–30. <https://doi.org/10.1037/1040-3590.12.1.19>
5. Oleson, J. C., VanBenschoten, S. W., Robinson, C. R., & Lowenkamp, C. T. (2011). Training to see risk: Measuring the accuracy of clinical and actuarial risk assessments among federal probation officers. *Federal Probation*, 75(2). <https://www.uscourts.gov/federal-probation-journal/2011/09/training-see-risk-measuring-accuracy-clinical-and-actuarial-risk>
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