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For further information regarding the content of the magazine, please contact:

Research Branch
Correctional Service of Canada
340 Laurier Avenue West
Ottawa, Ontario K1A 0P9

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Larry Motiuk, Ph.D.
Director General, Research Branch
Corporate Development
Correctional Service of Canada
340 Laurier Avenue West
Ottawa, Ontario K1A 0P9
Fax: (613) 941-8477

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Yes, SIR! A stable risk prediction tool

by ***Robert B. Cormier***[1]
Policy Branch, Solicitor General of Canada

In the 1960s and early 1970s, parole was under attack in the United States. But some supporters of parole argued that offenders could be differentiated in their risk of reoffending, and that corrections officials were taking these variables into account when making parole decisions. The first step was to establish empirical predictors of recidivism that could assist decision makers. This research led to the development of various actuarial risk assessment instruments, notably the Base Expectancy Scale[2] *and the Salient Factor Score.*[3] *Similar efforts in the United Kingdom produced the Parole Prediction Scoring System.*[4]

In Canada, research to develop a risk prediction scale for the federal system was undertaken about 20 years ago by Joan Nuffield,[5] *working in the Ministry Secretariat of the Solicitor General of Canada. Nuffield selected a random sample of 2,745 offenders released in the years 1970, 1971 and 1972, and who had entered penitentiary as a result of new offences (excluding revocations and provincial transfers). Information on the current offence, previous criminal history and social/demographic characteristics was collected from the Inmate Records System. In addition, records of arrest and reconviction were obtained from the Canadian Police Information Centre. Reconviction for an indictable offence within three years of parole was used as the measure of general recidivism.*

Although the scale has been referred to by some authors as the Nuffield Scale or the Risk Prediction Scale, it was officially named the General Statistical Information on Recidivism Scale, or the SIR Scale.

Using the data from half of the cases (the construction sample), Nuffield examined the statistical relationship between the criminal and social/demographic variables and recidivism. She constructed a scale using a simple summation technique where the weighting for a given item is based on the difference between the recidivism rate for offenders with that characteristic and the overall recidivism rate. The scores on the scale ranged from -27 to +30. She then grouped these scores to form five clusters of roughly equal size, with the probability of a successful outcome ranging from 84% (approximately four out of five) for the lowest risk group to 32% (one out of three) for the highest risk, and intermediate probabilities of success for the three groups in between. Nuffield then applied this scale to the second half of the cases (the validation sample), and the results showed that the predicted outcomes for each group held up very well.

Although the scale has been referred to by some authors as the Nuffield Scale or the Risk Prediction Scale, it was officially named the General Statistical Information on Recidivism Scale, or more commonly, the SIR Scale. It was formally introduced in 1988 by the National Parole Board and the Correctional Service of Canada as a component of prerelease decision policies for the assessment of risk. The scoring system of the original SIR Scale instrument was changed by multiplying all the scores by -1 so that positive scores were associated with "good risk" cases and negative scores with "poor risk" cases. This was thought to render the scale more intuitive but, of course, did not change its fundamental properties.

The scale (see next page) combines 15 static factors related to criminal activity and social functioning.

Revalidation and uses in research

There is now a substantial body of research literature confirming the ability of the SIR Scale to differentiate between high risk and low risk cases among federal offenders. In the mid-1980s, the Ministry Secretariat undertook further research on parole decision making and release risk assessment. Although the original focus of the research was primarily on the decision-making process, it was also aimed at

General Statistical Information on Recidivism (SIR Scale)

1. Current Offence
2. Age at Admission
3. Previous Incarceration
4. Revocation or Forfeiture
5. Act of Escape
6. Security Classification
7. Age at First Adult Conviction
8. Previous Convictions for Assault
9. Marital Status at Most Recent Admission
10. Interval at Risk since Last Offence
11. Number of Dependents at Most Recent Admission
12. Current Total Aggregate Sentence
13. Previous Convictions for Sex Offences
14. Previous Convictions for Break and Enter
15. Employment Status at Arrest

improving our ability to predict risk of reoffending. A major part of the research involved a revalidation of the SIR Scale by Hann and Harman.[6] Data were collected through a manual review of inmate files on a sample of 534 male penitentiary inmates released in 1983-1984, who had been admitted on simple warrants of committal. Recidivism was defined as a conviction that resulted in a custodial sentence, and the follow-up period was 2.5 years, compared with 3 years in the original research. Hann and Harman calculated SIR scores for each subject in their sample, and placed each offender in the designated groups. They then calculated the success rate for each group and compared the rates to those obtained by Nuffield.[7] The success rates showed very similar patterns, indicating that the scale was still able to discriminate high risk cases from low risk cases.

Wormith and Goldstone[8] studied a random sample of 203 male inmates released from penitentiaries in the Prairie region. These researchers computed a SIR score for each offender, and the success rates for each group matched closely the results for the national sample. Porporino, Zamble and Higgonbottom[9] tested the SIR scale on a sample of 77 male offenders released in the Ontario region and confirmed the predictive power of the instrument. Serin[10] reported a significant correlation between SIR scores and general recidivism for a sample of 81 offenders released from minimum and medium security penitentiaries in the Ontario region.

Most recently, Bonta et al.[11] reported the results of a revalidation of the SIR Scale based on the full sample of inmates (3,267) released in 1983-1984 who had been admitted on warrants of committal. Recidivism in this study was defined as a custodial admission within three years of release including revocations. Again, the pattern of results across risk categories was remarkably similar to the original findings, confirming the validity of the SIR Scale for the prediction of general recidivism. This study also confirmed the present use of cutoff scores that define the five risk categories.

The results of several other studies lend additional support to the validity of the SIR Scale. For example, Johnson and Motiuk,[12] in their study of factors related to unlawful walkaways from minimum security institutions, calculated SIR scores and found that 80% were in the "poor risk" category and that there were no offenders in the "good" and "very good" categories. In a further comparison of walkaways with a matched sample of similarly situated offenders who had remained in custody,[13] the walkaways had higher risk scores on the SIR Scale than the non-walkaways.

Because of its established predictive validity, the SIR Scale has been useful in research to control for risk. For example, Motiuk and Belcourt[14] examined the relationship between prison work programs and postrelease outcome, and their findings confirmed that the SIR Scale was significantly related to readmission and conviction for any new offence. They also used the SIR score as a control for risk by comparing the outcomes of participants in the CORCAN prison industry program with the expected outcomes based on their SIR scores. The results indicated that the outcomes of these participants were as good as or better than expected on the basis of the SIR Scale. This suggests that participation in the work programs may have contributed to improved postrelease outcomes.

The SIR Scale has been used to assess the differential impact of treatment on offenders with different base risk levels. Robinson[15] devised a proxy for the SIR Scale to examine the

impact of cognitive skills training on postrelease recidivism on higher risk and lower risk cases. He found a treatment effect (a lower recidivism rate for the treatment group as compared with the control group) for the lower risk cases but not for the higher risk cases.

Limitations of the SIR Scale

As with any instrument, the SIR Scale has limitations. In particular, concerns about its limitations relate to the prediction of violence, its use with female, Aboriginal and sex offenders, and its "static" nature. It is important to remember that the SIR Scale was developed to predict general recidivism in a population of male penitentiary inmates. Nuffield[16] was unable to develop a separate scale to predict violent reoffending for several reasons, including the low base rate of violent reoffending in her sample.

As we move to new generations of dynamic risk assessment tools, the SIR Scale remains a solid instrument for predicting the risk of general recidivism in the federal offender population.

Other studies have also found that the SIR Scale fails to predict violent recidivism. For example, Serin examined a sample of 81 male offenders released from penitentiaries in the Ontario region, with an average follow-up period of 30 months. The overall violent recidivism rate was 10%, and there was no correlation between SIR scores and violent recidivism. However, Bonta and Hanson,[17] with a large sample (2,377), a long follow-up period (11 years) and a violent recidivism rate (including robbery) of almost 50%, found a correlation between the SIR scores and violent recidivism. Still, the discrimination across categories was not as great as that found in studies focusing on general recidivism.

Since the SIR Scale was developed on male offenders, the question has been raised regarding its validity as a predictor of risk for federal female offenders. Hann and Harman[18] conducted some preliminary analyses on a small sample of female offenders released from penitentiary in 1983-1984, but the evidence was inconclusive. A further study by Bonta, Pang and Wallace-Capretta[19] also found limited evidence to support the use of the SIR Scale with female offenders. There was a correlation between the total SIR scores and recidivism, but the recidivism rates did not match the risk categories as they consistently do for male offenders. Blanchette[20] also found a correlation between total score and general recidivism, but did not report the results by category. Given the sample size (ranging from 59 to 81) in all three studies, the conclusion, at this time, is that the jury is still out on whether the SIR Scale will prove useful in the prediction of recidivism for female offenders.

The issue has also arisen as to whether the scale is valid for Aboriginal offenders. A preliminary test of the SIR Scale on a small sample of Aboriginal male offenders showed a general correspondence between risk category and recidivism, but the relationship was not as strong as that found for a non-Aboriginal male sample. In particular, Hann and Harman[21] reported large deviations at the high risk end for Aboriginal offenders. A subsequent analysis involving a larger sample (269) of Aboriginal male offenders showed a closer correspondence between SIR score and recidivism outcome.[22] However, given the small amount of research examining the SIR Scale with Aboriginal offenders, and considering the gaps in our knowledge of cross-cultural assessment, there is need for caution in this area.

Another issue surrounding the SIR Scale concerns its application to sexual offenders. Although Bonta and Hanson[23] showed that the SIR Scale predicted general recidivism and non-sexual violent recidivism among sexual offenders with reasonable accuracy, it was unable to predict sexual recidivism. Clearly, there are compelling arguments to support the view that sexual offending is different from other crimes[24] and, fortunately, there are other instruments being developed to help predict sexual reoffending. Hanson and Bussière[25] recently reported the results of a meta-analysis which showed that the most powerful predictors of sexual recidivism were measures of sexual deviance, including phallometric assessments of sexual preferences for children and previous sexual offences. These variables provide the basis for developing appropriate

scales for the prediction of sexual offending. The conclusion here is that the SIR Scale can be used with sexual offenders as a measure of risk of general recidivism but not to predict sexual recidivism.

The observation is often made that the SIR Scale is composed of "static" risk factors. This is a serious limitation since it means that the SIR Scale cannot provide targets for treatment interventions or for the possibility of measuring changes in risk over time. However, other instruments such as the Level of Service Inventory[26] and the Risk/Needs Scale can be used to tap "dynamic" risk/needs factors (that is, associates, alcohol/drug abuse, employment). This, of course, does not diminish the fact that the SIR Scale provides a basic, general measure of risk[27] and that it would be imprudent to ignore a finding of high risk on the SIR Scale irrespective of the results of other assessments.

The SIR Scale could benefit from a little fine tuning. For example, analysis of individual items by Bonta et al.[28] found one item — previous convictions for sexual offence — that did not correlate with general recidivism. Consideration could be given to removing this item and recalibrating the instrument. However, one could argue that resources might be better spent on developing other specialized tools and other lines of research on prediction and control of criminal behaviour, rather than refining an established one. Furthermore, a recalibration of this sort would have very little impact on the overall performance of the instrument.

Conclusion

The SIR Scale pioneered the use of risk assessment instruments in corrections in Canada. Today, there is overwhelming consensus that empirically based risk assessment is central to sound correctional practice — it is hard to believe that only 20 years ago, when the research was launched to develop a risk assessment tool, this was not the case. As we move to new generations of dynamic risk assessment tools, the SIR Scale remains a solid instrument for predicting the risk of general recidivism in the federal offender population. In this sense, it is an important tool and, given its ease of administration, still warrants a place in the practitioner's tool kit. ■

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The Community Risk/Needs Management Scale: An effective supervision tool

by ***Larry Motiuk***[1]
Research Branch, Correctional Service of Canada

In practice, the analysis of offender risk and needs is the basis of many decisions made about community supervision requirements (such as frequency of contact) and program placement.[2] *It is not surprising, therefore, to find that the Correctional Service of Canada's and the National Parole Board's Standards for Conditional Release Supervision require a "systematic method of assessing the needs of the offender, the risk of reoffending, and any other factors which might affect the offender's successful reintegration into the community."*[3]

To comply with national standards for conditional release supervision, Correctional Service of Canada parole officers have been using the Community Risk/Needs Management Scale since 1990 (see page 9). This instrument incorporates case-specific information on criminal history and a critical set of case needs to classify federal offenders on conditional release.

This article illustrates the value of systematically monitoring offender risk and needs levels and how the Community Risk/Needs Management Scale can be used to reflect changes in the conditional release population over time.

Design

The Community Risk/Needs Management Scale was clearly intended to focus supervision resources to ensure that changes in an offender's behaviour, attitudes and circumstances while under community supervision could be monitored.[4] However, the Community Risk/Needs Management Scale's design had purposely followed the Case Management Strategies (CMS) approach to assessing offender needs[5] using a protocol called the Force-field Analysis of Needs. The CMS approach to offender assessment, developed in the mid-west United States for youthful probationers, was adopted by the Correctional Service of Canada to assess the individual case needs of federally sentenced adult prisoners. While the Force-field Analysis of Needs provided a way to make more objective and systematic judgments about offender risk and needs, it did not consider the context of the offender (preadmission versus postrelease) or changes in the offender over time and across different settings. As a result, the Community Risk/Needs Management Scale was developed which put into practice a simple scheme (combining Criminal History Risk and Case Needs assessments) that would allow parole officers to classify offenders when released into the community and, then, every six months, until the end of the offender's sentence.

Criminal History Risk Assessment. To assess risk (of reoffending) systematically and consistently, parole officers use the Statistical Information on Recidivism (SIR) Scale,[6] which has been officially adopted by the National Parole Board as a release-risk scoring system. The SIR Scale involves an extensive review of an individual's official criminal record including 15 risk-related items (such as age, number and variety of criminal convictions, breaches of trust, etc.). In addition, parole officers use two other sources of criminal history information to determine the level of criminal history in an objective, reliable and accurate way. Parole officers also use the National Parole Board's overall assessment of risk (such as low versus not low) and their own judgment of criminal history risk which is based on a thorough review of an offender's criminal record.

Case Needs Assessment. The needs areas selected for this part of the Community Risk/Needs Management Scale are similar to those in most needs assessment instruments used in other jurisdictions.[7] Twelve areas are covered: academic/vocational skills, employment pattern, financial management, marital/family relationship, companions/significant others, living arrangements, behavioural/emotional stability, alcohol usage, drug usage, mental ability, health and attitude. Although each area of need is rated (for example, factor seen as an asset to community adjustment, no current difficulties, some need for improvement, considerable need for improvement) according

The Community Risk/Needs Management Scale

Case Need Areas:			
Academic/Vocational Skills:	No current difficulties	Level of skills causing minor interference	Level of skills causing serious interference
Employment Pattern: Stable pattern of employment	No current difficulties	Employment situation causing minor adjustment problems	Employment situation causing serious adjustment problems
Financial Management: Pattern of effective management	No current difficulties	Situational or minor difficulties	Severe difficulties
Marital/Family Relationship: Pattern of stable ands supportive relationship	No current difficulties	Occasional instability in relationships	Very unstable pattern of relationships
Companions/Significant Others: Pattern of non-criminal and/or positive associations	No current difficulties	Some criminal and/or negative associations	Mostly criminal and/or negative associations
Accommodation: Pattern of satisfactory accommodation	No current difficulties	Occasional changes in residence, or temporarily situated	Frequent changes in residence, or no permanent address
Behavioural/Emotional Stability:	No current difficulties	Behavioural/emotional problems that indicate some need for assistance	Severe behavioural/emotional problems that indicate significant need for assistance
Alcohol Usage:	No current difficulties	Some alcohol usage causing moderate adjustment problems	Frequent or uncontrolled usage, causing serious adjustment problems
Drug Usage:	No current difficulties	Some drug usage causing moderate interference	Frequent or uncontrolled usage, causing serious adjustment problems
Mental Ability:	No current difficulties	Deficiencies limit but do not prohibit independent functioning	Deficiencies severely limit independent functioning
Health:	No current difficulties	Physical handicap or illness that interferes with functioning	Serious physical handicap or illness that severely interferes with functioning
Attitude: Actively involved and responding consistently well to assistance	No current difficulties	Recognizes problem areas but not receptive to assistance	Unable to recognize problem areas and not receptive to assistance
Special Needs:	**Sex Offender**	**Mentally Disordered**	**Other**
Case Needs Rating:	**Low**	**Medium**	**High**
Criminal History Risk Rating:	**Low**	**Medium/High**	

to specified guidelines, an overall rating of need is given simply by compiling parole officer judgments into one of three need levels: low, medium or high.

The appropriate frequency of contact for community supervision is determined by linking the two types of assessments — criminal history risk and case needs — in a matrix format, such as high risk/high need (see Table 1).

To ensure that the Community Risk/Needs Management Scale would also accommodate the community supervision needs of sexual offenders and offenders with mental disorders, two special needs categories were included. Additionally, a category of "other" was reserved for offenders who do not meet the criteria but who are viewed by parole officers as meriting a higher rating.

Development

The 1988 Field Test[8] and 1995 Operational Review[9] of the Community Risk/Needs Management Scale found that parole officers in the community could easily differentiate federal offenders by the nature and level of risk and needs they presented. Furthermore, these

risk/needs assessments were consistently related with conditional release outcome.

Table 1

Risk/Needs Level and Minimum Frequency of Contact

Criminal History Risk	Case Needs		
	Low	Medium	High
Low	1 / month (periodic)	2 / month (active)	4 / month (intensive)
High	4 / month (intensive)	4 / month (intensive)	4 / month (intensive)

Once assessed, offenders were tracked and grouped according to their respective minimum frequency of contact requirement: "periodic" (low risk/low needs), "active" (low risk/medium needs) and "intensive" (low risk/high needs, high risk/low needs, high risk/medium needs, high risk/high needs). These cohorts (both Field Test and Operational Review samples) were tracked over a six-month period. As expected, lower risk/needs offenders were more likely to be successful than higher risk/needs offenders.

By simply combining parole officer assessments of criminal history risk with global ratings of case needs (see Table 2), as many as 95% of offenders on caseload who had been assessed as being low risk/low need were successful within six months of their Community Risk/Needs Management Scale assessment.

On the other hand, substantially fewer offenders assessed as higher risk and higher need were successful (no new offences committed in the six-month follow-up period) while on conditional release.

For the Operational Review sample, it is important to note that the "periodic" (offenders assessed to be low risk/low need) supervision group represented more than one third of the total sample of assessed cases.

Although the "intensive" supervision level group comprised slightly more than one third (37.3%) of the Operational Review sample assessed, slightly more than two fifths of these cases (959 offenders) were assessed to be high risk/high need (16.1% of the total). The remainder of "intensive" supervision cases was made up mostly of medium risk/medium need (336 offenders or 15%) and high risk/medium need (500 offenders or 22%) cases.

As such, offenders assessed to be high risk/high need had the poorest success rate (80%) relative to any other risk/needs level grouping. Therefore, reducing the frequency of supervision for lower risk cases has important implications for the reallocation and refocusing of community resources.

The early pilot work also explored the distribution of the 12 need dimensions of the Community Risk/Needs Management Scale. The purpose of the Field Test was to learn more about each factor in terms of managing community supervision cases.

The Field Test research showed the proportion of offenders suspended within six months as well as other statistically significant relationships between specific need dimensions and the likelihood of suspension.[8] In a similar fashion, the Operational Review sample was examined (Table 3).[9] Statistical analysis revealed that only 1 — health — of the 12 need areas assessed for the Operational Review sample did not significantly relate to failure on conditional release.

Application

Presently, the Community Risk/Needs Management Scale is administered and readministered to federal offenders under community supervision by parole officers across Canada. It provides an efficient system for recording criminal history risk and case

Table 2

1989 Field Test/1996 Operational Review Sample Distribution and Success Rates* by Supervision Levels

Sample	Supervision Level		
	Periodic	Active	Intensive
1989 Field Test (453 offenders)	34.4% (94.9%)*	9.7% (86.4%)*	55.9% (64.4%)*
1996 Operational Review (5,968 offenders)	38.9% (96.9%)*	23.8% (92.1%)*	37.3% (83.9%)*

* Indicates success rates — the figures in brackets are the success rates.

needs, level of risk and need, required frequency of contact and related background information on each offender (such as release status, sentence expiry). While this scale can be used in hard-copy form, a computerized version is used by the Service's parole officers.

More research

Today, the automated version of the Community Risk/Needs Management Scale can produce a distribution of identified needs for the entire community supervision population. This case-based information represents some 600 parole officers across Canada and reflects both their collective experience and their knowledge of the cases under direct supervision. A distribution of identified needs indicates that employment, financial, marital/family and behavioural/emotional problems are frequent among the community supervision population. Statistical analyses revealed gender differences for only 2 of the 12 need categories: male offenders were more likely than female offenders to experience drug problems while in the community, while female offenders were more likely than male offenders to have health problems.

To examine differences in case needs across the phases of conditional release, the case load snapshot of 5,286 male offenders was collapsed into three groups: 0 to 6 months, 6 to 12 months and 12 months or over. Some interesting, yet different, patterns emerged. Offenders who had been in the community 12 months or longer had a much reduced level of need compared to offenders released more recently.

Table 4 presents the correlations between each need area and suspension of conditional release (within six months of being assessed using the Community Risk/Needs Management Scale) across the three separate phases of release. The majority of case needs, when present, were found to be significantly associated with community supervision failure. There is a consistent pattern in the relationship between identified need and failure across all three phases of release for academic/vocational skills, employment pattern, marital/family relations, companions/significant others and drug usage. In fact, the magnitude of these relationships became stronger as an offender's time out on supervision increased. This has important implications for risk prediction. Previous studies show that static variables, such as criminal history, probably have more predictive power than needs at the early stages of release. There is, however, a good explanation for this in

Table 3

Outcome on Conditional Release for Cases with Identified Needs

Need Dimension	% with identified need		% suspended within six months		Significant statistical relations	
	Field Test	Operational Review	Field Test	Operational Review	Field Test	Operational Review
Academic/vocational skills	20.8	36.6	35.1	14.2	**	***
Employment pattern	35.0	44.2	36.1	13.2	***	***
Financial management	37.0	38.6	37.1	12.9	***	***
Marital/family relations	33.2	27.7	37.3	14.3	***	***
Companions/significant others	40.4	28.2	40.7	15.7	***	***
Accommodation	15.5	11.4	45.7	16.1	***	***
Behavioural/emotional stability	34.8	39.4	34.4	13.2	***	***
Alcohol usage	18.6	15.1	46.4	16.3	***	***
Drug usage	15.7	15.9	39.4	17.9	***	***
Mental ability	8.7	4.9	28.2	14.1	ns	**
Health	9.1	17.0	14.6	9.5	ns	ns
Attitude	25.1	10.6	40.2	14.0	***	***

Notes: ns = non-significant; ** $p < .01$; *** $p < .001$.
Identified need = some need and considerable need for improvement combined.

Table 4

Relationship between Identified Needs and Outcome by Phase (Pearson r)

Need Dimension	0 - 6 months	6 - 12 months	12 months or more
Academic/vocational skills	.07**	.11***	.11***
Employment pattern	.09***	.08**	.11***
Financial management	.04	.09***	.08***
Marital/family relations	.06*	.08**	.12***
Companions/significant others	.08**	.12***	.12***
Accommodation	.07**	.05	.12***
Behavioural/emotional stability	.02	.10***	.11***
Alcohol usage	.05	.05	.15***
Drug usage	.10***	.08**	.14***
Mental ability	.01	.06*	.02
Health	-.01	.01	.03
Attitude	.06*	.03	.04

Notes: ns = non-significant; * p < .05; **p < .01; ***p < .001.
Identified need = some need and considerable need for improvement combined.

that, over time, if an offender is going to manifest recidivism, it is the dynamic variables (such as employment status, marital/family situation, addictions) that begin to drive the likelihood of recidivism.

The most important assessment variables determining outcome on conditional release were also explored. The categories — age, criminal history risk level, case needs level and 12 identified needs — were entered into a stepwise regression equation. For male offenders under community supervision, the variables for predicting outcome (in order of magnitude) included needs level, risk (static) level, age and drug use. For female offenders under community supervision, drug use and marital/family relations were the most important predictors. This finding clearly demonstrates the shift in emphasis that has occurred over the last five years. It appears that the assessment of criminogenic needs, a subset of overall risk, is driving community supervision practices.

Conclusion

By using the Community Risk/Needs Management Scale, the Service has more information about federal offenders under community supervision than it did before. This instrument collects strategic information on the offenders we are dealing with — where they are, what they are like and what kind of problems they experience when released into the community and while under supervision. While targeting key areas (such as employment and substance abuse) for service delivery has considerable merit, the real challenge is to develop community-based intervention strategies that respond to offender needs. ■

1. Research Branch, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Ontario, K1A 0P9.

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Tried and true: Proof that the Custody Rating Scale is still reliable and valid

by ***Fred Luciani***[1]
Research Branch, Correctional Service of Canada

In the last decade, the Correctional Service of Canada has introduced a number of standardized assessment instruments and related protocols to guide correctional decisions on a range of areas from offender admission through to sentence expiry. Increasingly, managers and case management officers are asked to anchor their decisions in empirically derived, objective, risk assessment tools. Decisions governing initial security classification,[2] offender intake assessment,[3] recidivism potential,[4] psychological intake assessment[5] and conditional release supervision strategies are now supported by standardized assessment protocols. Collectively, these measures represent an integrated, contiguous system of structured assessment relevant to the critical stages of incarceration and release.

Objective classification instruments minimize subjective bias,[6] promote fair and equitable treatment and are helpful in planning accommodation needs and defining correctional strategies. They make public a correctional agency's security classification norms and consequences for offender behaviour, provide authority for decisions and establish the basis for both personal and organizational accountability.

Standardized assessments are not intended to replace professional or clinical discretion but rather to supplement it. By publicly defining its protocols for making assessments, the Correctional Service of Canada takes responsibility for its risk criteria, leaving the primary responsibility for competently applying those protocols to case management staff.[7] This is not to suggest that staff members do not have a vested interest in how these instruments are designed, developed and implemented, as many of these tools derive directly from case management experience and practice. Rather, it is important for case management officers to apply the assessment tools competently, and to do so requires an understanding of their theoretical framework and development.

Recently, the Correctional Service of Canada completed a validation study of the Custody Rating Scale.[8] The study used many of the traditional tests of psychometric properties[9] that standardized classification tools undergo before they are implemented. The results of these tests are summarized here, and it is hoped this will reassure staff members and improve their understanding of how standardized tools contribute to professional judgment.

Custody Rating Scale

Offender security classification is grounded in the belief that measurable differences exist among offenders. It is also supported by the growing evidence that offenders can be grouped into distinct categories according to their ability to adjust in institutions, their escape risk and their risk to public safety should they escape.[10] Modern classification systems are often formulated on a two-tiered model in which an initial security rating, based on static factors, is made at admission followed by regular reassessments based on behaviour during incarceration. Classification systems often include a provision allowing for a security rating to be overridden for factors not related to risk (such as cell accommodation, protection or health needs) and for the cutoff values for security ratings to be adjusted. This gives considerable control over how offenders are distributed across security levels, contributes to the management and control of offenders,[11] and can play a major role in placing offenders to the least restrictive levels of confinement.[12]

The Custody Rating Scale (CRS) consists of two, independently scored subscales — a five-item Institutional Adjustment subscale and a seven-item Security Risk subscale. In most cases, scores on each item increase according to the frequency of incidents and, as scores increase on either subscale, the predicted security classification also increases. Security classification is determined by combining the

total scores, in accordance with predetermined protocols that specify cutoff values for minimum and maximum security. If the score on one subscale indicates a level of security that differs from the other subscale, the overall CRS outcome is determined by the subscale that assigns the higher classification rating.

Operational research

The CRS was developed and validated in 1987 based on a retrospective sample of 600 male federal offenders. It was approved for national implementation in 1990. Two previous examinations of the scale were undertaken, but they involved pilot samples from only two regions of the Correctional Service of Canada and predated the 1991 automated electronic version found on the Offender Management System.

The study described in this article was intended to establish the current reliability and validity of the scale, determine the impact of the Offender Management System and analyze initial placement practices. In March 1995, a sample was drawn from the Offender Management System of all active offender files that contained a complete and accurate CRS report. This sample of 6,745 cases represented 48% of the incarcerated population at that time.

Reliability

The CRS is applied in all five administrative regions of the Correctional Service of Canada. While each region has its unique classification traditions, local perspectives and accommodation options, it is important to ensure the scale is applied consistently and meets acceptable reliability standards.

In earlier studies where the CRS was scored by hand,[13] errors related to omissions, out-of-range responses and computation problems were found in as many as 40% of the files sampled. Since the automation of the scale and its inclusion in the Offender Intake Assessment process, these types of errors have been eliminated, suggesting its more consistent administration.

Scale reliability was also explored in terms of the internal consistency among items as measured by coefficient alpha tests. Alpha measures the average correlation between scores on each item of a scale, and where the alpha is high, it is assumed the consistency between scores is also high. The overall coefficient alpha was .39 for the Institutional Adjustment subscale, and all intercorrelations between items, with one exception, were significant ($p<.005$). The overall coefficient alpha was .10 for the Security Risk subscale, and for only three of the seven items were the intercorrelations found to be significant. Policy decisions to inflate the weighting for certain items may explain the poorer internal consistency for the Security Risk subscale.

Finally, the effectiveness of the CRS in grouping offenders into security classification categories that are discrete, exclusive and comprehensive was explored. The sample was grouped according to the security level designation given by the CRS and the average (mean) scores for each of the 12 items on the scale were analyzed. The average scores of the maximum-, medium- and minimum-rated groups were found to be significantly different ($p<.001$) on all 12 items. This suggests that the CRS is quite capable of establishing an institutional-adjustment and security-risk continuum that effectively distinguishes between security classification groups.

Validity

It is of little value to develop an instrument that is reliable but does not measure the behaviour it was intended to measure or fails to classify offenders according to anticipated behaviour. Therefore, the concurrent and predictive validity of the CRS was tested.

Tests of concurrent validity measure the extent to which ratings from the CRS are in accordance with ratings from an alternate method of security classification. In this case, the actual penitentiary placement decisions were used as an alternate method of security classification. The extent and nature of the agreement can be illustrated with a concordance table which also provides a rich source of information about placement patterns.

The frequencies and percentages in the cells on the diagonal as marked in Table 1 represent those cases where the CRS designation and the penitentiary placement decision agree on the security classification. The figures in the cells to the right of the diagonal represent cases where the CRS designation was overridden and a placement decision was made to a **higher** level

Table 1

Concordance Between the Custody Rating Scale and the Penitentiary Placement Decision

Custody Rating Scale Designations	Penitentiary Placement Decisions: Minimum	Medium	Maximum	Total
Minimum	**16.3%** (**1,078**)	10.7% (707)	0.3% (21)	27.3% (1,806)
Medium	7.7% (508)	**54.7%** (**3,629**)	5.3% (349)	67.7% (4,486)
Maximum	0.1% (4)	2.1% (142)	**2.9%** (**195**)	5.1% (341)
Total	24.0% (1,590)	67.5% (4,478)	8.5% (545)	

of security. The figures in the cells to the left of the diagonal represent cases where the CRS designation was overridden by a placement decision to a **lower** level of security.

The overall concordance rate, as represented by the sum of the diagonal, was 74%. (Based on previous reviews, when the effects of legitimate overrides to the scale, such as protection and medical considerations, are accounted for, the actual concordance rate may reach as high as 84%.) Most disagreements with the scale (16%) were in the form of overrides to higher security levels, while the remaining disagreements (10%) were overrides to lower security.

These results suggest a high level of agreement between the security designations given by the CRS and the actual penitentiary decisions made. A closer examination of override patterns is revealing. For example, of 1,806 offenders rated as minimum security by the CRS, almost 60% (1,078) were actually placed to minimum security; 707 were placed to medium security. Similarly, 508 cases placed to minimum security were actually overrides of medium security ratings by the CRS.

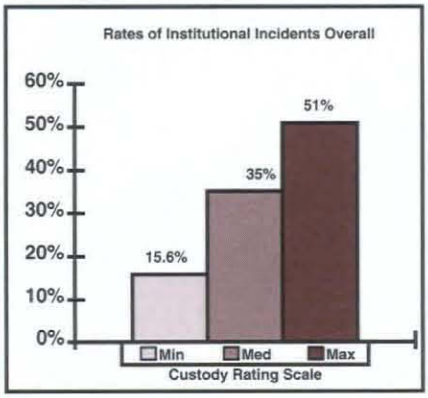
It is interesting to note that the overall base rates for institutional incident (16%) and escape (4%) of offenders rated by the CRS as minimum security risks was lower than the incident (18%) and escape (6%) rates for all offenders initially placed to minimum security. These higher rates result from medium rated offenders placed to minimum whose substantially higher incident (26%) and escape (8%) rates inflated the base rates of all minimum placed offenders. A similar effect was noted with respect to base rates for violence and drug and alcohol incidents. The results suggest that placement of higher risk offenders to the least restrictive level of confinement is not without costs.

Tests for predictive validity assess the extent to which initial classification ratings are confirmed by future institutional behaviour. A number of indices of predictive validity were examined using data gathered after the CRS had been completed and the penitentiary placement decision had been made. Table 2 provides the rates of overall institutional incidents, violent incidents and escapes from minimum security among offenders classified as minimum, medium and maximum security by the CRS.

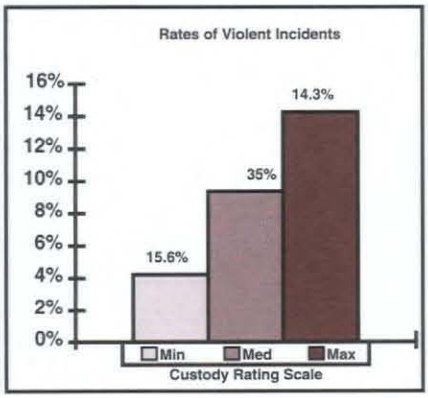
As expected, there are significant differences in the rates of misbehaviour across the various security ratings of the CRS. The overall incident rate and the violent incident rate for minimum rated offenders (15.6% and 3.1% respectively) are lower than those of offenders

Table 2

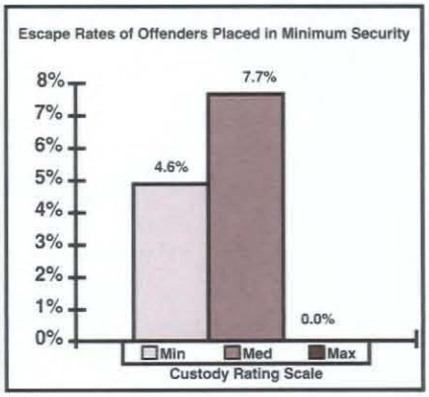
Rates of Misbehaviour among Offenders by Custody Rating Scale Designation



(n = 6,745)



(n = 6,745)



(n = 1,590)

rated as medium security (35% and 8.1% respectively) and markedly lower than those of offenders rated as maximum security (51% and 14.3% respectively). Similarly, the escape rate of offenders designated by the CRS as minimum security is significantly lower than that of offenders designated higher security by the CRS but placed to minimum security (4.6% versus 7.6%). Similar results can be demonstrated for a variety of other predictive indices including likelihood of drug and alcohol offences, discretionary versus non-discretionary release and conditional release adjustment.

Overall, then, the CRS performed very well in terms of categorizing offenders according to their relative risk for escape, disruptive or violent behaviour and drug and alcohol involvement, as well as according to their potential for discretionary release and behaviour on conditional release.

Table 3

Discretionary Release Rates and Average Days to Release by Rating and Placement Decision

Custody Rating Scale Designation	Penitentiary Placement Decision			
	Minimum		Medium	
Minimum	Release Rate Days to Release	85% 379 days	Release Rate Days to Release	68% 462 days
Medium	Release Rate Days to Release	78% 423 days	Release Rate Days to Release	63% 529 days

Practical utility

Finally, the CRS's usefulness in promoting the values and meeting the objectives of the Correctional Service of Canada was examined. One way was by looking at the effect of initial placement on release potential.

Effective classification should encourage the placement of offenders at the least restrictive level of confinement and, in so doing, maximize offenders' potential for discretionary release (that is, release on full parole as opposed to statutory release). Where an offender is initially placed has an important bearing on if and how quickly the offender is released. Offenders placed at lower security institutions have better opportunities to establish their release credibility than offenders with similar classification ratings who are placed at higher security institutions. Table 3 shows the discretionary release rates and average number of days of incarceration before release for offenders rated and/or placed at minimum and medium security levels.

Eighty-five percent of the offenders rated (by the CRS) and placed to minimum security were awarded a discretionary release after an average of 379 days of incarceration. This compares with a 68% release rate and an average of 462 days of incarceration for offenders rated as minimum but initially placed to medium security. Medium-security rated offenders placed to minimum security, on the other hand, enjoyed higher release rates (78%) and shorter incarceration periods (423 days) than offenders rated and placed to medium security (63% and 529 days) or even the minimum-rated, medium-placed offenders. (Statistical Information on Recidivism Scale scores were examined, and nothing was found to suggest the risk to recidivate may have influenced the placement and release potential.)

While medium-security rated offenders placed to minimum security enjoyed higher release rates and shorter incarceration periods than offenders rated at lower security levels, they also had substantially higher rates of institutional incidents, escapes and conditional release suspensions. It is clear that initial placement to minimum security, regardless of risk, has a dramatic effect on release potential. It is also clear that there are costs associated with overriding the CRS ratings: placement to higher security impedes release potential, while placement to lower security is associated with higher rates of institutional and conditional release maladjustment.

Conclusion

The Custody Rating Scale performed well in

assigning discrete security classification ratings to newly admitted offenders and also in terms of its concordance with actual placement decisions. The scale also proved effective in assigning ratings that correlated with institutional adjustment patterns, escape risk, discretionary release potential and conditional release adjustment. An analysis of overrides of the scale illustrated the impact of initial placement on release potential.

The CRS provides the Correctional Service of Canada with an effective and objective measure of security classification, is a valuable resource to management and guides case management staff consistently in initial placement decisions. ■

1. Research Associate, Correctional Service of Canada, RHQ Ontario, 440 King Street West, Kingston, Ontario, K7L 4Y8.

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Coming up in Forum on Corrections Research...

The May 1997 issue of FORUM will focus on "Violent Offenders." Suggested themes of upcoming issues include "Correctional Management," "Performance Measurement" and "Conditional Release."

Classification for correctional programming: The Offender Intake Assessment (OIA) process

by ***Larry Motiuk***[1]
Research Branch, Correctional Service of Canada

In 1994, the Offender Intake Assessment (OIA) process was implemented in all regions of the Correctional Service of Canada. OIA is a comprehensive and integrated evaluation of the offender at the time of admission to the federal system. It involves the collection and analysis of information on each offender's criminal and mental health history, social situation, education and other factors relevant to determining criminal risk and identifying offender needs.[2] This provides a basis for determining the offender's institutional placement and for establishing his or her correctional plan.

Since implementation, nearly 5,350 full OIAs have been completed and entered into the Offender Management System (OMS). Until recently, only about one third of the institutional population had comprehensive risk/need assessment information derived from OIA. While this information is organized in a systematic fashion and available on OMS, profiling the entire institution population required a case-by-case review of the existing population which has not undergone OIA (stock population). This was accomplished using a streamlined OIA process whereby the bottom-line risk/need rating (criminal risk and case need), a Statistical Information on Recidivism Scale - Revised (SIR-R1)[3] Score and ratings on each of the seven criminogenic need areas (employment, marital/family, associates, substance abuse, community functioning, personal/emotional, attitude) were made available on all inmates.

By assessing the entire federal offender population on admission in a comprehensive, integrated and systematic fashion, the Service can forecast the growth of its prison population, monitor changes in composition, improve risk management procedures and measure correctional performance. This new technology could improve release rates by systematically identifying lower risk inmates earlier in their sentence, thereby reducing the costs of incarceration and providing a more humane response to offenders. Moreover, this approach could also bring about a reduced requirement for higher security and yield useful information for evaluation. This, in turn, has the potential to improve operations and reduce costs for the Service.

Background

Public inquiries and internal task forces continue to illuminate the need for improved offender assessment and information sharing among components of the criminal justice system. Consequently, much attention has focused on the decision-making policies and risk assessment procedures of the Correctional Service of Canada and the National Parole Board.

Under the auspices of the Correctional Strategy Initiative,[4] it had been decided that criminogenic needs should provide the basis for offender programming and that service delivery should focus primarily on successful reintegration into the community. A national working group was established to design and develop a systematic approach to offender assessment on admission to federal corrections. As a result, the Offender Intake Assessment model was developed to standardize an overall orientation and integrated offender risk/needs assessment process throughout the Correctional Service of Canada.

In 1992-93, a pilot test of the process was undertaken in all regions. On the basis of this trial exercise, refinements were made, and later work (1993-94) addressed staff training, the establishment of technological support, and data collection and analysis to measure correctional performance. In November 1994, the Service implemented the OIA process at the following institutions: Matsqui (British Columbia), Edmonton (Alberta), Saskatchewan Penitentiary (Saskatchewan), Stony Mountain (Manitoba), Millhaven (Ontario), Prison for Women (Ontario), Regional Reception Centre (Quebec) and Springhill (Nova Scotia).

Because of both its complexity and its decisive role in shaping the subsequent phases of the offender's sentence, the OIA project demanded a sizable investment of human and fiscal resources from the field as well as from regional and national headquarters.

The intake assessment process

Beginning at the time of sentence, case management officers (parole officers) co-ordinate the collection of all relevant information (criminal records, police reports, court transcripts, crown briefs, judges' comments, pre-sentence reports, victim impact statements, etc.) from sources within and outside the Correctional Service of Canada. This information provides the basis for all future decisions and recommendations throughout the management of the offender's sentence. On receiving a federal sentence (two years or more), the offender is interviewed by a case management officer who starts by identifying critical concerns (such as suicide potential, security risk, health). This information is transferred, with the offender, to a federal institution which has a specialized Intake Assessment Unit (formerly reception centre).

On arrival at an Intake Assessment Unit, an admission interview is completed and an orientation session provided.

A postsentence community investigation is initiated by a case manager (parole officer) located in the community from which the offender came. The nature of relationships with significant others (such as family, peers, employers), the impact of future contacts with the offender, during incarceration or at release, and the degree of support others are prepared to offer the offender on return to the community are of particular interest.

On arrival at an Intake Assessment Unit, an admission interview is completed and an orientation session provided. The initial assessment screens an offender for immediate physical health, security (personal and others' safety), mental health and suicide concerns. Following this, the offender progresses to the two core components of the OIA process: Criminal Risk Assessment and Case Needs Identification and Analysis.

The Criminal Risk Assessment for every offender is based on the criminal history record, the offence severity record, the sex offence history checklist, whether detention criteria are met, the results of the SIR-R1 Scale and any other risk factors as detailed in a criminal profile report. The criminal profile provides details of the crime or crimes for which the offender is currently sentenced.

The Case Needs Identification and Analysis protocol identifies seven need dimensions, including employment, marital/family, associates, substance abuse, community functioning, personal/emotional and attitude. A list of indicators (about 200 in total) and rating guidelines are provided for each criminogenic need area. During assessment, the offender's complete background is considered, including personal characteristics, interpersonal influences, situational determinants and environmental conditions.

Added to the OIA process are psychological evaluations, behavioural observation by unit staff and supplementary assessments (such as education, vocational and substance abuse). All this information is brought together at a case conference attended by a multidisciplinary OIA team.

A summary report for each offender is completed. It includes a bottom-line or overall risk/needs level ranging from low risk, low need to high risk, high need; a statement on each of seven criminogenic need areas ranging from a "factor seen as an asset to community adjustment" to "no need for improvement" to "some need for improvement" to "considerable need for improvement"; a set of priorities for needs; an estimate of motivation; a custody rating designation ranging from minimum through medium to maximum security; a complete social history; and an institutional placement decision. This comprehensive, integrated assessment package is the basis for a correctional plan for the offender.

Criminal history background

Table 1 shows a distribution of selected Criminal Risk Assessment indicators by gender for all completed OIAs since implementation. What does this say about the criminal history background of the federal population at admission? The table clearly illustrates considerable previous involvement with the criminal justice system. In fact, roughly nine out of ten males and two out of three females

Table 1

Criminal History Background of Federal Admissions

Variable	Male Offenders (5,235)		Female Offenders (114)	
Previous Youth Court	**2,077**	**40%**	**25**	**22%**
Community supervision	1,435	27%	16	14%
Open custody	1,048	20%	15	13%
Secure custody	1,158	22%	12	11%
Previous Adult Court	**4,436**	**85%**	**65**	**57%**
Community supervision	3,732	71%	48	42%
Provincial terms	3,687	70%	48	42%
Federal terms	1,672	32%	18	16%
Total (Youth and/or Adult)	**4,623**	**88%**	**72**	**63%**
Previous:				
Segregation	1,920	37%	20	18%
Escape/UAL	1,270	24%	10	9%
Failure on conditional release	1,916	37%	20	18%
< 6 months since last incarceration	1,219	23%	16	14%
Sex offence history (includes current)	1,194	23%	5	4%

Note: as of August 1996.

admitted were repeat offenders. Also noteworthy is the finding that nearly one quarter of the male admissions had a sex offence history (current or past). This information allows the Correctional Service of Canada to profile its offender population on the basis of criminal history background which incorporates exposure and response to previous criminal sanctioning.

Validity

One way of looking at the validity of the OIA process is to examine the relationships between the various components of OIA - Criminal Risk Assessment and other related risk measures (see Table 2).

The correlations between criminal history record (any, previous - youth court, previous - adult court) and risk level drawn from the OIA process, custody rating subscale scores (institutional adjustment and security risk) and the SIR-R1 Scale were highly significant and in the expected direction. Similarly, the offence severity record converged on these other measures of offender risk.

Although sex offence history was positively correlated with the OIA risk level, it correlated negatively with both the institutional adjustment subscale of the custody rating scale and the SIR-R1 Score. Given that sex offenders, as a group, are considerably older than the general prison population and typically have had less exposure to the criminal justice system, this finding is not surprising as these scales are heavily influenced by criminal history.

Another important way to explore the validity of the OIA process is through the relationships between individual need level ratings and the number of indicators endorsed in each of the seven need domains (see Table 3).

For example, level of need for each domain should be positively correlated with the number of indicators (hits) checked off. The correlations in the shaded diagonal represent the extent to which these relationships are consistent and in the expected direction. Outside the diagonal is the extent to which the need areas being assessed are interdependent. As we can see, all the relationships are significant.

Being able to produce an offender risk/needs profile of an entire prison population (taken at admission) can be extremely useful for

Table 2

Relationships (Pearson r's) between OIA Criminal Risk Assessment Components and Other Risk Measures (4,067 male offenders)

	Risk Level	Institutional Adjustment Score	Security Risk Score	SIR-R1 Score
Criminal History Record (any)	**.41*** **	**.54 *** **	**.28 *** **	**-.83 *** **
Previous - youth court	.24 ***	.44 ***	.30 ***	-.48 ***
Previous - adult court	.37 ***	.42 ***	.17 ***	-.78 ***
Offence Severity Record	**.49 *** **	**.26 *** **	**.46 *** **	**-.29 *** **
Sex Offence History	**.17 *** **	**-.13 *** **	**.00 ns**	**.20 *** **

Notes: *** $p < .001$; ns = non-significant.

Table 3

Relationships (r's) between OIA Need Level Ratings and Domain Indicators (5,238 male offenders)

INDICATORS	NEED LEVEL Employment	Marital/ Family	Associates	Substance Abuse	Community Functioning	Personal/ Emotional	Attitude
Employment M=10.9 SD=5.6	.60	.20	.32	.28	.39	.24	.20
Marital/Family M= 6.9 SD=4.1	.15	.56	.05	.26	.15	.32	.11
Associates M= 4.0 SD=2.3	.43	.20	.63	.38	.40	.26	.26
Substance Abuse M=12.0 SD=8.8	.27	.26	.33	.78	.25	.24	.13
Community Functioning M= 5.7 SD=3.1	.43	.27	.30	.31	.54	.25	.22
Personal/Emotional M=13.2 SD=7.3	.29	.38	.23	.29	.35	.58	.40
Attitude M= 5.6 SD=4.7	.37	.24	.40	.28	.38	.34	.60
Total M= 58.1 D=25.8	.49	.42	.42	.57	.46	.46	39

Note: M = Mean (or average); SD = Standard Deviation; $p < .001$.

correctional planning and evaluating progress post-intake. At present, an overall risk/needs level and a statement on each of seven criminogenic need areas is available for federal offenders. (Note: there are a number of OIAs under way and incomplete at time of snapshots.)

Table 4 shows a national overview of risk/needs levels for the prison population (taken at time of admission) by gender. As we can see from the distribution of risk/need levels, male offenders are more likely to be assessed higher risk/higher need than female offenders. However, keep in mind that this distribution is based on an institutional population. A recent-admission population would break down differently as it would be composed of offenders serving shorter sentences, with less criminal history and lower risk ratings. The relatively high proportion of higher risk, higher need cases likely reflects an accumulation of longer term offenders (lifers, dangerous offenders) and detention cases. Such cases require a systematic reassessment of risk/needs throughout the period of incarceration.

Table 4

National Overview of the Federal Institutional Population: Percentage Distribution of Risk/Need Levels (at time of admission)

Risk/Need Level:	Male Offenders (11,541)		Female Offenders (182)	
Low risk/Low need	506	4.4%	48	26.4%
Low risk/Medium need	490	4.3%	25	13.7%
Low risk/High need	138	1.2%	8	4.4%
Subtotal	**1,134**	**9.8%**	**81**	**44.5%**
Medium risk/Low need	213	1.9%	8	4.4%
Medium risk/Medium need	2,340	20.3%	25	13.7%
Medium risk/High need	1,558	13.5%	22	12.1%
Subtotal	**4,111**	**35.6%**	**55**	**30.2%**
High risk/Low need	62	0.5%	2	1.1%
High risk/Medium need	976	8.5%	10	5.5%
High risk/High need	5,258	45.6%	34	18.7%
Subtotal	**6,296**	**54.6%**	**46**	**25.3%**

Note: as of August, 1996.

The OIA process also gathers information on each offender's need ratings. Based on a total prison population snapshot, there is considerable variation across the differing need areas between male offenders and female offenders (see Table 5).

At time of admission, male offenders were more likely to have been experiencing problems in substance abuse and attitude. However, female offenders were more likely to have had difficulties in the area of associates/ significant others. There appear to be no statistically meaningful differences between

male and female offenders with respect to difficulties in employment, community functioning or personal/emotional orientation. That is, male and female offenders were equally as likely to have been experiencing difficulties in these areas.

Table 5

National Overview of the Federal Institutional Population: Percentage Distribution of Case Need Levels (at time of admission)

Need Level: Domain	Male offenders (11,541)		Female offenders (182)	
An Asset				
Employment	1,011	8.8%	26	14.3%
Marital/Family	1,060	9.2%	16	8.8%
Associates	915	7.9%	16	8.8%
Substance abuse	-	-	-	-
Community functioning	731	6.3%	25	13.7%
Personal/Emotional	-	-	-	-
Attitude	1,006	8.7%	32	17.6%
No Difficulty				
Employment	1,758	15.2%	22	12.1%
Marital/Family	2,905	25.2%	38	20.9%
Associates	2,111	18.3%	19	10.4%
Substance abuse	2,687	23.3%	69	37.9%
Community functioning	2,859	24.8%	31	17.0%
Personal/Emotional	1,034	9.0%	22	12.1%
Attitude	2,875	24.9%	96	52.8%
Some Difficulty				
Employment	4,350	37.7%	89	48.9%
Marital/Family	3,963	34.3%	86	47.3%
Associates	4,535	39.3%	116	63.7%
Substance abuse	2,317	20.1%	43	23.6%
Community functioning	5,229	45.3%	107	58.8%
Personal/Emotional	3,215	27.9%	95	52.2%
Attitude	3,321	28.8%	38	20.9%
Considerable Difficulty				
Employment	4,422	38.3%	45	24.7%
Marital/Family	3,613	31.3%	42	23.1%
Associates	3,980	34.5%	31	17.0%
Substance abuse	6,537	56.6%	70	38.5%
Community functioning	2,722	23.6%	19	10.4%
Personal/Emotional	7,292	63.2%	65	35.7%
Attitude	4,339	37.6%	16	8.8%

Note: as of August 1996.

Correctional Plans

The results of OIA are used by case management officers to develop initial correctional plans for the offender. Basically, the Correctional Plan is designed to address the factors identified as contributing to criminal behaviour. Like OIA, the Correctional Plan is fully automated on the Offender Management System. It comprises three sections: an overview, a needs analysis and needs and program objectives. For example, the later section could identify a need domain (such as personal/emotional orientation) that has a principal component (such as cognition) and recommend a particular program (such as cognitive skills training).

Priorities must be assigned for each offender's programming needs so interventions can be delivered in a logical fashion. The Correctional Plan is reviewed regularly and revised as criminogenic needs are met or progress made in reducing the level of risk. Moreover, a Correctional Plan ensures that there is continuity in programming between institutions and community.

Conclusion

The day has arrived where the Correctional Service of Canada can assess offenders at admission in a comprehensive, integrated and systematic fashion and reassess them routinely in the community thereafter. Where are we in our ability to assess risk? We have made some important breakthroughs. What needs to be done next? We need to study how well our correctional plans and interventions work. ■

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Risk classification for young offenders

by ***Sandy Jung***
Lakehead University
and ***Edward P. Rawana***[1]
Lakehead Regional Family Centre and Lakehead University
and ***Byron Lod***
Probation Services, Ministry of Community and Social Services

After a young offender becomes involved with the criminal justice system, a probation officer plays a significant role in the case management decisions for that young offender. Some decisions are usually based on some form of offender risk/needs classification which helps the probation officer make decisions on the treatment needs of the youth and to assess the youth's risk of reoffending.

Several tools have been developed to assess risk and need; however, many were initially designed for adult offenders and are not adjusted to focus on the risk and need factors specific to adolescent offenders. Previous research[2] has emphasized the importance of evaluating the validity of any risk screening instrument. This is because the use of any risk screening device makes the probation or correctional worker accountable for the manner in which he or she uses resources to deal with young clients. Most young offender classification research does not include an adequate sampling of minority groups such as Aboriginal youths. Also, there is little information on the risk and need factors which apply to female youths.

A collaborative effort among all the probation offices in northwestern Ontario (extending from White River to the Manitoba border), a mental health facility for children and a local university provided the necessary components to conduct a thorough evaluation of a risk and need instrument for young offenders. The instrument was developed and implemented in Ontario and is called the Ministry's Risk/Need Assessment Form. It was specifically designed to identify offending youths at risk of reoffending and to aid the probation officer in addressing treatment needs.

This article evaluates the validity of this relatively new risk and need tool through a focus on young offenders in northwestern Ontario where there is a large proportion of Aboriginal youths.

Risk/Need Assessment Form

The Risk/Need Assessment Form, otherwise known as the Youth Level of Service Inventory (YLSI), was preceded by the Level of Supervision Inventory (LSI) which is currently used with adult offenders. Both the Risk/Need Assessment Form and the LSI are based on Andrew, Bonta and Hoge's four principles of risk classification: risk principle, need principle, responsivity principle and professional discretion.[3]

The Risk/Need Assessment Form is designed for Phase I young offenders, or youths aged 12 to 15 years. It assesses 42 items which are grouped into eight individual risk and need factors: prior/current offences/disposition, family circumstances/parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behaviour and attitudes/orientation. Scores can range from 0 to 42. Youths with scores ranging from 0 to 8 are classified as low risk, scores ranging from 9 to 26 indicate moderate risk, scores of 27 to 34 are considered high risk, and youths scoring between 35 to 42 are considered very high risk.

Table

Risk/Needs Level by Outcome

	Risk Level							
	Low		Moderate		High		Very High	
	frequency	%	frequency	%	frequency	%	frequency	%
Recidivist	17/76	22	52/76	68	5/76	7	2/76	3
Non-recidivist	99/174	57	71/174	41	4/174	2	0/174	0

The Ministry of Community and Social Services of Ontario began to use the form in all probation offices and mandated that all young offenders be assessed on the eight factors, and then reassessed at every six months of their disposition.

There are some preliminary unpublished data on the tool suggesting it has adequate reliability and validity;[4] however, the results were obtained from a region in which the form was developed and the norms set.

Northwestern Ontario

While the probation offices of northwestern Ontario cover a large area, little research has been conducted with young offenders in this region with respect to risk and need. Evaluating the instrument in this region was important because of the region's uniqueness in terms of its population diversity.

Northwestern Ontario has two major probation offices with access to numerous remote Indian reserves. There is, therefore, a gross representation of Aboriginal young offenders: almost 50% of the population of young offenders in northwestern Ontario is Aboriginal and many of these are female.[5]

Methodology

The sample of young offenders was drawn from the clientele of two regional probation offices over a nine-month period. Two hundred and fifty young offenders were assessed by probation officers. Several information sources were used to assess youths on the Risk/Need Assessment Form, including interviews with the youths and their parents, and a review of pertinent record and file information. The average age of the youths was 14.3 years (SD = 11.1) at the time of assessment. These were 166 (66.4%) males and 84 (33.6%) females. One hundred and twenty-six (50.4%) were Aboriginal youths and 124 (49.6%) were non-Aboriginal youths.

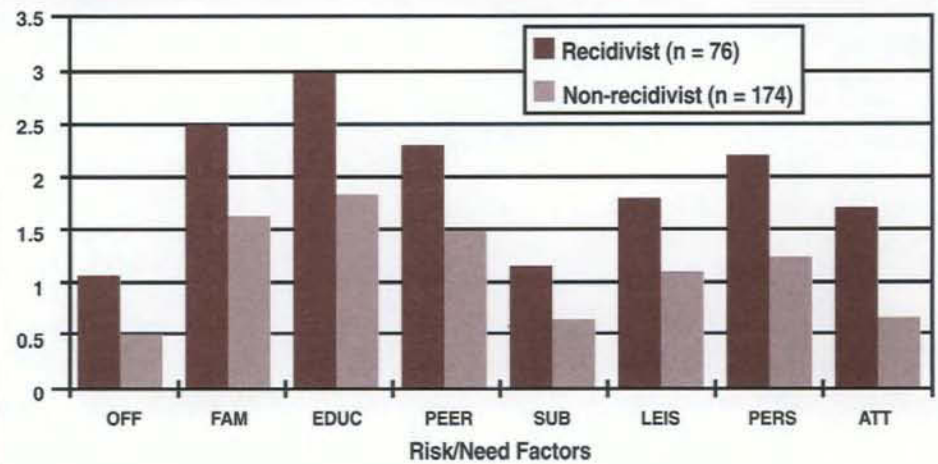
All the youths were followed up six months after the assessment date, except for young offenders in custody who were followed up[6] six months after their release. At follow-up, it was determined whether the youth was a recidivist. Recidivism was defined, for the purpose of this study, as any conviction for an offence committed up to six months after release. Conviction information was obtained from police reports and probation databases.

Results

The average total score on the Risk/Need Assessment Form was 11.2. Of these young offenders, 116 were classified as low risk, 123 as moderate risk, 9 as high risk and 2 as very high risk. At the end of the six-month follow-up, it was found that 30.4% of the young offender sample were recidivists and 69.6% were not.

The young offenders' performance on the Risk/Need Assessment was strongly related to their actual reoffending as demonstrated by the trends seen in examining the distribution of recidivists and non-recidivists on each of the four risk levels (see table). A large proportion

Figure



Pertinent Data Points:

Comparing the Risk and Need Factor Scores of Recidivists and Non-recidivists

Variables	Recidivists (n = 76)	Non-recidivists (n = 174)
OFF - Prior and current offences/dispositions	1.09	0.52
FAM - Family circumstances/parenting	2.50	1.64
EDUC - Education/employment	2.99	1.84
PEER - Peer relations	2.28	1.52
SUB - Substance abuse	1.17	0.67
LEIS - Leisure/recreation	1.79	1.12
PERS - Personality/behaviour	2.21	1.24
ATT - Attitudes/orientations	1.71	0.68

of the recidivists were classified at moderate risk for reoffending (52/76) and a large proportion of the non-recidivists were classified at low risk (99/174, see table).

An examination of the total risk/needs scores of recidivating and non-recidivating young offenders provided additional support for the utility of the instrument. Despite the cultural diversity of the study's sample, recidivists ($M = 15.74$; $SD = 8.01$) were assessed with a significantly higher ($p < .001$) overall risk score than their non-recidivist counterparts ($M = 9.22$; $SD = 7.46$).

To test the validity of the tool further, individual risk and need factors were investigated for discrimination between recidivists and non-recidivists. Analyses indicated that all eight risk/needs factors were important predictors of recidivism, with recidivists scoring significantly higher on each factor than non-recidivists (see figure). This finding provides strong support for the usefulness of the form in northwestern Ontario, especially when one considers that it was developed in southern Ontario and that northwestern Ontario is overrepresented by Aboriginal young offenders. It is interesting to note that the strongest factor capable of discriminating between the two groups of young offenders was the attitude of the young offender. However, it was surprising to find that previous and current offences and disposition provided only a moderate discriminator of recidivism, since much of the literature has emphasized the predictive ability of past behaviour.

Discussion

The results strongly support the validity of the Risk/Need Assessment Form as an instrument for assessing a young offender's risk of reoffending. The eight risk/needs factors appear to be relevant and important in differentiating recidivists from non-recidivist youths. Therefore, one can conclude that recidivism can be predicted based on the youth's score on the form.

Past research[7] has demonstrated the importance of validating instruments in jurisdictions other than where they were originally developed and the norms established. This is especially relevant since the place where it was developed does not have the diverse group of young offenders seen in other regions. The collaboration between probation and local resources provided the necessary efforts to address these issues. This study also included a sample of female offenders which was more than adequate when compared to other young offender studies. This investigation has demonstrated that the Risk/Need Assessment Form is not only valid in predicting risk, but also robust with respect to jurisdiction, ethnicity and sex. ■

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4. R.D. Hoge, personal communication.
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6. Risk/Needs Factors in figure: OFF - Prior and current offences/dispositions; FAM - Family circumstances/parenting; EDUC - Education/employment; PEER - Peer relations; SUB - Substance abuse; LEIS - Leisure/recreation; PERS - Personality/behaviour; ATT - Attitudes/orientation.
7. J.B. Ashford and C.W. LeCroy, "Predicting Recidivism: An Evaluation of the Wisconsin Juvenile Probation and Aftercare Risk Instrument," *Criminal Justice and Behavior*, 15 (1988): 141-151.

Research to practice: Applying risk/needs assessment to offender classification

by ***J.S. Wormith***[1]
Ontario Solicitor General and Correctional Services

Effective classification is critical for the success of any correctional agency. With shrinking financial resources for government, increased scrutiny of correctional practices and greater demands for public safety, the process of making decisions about offender placement, treatment and release becomes even more important.

An offender classification system is only as good as the tools used to make the classification decisions. Moreover, the validity of the tools must be established in terms of the classification decisions to which the tools are applied, not some other interesting, but irrelevant, criteria such as diagnosis or underlying personality constructs.[2]

Postsentence correctional classification is undertaken to help correctional practitioners make decisions about their clientele in four basic areas: the institutional security level for the offender during incarceration, the release of an offender to the community via such mechanisms as parole or temporary absence, the amount of supervision that is appropriate in the community and the referral of an offender to work, academic, program or treatment options. The ultimate goal is to maximize public and institutional safety and to minimize the offender's illegal or otherwise antisocial behaviour in prison and in the community. To achieve both these goals in the most cost-effective manner, it is important for any offender classification system to focus on the risks, needs and responsivity of its clientele.[3]

Ontario has had considerable experience with the use of risk/needs assessment in its classification process, beginning in the early 1980s with the Level of Supervision Inventory (LSI).[4] The LSI is a checklist of 53 items that are scored in binary, or 0-1, format by a trained assessor after conducting an intensive interview with the offender, reviewing all documentation and records of the client, and completing a number of collateral contacts to verify the assessor's earlier findings.

The LSI has been the subject of numerous studies in institutions, halfway houses and the community. It has been shown to be reliable and predictive of possible offender recidivism.

The LSI has been the subject of numerous studies in institutions,[5] halfway houses[6] and the community.[7] It has been shown to be reliable and predictive of possible offender recidivism.[8] It has also displayed an important dynamic validity component, predicting appropriately the changes in recidivism as criminogenic needs are increased or decreased.[9] This characteristic sets the LSI apart from many of the earlier tools that focused primarily or exclusively on static historical facts, such as the Statistical Information on Recidivism (SIR) Scale.[10]

Although tools focused on static historical facts may be easier to score, it is our view that instruments based totally on the offender's past are less helpful to correctional administrators for two main reasons. First, they neglect many of the present circumstances of an offender, which are also relevant to reoffending,[11] thus limiting their ultimate predictive utility. Second, they provide no instruction or direction for the type of management and treatment of an offender which is most likely to bring about positive change, therefore limiting their capacity to help staff lower an offender's degree of risk.[12]

Introducing the LSI-OR

After 15 years' experience with the LSI in the community with probationers and parolees, Ontario decided to update it and expand its use to all offenders under its mandate. The Level of Service Inventory - Ontario Revision (LSI-OR), as it is now called, is a required

assessment for all adult inmates undergoing any institutional classification or release decision, for all young offenders both in secure and open custody and for all probationers and parolees. The LSI-OR is readministered every six months and for any subsequent client-related decision.

Initiated in January 1996, this new policy for the LSI-OR is helping the Ministry unify its correctional practice. The policy contributes to increased continuity of care because all staff members are now using a common instrument, working from a common theoretical rationale and basing decisions on a common empirical database in the management, treatment and supervision of their offenders.

To get to this position, however, a large-scale training exercise was required. Designed by Don Andrews, in consultation with ministry resource people from the field, staff training and policy divisions, a series of intensive, two-day training sessions was provided to more than 800 employees.

Although the LSI-OR has maintained the same general format, data collection procedures and scoring system as the LSI, it differs from its predecessor in a number of important ways. Don Andrews worked with a team of ministry staff to decide on the innovations and to design the new test protocol.

Modifications were made only after a review of the risk assessment literature and the meta-analytic studies of the last decade.[13] A reanalysis of data on the LSI items and extensive consultations with representatives of the many stakeholders in the process (correctional managers, probation officers, prison staff, professional associations, parole board members and staff, support staff and policy makers) was also done. Eight major changes were made to the tool.

1. The LSI-OR has fewer items than the original LSI. After eliminating the accommodation and recreation sections and some individual items that were redundant, the instrument now has 43 items (instead of 53), grouped into eight categories or subscales.
2. The concept of client strength or protective factors is introduced, consistent with the developmental literature on children at risk. These strength factors are not simply the absence of risk factors and may add unique predictive power to the assessment process.[14]
3. In addition to the routinely scored "general" risk/needs items, a list of supplementary or "specific" risk/needs items is used. Because of their infrequent occurrence but their potential for great clinical importance when they are present, these items may be used to override the actuarial-based risk level.
4. Greater attention is given to the eight category or subscale scores and the clinical profile these scores produce. By plotting a risk/needs graph after completing the assessment, the correctional practitioner may more easily make the links with programming, supervision and case management.
5. The number of risk levels has been increased from three (low, medium and high) to five, by subdividing low and high risk into low and very low, and high and very high. Ultimately, the number of risk levels in any scale or instrument is decided arbitrarily by the developer or the agency using it. Such a decision usually depends on confidence in the instrument's ability to discriminate between groups on the basis of small differences in scores. Numerous LSI studies have demonstrated a nice linear relationship between the number of risk items present for an offender and that offender's probability of recidivism. An accurate scheme with few levels of risk classification essentially gives up some of its important predictive validity. Therefore, a five-level system of risk was used so the decision maker or case manager would be working with a more precise, and consequently more accurate, system of offender classification.
6. The concept of the clinical override is given more prominence: every assessment must include a review of the risk level generated by the general risk/needs indicators in conjunction with the specific risk/needs indicators and the client's strengths. The assessor is then required either to endorse or modify the overall risk level on every assessment.

7. The introduction of a section devoted to "other clinical issues" (such as social, health and mental health needs) marks an important addition to the traditional offender risk/needs assessment process. A humane and caring correctional agency cannot overlook these non-criminogenic needs. Moreover, attending to them can have an indirect impact on other treatment areas through the responsivity principle (see 8, below).

8. A section on "special responsivity considerations" has also been needed. Responsivity, Andrews' third principle of effective correctional treatment,[15] is the least understood and the most seldom applied. Only recently has it begun to receive the systematic attention and research it deserves.[16] Although not technically part of the risk/needs assessment in that they are not counted in the risk score or level, two added sections on "other clinical issues" and "special responsivity considerations" must be considered in the broader case management of the offender. They may also have an indirect impact on an offender's changing risk level. This occurs because the responsivity of a client often has a moderating effect on interventions that are otherwise appropriate and because responsivity can be affected by successfully addressing a non-criminogenic need, which in turn increases the effectiveness of the intervention. To take an extreme example, providing a hearing aid to a hearing-impaired offender may affect the offender's responsivity because of the greater potential for communication as well as increased motivation from appreciating the service provided. Increased responsivity can then affect subsequent intervention and, finally, the offender's risk. A hearing aid by itself, however, would have no impact or, worse, would improve an offender's ability to be a good thief.

The LSI-OR also includes a number of supplementary pages for text related to offence information, case notes and discharge summaries, as well as sections for administrative decision making and sign off. Again, these in-house, ministry-specific administrative sections were introduced to maximize the connection between the offender's risk/needs assessment, the practitioner's case management and the administrator's decision making.

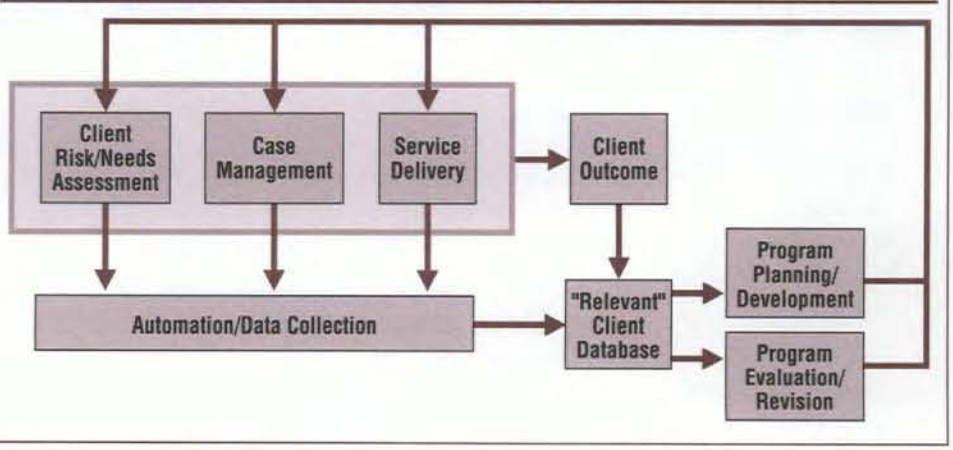
Ontario's experience with the LSI-OR

Summary data on the LSI-OR are routinely entered by field staff on the Ministry's Offender Management System (OMS), which was modified to include these data. Incorporating a risk/needs component into the offender database serves three principal functions. It allows the Ministry to monitor important client characteristics so programming and facilities can be designed to meet the needs of the clientele and, thereby, accommodate the characteristics of the offender population on more than just security. It also provides a relatively easy mechanism for continued research on the instrument. Finally, it allows system-wide establishment of quality assurance.

Earlier empirical research[17] and recent field consultations revealed that the quality and accuracy of individual assessments can deteriorate with time and in the absence of

Figure 1

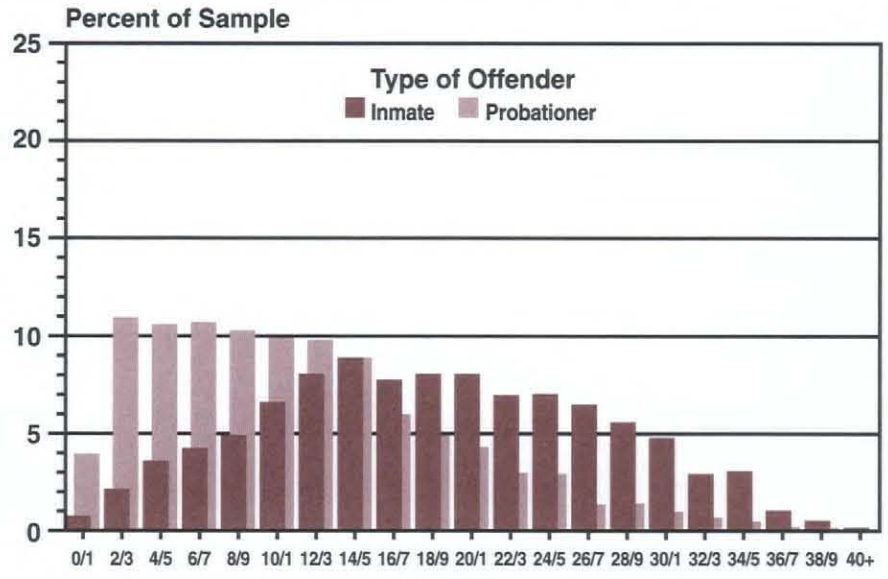
Development of a System for Program Planning: Schematic Overview



continued training and supervision. Following Colorado's example,[18] where detailed examinations of large databases revealed a small, but bothersome incidence of scoring anomalies, the Ministry established a policy of flagging impossible or extremely unlikely scores or score combinations for further investigation, correction or clarification. Similarly, when aggregated data on a group of offenders from a specific location are inconsistent with the norms for that particular client group, the anomaly is brought to the attention of the local manager. The relationship between risk/needs assessment, case management, an empirical database and program design, evaluation and modification is illustrated schematically in Figure 1.

Figure 2

Distribution of LSI-OR Scores for Inmates and Probationers*



* Inmates (n=1,344); Probationers (n=1,955).

Table 1

Average LSI-OR Scores for Inmates, Probationers and Parolees by Age and Gender*

	Inmates		Probationers		Parolees	
Sample	**(n)**	**Average Score**	**(n)**	**Average Score**	**(n)**	**Average Score**
Young offenders	172	23.48	356	13.32	0	
Male	171	23.46	304	13.54	0	
Female	1	26.00	52	12.02	0	
Adult offenders	1,172	18.07	1,639	10.95	58	11.36
Male	1,111	18.07	1,380	11.13	56	11.30
Female	61	18.00	259	10.00	2	13.00
All offenders	1,344	18.76	1,995	11.37	58	11.36
Male	1,282	18.79	1,684	11.56	56	11.30
Female	62	18.13	311	10.33	2	13.00

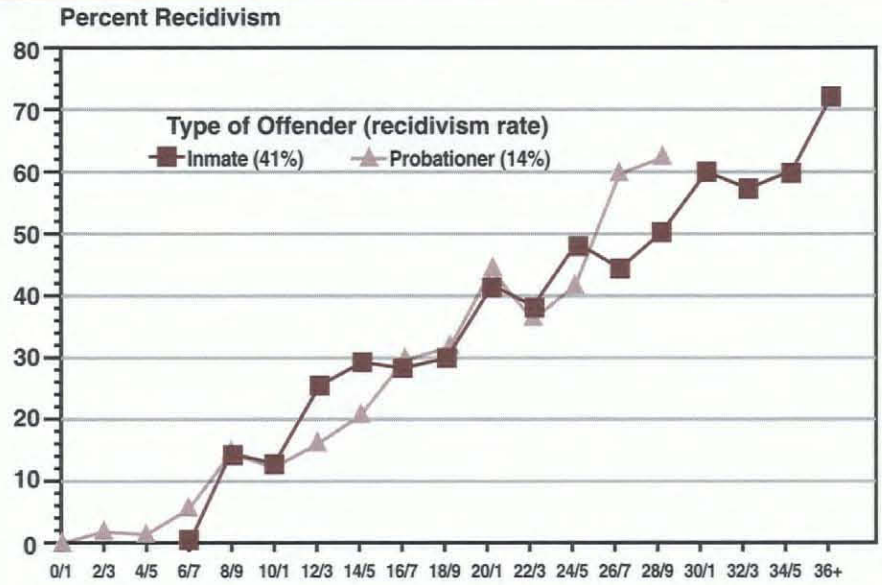
Note: * all records from LSI-OR implementation phase (January 1996).

In the first nine months of implementation, LSI-OR data have been collected on more than 26,000 offenders. Some descriptive statistics are provided below. Sentenced inmates score considerably higher than probationers or parolees (see Figure 2). Young offenders score consistently higher than adults, regardless of gender or sentence type, and males tend to score higher than females (see Table 1). What is particularly interesting is that even though the distribution of scores differs for various offender groups, (especially inmates and probationers) the recidivism rates for any given score remain very similar, indicating that whether a given number of risk/needs items is present for an inmate or for a probationer, the likelihood of recidivism is virtually the same (see Figure 3).

Including more detailed information on the Ministry's OMS has also provided an opportunity to examine the use of the professional override. Initially, there was concern that the fear of underestimating a

Figure 3

Probationer and Inmate Recidivism (to Prison) as a Function of LSI-OR Score



Note: * rescored from original LSI data (Inmates n = 923) (Probationers n = 561).

client's risk (making a "false negative" error) would far outweigh concern about overestimating a client's risk (making a "false positive" error) because of the vastly different consequences of each and the inherently cautious mindset these differences instill in correctional practitioners. To date, the use of the override has not been excessive, nor has it been applied more frequently to increase an offender's risk category.

Approximately 88.6% of the risk levels have been left unchanged. Use of the override was divided fairly evenly between decisions to classify upward by increasing the risk level (6.2%) and decisions to classify downward by lowering the risk level (5.1%). Most reclassifications were to the adjacent level of risk although some were over two-to-four levels, usually because certain ministry policies require automatic or administrative overrides. Current analyses are looking at whether the strengths and added concerns correlate with the override and, if so, which ones.

Users have been quite accepting of these changes to the original LSI. Probation and parole officers have been particularly encouraged by the changes that reflected their concerns. While hundreds of recommendations were recorded during the field consultations, and not all could be accommodated, many of the more popular themes, such as the specific risk/needs items, are found in the LSI-OR. Many suggestions contradicted each other, however. For example, some staff requested greater simplicity in the instrument, while others called for more details and a more comprehensive or complex tool.

At the institutional level, acceptance of the LSI-OR has been more varied, partly because it has a wider range of applications in the prison setting and partly because risk/needs assessment had not previously been part of the inmate classification process.

Because the LSI-OR has been linked with offender recidivism, however, its application to inmates in conjunction with parole, temporary absence and electronic monitoring programs has been received quite well by practitioners and the Ontario Board of Parole. Although administration of the LSI was not a routine requirement for these programs, it was often used by professional staff on a voluntary basis.

The administration of the LSI-OR as part of the inmate classification process has been greeted with some scepticism for a few reasons. Some staff confuse the concept of risk to reoffend with the security level of an institution, perhaps because both classification schemes have traditionally used the same terminology of "maximum," "medium" and "minimum." Second, inmates score higher on the LSI-OR in comparison to probationers (Table 1), resulting in a high percentage rated as high risk. This is sometimes automatically translated into maximum security.

When staff members come to this conclusion on a particular offender, they may decide

that the assessment instrument is in error. However, such a view overlooks the twofold value of using the LSI-OR as part of the institutional classification process. First, it provides an index of the client's risk to reoffend, which in itself is important for any kind of community-based decision or activity.

Equally important, it profiles the offender's criminogenic risks and needs, which should then be considered not just in terms of institutional placement but also in terms of assignment to the appropriate programs and services once the offender has been placed in a facility. ■

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Implementing risk and needs classification in the Correctional Service of Canada

by ***Gilbert Taylor***[1]
Research Branch, Correctional Service of Canada

The mandate of the Correctional Service of Canada is to protect the public while assisting offenders to prepare for a law-abiding return to the community. To achieve this, the Service must accurately assess the risk and needs of offenders and exercise a risk management response (such as incarceration, programming, structured community supervision) which corresponds to that assessment. This is particularly critical for high risk and high need offenders. The Correctional Service of Canada has made major advances in implementing policy and procedures for the systematic assessment and management of offender risk and needs.

This article examines the Service's experience in the development and implementation of an approach for the classification of offenders according to the level of risk and needs each presents.

Why assess offender risk and needs?

Research[2] both within and outside the Correctional Service of Canada has shown that:

- factors related to an offender's criminal history are strongly related to failure on conditional release;
- there is a consistent relationship between the number and type of offender needs and recidivism; and
- the combined assessment of **both** risk and needs greatly improves our ability to predict which offenders will be recidivists.

Accurately classifying offenders according to their risk/needs level helps the Correctional Service of Canada and the National Parole Board to make appropriate management decisions which will, in turn, reduce recidivism and better protect the public.

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How is offender risk/needs classification conducted?

Structured risk/needs assessment is exemplified by the Offender Intake Assessment (OIA) process, an improved approach to penitentiary placement that represents the latest advance in risk assessment technology. Information is obtained (through face-to-face interviews and file review) from internal and external sources including the courts, police, probation files, victims' reports, family, employers and offender self-reports. This may include supplementary assessments such as psychological, educational/vocational, substance abuse, family violence or psychopathy. Using a multidisciplinary team approach and case conferences, case managers at centralized intake units integrate the information into a comprehensive summary report. For each offender, case managers provide an overall risk/needs rating ranging from "low-low" to "high-high."

The Intake Assessment Report uses a revolutionary automated format for recording information: details of the assessment are entered on-screen in the Offender Management System (OMS), the Service's mainframe computer network. In each area of the assessment, **indicators** (short statements describing a risk factor) — where present — are flagged, risk and need levels are rated, and a narrative text is provided to round off the analysis. This approach permits easy accessibility to precise statistical information related to offender needs and risk for management and research purposes.

The Offender Intake Assessment process has two principal components: criminal risk assessment, and case needs identification and analysis.

Criminal risk assessment

The offender's Criminal Risk Level is rated as high, medium or low based on a systematic review of information in the following areas:

- Criminal History Record, number and type of previous and current offences — both as a youth and adult — and number of crime-free periods;
- Offence Severity Record, for previous and current convictions — offence type, sentence length, degree of force used and physical/mental harm caused;
- Sex Offence History Checklist, type of past and current sex or sex-related offences, victim information, serious harm assessment and treatment history;
- Review of Detention Criteria, legislated criteria used to prevent the statutory release of dangerous offenders; and
- Statistical Information on Recidivism Scale, a statistically derived tool used for predicting recidivism.

Case managers then record a narrative description of current offences and an analysis of criminal behaviour patterns.

Case needs identification and analysis

Using a similar approach, the offender's Case Needs Level is rated, based on a detailed review of seven need areas:

- employment;
- marital/family;
- associates/social interaction;
- substance abuse;
- community functioning;
- personal/emotional orientation; and
- attitude.

For each need area, case managers flag indicators (risk factors) and rate the severity of need. They also provide details and programming recommendations for need areas that require intervention, describe the offender's motivation for change and other specific characteristics (for example, learning disabilities), chronicle the offender's social history and note any immediate concerns (for example, suicide, physical and mental health).

How does the Correctional Service of Canada use this information?

Having an accurate assessment of the offender's risk/needs classification is important for making sound management decisions throughout the sentence. The information collected and analyzed during the Offender Intake Assessment process is used to help make decisions regarding the need for immediate intervention or intensive supervision, programming and security requirements, initial custody level and assignment to a placement institution.

At the receiving institution, the results of the intake risk/needs assessment form the base of the offender's correctional treatment plan: criminogenic need priorities are set and targeted for intervention, with intensity of treatment corresponding to the offender's level of risk.

Decisions to transfer the offender to reduced security, to grant a conditional release into the community or to detain the offender past the statutory release date are also based on a structured assessment of the offender's risk and needs. Once the offender is granted a supervised release, risk/needs classification is used to determine the minimum frequency of supervision contacts and to orient case management.

How risk/needs classification was introduced

The Community Risk/Needs Management Scale (CRNMS) was part of a 1988 initiative to develop new standards for supervision of conditionally released offenders. Implemented in 1990, it represents the Correctional Service of Canada's first systematic and comprehensive approach to risk/needs classification.

What happened next?

Following an extensive period of research and development that included pilot projects at male institutions in all regions and at the

Prison for Women, the Offender Intake Assessment process began in November 1994.

The approach offered some significant improvements over the original community version, including:

- collapse of the 12 need dimensions of the CRNMS into 7 areas;
- detailed review and flagging of risk factors (indicators);
- addition of a medium level of risk; and
- creation of screening inventories for suicide prevention and living skills programs.

Table

National Overview of the Federal Institutional Population: Percentage Distribution of Risk/Needs Levels (at Admission) by Region (10,908 male offenders)

Risk/Need Level	Region				
	Atlantic (1,209)	Quebec (2,999)	Ontario (3,090)	Prairies (2,114)	Pacific (1,496)
Low-Low	4.9%	4.4%	5.8%	3.9%	2.8%
Low-Medium	5.3%	5.7%	3.9%	4.2%	1.9%
Low-High	2.1%	2.2%	0.5%	1.1%	0.3%
Medium-Low	2.8%	1.7%	2.3%	1.3%	1.4%
Medium-Medium	24.2%	18.0%	19.9%	20.6%	21.3%
Medium-High	12.0%	19.7%	10.5%	13.1%	9.8%
High-Low	0.7%	0.3%	1.1%	0.2%	0.1%
High-Medium	7.1%	6.0%	13.0%	7.5%	7.0%
High-High	40.9%	42.0%	42.9%	48.0%	55.2%
Total	**11.1%**	**27.5%**	**28.3%**	**19.4%**	**13.7%**

Since the process was implemented, approximately 6,000 newly admitted federal offenders have been assigned a risk/needs classification. In addition, the Correctional Service of Canada has just completed a catch-up exercise for incarcerated offenders admitted before its introduction, using a modified approach where case managers assign ratings only to the levels of case needs and criminal risk and to the seven need areas.

What does the risk/needs profile of offenders look like?

With a risk/needs classification assigned to all federal offenders, it is now possible to examine a profile of the offender population. The table provides a national overview of the risk/needs levels of all currently incarcerated offenders at the time of their admission to federal custody.

What were some of the challenges of implementing risk/needs classification?

When the Correctional Service of Canada's executive committee approved the implementation of Offender Intake Assessment, the first major task was to convert the process from a Windows-based application (chosen to facilitate future development) to the existing OMS environment. This involved a complete redesign and testing of screens and reports, a process which took six months. Also, an extensive communication and training exercise was developed and delivered to all operational staff affected by the changes.

Implementing the assessment process presented a variety of challenges for intake units across the country. Here is a sample.

- Some regions were required to convert from a decentralized admission process to the centralized approach used with this process, which involved recruiting additional staff, converting facilities and staff responsibilities and establishing new procedures and lines of communication.
- Where centralized processes already existed, staff needed to shift to a different approach involving a greater degree of structure and the use of a standardized computer program to record the results of their assessments.
- Most locations experienced an increase in workload; in some instances, this was temporary resulting from the training and implementation exercise; in other cases, requirements were more demanding than previous assessment practices, necessitating the long-term allocation of new resources.

What developments can we expect in the near future?

A research project has been launched to examine closely issues involved in the collection and use of information during the Offender Intake Assessment process. This study will pinpoint areas of difficulty and identify examples of best practices, to improve the information retrieval process in all regions.

Improved OMS screens and reports for Offender Intake Assessment, which integrate penitentiary placement requirements and incorporate user suggestions, have been designed and will soon be implemented. Other planned changes include:

- improving the Statistical Information on Recidivism (SIR) Scale;
- adding a screening inventory of risk factors for **violent** recidivism;
- creating a separate protocol for psychological intake assessments; and
- using artificial intelligence technology to assist staff in rating criminal risk.

Some important changes are under way for post-intake risk assessment and management practices. Responding to user feedback, the Correctional Service of Canada has made plans not only to bring the Community Risk/Needs Management Scale into line with the risk/needs classification approach used with Offender Intake Assessment, but also to integrate existing correctional planning and case reporting requirements into this exercise. The result will be a single comprehensive case management document that will ensure consistency in assessments and reduce data-entry time for case managers.

This new approach, the reassessment and management of risk, is based on the work of a major pilot project in the Ontario region (Community Offender Management Strategy[3]). The integrated process will also be extended for use in federal institutions, making it possible for case managers to conduct dynamic risk/needs classification throughout the entire sentence. ■

1. Research Branch, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Ontario, K1A 0P9.
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Classifying female offenders for correctional interventions

by ***Kelley Blanchette***[1]
Research Branch, Correctional Service of Canada

The ultimate goal of Canadian corrections is the management of risk and its subsidiary, criminogenic need.[2] *Offender risk is evaluated by identifying and then assessing the variables that contribute to unlawful behaviour. Offenders vary across several dimensions including the precursors to, and consequences of, their criminal behaviour, as well as their response to incarceration and treatment. A comprehensive assessment serves a variety of purposes, ranging from security classification through treatment planning and responsivity to prerelease risk evaluation. Thus, assessment of both static and dynamic risk/needs factors*[3] *should occur throughout an offender's sentence. This provides for appropriate classification and contributes specific information to the offender's correctional plan. This article provides an overview of current assessment and classification practices with female offenders.*

In the past, female offenders received little empirical attention compared to their male counterparts. This is particularly true in the area of objective offender assessment procedures. This trend is changing as research interest in female offender classification and assessment has grown.

While most classification instruments have been developed for use with males, some, such as the Case Management Strategies and the Level of Service Inventory - Revised, are also consistently and reliably used with female offenders. This is particularly noteworthy since offender assessment plays an important role in correctional programming and management.

Intake assessment

All federal offenders undergo a comprehensive and integrated Offender Intake Assessment process (OIA). The OIA has several subcomponents: community intake assessment, initial assessment, criminal risk assessment, case needs identification and analysis, psychological and supplementary assessments, and a criminal profile. The OIA process was first implemented in November 1994. It provides a summary of special concerns (if any), offender treatment needs and treatability, and perceived risk to reoffend.

The community intake subcomponent outlines critical concerns (if any) and includes police, forensic and institutional records. The initial assessment covers sentence administration and security information, medical history and examination, mental health status, and suicide risk and potential. Assessment of criminal risk encompasses the offender's criminal history record (including youth court, previous adult convictions and current offences), detention criteria and any other related factors. Case Needs Identification and Analysis (CNIA) queries seven potential need areas, including employment/education, marital/family relations, associates (criminal versus non-criminal), substance abuse, community functioning, personal/emotional orientation and attitudes. Psychological and supplementary assessments are tailored to the offender and might cover specific concerns and needs areas. Finally, a criminal profile is constructed, providing a narrative description of the current offence.

Security classification

In Canada, offenders sentenced to periods of incarceration of two years or more serve their time in federal institutions. Alternatively, those sentenced to less than two years are under provincial jurisdiction and are incarcerated in provincial facilities. Until recently, Canada had only one federal prison for female offenders, the Prison for Women (P4W) in Kingston. The P4W is a maximum security prison and, as a result (with few exceptions), women sentenced to two years or more served their sentence at the P4W, regardless of their security classification.

Some authors[4] have questioned the value of assessing and classifying federally sentenced women for security placement since they were housed together in a single institution. However, since five new federal prisons have

been built for women offenders, the issue of assessment for security classification has become a primary concern.

In 1988, the Correctional Service of Canada introduced the Custody Rating Scale (CRS) to classify federal offenders for security in an objective, standardized manner. The CRS consists of two independently scored subscales: the Institutional Adjustment subscale (five items) and the Security Risk subscale (seven items). Potential scores range from 0 to 186 points on the Institutional Adjustment subscale and from 17 to 190 points of the Security Risk subscale. As scores increase on either subscale, a higher security classification is predicted. Cutoff values of the CRS are designed so offender classification renders 15% of offenders as minimum security, 73% as medium security and 12% as maximum security.

A recent report[5] demonstrated the CRS to be a reliable and valid classification tool with practical utility for both male and female offenders. It is interesting to note that total average CRS scores were identical (111.6) for both men and women. With a sample of 65 female offenders, the researchers demonstrated that CRS classifications were concordant with penitentiary placement decisions 100% of the time.

In the past, female offenders received little empirical attention compared to their male counterparts. This is particularly true in the area of objective offender assessment procedures.

Needs assessment and correctional programming

Research has affirmed that the needs of female offenders are diverse, ranging from employment and education deficits, to marital and family problems, and alcohol and drug addictions. Although many of these needs are similar to those shown by male offenders, research shows that female offenders also possess disparate needs and need priorities.

For instance, while male inmates have a higher prevalence of mental disorder than men and women in the general population,[6] female inmates have a higher prevalence of mental disorder than men and women, in general, and incarcerated men.[7] This is especially true for serious psychiatric disorders such as schizophrenia and bipolar disorder, as well as for diagnoses such as depression, anxiety disorders and drug dependence problems. Although mental disorder per se is not directly associated with criminality or recidivism, other emotional health needs of female offenders warrant intervention and appear to be criminogenic in nature.

One study,[8] for example, demonstrated that a history of attempted suicide was the strongest predictor of violent recidivism in a sample of federally sentenced women; another[9] found much higher rates of self-injury in women recidivists than non-recidivists. This is especially noteworthy considering that almost 50% of the federal female offender population has a history of attempted suicide (compared to less than 15% of the male offender population).[10] Although past self-injury or attempts at suicide reflect static risk factors, it is feasible that **current** or **future** self-destructive behaviour enhances a prediction of recidivism. These reflect dynamic needs that are amenable to treatment. There is a good possibility that prospective research will demonstrate these needs as only criminogenic to female offenders.

The OIA process includes a structured needs assessment protocol called the Case Needs Identification and Analysis (CNIA). It evaluates offenders on seven need areas (target domains), with multiple indicators for each domain. These include: employment (35 indicators), marital/family (31 indicators), associates/social interaction (11 indicators), substance abuse (29 indicators), community functioning (21 indicators), personal/emotional orientation (46 indicators) and attitude (24 indicators). CNIA classifies offenders within each domain on a four-point continuum, ranging from "asset to community functioning" to "considerable need for improvement." As such, the CNIA can be used as a tool to identify and assess the priority of treatment needs.

Table 1 outlines percentage distributions of the CNIA target domains for federally sentenced

women at admission. It includes all federal women offenders who have been assessed by the CNIA since its implementation in November 1994.

Table 1

Identification of Needs of Federally Sentenced Women at Admission (n = 182)

Need Areas	Asset to community adjustment (%)	No immediate need for improvement (%)	Some need for improvement (%)	Considerable need for improvement (%)
Education/employment	14.3	12.1	48.9	24.7
Marital/family	8.8	20.9	47.3	23.1
Associates	8.8	10.4	63.7	17.0
Substance abuse	n/a	37.9	23.6	38.5
Community functioning	13.7	17.0	58.8	10.4
Personal/emotional	n/a	12.1	52.2	35.7
Attitude	17.6	52.7	20.9	8.8

Source: OMS; Correctional Service of Canada Automated Data.

The majority of federally sentenced women present some type of substance abuse problem at admission. Moreover, almost 90% demonstrate either "some" or "considerable" need for improvement in the personal/emotional domain. Like their male counterparts, they also show significant education/employment problems and marital/family difficulties. Fortunately, all the target domains (though not necessarily all the indicators within them) reflect needs that are criminogenic and amenable to intervention. As more indicators are endorsed within each particular target domain, the likelihood of that area scoring higher along the continuum and falling within the "some" or "considerable" need for improvement area increases. Table 2 demonstrates the relationship between the number of domain indicators and the risk/needs level as identified on the four-point continuum.

Table 2

Relationships between Risk/Needs Level Rating and Domain Indicators for Federally Sentenced Women (n = 182)

Indicators	Risk/Needs Level						
	E	F	A	SA	CF	PE	At
Employment (E)	.44[d]	.04	.16[a]	.16[a]	.17[a]	.14	.07
Family (F)	.23[b]	.24[b]	.04	.14	.05	.17[a]	-.05
Associates (A)	.36[d]	.15[a]	.30[d]	.14	.14	.22[b]	.10
Substance abuse (SA)	.24[b]	.20[b]	.20[b]	.55[d]	.07	.26[c]	.13
Community functioning (CF)	.38[d]	.09	.13	.09	.23[b]	.21[b]	.07
Personal/emotional (PE)	.31[d]	.16[a]	.13	.22[b]	.08	.35[d]	.18[a]
Attitude (At)	.32[d]	.19[b]	.28[c]	.31[d]	.09	.33[d]	.38[d]

Note: [a] p<.0.5; [b] p<.01; [c] p<.001; [d] p< .0001.

As expected, all correlations along the diagonal show a positive and statistically significant relationship. This confirms that the CNIA is being appropriately applied since a higher risk/needs level is suggested as more indicators are endorsed. Also, a high level of education/employment need is associated with endorsement of indicators in other domains. According to one interpretation, if an offender shows a considerable need for improvement in the education/employment domain, it is likely that she has serious problems in other areas as well.

The Community Risk/Needs Management Scale (CRNMS), the predecessor to CNIA, contains 12 target domains for assessing criminogenic needs at and after release into the community. The CRNMS was first implemented in 1990 to assess risk and establish standards for community supervision. Table 3 provides a percentage distribution of CRNMS target domains for a sample of 175 federally sentenced women on conditional release.

A comparison of Table 1 and Table 3 indicates that federally sentenced women have higher levels of need at admission than at discharge. However, this does not necessarily mean that needs diminish (for example, through treatment) through the offender's term of incarceration. These data were extracted from two different samples, and might be interpreted to mean that offenders with lower criminogenic needs are more likely to be released.

Table 3

Identified Needs of Federally Sentenced Women after Release (n = 175)

Need Areas	Asset to community adjustment (%)	No immediate need for improvement (%)	Some need for improvement (%)	Considerable need for improvement (%)
Academic/vocational	n/a	65.7	29.1	5.1
Employment	12.0	44.6	36.6	6.9
Financial management	10.2	54.0	26.1	9.7
Marital/family	21.1	44.6	24.6	9.7
Companions	25.6	45.3	25.0	4.1
Accommodation	19.0	65.5	12.6	2.9
Behavioural/emotional	n/a	56.3	33.0	10.8
Alcohol use	n/a	89.1	8.6	2.3
Drug use	n/a	89.7	8.6	1.7
Mental ability	n/a	95.4	4.0	0.6
Health	n/a	76.7	18.8	4.5
Attitude	36.2	55.7	6.3	1.7

Note: n/a: not applicable.

Although there is very little pertinent research available, investigations into treatment effectiveness with female offenders have shown ambiguous results.[11] More specifically, there is little or no evidence that institutional programming reduces recidivism in released female offenders. This was also demonstrated in a recent literature review on "exemplary" community programs for federally sentenced women,[12] where it was determined that programs available to women tend to be not only structured for men but also ill-adapted to women.

On a more positive note, it can be argued that there is no evidence which shows that treatment programs for female offenders are ineffective. Moreover, implementing structured needs assessment protocols, and gradually refining their utility in program planning and risk prediction, might greatly enhance the ability of tailored programming to reduce risk in female offenders.

Risk assessment and recidivism

Needs and risk assessments are commensurate as both direct correctional management strategies. Traditionally, risk assessments encompass both risk and criminogenic need variables. However, the needs component is amenable to intervention and thus serves to guide and tailor treatment strategies.

At both provincial and federal corrections levels, objective actuarial instruments[13] are customarily employed in risk assessment. The Level of Service Inventory - Revised (LSI-R)[14] is routinely used in both jurisdictions. The LSI-R is the most extensively researched classification instrument in North America. It is unique because it was tested and norms were established for both male and female offenders (956 and 1,141, respectively). Proven valid and reliable for both groups, it has demonstrated utility in predicting security placement, institutional adjustment and placement in segregation, parole selection and violations, halfway house placement and various measures of postrelease outcome.

A recent study[15] administered the LSI to a large sample (n = 526) of female offenders serving sentences of less than two years. Results suggested that cutoff scores based on male norms do not work with female offenders. The average LSI score for the sample was 15.5; average scores for similarly situated males ranged from 20.9 to 25.1. The authors constructed five risk categories so approximately 20% of the sample scores could be classified into each level. Statistical analyses revealed a consistent increase in recidivism as the LSI risk level increased.

This is the first documented application of the LSI to a large sample of female offenders in a longitudinal design study. Although results point to the utility of the LSI in classification and risk prediction with female offenders, they also highlight the need for distinct risk categories for this group. It is hoped that further research will further elucidate the viability of this suggestion.

Case Management Strategies (CMS) is an assessment instrument originally developed to provide probation officers with information that would aid in case-appropriate intervention. Although CMS considers a variety of information sources, the major component is a semistructured interview with

questions developed to elicit attitude information about the offence, and the offender's background and present plans and problems. The CMS interview is generally conducted as a component of the offender intake process. The interview record is a standardized 71-item schedule surveying offender attitudes, objective history, behavioural observations and the officer's impression of contributing factors.

In an innovative investigation,[16] researchers employed CMS to extract particular items and construct composite risk scores for each general and violent recidivism in a sample of 81 released federal female offenders. Overall, composite risk scores accounted for 48% and 45% of the explained variance in general and violent recidivism, respectively. The results demonstrated that estimates of risk for reoffending can be derived from objective measures of risk. Moreover, these measures can be manipulated and tailored to specific groups, such as federal women offenders.

Discussion

Assessment and classification paradigms are composites or reformulations of what we already know about variables pertaining to risk and need. Comprehensive assessment and classification of **all** offenders are paramount for appropriate security placement, treatment and risk prediction.

Proper security classification identifies low risk offenders, allowing for more humane and cost-effective alternatives to incarceration. Moreover, funding could be reallocated to tailored programming strategies for higher risk offenders. Preliminary findings support the use of the CRS in classifying female offenders. Prospective research will evaluate its utility as a predictive tool (for example, institutional incidents) for this particular group.

There is solid evidence that our current risk/needs assessment instruments are both reliable and valid for female offenders. However, the evaluation of women offenders should also address issues that might be particularly relevant to their success or failure on release (such as incidents of self-injury or attempted suicide). Although the CNIA and the CRNMS include suicide/self-injury as an indicator of personal/emotional problems, it is suggested that more consideration be allotted to this variable when dealing with women offenders. It may have powerful predictive potential. Additionally, marital/family problems may be key indices to forecasting postrelease outcome. For example, women offenders are much more likely than their male counterparts to be charged with child care responsibilities. This is significant when one considers that most actuarial instruments fail to consider full-time child rearing as significant "employment."

While current assessment tools appear to be accurate in identifying risk and need variables for female offenders, there is still room for improvement. As demonstrated with CMS, our current classification repertoire can be improved by tailoring the instruments to ensure that they are particularly relevant to the group of interest.

Dynamic risk prediction involves the assessment and reassessment of various risk and need factors on a regular basis (for example, every six months). One final suggestion is that predictive accuracy will be enhanced with more current assessment of dynamic variables. This would mean regularly assessing variables that might change over time, so risk prediction is based on the most current information available. ■

1. Research Branch, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Ontario, K1A 0P9.

2. Criminogenic needs reflect risk factors of the offender that are changeable and, when modified, reflect changes in the likelihood of recidivism.

3. Static factors are characteristics of the offender that cannot be changed (examples include gender and criminal history). Dynamic factors are characteristics of the offender that are changeable and may be targeted for intervention (examples include procriminal attitudes, education and substance abuse problems).

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9. J. Bonta, B. Pang and S. Wallace-Capretta, "Predictors of Recidivism among Incarcerated Female Offenders," *The Prison Journal*, 75, 3 (1990): 227-293.

10. A. Loucks and E. Zamble, "Some Comparisons of Female and Male Serious Offenders," *Forum on Corrections Research*, 6, 1 (1994): 22-25.

11. Blanchette and Motiuk, *Female Offender Risk Assessment*. See also Bonta, Pang and Wallace-Capretta, *Predictors of Recidivism*.

12. M. Dauvergne-Latimer, *Exemplary Community Programs for Federally Sentenced Women: A Literature Review* (Ottawa: Correctional Service of Canada, 1995).

13. Actuarial measures use empirically derived predictor variables in combination such that their statistical association with recidivism is maximized. In the context of risk assessment, actuarial measures yield a value within a possible range of scores, with a higher score suggesting a greater likelihood of recidivism.

14. D.A. Andrews and J. Bonta, *The Level of Service Inventory - Revised* (Toronto: Multi-Health Sytems, 1995).

15. G. Coulson, G. Ilacqua, V. Nutbrown, D. Giulekas and F. Cudjoe, "Predictive Utility of the LSI for Incarcerated Female Offenders," *Criminal Justice and Behavior*, 23, 3 (1996): 427-439.

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Do we need theory for offender risk assessment?

by ***James Bonta***[1]
Policy Branch, Solicitor General Canada

The Correctional Service of Canada, like correctional systems around the world, depends on the reliable assessment of offender risk to make classification decisions. Decisions regarding institutional placement, releases and supervision levels are driven by assessments of whether offenders will be problematic in an institution, return from a pass or commit a new offence while under supervision. Some offenders are at a higher risk than others to behave in a certain way, and differentiating offenders along a risk continuum is fundamental to good correctional practice.

Over the years, researchers have been striving to improve the accuracy of risk prediction. It is now widely accepted that objective risk assessments perform better than subjective, non-structured assessments which rely on "professional judgment." Although objective risk instruments are not perfect, their accuracy has improved over the last 20 years. Many of these devices involve the systematic collection of a standard set of information about the offender, assigning numerical values to the information and then evaluating whether the information is predictive of criminal behaviour.

This article discusses how the information used in risk instruments is chosen and the importance of this information being based in sound theory. The article concludes that a general personality and social psychological theory is very useful in the assessment and classification of offenders.

It is now widely accepted that objective risk assessments perform better than subjective, non-structured assessments which rely on "professional judgment."

Dustbowl empiricism

One approach to constructing an offender risk scale makes minimal use of theory. It is referred to as "dustbowl empiricism." In this approach, items for a scale are selected for no reason other than that the items demonstrate a relationship to criminal behaviour.

Take for example, the early research of Ernest Burgess.[2] He studied the records of over 3,000 men paroled from an Illinois penitentiary. From the records, he coded 21 "facts" (such as nature of the offence, length of sentence, age) and then evaluated whether or not the presence of a "fact" was associated with parole outcome. The facts selected were not derived from any theory of criminal behaviour. All that was required was that the variables predicted parole outcome. There was no attempt to explain, for example, **why** a factor such as type of offence would be related to parole outcome.

This atheoretical approach to risk scale development has served corrections well. There are a number of such scales that do reasonably well at predicting future criminal behaviour or recidivism. One example is the Statistical Information on Recidivism (SIR) Scale. Fifteen items comprise the SIR Scale, and these items (such as age, marital status, escape history) were chosen because they predicted recidivism among Canadian penitentiary inmates. At least with male offenders, scores on the SIR Scale predict both general and violent recidivism.[3]

Although the atheoretical actuarial risk scales have performed reasonably well, they can be improved by making better use of theory. At present, the atheoretical scales seem to have approached their limits in the prediction of recidivism. Risk scales like the SIR show correlation coefficient values (r) values around .30.[4]

There is another disadvantage to relying on atheoretical risk scales. Typically, items in these scales are static in nature. For example, age of first conviction and escape history will never change. Static factors may predict recidivism, but they provide no information on what needs to be changed to reduce offender risk. Information on dynamic, or changeable, risk

factors are needed in our assessment instruments. But, where do we find help in selecting dynamic risk factors? The answer lies in theory.

Sociological and clinical theory

There are many different theories or explanations of criminal behaviour. Most theories can be grouped into three general perspectives of crime: some theories have a sociological perspective of crime, some a clinical perspective, still other theories follow a social learning approach. The first two perspectives have important things to say about the risk factors for criminal behaviour, but they also do not tell the whole story.

Sociological theories tend to view social-political-economic factors at the root of crime. Social inequities and biases, poor economic conditions and political oppression produce criminal behaviour. If we take these theories further, we can generate items to include in an offender risk scale. Examples of items may be social class and income.

Clinical theories place the causes for criminal conduct within the individual rather than with broad societal factors. People commit crimes because they have emotional, psychological or intellectual problems. From a clinical perspective, we may develop risk instruments that assess anxiety, self-esteem and psychotic symptoms. Although sociological perspectives suggest dynamic risk factors (such as income level, employment status), the emphasis is on factors which are very difficult to change (such as class inequalities). Clinical theories focus more on dynamic factors and less on static variables.

A theory-based risk instrument still needs to demonstrate empirical validity. It is insufficient to be satisfied with a tool based on theory and encompassing dynamic risk factors without validating it. Just how well do the variables proposed by the sociological and clinical perspectives predict recidivism?

Gendreau, Little and Goggin[5] conducted a meta-analytic review of the literature on the prediction of recidivism. They reviewed over 100 studies and evaluated how well the various factors predicted recidivism. The table shows some of their results along with the associated theoretical perspective. The predictor groups are ranked by the value of the correlation coefficient (r).

Two important conclusions can be drawn from these results. First, some of the risk factors forwarded by sociological (employment, education, class) and clinical (personal distress) perspectives were not the best predictors of recidivism. At best, they were moderately correlated to recidivism and only antisocial personality was a potent predictor. Second, the two best sets of predictors (antisocial supports and antisocial thinking) are not well represented in these perspectives.

Considering the evidence on risk factors, it appears that sociological and clinical theories provide limited direction in offender risk assessment. This does not mean that theory is irrelevant. There is a theoretical perspective which accommodates the data and provides direction for the improvement of offender assessment instruments.

A general personality and social psychological perspective

A general personality and social psychological theory of criminal behaviour[6] begins with the premise that criminal behaviour is learned like any other behaviour. Further, if we are to understand why an individual engages in antisocial behaviour in a particular situation then we must consider a variety of factors. There are no simple explanations of crime (for example, "poverty causes crime" or "he is sick").

The factors leading to crime include poverty and achievement failure as well as psychological stress and intellectual handicaps. Thus, explaining criminal behaviour from a general personality and social psychological perspective does not mean that we reject sociological and clinical explanations of crime. However, there are some important features added by the general personality and social psychological perspective.

First, many variables suggested by the sociological and clinical theories are viewed as playing a minor role, and other factors are thrust to the forefront. Yes, poverty makes life extremely difficult and some may steal to escape economic hardships; however, many people who live in poverty do not steal. And yes, using illegal drugs may be a solution for

some who feel overwhelmed by life's stresses but the majority of such individuals search for non-criminal solutions to personal anguish. Consider also that there are offenders who come from financially stable backgrounds and lack significant mental health problems. Obviously, a great deal more is needed to explain criminal conduct.

Andrews and Bonta[7] identify four sets of factors (the Big Four) which play a prominent role in the general personality and social psychological theory of criminal conduct. One of these factors borrows from the clinical perspective: antisocial personality. Antisocial personality is broadly defined and describes an individual who is impulsive, self-centred, callous toward others and seeks excitement and self-gratifying pleasure. Other clinical variables (such as anxiety, self-esteem) do not play major roles.

The second of the Big Four is derived from learning theory. If people are rewarded for a certain behaviour, they will behave in that manner again. Behaviour that is repeated many times not only suggests that there are numerous rewards associated with the behaviour but also that a behavioural habit has developed. In the absence of rewards, behaviour with a lengthy history of reinforcement will continue. As often said, the best predictor of future behaviour is past behaviour.

According to the table, antisocial personality and criminal history are two of the best predictors of criminal behaviour. Antisocial personality was suggested by clinical theory, while criminal history was atheoretical ("dustbowl empiricism"). Now at least, we can give criminal history a more theoretical basis. The two other important predictors, antisocial supports and antisocial thinking, find their theoretical "home" in the general personality and social psychological theory. This theory, like all social learning theories, places emphasis on learning within social groups. A person's "significant other" may provide a model for behaviour and may reward or punish certain behaviour. An individual learns criminal behaviours from watching and imitating the antisocial behaviour of offenders and receiving their approval.

Individuals can, and do, learn ways of thinking that support antisocial behaviour. They can learn that saying "it is O.K. to steal because he is insured," will earn their friends' approval. If they describe a victim as deserving of harm, then they can hurt that individual without feeling guilty. Individuals learn these ways of thinking about others and evaluating their own behaviour through interaction with others who model and reward these sentiments. With repeated reinforcement, these cognitions and sentiments can become as habitual and easy to do as tying a shoelace.

Summary

A general personality and social psychological perspective of criminal conduct proposes that many factors are involved in the production of criminal behaviour. It is not enough to assess only one or two predictor domains. Offender risk assessments require a comprehensive assessment process. A good example is the extensive front-end assessment process of the Correctional Service of Canada. This process requires considerable time and effort to collect a diverse range of information on the offender. It is theoretically relevant.

Table

Rank Order of Risk Factors

Risk Factor	r	Theoretical Perspective
Antisocial supports	.21	-
Antisocial thinking	.18	-
Antisocial personality	.18	Clinical
Criminal history	.16	-
Employment/education	.13	Sociological
Age/gender/race	.11	Sociological
Intelligence	.07	Clinical
Lower class	.05	Sociological
Personal distress	.05	Clinical

Source: from Gendreau et al., 1996.

Not all offender risk factors are created equal. Some are more important than others. Andrews and Bonta[8] proposed four factors that may be particularly important. For purposes of offender risk assessment, the theory indicates that, at the very minimum, we should assess criminal history, antisocial supports, antisocial thinking and antisocial personality. Not only are these variables important theoretically, but the research also shows that they are empirically important. Also noteworthy is the fact that three

of the Big Four (antisocial personality, antisocial support and antisocial thinking) are dynamic factors. They can therefore, serve as treatment targets for reducing offender risk.

The title of this article poses a question about the value of theory in offender risk assessment. Theory will help improve risk assessment by directing us to new areas for assessment. Theory can also give us information on what aspects of the offender and the offender's situation need to be changed to reduce the chances of further crime. In the final analysis, both the offender and the community benefit. ■

1. Solicitor General of Canada, 340 Laurier Avenue West, Ottawa, Ontario, K1A 0P8.
2. E.W. Burgess, "Factors Determining Success or Failure on Parole," in *The Working of the Indeterminate-sentence Law and the Parole System in Illinois*, A.J. Harno, E.W. Burgess and J. Landesco (eds.) (Springfield, Illinois: State Board of Parole, 1928).
3. J. Bonta, W.G. Harman, R.G. Hann and R.B. Cormier, "The Prediction of Recidivism among Federally Sentenced Offenders: A Re-validation of the SIR Scale," *Canadian Journal of Criminology*, 38 (January 1996): 61-79. See also J. Nuffield, *Parole Decision-making in Canada: Research towards Decision Guidelines* (Ottawa: Communication Division, Solicitor General of Canada, 1982).
4. P. Gendreau, T. Little and C. Goggin, *Predicting Adult Offender Recidivism: What Works!* User Report (Ottawa: Solicitor General of Canada, 1996). A common statistic used to measure the association between scores on a risk scale and recidivism is the correlation coefficient or r. A perfect association, which is never seen, has a value of 1.0. An r of 0 indicates no association.
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Just released...

The Correctional Research and Development Sector of the Correctional Service of Canada recently released the following publications:

J. Bonta and L.L. Motiuk, High-risk Violent Offenders in Canada, Research Report R-50 (Ottawa: Correctional Service of Canada, 1996).

L.L. Motiuk and S.L. Brown, Factors Related to Recidivism Among Released Sex Offenders, Research Report R-49 (Ottawa: Correctional Service of Canada, 1996).

K. Blanchette, Sex Offender Assessment, Treatment and Recidivism: A Literature Review, Research Report R-48 (Ottawa: Correctional Service of Canada, 1996).

F.P. Luciani, L.L. Motiuk and M. Nafekh, An Operational Review of the Custody Rating Scale: Reliability, Validity and Practical Utility, Research Report R-47 (Ottawa: Correctional Service of Canada, 1996).

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Correctional classification and the "responsivity principle"

by ***Patricia Van Voorhis***[1]
University of Cincinnati

It is no secret that the most effective correctional programs use correctional classification systems to conform to three principles of effective intervention: the risk principle, the needs principle and the responsivity principle.[2] *The risk principle maintains that we should classify offenders according to risk of reoffending and then use our most intensive interventions and supervision models for the medium to high risk offender. The needs principle directs service providers to assess for individual traits that are related to future offending (such as criminogenic attitudes and values, criminogenic peers, etc.) and then focus our interventions on those characteristics rather than on traits such as self-esteem, which are not related to future offending. Finally, the responsivity principle holds that even when we meet the first two principles, we need to consider offenders' ability to participate in the programs that fit their level of risk and criminogenic need. The now popular cognitive skills programs, for example, are much less successful with offenders of below-average intellectual abilities than they are with those of average to above average intelligence.*[3] *High anxiety inmates do not always respond to treatment strategies that involve confrontation.*[4] *Similarly, offenders seem to benefit from being matched to supervising case managers on the basis of compatible personality traits.*[5]

Risk assessment technology continues to advance in terms of its predictive accuracy as well as in its ability to predict specific types of offences, including violence, sex offending and family abuse.

As these three principles take hold in correctional service delivery and research arenas, we see most efforts devoted to the first two principles — risk and needs. The field of correctional classification has also witnessed increasing developments in the assessment of risk and of specific criminogenic needs. Evidence of this trend is apparent in current research journals as the overwhelming majority of classification articles address the assessment of risk and criminogenic need. The risk assessment technology continues to advance in terms of its predictive accuracy as well as in its ability to predict specific types of offences, including violence, sex offending and family abuse.[6]

But while these commendable advances promote the development of classification systems such as the Level of Supervision Inventory,[7] the Hare Psychopathy Checklist[8] and the Wisconsin Probation/Parole Classification System[9] as well as specific assessments of criminogenic needs, the costs of ignoring responsivity should not be understated.

Actually, classification for purposes of responsivity or differential treatment enjoys a long tradition in corrections which predates the current generation of risk assessment models. At the core of this tradition are psychological and personality-based typologies that classify offenders according to cognitive complexity (for example, Conceptual Level,[10] or Interpersonal Maturity Level[11]) or criminal personality types (such as the Megargee MMPI-Based Typology,[12] Interpersonal Maturity Level,[13] Client Management Classification[14]) or the Quay Behavioral Classification Systems.[15] These systems were more widely used from the 1960s to the mid-1980s than they are today. This is probably because correctional priorities have shifted toward a more retributive focus and away from correctional treatment and intervention. The Client Management Classification (CMC) system, however, continues to be widely used.

The advantages of using a systematic process to classify according to responsivity

These earlier applications of the psychological classification systems worked successfully with the notion of differential treatment or matching.[16] Matching clients to interventions,

living units and case managers on the basis of their psychological classification harnessed the responsivity principle in a number of ways.

- Many case managers and client supervisors were not trained clinicians. The personality-based classification systems offered them a systematic, consistent approach for understanding important differences among clients.
- These differences identified personality traits such as low or high cognitive functioning, anxiety, accountability for criminal behaviour, criminal values and beliefs, and impulsivity. Many of these traits could inform decisions regarding intervention, supervision style and client-case manager interaction style. Specific treatment recommendations were incorporated into each system.[17]
- Evaluation findings could be informed by responsivity considerations. Indeed, in our current neglect of responsivity, we routinely "mask" the treatment effect.[18] Over and over, we hear of programs that "failed" when in fact they probably succeeded with certain types of offenders and failed with others. For the group as a whole, our successes were cancelled by our failures.

Despite these advantages, psychological classification systems were considered to be geared too much toward rehabilitation to be of any use to later correctional practices which favored incapacitation and punishment. They were also accused of being too time consuming and cumbersome to use.

Psychological classification models: How efficient are they?

As Table 1 shows, psychological classification systems differ according to the number of psychological types they provide for and the method of administration required to arrive at a classification/assessment. As we compare these methods to the more common risk assessment instruments (such as the Statistical Index of Recidivism [SIR] Scale,[19] the Salient Factor Score [SFS][20] or the Wisconsin Probation/Parole Classification System[21]), it is easy to understand why psychological classification systems were sometimes viewed as too difficult to use. Recent research, however, offers some promise for simplification.

Two sets of findings from a recent comparative assessment of several of the systems listed in Table 1 speak to this problem.[22] The first found that the numerous types of psychological classification systems can be distilled down to four types central to adult male inmates.

(a) **Committed criminal:** an offender who is comfortable with the criminal label, associates primarily with criminal peers and harbours beliefs, values and attitudes supportive of crime. Typically the criminal career is lengthy.

(b) **Situational:** an offender whose criminal behaviour is the result of a recent life crisis, but who nevertheless shows a prosocial value system, positive self-concept and stable relationships. The criminal careers of these offenders are generally not extensive.

(c) **Neurotic anxious:** an offender whose criminal behaviour represents the acting-out of a crisis or frustration. These offenders are highly anxious, have problems trusting others and possess dysfunctional strategies for managing anxiety. In prisons, they experience far more stress than other inmates.

(d) **Character disordered:** an offender who does not openly admit to anxiety, but appears to be acting out anxiety in fairly impulsive, irresponsible manners. The offender's anxiety is highly defended, and some may try to charm and manipulate.

The second set of findings asserts that there is no need to avoid the systems which are more easily administered. The Jesness Inventory which involves administering 155 true/false items, for example, was just as valid and useful as the more complicated method for assessing I-level, which involves a much longer interview and assessment process.

Do responsivity-based personality systems predict correctional adjustment and recidivism?

Psychological classification systems are often described as classifying offenders according to responsivity rather than to risk of recidivism. Indeed, a recent critique of psychological classification research faults it for failing to

Table 1

An overview of psychological classification systems: Number of types and assessment procedures

System	Construct	No. of Types	Administration	Scoring
Interpersonal Maturity (I-Level) (Warren, 1983)	personality and cognitive development	13	interview	clinical
Jesness Inventory I-Level (Jesness and Wedge, 1983)	personality and cognitive development	9	test	actuarial
Conceptual Level (Harvey et al., 1961)	cognitive development	3	sentence	clinical
Quay Behavioral Categories (Quay and Parsons, 1972; Quay, 1983)	personality	5	observational checklist	actuarial
Megargee MMPI-Based Typology (Megargee and Bohn, 1979)	personality	10	test	actuarial / clinical
Client Management Classification (Lerner, et al., 1986)	personality	5	interview	clinical

Note: approximately 30% of the MMPI results must be assigned clinically to personality types to break ties or resolve other discrepancies.

conduct adequate recidivism studies. Even though it is not clear that the developers of the psychological systems intended them to predict recidivism, risk assessment models have developed strong track records for categorizing offenders according to their likelihood of reoffending — both in validation studies and in more recent revalidation research.[23]

In contrast, the few studies examining the relationship between the psychological typologies and recidivism have shown equivocal results. Megargee and Bohn's assessment of the relationship between the Megargee MMPI-Based Typology types and reoffending, for example, failed to identify any strong relationships.[24] A recent assessment of the CMC among probationers, on the other hand, noted that it was more accurate than a traditional risk assessment classification system in predicting future revocations, rearrests and absconding incidents.[25] In addition, with adult males, the psychological systems offer numerous predictions of prison adjustment,[26] and, in one study, the psychological types predicted prison adjustment measures just as well as more traditional risk-based predictors of adjustment.[27] Finally, it is well known that in the few instances where differential treatment and responsivity recommendations of the systems were used, there was an impact on offender recidivism.[28] Still, while the relevance of the psychological types to recidivism is not disputed, more research is clearly needed.

At this point, we can only suggest some future research directions. For example, there appears to be a relationship between criminogenic attitudes and behaviours (noted risk factors), and the personality types identified above. These results emerged in the course of constructing the systems, but are validated in more recent research with two research populations — adult male inmates incarcerated in a minimum security federal penitentiary, and adult male inmates incarcerated in a maximum security federal penitentiary, both in the United States.[29] The psychological classifications were derived from the Jesness Inventory, I-Level Classification System.[30] As shown in Table 2, characteristics such as impulsivity, criminal associates, history of criminal activity, lack of empathy, irresponsibility, comfort with the criminal label, lack of insight and failure to judge criminal behaviour as wrong, characterized one type — the committed criminal (and sometimes character-disordered inmates) but not the other two — neurotic anxious and situational inmates.

One needs only to look toward a lengthy history of criminological research to understand the importance of this finding. Such traits are extremely important dynamic predictors of future offending.[31] But because we lack the recidivism data and additional evaluations of programs that fully use the psychological classification systems, we can only suggest the following.

Traditional dynamic risk factors may interact with personality types in their relationship with recidivism.

Traditional dynamic criminogenic risk factors may characterize only one or possibly two

Table 2

Relationship (Gamma) between personality types and criminal orientations and behavioural patterns.

Rating Item[a]	Committed Criminal		Character Disorder		Neurotic Anxious		Situational	
	Pen	Camp	Pen	Camp	Pen	Camp	Pen	Camp
Gang activity[1]	.54***	.49*	-.39	.49	-.03	-1.00	-1.00***	-.35
Ever violent[1]	.50***	.24*	.06	.64***	-.37**	-.25*	-.46**	-.59***
Shows concern for others[1]	.43**	NV	-.04	NV	-.33	NV	-.56**	NV
Shows empathy for others[1]	.39**	.42**	.15	.41	-.66***	-.21	-.24	-1.00***
Self-image (1 = favourable 0 = not favourable)	.50**	.22	-.28	-.76**	-.68***	-.05	-.15	.09
Locus of control (1= external 0 = internal)	30**	.34**	-.48**	-.08	.11	-.21	-.33*	-.26
Responsible[1]	.32**	.17	-.22	.04-	.16	-.29	-.28	.00
Aware of the consequences[1]	-.09	-.41**	.14	.10	-.19	-.40**	.23	-.36
Aware of others' needs[1]	.29**	.47***	.14	-.14	-.38**	-.20	-.22	-.46***
Aware of others' expectations[1]	.26	.59***	.51**	.26	-.74***	-.70***	-.42*	-.55**
Impulsivity[1]	.24*	.44**	.16	.01	-.34*	-.46**	-.23	-.22
Insight into own problems[1]	.23*	.25**	-.25	.03	-.12	-.17	-.07	-.19
Comfort with criminal label[1]	.08	.26**	.41**	.15	-.20	-.22	-.22	-.23
Career criminal[1]	.45***	.61***	.09	.12	-.54***	-.57***	-.35*	-.64***
Crime acts out crisis[1]	-.48***	-.22**	.19	.16	.00	.12	.64***	.10
Crime for conformity with criminal peers[1]	.61***	.61***	-.24	-.46*	-.83***	-.51	-.23	-.32
Everyone is out for #1[1]	.20	.28*	.13	.20	-.21	-.05	-.24	-.59***
Negatively judges behaviour[1]	.33**	.24*	-.33*	.10	-.36**	.00	.04	.45***
Introspective[1]	.27**	.28**	-.26	-.40*	-.11	.12	-.17	-.35**

Notes: [1] 1 = no, 0 = yes
*p<.10
**p<.05
***p<.01
NV: Limited variability
[a] Items were obtained from raters' assessment of inmate interviews. Interrater reliability was greater than 70% for all items used in this table.
Pen = penitentiary
Camp = minimum security prison camp

types of offenders as identified by the psychological systems. At the same time, traits such as positive self-image, external locus of control, dysfunctional responses to crises, while not associated with committed criminals, may be associated with the recidivism of inmates classified as other types (for example, neurotic anxious and situational).

There may be important treatment implications. Just as criminogenic needs vary across risk categories (for example, low risk inmates do not possess the most important dynamic risk factors), they may also vary across the psychological types, to the extent that the responsivity systems may also direct us to a differential identification of criminogenic needs.

Conclusion

Even when we have classified offenders according to risk and criminogenic need and targeted our interventions to key criminogenic needs, important considerations remain — human traits that affect an offender's capability to respond to the approaches of our program.[32] Clearly, factors such as intelligence, anxiety, cognitive maturity, attention deficit disorder and learning style will translate into treatment amenability or an offender's likelihood of achieving success in our program. Many of these traits are embedded in the types identified by psychological classification systems.

Although previous research demonstrates the value of psychological systems, these systems are not used to their full potential in current correctional practice. Indeed, the entire notion of responsivity is often ignored in offender programming endeavours. In citing some of the most recent research findings pertinent to the psychological systems, this article attempts to lend new support to the value of these classification systems. ■

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Psychological intake assessment: Contributing to contemporary offender classification

by ***Ralph Serin***[1]
Research Branch, Correctional Service of Canada

Systematic case-based risk/needs assessment[2] has become a cornerstone for identifying treatment needs of offenders, assisting decision making by providing risk assessments and management strategies and, more recently, informing policy makers in the Correctional Service of Canada. Surprisingly, while the expertise for the development of such assessments has principally been provided by psychologists, their clinical practice within the Service appears to be determined by individual preferences. Psychologists' varying familiarity with the literature, their background and professional training may account for this apparently unsystematic approach to assessment. This is not to imply that specific institutions have ignored the need for such development, but across institutions there has been little agreement as to how to make the specific guidelines reflected in Commissioner's Directive 840 and other related documents, such as the National Parole Board policy guidelines and the Mental Health Task Force, operational. This article describes the development of a Psychological Intake Assessment (PIA) protocol intended to address these concerns.

Over the last two years, specific changes have occurred to set the stage for the development of a contemporary assessment protocol for psychologists. First, Correctional Service of Canada psychologists authored *Forensic Psychology: Policy and Practice in Corrections*,[3] a clinically oriented text which described best practices for psychologists working in correctional settings. Second, these psychologists facilitated changes to the referral criteria for psychological assessments, reflecting offender case needs and mental health concerns. These changes are now part of the revised Commissioner's Directive (CD) 840, which governs the delivery of psychological services in the Correctional Service of Canada. Third, these initiatives provided the backdrop for the development of standards of practice, which inform psychologists about the important questions and content areas involved in the various types of assessments needed by the consumers of psychological services. Finally, the success of the Offender Intake Assessment (OIA) implementation (see Motiuk this issue) indicated that there was a need to incorporate computerized standardized psychological assessments into the intake process. As a result, the Research Division decided to develop the PIA protocol as a pilot project in the intake units.

Before developing the specific content of the PIA, it was important to:

- consider how it would integrate with OIA, (avoid marked duplication of services and information gathering);
- identify overall content areas consistent with OIA and employ consistent terminology;
- contribute value-added information to the intake process, with specific emphasis on offender needs and risk; and
- provide a process for mental health screening.

Furthermore, the information in PIA needed to be organized into a database to facilitate individual and collaborative research initiatives by the intake unit psychologists, in addition to Research Division requirements. It was also important that the PIA not be prescriptive regarding **how** the information should be gathered, while still ensuring that the final report met standards of practice regarding content and completeness. Last, the PIA protocol was intended to be considered a minimum standard. Psychologists are encouraged to consider additional assessment areas according to their training and experience.

Content areas

Several prominent reviews of the literature on psychological risk assessment and treatment planning[4] suggest content areas representative of contemporary practice. Current risk assessment strategies[5] also assist in further delineating information that should be included in a detailed assessment protocol.

Figure 1

PIA: Domains within Content Areas

Criminal risk:	**Criminal history**
	Use of violence
	Sex offence history
Mental health:	**Institutional adjustment**
	Mental health screening
Case needs:	**Intelligence/neuropsychological**
	Developmental
	Lifestyle stability
Supplementary:	**Substance abuse**
	Personality/clinical presentation
	Treatability
	Risk management

The PIA protocol was developed to reflect this literature, and efforts were made to make it sensitive to both culture and gender. The protocol was organized into four specific core content areas consistent with the OIA approach. Each area also represents specific domains (see Figure 1). The core content areas, with domains in parentheses, are criminal risk (criminal history, use of violence, sex offence history), mental health (institutional adjustment concerns, mental health screening), case needs (intelligence and neuropsychological impairment, developmental history, lifestyle stability) and supplementary information (substance abuse, personality and clinical presentation, treatability, risk management issues).

Within several of the domains there are "flags" or exemplars of critical information necessitating more detailed assessment when endorsed. These "hits" route clinicians through a series of more exhaustive items for a particular domain. When not endorsed, the clinician can proceed to the next stage in the process. Given that the assessment is in a Windows environment, the clinician can navigate through the protocol in any order, selecting core content areas and domains easily.

Also, efforts have been made to ensure that the PIA reflects multimethod assessment techniques, including offender self-reports, clinical ratings and behavioural observations. Self-report information results from psychological testing and interviews; clinical ratings are structured judgments following agreed-on guidelines; and behavioural observations include historical information and staff comments. These strategies should provide cumulative information regarding needs and risk assessments. Optimally, there would be convergence among these strategies and case-specific analysis reflected in the final PIA report. Specific anchors for ratings and scoring should assist in reliability and limit any rater drift, although a user's manual will eventually also be required.

The consultative process

Before meetings were held with psychologists from all the intake units, steps were taken to ensure that the protocol was valid. First, the protocol was shared with several Correctional Service of Canada psychologists with many years of correctional experience. Collectively, these colleagues provided positive reviews and helpful recommendations for item content, clarity for enhanced item reliability and expansion of some items. The psychologists were able to provide detailed feedback by actually using the protocol as part of assessment duties in their respective positions. Additional comments regarding branching of items and content flow were considered for subsequent revision. Finally, the psychologists concluded that, despite a learning curve, the assessment protocol reflected the content areas already considered in clinical interviews, but did suggest an accompanying interview schedule.

Concurrently, the draft protocol was shared with two external pre-eminent academics/clinicians in forensic psychology and psychiatry. They were asked to review the material for completeness, and their comments were encouraging. They particularly noted the merits of such a detailed assessment at intake and for various decisions throughout an offender's sentence.

The first consultation phase yielded positive comments and the observation that the development of an empirically derived and clinically relevant protocol was a distinct advantage. The content was considered defensible and consistent with standards of practice. They believed such a strategy, if

adopted, could well deflect undue criticism of assessments, without being overly prescriptive regarding clinical skills.

The second phase involved psychologists from all the intake units who met for three days in March 1996 to review the most recent draft of the PIA protocol. Advance copies were provided to psychologists in both official languages to ensure informed discussion. By the end of the meeting, following considerable discussion on all items, there was consensus regarding the content and scoring of the protocol. Final revisions were completed by late July following further suggestions by members of this working group for changes to specific domains.

The assessment process

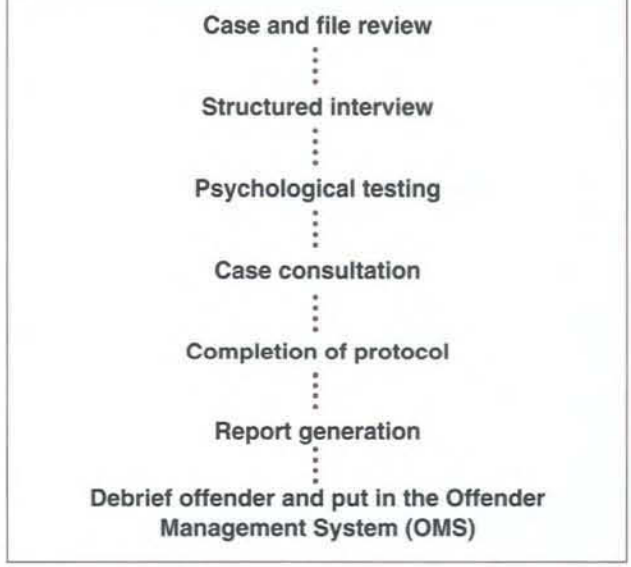
The development of the PIA protocol, and its automation, permits the systematic assessment and reassessment of offender needs and risk for treatment planning and risk management. For some content areas, all items will be considered (for example, criminal risk and criminal history); for others, computerization permits branching so that "hits" lead to more detailed investigation. The priority for PIA is to establish a base line psychological measure of risk and need which is then incorporated into a correctional treatment plan used to make placement decisions. With respect to treatment, psychological assessments should contribute to the correctional strategy by commenting on the level of intervention required for a particular offender. PIA is intended to be value added and to complement existing case management assessment procedures. Some duplication of information (criminal and social history) is inevitable, but this has advantages. For example, criminal and social history is often used to establish a rapport with the offender during the clinical interview. As well, the comparison between psychology and case management has the potential to address concerns in this setting about malingering. Furthermore, rationales for discrepancies in opinions should be more easily discernible if all parties use standardized assessment protocols.

The process, as presented in Figure 2, would be to have offenders referred for PIA according to the criteria in CD 840. Psychologists would complete file reviews and clinical interviews before completing the PIA protocol. Completion of the protocol would yield a menu of report options from which the psychologist would select for expansion into a final report. This PIA report would be entered into the Offender Management System (OMS) and shared with Case Management.

A remaining issue is the development of a parallel battery of psychological tests to measure constructs reflected in the core content areas. It is important that there be consensus regarding these standardized tests across all sites. As well, the tests could be hierarchical, so a climb up the hierarchy would be indicative of a problem area requiring more specialized assessment. Finally, it is recommended that psychologists support the use of a standardized psychological test battery without limiting those who wish to augment the testing.

Figure 2

PIA Flowchart



Information sharing and data management

The PIA protocol is a road map for psychologists to follow in the systematic assessment of offenders. The critical information reflected in the PIA protocol is to be incorporated into the final report and distributed according to guidelines for psychological reports. There is also an accountability framework for considering quality assurance issues in psychological

reports. The protocol database, however, should have restricted access: its purpose is to assist researchers within an intake unit or across sites to investigate research questions. The software has been developed to facilitate input of data into statistical analysis programs or merging data from several sites.

Status of the PIA initiative

The PIA software was developed over a two-year period with considerable consultation regarding content, format and applications. The present version is still considered a draft, and pilot testing began at intake units in January 1997. Future development and implementation will be reviewed by the working group following the initial pilot tests. This initiative highlights the important contribution of psychological assessments to offender classification by informing case management about offender treatment needs and management of offender risk throughout an offender's sentence. ■

1. Research Branch, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Ontario, K1A 0P9.

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Legal aspects of inmates' security classification

by ***Ginette Collin***[1]
Counsel, Legal Services, Correctional Service Canada, Quebec Region

One of the first decisions made when an inmate is admitted to a federal institution is the assignment of a security classification. This classification is then regularly reassessed throughout the inmate's incarceration.

This article examines the legal basis for assigning the security classification and describes the factors that must be considered. It examines the decision-making process that the Correctional Service of Canada uses to make the assignment and the main difficulties associated with the procedure.

Legal basis

Section 30 of the *Corrections and Conditional Release Act*, adopted in 1992, requires the Correctional Service of Canada to assign each inmate a security classification of maximum, medium or minimum in accordance with the Regulations. Under the terms of section 18 of the Regulations, the Service assigns each inmate's security classification on the basis of assessed probability of escape, the risk to public safety and the degree of supervision and control required within the penitentiary. Inmates are assigned the lowest security classification that meets their individual needs, based on an assessment of these three main criteria. Commissioner's Directive 505, Security Classification of Inmates, further states that the inmate is normally placed in an institution with a security level that allows him or her to benefit from programs and privileges compatible with the assigned security classification. The Federal Court, in a case[2] in which an inmate with a maximum security classification had been placed in the Special Handling Unit (high-maximum security), ruled that an inmate's security classification does not necessarily identify or correspond with the classification of the institution.

One of the first decisions made when an inmate is admitted to a federal institution is the assignment of a security classification.

Factors to be considered

Section 17 of the Regulations requires the Correctional Service of Canada to take the following factors into consideration when assigning a security classification:

- the seriousness of the offence committed by the inmate;
- any outstanding charges against the inmate;
- the inmate's performance and behaviour while under sentence;
- the inmate's social, criminal and, where available, young-offender history;
- any physical or mental illness or disorder suffered by the inmate;
- the inmate's potential for violent behaviour; and
- the inmate's continued involvement in criminal activities.

The Correctional Service of Canada must take these factors into consideration not just during the initial assessment of the inmate but during the classification review that must be conducted at least once a year and before making any decision (for example, on a transfer, temporary absence or work release).

The Commissioner's Directives, on occasion, specify certain elements to be taken into consideration when examining these factors. For example:

- paragraph 8 of the Commissioner's Directive 505 states that an inmate's history of substance abuse and urinalysis test results will be factors considered in making decisions regarding transfers to lower security and conditional release; and

- paragraphs 20 and 21 of the recently adopted Commissioner's Directive 576, Management of Gangs and Organized Crime, state that the Service must consider the risk posed by inmates considered gang and organized crime members or associates when establishing their security classification.

Decision-making procedure

Paragraph 2 of Directive 505 makes the institutional head the approving authority for the initial security classification and any subsequent reclassification. Under the terms of this same Directive, that authority can be delegated to the Deputy Warden.

Subsection 30(2) of the Act states that the Service shall give each inmate reasons, in writing, for assigning a particular security classification or for changing that classification. Directive 505 states that the reasons for a decision must be given within five working days of the classification or reclassification. The Service is also required to inform the inmate of the right to seek redress through the inmate grievance process.

Recently, this decision-making procedure was challenged in the courts in relation to an application for a writ of habeas corpus. In this case,[3] the applicant's security classification was changed from medium to maximum. In the five working days following this change, the applicant received a notice of the change in the security classification along with a notice of an involuntary transfer. The inmate's attorney contested, in writing, the said transfer to a maximum security institution. The institutional head of the sending institution confirmed the recommendation for an involuntary transfer and, subsequently, the institutional head of the Regional Reception Centre[4] authorized the applicant's transfer to a maximum security institution. The applicant argued that the decision concerning his transfer to a maximum security establishment was made by the institutional head of the Regional Reception Centre, whom he claimed had failed to exercise his authority by not reviewing the appropriateness of the decision to raise the security classification.

In his decision dated August 8, 1996, (currently under appeal), the Honourable Justice Louis De Blois, after reviewing the relevant provisions of the Act, Regulations and Commissioner's Directives, said that it states nowhere in the Act that the decision-making procedure with respect to the security classification must be exercised at different levels of the Correctional Service of Canada. The Court thus rejected the applicant's argument and concluded as follows:

> The institutional head of the Regional Reception Centre cannot arrogate to himself the authority to review the decision of an institutional head, who has the exclusive power to authorize the initial security classification and any reclassification. The powers and prerogatives of each body, described in the Act and the Commissioner's Directives, are clearly established and, in this instance, were followed to the letter. [translation]

The Court further noted that the applicant in this case had chosen not to contest the change to his security classification through the appropriate channel, that is, through a grievance, and that he could not, therefore, claim habeas corpus as a way of circumventing a well-established procedure.

This case illustrates the roles of the various decision makers who are involved when, following a change in an inmate's security classification, an involuntary transfer procedure is instituted. Annex A of Commissioner's Directive 540, which describes the standards for transfers of inmates, requires the decision maker, when assessing the merits of a transfer, to consider the behavioural norms set out in Commissioner's Directive 006, Classification of Institutions, as well as the requirements for security classification outlined in section 28 of the Act.

It is thus clear that, although the decision maker with respect to the transfer is not authorized to change the security classification previously established by the institutional head of the sending institution, he or she must nevertheless consider it, along with the other elements mentioned in the Commissioner's Directive, before making a final decision. This requirement illustrates the importance of having the various decision makers in the Correctional Service of Canada apply the same criteria in a consistent and uniform fashion when assigning or changing the security classification.

Other difficulties can arise during the initial assessment of the security classification of an immate newly arrived in the federal correctional system. It can happen that the officers responsible for assessing the security classification have few facts or little background to work with when determining the level of risk that an individual represents. If, on the other hand, the inmate has a prior sentence, the information will be on file and will facilitate the assessment of the security classification.

Assigning security classifications to inmates is not an exact science; however, the Regulations establish objective criteria that the Service can use for assigning a security classification appropriate to both the inmate's behaviour and the level of risk represented. As long as these criteria are respected and the decisions are justified on the basis of these criteria, the courts will not intervene in these administrative decisions, unless the decision makers fail to fulfil their obligation to act fairly, or commit a serious injustice.

The duty to act fairly will be fulfilled if the Correctional Service of Canada rigorously follows the procedures set out in the Act and the Regulations with respect to the decision-making procedure and the reasons for the decision are communicated to the inmate. ■

1. 3 Laval Place, 2nd Floor, Room 200, Laval, Quebec, H7N 1A2.

2. *Shawn Murray versus S.H.U. National Review Board Committee of the Correctional Service of Canada and Michel Deslauriers* (Federal Court: T-3002-94, Trial Division; decision dated September 22, 1995).

3. *Jacques Nepveu versus P.-A. Beaudry, J. Dyotte, M. Gilbert, J.-C. Perron and the Attorney General of Canada* (Quebec Superior Court: 200-36-000306-969, unpublished ruling dated August 8, 1996).

4. In Quebec, the institutional head of the Regional Reception Centre is authorized to transfer inmates within the region under the terms of paragraph 5 of Commissioner's Directive 540, Transfers of Inmates.

What's happening in applied research related to corrections?

Research continues to play a major role in the development of new assessment technology for the Correctional Service of Canada. As the *Correctional Research and Development Plan 1996-1997* comes to an end, we find ourselves...

- recalibrating the Statistical Information on Recidivism Scale (changing the weights of the scale items with a 1992-93 release cohort to enhance predictive and face validity);
- testing a newly devised security reclassification scale;
- developing a method for screening learning disabilities among adult offenders;
- reviewing the Offender Intake Assessment (OIA) process;
- piloting an automated approach to psychological intake assessment;
- standardizing a procedure for specialized sex offender assessment; and
- examining some newly developed measures of sex offender treatment gain.

Based on earlier research (see *Treating Violent Offenders: A Review of Current Practices,* Research Report R-38) and consultation with experts from outside Canada (such as the United States and England), the design and development of an intensive program for persistently violent (non-sexual) offenders has been completed (see *Persistently Violent Offenders: A Program Proposal,* Research Report R-42) and approved for pilot implementation. A multisite (three separate medium security institutions) demonstration project is now under way at one facility and will be phased in over a three-year period. While this may fit better with our portfolio of programming research projects, it will result in new research on the prediction of violence and the development of measures of treatment gain.

Other initiatives under way which will assist us in classifying offenders for correctional interventions include studies on aging offenders and cultural diversity in the offender population, some background research (accelerated parole review, security classification, temporary absence, detention and conditional release) in support of an upcoming evaluation of the *Corrections and Conditional Release Act* and a multiwave longitudinal recidivism follow-up of the 1992-93 release cohort.

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