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Diversion as an Evidence-Based Decision Point

Implications of contemporary research findings on future policy & practice

Objectives

1. Define what is meant by "evidence-based"
2. Briefly describe two key research findings that have strong relevance to future work in the diversion field
3. Touch upon key issues in risk assessment
4. Conclude with the observation that being clear about our purposes in establishing or administering diversion programs is critically important

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What does it mean to be evidence-based?

We rely on "evidence" every day.

Do you wear a seatbelt? Do you stop at red lights?

The evidence indicates that doing so decreases your likelihood of injury or death.

Do you wash your hands after coming in contact with someone else's blood?

The evidence indicates that doing so decreases your likelihood of becoming infected by bloodborne pathogens.

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Being Evidence-Based

Being "evidence-based" in the justice field simply means to know and apply research evidence to the work that we do.


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Applying the evidence...

Key Research Finding #1:
Who we focus on matters

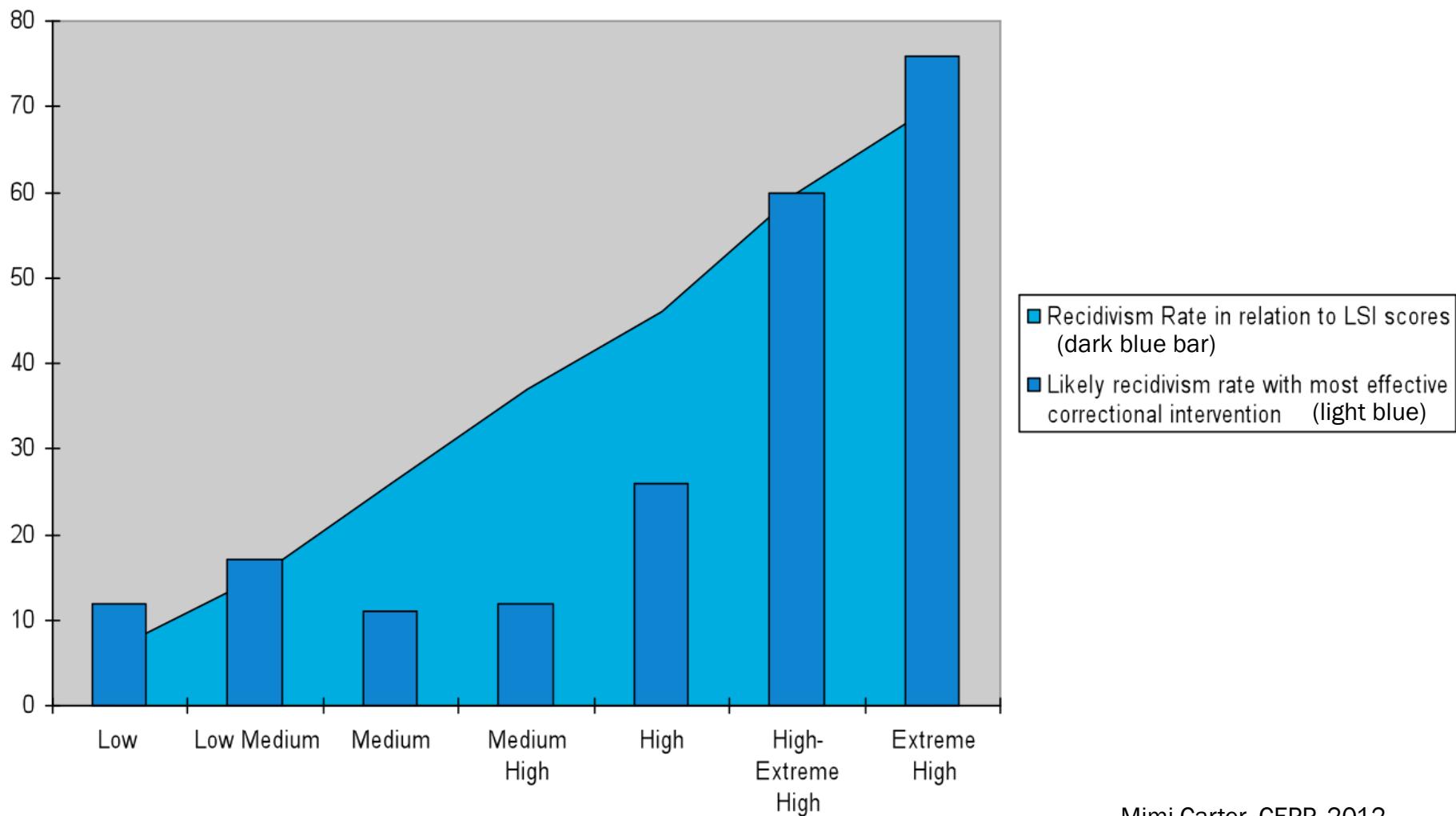❧   ☙

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What we know

□ Research is unequivocal on this point:

o When it comes to predicting and influencing behavior, we can have more impact on some people than on others

Offender Risk to Reoffend

Extremely High Risk

High Risk

Moderate Risk

Low Risk

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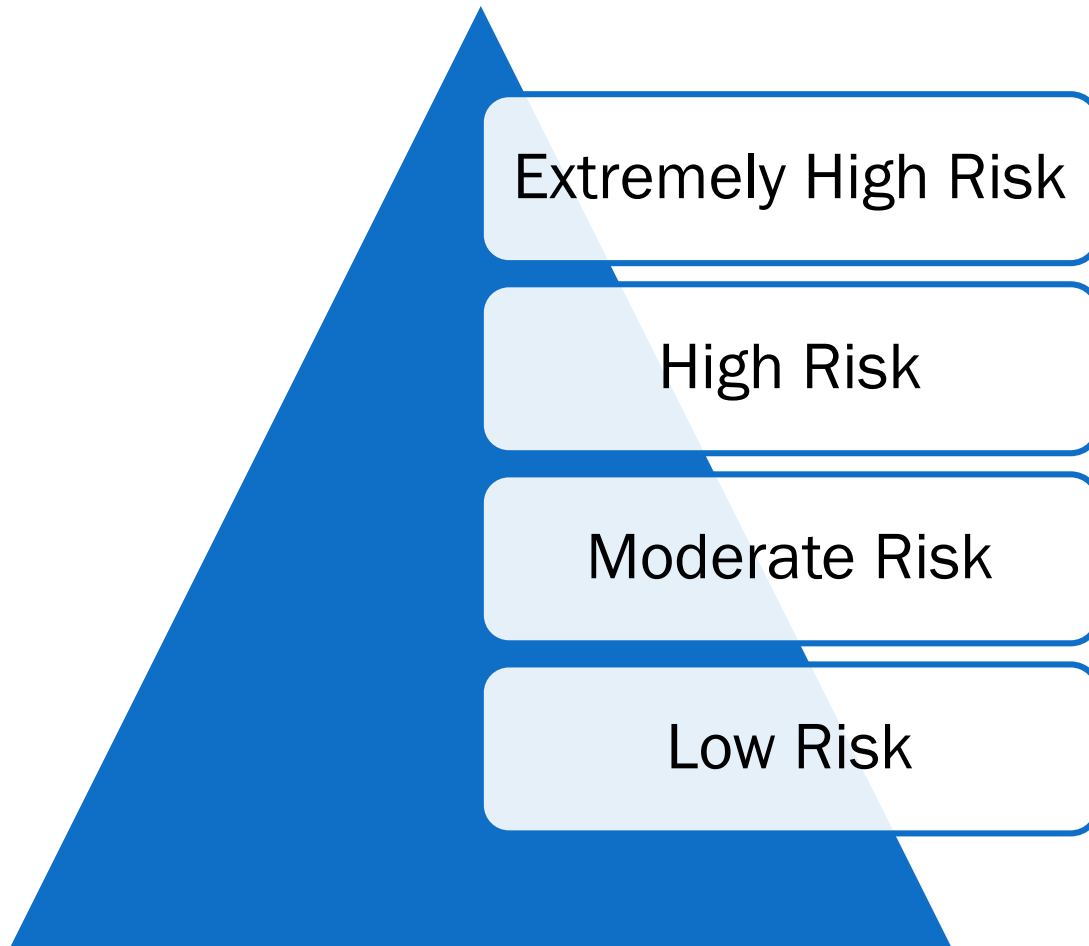
Impact on Recidivism

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Applying the evidence...

Key Research Finding #2:

What we focus on matters

❧   ☙

"Controllable" Risk Factors for Stroke

Quiz: What is this list?

1. Hypertension (high blood pressure)
2. Smoking
3. Heart disease
4. Diabetes
5. High cholesterol
6. Excessive alcohol intake
7. Overweight and leading a sedentary lifestyle
8. Existing carotid and/or coronary artery disease

Mimi Carter, CEPP, 2012   *Source: Cleveland Medical Clinic*

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If we can identify the "right" risk factors, we can prevent some things from occurring

Mimi Carter, CEPP, 2012   *Source: Cleveland Medical Clinic*

Prevent what specifically?

❑To prevent something from occurring:

   o We must know how to identify it when we see it

   o We must know what to do when we find it

Assessment of What?

Stroke Risk Factors

1. Hypertension (high blood pressure)
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4. Diabetes
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Lung Cancer Risk Factors

1. Smoking
2. Secondary smoke exposure
3. Genetics
4. Environmental pollutants

Source: deCODE genetics

Assessment of What?

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Lung Cancer

1. Smoking
2. Secondary smoke exposure
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Different outcomes have different intervention strategies

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Source: deCODE genetics

Assessment of What?

- ❑ Risk of likelihood of non-appearance for court? Risk of likelihood of pre-trial misconduct?
    - ○ Examples: VPRAI, ORAS
- ❑ Risk of continued drug use?
    - ○ Examples: UNCOPE, Drug Abuse Screening Test

- ❑ Risk of likelihood of re-offense?
    - ○ Any re-offense?
        - • Examples: LSI-R, COMPAS
    - ○ Violent re-offense?
        - • Example: VRAG
    - ○ Sexual re-offense?
        - • Example: Static-99

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Top 4 Dynamic Risk Factors	Lesser 4 Dynamic Risk Factors	Non-Criminogenic Factors
1. 2. 3. 4.	5. 6. 7. 8.	1. 2. 3. 4. 5.

Family/marital issues (lack of support or acct)	Leisure (lack of appropriate recreational outlets)	Health issues (poor physical health)
Self esteem (low)	Intelligence (low IQ)	Mental health (anxiety, depression)
Substance abuse	Employment (lack of success at work; little desire to work)	Antisocial associates (hanging around peers who get in trouble)
Personal distress (anxiety, etc.)	Education (lack of success at school; little desire for school)	Antisocial cognition (pattern of antisocial thinking/beliefs/ attitudes)
Antisocial personality (e.g., coping, self-control, problem solving)		

| Top Four	Lesser Four	Non-Criminogenic
1. Antisocial cognition (thoughts & beliefs)	5. Substance abuse	Health issues
2. Antisocial personality (coping, self-control skills)	6. Employment	Mental health
3. Antisocial associates (peers)	7. Education	Intelligence
4. Family/marital issues	8. Leisure	Self esteem
		Personal distress

Risk Factors Correlated to Re-Offense

Common Historical Risk Factors (Static Risk Factors)

➢ Age at first arrest
➢ Current age
➢ Gender
➢ Criminal history

Common Criminogenic Needs (Dynamic Risk Factors)

➢ Antisocial attitudes, cognition
➢ Antisocial personality
➢ Antisocial associates, peers
➢ Family, marital stressors
➢ Substance abuse
➢ Lack of employment stability, achievement
➢ Lack of educational achievement
➢ Lack of pro-social leisure activities

Recidivism Reduction as a Function of Targeting Multiple Criminogenic vs. Non-Criminogenic Needs
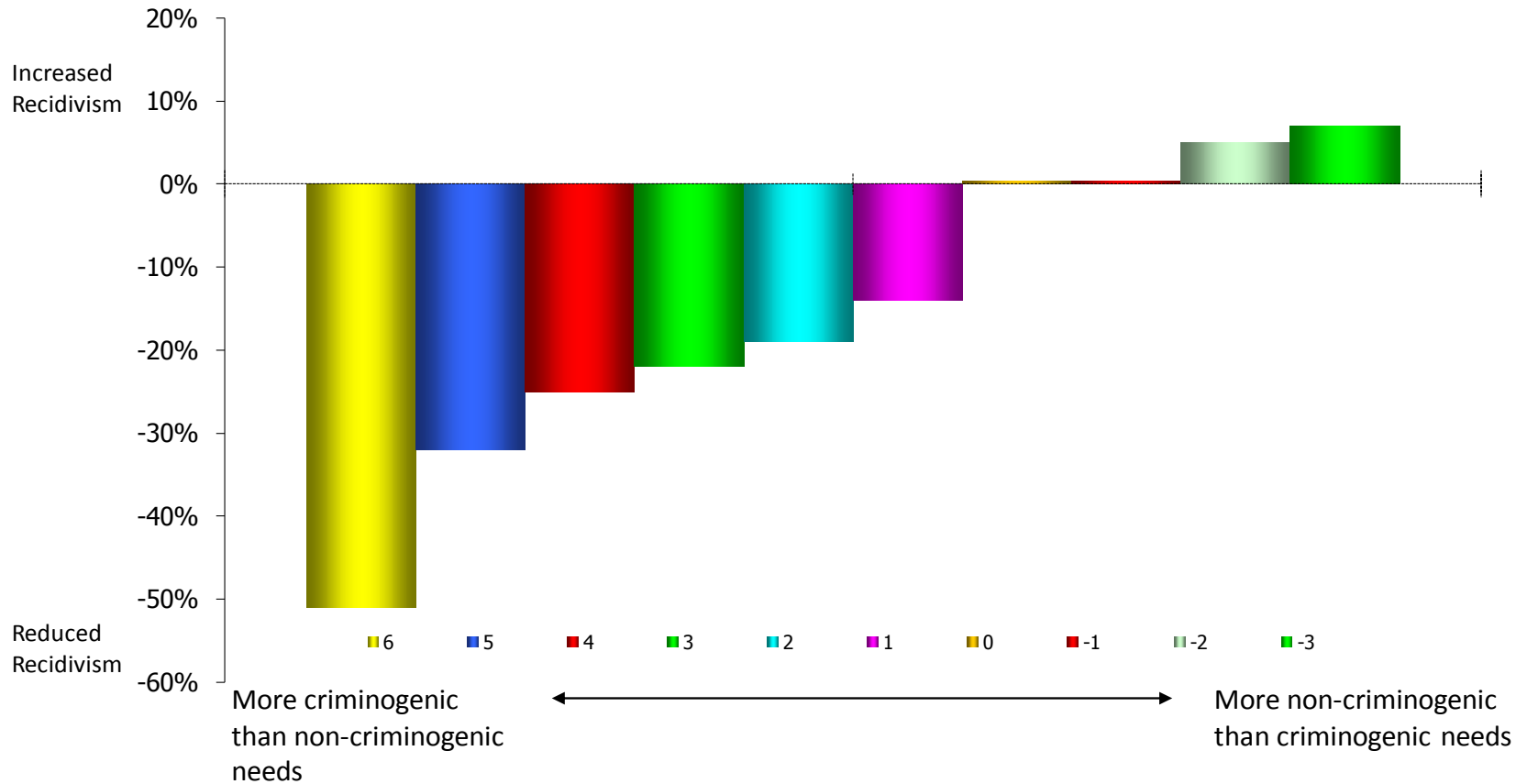
In the EBDM Framework, we define a primary purpose of criminal justice intervention as "harm reduction"

- ❑ Harm reduction to the community
  - ❑ Improved public safety
  - ❑ Reduced criminal justice system costs
  - ❑ Healthy, contributing citizens—earning a legitimate wage, supporting their families, etc.
- ❑ Harm reduction to the defendants/offenders
  - ❑ Interventions that are effective and reduce the likelihood of re-offense
  - ❑ Interventions that are matched to offenders' risk/needs
- ❑ Harm reduction to past and potential victims
  - ❑ Justice systems that are victim sensitive
  - ❑ Justice systems that are restorative
  - ❑ Justice systems that are effective in preventing future harm

This framework posits risk reduction as a key method to achieve harm reduction.
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- ❏ If risk reduction is a key component of our goal in *diversion programs*
    - ❏ Who & what we focus on matters a great deal
    - ❏ We must first use an appropriate risk tool
    - ❏ Then…
        - ❏ To reduce risk with the low risk
            - ❏ Don't over supervise/intervene
        - ❏ To reduce risk with the moderate & high risk
            - ❏ Match intensity of intervention to risk level
            - ❏ Match type of intervention to individuals' risk factors
            - ❏ Focus on the "big four" risk factors
            - ❏ Focus on clusters of risk factors

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