AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

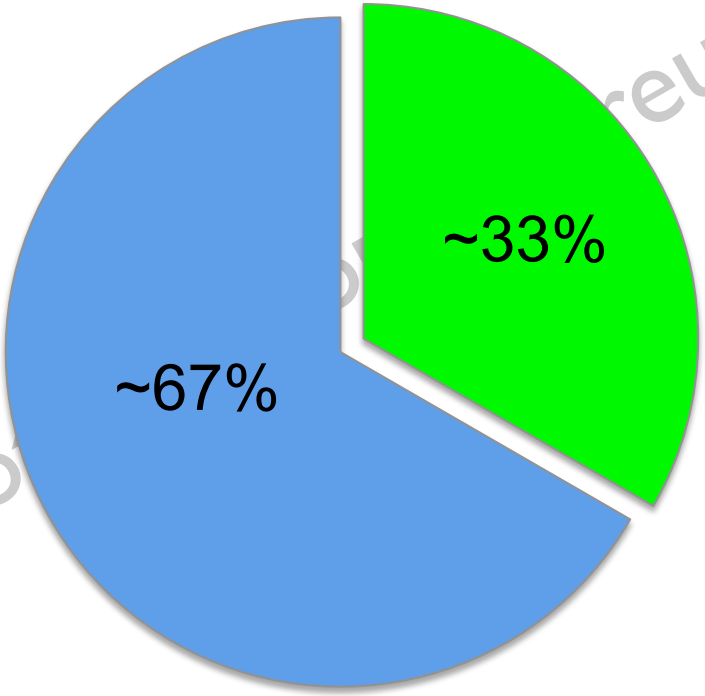
HONOLULU, HAWAI'I · JULY 31–AUGUST 4, 2013

Absent Crime:

Risk-Need-Responsivity (RNR) as a Tenable Meta-Model for Non-Justice-Related Behavioral Health Service Delivery

The Majority Slice of the Pie . . .

- Misc. public behavioral health (BH) samples—justice-involvement rates:
  - Low = **5.4%** (past-year arrests)
  - Study with most encompassing metrics = **27.5%** (two years)
  - High = **32.8%** (9.5-year arrests)



Thus, approximately **two-thirds** of public BH consumers can be expected to have *no* justice-involvement, at least recently

BH Service Delivery

- Case management
- Assertive community treatment
- Psychosocial rehabilitation services
- Inpatient hospitalization and community alternatives for crisis care
- Services for substance abuse and severe mental illness
- Auxiliary services:
  - Consumer self-help
  - Consumer-operated programs
  - Consumer advocacy
  - Family self-help
  - Family advocacy
  - Human services
  - Integrating service system

How can all of these approaches be aligned?

Taking a Cue from Offender Rehab.

Correctional human service delivery models

- Joel
- Fred, David, & Haley
- Patty
- ***Also***: Fred, Jennifer Skeem

- As you all heard, we have an effective RNR model
  - Widely adopted for its clarity/rationality, practicality/utility, large evidence base, and cost-effectiveness
  - A general rehabilitation theory
    - Integrative ethical, theoretical, scientific, and applied framework, consisting of (1) guiding aims, values, and principles; (2) etiological assumptions to focus treatment providers; and (3) practice implications

Could it work for the non-justice involved folks?

Scientific Philosophy Underlying RNR

Rational Empiricism/Scientific Method:

- Focus on inter- and intra-individual variation in criterion/dependent variable

1. Theoretical understanding (explanatory)

- General
- Rationale
- Simple
- Accurate predictions

2. Empirical understanding (research-based; covariates)

- Correlates
- Static/dynamic predictors
- Causal/functional variables
- Moderators (generalizability)

3. Practical understanding (applied; influence): flows from 1 and 2

Translatability of RNR Principles

- Overarching Principles, Key Delivery Principles, Provider Practice Principles, and Organizational Principles . . .
  - (~***18 in total***) either already consistent with contemporary BH values and evidence-based approaches or readily adaptable
  - Some highlights:

1. Respect for the person and the normative context

8 – Structured assessment

9 – Breadth/multimodal

10 – Strengths

15 – Community-based

16 – Continuity of services

18 – Community linkages

But I want to focus on the 3 core RNR principles . . .

Translatability of RNR Principles

5. **Risk—Prediction (see next) and Matching**
   - Consistent with triage approaches
   - Joel's (pers. comm.) 10 critical outcome metrics:
     1. **CJ utilization:** arrests, jail/ prison days
     2. **BH utilization:** involuntary hospitalization, ER, psychiatric ER
     3. **Sheltered/engaged/ connected:** days worked/in school, stable housing days, self-reported # friends
     4. **Fear:** level of terror/afraid
     5. **Life:** death
6. **Needs**
   - Psychiatric readmissions currently have outcome literature suitable for meta-analysis
7. **Responsivity—General and Specific**
   - E.g., meta-analyses on case management/assertive community treatment, housing supports, psychopharmacological treatments

Conclusion

1. Majority of people with BH problems *not* involved in crime

2. Science underlying RNR has universal applicability
   - Translatable to utilizers/sectors of BH who/that do not intersect with CJ

3. Recalibrated RNR consistent with normative values and potentially offers clarity, unification, cost-effectiveness, and research agenda:
   A. Potential to do for effectiveness in living what clinical interventions do for symptoms reduction
   B. Broadens scope from service systems to psychosocial environment and effectiveness of *principles*
   ***C. Next steps*:** Validate risk principle, identify dynamic risk factors, and examine responsivity factors using meta-analytic techniques (might require use of multiple singular/index outcomes and models)

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Chris King, chris.king@drexel.edu
(references available upon request)

Stephanie Brooks Holliday,
sbrooksholliday@gmail.com

Kirk Heilbrun, kirk.heilbrun@drexel.edu

http://www.drexel.edu/psychology/research/labs/heilbrun/