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How could an understanding of needs in FASD shape treatment responses within the criminal justice system?

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Risk, Needs, & Responsivity (RNR) Model

- Research into interventions has demonstrated that punishments alone do not deter criminal recidivism or promote prosocial outcomes, and in some cases actually increase recidivism
- However, interventions appear to be more successful when they:
  - (a) are based on the individual's specific level of risk,
  - (b) identify the individual's risk factors and needs, and
  - (c) manage or change those risk and need factors
- These principles are collectively defined as the Risk-Needs-Responsivity (RNR) approach

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The Risk Principle

- Suggests criminal behaviour can be predicted
- Match the level of service to the offender's risk to re-offend
- Think of this as identifying “who” needs the most intensive Tx services

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Risk: importance of matching

- Review of Canadian Treatment Programs for adults:
  (Bonta, Wallace-Capretta & Rooney 2000)
  - *Low risk* offenders who received:
    - » Minimum levels of Tx recidivated at 15%
    - » More intensive levels recidivated at 32%
  - *High risk* offenders who received:
    - » Minimum levels of Tx recidivated at 51%
    - » More intensive levels recidivated at 32%
  - Both groups had similar types of re-offense crimes

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The Needs Principle

- Highlights the importance of criminogenic needs in the design and delivery of treatment
- Assess criminogenic needs and target them in treatment
- Think of this as identifying “what” needs to be treated

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FASD & Risk Profiles

- Substantial risk/need profiles
  - Early environmental adversity (McLachlan, 2012, Streissguth, 1997)
    - Neglect, caregiving disruptions, abuse
  - Comorbid clinical needs (Famy et al., 1998; McLachlan, 2012; O'Connor et al., 2011)
    - Mental health problems, substance abuse
  - Neurobehavioural deficits (Davis et al., 2011)
    - Inattention/impulsivity, poor decision making, inhibition deficits, poor learning
  - School and employment failure (McLachlan, 2012; Streissguth, 1997)

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The Responsivity Principle

- How the treatment should be provided:
  - Review the literature and use well supported interventions
  - **Assess the offender's ability to learn and tailor interventions to learning style, motivation, abilities, and strengths**
- Think of this as identifying "how" needs can be treated most effectively

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Responsivity: one size does not fit all

- In a seminal study, Grant examined the impact of treatment on two offender groups of juvenile offenders:
  - amenable, who were assessed as being bright and verbally intelligent, and
  - nonamenables, who were less so
- Both offender groups were offered psychodynamic treatment
- The amenable group: significant *reduction in offending behaviour*
- The nonamenable group: slight but nonsignificant *increase in offending*

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Responsivity: brain contribution

- Choice versus function?
  - recent research has demonstrated that dysfunction in the ventromedial frontal lobe negatively impacts an adolescent's ability to learn from negative feedback
    - Individuals with such dysfunction do not interpret or learn from consequences as well as healthy youth
  - Yet, current practices with behaviourally disordered youth tend to favour classical and operant approaches, which may be *less successful or even harmful* among certain antisocial youth

The FASD brain

- The significant EF deficits in individuals with FASD likely contribute to high risk behaviours
- Impairments in EF skills such as planning, cause-effect reasoning, learning from mistakes, and inhibition may be related to why youth with FASD are overrepresented in the justice system

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The FASD brain – not unique

- The connection between poor EF and delinquency has been well-documented in other populations
  - Adolescent/adult offenders are impaired on many tests of EF
  - Inhibition appears to be one aspect of EF that is strongly related to delinquency and high risk behaviours
- There is an overrepresentation of youth and adults in CJS with similar cognitive problems and mental health needs
- Consequently *approaches that optimize outcomes in this complex FASD population may generalize to other populations*

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Recommendations:

- A shift in treatment strategies is needed, to support strategies to encompass an *understanding of brain function* and ways to address the core underlying issues
- This may facilitate *function-based approaches to treatment* that address the true underlying needs of individuals within CJS; may entail building on existing approaches

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Recommendations:

- Training of individuals within the justice system to support enhanced understanding of the possible roots of behaviour observed in individuals with an FASD, and how *alternative knowledge and attributions* and consequent responses, may lead to improved outcomes, both in the short and long term

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Recommendations:

- Consideration needs to be given regarding the process of providing *appropriate intervention* at early stages, as well as much more support through the *adolescent-adult transition period* (18-25) to mitigate poor outcomes and transition to entrenched adult offending patterns

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Recommendations:

- In particular, explicit planning during transitions (McLachlan, 2013) needs to focus on *building partnerships* with community-based health and mental health (and basic social service) systems to ensure a *continuum of care* within the community, at all ages.

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