



Linking Theory and Practice in Probation

Structured Decision Support for
Case Management Plans

Jacqueline Bosker

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Structured Decision Support for Case Management Plans

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Chapter 1

Decision Making About Case Management Plans in Probation



> Abstract

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In this chapter the studies of this thesis are introduced. These studies address the question if structured decision support can improve decision making about case management plans in probation and subsequently improve the effectiveness of offender supervision. After a short introduction why structured decision making was introduced in the Dutch probation services, we describe RISC, an instrument for risk and needs assessment that is used by the probation services. Also the procedure to develop case management plans is described, and how decision making about case management plans is supported in RISC. Then the setting in which the studies were conducted is explained, followed by the hypotheses and research questions of this thesis.

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Introduction

In this thesis several studies are presented that have targeted decision making about case management plans in probation. In a case management plan probation officers describe the goals and interventions that should help offenders stop reoffending, and the specific measures necessary to reduce acute risks of recidivism and harm. Such a plan is embedded in a judicial framework, a sanction or advice about the sanction in which these interventions and measures should be executed. The topic of this thesis is the use of structured decision support, and the question is if this can improve decision making about case management plans in probation and subsequently improve the effectiveness of offender supervision. In this chapter we first sketch why structured decision making was introduced in the Dutch probation services. Next we describe the instrument for risk and needs assessment as well as the procedure to develop case management plans that are used by the Dutch probation services and that are investigated in this thesis. Then we describe the setting of the studies and the research questions, and we conclude with an overview of this thesis.

The Rationale for Introducing Structured Decision Making in Probation

The main goal of probation officers is to support offenders in their attempts to re-integrate into society and to avoid reoffending (Menger & Donker, 2012). In the last decades knowledge about how to work effectively towards this goal has increased. Research about how and why offenders desist from crime and especially research about which interventions are effective to reduce recidivism (known as ‘what works’) has helped build a knowledge base for probation officers. Andrews and Bonta (2010) transformed this knowledge into a working model for forensic professionals that is used worldwide by forensic psychologists and forensic social workers (such as probation officers), the Risk – Need – Responsivity (RNR) model. The RNR model contains a growing number of principles for effective practice (Andrews & Bonta, 2010b; Andrews, Bonta, & Hoge, 1990; Bonta & Andrews, 2010). One of the core principles of the RNR model is the risk principle: the intensity of interventions should match the risk of recidivism. Another core principle is the needs principle: correctional interventions should focus on criminogenic needs, defined as problems or circumstances of the offender that are dynamic (changeable) risk factors for recidivism. A third core principle is the responsivity principle. The responsivity principle consists of a general and a specific responsivity principle. According to the general responsivity principle, interventions should be based on cognitive behavioural

and social learning strategies because these have proven to be the most powerful strategies to influence human behaviour. The specific responsivity principle says that correctional interventions should be delivered in such a way that they match with the characteristics (such as strengths, personality, gender, preferences, motivations) and circumstances of offenders (Andrews & Bonta, 2010b). According to the RNR model probation officers should, when they start working with an offender, assess the risk of recidivism, the criminogenic needs and the specific responsivity, and that should be the basis for a case management plan (Andrews et al., 1990; Andrews & Bonta, 2010b; Bonta, 2002; Hanson, Bourgon, Helmus, & Hodgson, 2009).

The assessment and prediction of criminal behaviour has developed considerably, especially in the United States of America and Canada. Andrews and Bonta (2010) distinguish four generations of risk/needs assessment. The first generation is the unstructured professional judgment. Using file information and interviews with the offender, correctional professionals such as forensic psychologists and probation officers assessed what problems were related to the offending behaviour and what interventions might help the offender to stop reoffending. Professionals could to a large extent decide for themselves how they did the assessment and what methods they used to formulate a case management plan. A growing number of studies among for example physicians and psychologists showed that unstructured professional judgment is often inaccurate (Galanter & Patel, 2005; Garb, 1998). A strategy to improve professional decision making is the introduction of structured decision support: a standardized checklist or computer-based information system that supports decision making (Croskerry, Singhal, & Mamede, 2013b; Garb, 1998; Munro, 2012). In comparative studies, structured decision support often outperforms unstructured professional decision making (Dawes, Faust, & Meehl, 1989; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Meehl, 1954). Such findings encouraged correctional practices to develop and introduce instruments for structured risk/needs assessment. The first instruments, defined as the second generation, were actuarial risk scales that mainly contained static (unchangeable) risk factors that are associated with criminal recidivism (Andrews et al., 1990; Andrews & Bonta, 2010b; Andrews, Bonta, & Wormith, 2006; Bonta, 2002). With such instruments the risk of recidivism could be assessed fairly well, and better than with an unstructured professional judgment, but the instruments did not support decision making about interventions because they often did not contain dynamic (changeable) risk factors. Therefore, third generation risk/needs assessment instruments were developed. These instruments also contained dynamic risk factors, so both the risk of recidivism and the criminogenic needs were assessed. The use of third generation risk/needs assessment should help correctional practitioners to develop case management plans that match the risk of recidivism and criminogenic needs. A growing body of research however shows that in practice often only a few criminogenic needs are addressed during case management (Bonta, Ruggie,

Scott, Bourgon, & Yessine, 2008; Flores, Travis, & Latessa, 2003; see also chapter 6). Therefore fourth generation risk/needs assessment instruments were developed that integrate risk/needs assessment and case management planning (Andrews & Bonta, 2010b). A format for the case management plan is integrated in the instrument, and a protocol for decision making about the different domains of the plan supports correctional professionals to use the assessed risk of recidivism, criminogenic needs and specific responsivity in their decision making about these domains.

Structured Risk and Needs Assessment in Dutch Probation Services

Inspired by research about ‘what works’ and by developments in the probation practice in England and Wales and in Canada, over ten years ago the Dutch Ministry of Safety and Justice started a policy project with the aim to reduce recidivism rates in the Netherlands (Ministerie van Justitie, 2005; Wartna et al., 2014). One of the components in this program was the development of a tool for structured risk and needs assessment that should be used for prisoners and probationers: the ‘Recidive Inschattingsschalen’ (RISc Recidivism Assessment Scales Adviesbureau van Montfoort en Reclaserend Nederland, 2004). RISc was based on the Offender Assessment System (OASys Home Office, 2002) used by the probation service and prison service in England and Wales. The first version of RISc was implemented in 2004 as a computer-based decision support tool. It was used by the probation services in the Netherlands who did the risk/needs assessments for adult prisoners and probationers. Another result of the project of the Ministry of Safety and Justice was the development of an accreditation policy for behavioural programs and the implementation of the Dutch Accreditation Panel (Ministerie van Justitie, 2005).

The procedure probation officers follow to complete a RISc is divided in four sections (see Figure 1). In the first section the risk of recidivism and criminogenic needs are assessed by scoring 61 items that measure 12 risk factors: (1) offending history, (2) current offence, (3) accommodation, (4) education and employment (5) income and financial management, (6) relationships with partner, family and relatives, (7) relationships with friends and acquaintances, (8) drug abuse, (9) alcohol abuse, (10) emotional wellbeing, (11) thinking and behaviour, (12) attitudes. Each scale contains risk items that are scored 0 (*no problem*), 1 (*some problem*), or 2 (*significant problem*). For scale 3 to 12, the total score of the scale represents the degree of criminogenic need that is measured with the scale. For every scale, cut-off scores are used to indicate whether the specific criminogenic need is considered to be present in an individual case or not. The risk of recidivism is represented by the sum of the weighted scale scores and is

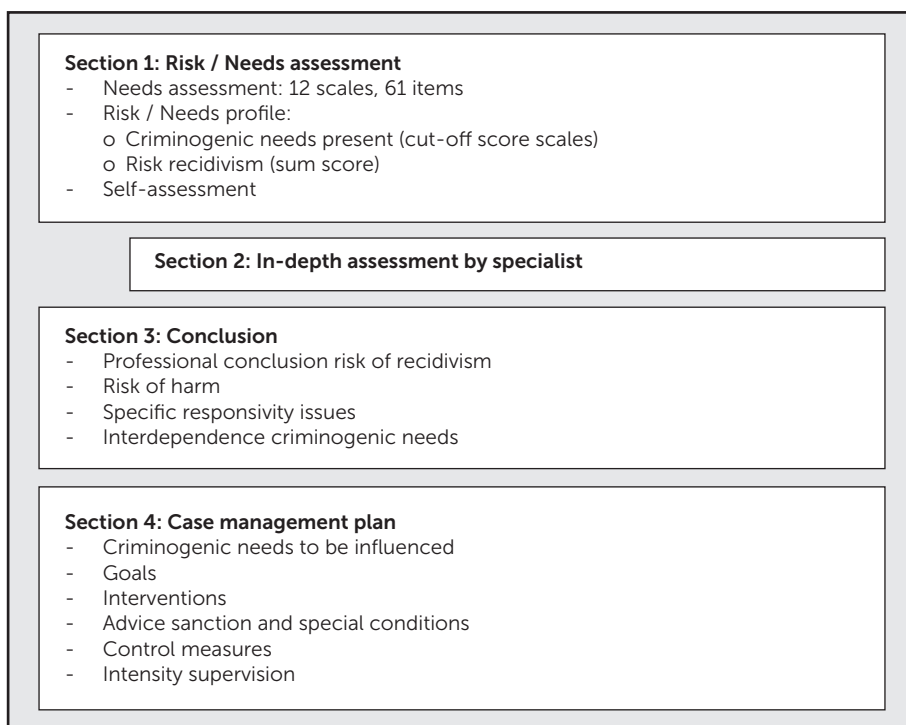
grouped into the following four categories: low risk, moderate-low risk, moderate-high risk and high risk (Hildebrand, 2010a). A risk/needs profile is generated automatically in RISC, based on the cut-off scores for the criminogenic needs and the sum score representing the risk of recidivism. The items in RISC are scored by the probation officer based on available case files (e.g. police report, overview of former offences, probation file, psychiatric report) and one or more interviews with the offender. In addition, in a self-assessment the offender provides his or her opinion of the actual problems and priority of the problems to be dealt with. The self-assessment contains questions about the same criminogenic needs as assessed by the probation officer. In the following chapters, the psychometric qualities of RISC are described.

In the second section, probation officers can decide to ask for a more thorough assessment of specific problems, such as a psychiatric disorder. Such an in-depth assessment is often done by a psychologist or psychiatrist who does not work with the probation service. The conclusions of this in-depth assessment are summarized in the second section. In the third section a conclusion is formulated about the risk of recidivism, risk of harm for others or for the offender, and specific responsivity issues (motivation, limitations, strengths). Besides, probation officers describe their professional view about the interdependence of the criminogenic needs and the offending behaviour: what criminogenic needs are the main causes for the offending behaviour, and what needs are effected by other needs.

In the fourth section, the case management plan is formulated, based on the information in the preceding steps. In Dutch practice such a plan contains information about several domains: the criminogenic needs that should be influenced, goals that describe the targets for change, interventions that should support the offender to realize the change, if relevant: an advice to the court about the sanction and specific conditions, control measures and a decision about the intensity of the supervision. Probation officers can choose different types of interventions: behavioural programs, treatment or social services. Behavioural programs are group trainings that are given by trained probation officers and that address a specific need such as cognitive skills, addiction or work. Treatment contains a broad range of services delivered by mental health care, and addresses needs such as emotional well-being, cognitive skills, or addiction. Social services are delivered by public institutions and cover needs such as housing, education and work, finance, or relationships.

From 2006 to 2010, version 2 of RISC has been in use. In the case management section (section 4) of RISC2 probation officers could describe their decisions about the various domains of the case management plan, without being supported by the instrument in their decision making. RISC2 can therefore be considered a third generation risk/needs assessment instrument. In 2010 RISC3 was implemented. In this version the first three sections were the same as in RISC2. The fourth section, used for decision making about

Figure 1: RISC Sections



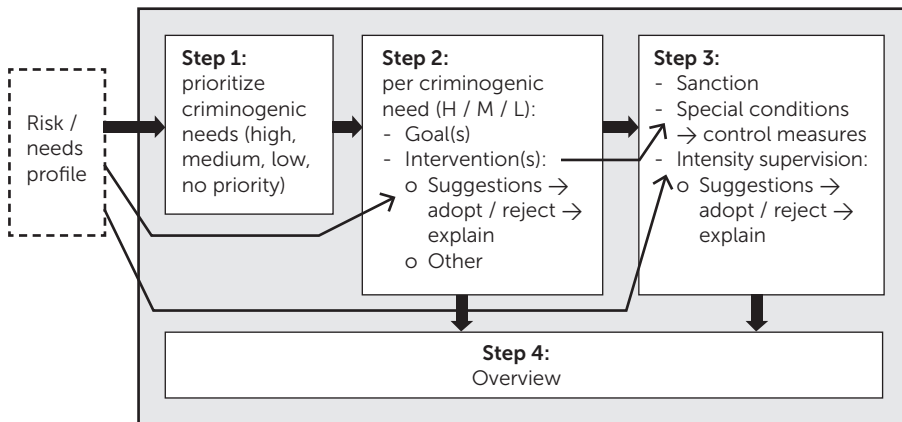
the case management plan, had changed into a decision support tool to help improve the match between the risk/needs assessment and the case management planning, turning RISC into a fourth generation risk/needs assessment tool. In this thesis the case management plans made with RISC3 are compared to the plans made with RISC2.

In RISC3 decision making about the case management plan was divided into several process steps that probation officers must complete successively using the computer-based decision support tool (see Figure 2). In some of these steps the instrument gives suggestions or information to support the decision making. When probation officers overrule suggestions, they are asked to explain their decision. In the first step, the results of the needs assessment are shown on screen. Probation officers then prioritize the criminogenic needs that should change, based on the needs assessment and on their view about the interdependence of the needs and the criminal behaviour. Next, for each criminogenic need that was given a high, medium, or low priority, the instrument makes a digital page where the goals and interventions can be described. The instrument gives suggestions for interventions when offenders meet the inclusion criteria. Third, probation officers describe the sanction and, if relevant, special conditions. In this step it can also be decided to add specific control measures such as electronic

monitoring. In the third step probation officers also decide about the intensity of the supervision, by choosing one of three levels of intensity. Based on the assessed risks of recidivism and harm, the risk of noncompliance, and the necessity for extra guidance by the supervising officer, a suggestion for the intensity is given by the program, but this can be overruled by the officer. Finally, an overview of the case management plan is presented on screen (Hildebrand, 2010b).¹

Probation officers who work with RISC get a few days training where they learn to use the tool. For the implementation of RISC3 a two-days training was given to all probation officers who work with RISC. In addition, for every location key users were trained to support their colleagues in getting used to working with RISC3.

Figure 2: RISC3 Case Management Planning Section



Setting

This study was conducted in the Dutch probation services that deal with adult offenders. Probation officers work with offenders in a judicial framework. The probation services perform several tasks (Menger, Bosker, & Heij, 2012):

- Assessment and advice: at different stages of the judicial trajectory short or extensive advice is given to the court or prison service about specific conditions, and the execution of sanctions. In such an advice the focus of the probation

¹ Recently a fourth version of RISC has been implemented by the Dutch probation services with major revision in the first section, the assessment of criminogenic needs and the risk of recidivism. RISC4 was implemented after the data for this study were gathered.

service is the reduction of recidivism and the rehabilitation of offenders. Advice can only be given when the public prosecutor or prison service asks for it, which is not done for all cases that are brought to court or for all prisoners. In 2013 the probation services provided 27,500 short advices and 20,500 extensive advices (Reclassering Nederland, 2014).

- Offender supervision: a trajectory of support and control during the execution of a suspended sentence with special conditions, or conditional release from prison. The goals of offender supervision are to reduce recidivism, support rehabilitation, to help offenders comply with the imposed conditions, and to control if they do (Poort, 2009). During supervision offenders often attend interventions from the probation service or other organizations. In 2013 20,500 offenders were under supervision of the probation services (Reclassering Nederland, 2014).
- Behavioural interventions: accredited programs offenders attend in prison or during supervision. In 2013 2,700 accredited programs were imposed as a special condition or during a prison sentence (De Heer-de Lange & Kalidien, 2014).
- Community services: the execution of a sanction in which offenders have to work for a fixed number of hours in the community. In 2013 the probation services for adults executed 32,700 community sanctions (De Heer-de Lange & Kalidien, 2014).

In the Netherlands three organizations are responsible for probation work for adult offenders: the Dutch Probation Service (Reclassering Nederland, RN) does about 60% of the probation work and focuses on a broad group of offenders, the Institute for Social Rehabilitation of Addicted Offenders (Stichting Verslavingsreclassering GGZ, SVG) does about 30% of the work and focuses on offenders with addiction problems, and the Salvation Army Probation Service (Leger des Heils Jeugdzorg & Reclassering, LJ&R) does about 10% of the work, focusing on homeless and multi-problem offenders.

Since 2006 there is a differentiation between probation officers who perform risk/needs assessments and write advice (advisors), and probation officers who supervise offenders (supervisors). Before 2006 those tasks were combined and probation officers performed both tasks for a specific offender. The Ministry of Justice decided to separate these tasks for several reasons: to guarantee objective advice to the court or prison service about necessary interventions, to prevent probation officers from focusing on interventions of their own organization, and to improve the quality of the pre-sentence reports (Vos, Reijmers, & Ahaus, 2007). All advisors and some of the supervisors use RISc in their work. At the time of this study, every unit had a senior probation officer who supervised the quality of the work of the probation officers in the unit (quality supervisor). In total there were about 1900 probation officers in the Netherlands (Van Kalmthout & Durnescu, 2009). Most of these officers had completed social work or a related study at a university of applied science; a minority had an academic degree in social sciences or criminology.

There are several probation tasks in which RISC is used. Most RISC assessments are conducted for extensive advice for the court. An extensive advice contains the conclusions about the risks of recidivism and harm, the offenders' needs and subsequently the case management plan that is thought necessary to address these risks and needs. In this phase probation officers can advise the court about the sanction and (if relevant) special conditions. The interventions they think are necessary to reduce the risk of recidivism are an important basis for this advice. Probation officers may for example advise a suspended sentence with specific conditions (such as treatment of a behavioural program). If the court follows such an advice, the offender will be supervised by a probation officer who will check if the offender complies with the special conditions, and supports the offender to desist from crime. The goals and interventions in the intervention plan are the basis for the supervision, provided that they fit in the sanction imposed to the offender. For example, if clinical treatment was advised as a necessary intervention, but the court does not impose clinical treatment as a condition with the sentence, it is not possible to include such treatment into the case management plan unless the offender wants to attend treatment voluntarily.

When offenders get a prison sentence, the probation services can be asked to advise about detention planning (interventions during the prison sentence) or conditional release. In such cases the case management plan made with RISC is also the basis for the advice, but the prison sentence can limit the options for interventions. For example, it is not always possible to start treatment while the offender is still in prison, and a short period of conditional release can limit the options for interventions, especially for offenders with multiple needs that ask for a longer period of training or treatment. Finally, RISC is used during offender supervision. At the start of the supervision a supervision plan is formulated. This may be based on the extensive advice and the case management plan that are made to advise the court. When no actual case management plan or assessment is available, a new risk/needs assessment must be performed at the start of the supervision. Often offender supervision may last a longer period: in most cases up to two years but longer periods of supervision are possible. In such cases it may be necessary to update the risk/needs assessment and intervention plan in the course of supervision.

Hypotheses and Research Questions

A fourth generation risk/needs assessment such as RISC3 should improve the match between the risk/needs assessment and case management. Although a substantial body of research is available about the development and validity of instruments for risk/needs assessment (see for example Campbell, French, & Gendreau, 2007; De Vogel, 2005; Fazel, Singh, Doll, & Grann, 2012; Hanson, Helmus, & Bourgon, 2007), up till now little research has been done about the implementation of the results of risk/

needs assessment into case management. Moreover, as far as we know, it has not been studied if the use of fourth generation risk/needs assessment actually improves the quality of case management plans and subsequently the effectiveness of probation. The studies reported in this thesis tried to fill this gap and by doing so add to the knowledge about intervention planning in probation and evaluate the RISC3 tool of the Dutch probation service.

The general research question of this study is: Does structured decision support for case management plans, as implemented in the fourth section of RISC3, have added value for probation practice? To answer this question, we studied three aspects that are related to the quality of case management planning:

1. The level of agreement between probation officers about case management plans: The level of agreement is relevant for two reasons. First, a case management plan is the basis for an advice to the court. Such an advice can influence the decision of the judge about the sanction and the restrictions imposed on the offender. Too many differences between probation officers in their decisions about what to advise the court may therefore lead to inequality of justice. Second, if decision making about case management plans is arbitrary and to a large extent dependent on the probation officer who makes the plan, case management plans cannot be evidence-based, since evidence-based plans should be univocal insofar as it concerns the use of insights from evidence-based research about crime reduction.
2. The quality of the case management plans: Empirical research has provided a growing body of knowledge about effective elements in approaches to reduce reoffending and support desistance from crime (see for example Andrews et al., 1990; Cullen & Gendreau, 2001; Farral, 2002; Farrington, 2007; McNeill & Weaver, 2010). Probation officers should use this knowledge when they decide about case management plans. Therefore it may be expected that decisions about the domains in the case management plans meet quality criteria that are based on evidence-based knowledge about crime reduction and desistance from crime.
3. The perceived usability of the decision support tool by its users: The Dutch probation services have structured decision making about case management plans by implementing a decision support tool. That tool should help probation officers to improve their decision making. The perceived usability of such a tool by the probation officers can influence the way they use it (Haas & DeTardo-Bora, 2009; Miller & Maloney, 2013), and subsequently influence the added value of the tool for probation practice.

These aspects were investigated in several studies. In all studies, RISC3 was compared to the former version, RISC2, which did not contain a section with structured decision support for case management plans. The assessment of the risks and needs (section 1 of RISC) is not a subject of study here. Previous studies have shown that the psycho-

metric qualities and predictive validity of this section are sufficient (Van der Knaap & Alberda, 2009; Van der Knaap, Leenarts, & Nijssen, 2007).

Our central hypothesis was that structuring decision making about case management plans by adding a computer-based decision support section in a tool for risk/needs assessment would improve the case management plans. We thus looked at the quality of the case management plans that were developed using RISC. Our second hypothesis was that higher quality of case management plans would be associated with more effectiveness of offender supervision. Therefore we studied the impact of case management plans on offender supervision. Because in the Dutch probation practice the supervising probation officer usually is not the probation officer who did the assessment and developed the plan, we first looked at the implementation of the plan in supervision. The implementation of the case management plan in supervision is a condition for the study of the impact of structured decision making about case management plans on probation practice. We expected that case management plans that were executed according to theoretical criteria for evidence-based probation practice would contribute to the effectiveness of offender supervision. We however did not expect a large effect, because the effectiveness of offender supervision is influenced by multiple variables concerning the offender, the context, the actual availability and quality of interventions and the working alliance between the offender and supervising officer (Laub & Sampson, 2001; McNeill, 2006; Menger & Donker, 2013).

Based on these hypotheses, eight research questions were formulated. Our findings are described in several articles that are presented in the following chapters. After a general introduction about the advantages of structured decision making for probation in Chapter 2, the studies in Chapter 3 and Chapter 4 focus on agreement between probation officers. The following research questions were addressed in these chapters.

1. To what extent do probation officers agree about the case management plan for offenders when they use an instrument for structured risk assessment but the decision process about the case management plan is not structured? (Chapter 3)
2. Do experienced probation officers have better agreement about the case management plan than inexperienced officers? (Chapter 3)
3. Does the use of an instrument for decision support for case management plans (RISC3) improve agreement between probation officers about these plans compared to the previous situation where no such tool was used (RISC2)? (Chapter 4)

Chapters 5 and 6 focus on the quality of case management plans and the effectiveness of offender supervision. Research questions were:

4. To what extent do case management plans that are based on an instrument for structured risk assessment (RISC2) meet the criteria of effective practice in probation? (Chapter 5)

5. Are case management plans that are developed using RISC3 of higher quality than case management plans developed using RISC2? (Chapter 6)
6. Are case management plans that are developed with RISC3 better implemented in supervision than case management plans that are developed with RISC2? (Chapter 6)
7. Is offender supervision in a sample where RISC3 was used more effective than in a sample where RISC2 was used? (Chapter 6)

The final study in this thesis addressed the perceived usability and utility of the decision support tool by its users. The research question was:

8. Do probation officers think that the case management planning section in RISC3 is more usable than that section in RISC2 and contributes to improvement of their work or not? (Chapter 7)

In Chapter 8 all studies are summarized, followed by a general discussion about the findings, limitations of the studies in this thesis, implications of the findings for probation practice and some suggestions for future studies.

Most of the studies in this thesis are published as articles in different journals. Therefore, some repetition, for example a description of the RISC tool, is unavoidable. In our first publications we used the term intervention plan. In the course of this project we decided to use the term case management plan because that term better suits the different domains in such a plan and underlines that such a plan is the basis for case management. In the chapters in this thesis that are already published, the term intervention plan was not changed but can be read as case management plan.



Chapter 2

Structured Decisions About Dutch Probation Service Interventions

Published as:

Bosker, J., Witteman, C. & Hermanns, J. (2013). Structured decisions about Dutch probation service interventions. *Probation Journal*, 60, 168–176. doi: 10.1177/0264550513478317

> Abstract

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There is convincing evidence that structuring decision making leads to better decisions. Comparing structured and unstructured professional decisions on a wide variety of topics in medicine, psychology or social welfare, it was found that structured decisions were as good as and often better than unstructured decisions. This can be explained by the fact that professionals, like anyone else, make errors of judgement. In different professional settings decision support tools have therefore been developed and implemented. As far as probation is concerned, tools for risk assessment are currently used in many countries. Assessment of the risks of recidivism and criminogenic needs thus have become structured, yet decisions on interventions are still to a large extent a matter of professional judgement. This is problematic, since this decision is fundamental in the probation process, and can have a large impact on the effectiveness of probation and on the life of the offender. Dutch probation practice shows that the quality of intervention planning indeed leaves something to be desired. Structuring the decision process for intervention planning, without replacing the professional, may improve the quality of probation work. It would seem to be a logical next step in the development of assessment tools.

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Introduction

Decisions of probation officers can have a great impact on the lives of offenders and on the safety of the public. One of the tasks of the Dutch probation service is to advise the Public Prosecution Service, the courts and the prison system about ways to minimize the chances of recidivism by offenders and to promote their reintegration in society. In order to be able to provide good advice the Dutch probation service has introduced instruments that can assist probation officers to make a decision. The Dutch probation service is not alone in this. The use of assessment tools is becoming a standard for many probation services in Europe, the United States and Canada (Bonta, 2002; Hanson & Morton-Bourgon, 2009). More and more organizations in the criminal justice system use forms of structured prediction to support their decision making. For example, forensic hospitals use instruments for risk assessment, the Dutch Public Prosecution Services use a system ('BOS Polaris')² to assist in the formulation of sentencing demands and an instrument ('BooG'; Van Kordelaar, 2002) has been developed at the Netherlands Institute of Forensic Psychiatry and Psychology (NIFP) to enable structured decisions to be made about whether or not to produce a report on the mental faculties of an offender.

What instruments of this kind have in common is that a conclusion can be reached by answering a standard set of questions, sometimes supported by a weighting of the answers and decision rules to generate advice. Instruments for offender risk assessment have evolved over time. Initially, actuarial instruments were developed, containing mainly static risk factors such as age or prior convictions. Although these instruments can validly predict recidivism, they lack information about dynamic criminogenic needs, such as drug abuse or unemployment, which are also relevant for intervention planning (Bonta, 2002). Therefore instruments have been developed that contain both static and dynamic risk factors. Some of these instruments produce an automatic conclusion on the risk of recidivism and are thus actuarial instruments, for example the Offender Assessment System (OASys; Home Office, 2002). Other instruments only provide a structure by prescribing which risk factors should be assessed, after which the professional draws the conclusion. These systems thus structure but do not replace professional decisions, for example the Historic Clinical Risk - 20 (HCR-20; Webster, Douglas, Eaves, & Hart, 1997) for assessing the risk of violent recidivism.

This article examines the assumption that more structure leads to higher quality decisions, and discusses how this relates to the expertise of the probation officer. It describes that structuring the decision making process in probation so far has been focused on risk and needs assessment, but that intervention planning is still purely a

2 http://www.om.nl/organisatie/beleidsregels/bos_polaris/

matter of professional decisions. This leads to the conclusion that further structuring of the decision making process in the probation service is indeed desirable.

Structured Decisions Are Better Than Unstructured Decisions

There is convincing evidence that structuring decision making leads to better results. As long ago as 1954, Meehl published a study comparing structured (mechanical/statistical) predictions and clinical predictions (professional judgment without instruments). The predictions concerned diverse topics, such as probation outcome, academic success and the outcome of electroshock therapy in schizophrenia. After comparing 20 studies Meehl concluded that the statistical (formal) approach produced predictions that were as good as and often better than those produced by the clinical (informal) approach (Meehl, 1954). A more recent meta-analysis of 136 studies of predictions in the field of psychology and medicine was carried out by Grove and colleagues (Grove, Zald, Lebow, Snitz, & Nelson, 2000). They compared statistical (actuarial) and clinical predictions on a wide variety of topics such as criminal recidivism, treatment outcome, suicide attempt, personality characteristics or probation outcome. It was found that statistical predictions were better in 47 per cent of the studies and clinical predictions in 6 per cent of the studies. In the remainder of the studies the two sets of predictions were equally good. It may therefore be concluded that, in general, a structured (actuarial) prediction is to be preferred over an unstructured (clinical) prediction. Although the actuarial decisions were based on a fixed set of variables while clinicians often had extra information from a file or an interview, having extra information was not found to influence the correctness of the prediction (Dawes, Faust, & Meehl, 1989; Grove et al., 2000). Most relevant to our topic, there is also convincing evidence that structured predictions are better than unstructured professional judgments of the risk of recidivism (Andrews & Bonta, 2006; Bonta, 2002; Hanson & Morton-Bourgon, 2009). Both actuarial risk assessment and structured professional assessments show better predictive validity than clinical predictions of the risk of recidivism. The plausible conclusion is that structuring the decision making process can improve the outcome.

Why would an assessment carried out with the help of an instrument be better than an unaided professional assessment? It might reasonably be expected that professionals' knowledge and experience would enable them to form a good judgment. That they often do not reach the best conclusion is explained by the fact that professionals, like anyone else, can make numerous errors of judgment. The quantity of information that people are capable of processing and analysing is limited. In order to be able to make decisions in complex situations such as the probation setting, people use rules of

thumb (known as heuristics) that can lead to biases (Galanter & Patel, 2005; Garb, 1998; Van Schie, 2003). A number of these biases has been identified through experimental research (Arkes, 1991). For example, when a hypothesis is formed about a specific issue, people (including experts) tend to seek, use and remember information that confirms their hypothesis (the so-called 'confirmation bias'). In judging the likelihood of a situation, people tend to look for examples of similar situations in their memory. The number of examples they can think of, and the ease with which they remember them, are considered as an indication of the likelihood (the so-called 'availability heuristic'). The availability of examples, however, can be biased because extreme or vivid occurrences are better remembered. Using a structured decision aid helps avoid these biases, for example by asking professionals to consider counter-examples and by making base rates of occurrences available (Garb, 2005).

Assessors quite often differ from one another in their opinions. This can have various causes. For example, they may not (consistently) use the same information or reasoning, they do not assess the information in the same way, they apply different criteria as to what is an acceptable conclusion or they integrate information in different ways. Many probation officers believe that structuring the decision making process is worthwhile, albeit mainly for beginners. Once officers are experienced they should, it is argued, be able to make do without instruments. This is probably not the case. Indeed, a study by Tazelaar and Snijders (2004) actually shows that experience can result in poorer decisions. In some experiments they found that experts performed worse in purchasing decisions with growing experience, and that combining expert judgment with formal models improved the predictive accuracy of purchasing predictions. Garb (1998) has shown that assessments of personality and psychopathology of experienced psychologists are better than those of lay people but often not better than those of recently graduated psychology students. A possible explanation for this is the lack of feedback. As professionals generally get little feedback on the correctness of their decisions, they cannot learn from their mistakes (Dawes et al., 1989). As a result, they can be lulled into thinking that their own professional judgments are good. Studies in the field of medical decision making have shown that experts are better at managing information and filtering relevant and irrelevant information. They also rely more on their clinical experience than on basic scientific principles. Non-experts are less efficient in selecting relevant information, but more likely to rely on the available scientific evidence (Galanter & Patel, 2005). Both strategies have advantages and can lead to mistakes. Because decision strategies of experts are not perfect, structured decision making can help them improve their decisions, or at least help them make decisions with explicit and comprehensive justifications (Wittelman & Kunst, 1999).

Structured Approaches Do Not Replace the Professional

An often voiced objection to the greater use of structured decision making is that this would eliminate the professional. However, such beliefs are mistaken. Most instruments for structured risk assessment require a high degree of professional skill. It means, for example, that a standard set of items must be processed, and in each case the severity of the problem must be gauged by a professional using a set of rating instructions. Excellent communication skills, a thorough knowledge of the target group and their problems and strong analytical powers are essential for this purpose. Professional input will always remain requisite.

Even when an instrument contains decision making rules and automatically generates conclusions, this does not eliminate the professional. Instruments and decision making rules always have to be interpreted. In probation, there may be specific offender characteristics or circumstances that necessitate a qualified decision. A professional who uses the instrument must therefore critically assess the conclusions based on the decision making rules and, if necessary, make a reasoned different decision. A structured system of working helps professionals apply relevant scientific knowledge, not to overlook anything and to view their own opinions critically. But ultimately the decision is made not by the instrument but by the professional who is responsible and accountable for it (possibly in consultation with others). It follows that introducing a decision-support system does not mean that professionals can sit back and take things easy. Instead, they should be guided but not led by the instrument and use their professional expertise in a responsible manner, taking account of the latest scientific knowledge in their field.

Structured Support of Offender Assessment Decisions by the Dutch Probation Service

Since late 2004 the Dutch probation service has used an instrument for structured risk assessment called RISc (Adviesbureau van Montfoort en Reclassering Nederland, 2004). RISc stands for 'Recidive Inschattingen Schalen' (recidivism assessment scales). It is a form of structured support for decision making, based on the English and Welsh offender assessment system (OASys). Weighting a standard set of static and dynamic items results in a conclusion about the risk of reoffending and about the criminogenic needs (this part can be called actuarial). Additionally, the risk of serious harm to others and to oneself, and the responsiveness to interventions are assessed by the professional.

The psychometric qualities of RISC are fairly good. The interrater reliability (the extent to which different probation officers come to the same conclusion when assessing the same offender) was moderate to substantial for most items (Cohens K (for nominal items) and Tinsley and Weiss's T (for ordinal items) varied between .30 and .87 with most items having values between .41 en .79). In general, a value of K and T in the range of .41 to .60 is considered moderate and in the range of .61 to .80 substantial (Landis & Koch, 1977). The interrater reliability of the total score is substantial ($T = .68$; Van der Knaap, Leenarts, Born, & Oosterveld, 2012). Often the so-called Area Under the Curve (AUC) is used for measuring the predictive validity of tools for risk assessment. As a rule of thumb, AUC's of .70 and higher denote satisfactory predictive validity, and AUC's between .60 and .70 low to moderate predictive accuracy (Brennan, Dieterich, & Ehret, 2009). The predictive validity for general recidivism of RISC is moderate (AUC = .70; Van der Knaap & Alberda, 2009).

RISC is based on the premise of the 'What Works' theoretical framework, which is research that focuses on 'What Works' in reducing recidivism. The basic premise is that the greater the risk, the more intensive must be the interventions. This is why RISC focuses on assessing the risks of recidivism and harm. A second principle is that interventions should be aimed at the criminogenic needs that underlie these risks. Exerting a positive influence on these needs will reduce the risks. RISC therefore requires an assessment of the needs related to the offending behaviour of a specific offender. A third principle is that interventions should reflect the responsivity of an offender. In other words, the chance that an intervention will be effective can be increased by taking the possibilities and limitations of an offender into account. More in-depth diagnosis, such as an examination to identify psychiatric problems, can be used to supplement the standard set of questions on which the basic diagnosis is founded. Conclusions about risks of recidivism and harm, about criminogenic needs and responsivity provide the basis for the decision on the advisability of one or more behavioural interventions to resolve the identified problems and reduce the risks.

Before the introduction of RISC, the Dutch probation service did not systematically assess the risk of recidivism, and probation officers did not use an assessment tool. Non-structured decisions were the base for pre-sentence reports and supervision plans. Implementing RISC not only introduced structured decision making, but it also meant a change in the basic views on probation work by introducing the risk-needs-responsivity approach. To enable them to work with RISC, probation officers get four days of training in risk assessment. RISC is now used by the probation service to write pre-sentence reports, to advise the prison service on sentence plans for prisoners and on the conditional release of prisoners, and to make a supervision plan. Approximately two-thirds of the Dutch probation officers work with RISC.

On the basis of conclusions about risk, criminogenic factors and responsivity, a decision is made on what interventions are necessary to influence the behaviour and

circumstances of an offender in such a way that the risks of recidivism and harm are reduced. A decision is also made on what interventions and/or criminal justice settings are necessary to mitigate risks in the short term, especially the risk of harm. Previously in RISC the decision about the behavioural interventions was a matter for professional judgment. The format in which the intervention decision was structured, was limited to text fields that had to be completed and tables from which a choice could be made. Although this functioned to some extent as a checklist of the aspects that must be dealt with, it provided few guidelines for the content of the decision. Internal research by the Dutch probation service has shown that the quality of intervention decisions leaves something to be desired. Probation officers have different ways of arriving at a decision. Furthermore, the planned interventions did not always follow logically from the preceding problem analysis. For some criminogenic needs no intervention was planned, or interventions were planned for non-criminogenic needs, without a proper explanation (Bosker & De Ruijter, 2006). This leads to the question whether this part of the decision making process can be improved. In view of the convincing evidence that structured decisions produce better results, structuring the intervention planning might be the answer.

Research About Structured Intervention Planning

Although a lot of research is available on clinical or structured prediction and assessment, relatively little research has been done into intervention decisions. As far as we know, no research at all has been done on this part of the decision process in the field of probation. Some research has been carried out on intervention decisions by psychologists and physicians. This research shows that different professionals often decide differently about what intervention would be best in a specific case (Garb, 1998; 2005). Professional agreement may be reasonably good in a given institution or clinic, but this is often not the case between different institutions. A way to establish general agreement in a specific profession is to develop practice guidelines, based on evidence-based practice. In the field of medicine and psychiatry working with practice guidelines is customary. Although practitioners report that these guidelines are helpful, little is known about their effect on the quality of intervention decisions (Galanter & Patel, 2005). There is some evidence that professionals frequently deviate from guidelines (Garb, 2005; Merckx et al., 2006). Some studies show that decision support systems can improve practitioners' performance on intervention decisions, but further research is needed to support this conclusion (Galanter & Patel, 2005). Witteman and Kunst (1999) for example, evaluated the use of a computer system to support psychotherapists in their decisions about the treatment of depression. The system helped practitioners order relevant decision elements and criticize their initial decisions by giving possible contra-

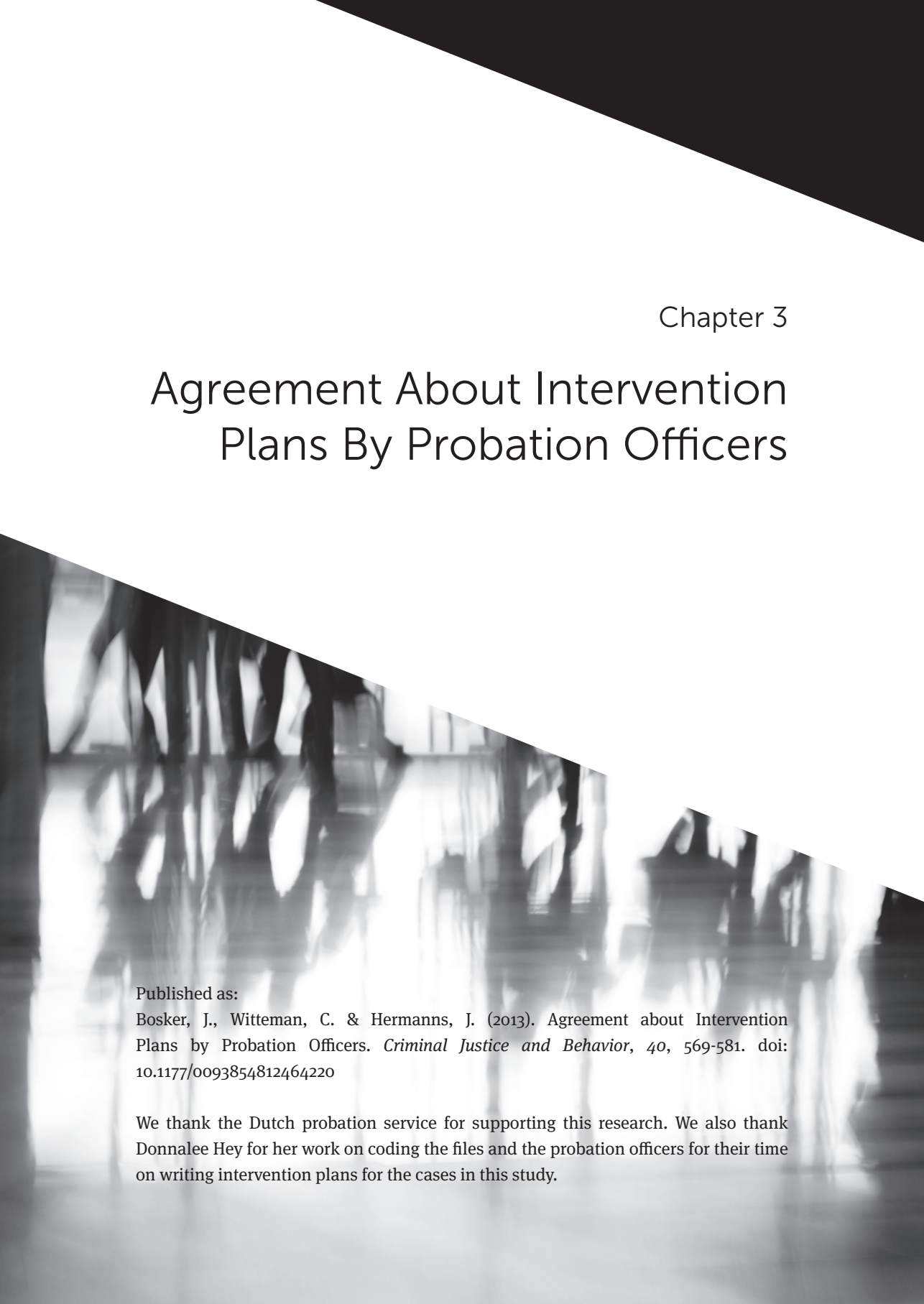
indications. Practitioners evaluated the system as useful. In the field of medicine, experiments with computer based decision support systems show that this could enhance clinical performance for treatment. In a systematic review of 100 controlled trials assessing the effects of the use of decision support systems in health care, Garg and colleagues found that practitioners' performance improved in 64 per cent of the studies (Garg et al., 2005). Practitioners' performance was for example measured by medication use and identification of at-risk behaviours. The effect of structured decision support on patient outcomes has been studied insufficiently and, when studied, showed inconsistent results (Garg et al., 2005; Hunt, Haynes, Hanna, & Smith, 1998).

The main conclusion about the question whether structured decision support can improve intervention decisions is that more research is needed, certainly in the field of probation. Nevertheless, some positive results can be reported on structuring intervention planning in other fields. Based on these results we expect that positive results can be achieved for probation also, but the way decision support systems are implemented in the professional organisation and introduced to the professional is an important aspect that needs attention to facilitate acceptance and actual use (Galanter & Patel, 2005; Shook & Sarri, 2007).

Conclusion: Structured Intervention Planning in Probation is Desirable

In recent years the work of the probation service has become increasingly structured and influenced by research. This structuring has mainly concerned the identification of the criminogenic needs and the assessment of the risk of recidivism. The body of evidence about the advantage of actuarial (structured, formal) predictions over clinical predictions justifies this development. Decisions on intervention planning following the assessment are still mainly a matter for individual professional judgment. Both experience in Dutch probation practice and research in the fields of psychology and health care show that improvement of this part of the decision process is necessary and possible. It is argued that it is therefore now time for the next step: structuring the intervention decision. This is, after all, the vital decision. The probation service does not identify risks and needs simply for the sake of it. The crucial question is what must be done in order to reduce the identified risks and needs. The answer must be evidence-based and may not differ too much between different probation officers. As with structured risk assessment, structured intervention planning would not replace the professional. Final decisions must be made by probation officers, taking into account all specific information about the case. A decision support system could however improve the quality of the decision process and thereby presumably of the decisions.

Recently, a decision support system that compels probation officers to decide on all relevant steps and issues of intervention planning has been integrated in RISC. Where possible, interventions are suggested that meet the assessed criminogenic needs. For some parts of the decision process, guidelines are developed and added to the system. But in all decisions, probation officers have the last word and can overrule the suggestions if they have good reasons to do so. Further research will show whether this system will produce the desired improvement in the quality of intervention decisions.



Chapter 3

Agreement About Intervention Plans By Probation Officers

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> Abstract

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Introducing instruments to structure risk assessment has been shown to improve agreement between probation professionals about the assessment of offenders' risks and needs. The subsequent decisions about intervention plans, however, are to a large extent still unstructured. This article addresses the question of whether probation officers agree about intervention plans and whether agreement differs between experienced and less experienced probation officers. A group of 44 Dutch probation officers wrote intervention plans for four cases in which the risk and needs assessment was given. Results showed that the overall agreement about the intervention plan is poor. Looking at the different domains of an intervention plan, agreement about the advice on the sanction, conditions, criminogenic needs to be addressed, and programs is fair. On all other domains (instructions, control, intensity of supervision, and goals), agreement is poor. Experience of the probation officers did not influence the agreement about the intervention plans substantially.

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Introduction

In many countries, working with instruments for risk assessment has become standard practice for probation services and forensic institutions (Bonta, 2002; Hanson & Morton-Bourgon, 2009). Based on a standard set of risk factors, predictions are made about the risk of recidivism and about the risk factors that are related to criminal behavior (generally defined as criminogenic needs). In their theory of a psychology of criminal conduct, Andrews and Bonta (2006) stated that the assessment of the risk of recidivism, criminogenic needs, and responsivity is the basis for choosing means to reduce these risks, and they introduced the Risk-Need-Responsivity model (RNR model). The model describes three general principles of effective offender rehabilitation. First, the intensity of the intervention plan should match the risk of recidivism. Second, interventions should target dynamic criminogenic needs. Third, the style of the intervention should match the abilities and limitations of the offender (Andrews & Bonta, 2006, 2010a; Andrews, Bonta, & Wormith, 2011). Adapting the RNR model, many probation services implemented instruments that help assess the risk of recidivism, criminogenic needs, and responsivity, such as the Level of Service Inventory–Revised (LSI-R) (Andrews & Bonta, 1995). Using the LSI-R, good interrater agreement can be reached about the risk items and about the risk of recidivism (Lowenkamp, Holsinger, Brusman-Lovins, & Latessa, 2004; Raynor, Kynch, Roberts, & Merrington, 2000).

Outcomes of these instruments are used to make an intervention plan³ containing decisions about the intensity of the supervision, which goals must be reached, which programs are needed in order to change the criminogenic needs, and how to control the actual risk. In most practices, decisions about the intervention plan are poorly structured and mainly a matter of individual judgment. The RNR model provides general knowledge about decisions in offender supervision, with a focus on the development of individual capital such as cognitive skills. Also, research about desistance from crime made clear that improving social capital, such as helping offenders get a meaningful job and a prosocial network, can help them stop offending (McNeill, 2006). But this general knowledge gives limited guidance when choices have to be made in an individual case. There is hardly any specific knowledge concerning the most effective intervention plan for a specific offender. Therefore, it can hardly be expected that probation officers can reach a high level of agreement about intervention plans. However, although

3 An intervention plan may also be called a supervision plan, case management plan, risk management plan, or sentence plan. In this article, we use the term intervention plan, referring to a plan that consists of all the conditions, interventions, restrictions, control instruments, and other activities by probation, other organizations, and the offender, in order to reduce the risks of recidivism and harm.

probation officers work within the legal bounds of the law and the sanction enforced by a judge, their decisions can have a great impact on the lives of offenders. Consequences of the decisions imply what limitations or obligations offenders must comply to and what possibilities for change they are offered. Therefore, it is not desirable that there are large differences between the decisions of different probation officers. This article describes the results of a study about the agreement between probation officers about intervention plans that are based on structured risk assessment.

Relatively little research has been done on the interrater agreement about intervention decisions. In the forensic field, no study was found that actually measured agreement between different probation officers about intervention plans for the same participants. Research on the agreement of treatment decisions by clinical psychologists is more common and often shows poor results (Garb, 1998; Witteman & Kunst, 1997). Based on an extensive review of studies in psychology and psychiatry, Garb concludes that “whether one receives medication, ECT, or psychotherapy for the treatment of depression often depends on the geographical area, setting and personal bias of the clinician rather than empirical evidence about what type of treatment works best for what type of patient” (Garb, 1998, p. 112).

An often-heard statement in probation practice is that experienced probation officers do not need structured decision support to formulate a good intervention plan. Some studies have addressed the statement that experienced professionals make better decisions. For example, Daleiden, Chorpita, Kollins, and Drabman (1999) found that more years of training and clinical experience was related to more agreement about the functional category describing children’s refusal to go to school. But in his extensive study on clinical decision making, Garb (1998) concluded that presumed expert clinicians are no more accurate than other clinicians. Some studies even showed that experienced clinicians often do not make more valid decisions than graduate students in mental health fields (Garb, 1989).

Thus, research indicates that the level of agreement about intervention decisions in the field of psychology and social welfare is often poor. Research about the effect of training and working experience on the agreement about treatment decisions shows varying results. This article addresses two questions. The first question is whether probation officers agree on the intervention plan for offenders when they use an instrument for structured risk assessment but the decision process about the intervention plan is not structured. The second question is whether experienced probation officers have better agreement about the intervention plan than inexperienced officers. Based on the existing research, we expect to find low agreement on probation officers’ decisions about the intervention plan, and we do not expect agreement to be correlated with experience of the probation officers.

Method

Participants

Probation officers were selected from all Dutch probation officers who frequently work with Recidive Inschattingen Schalen (RISC). Out of a database of the Dutch probation service, containing all risk assessments, all probation officers were selected who had performed six or more risk assessments in the first half of 2009. These probation officers were divided in two groups: a group with experienced probation officers (more than 2 years of service as a probation officer) and a less experienced group. Out of both groups, 30 probation officers were randomly selected. Subsequently, the managers of the different locations were asked to permit these officers to participate in the study and, if the specific officers could not participate, to designate a replacement. Finally, appointments were made with the probation officers on several locations of the probation service to make the intervention plans. For different reasons, not all selected probation officers participated in the study: Some local managers did not give permission, some probation officers refused to participate and it was not possible to replace them, and some probation officers were not able to participate because of practical reasons. The management did not give permission to resample to 30 participants in both groups. This resulted in a final group of 44 probation officers (30 experienced, 14 less experienced). Table 1 shows some general characteristics of the participants in relation to all Dutch probation officers. In this study, relatively more female than male probation officers participated. The years of service as a probation officer of the participants were relatively low. The number of risk assessments the probation officers in this study had ever performed was relatively high. Differences may have occurred because of the selection procedure and because not all locations and not all probation officers selected agreed to participate in this study.

Table 1: *Characteristics of the Participants in Relation to All Probation Officers in 2009*

Characteristic	All Probation Officers	Participants
Sex	645 male (36%)	11 male (25%)
	1,165 female (64%)	33 female (75%)
Mean years of service (SD)	9.7 ^a	4.5 (4.5)
Mean number of risk assessments ever (SD)	68 (56)	82 (68)

Note. ^a Information about the years of service was not available for some locations. Therefore, the mean years of service of all probation officers are indicative.

Instruments

Risk and needs assessment. In this study, the intervention plans are based on structured risk assessment. The Dutch probation service uses an instrument for risk and needs assessment called the RISC (Recidivism Assessment Scales) (Hildebrand, 2010a). RISC is based on the English and Welsh Offender Assessment System (OASys). It contains 12 scales, corresponding to 12 criminogenic needs: (1) offending history; (2) current offence; (3) accommodation; (4) education and employment; (5) income and financial management; (6) relationships with partner, family, and relatives; (7) relationships with friends and acquaintances; (8) drug abuse; (9) alcohol abuse; (10) emotional well-being; (11) thinking and behavior; and (12) attitudes. Each scale contains risk items that are scored 0 (*no problem*), 1 (*some problem*), or 2 (*significant problem*). The total score of a scale represents the degree of criminogenic need. The total RISC score expresses the risk of recidivism. In addition to the risk of recidivism and the criminogenic needs, the risk of harm and responsivity are judged by the professional. The interrater agreement of the risk items is moderate to excellent (Cohen's kappa [for nominal items] and Tinsley and Weiss's T [for ordinal items] varied between .30 and .87, with most items having values between .41 and .79) (Knaap, Leenarts, Born, & Oosterveld, 2010).⁴ The interrater agreement of the total score is good ($T = .68$) (Knaap et al., 2012). The predictive validity for general recidivism of RISC is sufficient (area under the curve [AUC] = .70)⁵ (Knaap & Alberda, 2009). Although reliability and validity of RISC can be improved, psychometric qualities of RISC are considered sufficient to use it as a basis for the intervention plan.

In Dutch probation practice, the intervention plan contains several domains: an advice about the sanction (only in pre-sentence reports) and when relevant about the conditions for a suspended sentence or supervised release from prison (for example, a treatment program or the prohibition to use alcohol or drugs), instructions about what the offender must or may not do,⁶ interventions for control such as electronic monitoring, the intensity of supervision, goals describing the desired behavioral change or change of circumstances of the offender, the criminogenic needs that must be changed, and the programs (including treatment and support) that are supposed to realize the

4 In general, a value of K and T in the range of .41 to .60 is considered moderate and in the range of .61 to .80 substantial (Landis & Koch, 1977).

5 In general, an AUC value of .70 to .74 is considered moderate, and values above .75 are considered good (De Vogel, 2005).

6 In Dutch practice, instructions are prescribed by the probation service and do not have a legal status. In the intervention plan, instructions function as bounds for what the offender may or may not do. Instructions can be given about anything, as long as they do not restrict the behavior of the offender to a large extent.

change. The decision process about these items is hardly structured. The only structure is given by the fact that all these domains are summed up and must be addressed one by one. How probation officers make the decisions is not prescribed, and hardly any aid or instructions are given about what decision is right in a specific situation. The only aid available is general knowledge on the RNR model and an overview of available evidence-based behavioral interventions, treatment, or practical aid on every criminogenic need. Probation officers do, as a standard procedure, discuss the risk assessment and intervention plan with a senior colleague. In Dutch probation practice, decisions about the intervention plan are thus to a large extent based on the expertise of the probation officer and his or her senior colleague.

All probation officers get a 4-day training before they start working with RISc. This training includes learning the theoretical background of the instrument, gathering relevant information, interview techniques, instructions on scoring the items, and instructions on formulating an intervention plan using the RNR principles.

Cases

Four offender cases were selected out of the risk assessments performed by the probation service. The cases represent different and generally occurring offender profiles. All cases were presented in extensive descriptions (see Table 2 for details). The first case is a 28-year-old man with an anxiety disorder who assaulted his wife. He is unemployed, has debts, and uses a lot of soft drugs. The second case is a high-risk male offender with a long offending history that started at the age of 16, who is actually convicted to a prison sentence because of serious assault and the possession of hard drugs. He is unemployed, has no house, has debts, and uses hard drugs. Earlier interventions all failed because of noncompliance. The third case is about a 22-year-old man who threatened a police officer. He more than once resisted to the authority, leading to four earlier convictions. He left school without a qualification, is unemployed, and has no income. He has good contact with his family and a lot of friends. He is a frequent soft drugs user and was drunk at the time of the offence. The fourth case is a 36-year-old woman, convicted for theft and spending false money. She has a borderline personality disorder, uses cocaine, and has addicted friends who also have offending histories. The intervention plans of the first and third case had to be made in the context of a presentence report; for the second case, an intervention plan had to be developed containing programs to be delivered during detention; and in the fourth case, the plan relates to a conditional release from prison.

We presented the cases in the software that probation officers use in their daily practice. In about every case, the basic assessment (the 12 scales with risk items and short descriptions of the situation on every scale) and conclusions about the risks of recidivism and harm, criminogenic needs, and responsivity were given to make sure that all probation officers started with the same information.

Table 2: Details About the Four Cases Used in This Study

Case Number	Risk Level	Dynamic Criminogenic Needs		Motivation for Change
		Significant Problems	Some Problems	
Case 1	Moderate high	<ul style="list-style-type: none"> - Finance - Relationships partner / family - Emotional well-being 	<ul style="list-style-type: none"> - Education / work - Drug abuse - Cognitive skills - Attitude 	Moderate
Case 2	High	<ul style="list-style-type: none"> - Housing - Education / work - Drug abuse - Attitude 	<ul style="list-style-type: none"> - Finance - Friends - Alcohol abuse - Cognitive skills 	Moderate, only regarding practical problems
Case 3	Moderate high	<ul style="list-style-type: none"> - Drug abuse - Alcohol abuse 	<ul style="list-style-type: none"> - Education / work - Cognitive skills 	Moderate
Case 4	Moderate high	<ul style="list-style-type: none"> - Housing 	<ul style="list-style-type: none"> - Finance - Relationships partner / family - Friends - Drug abuse - Emotional well-being - Cognitive skills 	High

Procedure

The data collection took place in the second half of 2009. Although all 44 probation officers were asked to make an intervention plan for all four cases, 3 of them completed only three cases, because of a lack of time. These cases were included in the analyses, so overall three cases were completed by 43 probation officers and one case was completed by 44 probation officers. The four cases were performed behind the computer (as in regular practice) in 1 day under the supervision of a researcher. The researcher gave instructions and stayed in the room to make sure that the probation officers did not discuss the cases, since we were interested in their individual decisions.

Categorizing domains of the intervention plan. Most domains in the intervention plan are free text. These data had to be coded into fixed answers to make them suitable for quantitative analyses. All cases were coded by the first author and a research assistant. To test whether there was enough agreement about the coding, 26 cases were double-coded. With a mean Cohen's kappa of .87 (range 0.36 to 1.00), agreement was good enough to code the other files separately. Most domains in the intervention plan give room for one or more answers. Probation officers can, for example, decide to use one

or two interventions for control, for one or more goals or for one or more programs. In order to make a comparison possible, all answers were dichotomized: The specific answer is in the intervention plan or not.

Some domains of the intervention plan contain many possible answers. For example, in the domain “program,” the probation officers indicated 23 different programs in the four cases. Because it cannot be expected that probation officers agree about the domains of the probation plan at a detailed level, the answers were clustered into general categories (see Table 3). The goals, criminogenic needs, and programs were clustered into seven categories, which match the dynamic criminogenic needs of the assessment. Relationships with partner, family, and relatives and relationships with friends and acquaintances were clustered into the social network category. Drug abuse and alcohol abuse were clustered into the addiction category. Emotional well-being, thinking and behavior, and attitudes were clustered into the personality category. Although it could be argued that attitude, being one of the so-called “big four” risk factors (Andrews & Bonta, 2006), should be a separate category, we decided to cluster it into the personality category because the programs that are available in Dutch practice that address attitude also address cognitive skills. The social network category was not used for the program domain because in Dutch practice there are no specific interventions that address improvement in the social network. Finally, we added a category of supervision as a general intervention for support and practical aid.

Table 3: Domains in the Intervention Plan

Domain	Number of Categorized Answers in This Study	Example of Categorized Answer
Sanction	6	Suspended sanction Community sanction
Condition	8	Attend treatment Prohibition to use drugs or alcohol
Instructions	8	Attend behavioral program Attend treatment
Control	7	Contact with formal network Drug test
Supervision	4	Level 1 No supervision
Goal (clustered)	7	Goal about housing Goal about personality
Criminogenic needs	7	Drug / alcohol abuse Social network
Program	8	alcohol or drug abuse program Program or treatment targeting personality

Results

Analyses

To answer the question about the level of agreement between probation officers about the different domains of the intervention plan, the interrater agreement between the 44 probation officers had to be established. An often used statistic for interrater agreement of nominal variables is Cohen's kappa (Landis & Koch, 1977). To measure group agreement, we used the average pairwise Cohen's kappa. Calculations were performed with ReCal (Reliability Calculation), available online at www.dfreelon.org (Freelon, 2010). As a rule of thumb for the interpretation of kappa, agreement is considered to be poor when kappa is lower than .40, fair when kappa is between .40 and .60, good when kappa is between .60 and .75, and excellent when kappa is above .75 (Cicchetti, 1994). To answer the question of whether the level of experience influences the interrater agreement between probation officers, we calculated the average pairwise Cohen's kappa on the domains of the intervention plan separately for the two groups of probation officers (more than 2 years and less than 2 years of service as a probation officer).

Agreement about Domains in The Intervention Plan

Table 4 shows the agreement (kappa) between the probation officers about the eight domains of the intervention plan. Overall, the agreement between probation officers about the sanction is good; the agreement about the conditions, criminogenic needs, and programs is fair; and the agreement about instructions, control, intensity of supervision, and goals is poor. Looking at the different cases, the average agreement about Cases 1 and 3 is fair, and about Cases 2 and 4, the average agreement is poor. The level of agreement varies between the different domains. In Cases 1 and 3, the agreement about the sanction and conditions is relatively good, with kappas between .58 and .81. Most probation officers decide to advise a suspended sentence as a sanction. Some probation officers advise a community sanction in addition to the suspended sentence. Although in Cases 2 and 4, the sanction was given in the case description, probation officers varied more in their decisions about this domain. In Cases 1, 3, and 4, some conditions were chosen by a majority of the probation officers (in Case 1, for example, outpatient treatment by forensic psychiatry). In Cases 3 and 4, different additional conditions (such as attending a behavioral program) were chosen by some probation officers, leading to an overall fair or low agreement. Decisions about instructions varied to a great extent. Probation officers decided very differently about the need for and sort of instructions, leading to low agreement about this domain in all cases. A substantial number of the probation officers decided to choose one or two similar control instruments (contacting the formal network and face-to-face contact with the offender is often mentioned), but in all cases, several other control instruments (such as electronic monitoring or testing on drug or alcohol abuse) were mentioned by some probation officers, leading to an overall low agreement in all cases.

Because the intensity of the supervision is the only domain that does have one answer per case, the agreement about this domain is not measured per case but for the four cases together. The average pairwise kappa for this domain is low (.20). The Dutch probation practice knows three intensity levels of offender supervision. In three of the four cases, a majority of the probation officers chose Level 2, but still a fair number of probation officers chose Level 1 or 3, or no supervision at all, leading to an overall low agreement.

Table 4: *Agreement on Domains in the Intervention Plan in Cohen's kappa*

Domain	Case 1 (N = 43)	Case 2 (N = 43)	Case 3 (N = 44)	Case 4 (N = 43)	Mean Agreement Four Cases
Sanction	.81	.30	.79	.51	.60
Conditions	.76	.22	.58	.38	.49
Instructions	.27	.14	.20	.15	.19
Control	.31	.16	.25	.22	.24
Intensity Supervision	-	-	-	-	.20
Goal (clustered)	.31	.17	.40	.09	.24
Crimino- genic need	.47	.30	.54	.41	.43
Program	.64	.24	.60	.37	.46
Mean agreement on the case	.51	.22	.48	.30	.38

Note. N = number of probation officers.

An important part of the intervention plan is the goals that are formulated, describing the behavioral change or change of circumstances to be managed. The goals probation officers formulated varied a great deal. Even after clustering the goals in seven broad themes, such as housing, finance, education/work, and drug or alcohol abuse, the agreement about the goals is poor in all cases. Personality is the only goal cluster that is indicated by a large majority of officers in all cases. In the intervention plans, probation officers have to make clear what criminogenic needs should be addressed. Agreement between probation officers about this domain is low in Case 2 and fair in all other cases. In all cases, there is considerable agreement about the relevance of some criminogenic needs, but probation officers decide differently about the other needs in the cases, in spite of the fact that they all worked with the same basic assessment that contained a conclusion about the present criminogenic needs. Agreement about the programs

is good in Cases 1 and 3 and poor in Cases 2 and 4. In all cases, there is agreement in a large group of probation officers about the importance of some programs, but especially in Cases 2 and 4, there are large differences about additional programs.

Table 5: Differences in Agreement Between Experienced and Inexperienced Probation Officers

Domain	Mean Agreement Four Cases (Cohen's Kappa)	
	Inexperienced ($n = 14^a$)	Experienced ($n = 30^a$)
Sanction	.63	.59
Conditions	.43	.52
Instructions	.19	.17
Control	.23	.23
Intensity Supervision	.22	.22
Goals	.21	.26
Criminogenic needs	.28	.50
Programs	.40	.48
Mean agreement on all domains	.32	.37

Note. ^aIn some cases, n is slightly lower for some domains because not all cases were performed by all probation officers and because for some pairs Cohen's kappa could not be calculated.

Experience and Agreement

The second question in this study is whether agreement between probation officers about the intervention plan is influenced by their experience. Table 5 shows the average pairwise Cohen's kappa for the domains of the intervention plan for the experienced and inexperienced group separately. The difference between the two groups is less than .10 for all domains except the criminogenic needs. The experienced probation officers agree more about the criminogenic needs that must be changed than the inexperienced probation officers. The difference between the mean kappas of the experienced and inexperienced group for this domain in all four cases is substantial.

Discussion

We examined the questions of whether probation officers agree about the different domains of the intervention plan for offenders and whether agreement is influenced by the experience of the probation officer. Because it cannot be expected that probation officers agree about the domains of the intervention plan in detail, the agreement was studied at the level of general categories that, as far as possible, match the criminogenic needs. The results of this study lead to the conclusion that the level of agreement about

the sanction, conditions, criminogenic needs that must be changed, and programs is fair, and agreement seems to be low about all other domains in the intervention plan: instructions, control, level of supervision, and goals. We also found that the experience of the probation officer, defined as the number of years of service, does not seem to have a substantial effect on the agreement, except for the decisions about the criminogenic needs that have to be influenced. Regarding this domain of the intervention plan, experienced probation officers reach better agreement than inexperienced probation officers.

Limitations

The study presented in this article had some limitations. Although we presented existing cases, the way probation officers had to work differed from their actual practice. We gave probation officers the basic assessment, while in practice they make the basic assessment themselves. This means that they had to work with a “paper” case and did not meet the offender face-to-face. Some probation officers said that they had difficulty making an intervention plan this way because their impression of the offender was less vivid. We do not know if this influenced the level of agreement. Based on a review of different studies, Garb (1998) states that for the diagnostic outcomes it makes no difference whether the client is interviewed or a description is read on paper. Furthermore, differences between probation officers already occur in the process of making the basic assessment (Knaap et al., 2012). Therefore, working with the same basic assessment, as in this study, may lead to an overestimation rather than an underestimation of the actual overall agreement about intervention plans.

Not seeing the offender also means that the intervention plans could not be discussed with the offender and that they only represent the probation officers’ views. In daily practice, the goals and perspectives of offenders may influence the plan, because officers will take these into account in order to motivate them to participate. Taking the offenders’ perspectives into account may lead to more differences. Therefore, the agreement about intervention plans found in this study may be better than it would be in daily practice.

Another difference from actual practice is the lack of colleague consultation. In Dutch practice, probation officers consult a senior probation officer about every intervention plan. They also have case meetings where they discuss complex cases and how to handle them. These activities might improve agreement in a specific team but will have little effect on the agreement between probation officers in general because case meetings are organized in a specific location and not over different locations.

Because the total population of offenders that comes into contact with the probation service is large and very diverse, the four cases used in this study are not representative for all probationers. The cases do, however, represent different and generally occurring offender profiles. Because similar results were found on all four cases, it is not expected that a different selection of cases would have led to considerably different results.

A Lack of Agreement on Intervention Plans is Disturbing

The lack of agreement between probation officers about some domains of the intervention plan is disturbing, because this can lead to inequality of rights. Intervention plans can have a significant influence on the decision of judges (Tata, Burns, Halliday, Hutton, & McNeill, 2008) and on the freedom or restrictions of offenders. Two probation officers deciding differently about what specific behavioral program must be included in the intervention plan might not have a great impact on the rights of offenders, but a difference between no training program or two training programs of 20 meetings each is significant, similar to the difference between the intensity of the supervision. Decisions that have a substantial impact on the freedom of offenders can only be enforced by a judge. But the range for decisions by the probation officers is still substantial. Therefore, agreement among probation officers about the domains of the intervention plan that influence the liberty of offenders, such as the intensity of the supervision and the means for control, needs improvement.

Apart from differences in the intensity of the intervention plan, differences also occur in the type of goals or programs. A relevant question is how problematic these differences are. There might be different roads leading to effective practice and reducing recidivism. Possibly, different programs may show similar results. In research about the effectiveness of different evidence-based psychotherapies, it was concluded that the effectiveness of the different therapies was similar, so it didn't really matter what specific therapy was chosen, as long as it was evidence based (Luborsky et al., 2002; Wampold et al., 1997). A suggested explanation of this finding is that there are some general effective factors in different evidence-based therapies that to a large extent explain their effectiveness, such as the quality of the therapeutic alliance and the presence of hope (Wampold et al., 1997).

It might be true that different interventions could be effective to reduce recidivism with specific offenders. Nevertheless, it is important that an intervention plan is based on the state-of-the-art evidence on effective practice in reducing recidivism and supporting rehabilitation. Research shows that some interventions are effective in reducing recidivism, and some are not (Dowden & Andrews, 1999; Lipsey & Cullen, 2007; Wormith et al., 2007). One of the most stable conclusions about effective practice in probation is that interventions must address the risk, needs, and responsivity of the specific offender (Andrews & Bonta, 2006). Therefore, the conclusion in this study, that the agreement about the criminogenic needs that must be addressed seems to be fair, especially for experienced probation officers, is encouraging. We will address the question of whether intervention plans of the probation service meet the criteria of effective practice in a future study.

Improving Agreement by Structuring The Decision Process

Low agreement about intervention plans is disturbing, but the probation service is not alone in this. In mental and social welfare, comparable results were found concerning

the agreement between professionals about interventions for the same case. When the decision process is structured, good results on interrater agreement can be found in risk assessment and diagnoses of mental problems. Realizing agreement between professionals about causal judgments and intervention decisions seems more difficult (Daleiden et al., 1999; Garb, 1998; Hagopian et al., 1997; Kang & Poertner, 2006).

In general, structuring a decision process can lead to more agreement. This conclusion has been confirmed over and over again since the famous study of Meehl in 1954 (Bosker, Witteman, & Hermanns, 2013a; Dawes, Faust, & Meehl, 1989; Garb, 1998, 2005; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Meehl, 1954). The decision process about intervention plans could be structured in several ways. The introduction of guidelines is one way. Using guidelines that include descriptions of the state-of-the-art interventions for specific problems based on effect studies is an often used practice in the field of mental health. Although practitioners find guidelines helpful (Galanter & Patel, 2005), in practice they often deviate from them (Garb, 2005; Harris, Gingerich, & Whittaker, 2004; Merckx et al., 2006). This is because working with guidelines gives freedom to the professional in the decision process, leaving room for disagreement and differences, and thus for a lack of agreement in practice. Another option is to develop computerized decision support systems: information systems designed to improve clinical decision making by matching characteristics of individual patients to a computerized knowledge base that then generates patient specific recommendations. A systematic review of 100 controlled trials assessing the effects of the use of decision support systems in health care showed that in 64% of the studies practitioners' performance improved (Garg et al., 2005).

Using a decision support system is no guarantee for agreement. These systems also leave room for professional judgment and thus for disagreement. Differences in probation officers' working styles and knowledge bases may influence the decisions they make in writing intervention plans and cause lack of agreement (for more information about working styles of probation officers, see Klockars, 1972). Having a focus on law enforcement, for example, will lead to intervention plans with a focus on control, whereas probation officers with a more therapeutic orientation may be more extensive in formulating goals and programs in their plans. Also, probation officers' knowledge of effective practice may influence their decisions about the problems or needs that must be addressed and about the strategies to effectively address these needs. As far as offender supervision is concerned, practitioners often seem to be unaware of relevant evidence-based knowledge about effective interventions. In a study of Flores et al., for example, practitioners in juvenile justice correctional agencies were not able to identify the so-called "Big Four" risk factors (antisocial attitudes, associates, personality, and criminal history), and a minority of the practitioners identified effective treatment types (Flores, Russell, Latessa, & Travis, 2005). Training and supervision of probation officers therefore should improve the agreement about intervention plans.

This study reveals an important problem in Dutch probation: a lack of agreement about intervention plans. Recently the Dutch probation service has implemented a decision support system for professionals who write these plans. An improvement of agreement between probation officers when they use this system is expected. A forthcoming study addresses this expectation.



Chapter 4

Improving Agreement About Intervention Plans in Probation by Decision Support

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> Abstract

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Reliability in decision making about intervention plans is a necessary condition for evidence-based probation work and equal treatment of offenders. Structuring decision making can improve agreement between clinical decision makers. In a former study however, we found that in Dutch probation practice structured risk and needs assessment did not result in acceptable agreement about intervention plans. The Dutch probation services subsequently introduced a tool for support in decision making on intervention plans. This article addresses the question whether the use of this tool results in better agreement between probation officers. A significant and meaningful improvement in agreement was found on all domains of the intervention plan. Implications for probation practice are discussed.

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Introduction

The growing knowledge base about what works in reducing recidivism has had a major influence on probation work in the last decades. Inspired by developments in Canada and the United States, the so-called “what works movement” took flight in Europe in the 1990s, starting in Great Britain and followed by probation services in the Scandinavian countries, Ireland, and the Netherlands. One of the major findings in research about what works is that supervision and interventions should follow the risk and needs of offenders (Andrews & Bonta, 2010b; Dowden & Andrews, 1999; Lowenkamp, Latessa, & Holsinger, 2006). Consequently, the risk and needs of offenders should be assessed to decide about an intervention plan.⁷ Evidence that actuarial prediction of human behavior generally outperforms professional judgment stimulated the introduction of risk and needs assessment in forensic practice (Andrews & Bonta, 2010b; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Hanson & Morton-Bourgon, 2009). The first instruments to be introduced — so-called second-generation risk assessment, following first-generation professional judgment — were actuarial and consisted almost entirely of static risk factors such as the number of previous convictions and age (Andrews & Bonta, 2010b). Although such instruments can predict recidivism satisfactorily, they are of little use for decision making about intervention plans. This limitation is solved in the third-generation offender assessments by incorporating dynamic risk factors, identifying criminogenic needs that can be changed (Bonta, 2002).

Researchers in several countries studied the use of risk and needs assessment by probation officers in daily practice. In a survey among community corrections staff across the United States, Miller and Maloney (2013) found that although nearly half of the participating staff could be characterized as “substantive compliers,” well over half of the practitioners do not make full use of the assessment and often deviate from tool recommendations. Research in Sweden and Ireland also showed that some of the probation officers did not commit to the use of risk and needs assessment, but focused on social context problems, probably influenced by their background as a social worker (Fitzgibbon, Hamilton, & Richardson, 2010; Persson & Svensson, 2011).

Based on research among probation officers in England and Wales, Fitzgibbon (2007) points to the danger of deskilling probation officers when the introduction of risk and needs assessment substitutes casework skills and leaves no room for continuity in the relationship between officer and offender. Moreover, other factors seem to be important for probation officers in decisions about intervention plans, such as the suitability of an intervention for the offender, and the offenders’ willingness and ability

7 An intervention plan may also be called a supervision plan, case management plan, risk management plan, or sentence plan.

to participate (Kemshall, 2010). These studies imply that the use of instruments for risk and needs assessment may not naturally result in intervention plans that match the risk and needs assessed.

Studies about intervention plans and service delivery by probation officers using tools for risk and needs assessment show similar results. In a study about community supervision in the Canadian province of Manitoba, Bonta, Rugge, Scott, Bourgon, and Yessine (2008) found that often the assessed criminogenic needs were not included in the intervention plans. Bosker, Witteman, and Hermanns (2013c) found that Dutch probation officers seemed to focus their plans on some criminogenic needs such as drug and alcohol abuse, cognitive skills, and emotional well-being, while other criminogenic needs assessed such as relationships, accommodation, or finance often were not included in the plans. In a study among young offenders in Canada, it was found that officers did not use the risk and needs assessment to identify treatment needs (Flores, Travis, & Latessa, 2003).

To improve the match between the risks and needs assessed and service delivery, so-called fourth-generation risk assessment instruments were developed, in which assessment and case management are integrated (Andrews & Bonta, 2010b). In the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) for example, after assessing the risk, needs, and responsivity of the offender, correctional practitioners must prioritize the criminogenic needs, define goals with every need, and choose an intervention to reach the goals. Kemshall (2010) states that in such tools risk prediction has taken second place and enhancing the match of offenders to interventions has become the main focus. Whether the use of fourth-generation risk assessment actually improves decision making about intervention plans has, to our knowledge, not been investigated yet.

One of the foundations for improved decision making about intervention plans is an acceptable level of agreement between probation officers when they develop an intervention plan for the same offender. Such agreement is important for two reasons. First, probation practice cannot be evidence-based if probation officers disagree in their decisions about what criminogenic needs should be addressed. Second, the equality of rights of offenders should be guaranteed. If the intervention plan has an impact on the offender's freedom, probation officers should have a certain degree of objectivity, or at least intersubjective agreement. For example, decisions about special conditions, the intensity of supervision, or means of control can have a large impact on the offender's life. Such decisions should not depend on the individual officers' opinions. Although the final decision about special conditions and electronic monitoring is usually made by the court, judges often use the advice of the probation service in their decision process (Boone, Beijer, Franken, & Kelk, 2008; Van Wingerden, Moerings, & Van Wilsem, 2011).

Decision Support for Intervention Plans

Since 2005, the probation service in the Netherlands has used a computerized instrument for structured risk and needs assessment called RISC (Recidivism Assessment Scales; Hildebrand, 2010a). The risk and needs assessment usually results in an intervention plan that contains several domains: the goals describing the changes in behavior or circumstances, the interventions⁸ needed to achieve these goals, the sanction and special conditions imposed on the offender, the means of control, and the intensity of the supervision (Hildebrand, 2010b). In the initial version of RISC, intervention plans were based on a structured risk and needs assessment, but decision making about these plans was not supported. In a previous study, Bosker, Witteman, and Hermanns (2013b) described the agreement of Dutch probation officers about the intervention plans. In that study, a group of Dutch probation officers was asked to write intervention plans for four cases in which the risk and needs assessment was given. Although results differed per domain of the intervention plan, overall agreement was poor (Bosker et al., 2013b).

The use of instruments for structured risk and needs assessment can indeed help probation officers reach an acceptable level of agreement about the risk of recidivism and the criminogenic needs in an individual case (Lowenkamp, Holsinger, Brusman-Lovins, & Latessa, 2004; Raynor, Kynch, Roberts, & Merrington, 2000). Research in other fields such as medicine and psychiatry showed that structured decision making can increase the reliability of treatment decisions (Galanter & Patel, 2005; Garb, 2005). In (mental) health care, introducing a (computerized) decision support system has improved practitioners' performance, for example, disease management, drug dosing, or transparency of the decisions (Garg et al., 2005; Witteman & Kunst, 1999). We therefore expect that agreement about intervention plans in probation can be improved by structuring the decision-making process.

In 2010, the Dutch probation service implemented a revised version of RISC that offered more support for decision making about the intervention plan (RISC3), turning it into a fourth-generation risk assessment instrument. The question addressed in this study is whether using this instrument improves agreement between probation officers about these plans compared to the previous situation where no such tool was used (RISC2).

8 Interventions can entail behavioral programs, psychological treatment, practical aid, and support by the probation service or local authorities.

Method

Participants

In our earlier study (RISc2-study), 44 probation officers had participated. We had planned to engage the same group of probation officers for the RISc3-study. However, some of these probation officers could not participate, either because they had moved to another job or task, or because they were not available. If possible, these probation officers were replaced by colleagues from the same location. As a result, 29 probation officers participated in the RISc3-study, 14 of whom had also participated in the RISc2-study. Table 1 shows characteristics of these participants.

Comparing the probation officers who participated in the two studies (see Table 1), the probation officers in the RISc3-study were more experienced than the officers in the RISc2-study: more years of service and a higher average number of risk assessments performed. This is partly because the officers who participated in the RISc2-study had two more years of experience when they joined the RISc3-study. In addition, the new probation officers who joined the RISc3-study were relatively experienced. To test whether the differences between the populations in the RISc2- and RISc3-study influenced the results in our analysis, we compared the results when we included all probation officers to the results when we included only the probation officers who participated in both studies. Characteristics of all Dutch probation officers are only available for the year 2009. In comparison to all probation officers, female probation officers were overrepresented in both studies, the participating probation officers were more experienced in performing risk and needs assessments but had fewer years of experience as a probation officer.

Table 1: *Characteristics of Probation Officers Who Participated in the RISc2-Study and RISc3-Study in Relation to all Probation Officers in 2009.*

		All probation officers (2009)	RISc2-study <i>n</i> = 44 (2009)	RISc3-study <i>n</i> = 29 (2012)	
Mean number of assessments ever (<i>SD</i>)		68 (56)	78 (66)	139 (105)	
Gender	Female	64%	33 (75%)	25 (86%)	
	Male	36%	11 (25%)	4 (14%)	
Mean years of service as a probation officer (<i>SD</i>)		9.7 ^a	4.5 (4.5)	All	7.9 (5,2)
				In RISc2-study (<i>n</i> =14)	7.5 (4.3)
				Not in RISc2-study (<i>n</i> =15)	8.1 (6.2)

Note. RISc = Recidivism Assessment Scales.

^a Indicative, because for some locations the information about the years of service was not available.

Instruments

Risk and needs assessment. The intervention plans are based on structured risk and needs assessment using RISC (Hildebrand, 2010a). RISC is based on the English and Welsh Offender Assessment System (OASys; Home Office, 2002). RISC contains 12 scales, corresponding to 12 criminogenic needs: (a) offending history; (b) current offence; (c) accommodation; (d) education and employment; (e) income and financial management; (f) relationships with partner, family, and relatives; (g) relationships with friends and acquaintances; (h) drug abuse; (i) alcohol abuse; (j) emotional wellbeing; (k) thinking and behavior; and (l) attitudes. Each scale contains risk items that are scored 0 (*no problem*), 1 (*some problem*), or 2 (*significant problem*). The total score of a scale represents the degree of criminogenic need. A criminogenic need is considered to be present when the scale score exceeds a certain threshold. The total RISC-score expresses the risk of recidivism. In addition to the risk of recidivism and the criminogenic needs, the probation officer assesses the responsivity and the risk of harm.

The psychometric qualities of RISC are considered sufficient to use it as a basis for the intervention plan. The internal consistency of the scales is adequate to good, alpha varies from .61 for Scale 6 (relationships with partner, family, and relatives) to .88 for Scale 4 (education and employment; Van der Knaap, Leenarts, & Nijssen, 2007). Interrater agreement about the assessed risk and needs has been reported as moderate to excellent (Van der Knaap, Leenarts, Born, & Oosterveld, 2012). The interrater agreement of the total score is good ($T = .68$). The predictive validity for general recidivism was examined by looking at the 2-year follow-up reconviction rates of a sample of 16,239 male and female offenders (Van der Knaap & Alberda, 2009), and was found to be sufficient (the Area Under the Curve (AUC) = .70 for male offenders and AUC = .68 for female offenders).

Intervention plan. The newly developed, computer-based decision support for the intervention plan contains several steps (Hildebrand, 2010b). As a first step, probation officers decide what criminogenic needs should change, making use of the results of the needs assessment. In addition, they prioritize these needs (options are as follows: high, moderately, a little, no importance to intervene). Second, for every criminogenic need that must be influenced, probation officers decide what goal(s) should be achieved and what interventions are needed to realize the goal(s). When an offender meets the inclusion criteria for a specific intervention, the instrument suggests this intervention as a possibility. Third, when the intervention plan is the basis of a pre-sentence report, probation officers can advise the court about the sanction and about special conditions.

In line with Dutch policy that in a forensic setting all (treatment) programs should be imposed as a special condition, the interventions that were chosen in the previous steps are automatically suggested as a condition. When probation officers select a restrictive condition, a control measure is suggested (for example electronic monitoring to control the offender to stay at home during certain hours). Finally, the system

gives a suggestion about the intensity of the supervision, based on the assessed risks of recidivism and harm, the risk of noncompliance, and the necessity for extra guidance by the supervising officer.

Procedure

The data collection for the RISC3-study took place in September 2012, 2½ years after the data collection for RISC2. The participating probation officers all completed four cases in one day, using the software they work with in daily practice, under supervision of a researcher. The researcher gave instructions and stayed in the room to make sure that the probation officers did not discuss the cases. Because some probation officers did not complete all four cases, the data collection resulted in 103 intervention plans: 27 for case 1, 24 for case 2, 27 for case 3, and 25 for case 4.

Cases

Participants assessed the same four cases as in the RISC2-study. The names and dates were changed for the RISC3-study so probation officers who had participated in the RISC2-study would not recognize the cases. Because of the large timespan between the two studies and the fact that probation officers who participated in both studies had performed a large number of assessments during that period, the chance of recognition is considered to be very small. The cases represent different and generally occurring offender profiles (see Table 2 for details). The first case is a 28-year-old man with an anxiety disorder who assaulted his wife. He is unemployed, has debts, and uses a lot of soft drugs. The second case is a 33-year-old high-risk male offender with a long offending record that started at the age of 16, and who is currently serving a prison sentence because of serious assault and the possession of hard drugs. He is unemployed, homeless, has debts, and uses hard drugs. Earlier interventions all failed because of noncompliance. The third case is a 22-year-old man who threatened a police officer. He resisted authority more than once, leading to four earlier convictions. He left school without a qualification, is unemployed, and has no income. He has good contacts with his family and has many friends. He is a frequent soft drugs user and was drunk at the time of the offence. The fourth case is a 36-year-old woman, convicted for theft and fraud. She has a borderline personality disorder, uses cocaine, and has addicted friends who also have offending histories.

The intervention plans of the first and third case had to be made in the context of a pre-sentence report, for the second case an intervention plan had to be developed containing interventions to be delivered during detention, and in the fourth case the plan relates to a conditional release from prison. The basic assessment (the 12 scales with risk items and short descriptions of the situation on every scale) and conclusions about the risks of recidivism and harm, criminogenic needs, and responsivity were given with every case, to make sure that all probation officers started with the same information.

Table 2: Characteristics About the Four Cases Used in this Study

Case number	Risk level	Dynamic criminogenic needs		Motivation for change
		Significant problems	Some problems	
Case 1	Moderate to high	<ul style="list-style-type: none"> - Relationships partner / family - Emotional well-being 	<ul style="list-style-type: none"> - Education / work - Finance - Drug abuse - Thinking / behavior - Attitude 	Moderate
Case 2	High	<ul style="list-style-type: none"> - Housing - Education / work - Drug abuse - Attitude 	<ul style="list-style-type: none"> - Finance - Friends - Alcohol abuse - Thinking / behavior 	Moderate, only regarding practical problems
Case 3	Moderate to high	<ul style="list-style-type: none"> - Drug abuse - Alcohol abuse 	<ul style="list-style-type: none"> - Education / work - Thinking / behavior 	Moderate
Case 4	Moderate to high	<ul style="list-style-type: none"> - Housing 	<ul style="list-style-type: none"> - Finance - Relationships partner / family - Friends - Drug abuse - Emotional well-being - Thinking / behavior 	High

Categorizing Domains of the Intervention Plan

Every intervention plan contains decisions about several domains. These decisions were put in the same categories as were used in the RISC2-study. The criminogenic needs, goals, and interventions were clustered into seven categories that match the dynamic criminogenic needs of the assessment: housing, education and work, finance, social network, addiction, personality, and other/none. For the intervention domain, we added a category “supervision” as a general intervention for support and practical aid. For details about the clustering, see Bosker et al. (2013b).

In the RISC3-study, probation officers not only decided whether a criminogenic need should be addressed or not (as in the RISC2-study), but they also prioritized that need into four categories (options are as follows: high, moderately, a little, no importance to intervene). To allow comparison with the RISC2-study, the decisions about high, moderate, and low importance to intervene are taken together as a category “criminogenic need to be addressed,” resulting in a two category variable (importance to intervene: yes or no).

Decisions about the sanction domain were clustered into six categories (e.g., suspended sentence, prison sentence, treatment measure). The special conditions domain was clustered into eight categories (e.g., attend treatment, prohibition to use

drugs or alcohol). Only three categories for decisions about control were distinguished (electronic monitoring, alcohol/drug test, and no control), and four levels of supervision (Levels 1, 2 or 3, and no supervision).

Most domains in the intervention plan, except for the intensity of supervision, give room for one or more decisions. Probation officers can decide to include one or more goals or one or more interventions in the intervention plan. To make a comparison possible, all decisions were dichotomized. In the domain goals for example, for every goal cluster we coded whether the intervention plan contains a goal from that cluster or not. The level of agreement was analyzed for the goal clusters altogether, resulting in a conclusion about the agreement about the domain goals per case. All intervention plans were coded by the first and fourth author. To test whether there was enough agreement about the coding, 20 plans were double coded (5 randomly selected intervention plans for every case). With a mean Cohen's kappa of .92 (range = 0.44 to 1.00), agreement was good enough to code the other files separately. The categories with a moderate agreement were double checked.

Analyses

Agreement can be measured by calculating the percentage agreement between decision makers. In this study for example, we found an average pairwise percent agreement between the probation officers about the criminogenic needs to be influenced of 70% in the RISC2-study and 88% in the RISC3-study. However, this is an overestimation because a certain amount of agreement may be expected by chance (Cohen, 1960). Therefore, agreement between the probation officers was measured using the average pairwise Cohen's kappa. Cohen's kappa is an often used statistic for interrater agreement of nominal variables that does correct for chance. The average pairwise Cohen's kappa is determined by first calculating the pairwise Cohen's kappa for every possible pair, and subsequently determining the mean kappa of all pairs. Calculations were performed with ReCal (Reliability Calculation), an online utility available at <http://www.dfreelon.org> that computes reliability coefficients for more than two coders (Freelon, 2010). As a rule of thumb for the interpretation of kappa, agreement is considered to be poor when kappa is lower than 0.40, fair when kappa is between 0.40 and 0.59, good when kappa is between 0.60 and 0.74, and excellent when kappa is 0.75 or higher (Cicchetti, 1994). We used a *t* test (95% confidence interval, two-tailed probability) to measure whether agreement on the domains in the RISC3-study differed significantly from the RISC2-study.

Results

In this section, first the results of the RISC3-study are presented and compared to the results of the RISC2-study. Then, the results are described for the selection of probation

officers who participated in both studies, to test whether changes in the populations of the two studies affected the results.

Agreement Between Probation Officers About Domains of the Intervention Plan

Table 3 shows the agreement in average Cohen's kappa between the probation officers about the domains of the intervention plans in the RISc2-study and the RISc3-study. Overall, agreement between probation officers about the domains of the intervention plan is significantly better in the RISc3-study. In the RISc2-study, the average agreement about the domains was poor to fair, in the RISc3-study it is fair to excellent. Improvement differs per domain and is largest for the criminogenic needs that probation officers decided to influence, the goals probation officers formulated, and the means of control.

Looking at the decisions about the *criminogenic needs* to be influenced clustered into two categories (should be influenced or not), agreement in the RISc3-study is good and substantially better than in the RISc2-study. The mean agreement in the four cases improved significantly, $t(3604) = 32.69$, $p < .01$. In the RISc3-study, probation officers had to prioritize the criminogenic needs to be influenced. Agreement about the priority of the criminogenic needs turned out to be fair.

Table 3: Agreement Between Probation Officers About Domains of Intervention Plan in RISc2-Study and RISc3-Study in Average Pairwise Cohen's Kappa.

	Case 1		Case 2		Case 3		Case 4		Mean agreement	
Domain	RISc2 n=43	RISc3 n=27	RISc2 n=43	RISc3 n=24	RISc2 n=44	RISc3 n=27	RISc2 n=43	RISc3 n=25	RISc2	RISc3
Needs ^a	.47	.75	.30	.83	.54	.67	.40	.72	.43	.74
Prioritized needs	-	.61	-	.41	-	.53	-	.39	-	.50
Goal	.31	.48	.17	.62	.40	.51	.09	.49	.25	.52
Intervention	.64	.73	.24	.40	.60	.64	.37	.44	.48	.57
Sanction	.81	.85	.30	.37	.79	.86	.51	.49	.60	.67
Conditions	.76	.81	.22	.32	.58	.77	.38	.66	.49	.66
Control	.31	.79	.16	.80	.25	.89	.22	.84	.23	.83
All cases										
Intensity Supervision	.20	.39 ^b								

Note. RISc = Recidivism Assessment Scales; N = number of probation officers.

^a Criminogenic needs to be influenced, clustered in two categories.

^b To measure agreement about the intensity of the supervision on the four cases, no missing values are accepted. Because in the RISc3-study one or more cases were missing for 11 probation officers, this agreement could only be measured for 18 of the 29 probation officers.

Agreement about the *goals* that probation officers formulated in the intervention plans improved from poor in the RISC2-study to fair in the RISC3-study. The average kappa of the four cases doubled, $t(4845) = 23.25, p < .01$. Improvement is largest in Cases 2 and 4, the cases where agreement between the probation officers was worst in the RISC2-study. Agreement about the *interventions* that probation officers chose to improve the offender's needs is fair in both studies, and improved slightly but significantly, $t(2749) = 7.67, p < .01$.

In the RISC2-study, agreement was best about the (advised) *sanction*. Agreement about this domain did not improve much in the RISC3-study, although the mean improvement in the four cases is significant, $t(2390) = 4.40, p < .01$. Table 3 shows that the agreement about the *conditions* improved from fair in the RISC2-study to good in the RISC3-study. Mean improvement taking the four cases together was found to be significant, $t(2621) = 14.36, p < .01$. Agreement about the means of control improved from low to excellent in all four cases. Overall, the mean kappa of the four cases improved significantly, $t(2353) = 39.39, p < .01$.

Finally, agreement about the *intensity of the supervision* that probation officers thought necessary improved significantly from low in the RISC2-study to nearly fair in the RISC3-study, $t(161) = 5.30, p < .01$. Although agreement about this domain is still poor, the mean kappa nearly doubled.

Differences Between Populations of Probation Officers

The probation officers who participated in the RISC3-study differed from the probation officers who participated in the RISC2-study. Therefore, we repeated the analyses with the selection of probation officers who participated in both studies. The results turned out to be similar to the results of the total groups that participated in the two studies, although figures differ here and there. For the group of probation officers that participated in both studies, improvement in agreement between the RISC2-study and RISC3-study is slightly lower for the domain criminogenic needs (mean improvement from .51 to .61, whereas an improvement from .43 to .74 was found for the whole group) but significant, $t(636) = -4.18, p < .01$. For the interventions domain, mean agreement between probation officers who participated in both studies was slightly higher and significant, $t(610) = -6.20, p < .01$. The mean agreement improvement from .47 to .64, against .48 to .57 for the whole group. For all other domains, mean agreement is similar to the results for the whole group. Therefore, we conclude that the differences between the probation officers who participated in the RISC2- and RISC3-study hardly affected the results.

Discussion

We examined whether structuring the process of making decisions about intervention plans by using a decision aid increases reliability of these plans. We did so by comparing agreement between probation officers about several domains of the intervention plan in two studies. In the first study (Bosker et al., 2013a), when they used RISC2, probation officers had to decide about the domains of an intervention plan without decision support. In the second study (the study reported here), a revised version of RISC was used (RISC3) that supports decision making in different ways: by distinguishing different decision steps; by encouraging probation officers to describe the goals and interventions separately for every criminogenic need that they decided should be influenced; by presenting relevant information on screen; by suggesting possible decisions based on the risk and needs assessment and on probation policy; and by asking probation officers to justify their decisions.

It was found that agreement between probation officers about the different domains of the intervention plan was significantly improved by the introduction of a decision tool. Agreement improved from low or fair in the RISC2-study to fair or good in the RISC3-study. Improvement of agreement was largest in the domains criminogenic needs that should be influenced, goals, special conditions, means of control, and intensity of supervision. For decisions about interventions and advice about the sanction only a small improvement in agreement was found. In the introduction we described that in several countries the use of risk and needs assessment does not in itself lead to a probation practice that focuses on criminogenic needs. This study shows that using fourth-generation risk and needs assessment tools (Andrews & Bonta, 2010b) can improve agreement about intervention plans in probation. That is a relevant finding for probation practice. First, because better agreement about the goals and criminogenic needs that should be influenced may improve the extent to which intervention plans focus on a positive change of dynamic risk factors that may support desistance from crime. And second, more agreement about the special conditions, means of control, and intensity of supervision improve equality of rights of offenders.

Some features of the decision support tool used in this study may have helped to improve agreement. Agreement about the criminogenic needs to be influenced, goals, and interventions may have been improved by using the needs profile as a basis for the decision making, and subsequently describing the goals and interventions for each criminogenic need separately. This helps probation officers not to overlook criminogenic needs present in a specific case. In an earlier study, we found that some probation officers seem to be focused on what they consider as the main problem related to the offence and to ignore criminogenic needs that may be very relevant to support desistance from crime (Bosker et al., 2013c). Structured decision making may prevent this. In RISC3, interventions are suggested when offenders match the inclusion criteria.

Because these suggestions were often not followed, we do not think this improved agreement between probation officers.

Agreement about the special conditions improved substantially. This may be due to the fact that in RISC3, suggestions for special conditions are given based on previous decisions about necessary interventions. In most cases, these suggestions were accepted by the probation officers. Agreement about control improved from poor to excellent. This improvement may be caused by the fact that the control options in RISC3 are limited to electronic monitoring and drug/alcohol tests. All other control measures are a standard activity of the supervisors and therefore not a separate decision in the intervention plan in RISC3. Reducing the number of options to choose from makes it easier to reach agreement. Moreover, probation officers in the RISC3-study especially agreed not to include additional control measures in the intervention plan.

Two changes may have helped improve agreement about the level of supervision. First, probation policy about offender supervision changed in the period before RISC3 was introduced: levels of intensity were described in detail (e.g., number of contacts with offender each month). Second, and following the new policy, in RISC3 a suggestion is given about the level of supervision based on the results of the risk and needs assessment. An unambiguous definition of intensity and a standardized way to decide about the intensity necessary in a specific case may improve agreement. In this light, finding a poor average agreement about the level of supervision in the RISC3-study is disappointing.

Limitations

Although we had intended to do so, it was not possible to work with the same group of probation officers in both studies. A majority of the probation officers who participated in the RISC2-study did not participate in the RISC3-study. These officers were replaced by new officers as much as possible. The new probation officers were more experienced than the officers who had dropped out. In the RISC2-study, we had already concluded that experience does not have a substantial effect on the agreement between probation officers about intervention plans (Bosker et al., 2013a), and indeed additional analyses in the RISC3-study showed that the higher number of experienced probation officers did not influence the results substantially. Because working with the same group of professionals in two studies proved to be difficult, working with two random samples might have been easier and probably would have led to similar results.

Because the same procedure was followed in the RISC2-study and the RISC3-study, the limitations that were described for the RISC2-study apply to this study too (Bosker et al., 2013b). The probation officers had to work with a paper case for which the basic assessment was given. This may limit the information about the offender. Also, contrary to the general procedure in Dutch probation work, intervention plans could not be discussed with the offender. This may have led to an overestimation of

agreement because differences may already occur in the assessment of risks and needs (Van der Knaap et al., 2012) and by taking the offenders' perspective into account.

Because of practical limitations, probation officers formulated intervention plans for only four cases. These cases do not represent the whole population of cases of the probation services. Offenders who are supervised by the probation service vary in different aspects, such as offending behavior, criminogenic needs, and demographic features. To study the mean agreement about intervention plans of a representative group of probationers, more cases must be included. In this study, it was found that agreement between probation officers differed per case. It might well be that including different cases would have led to different conclusions about the mean agreement. Still, convincing improvement in agreement was found in all four cases. Therefore it is expected that the conclusion of this study, that the use of a decision aid to formulate intervention plans improves agreement, will also hold for other cases.

Agreement about the intervention plans was measured after clustering the specific decisions into general categories. Being in the same category does not mean that decisions themselves are identical. For example, some of the probation officers who formulated a goal about addiction in a specific case focused on complete abstinence from drugs while others thought a reduction in the use of drugs was more realistic. An analysis on a more detailed level might have given a somewhat different picture about the agreement, but on the whole it can be concluded that structuring the decision making process about intervention plans can improve agreement between probation officers about the main lines of these plans.

To decide about an intervention plan in a specific case, probation officers must use and integrate a fair amount of information and considerations, both evidence-based and practice-based. In such complex decision tasks, relevant information can easily be overlooked. Instruments for structured decision making are meant to support probation officers, not to take over the decision making. Decisions about intervention plans must be made by probation officers with sufficient knowledge about effective interventions to reduce reoffending and support desistance. It is neither possible nor desirable to fully prescribe the best intervention plan in a specific case. However, decision support can facilitate this task and optimize decision making about intervention plans.

In contrast to the extensive body of research about risk assessment and behavioral interventions, research about intervention plans is scarce. We consider this a deficiency, because these plans can have far-reaching consequences for offenders. With this study we have tried to contribute to the knowledge of decision making by probation officers about intervention plans. Our conclusion is that structuring the decision making process can improve agreement. Whether it also leads to better decisions is the next question to be answered.



Chapter 5

Do Intervention Plans Meet Criteria for Effective Practice to Reduce Recidivism?

How Probation Officers Forget about Social Capital and Basic Needs

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> Abstract

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The increased use of instruments for assessing risks and needs in probation should lead to intervention plans that meet the criteria for effective practice. An analysis of 300 intervention plans from the Dutch probation service showed that the match between the assessed criminogenic needs and the goals and interventions in the intervention plan is fairly low. It was also found that the so-called risk principle is not fully applied by probation officers. In addition, personal goals that the offender values are often not taken fully into account. Finally, the intervention plans have a strong focus on improving human capital, while improving social capital and basic needs often is not part of the intervention plans, even if they were assessed as dynamic criminogenic needs.

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Introduction

Intervention plans form the backbone of offender supervision and describe the goals and interventions that should help offenders stop reoffending (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008; Healey, 1999). An intervention plan may also be called a supervision plan, case management plan, risk management plan or sentence plan. In this article we use the term intervention plan to refer to a plan that consists of all the conditions, interventions, restrictions, control instruments and other activities by probation, other organizations and the offender, in order to reduce the risks of recidivism and harm. Interventions can entail behavioural training, psychological treatment, practical aid and support. In general, intervention plans focus on managing safety, modifying behaviour, and improving basic needs. Probation services use intervention plans to advise the court via a pre-sentence report or to describe a sentence plan for prisoners or offenders who are under community supervision.

Research regarding effective practice has demonstrated clearly that intervention plans should be based on structured risk and needs assessment (Bonta, 2002; Campbell, French, & Gendreau, 2007; Dowden & Andrews, 1999; Hanson, Helmus, & Bourgon, 2007; Hanson, Bourgon, Helmus, & Hodgson, 2009). First, the reliability and validity of assessments can be improved with the use of a structured assessment instrument (Bonta, 2002; Grove, Zald, Lebow, Snitz, & Nelson, 2000). Second, the use of structured risk and needs assessment should lead to intervention plans that meet the criteria of effective practice (Andrews & Bonta, 2006; Douglas, Webster, Hart, Eaves, & Ogloff, 2001; Healey, 1999). However, evidence suggests that in practice the coherence between the risk and needs assessment and the intervention plan is not a straightforward matter. In a study of offender supervision for example, Bonta and colleagues found that much of the information obtained from the assessment was not used in the intervention plan (Bonta et al., 2008). Vieira and colleagues (2009) investigated the match between the assessed needs and the services received through probation. In a sample of 122 cases of young offenders, the general needs – probation match turned out to be only 35%. The authors found a moderate correlation between needs - probation match and recidivism ($r = -.48$, $p < .001$). Having only a few needs met, young offenders were more likely to reoffend both earlier and more frequently. These results confirm that a good match between the assessment, the intervention plan, and the interventions that are delivered is important.

In contrast to the extensive body of research regarding structured risk and needs assessment, studies of intervention plans in the field of offender rehabilitation are scarce. To fill this gap, the aim of the current study was to evaluate the extent to which intervention plans that are based on an instrument for structured risk assessment actually meet the criteria of effective practice in probation. The seven criteria that were formulated to evaluate the quality of the intervention plans are described in the next paragraph. The Dutch instrument for risk and needs assessment is described in the

methods section. The results are presented in a subparagraph per criterion. Limitations and future directions are discussed.

Criteria for Effective Intervention Plans

Both research on what works to reduce recidivism and research on desistance from crime afford general knowledge about what a good intervention plan should look like. Stable support has been found for the so called risk - needs - responsivity (RNR) model. This model consists of three principles that, when used together, are expected to have substantial impact on the reduction of recidivism (Andrews & Bonta, 2006; Bonta & Andrews, 2010). The risk principle states that the level of supervision and intensity of the interventions should match the risk of recidivism. The higher the risk of recidivism, the more intensive the intervention plan should be (Lowenkamp, Latessa, & Holsinger, 2006). The needs principle states that interventions should focus on the needs and problems that are related to the criminal behaviour. An extensive body of research has revealed criminogenic needs such as antisocial personality, antisocial attitudes, antisocial relations, a history of anti-social behaviour, poor quality of the relations with partner and family, lack of education and work, and drug- and alcohol abuse (Andrews & Bonta, 2006). The responsivity principle states that in general, social learning and cognitive behavioural strategies have proven to be the most effective in reducing recidivism (Andrews & Bonta, 2010a; Hanson et al., 2009; Jolliffe & Farrington, 2007). On an individual level, the responsivity principle states that interventions should match the learning styles, abilities, motivation and limitations of offenders (Bonta & Andrews, 2010).

The growing body of research about desistance from crime has led to additional insights about effective offender supervision. This research focuses on the life-courses of offenders and on the question why and how some offenders persist and others desist from criminal behaviour (Farral, 2002; Maruna & LeBel, 2010). Research on desistance from crime has shown that improving the so-called social capital of offenders can be an essential part of an effective rehabilitation process (LeBel, Burnett, Maruna, & Bushway, 2008; McNeill & Weaver, 2010; Serin & Lloyd, 2009; Smith & Vanstone, 2002). The concept of social capital was introduced by Coleman (1988) and refers to characteristics of social relationships between individuals that generate obligations and expectations, information, and norms. Obligations and expectations refer to social structures with mutual support. Social relations can provide all sorts of information that can be helpful in achieving one's interests. Finally, social structures can have strong norms that lead to rewards (e.g. friendship) for positive behaviour and sanctions (e.g. disapproval) for negative behaviour. Besides family and friends, social capital can be found in relations in the neighbourhood, at work or in church. Changes in situational and structural life circumstances of offenders – e.g. a good marriage or a

stable job – can increase social capital and thus support desistance and improve motivation for change (Farral, 2002; Laub & Sampson, 2003). Therefore, intervention plans should not only focus on improving the skills and knowledge (e.g. education that is supportive for getting a job) of an individual, so-called human capital, but should also pay attention to the social context that offenders are in and the way this context influences their behaviour. Helping offenders to create a supportive network and to let go of an antisocial network can be an effective strategy to reduce recidivism. The concept of social capital for effective offender rehabilitation is not included in, but does not contradict, the RNR model. Some of the criminogenic needs in the RNR model refer to social capital, for example the relationship with friends and work.

In intervention plans, it is important to include goals that can be achieved. In different theories and methods for behavioural change, it is found that working with goals appears to be effective in a change process. Goals can help people focus, they energize and affect persistence (Locke & Latham, 2002). In order to have this effect, goals must be specific. Both for the offender and the probation officer it must be clear what to work on. Moreover, goals can effectively support a change process if they are formulated as something to be approached, instead of as something to be avoided (Emmons, 1996). Approach goals are formulated in terms of what must be achieved, whereas avoidance goals are formulated as situations that must be avoided or behaviour that must be unlearned. Both in research about addiction treatment and relapse prevention of sexual offenders it was found that people who work on approach goals relapse less frequently and are more engaged in treatment than people who work on avoidance goals (Mann, Webster, Schofield, & Marshall, 2004).

In a probation context, goals are often formulated by the probation officer. Based on the risk and needs assessment, the probation officer decides which needs should be addressed and subsequently, what goals should be reached regarding the assessed needs. However, in literature about desistance from crime the importance of working on the offenders' goals is emphasized, because it helps motivate the offenders for change and to commit themselves to the intervention plan (Ward & Maruna, 2007). Agreement on goals is also considered to be an important characteristic of an effective working alliance, and therefore of an effective change process (McNeill & Whyte, 2007; McNeill & Weaver, 2010). Therefore, making offender goals and probation goals explicit, and integrating offender goals in the intervention plan, may be expected to have a positive impact on the effectiveness of probation services.

Based on the research we summarized here, seven criteria for an effective intervention plan were formulated to be used in our study of the intervention plans (see Table 1). Of course, these criteria do not cover all there is to say about effective practice. There are some principles of effective offender supervision that we have not mentioned here, such as building a good working alliance, the use of evidence-based interventions, and strengthening protective factors.

Table 1: *Criteria For an Effective Intervention Plan Used in This Study*

1. The intervention plan targets the dynamic criminogenic needs.
2. Goals match the dynamic criminogenic needs.
3. Interventions match the dynamic criminogenic needs
4. The intensity of the intervention plan matches the risk of recidivism.
5. The intervention plan contains specific goals.
6. The goals are formulated as approach goals, not as avoidance goals.
7. The intervention plan contains goals that are important for the offender.

Methods

Risk and Needs Assessment

The Dutch probation service uses an instrument for structured risk assessment called the *Recidive Inschattings Schalen* (recidivism assessment scales, RISC; Hildebrand, 2010a). RISC is based on the English and Welsh Offender Assessment System (OASys; Home Office, 2002). RISC contains items about the following 12 criminogenic needs: (1) offending history, (2) current offence, (3) accommodation, (4) education and employment, (5) income and financial management, (6) relationships with partner, family and relatives, (7) relationships with friends and acquaintances, (8) drug abuse, (9) alcohol abuse, (10) emotional well-being, (11) thinking and behaviour, and (12) attitudes. Each criminogenic need is assessed on a scale that contains a number of risk items which are scored as 0 (*no problems*), 1 (*some problems*), or 2 (*significant problems*). Table 2 shows the number of items in each scale and some examples of items. Criminogenic needs can be either static, meaning that they cannot change or change in only one direction (e.g. age), or dynamic, meaning they can change (Bonta, 2002). Scales 3 through 12 represent dynamic criminogenic needs. Some of the RISC scales that represent a dynamic criminogenic need also contain one or two static items, describing problems of the past.

The total score of the items in a RISC scale represents the severity of that criminogenic need. For every scale, cut-off scores are used to indicate whether the specific criminogenic need is considered to be relevant in an individual case or not. Taking into account the varying strengths of the correlation between the criminogenic needs and recidivism, the raw total score of the scales are converted into weighted scores. The weights are based on the weights of OASys and on a review of studies about the predictive value of risk factors (Hildebrand, 2010a). The sum of the weighted scale scores represents the risk of recidivism and is grouped into the following four categories: low risk, moderate-low risk, moderate-high risk and high risk. The internal consistency of the scales was found to be moderate to good for most scales (α between .61 and .88) (Van der Knaap, Leenarts, & Nijssen, 2007). The interrater agreement of the risk scales and total score was found to be moderate to substantial (Tinsley and Weiss' value T

Table 2: Overview RISC Scales, Number of Items in Each Scale and Sample Items for Each Scale

RISC scales		Number of items	Sample items
1-2	Offending History and Current Offence	8	Number of convictions as a juvenile Previous noncompliance with probation conditions
3	Accommodation	4	Current housing Suitability and permanency of current housing
4	Education and Employment	7	Level of training and certificates obtained Current work situation
5	Income and Financial Management	4	Main source of income Current financial situation
6	Relationships with Partner, Family, Relatives	5	Quality of current relationship with partner, family, and other relatives Family member has criminal record
7	Relationships with Peers and Acquaintances	4	Quality of relationship with friends and acquaintances Manipulates friends and acquaintance
8	Drug Abuse	6	Drugs are at the forefront in the person's life Criminal behaviour and drug use are linked
9	Alcohol Abuse	5	Current alcohol use is problematic Criminal behaviour and alcohol use are linked
10	Emotional Well-being	5	Mental health problems Self-destructive behaviour
11	Thinking and Behaviour	8	Impulsivity Problem handling
12	Attitudes	5	Pro-criminal attitude Willingness to change
RISC total		61	

between .43 and .78) (Van der Knaap, Leenarts, Born, & Oosterveld, 2012). The predictive validity for general recidivism of RISC is sufficient for both men ($AUC^9 = .70$) and women ($AUC = .68$) (Van der Knaap & Alberda, 2009). The items in RISC are scored by the probation officer. In addition, the offender performs a self-assessment to provide his or her opinion of the actual problems and to emphasize priorities.

Based on the risk assessment, the probation officer formulates an intervention plan. In this study, we focused on the following three domains of the intervention plan: (1) a description of the criminogenic needs that are perceived as relevant and therefore must be influenced, (2) the goals describing the desired behavioural change or change of living circumstances, and (3) the interventions needed to realize the change.

Procedure

Data were gathered from probation files that included a risk assessment and an intervention plan. Permission for using the files was given by the probation service. Part of the necessary data were delivered by the probation service in a database containing all item scores, scale scores and the total score of the risk assessment. The other necessary information (the self-assessments and relevant parts of the intervention plan) were coded by hand from the files, using a coding manual. The researcher and her assistants declared confidentiality and file information was processed anonymously. Four research assistants helped to make an overview of the goals and interventions in the intervention plans. The researcher (the first author) coded the files.

Sample

The sampling pool consisted of a cohort of risk assessments (including an intervention plan) that had preceded supervision in the framework of a suspended prison sentence. First, all supervisions with a suspended prison sentence for unique offenders that started in the period between January 1, 2010 and March 31, 2010 were selected ($N = 1865$). Subsequently, to these cases risk assessments were matched that represented the situation of the offender at the start of the supervision. We decided to include assessments that were completed between six months before the start of the supervision and three months after the start of the supervision. This resulted in a sampling pool of 821 cases. Another 85 cases were removed from the sampling pool because the offender denied the offence during the assessment, and when an offender denies the offence and has not been sentenced yet, probation officers often do not formulate an

9 The area under the curve (AUC) is a generally used statistical measure for the predictive validity of risk assessment tools. It describes the probability that a randomly chosen recidivist will score higher on the instrument than a randomly chosen non-recidivist. In general, an AUC value of .70 to .74 is considered moderate and values above .75 are considered good (De Vogel, 2005).

intervention plan. The final sampling pool consisted of 736 cases. From this pool, a sample of 300 cases was selected at random.

We tested whether these 300 cases were representative for the total population of offenders under supervision in connection with a suspended prison sentence in that period. The offenders in the sample did not differ from the total population with respect to the number of men and women, the average age, and the risk of recidivism. Small differences were found between the sample and all offenders regarding their ethnic background.

In the sample, 90% was male and 10% female. The average age of the offenders was 34 years ($SD = 12$, range 18 - 74). A majority of the offenders (64%) had committed a violent offence, 24% a property offence, 8% a drug offence, 3% a sexual offence and 2% other offences¹⁰. Based on the sum score of RISC, the offenders are divided over the risk categories as follows: 17% low risk, 31% moderate-low risk, 26% moderate-high risk, 25% high risk. The number of dynamic criminogenic needs (in this study we defined 9 dynamic criminogenic needs, see variable construction) varies from 0 to 9, with an average of 5 ($SD = 2$).

Variable construction

Most of the items were recoded to be suitable for analysis, as follows.

- Dynamic criminogenic needs considered present: RISC contains 10 dynamic criminogenic needs (scale 3 to 12). To determine whether a dynamic criminogenic need is present or absent in an individual case, the RISC cut-off scores are used. Some criminogenic needs can score above the cut-off point based only on the scores of items concerning problems in the past. For example, two of the six items in the section on drug abuse regard drug misuse in the past. High scores on these items can lead to a summed score above the cut-off score of this section. However, if there is no actual problem, no intervention is expected. Therefore, in this study a dynamic criminogenic need is considered present if it scores above the cut-off score and if there is an actual problem (present = 1, absent = 0).
- Emotional well-being: The RISC cut-off score for the criminogenic need emotional well-being is so high that some offenders with psychological problems do not reach this score. Therefore the cut-off score was adjusted in such a way that emotional well-being is considered present if offenders have actually diagnosed psychiatric problems or a combination of actual problems on this scale.
- Addiction: Some probation officers do not distinguish drug and alcohol abuse in the intervention plans, yet formulate goals on addiction. Therefore, the criminogenic needs for drug abuse and alcohol abuse were combined into one criminogenic need drug/alcohol abuse, resulting in 9 dynamic criminogenic needs in this study.

¹⁰ The sum of these percentages is larger than 100% due to rounding the decimal places.

- Goal clusters: To examine the relation between the dynamic criminogenic needs and the goals in the intervention plan, the goals were recoded into clusters that match the dynamic criminogenic needs. Some of the goals (14%) could not be clustered into a category that matches a dynamic criminogenic need and are not included in the analysis. These goals were not related to a specific need (e.g. no re-offence), were too vague (e.g. change behaviour) or described an intervention instead of a desired change on a criminogenic need (e.g. attend treatment).
- Interventions: The interventions were recoded into clusters that match the criminogenic needs and the clustered goals. Some interventions may influence a criminogenic need, but the match is not obvious. For example, clinical psychological treatment is obviously related to emotional well-being and thinking and behaviour, but during treatment, problems with relations might also be addressed. The files do not specifically describe what is or what should be done during treatment. Therefore, the match between interventions and dynamic criminogenic needs is scored on a scale from 0 to 2: the intervention does not address (0), may address (1), or does address (2) a specific criminogenic need.
- Goals offender: The self-assessment is used as an indicator of the goals of the offender. In the self-assessment, information is gathered regarding the problems that are important for the offender and regarding his or her priorities. The issues that are a problem or a priority for the offender are considered to be goals of the offender. These issues were clustered in the same categories as the dynamic criminogenic needs, goals and interventions. In 230 of the 300 cases a self-assessment was available. Reasons that probation officers describe for the absence of the self-assessment are: too difficult for the offender (9), no time (12), language problems offender (9), not necessary (15), forgotten (7), other reasons (6), no reason described (12).

Clustering the goals and interventions was done with the help of three experienced officers of the probation service. As a first step, they clustered the goals and interventions independently. Differences were discussed, and a final clustering was based on consensus.

Analyses

The aim of this study was to describe whether intervention plans that are based on an instrument for structured risk assessment meet the seven criteria of effective practice in probation (described in Table 1). To describe the extent to which the intervention plans target the criminogenic needs (criterion 1), goals match the criminogenic needs (criterion 2), interventions match the criminogenic needs (criterion 3) and intervention plans contain goals that are important for the offender (criterion 7), descriptive analyses (frequencies) are used. Subsequently, regarding criterion 1 the match is described as the proportion of offenders with a present criminogenic need (sum score of the scale is above the cut-off score and there is an actual problem) that is indicated

as a need that should be targeted. The same is done for criterion 2, 3 and 7, using the goals and interventions in the intervention plan. To measure the extent to which the intensity of the intervention plan matches the risk of recidivism (criterion 4), Spearman correlation is used. Whether the goals are concrete and formulated as approach goals (criterion 5 and 6) is analysed by measuring the mean scores of the goals of the 300 intervention plans per goal cluster.

Results

Intervention Plan Targets Dynamic Criminogenic Needs

The extent to which intervention plans target dynamic criminogenic needs (criterion 1) is shown in Table 3. When assessed as present (above cut-off score and actual problem), the dynamic criminogenic needs are perceived by the probation officers as being relevant to be targeted in a majority of the plans (match 57 - 88%). This match differs between criminogenic needs. When present, probation officers decide to target problems with cognitive skills, addiction, attitude, and emotional well-being in 75 - 88% of the cases. The match is relatively low for practical and contextual needs such as accommodation, friends, education and work, and finance. For none of the assessed dynamic criminogenic needs, the match is 100%.

Table 3: Match Between Assessed Criminogenic Needs and Criminogenic Needs Probation Officers Intend to Target in the Intervention Plans (N = 300)

Dynamic criminogenic need	Above cut-off score RISC ^a	Targeted		Match ^b
		Yes	No	
Cognitive skills	282	249	33	88%
Addiction	186	159	27	85%
Attitude	143	110	22	77%
Emotional well-being	191	144	47	75%
Partner/family	181	132	49	73%
Finance	132	80	52	61%
Education/work	186	106	80	60%
Friends	124	74	50	60%
Accommodation	115	66	49	57%

Note: ^a RISC = Recidivism Assessment Scale

^b In this and subsequent tables, Match = (# targeted / # above cut-off score) x 100

Describing that a specific criminogenic need should be targeted, does not mean that the need actually is targeted. To get a clearer picture about the actual needs that are targeted in the intervention plans, we must look at the goals and interventions. The following paragraphs describe the match between the assessed criminogenic needs and the goals and interventions in the intervention plans.

Goals Match the Dynamic Criminogenic Needs

The second criterion is whether the goals in the intervention plan match the dynamic criminogenic needs. Table 4 shows whether a goal was formulated with regard to the assessed criminogenic needs. The match between the goals and dynamic criminogenic needs was relatively low. The goals target the assessed criminogenic needs in more than 50% of the cases only for addiction and cognitive skills. With respect to basic needs (accommodation, education and work, finance), social relationships, attitude and emotional well-being, no goal is formulated in a majority of the cases in which the criminogenic need was assessed as being present. A comparison of Tables 3 and 4 shows that the perceived relevance of the criminogenic needs has a better match with the assessed criminogenic needs than the goals. Apparently, probation officers often define a criminogenic need as relevant, but they do not formulate a goal with respect to this specific need.

Table 4: Match Between Assessed Criminogenic Needs and Goals in the Intervention Plans (N = 300)

Dynamic criminogenic need	Above cut-off score RISC	Goal		Match
		Yes	No	
Addiction	186	119	67	64%
Cognitive skills	282	162	120	57%
Education/work	186	89	97	48%
Finance	132	59	73	45%
Emotional well-being	191	81	110	42%
Accommodation	115	48	67	42%
Friends	124	43	81	35%
Partner/family	181	44	137	24%
Attitude	143	22	121	15%

Interventions Match the Dynamic Criminogenic Needs

The third criterion for determining the quality of an intervention plan is whether the interventions in the plan match the dynamic criminogenic needs. As described in the

Methods, this match is coded in the following three categories: no match, possible match, and good match. The match between the assessed criminogenic needs and the interventions differs per criminogenic need (see Table 5). A relatively good match is found for cognitive skills. When a lack of cognitive skills were assessed as a dynamic criminogenic need, in 72% of the cases the intervention plan contained an intervention that addresses this need. With respect to emotional well-being, attitude, addiction and relationship with partner or family, 57 - 63% of the intervention plans contained an intervention that addresses these needs when assessed as being present. With respect to basic needs (education and work, accommodation, and finance), in a large majority of cases no good match was found between the assessed criminogenic needs and the interventions (although these cases often have interventions in the plan that might match these problems). The percentage of cases in which no match was found between the assessed criminogenic needs and the interventions is small (2 - 19%). Most of the intervention plans contain interventions that can influence the assessed criminogenic needs. The highest percentage of 'no match' was found for the criminogenic needs emotional well-being, education and work, finance, and friends.

Table 5: Match Between Assessed Criminogenic Needs and Interventions in the Intervention Plans (N = 300)

Dynamic criminogenic need	Above cut-off score RISC	Intervention		
		No match	Possible match	Good match
Cognitive skills	282	2%	26%	72%
Emotional well-being	191	16%	20%	63%
Attitude	143	3%	37%	60%
Addiction	186	3%	39%	58%
Partner/family	181	2%	41%	57%
Education/work	186	14%	61%	25%
Accommodation	115	7%	61%	23%
Finance	132	15%	72%	13%
Friends	124	19%	82%	0%

Intensity Intervention Plan Matches Risk of Recidivism

Based on studies regarding effective practice, low-risk cases should have low intensity intervention plans, and high-risk cases should have high intensity intervention plans (the risk principle) (Lowenkamp et al., 2006). Table 6 shows the match between the intensity of the intervention plans and the risk of recidivism (criterion 4). In this study,

half of the plans have a low intensity, meaning that only one behavioural program or low intensive treatment is delivered. Low-risk cases often have low intensity intervention plans. In cases with a moderate-low, moderate-high or high risk of recidivism, the intensity of the intervention plans diverges from very low to very high. In these three risk levels, most intervention plans are either low- or high-intensity, and in all three risk levels, low-intensity intervention plans are over-represented. In high-risk cases, most intervention plans are low-intensity, although a moderate to very high intensity is found in a substantial number of high-risk cases. Overall, there is a low but significant correlation between the risk of recidivism and the intensity of the intervention plans ($r = .22$; $p < .01$), meaning that the risk principle is employed rather poorly.

Table 6: Match Between the Risk of Recidivism and the Intensity of an Intervention Plan

Intensity intervention plan	Risk recidivism				Total
	Low	Moderate low	Moderate high	High	
Very low	1	7	8	4	20
Low	42	46	35	26	149
Moderate	3	9	8	17	37
High	5	25	20	15	65
Very high	1	6	8	14	29
Total	52	93	79	76	300

Note: Spearman $r = .22$; $p < .01$

Goal are Specific and Formulated as Approach Goals

Criteria 5 and 6 refer to goal formulation. Goals should be both specific (criterion 5) and formulated as an approach goal (criterion 6). Table 7 shows the mean score - in a range from 0 (not specific, avoidance goal) to 1 (specific, approach goal) - of all the goals that are formulated in the intervention plans with respect to a specific goal cluster. In general, goals are formulated rather specifically (mean = .66). Goals regarding addiction (mean = .83), education and work (mean = .74), finance (mean = .74) and friends (mean = .73) are found to be the most specific. Examples of specific goals include “*the offender is abstinent from drugs*” and “*the offender has a job*”. Goals regarding attitude (mean = .42), emotional well-being (mean = .54) and cognitive skills (mean = .58) are the least specific. Examples of goals that are not specific include “*the offender must understand his problems*” and “*the offender must develop his emotions and identity*”.

In general, probation officers use more approach goals than avoidance goals. A mean score of 1 would mean that all goals are formulated as approach goals, and a mean score of 0 would mean all goals are formulated as avoidance goals. The mean

score for approach goals is .63, meaning that a majority of the goals is formulated as approach goals. Goals regarding education and work (mean = .94), accommodation (mean = .90) and attitude (mean = .81) often are approach goals. Avoidance goals are often found with the criminogenic need addiction. Examples of often-used goals on this need are “*client uses no drugs*” or “*client controls the number of glasses he drinks in a week*”.

Table 7: Mean Score of Goals per Cluster (On a Scale From 0 to 1)

Goal cluster	Number of goals	specific	approach
Accommodation	58	.69	.90
Education/work	112	.74	.94
Finance	100	.74	.57
Partner/family	50	.62	.76
Friends	71	.73	.53
Addiction	150	.83	.15
Emotional well-being	119	.54	.75
Cognitive skills	276	.58	.66
Attitude	43	.42	.81
All goals	979	.66	.63

Intervention Plan Contains Goals that are Important for the Offender

The final criterion for an effective intervention plan was whether offender goals are included in the intervention plan, that is, whether in the intervention plan goals are formulated about the problems that are defined by the offenders as important or as a priority in the self-assessment. The first two columns of Table 8 show how often offenders mention goals of a specific cluster as being important. Education and work, finance, relation with partner and family and cognitive skills are most mentioned as important by the offenders. It might be surprising that cognitive skills is in this list, but offenders often mention “*solve my own problems*” or “*lose my patience*” as an important problem. From the 230 offenders who filled in the self-assessment, 18 did not mention any problem or priority in the self-assessment.

In the right column, Table 8 shows the match between offender goals and the goals in the intervention plan: the proportion of goals mentioned as important by the offenders that match goals in the intervention plan. This match is made on the level of goal clusters and not of the specific goals that are formulated by the offender and the probation officer. Therefore, the actual match between the specific goals of the offender and the goals in the intervention plan may be less good than this analyses implies.

The results in Table 8 indicate that offender goals often are not included in the intervention plan. Above all and again, offender goals regarding basic needs (education and work, finance and accommodation) and social relations (partner/family and friends) only match goal clusters in the intervention plan in a minority of the cases. Offender goals about addiction (match is 73%) and cognitive skills (match is 60%) are best addressed in the intervention plans. Offenders do not often formulate goals about attitude (only in 22 of the 230 cases), but when they do, in most cases there are no goals on attitudes in the intervention plan (match is 5%).

Table 8: Match Between Offender Goals and Goals in Intervention Plan (N = 230)

Goal cluster	Number of offenders	Goal intervention plan		Match
		Yes	No	
Addiction	67	49	18	73%
Cognitive skills	126	75	51	60%
Emotional well-being	96	46	50	48%
Education/work	139	64	75	46%
Finance	120	50	70	42%
Accommodation	87	31	56	36%
Friends	89	28	61	31%
Partner/family	105	29	76	28%
Attitude	22	1	21	5%

Differences Between High and Low Risk Cases

Probation officers often say that in high risk cases with many criminogenic needs, they may choose to focus only on part of the assessed criminogenic needs, as addressing all of the offender's needs would ask too much of the offender. If so, with regard to the first three criteria in this study, the match in low risk cases should be better than in high risk cases because low risk offenders have fewer criminogenic needs. This was however not the case. The match between the assessed criminogenic needs and the perceived relevance of the criminogenic needs to be targeted (criterion 1) did not differ between the two groups (differences in match less than 5%), except for the needs partner and family (16% better match for low risk offenders) and attitude (10% better match for high risk offenders). Larger differences were found in the match between the assessed criminogenic needs and the goals (criterion 2). However, a substantially better match for the criminogenic needs accommodation, education and work, and finance was found for high risk offenders (14 to 28% better), and a substantially better match for low risk offenders was found for the criminogenic need friends (20% better). The match

between the assessed criminogenic needs and the interventions is better for low risk offenders with regard to the criminogenic needs partner and family (20.7% more 'good match'), emotional well-being (23.7% more 'good match'), cognitive skills (19.8% more 'good match') and attitude (29.9% more 'good match'). For high risk offenders, the match was substantially better for the criminogenic need addiction (11.2% more 'good match'). Overall, it cannot be said that the match between the assessed criminogenic needs and the intervention plans is substantially better for low risk offenders.

Discussion

The aim of this study was to evaluate the extent to which probation officers' intervention plans for offenders that are based on an instrument for structured risk assessment actually meet the criteria for effective practice in probation. Seven criteria that can be used to evaluate intervention plans were formulated. It was found that probation officers do not systematically apply evidence-based knowledge about how to reduce recidivism and support desistance in their intervention plans. Although they often describe in their intervention plans that they want to target the (majority of the) assessed criminogenic needs, often the match between the assessed criminogenic needs and the goals on the one hand and interventions in the intervention plan on the other hand is fairly low. Also, the correlation between the assessed level of the risk of recidivism and the intensity of interventions proposed in the plan is weak. Thus, two principles of the RNR model (the needs principle and the risk principle) are applied insufficiently in the Dutch probation practice. Contrary to what might be expected, the use of a structured instrument for risk and needs assessment often does not result in intervention plans that have a good match to the assessed risk and needs.

It is not possible to draw general conclusions from this study about how the responsivity principle is used in intervention plans, because information about responsivity factors is often missing in the files. However, conclusions can be formulated regarding one aspect of responsivity, namely, motivating the offender and committing the offender to the intervention plan by formulating specific approach goals and by including the offender's goals in the plan. Based on this study, we conclude that the formulation of goals is fairly adequate. A majority of the goals is specific, and more approach goals than avoidance goals were found in the plans. However, offender goals are often neglected, particularly with respect to basic needs and social relationships, while improving these basic needs and social relationships were the most important goals for the offenders. The content of intervention plan seems to be determined by professional conclusions about the causes of the offending behaviour and the best way to prevent recidivism in an individual case. More than thirty years ago Bottoms and McWilliams (1979) already criticized a 'treatment' approach, in which "clients

become objects of intervention rather than persons seeking help” (quotation from Raynor & Vanstone, 1994a). Bottoms and McWilliams argued that one of the aims of the probation service is providing help, meaning that ultimately the offender defines what help is needed. Fifteen years later, based on the positive effects of cognitive behavioural programs on recidivism, Raynor and Vanstone proposed a combined approach in which the intervention plan is a result of dialogue and negotiation between the offender and the probation officer. Recently, the importance of involving offenders in developing intervention plans is underlined in literature about desistance. Working with an offender’s goals is an important driver of change, as it can help offenders learn to govern their own lives in a pro-social way and thereby “discover agency” (McNeill, 2009). Integrating offenders goals as an essential part of the intervention plan can therefore be an important improvement for the effectiveness of probation.

An important finding of this study is that intervention plans have the tendency to focus on only some criminogenic needs. The results revealed a strong emphasis on intervention plans for cognitive skills and addiction. These criminogenic needs are most commonly mentioned as relevant to being targeted, and these needs have the highest match with the goals and interventions in the intervention plans. Varying results are found regarding social relationships with a partner and family, emotional well-being, and attitude. When assessed as present, these criminogenic needs are often perceived as relevant and in a majority of the cases an intervention is matched, but often no goals are formulated that describe the desired change. Friends, and basic needs such as education and work, finance, and accommodation are often not included in the intervention plan, even when they are assessed to be a dynamic criminogenic need.

Taken together, the focus seems to be on improving human capital, and the improvement of social capital and basic needs is relatively neglected. This is remarkable, because, as described in the paragraph where we defined the criteria for effective intervention plans, studies regarding desistance from crime confirm that social capital is important in helping people to cease offending. Having pro-social relationships, having a stable job, and living in a pro-social neighbourhood can be essential for offenders to desist from crime (Laub & Sampson, 2003; LeBel et al., 2008). Although the improvement of human capital is important and although having sufficient skills may even be a condition for handling social situations adequately, helping offenders improve their social capital is an important task for the probation service in its own right and must not be forgotten.

The findings of this study confirm conclusions that have been asserted before and that still seem valid today, namely that probation practice has a strong psychological orientation leading to a focus on individual skills (human capital) and a neglect of the social context (Farral, 2002; Raynor & Vanstone, 1994b; Smith & Vanstone, 2002). The so-called ‘what works’ approach certainly has influenced this focus. In the second half of the 20th century, helping offenders was the main focus of the Dutch probation service

and the character of the work was determined by a sociological orientation (Heinrich, 1995). Since the beginning of the 21st century, the ‘what works’ agenda was introduced in The Netherlands with a psychological orientation and emphasis on improving cognitive skills. Traditional social work methods and vocabulary disappeared, to be reintroduced again to some degree only very recently (Menger & Donker, 2012).

Limitations and future directions

In this study, we examined the intervention plans that were developed based on structured risk and needs assessment. Of course there may be differences between the intervention plan and the interventions that are actually delivered. It is possible that the practical aid or interventions that address the assessed criminogenic needs were not described in the plans, but were delivered during supervision. Moreover, even a perfect intervention plan can fail due to poor execution of the plan. For example, the intervention plan might match perfectly with the assessed risks and criminogenic needs, but if the plan is not delivered (or is delivered poorly), the intervention will likely not be effective, which can complicate the evaluation of intervention plans in terms of goal attainment or recidivism.

Studying the interventions that are actually delivered and matching them to the intervention plan might shed some light on this issue. However, probation records often lack the information that is needed for such a detailed study (Vieira et al., 2009). In the present study, it was difficult to match the assessed criminogenic needs with the interventions in the plan due to a frequent lack of detailed information regarding what was actually delivered in the interventions. Therefore, we chose to include the category “possible match” in our analyses. As a consequence, in some cases we may have either undervalued or overvalued the match between assessed criminogenic needs and interventions.

This study focused on the question which decisions are made by probation officers about their intervention plan. Having found that these decisions do not always follow the criteria for effective practice, it would be interesting to investigate why probation officers make these choices. On one hand, knowing and understanding their reasons may yield knowledge that can be useful and relevant for decision-making processes in probation with respect to intervention plans; on the other hand, this knowledge may also reveal inaccurate views regarding effective offender supervision that can be discussed and improved through the training or coaching of probation officers.

Deciding what interventions and practical aid should be delivered to help offenders stop reoffending is an important task for probation officers. In doing this, probation officers are supported by the development of instruments for structured risk and needs assessment and by a growing body of knowledge regarding effective offender supervision and program delivery. It seems, however, that the probation officers’ match between the assessed risks and needs and the intervention plans must be improved.

Providing training and/or coaching to probation officers may help improve this match, and this strategy has been effective in Canadian practice (Bonta et al., 2011). In health care, introducing a (computerized) decision-based support system has improved practitioners' performance (Garg et al., 2005). Such an approach may be an attractive option for forensic professionals as well.



Chapter 6

Finding the Right Focus. Improving Decision Making About Intervention Plans in Probation

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> Abstract

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Using structured decision support may be an effective strategy to improve decision making about intervention plans in probation. In this article, findings are reported of a study in the Dutch probation service about the question whether structured decision making about intervention plans does or does not improve the quality of these plans, and subsequently improves the implementation of the plans and the effectiveness of offender supervision. Two samples of 300 intervention plans each were compared. In the first sample a tool for risk/needs assessment was used to assess the risks and needs but decision making about the intervention plan was not structured (RISc2-sample). In the second sample professionals used the same tool for risk and needs assessment but now it also contained a section for structured decision making about the intervention plan (RISc3-sample). Results showed that in the RISc3-sample the quality of the intervention plans was significantly better than in the RISc2-sample: a better match between the criminogenic needs and the goals, a better match between the goals of the offender and the goals in the plan, more focus on strengthening social bonds, more approach goals instead of avoidance goals, and a better match between the risk of recidivism and the intensity of the plan. In addition, the RISc3-plans were better implemented in supervision. Some significant correlations between the quality of the plans and the effects of offender supervision were found, indicating that structured decision support can improve probation practice.

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Risk/needs Assessment as a Basis for Intervention Plans

Correctional professionals such as probation officers support offenders to desist from crime and become prosocial members of society (McNeill, 2006). Often, the first step in working with offenders is to develop an intervention plan (case management plan) that describes the desired change and the actions to realize that change, formulated in goals and interventions such as behavioural treatment or practical support. The last decennia it has become generally accepted that instruments for risk and needs assessment should be used for decision making about these plans (Andrews & Bonta, 2010b; Kemshall, 2010). Such instruments contain a checklist of risk factors (and in some instruments protective factors) for criminal behaviour, meant to help correctional practitioners assess the risk of recidivism and the criminogenic needs (Bonta, 2002). In some instruments, additionally other relevant issues are assessed concerning risk of harm or characteristics of offenders that influence the extent to which they can be expected to profit from a treatment program (responsivity; Andrews, Bonta, & Wormith, 2004; Home Office, 2002). During the last decades, the development and improvement of such instruments took a flight, supported by scientific research and user experiences (Andrews & Bonta, 2010b; Andrews, Bonta, & Wormith, 2006). Nowadays, a diversity of instruments for risk and needs assessment is available to correctional practitioners (De Vogel, 2005; Hanson, Helmus, & Bourgon, 2007; Hanson & Morton-Bourgon, 2009).

A main reason to use risk and needs assessment is that it would improve evidence-based practice and help formulate an intervention plan that focuses on the offender's criminogenic needs (Andrews & Bonta, 2010a; Andrews, Bonta & Hoge, 1990; Bonta, 2002). Several studies did show that often intervention plans did not match with the assessed needs. Using data about 1679 young offenders that were in residential care or under probation in Ohio between 1998 and 1999, Floris, Travis and Latessa (2003) found that correctional professionals used the risk and needs assessment to guide the level of supervision, but often did not use it to identify treatment targets and to make decisions about the intervention plan. When family problems, lack of education or employment, problematic peer relations or drug abuse were assessed as a criminogenic need, these needs were addressed in less than 6% of the cases (Flores, Travis, & Latessa, 2003). Bonta and colleagues (2008) drew similar conclusions for 154 (mainly adult) offenders in Manitoba, Canada. When assessed as a criminogenic need for adult offenders, problems with substance abuse and emotional well-being were addressed in a majority of the cases (80% and 71% respectively). For other criminogenic needs that were assessed, often no intervention was found in the intervention plan: employment problems were addressed in only 10% of the plans, family/marital problems in 29%, and accommodation problems in 17% of the plans (Bonta, Rugge, Scott, Bourgon, &

Yessine, 2008). In a recent study with 192 young offenders in Saskatchewan, Canada, Luong and Wormith (2011) found that in a majority of the intervention plans criminogenic needs were appropriately met by interventions, although 31% of the offenders who were assessed to have an antisocial pattern, 17% of the offenders with antisocial companions and 15% of the offenders with a need at the leisure subscale did not receive an intervention that addressed these needs (Luong & Wormith, 2011). In a Dutch study including 300 intervention plans for probationers, the match between the criminogenic needs assessed and the goals and interventions in the plan was found to be relatively low (Bosker, Witteman, & Hermanns, 2013c). The intervention plans tended to focus on cognitive skills and addiction problems, and insufficiently addressed criminogenic needs in the domains education/work, finance, accommodation and friends. Based on observations and interviews Viglione, Rudes and Taxman (2014) found that probation officers in a Middle Atlantic state in the U.S. rarely linked the outcomes of risk/needs assessment to decisions about case management and supervision. In a recent study involving young offenders in Canada, the match between the assessed needs and interventions ranged from only 15% for pro-criminal attitude to 42% for education/employment (Peterson-Badali, Skilling, & Haqanee, 2014). It can be concluded that decision making about intervention plans calls for improvement.

Psychological research provides valuable insights about ways to improve decision making in general, such as a better provision and use of feedback, training in theories of cognitive reasoning and biases, considering the opposite, seeking others' opinions and the use of checklists (Croskerry, Singhal, & Mamede, 2013a, 2013b; Fenneman & Witteman, 2014; Tracey, Wampold, Lichtenberg, & Goodyear, 2014; for a more comprehensive overview of strategies for debiasing see Croskerry et al. 2013 a; b). It has been convincingly demonstrated that structuring the decision making process, for example by including checklists, improves the reliability and validity of diagnostic decision making (Dawes, Faust, & Meehl, 1989; Garb, 2005; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Meehl, 1954). In correctional practice, the use of instruments for risk and needs assessment has proven its worth. It is well known by now that the use of these instruments improves the prediction of the risk of recidivism in comparison to clinical predictions (Andrews & Bonta, 2010b; Hanson et al., 2007; Hanson & Morton-Bourgon, 2009). Andrews and Bonta (2010a) described the development of risk assessment in four generations. The first generation unstructured professional judgments was followed by a second generation risk assessment instruments that were a-theoretical and mainly consisted of static risk factors. The third-generation risk/needs scales contained both static and dynamic risk factors and could be used to measure both the risk of recidivism and offender needs. The use of such instruments did however not always result in a good match between the assessed risks/needs and case management practices. Therefore, fourth-generation risk and needs assessment instruments were introduced. Fourth-generation instruments do not only support practitioners in assessing the risk, needs and responsivity of offenders,

but also in their decision making about intervention plans. A well-known example is the Level of Service/Case Management Inventory (LS/CMI; Andrews et al., 2004). In the LS/CMI the development of an intervention plan is integrated in the assessment, and professionals must formulate targets and interventions based on the criminogenic needs assessed. Structuring decision making about the intervention plan should improve the match between the risk/needs assessment and the goals and interventions in plan and, provided that the plan is implemented, should improve the effectiveness of offender supervision (Andrews & Bonta, 2010a; Hanson, Bourgon, Helmus, & Hodgson, 2009; Harper & Chitty, 2005; Latessa & Lowenkamp, 2006).

Current Study

In this article we examine whether structured decision support indeed improves the quality of intervention plans and subsequently the effectiveness of offender supervision. Offender supervision is referred to as a period of imposed support and control by probation, that can include treatment or behavioural programs. We describe the results of a study in the Dutch probation practice. The Dutch probation service uses an instrument for structured risk and needs assessment called the Recidive Inschattings Schalen (recidivism assessment scales, RISC), that has been developed from a third generation into a fourth generation risk/needs assessment. In this study intervention plans based on third generation risk/needs assessment (RISC2-sample), were compared to intervention plans based on fourth generation risk/needs assessment (RISC3-sample). In the RISC2-sample the risk/needs assessment but not the decision making about the intervention plan was structured, while in the RISC3-sample structured risk/needs assessment was supplemented with structured decision support for the intervention plan. We examined the quality of the intervention plans and the extent to which better quality plans improved the effectiveness of offender supervision. We also looked at the extent to which the intervention plans were implemented in supervision. In the Dutch probation practice the probation officers who do assessments and write pre-sentence reports are not the same persons as the probation officers who supervise offenders. If supervising probation officers do not agree with the plan, they can make adaptations. We expected that supervising probation officers implement high-quality intervention plans better than low-quality intervention plans.

The research questions in this study were:

1. Are intervention plans in the RISC3 sample of higher quality than intervention plans in the RISC2 sample?
2. Are intervention plans in the RISC3-sample better implemented in supervision than intervention plans in the RISC2-sample?
3. Is offender supervision in the RISC3-sample more effective than in the RISC2-sample?

Quality Criteria for Intervention Plans

In order to assess the quality of intervention plans, we formulated seven quality criteria that are relevant for effective probation practice. Although fourth generation risk/needs assessment especially structures the match between the intervention plan and the assessed risks, needs and responsivity, we additionally formulated quality criteria that are based on research about desistance from crime, and insights from psychological research about behavioural change. In this way we were able to evaluate the added value of structured decision making about intervention plans from a broader perspective on effective probation work. The quality criteria were:

1. The dynamic criminogenic needs are addressed by the goals in the intervention plan
2. The dynamic criminogenic needs are addressed by the interventions in the plan
3. The intensity of the intervention plan matches the risk of recidivism
4. The goals in the intervention plan are specific
5. The goals in the intervention plan are formulated as approach goals
6. The intervention plan contains goals that are important for the offender
7. The intervention plan focuses on strengthening social bonds

In the following paragraphs we explain the scientific basis for these criteria.

1 and 2: The dynamic criminogenic needs are addressed by the goals and interventions in the intervention plan. Research about what works in reducing recidivism has led to some stable and usable insights for correctional practice. One of these insights is the so-called ‘needs principle’: treatment services should focus on dynamic risk factors (criminogenic needs) that are associated with recidivism (Andrews & Bonta, 2010b; Hanson et al., 2009). In several studies significant correlations have been found between the number of criminogenic needs targeted during case management and recidivism (Andrews & Bonta, 2010b; Latessa & Lowenkamp, 2006; Peterson-Badali, Skilling, & Haqanee, 2014; Vieira, Skilling, & Peterson-Badali, 2009). Most offenders have several criminogenic needs that should all be addressed to effectively reduce their propensity towards crime (Harper & Chitty, 2005; Vieira et al., 2009). Therefore, the goals and interventions in the intervention plan should address all assessed criminogenic needs.

3. *The intensity of the intervention plan matches the risk of recidivism.* This criterion is also based on research about what works, and relates to the so-called ‘risk principle’ that states that high risk offenders should receive intensive services and low risk offenders should receive low intensive or no services (Andrews & Bonta, 2010b). In a study using data from 97 correctional programs Lowenkamp, Latessa and Holsinger (2006) found that both in residential and non-residential settings, programs that provide more service to high risk offenders compared to low risk

offenders were more effective than programs that violated the risk principle (Lowenkamp, Latessa, & Holsinger, 2006). In a meta-analysis, Andrews and Dowden (2006) found moderate support for the risk principle itself. This principle turns out to be more effective when combined with other principles, namely that offenders should be offered interventions that target criminogenic needs (needs principle) and correctional interventions should employ social learning of behavioural strategies (general responsivity principle).

4. *The goals in the intervention plan are specific.* It is a well-known strategy for behavioural professionals to work with goals in an intervention plan. Psychological research has shown that conscious goals influence human action (Locke & Latham, 2002). In a review about empirical research on goal-setting theory, Locke and Latham (2002) summarize why goals affect performance: goals support people in directing attention and effort toward goal-relevant activities, they energize, affect persistence and help people to discover and use knowledge and strategies that are relevant for the desired action. It is important to formulate specific goals to increase effectiveness (Locke & Kristof, 1996). When people formulate specific goals and have a clear strategy for realizing these goals, there is a better chance that they succeed (Klinger & Cox, 2011). Research showed that working with specific goals in psychotherapy was positively related to the effectiveness of the therapy (Willutzki & Koban, 2011). Moreover, specific goals can be evaluated and help prevent behavioural professionals from unnecessarily continuing treatment when the goals are realized (Tiemens, Reijs, Van Sonsbeek, & Hutschemaekers, 2010).
5. *The goals in the intervention plan are formulated as approach goals.* Goals can be formulated either as approach goals or as avoidance goals. Approach goals focus on positive outcomes that have to be achieved (for example having a stable job), whereas avoidance goals focus on negative behaviour that should stop (for example not using drugs anymore). In general, working with approach goals proves to have a positive effect on wellbeing and success (Emmons, 1996). People who start psychotherapy often are focused on their problems, and have goals regarding feelings or situations they want to avoid. Turning the focus towards what they want to strive for and what can make their life better, may motivate them and facilitate the change process. As such, approach goals can work as a “pull mechanism”, pulling the patient into a positive situation (Willutzki & Koban, 2011). The same mechanism may work for offenders. Mann and colleagues studied the effect of approach versus avoidance goals in relapse prevention for sex offenders by comparing an approach-focused intervention and an avoidance-focused intervention. They found significant differences in the commitment and motivation for change, favouring the approach-focused intervention (Mann, Webster, Schofield, & Marshall, 2004). In a correctional setting, problems and risks often are the starting point of working with an offender. This may easily lead to a negative

focus on behaviour that has to stop or change. Formulating approach goals gives professionals and offenders an opportunity to make a shift from focusing on the problems of offenders to a positive result (Tiemens et al., 2010).

6. *The intervention plan contains goals that are important for the offender.* The effectiveness of working with goals is strongest when people are committed to their goals (Locke & Latham, 2002). In psychotherapy, working with goals that are valuable for the patient improves treatment results, provided that the patient is optimistic about his or her ability to attain the goals (Michalak, Klappheck, & Kosfelder, 2004). Agreement between a professional and a patient on goals is also one of the characteristics of an effective working alliance in psychotherapy. Menger and Donker (2013) state that the characteristics of an effective working alliance in an involuntary setting differ in some way from a voluntary setting such as psychotherapy. It does not seem to be necessary to start with mutual agreement about goals. Because in a forensic setting part of the goals are often imposed at the start of the treatment or supervision, agreement about goals may also grow during the working relationship. Nevertheless, in an involuntary setting it is important to know the offenders' goals, relate them to the goals of the professional, and negotiate about the goals of the intervention plan (Menger & Donker, 2013). Recently, the Good Lives Model has become popular in rehabilitation, especially with sex offenders (Ward, 2010; Ward, Mann, & Gannon, 2007). One of the assumptions in this model is that intervention plans should incorporate offenders' (approach) goals that are based on the personal goods every human being strives for. Correctional professionals should find a balance between these goals and the avoidance goals that are related to the reduction of risks. Incorporating offenders' goals in a case management plan can also be considered as a means to motivate offenders for change and enhance responsivity (Bonta & Andrews, 2003).
7. *The intervention plan focuses on strengthening social bonds.* Sociologically oriented theories about desistance from crime emphasize the importance of social bonds. In their study about pathways in and out of crime, Sampson and Laub (2003) found that changes in life circumstances such as a good marriage or a stable job are related to desistance. Possible explanations for the importance of social bonds for desistance are that these bonds offer social support, that the pro-social contacts may informally supervise the offenders and thus lead to informal social control, that getting married or having a job may change the lifestyle of offenders and reduce contacts with anti-social companions, and that marriage or a job may motivate offenders to stay away from crime because of the risk to lose something that is important for them (Laub & Sampson, 2003; Warr, 2002). The positive relation between social bonds and desistance has been found in several studies. Prisoners who maintain connections with their social network while being in prison turn out to have lower rates of reoffending (Cochran, 2014). Based

on data from a large scale employment program in the U.S., Uggen (2000) found that having a job reduced recidivism, but only for offenders aged 27 or older. Studying criminal and working careers of a cohort of offenders from a Dutch youth prison, Van der Geest (2011) found a positive association between work and decline in delinquency, especially when jobs were stable. In a Dutch study about supervision failure, Lamet and colleagues (2013) found that probationers with weak social bonds failed their probation supervision more often than probationers with strong social bonds. And in studies about protective factors it was found that positive bonds can mitigate or eliminate risks (De Vries-Robbé, 2014).

Risk and Needs Assessment

RISc is based on the English and Welsh Offender Assessment System (OASys, Home Office, 2002). RISc contains the following 12 criminogenic needs: (1) offending history, (2) current offence, (3) accommodation, (4) education and employment, (5) income and financial management, (6) relationships with partner, family and relatives, (7) relationships with friends and acquaintances, (8) drug abuse, (9) alcohol abuse, (10) emotional well-being, (11) thinking and behaviour, and (12) attitudes. Each criminogenic need is assessed on a scale that contains a number of risk items which are scored as 0 (*no problems*), 1 (*some problems*), or 2 (*significant problems*). The total score of the items in a RISc scale represents the severity of that criminogenic need. For every scale, cut-off scores are used to indicate whether the specific criminogenic need is considered to be present in an individual case or not. The risk of recidivism is represented by the sum of the weighted scale scores and is grouped into the following four categories: low risk, moderate-low risk, moderate-high risk and high risk (Bosker et al., 2013; Hildebrand, 2010a).

The internal consistency of the scales was found to be moderate to good (α between .61 and .88, Van der Knaap, Leenarts, & Nijssen, 2007). The interrater agreement of the risk scales and total score was found to be moderate to substantial (Tinsley and Weiss' value T between .43 and .78, Van der Knaap, Leenarts, Born, & Oosterveld, 2012). The predictive validity for general recidivism of RISc is sufficient for both men (AUC = .70) and women (AUC = .68, Van der Knaap & Alberda, 2009). Because RISc does not give a valid prediction for the recidivism of a sexual offence, for sex offenders the Static-99 (Van Beek, De Doncker, & De Ruiter, 2001) is used in addition to RISc. The items in RISc are scored by the probation officer based on available case files (e.g. police report, overview of former offences, probation file, psychiatric report) and one or more interviews with the offender. In addition, the offender provides his or her opinion of the actual problems and priorities in a self-assessment. RISc was implemented in 2004 and slightly improved in the following years. Since 2006, version 2 of RISc has been in use, and this may be considered a third-generation risk and needs assessment instrument.

In 2010 RISC3 was implemented, containing a section that structures and supports the decision making about the intervention plans, this may be considered a fourth-generation risk and needs assessment instrument. The section for risk and needs assessment is the same in RISC2 and RISC3.

Intervention Plan and Supervision Plan

After the completion of the risk and needs assessment, probation officers formulate intervention plans that are the basis for a pre-sentence report or offender supervision. In Dutch practice such a plan contains information on several domains: the criminogenic needs that should be influenced, goals that describe the targets for change, interventions that should support the offender to realize the change, if relevant an advice to the court about the sanction and specific conditions, control measures and a decision about the intensity of the supervision. RISC2 contained a section where probation officers could describe their decisions about the various domains, without being supported by the instrument in their decision making. In RISC3 the decision making about the intervention plan has been cut into several process steps that probation officers must pass successively using a computer-based decision support tool. In some of these steps the instrument gives suggestions or information to support the decision making. When probation officers overrule suggestions, they are asked to justify their decision. In the first step, probation officers describe and prioritize the criminogenic needs that should change, based on the results of the needs assessment. Next, for each criminogenic need the goals that should be achieved and the interventions planned to realize these goals are described. The instrument gives suggestions for interventions when offenders meet the inclusion criteria. Third, the sanction and special conditions are described, and if thought necessary it can be decided to put in specific control measures. In the fourth step, the instrument gives a suggestion about the intensity of the supervision, based on the assessed risks of recidivism and harm, the risk of noncompliance, and the necessity for extra guidance by the supervising officer. Finally, an overview of the intervention plan is presented (Bosker, Witteman, Hermanns, & Heij, 2014; Hildebrand, 2010b).

In Dutch probation practice the risk and needs assessment is often made in the pre-sentence phase. Based on the assessment, the probation officer describes an intervention plan that forms the basis for the pre-sentence report. Then, if it is decided to impose a suspended sentence, the intervention plan forms the basis for supervision (Programma Redesign Toezicht, 2009). Since 2006 there is a separation between probation officers who assess and write pre-sentence reports and probation officers who supervise offenders, in order to guarantee objective advice about the interventions necessary, to prevent a focus on interventions of one's own organisation, and to improve the quality of the pre-sentence reports (Vos, Reijmers, & Ahaus, 2007). As a result, the probation officer formulating the intervention plan is not the officer

executing it. At the start of the supervision, the intervention plan described in the assessment is transformed into a supervision plan by the supervising probation officer.

Method

Procedure

In order to compare the quality of intervention plans based on RISC2 and RISC3, two random samples of 300 cases each were composed. These samples consisted of files of offenders who were under supervision of the probation service (at least one face-to-face contact with a probation officer), and had an intervention plan based on a risk and needs assessment. Data were gathered concerning the risk and needs assessment, the intervention plan, the supervision plan, and the effectiveness of supervision. Because most supervision trajectories end within two years, data about supervision concerned the two years after the start. Variables regarding the risk and needs assessment were provided by the probation service in a database. Variables regarding the intervention plan and offender supervision were coded from the probation files. Seven research assistants assisted in selecting and coding the relevant information from the files using a coding manual. The researcher (the first author) checked the coding and in case of discrepancy decided upon the final coding. The researcher and her assistants declared confidentiality and file information was processed anonymously.

Samples

The samples were taken from two cohorts of supervisions in the context of a suspended prison sentence in The Netherlands. The cases had to have an actual and complete risk assessment including an intervention plan that was made between 180 days before and 90 days after the start of the supervision, and therefore could be considered an assessment that represents the offenders' situation at the start of the supervision. The RISC2-sample was taken from a cohort of supervisions that started between January and March 2010 ($N = 1865$). Nearly half of these cases had a risk and needs assessment that met the requirements ($N = 736$). The RISC3-sample was taken from a cohort of supervisions that started between January and March 2011 ($N = 1525$), whereof 700 had a risk and needs assessment that met the requirements. From both cohorts, a sample of 300 cases was selected at random. We thus had two independent samples of 300 cases each. It was checked that there were no cases that were present in both samples. There were however probation officers who were involved in more than one case or in both samples.

In both samples, a majority of the offenders was male (90% in the RISC2-sample, 92% in the RISC3-sample; $\chi^2(1) = 1.01$, n.s.). The age of the offenders varied from 18 to 77 years with an average of 33 ($SD = 12$) in the RISC2-sample and 34 ($SD = 12$) in the RISC3-sample ($t(598) = -0.04$, n.s.). The sum-score of the risk assessment can vary

from 0 to 168 (Hildebrand, 2010a). The mean risk score in the RISC2-sample was 59 ($SD = 28$) and in the RISC3-sample 61 ($SD = 30$; $t(598) = -0.54$, n.s.). In both samples, a majority of the offenders committed an aggressive offence (64% in RISC2-sample, 63% in RISC3-sample), or property offence (24% in RISC2-sample, 20% in RISC3-sample). In this study we defined 9 dynamic criminogenic needs (see variable construction). The average number of dynamic criminogenic needs per offender in both samples was 5 ($SD = 2$; $t(598) = -0.58$, n.s.). Table 1 gives an overview of the percentage of criminogenic needs present in both samples. The samples seem to represent comparable groups of offenders. We only found a small significant difference between the groups regarding the number of offenders that had financial problems.

Table 1. *Dynamic Criminogenic Needs Present in RISC2-sample ($n = 300$) and RISC3-sample ($n = 300$)*

Dynamic Criminogenic Need	RISC2-sample	RISC3-sample	$\chi^2(1)$
Accommodation	38%	43%	1.35
Education / employment	62%	63%	0.11
Finance	44%	54%	5.61*
Partner / Family	60%	55%	1.16
Friends	41%	48%	2.44
Drugs / alcohol	61%	61%	0.01
Emotional well-being	64%	66%	0.26
Thinking and behaviour	94%	91%	2.35
Attitude	48%	42%	1.72

Note: * $p < .05$.

Variable Construction

The following variables for analyses were constructed:

A. Risk and needs

Risk of recidivism: The risk of recidivism was measured using the categorized RISC-scores: low risk, moderate-low risk, moderate-high risk, high risk. In 22 cases of the RISC2-sample and 15 cases of the RISC3-sample the Static-99 was used in addition to RISC, that results in a categorized risk score comparable to RISC. In these cases the highest risk category of either RISC or Static-99 was used.

Dynamic criminogenic needs: RISC contains 10 dynamic criminogenic needs (scale 3 to 12, see section on risk and needs assessment). The RISC cut-off scores were used to determine whether a dynamic criminogenic need was present or absent in an individual case. Because some scales contain historic/static risk items (for example an item

about drug abuse in the past in the scale about drug abuse), criminogenic needs can score above the cut-off point based only on problems in the past, while there are no actual problems. In such a case, no intervention is expected. Therefore, in this study a dynamic criminogenic need is considered present if it scores above the cut-off score and if there is an actual problem (present = 1, absent = 0). Because in some cases the goals or interventions focus on addiction, the criminogenic needs for drug abuse and alcohol abuse were combined into one criminogenic need drug/alcohol abuse, resulting in nine dynamic criminogenic needs in this study.

B. Quality of intervention plan. As a first step, three experienced professionals who work at the probation service and the first author clustered the goals and interventions in the intervention plans into nine clusters, equivalent to the dynamic criminogenic needs. First, they all clustered the goals and interventions independently. Then differences were discussed and the final clustering was made based on consensus. General goals that did not match with a specific criminogenic need such as 'reduce recidivism' or 'participate in an intervention' (14% of the goals), were not included in the analyses. The seven quality criteria were measured as follows:

1. *The dynamic criminogenic needs are addressed by the goals in the intervention plan:* When a criminogenic need was assessed as present and there was a goal in the intervention plan that matched this need, a score of 1 was given, and if there was no goal, a score of 0 was given. Then the match between all dynamic criminogenic needs and goals was measured as follows: number of dynamic criminogenic needs present that match with a goal / total number of dynamic criminogenic needs in the case. The result is a score between 0 and 1 for every case.
2. *The dynamic criminogenic needs are addressed by the interventions in the plan:* The interventions in the intervention plan were recoded into clusters that match the criminogenic needs using three options: the intervention does not address (0), potentially addresses (1), or does address (2) a specific criminogenic need. The option "potentially addresses" is added because from the files it was not always obvious to what extent a need was addressed by an intervention. For example, clinical psychological treatment is obviously related to emotional well-being and thinking and behaviour, but during treatment, a problematic relation with a partner may also be addressed. The match between the interventions and dynamic criminogenic needs was measured as follows: number of dynamic criminogenic needs present that match with an intervention / (total number of dynamic criminogenic needs in the case * 2). The result is a score between 0 and 1 for every case.
3. *The intensity of the intervention plan matches the risk of recidivism:* The intensity of the intervention plan was scored on a scale from 1 (low intensity, for example only supervision) to 5 (high intensity, for example residential treatment or a combination of three behavioural interventions in the community). Then the intensity of the plan

was related to the risk category on a scale from 0 (no match) to 1 (good match).

4. *The goals in the intervention plan are specific:* Every goal in the intervention plan was valued as not specific (0), moderate specific (0,5) or specific (1). In this study, a goal was considered to be specific when it gives direction to the actions of the offender and/or professionals, when it describes an observable change and can be evaluated, and when it is formulated as a desirable result. The average value of all the goals in the intervention plan was measured, resulting in a score between 0 and 1.
5. *The goals in the intervention plan are formulated as approach goals:* Every goal in the intervention plan was valued as an approach goal (1) or an avoidance goal (0). Then the average value of all the goals in the intervention plan was measured, resulting in a score between 0 and 1.
6. *The intervention plan contains goals that are important for the offender:* The self-assessment, filled in by the offender as a part of the assessment, was used as an indicator of the goals of the offender. The issues that are a problem or a priority for the offender were considered to be goals. These issues were clustered in the same categories as the goals in the intervention plan. Then the match between the goals in the plan and the goals of the offender was measured as follows: number of offender goals that are present in the intervention plan / total number of offender goals. The result is a score between 0 and 1 for every case. The self-assessment was only available for 230 of the 300 cases in the RISc2-sample and 227 cases in the RISc3-sample.
7. *The intervention plan focuses on strengthening social bonds:* The risk and needs assessment contains some items that can represent weak social bonds. These are items about the actual working situation, the actual relationship with an intimate partner, and actual relationships with friends. No significant differences between the two samples in the number of offenders having problems on these items were found. The extent to which the intervention plans are focused on strengthening social bonds is operationalized as a dichotomous variable: the plan contains one or more goals that focus on having employment or a meaningful daytime activity, a positive relationship with partner or family, or a positive relationship with friends or acquaintances (score 0 if no and 1 if yes).

C. Implementation and effectiveness variables. The timeframe of this research made it impossible to use recidivism rates as a measure for effect. Therefore, we used criteria that are measurable in the shorter term.

Implementation of the intervention plan in supervision: This is measured by the percentage of goals and interventions that were adopted from the intervention plan into the supervision plan, and by the proportion of goals and interventions added in the supervision plan (number of goals added in supervision plan / number of goals in intervention plan). Small changes in the formulation of the goals or in specific interventions are not taken into account here because we wanted to focus on major changes

in the plan. As long as the goals or interventions affected the same criminogenic need, we coded them as similar.

Dropout: Early dropout from interventions or supervision is related to recidivism, and a lot of risk factors for recidivism are also risk factors for non-compliance (Hildebrand, Hol, & Bosker, 2013; Olver, Stockdale, & Wormith, 2011; Ugwu-dike, 2010). An intervention plan that is aimed at the reduction of risk factors for recidivism could also have a positive effect on dropout. Moreover, dropout may be considered as a sign of failure of the plan. In this study dropout was measured as a dichotomous variable coded as 0 (dropout) or 1 (no dropout).

Goal attainment: The interventions in the intervention plan that meet the intended goals should result in the realization of these goals and bring a positive change in the criminogenic needs. In the long term, this should result in reduced recidivism (Flores et al., 2003; Luong & Wormith, 2011). The extent to which the goals were attained was measured by scoring the level of goal attainment for every goal in the supervision plan on a scale from 1 to 3. Subsequently, the level of goal attainment of the cases was measured as: sum of goal attainment of all goals in the plan / (total number of goals in the plan * 3). The result is a score between 0 and 1 for every case.

Analysis

As a first step in the analyses descriptive statistics were calculated, using frequencies, means and standard deviations. Because of the large number of variables we only present the most relevant findings. Then the differences in the mean scores on the quality variables in the RISC2-sample and RISC3-sample were measured. Quality variable 1 to 6 are measured at an interval level. Because these variables were not normally distributed, a Mann-Whitney test was used. Subsequently, using the statistics of the Mann-Whitney test, effect sizes were calculated expressed in correlation coefficient r (Field, 2009). The 7th quality variable is dichotomous. The difference between the two samples on this criterion was calculated using a chi-square test, and subsequently the effect size was measured in terms of Cramers V . The extent to which the intervention plans are implemented in supervision and the effect of supervision was first analysed with descriptive statistics. Then correlations between the quality variables and the implementation of the plan were measured, relating the quality variables regarding the goals (variable 1, 4, 5, 6 and 7) to the extent the goals were implemented in supervision, and the quality variables regarding the interventions (variable 2 and 3) to the extent that the interventions were implemented in supervision. Because the quality variables are not normally distributed, Spearman correlation was measured. Finally, differences in mean scores on the effect variables were measured using a chi-square test for dropout (dichotomous variable) and a Mann-Whitney test for goal attainment (interval variable that is not normally distributed).

Results

Quality Intervention Plan

The number of goals in the intervention plans varied considerably between the cases, and had doubled in the RISC3-sample. In the RISC2-sample the mean number of goals probation officers formulated was 3.8 (range 0 to 13) and in the RISC3-sample 6.9 (range 1 to 19). In both samples most goals concerned cognitive skills and addiction. The number of interventions did not differ much in the samples and increased from a mean of 2.2 (range 0 – 7) in the RISC2-sample to 2.8 (range 0 – 8) in the RISC3-sample.

Table 2: *Quality of Intervention Plans in RISC2-sample (n = 300) and RISC3-sample (n = 300)*

Criteria	Mean RISC2	Mean RISC3	<i>U</i>	<i>z</i>	<i>p</i>	Effect size <i>r</i>
1. Match criminogenic needs and goals	.45	.75	68.68	11.92	.00	.49
2. Match criminogenic needs and interventions	.71	.72	45.34	0.67	.51	.03
3. Match risk recidivism and intensity plan	.77	.83	50.97	3.26	.00	.13
4. Goals specific	.57	.60	47.00	1.24	.21	.05
5. Approach goals	.50	.69	58.80	6.89	.00	.28
6. Match goals offender and goals plan ^a	.41	.59	28.34	5.92	.00	.29
	%	%	χ^2		<i>p</i>	Cramer's <i>V</i>
7. Focus on strengthening social bonds	43	71	47.55		.00	.28

Note. *U* = Mann-Witney's *U* statistic; *z* = standardized test statistic.

^a RISC2-sample n = 230, RISC3-sample n = 227.

Table 2 gives an overview of the mean scores on the quality criteria in both samples. Criteria 1 to 6 can have a score between 0 and 1. Criterion 7 is dichotomous, therefore the percentage of cases that focus on strengthening social bonds is given there. In the last column the effect size of the changes between RISC2 and RISC3 is shown. A significant improvement was found for five of the seven quality criteria in the RISC3-sample. As Table 2 shows, in comparison to plans based on RISC2, the intervention plans based on RISC3 had a better match between the criminogenic needs and goals, and between the goals of the offender and the goals in the plan. The goals in the RISC3 plans were more often formulated as approach goals, and had a stronger focus on the improvement of social bonds.

The intensity of the intervention plans based on RISC3 matched better with the risk of recidivism than the plans based on RISC2. No significant improvement was found for the match between the criminogenic needs and interventions, and for the extent to which goals were formulated specific. However, descriptive analysis showed that in the RISC3-sample both the percentage of non-specific goals and the percentage of specific goals were lower than in the RISC2-sample, while the percentage moderately specific goals was substantially higher in the RISC3-sample than in the RISC2-sample.

Table 3: *Match Between Goals in Intervention Plan and Dynamic Criminogenic Needs*

Category	Match dynamic criminogenic needs and goals intervention plan		Match goals offender and goals in intervention plan	
	RISC2 (n = 300)	RISC3 (n = 300)	RISC2 (n = 230)	RISC3 (n = 227)
Accommodation	42%	78%	36%	79%
Education / work	48%	76%	46%	72%
Finance	45%	84%	42%	70%
Partner / Family	24%	52%	28%	45%
Friends	35%	73%	31%	67%
Drugs / Alcohol	64%	92%	73%	95%
Emotional well-being	42%	61%	48%	57%
Cognitive skills	57%	85%	59%	87%
Attitude	15%	69%	5%	62%

Relatively large effect sizes were found for the match between the dynamic criminogenic needs and the goals, and for the match between the goals of the offender and the goals in the plan. Using descriptive analyses, we studied the improvements for the specific goal categories (see Table 3). Looking at the match between the goals and the different criminogenic needs in the RISC2-sample, it was found that this was fairly low: for most criminogenic needs present, goals were formulated in less than half of the cases. Table 3 shows that this match had improved substantially in the RISC3-sample. Taking accommodation as an example: in the RISC2-sample in 42% of the cases where accommodation was assessed as a criminogenic need the intervention plan contained a goal concerning accommodation, whereas in the RISC3-sample this percentage is 78%. The match between the criminogenic needs and goals improved for all categories, and especially for the categories attitude, finance, friends and accommodation. The plans based on RISC3 also showed a better match with the goals of the offender. For example, for all offenders who mentioned accommodation as a problem or priority, in the RISC2-sample only 36% of offenders had an intervention plan that contained a goal about accommodation. This percentage increased to 79% in the RISC3-sample. Table 3 shows that the match between

the offenders' goals and intervention plan improved for all categories. Again the largest improvement was found for attitude, accommodation, finance and friends.

Implementation Intervention Plan in Supervision

In the RISC2-sample, the intervention plans contained on average 3.8 goals. Thereof, only 49% were adopted in the supervision plans. Besides, the supervising probation officers added on average 2.0 new goals in their plans. In the RISC3-sample on the other hand, the intervention plans contained on average 6.9 goals of which 61% were adopted by the supervising officer, who added on average 1.0 goals. So in the RISC3-sample fewer changes were made to the initial plan with regard to the goals. The number of adaptations regarding the interventions in the intervention plan was small in both samples. In the RISC2-sample, the intervention plans contained on average 2.2 interventions whereof 87% were adopted in the supervision plan. In the RISC3-sample, the intervention plans contained on average 2.8 interventions whereof 83% were adopted in the supervision plan. The number of interventions added to the supervision plan decreased slightly from 0.74 in the RISC2-sample to 0.65 in the RISC3-sample. We also looked at the number of goals and interventions that were added to the supervision plan during the supervision process. Changes in the situation or needs of the offenders during supervision may be a reason to adapt the plan. However, few goals or interventions were added during supervision. Most changes to the plan were made at the start of the supervision process.

We hypothesized that intervention plans would be better implemented in supervision when the quality was better. Table 4 shows correlations between the quality criteria and the implementation of the plan, operationalized in the percentage of goals and interventions adopted from the intervention plan into the supervision plan and the proportion of goals and intervention added in the supervision plan. The percentage of goals adopted in the supervision plan was significantly related to the match between the goals and criminogenic needs, to the extent to which goals were formulated specific, and to the extent that the plan focused on social bonds, although correlations were low. The proportion of goals added was significantly related to all quality criteria concerning goals. All correlations were negative, meaning that better quality of the implementation plan was related to a lower proportion of goals added. The percentage of interventions added was not significantly related to the quality variables regarding the interventions. The proportion of interventions added was significantly related to the match of the interventions and the criminogenic needs, and to the match between the risk of recidivism and the intensity of the plan.

Because the descriptive analyses showed that in a fairly large proportion of the cases the intervention plans were changed at the start of supervision, we studied whether the improved quality of the intervention plans based on RISC3 was also found in the supervision plans.

Table 4: Spearman Correlation Between Quality Intervention Plan and Implementation Intervention Plan in Supervision (N = 599)

Quality variables	Percentage goals adopted	Proportion goals added
1. Match criminogenic needs and goals	.11**	-.45**
4. Goals specific	.12**	-.22**
5. Approach goals	.00	-.20**
6. Match goals offender and goals plan ^a	.02	-.41**
7. Focus on strengthening social bonds	.09*	-.42**
	Percentage interventions adopted	Proportion interventions added
2. Match criminogenic needs and interventions	.05	-.28**
3. Match risk recidivism and intensity plan	.04	-.14**

Note. ** $p < .01$; * $p < .05$.

^a N = 409, only offenders that filed in the self-assessment were included in the analysis.

Table 5 shows the differences in quality of the supervision plans in the two samples, using the same quality criteria as used for the intervention plans. On only two of the quality criteria there was a significant improvement in the RISC3 sample. The supervision plans in the RISC3-sample had a better match between the needs assessed and the goals in the plan, and a stronger focus on strengthening social bonds. However, the effect sizes were smaller than those found for the intervention plans. Moreover, no significant improvements were found for three of the criteria that improved significantly in the intervention plans of the RISC3-sample: the match between risk of recidivism and intensity of the plan, the extent to which goals were formulated as approach goals, and the match between the offenders' goals and the goals in the plan.

The improvements found in the intervention plans of the RISC3-sample were to a substantial extent negated by the supervising probation officers. When we compare the mean scores on the quality criteria of the intervention plans and the supervision plans in the RISC2-sample (see Table 3 and Table 5), the mean scores are higher for the supervision plans, especially concerning the extent to which goals were formulated specific and as approach goals, and focused on strengthening social bonds. This means that in the RISC2-sample supervising probation officers improved the initial intervention plans that were of relatively poor quality. In the RISC3-sample on the other hand, the mean scores on the quality criteria for the supervision plans are lower than for the intervention plans, especially regarding the match between the criminogenic needs

and goals, and the match between the goals in the plan and the goals of the offender. The adaptations that supervising probation officers made to the plans in the RISC3-sample reduced the quality of the plans.

Table 5: *Quality of Supervision Plans in RISC2-sample (n = 300) and RISC3-sample (n = 299)*

Criteria	Mean RISC2	Mean RISC3	<i>U</i>	<i>z</i>	<i>p</i>	Effect size <i>r</i>
1. Match criminogenic needs and goals	.44	.59	56.29	5.43	.00	.22
2. Match criminogenic needs and interventions	.74	.74	45.06	0.10	.92	.00
3. Match risk recidivism and intensity plan	.79	.81	46.57	0.91	.36	.04
4. Goals concrete	.65	.64	35.59	-0.67	.50	-.03
5. Approach goals	.73	.71	34.20	-1.44	.15	-.06
6. Match goals offender and goals plan ^a	.44	.47	22.74	0.91	.36	.04
	%	%	χ^2		<i>p</i>	Cramer's <i>V</i>
7. Focus on strengthening social bonds	54	73	23.96		.00	.20

Note. *U* = Mann-Witney's *U* statistic; *z* = standardized test statistic; ^a *N* = 416

Effectiveness of offender supervision

In this study, the effectiveness of supervision was measured by dropout and goal attainment. The number of offenders that prematurely dropped out of supervision did not differ between the RISC2-sample and RISC3-sample (28% dropout in the RISC2-sample; 30% dropout in the RISC3-sample; $\chi(1) = 0.17$, n.s.). The degree of goal attainment in the RISC2-sample (mean = .43; *SD* = .38) also did not differ from the degree of goal attainment in the RISC3-sample (mean = .46; *SD* = .35), *U* = 4733, *z* = 1.18, n.s. Because the initial intervention plans were not implemented as designed, we measured the correlations between the quality of the supervision plans (instead of the intervention plans) and effectiveness of supervision (see Table 6). Dropout was only significantly correlated to the needs-intervention match (the better the needs-intervention match, the less dropout). Goal attainment significantly correlated with four quality criteria: the needs-goal match, the needs-intervention match, the match between the offenders' goals and the goals in the plan, and the focus on strengthening social bonds. However, all significant correlations are very low.

Table 6: Correlation Between Quality of Supervision Plan and Effectivity of Supervision (N = 599)

Quality of supervision plan	Dropout	Goal attainment
1. Match criminogenic needs and goals	.08	.18**
2. Match criminogenic needs and interventions	.11**	.09*
3. Match risk recidivism and intensity plan	.06	.06
4. Goals concrete	-.08	-.02
5. Approach goals	-.02	-.05
6. Match goals offender and goals plan ^a	.05	.13**
7. Focus on strengthening social bonds	.01	.10*

Note. ** $p < .01$; * $p < .05$; ^a $N = 412$.

Discussion

Research into human decision making showed that structuring the decision process can be an effective strategy to diminish biases and improve the quality of decisions. In this study we examined if the use of structured decision support can improve probation officers' decisions about intervention plans. We compared two samples of intervention plans that were followed by a supervision trajectory: a sample in which structured risk and needs assessment was used but the decision making about the intervention plan was not supported (RISc2-sample), and a sample in which in addition to the structured assessment, decision making about the intervention plan was supported (RISc3-sample).

Improved Quality of Intervention Plans

In order to assess if intervention plans in the RISc3 sample are of higher quality than intervention plans in the RISc2 sample, we formulated seven quality criteria based on research about effective practice, desistance from crime and behavioural change. Consistent with our hypothesis we found that the quality of the intervention plans is better when decision making about the goals and interventions in the plan is structured, as is done in RISc3. The quality of the plans improved significantly for five of the seven quality criteria used in this study: the match between the criminogenic needs and the goals, the match between the goals of the offender and the goals in the plan, the focus on strengthening social bonds, the extent in which approach goals were used, and the match between the risk of recidivism and the intensity of the plan. Although no improvements were found in dropout or goal attainment between the two samples, some of these criteria did correlate significantly with lower dropout and better goal attainment.

The quality improvement of the intervention plans found in this study mainly concerned the goals in the plans. Structured decision making about intervention plans resulted in a substantial better match between the criminogenic needs and goals. Apparently, formulating the targets for change per criminogenic need, as is done in RISC3, results in intervention plans that are more complete and have a better match to the assessed needs. We assume that without decision support, probation officers are inclined to focus on the criminogenic needs they think are most important in a specific case. As concluded in a previous study, this results in intervention plans with a focus on addiction, cognitive skills and emotional wellbeing (Bosker et al., 2013c). Using RISC3, probation officers had to make a conscious decision about the other criminogenic needs present. Such a decision step stimulates the adoption of goals that focus on criminogenic needs that otherwise would have been neglected, often regarding social bonds and basic needs such as accommodation, work and finance. Considering the research about desistance from crime, positive changes regarding these needs is significant for effective reduction of delinquent behaviour. Putting more emphasis in the intervention plans on these needs is therefore a relevant improvement.

We expected that deciding per criminogenic need what intervention should be planned would result in a better match between the criminogenic needs and interventions, while no improvement was found for this criterion. That finding is consistent with studies among young offenders that showed that the use of a fourth generation risk/needs assessment is no guarantee for a good match between criminogenic needs and interventions (Peterson-Badali et al., 2014; Viglione, Rudes, & Taxman, 2014; Vitopoulos, Peterson-Badali, & Skilling, 2014). Improvement of the match between the criminogenic needs and interventions is desirable, because this study showed that a good needs-interventions match significantly correlates with lower dropout and better goal attainment and other studies showed a positive correlation with a reduction of recidivism (Luong & Wormith, 2011; Peterson-Badali et al., 2014; Vieira et al., 2009; Vitopoulos, Peterson-Badali, & Skilling, 2014).

We did not expect a substantial improvement in the extent that intervention plans match the goals of the offenders, because no specific support for this match is given in RISC3. Nevertheless, the improvement on this point was significant. We do not know if probation officers consciously involved the offenders' goals when they formulated the goals in the plan. The improved match may be caused by the fact that the RISC3-plans are more complete and contain more goals about several needs. This increases the chance of a match with the offenders' goals. When it comes to the way goals are formulated, we did expect that using the decision support tool would result in more specific goals, because probation officers had to formulate the goals per criminogenic need. The results in this study proved otherwise. The proportion of nonspecific goals diminished, as did the proportion of specific goals, while the proportion of moderate specific goals increased. Apparently, many probation officers formulate global, long-range goals in

the initial plan, maybe expecting that goals will be formulated more specifically or divided into sub goals during supervision. We did find that the goals in the RISC3-plans were more often formulated as approach goals. Regarding this criterion, we had not expected a major change because in RISC3 no support is given to goal formulation.

Implementation and Effectiveness Offender Supervision

The second question in this study was whether intervention plans in the RISC3-sample are better implemented in supervision than intervention plans in the RISC2-sample. We did find that the goals and interventions from the intervention plans in the RISC3-sample were better implemented in supervision than the intervention plans in the RISC2-sample, but improvements were small. In both samples the supervising probation officers made adaptations to the initial plan at the start of the supervision, especially concerning the goals. Supervising probation officers can have different reasons to do so, such as a the motivation of the offender for a specific target, problems in the social context of the offender, or a need to prioritize non-criminogenic needs (Peterson-Badali et al., 2014). The actual situation of the offender may have changed in the period between the assessment and the start of supervision (argument based on informal contact with staff of probation service), or supervising probation officers may have a stronger belief in their own judgment about the case (Viglione et al., 2014). In the RISC3-sample officers mainly removed goals. Given the fact that the average number of goals in the intervention plans of the RISC3-sample doubled in relation to the RISC2-sample, a possible explanation can be that supervising probation officers think the RISC3-plans were too extensive. Interviews with supervising probation officers should clarify the reasons why they changed the initial plans of their colleagues.

The third research question concerned if supervision in the RISC3-sample is more effective than in the RISC2-sample. Our hypothesis was that the implementation of improved plans in supervision would improve the effectiveness of offender supervision, because the quality criteria used in this study are theoretically and empirically related to improvements in the effectiveness of correctional practice. Results showed that no difference between the two samples was found with regard to dropout and goal attainment. A possible explanation for this finding is that both in the RISC2-sample and in the RISC3-sample supervising probation officers changed the intervention plans at the start of the supervision, with the result that the quality improvement of the plans that were actually implemented was relatively small. Therefore, little effect could be expected in this study of quality improvement of the intervention plans on offender supervision. Another explanation may be the fact that no quality improvement was found for the needs-interventions match in the plans. Earlier studies especially showed positive outcomes in terms of reduced reoffending if the interventions that were delivered better matched with the assessed needs (Bonta et al., 2011; Luong & Wormith, 2011; Peterson-Badali et al., 2014; Vieira et al., 2009). We did however find

low but significant correlations between some quality criteria and the variables used to measure effectiveness of supervision: the needs-goal match, the needs-intervention match, the match between the offenders' goals and the goals in the plan, and the focus on strengthening social bonds. These findings indicate that improvements in these quality criteria are relevant for correctional practice.

Discontinuity Between Planning and Implementation in Supervision

The changes made by the supervising probation officers result in a change of focus in the correctional trajectory of a substantial part of the offenders. This discontinuity is not in line with what we know about effective case management, and may have been caused by the task separation in the Dutch probation service. Because of the task separation different probation officers are responsible for a case in a different, limited part of the trajectory of the offender, whereas effective case management is characterized by consistency and continuity, both concerning the activities in the trajectory and the professionals who are involved (Krechtig & Menger, 2013; Partridge, 2004; Turner & Trotter, 2010). Not having a case manager who coordinates the whole trajectory of an offender increases the risk that somewhere in the chain of activities fractures occur (Hermanns et al., 2013). In addition, task separation may intervene with professional development. When different tasks that actually make up a continuous process are performed by different professionals, it is difficult to generate feedback about the effect of the different actions such as decisions about the intervention plan, and therefore to learn and to improve performance at the individual and organizational level (Dawes et al., 1989; Tracey et al., 2014; Van der Laan, 2004).

Limitations and Further Research

In the selection of the quality criteria we were limited by the information available. For example, a relevant criterion might have been the extent to which the programs in the intervention plans are evidence-based and are proven to be effective in reducing reoffending of Dutch offenders. It was impossible to use such a criterion because hardly any research about the effectiveness of the interventions used in Dutch practice is currently available. Furthermore, we were limited in our choice of quality criteria by the information that can be found in the intervention plans of the Dutch probation service. Some aspects may be very relevant to effective practice but are not described in the plans, for example the match between the intervention and the characteristics and possibilities of the offender (specific responsivity principle) (Andrews & Bonta, 2010b; Luong & Wormith, 2011).

In our study we found that the number of goals in the intervention plans based on RISC3 was doubled compared to the RISC2-sample. Although as a result the needs are better addressed in the plan, in some cases the number of goals is very high, up to 20. This raises the question whether this is manageable for an offender, and whether some

plans ask too much of the offender, with the risk of dropout. The fact that supervising officers mainly remove goals from the intervention plans based on RISC3, suggests that they think the plans are too extensive. Probation officers must, in cooperation with the offender, find a good balance between addressing the needs at the one hand, and taking the possibilities and wishes of the offender into account on the other hand. Offenders who have most criminogenic needs often are the ones who can bear the least and have little social support. In such a case, it is necessary to prioritize. There is hardly any evidence to show which criminogenic needs should be given priority in which case. More research on this question is needed and can help probation officers to improve decision making.

In this study we only looked at the goals and interventions that are mentioned in the probation files. It may be that supervising probation officers have been working on goals that are not mentioned in the file. Studies that look at the implementation of the plans in the daily working practices in more detail may shed light on the role that these plans have in supervision, and how and why probation officers deviate from the goals specified in the plan.

Taking the goals of the offender into account is important for effective probation practice (Ward & Maruna, 2007). We used the self-assessment that offenders fill in during the assessment procedure to measure these goals. This had some limitations. The self-assessments appeared to be available in only two thirds of the cases. Moreover, the self-assessment did not directly address the goals of the offender, but what the offender considered are his problems and priorities. Also, different self-assessments were used in the RISC2-sample and RISC3-sample, which may have influenced the results of this study.

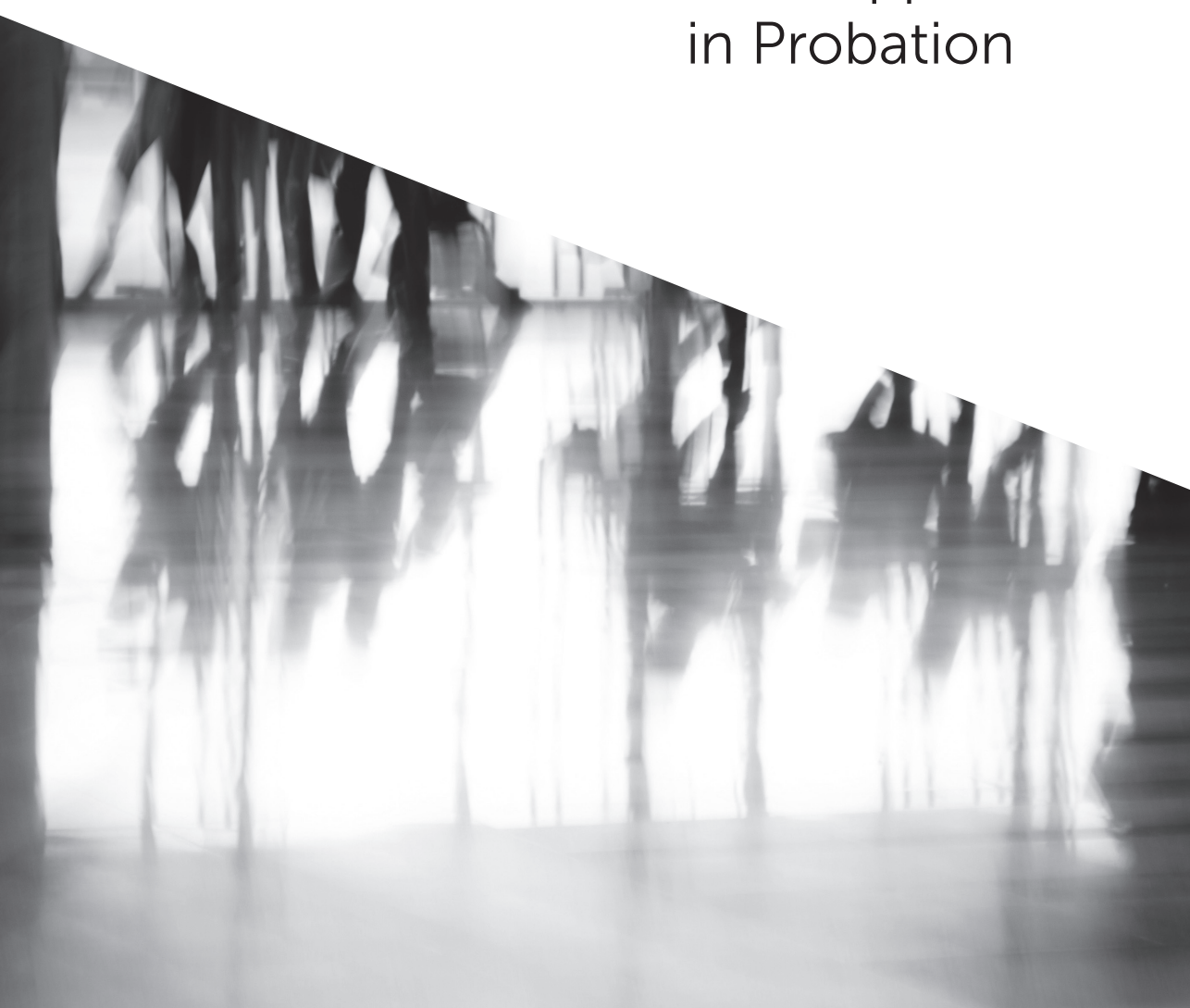
Concluding Remarks

Research about desistance from crime and what works to reduce recidivism results in a growing knowledge base about effective probation practice. Applying these insights by professionals is important, but proves not to be obvious (Flores et al., 2003; Luong & Wormith, 2011). One of the strategies to improve the application of these insights in the planning of offender supervision is structuring the decision making by the use of a tool for decision support, besides for example the training of professionals (Bonta et al., 2011). This study shows that the use of such a tool can improve the quality of intervention plans. A good intervention plan does not guarantee a good result. During the execution of the plan, many factors that are independent from the intervention plan may influence the result, such as the quality of the working alliance (Menger & Donker, 2013), the quality of the implementation of the interventions (Lipsey & Cullen, 2007), and incidents in the social context of an offender. However, developing an intervention plan is an important

steps in the trajectory the offender goes through. In this study some indications were found that improving the quality of these plans can contribute to the effectiveness of offender supervision, although more research is necessary to confirm this finding.

Chapter 7

Assistance or Burden? The Usability of Structured Decision Support in Probation



> Abstract

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Because case management in correctional practice often does not match with the assessed risks and needs of the offender, so-called fourth generation risk/needs assessment instruments were developed in which structured support for decision making about case management plans is integrated. In this study the perceived usability of such a tool is examined, using questionnaires and in-depth interviews with probation officers in The Netherlands. The study focuses on the section in the risk assessment tool that supports probation officers to decide about a case management plan. Probation officers' opinions about the case management planning section were compared to their opinions about a former version of the tool that did not contain such a section. Results showed that the fourth generation tool was on the average valued as less usable. Probation officers' opinions about the tool varied however from supportive to very critical. Possible explanations for these findings are discussed.

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Structured Decision Support in Probation

The introduction in many countries of instruments to support risk and needs assessment in probation has made structured decision making widely accepted. Structured risk/needs assessment not only results in a better assessment of the risk of recidivism, it also helps correctional professionals to decide what interventions could reduce the risk by clarifying the dynamic criminogenic needs, and it is therefore an important basis for case management planning (Andrews & Bonta, 2010b). In correctional practice, case management does not always match with the risk/needs assessment. Several studies have shown that often in case management part of the assessed needs are neglected (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008; Flores, Travis, & Latessa, 2003; Peterson-Badali, Skilling, & Haqanee, 2014; Viglione, Rudes, & Taxman, 2014). Therefore existing instruments for risk/needs assessment have been expanded into so-called fourth generation tools that also structure decision making about case management plans, in order to improve the match between the assessment and case management (Andrews & Bonta, 2010b; Andrews, Bonta, & Wormith, 2004). Since 2010 the Dutch probation services use such a tool, called RISc3 (Recidive Inschattingsschalen / Recidivism Assessment Scales, version three; Hildebrand, 2010a).

It is important to find out how the professionals who work with such a tool evaluate it. Do they experience the tool as usable? Do they think it has added value for their work and supports their decision making? Research about practitioners' experiences with risk/needs assessment showed that different practitioners use such instruments differently. Based on a survey about compliance with risk/needs assessment among over a thousand probation officers in the U.S. Miller and Maloney (2013) distinguished three groups of practitioners: substantive compliers, who complete the tool carefully and use the results in their decision making (48%), bureaucratic compliers, who complete the tool, but often do not use the results in decision making (40%), and cynical compliers (12%), who often complete the tool carelessly or manipulate information and do not use the results in decision making.

In the literature, several factors are mentioned that influence a proper use of risk/needs assessment. An important factor is the practitioners' belief in the instrument. Studies about the attitude of practitioners towards risk/needs assessment showed mixed results. Some practitioners think the instruments have added value to their practice, while others think they can do the job easier, faster and even better without a tool (Haas & DeTardo-Bora, 2009; Mair, Burke, & Taylor, 2006; Miller & Maloney, 2013; Munro, 2012). Other factors that have been found to have a negative influence on the use of risk/needs assessment are poor quality of the prior training and subsequently the knowledge and skills professionals have to work with these instruments (Haas & DeTardo-Bora, 2009; Peterson-Badali et al., 2014; Viglione et al., 2014), an organizational policy that does not support the use of the instrument (Viglione et al., 2014),

resource and manpower constraints that result in a lack of time to use the tool properly and gather enough information (Fitzgibbon, 2007), or having a social work background and corresponding knowledge base that does not match with the concepts that the risk/needs assessment tools are based on (Persson & Svensson, 2011). So, effective use of risk/needs assessment in correctional practice seems to be influenced by what the practitioners who work with the instrument think about the usability of the tool.

Usability

Usability can be defined as the extent to which a product is effective, efficient and can be used satisfactorily to realize specific goals in a specific context (ISO, 1998). The concept of usability has especially been elaborated in research about the user-perceived quality of computer software. Based on empirical research to develop a questionnaire to assess post-implementation user satisfaction of computer systems, Kirakowski (1998) distinguishes five aspects of usability:

- Efficiency: *“the user’s feeling that the software is enabling the task(s) to be performed in a quick, effective and economical manner.”*
- Affect: *“the user feeling mentally stimulated and pleasant.”*
- Helpfulness: *“the user’s perception that the software communicates in a helpful way and assists in the resolution of operational problems.”*
- Control: *“the feeling that the user has that the software is responding in a normal and consistent way to input and commands.”*
- Learnability: *“the feeling that the user has that it is relatively straightforward to become familiar with the software and that its tutorial interface, handbooks etc. are readable and instructive.”*

A 50-items questionnaire called the Software Usability Measurement Inventory (SUMI; Kirakowski, 1998) was developed to measure these aspects in five scales.

Tools for risk/needs assessment are often computerized, as is the case with RISC. Therefore, the concept of usability developed for software can be relevant to measure the usability of such a tool. In the current study, we address the question whether probation officers think that the case management planning section in RISC3 is more usable than that section in RISC2 and contributes to the improvement of their work or not. We studied this question by comparing the usability of RISC3 with its former version, RISC2. The SUMI questionnaire was used with both versions of RISC. Additional questions were used about the usability of RISC for decision making about case management plans. Also twenty probation officers were interviewed about their experiences with RISC3. The study focuses on the section in RISC that is used for decision making about case management plans. In Chapter 1 of this thesis the instrument RISC

and the differences between RISC2 and RISC3 are described, as is the probation setting in which RISC is used.

Methods

Process

In order to measure the usability of the RISC-section used for case management planning, the SUMI with additional questions was sent to a sample of probation officers of the three probation organizations at locations throughout the country twice: in 2010, some months before the implementation of RISC3 when RISC2 was still in use (RISC2-sample), and in 2012, two years after the implementation of RISC3 (RISC3-sample). The questionnaire, and especially the SUMI-scales, gave a general picture about how probation officers valued the usability of RISC. RISC2 can be considered a reference point and we could look at the extent to which the usability of RISC3 is considered an improvement or deterioration by the probation officers. In addition, in 2013 twenty probation officers were interviewed about their experiences using RISC3. Using two cases they had assessed recently as examples, we discussed their decisions about the case management plan with them and whether or not the tool had supported them in their decision making. The interviews not only concerned the usability of RISC3. We also studied the probation officers' considerations and views that influenced their decision making about the case management plans. In this study we only report the findings from the interviews about the usability of RISC3. The other findings will be reported in an article that is not included in this thesis. Both the survey and the interviews focused on the section of the RISC tool in which probation officers specify their decisions about case management planning.

Samples of Probation Officers

The survey was sent to a random sample of 122 advising probation officers, 120 supervising probation officers and 36 quality supervisors using an online survey program, resulting in a total sample of 278 probation officers. We made sure that probation officers from the three probation organizations were proportionally represented in the sample. The same group of probation officers was invited to complete the survey for RISC2 and for RISC3. In the RISC2-sample, 147 (53%) of the surveys were returned. Subsequently, 25 respondents were removed because they had skipped a majority of the questions, resulting in a final RISC2-sample of 122 probation officers (44%). The response in the RISC3-sample was somewhat lower: 118 probation officers returned the survey, after which seven officers were removed from the sample resulting in a response of 111 (40%). One of the reasons for the lower response in the RISC3-sample could be that some of the probation officers in the original sample were not working with the

probation office anymore. Because of the considerable amount of non-response in both samples, we tested if the characteristics of the probation officers in both samples differed (see Table 1). No significant differences were found in sex, age, organization, the number of years respondents worked as a probation officer, and the number of years respondents worked with RISC. In both samples, a majority of the respondents were advisors. In the RISC2-sample 92 (75%) of the respondents worked with RISC, in the RISC3-sample 95 (86%) worked with RISC, the other respondents only used the results of the tool in their work.

For the additional interviews, a new sample of 20 probation officers who work with RISC was randomly selected from the three probation organizations, using a file listing all probation officers working with RISC. In this sample 19 probation officers were advisors and one was a supervisor. Ten of them worked for the Dutch Probation Service, seven for the Social Rehabilitation for Addicted Offenders, and three for the Salvation Army Probation Service. Most of the interviewed probation officers (17 out of 20) were female. The average age was 38 (range 24 to 61), the average number of years that they worked as a probation officer was 12 (range 2 to 25). The average number of years they worked with RISC was 7 (range 2 to 9).

Table 1: *Characteristics of Probation Officers in RISC2 and RISC3 Sample*

Variable		RISC2 (n = 122)	RISC3 (n = 111)	Difference between RISC2 and RISC3 sample
Sex	Female	66%	68%	$\chi^2(2) = 0.603; p = .74$
	Male	31%	30%	
Organization ^a	LJ&R	15%	15%	$\chi^2(3) = 2.28; p = .52$
	SVG	28%	26%	
	RN	57%	57%	
Task	Advisor	53%	50%	$\chi^2(4) = 6.55; p = .16$
	Supervisor	23%	32%	
	Advisor/supervisor	7%	9%	
	Quality supervisor	16%	8%	
	Other	0%	1%	
Age	Mean	41.5	41.5	$t(225) = 0.69; p = .49$
	Range	25 – 66	21 – 64	
Years working as probation officer Mean (SD)		12.3 (9,1)	11.6 (8,5)	$t(227) = 0.62; p = .54$
Years working with RISC Mean (SD)		6.2 (1,6)	6.2 (1,9)	$t(182) = -0.01; p = .99$

Note: For sex, organization in the RISC3-sample and task in the RISC2-sample the percentages do not count to 100% because of missing values.

^a RN = the Dutch Probation Service; SVG = the Social Rehabilitation for Addicted Offenders; LJ&R = the Salvation Army Probation Service.

Questionnaire

We used SUMI to assess user satisfaction with the RISC case management planning program. The SUMI questionnaire contains 50 items that measure five dimensions: efficiency, affect, helpfulness, control and learnability. Each scale consists of 10 items that are formulated either positively or negatively (see Appendix for some examples of SUMI items in each scale). In addition, 25 SUMI-items are used on a sixth scale called 'global usability', which measures general user satisfaction (Kirakowski, 1998). All items are scored in three categories: agree (1), don't know (2), disagree (3). SUMI has been translated into several languages, including Dutch.

The Dutch committee for the evaluation of psychological tests has formulated a norm for internal consistency of tests that are used in research on a group level: Cronbach's Alpha lower than .60 is unsatisfactory, between .60 and .70 is sufficient and above .70 is good (Evers, Van Vliet-Mulder, & Groot, 2000). The internal consistency of the SUMI scales as reported in the manual is good, Cronbach's Alpha varies from .71 for the control scale to .92 for the global usability scale (see Table 2, second column). We measured the internal consistency of the SUMI scales with the data in this study (see Table 2). The internal consistency of the scales efficiency, affect, learnability and global usability was good, the internal consistency of the helpfulness scale was sufficient, but the internal consistency of the control scale was unsatisfactory, especially in the RISC2 data. Therefore the control scale was not used in the analysis.

In addition to the SUMI questionnaire, we had questions about the usability of the sections for case management planning in both RISC versions. There were separate questions for advisors and supervisors. The questions concerned the extent to which probation officers understand the various components of the RISC case management planning section, whether they use the results of the RISC case management planning section in pre-sentence reports or supervision, whether there are clients or contexts in which they think the RISC case management planning section is not usable, and whether they miss something or think components are redundant. For several questions probation officers could elaborate their answer in text fields.

Table 2: Reliability of SUMI Scales (Cronbach's Alpha)

SUMI scale	SUMI manual	RISC2	RISC3
Efficiency	.81	.77	.75
Affect	.85	.82	.87
Helpfulness	.83	.61	.70
Control	.71	.51	.63
Learnability	.82	.77	.79
Global usability	.92	.88	.89

Case Studies and Interviews

Before the interviews, we asked the probation officer to send us the two most recent cases for which they performed an assessment with RISC3. These cases had to contain a case management plan. A topic list was made to study the cases, containing questions about the decisions probation officers made in every step of the case management planning section, and the match of these decisions with the assessed risks, needs and responsivity. The list contained topics about the professional conclusion about the interdependence between the risks and criminogenic needs, decisions about the criminogenic needs that should be influenced, to goals and interventions in the plan, the intensity of the plan in relation to the risk of recidivism, and the goals of the offender. Deviations from the suggestions given in the tool were listed, as were the explanations that were described in the case management plan for these deviations. 40 cases were analysed, and the findings were used as input for the interviews.

Another topic list was made to be used in the interviews. Besides questions about characteristics of the probation officer, the topic list contained questions about the usability of every decision step in the case management planning section of RISC3 (how do officers use the decision step, and do they think the decision step supports them to formulate a case management plan). Subsequently, specific questions were asked about the decisions probation officers made in the case management plans of the two cases we studied. We especially asked officers to clarify decisions that were not explained in the files (for example if no clear explanation was given about not adopting a suggestion). The interviews lasted between 60 and 90 minutes, and were audiotaped.

Analysis

The differences in perceived usability between RISC2 and RISC3 using the SUMI scales was measured with a Mann Whitney test because the variables were not normally distributed. The additional questions about the usability were analysed using descriptive statistics.

The interviews with the probation officers gave more in-depth insight in the usability of the different components of the RISC3 case management planning section. The interviews were transcribed and analysed using MAXQDA, a program for the analysis of qualitative data. Using the topic list for the interviews as a basis and adding issues that were mentioned in the interviews, labels were defined concerning the usability of RISC3. The labels concerned for example the probation officers' opinions about a specific decision step or about having to decide about every criminogenic need separately, and issues mentioned by the probation officers that seemed to influence the perceived usability of RISC3 such as implementation issues or ICT-problems. All interviews were labelled, after which segments from all interviews about a specific topic were compared and general differences and similarities between probation officers' opinions about the usability of RISC3 were analysed.

Results

In the following paragraphs first general results are described about the usability of the RISC case management planning section, based on the questionnaires. Then probation officers' opinions about the different steps in the RISC3 case management planning section are reported. Finally, findings are described about the RISC case management planning section as a basis for offender supervision, based on responses of supervisors on the questionnaires and on the interviews.

General Opinion About Usability of RISC Case Management Planning Section

Table 3 gives the mean scores on the SUMI-scales for RISC2 and RISC3. The scale-scores range from 1.00 to 3.00, with a mean score of 2.00. The Mann-Withney test results showed that the probation officers thought the RISC case management planning in RISC3 was less usable than in RISC2. For RISC3 a significantly lower mean score than for RISC2 was found for efficiency, affect, and global usability. This means that probation officers thought that with RISC2 case management planning was quicker, more effective and more economical (efficiency). Also the probation officers felt more stimulated and at ease when they used RISC2 (affect). No significant differences were found for probation officers' judgments of the helpfulness and learnability of the case management planning section in RISC2 and RISC3. The mean scores on these two scales were relatively high, so with both versions probation officers thought that it was relatively easy to become familiar with the tool (learnability) and that the software communicated in a helpful way (helpfulness).

Table 3: Mean Value of the Usability of the Case Management Planning Section in RISC2 and RISC3

SUMI-scale	RISC2 mean	RISC3 mean	<i>U</i>	<i>z</i>	<i>p</i>	<i>r</i>
Efficiency	2.29	2.06	3,219	-3.11	.00	-.23
Affect	2.17	1.93	3,372	-2.70	.01	-.20
Helpfulness	2.31	2.28	4,303	-0.18	.86	-.01
Learnability	2.50	2.50	4,299	-0.19	.85	-.01
Global usability	2.22	2.09	3,544	-2.23	.03	-.16

Note: *U* = Mann-Witney's *U* statistic; *z* = standardized test statistic; *r* = effect size.

In response to the question in the questionnaire if in normal practice they have sufficient time to complete a RISC, 50% of the probation officers using RISC2 and 42% of probation officers using RISC3 said yes, while 7% of the probation officers using RISC2 and 17% of the probation officers using RISC3 said no. For both versions of RISC 36% of the probation

officers answered that this differed per case. Differences between the two RISC-versions were not significant ($\chi^2(3) = 5.62$; n.s.). For both versions the most often given reason for not having enough time was when probation officers need to assess offenders with complex problems. Other reasons mentioned by more than one probation officer were the time it takes to travel to an offender in prison, and the time needed to consult colleagues. In some of the interviews a lack of time was mentioned by probation officers as a reason for not being able to make a thorough assessment. That also restricted them in their decision making about the case management plan, because in such a case they do not have a clear picture about the criminogenic needs and possibilities of the offender and therefore are not able to formulate a specific and complete case management plan. In such cases, they said that they formulated the plan in general terms and expected that further on in the trajectory the plan would be completed and specified.

When asked in the questionnaire if they miss items in the case management section, nearly half of the probation officers said they did not (RISC2 44%; RISC3 46%), about one third of the officers did not know (RISC2 38%; RISC3 36%), and about one fifth of the officers in both samples said they did miss something (RISC2 18%; RISC3 18%). In their explanations about missing components, most comments concerned the risk/needs assessment itself, for example probation officers who thought RISC was not useful for some offender types (sex offenders, domestic violence, offenders with psychiatric problems). We also asked the probation officers if they thought parts of the case management planning section were superfluous. The percentage of probation officers who thought parts of section four of the tool were unnecessary was larger in RISC3 (29%) than in RISC2 (22%). Nevertheless, a fair number of probation officers in both samples did not think there were parts that could be skipped (RISC2 48%; RISC3 36%). Again about one third of the officers did not know (RISC2 30%; RISC3 34%). Although the percentage of probation officers who answered that the RISC case management planning had unnecessary parts did not differ very much between the two RISC-versions, the explanations with this question contained more specific information about the case management planning section for RISC3. Some probation officers thought the tool is too extensive, and information is repeated in different places. The suggestions for interventions generated by the tool are thought to be unnecessary, and some probation officers do not wish to enter an explanation about why they do not adopt the suggestions. Another comment concerned the case management planning for every criminogenic need separately, which in the opinion of some officers caused fragmentation and repetition.

Probation Officers' Opinions About Different Steps in the RISC3 Case Management Planning Section

The interviews gave more specific information about probation officers' opinions about the usability of the RISC3 case management planning section. Their comments are summarized per decision step of the tool.

Step 1: Prioritizing Criminogenic Needs

As a first step in the RISC3 case management planning section probation officers prioritize the assessed criminogenic needs. The aim of this step is to decide what the core problems of the offender are and what should be dealt with first. Taking the risk and needs profile that is the result of the assessment as a starting point, for every criminogenic need separately probation officers decide how necessary it is to intervene, on a four point scale from high to none (Hildebrand, 2010b). In this step they can decide to deviate from the risk and needs profile and to intervene on a need that was not assessed as present or not to intervene on a need assessed as present. In the next steps, the probation officers' priority is used as the order in which they are asked to decide about goals and interventions per criminogenic need. For example, in an assessment four dynamic criminogenic needs were found to be present: accommodation, education / employment, income, and drug abuse. The probation officer decided that drug abuse has highest priority because he thought that is the main cause for committing crimes. The officer defined cognitive skills as the second priority, although it does not score above the cut-off score in RISC. By giving this need medium priority it will be part of the case management plan. Accommodation and income got a low priority because according to the probation officer both needs were caused by the drug abuse. These needs will however be integrated in the plan. Education / work got no priority because the offender actually started working as a volunteer, and subsequently the officer decided to leave this need out of the case management plan.

Because in this decision step the risk/needs profile is used as a starting point, we asked the interviewed probation officers to what extent they agreed with the generated risk/needs profile in the cases we discussed in the interviews. About most cases they said the risk/needs profile corresponded to their view of the offender. In a few cases probation officers thought needs concerning emotional wellbeing were not assessed sufficiently with RISC, which made them decide to give a higher priority to this need than would be expected based on the needs profile in RISC. In most cases probation officers' decisions about the priority of the criminogenic needs matched with the risk/needs profile generated in RISC. In some cases a criminogenic need present in the RISC-profile was not considered a priority problem by the probation officer. They mentioned several reasons. One was that they did not think the problem was directly related to the offending behaviour, and therefore there was no priority to intervene. This was often the case with problems concerning housing, work or finance. Mostly these problems were integrated in the case management plan with a low priority, but in some cases they were left out of the plan. Other reasons mentioned by the probation officers for not giving priority to a criminogenic need that had been assessed to be present, was that an intervention for that specific need had already started (for example arrangements had already been made to settle the offenders' debts), or it concerned a problem in the past (for example problematic parenting).

Probation officers had mixed opinions about step 1 of the RISC3 case management planning section. A majority of the interviewed probation officers valued the decision step because it forces them to step back and think about what the important needs are in a specific case. Furthermore the section gives them the opportunity to give their professional opinion about the criminogenic needs and, if they think it is necessary, to deviate from the risk/needs profile generated by RISC and formulate their professional conclusion about the needs profile.

“When we did not have this section yet, you just went on with the planning. Now it puts you on pause, so you think a while about what is really important and what is less important. It forces you to look at the whole situation. I don’t think that is a bad thing.”

Some of the interviewed probation officers thought that prioritizing the needs is an unnecessary step that gives them no extra insight in the client’s problems and does not help them to decide about the case management plan. These officers said they often already know what the case management plan is going to be when they describe the problems of the offender in the first section of RISC. Prioritizing the needs does not add anything then, but feels as a delay. When they decide to give priority to a need that is not considered present in RISC, they get annoyed about being asked to explain their decision. They said it leads to repetition of information they had already given in a previous stage, while they described the problems, and they feel uncomfortable about having to explain their decisions. One of the officers said that having to explain deviations is a reason for her to follow the tool so she does not have to justify if she decides otherwise. Her own vision, which may be different from the suggestions in the tool, is then described in the advice to the court.

“Yes, I think that is irritating. I assume that as a professional I should be able to judge what will be good or not for a particular client. I get the feeling that I constantly have to justify myself.”

Step 2a: Goals and Interventions per Criminogenic Need

After having prioritized the criminogenic needs, probation officers formulate goals and interventions for each criminogenic need they want to address in the case management plan. The tool arranges the criminogenic needs from most important to least important, as decided by the probation officers in the former step (Hildebrand, 2010b). This differs from the procedure in RISC2, where probation officers had a free hand and could for example cluster all goals and interventions for different criminogenic needs. The opinions about this section in the tool are mixed. Probation officers with a negative opinion about this section said that they think this leads to case management

plans that are too detailed because they are forced to formulate a goal and intervention for every need that is relevant in the case. They would rather leave that to the supervising officer or the practitioner who is responsible for the treatment program, because they do not want to tell other professionals involved in the case in detail what to do, and because they have limited time to assess the needs and therefore do not always have a complete picture of the problems and possibilities in an individual case. These probation officers said that they deliberately formulate general goals, to keep several options open. Also, some thought that supervising probation officers do not consult what goals are formulated in RISC, and therefore the work felt useless.

“I think it does not have added value. And we do not know it in such detail. And then it becomes speculation. Which makes me think: should we formulate such a detailed plan? Don’t we surpass our goal? Because we have only two meetings, sometimes even one meeting. .. I hear young colleagues always say, gee, you always have to think about it in such detail. And then I think that it has no added value.”

Another criticism about this section we heard in the interviews was that formulating goals and interventions for every criminogenic need separately leads to fragmentation and repetition. Because often offenders’ needs are closely connected, some probation officers would rather formulate goals and decide about interventions for the connected problems as a whole. Other probation officers thought that formulating goals and interventions per criminogenic need has added value. They said it forces them to think about all criminogenic needs present and results in a case management plan that is more complete, well thought-out, and that makes it clear for everyone involved what has to be done and where it should lead.

“It gives you reason to think about every criminogenic need. Sometimes you have an intervention that covers several needs. But you have to think about a goal for every need separately. So it makes you think consciously about what you want to put in the plan. Because if you would see it as a whole, you could easily forget things and ignore relevant issues.”

Some of the probation officers said that they find it difficult to formulate goals, especially about emotional well-being, cognitive skills and attitude. They admit that they work with standardized goal formulations, as an individual or with their team. One of the officers said that goal formulation had not been given much attention during the RISC training or during meetings with colleagues in which assessments and case management plans are discussed. Also, formulating goals does not fit in some of the probation officers’ way of working. They tend to proceed directly to decision making

about necessary interventions after having assessed the needs. They consider having to translate a need into a goal to be repetitive or as an annoying obligation. Most probation officers said that they try to include the offenders' goals in the plan if these goals are realistic and fit into the plan. Often, the offenders' goals and motivations are used to negotiate about the plan: goals of the offender are included under the condition that he cooperates in goals or interventions the probation officer thinks are important.

Step 2b: Automatic Suggestions for Interventions

In the second step of the RISC3 case management planning section suggestions for interventions are given when offenders meet the inclusion criteria of these interventions. Probation officers can decide to adopt or reject that suggestion. In case of a rejection, they are asked to explain why, so that other practitioners who work with the case management plan will understand why the intervention is rejected. Moreover the explanations give the probation organization the opportunity to update the inclusion criteria periodically. RISC3 mainly gives suggestions for behavioural programs or social services such as employment-finding, education or support to get out of debts. Suggestions for psychiatric treatment are only given based on in-depth assessment by an expert (Hildebrand, 2010b).

In the 40 RISC3-cases that were discussed in the interviews, 133 suggestions for interventions were given (mean 3.3; range 0 – 7). The probation officers rejected 100 of these suggestions and adopted 33. Most suggestions (74) were given for behavioural programs of which only 7 (9%) were adopted, 21 suggestions concerned treatment of which 67% were adopted, and 38 suggestions concerned social services of which 32% were adopted. Often mentioned reasons for not adopting suggestions for behavioural interventions or social services were that the client is going to attend treatment, that the clients' problems are too complicated, or that addressing other needs had priority.

Both the questionnaire and the interviews showed that the probation officers who work with RISC differed in their opinions about the automatic suggestions for interventions given by the tool. Of the probation officers who filled in the questionnaire 24% thought the suggestions are often not helpful, 28% thought they are helpful in most cases, while 48% thought the suggestions are helpful in some cases. The interviews gave the same mixed picture. Probation officer who thought the suggestions for interventions were helpful explained that it reminded them of the available interventions, it forced them to weigh the pros and cons, and it kept them from falling prey to tunnel vision. These probation officers said they always weigh if the suggestion is suitable for an offender, and when it is not they overrule the suggestion.

“I think that [automatic suggestions for interventions] is a good thing. It is some sort of reminder. It can be difficult to give a good reason why you do not adopt a suggestion.”

More critical probation officers said that although the suggestions are often a logical result of the scores in the risk/needs assessment, the suggestions are too general and often do not match the specific situation or possibilities of an offender. Then it is very time consuming to explain why they do not adopt the suggestions in their case management plan. Having to explain why some options are not adopted can put some probation officers on the defensive. They would rather explain why they do choose the interventions they think are necessary. Probation officers explained that especially with offenders who have psychiatric problems, psychiatric treatment is often necessary and suggestions of behavioural programs from the probation service are irrelevant. When an in-depth assessment is necessary but cannot be done during the assessment phase, some probation officers include psychological assessment and treatment in the case management plan. In such a case they do not adopt other interventions because they do not want to anticipate on the conclusions of the psychologist. Another problem some probation officers had with the suggestions is that the tool does not choose but simply suggests an intervention when the offender meets the criteria. Consequently, a lot of suggestions for interventions may be given for offenders with multiple needs. Probation officers said that including all these interventions in the case management plan is not feasible. Other problems probation officers mentioned were that the suggestions do not take into account that some offenders already participate in an intervention, and that specific locally available interventions are not included in the tool. A final argument against the automatic suggestions mentioned was that some probation officers already have a clear case management plan in mind by the time they reach this section of the tool, and therefore think the suggestions are unnecessary.

“For me it is not necessary. Nine out of ten times I know that the intervention is an option, but it does not match with the client. Then you constantly have to explain why you deviate from the suggestion.”

Step 3: Intensity of Supervision

Another issue we asked probation officers about is the suggestions RISC gives for the intensity of offender supervision. In Dutch probation practice, three levels of intensity are defined: level 1 has an intensity of approximately one contact every four weeks, level 2 approximately one contact every two weeks, and in level 3 the supervising probation officer meets the offender at least once a week (Programma Redesign Toezicht, 2009). The suggestion for the intensity of supervision is based on the assessed risk of recidivism, the risk of harm, the risk of non-compliance, the extent to which the offender needs more than average practical aid, and in some cases the sanction (Hildebrand, 2010b). From the questionnaire it seems that the suggestion about the intensity of supervision that is given in RISC3 is valued as appropriate by a large majority of the probation officers (70%). Some of the probation officers answered that the suggestion is

not correct in some cases. In such cases they often think the suggestion for the intensity of supervision is too low, mostly because their professional conclusion about the risk of recidivism is higher than RISC suggests.

RISC Case Management Plan as a Basis for Offender Supervision

Most probation officers who work as a supervisor do not use RISC themselves but use the case management plan in RISC made by their colleagues to organize supervision. In the questionnaire, supervising probation officers were asked how they use the RISC case management plan for supervision. Both in the RISC2-sample and the RISC3-sample a large majority of the supervising probation officers said they consult RISC at the start of the supervision (83% in the RISC2-sample, 89% in the RISC3-sample). We also asked them if they adopt the goals, interventions and intensity of supervision in the case management plan. In the RISC2-sample 69% said they always adopt the goals and 25% that they sometimes adopt the goals, whereas in the RISC3-sample 51% said they always adopt the goals and 44% said they sometimes adopt the goals. So according to the responses of the supervisors, with RISC3 goals in the case management plan in RISC are more often neglected. Explanations often mentioned for not adopting the goals were that the goals were unclear or not specific enough, that the situation of the offender had changed in the meantime, or that the goals were unrealistic. The same question was asked about the interventions in the RISC case management plan. Here, the difference between the two samples was even larger: in the RISC2-sample 69% said they always adopt the interventions and 25% that they sometimes adopt the interventions, whereas in the RISC3-sample 33% said they always adopt the interventions and 62% said they sometimes adopt the interventions. Explanations often mentioned for not adopting the interventions were that interventions were not practicable, were not compatible with the sanction, or the offender did not want to cooperate. Regarding the intensity of supervision, supervising probation officers in both samples said they mostly adopt the intensity given in RISC (64% in the RISC2-sample and 67% in the RISC3-sample) and a smaller group said they sometimes adopt the intensity of supervision (25% in the RISC2-sample and 29% in the RISC3-sample).

Discussion

In this study we looked at the probation officers' opinions about the usability of the RISC3 case management planning section, using a questionnaire and interviews with probation officers. We compared their opinions about RISC3 with those about RISC2, the former version of RISC that did not contain a section for decision support about the case management plan.

Based on this study we conclude that Dutch probation officers are critical about

the way decision making about case management plans is structured in RISC3. The usability of RISC3 in comparison to its former version, as measured with SUMI, is valued lower on three of the five SUMI scales used in this study: efficiency, affect, and global usability. No differences were found for helpfulness and learnability. The interviews showed that probation officers differ in their opinions about the RISC3 case management planning section. Some officers think the tool actually supports decision making. It helps them not to overlook offenders' needs or options for interventions, and it supports them in making a case management plan that is well thought-out and complete. These officers are open for suggestions in the tool and follow the prescribed decision steps, but do not blindly follow the tool's suggestions and do make a professional consideration about the goals and interventions in the case management plan. Other officers do not feel supported, but experience the RISC3 section as a burden that takes too much time, does not help them formulate a case management plan and contains components that irritate them. Most of these probation officers do use the tool in the prescribed way, but one or two probation officers admitted that they just complete the questions in the tool as fast as possible and do not use it to describe their actual case management plan. These findings match with the findings of Miller and Maloney (2013) in their study about the use of risk/needs assessment. The Dutch probation officers can be categorized in the same three groups Miller and Maloney distinguished: a fair number of substantive compliers who complete the tool carefully and use the results in their decision making, a fair number of bureaucratic compliers who complete the tool but often do not use the results in decision making, and a small group of cynical compliers who complete the tool carelessly and do not use the results in decision making. The interviews revealed some explanations for the criticism of probation officers regarding RISC3.

A first explanation is that some probation officers think that they do not need an instrument that supports decision making about the case management plan. Having worked as a probation officer for years, they consider themselves as autonomous and experienced professionals who are perfectly able to decide about a case management plan for themselves without the use of a decision support tool. These probation officers are not aware of the possible biases in decision making that may occur (Kahneman, 2011). Being experienced does not mean that professionals are not biased and do not make mistakes (Garb, 1998). Experienced professionals do for example tend to overlook relevant aspects or to focus on justifying their opinions and choices once they have made up their mind. In the literature this is referred to as the 'confirmation bias' (Arkes, 1991). This may easily happen when probation officers decide about necessary interventions while assessing the criminogenic needs of offenders, as some of the probation officers said they do. For example, if during the assessment the officer thinks the offender may need addiction treatment, both the assessment and decision making about the case management plan may focus on confirming this opinion, while other

needs are not addressed. One of our previous studies showed that probation officers using RISC2 without decision support for case management plans focused too much on specific needs such as cognitive skills, emotional well-being and addiction, and often overlooked needs regarding social capital and basic needs such as housing and finance (Bosker, Witteman, & Hermanns, 2013c; see Chapter 5 in this thesis). The use of structured decision support is one of the remedies for such biased decision making (Croskerry, Singhal & Mamede, 2013b). And indeed the case management plans that are based on RISC3 showed a better match with the assessed risk and needs than the plans based on RISC2 (see Chapter 7). Being forced to consider including present criminogenic needs in the case management plan, as is done in the section where they have to prioritize the criminogenic needs, can be an effective strategy to prevent officers from being too biased and ignore needs that may be relevant in a specific case. The fact that they do not feel supported by that decision step does not mean it does not contribute to better case management planning.

Second, many probation officers were critical about sections where they have to explain deviations from suggestions given by the tool, because they had the feeling they had to justify themselves. They would rather explain the decisions they did make, than having to explain the decisions they did not make. However, these sections were included since considering an opposite or alternative option has been shown to be an effective strategy to reduce the chance of biases in decision making (Croskerry, Singhal & Mamede, 2013b; Fenneman & Witteman, 2014). Evidently, the way this strategy is implemented in RISC3 is not appreciated by the decision makers. Probably they do not know the rationale for this strategy, and more understanding about the possible advantages of considering alternatives may improve their commitment for it. Also, some of the probation officers may find it difficult to explain their choices and therefore dislike having to do it. But it can also be questioned if the implementation of this strategy in a computer-based decision tool is effective. Being asked to consider an alternative intervention by an ICT-tool may not be taken seriously by the probation officers. Moreover, the tool is not very specific and sometimes gives options that do not fit to the characteristics of the case officers are working on. That may confirm their opinion that the options are worthless and a waste of time. It may be more effective to consider alternative options in a discussion with colleagues. The suggestions given by the tool can be input for such a discussion.

A third explanation touches upon the extent to which a complete and specific case management plan should be produced. Most probation officers who work with RISC are advisors. Some of the advisors question if they should formulate concrete goals and specific interventions for all needs, based on one or two interviews with the client. They would prefer to formulate a general case management plan, or even to limit their role to the assessment of risks, needs and responsivity and advise the court in general terms. They would rather leave the case management planning to their supervising colleague

or to experts responsible for the treatment program the offender is going to attend. Having to work under time pressure and hesitation to prescribe what their colleague supervisors have to do during supervision strengthens this opinion. The RISC3 case management planning section asks probation officers to formulate a complete and concrete case management plan. Being forced to make decisions that in their point of view are too detailed, leads to some probation officers feeling uneasy and dissatisfied with the RISC3 tool. We think it is important to formulate a complete and specific case management plan at the start of a probation trajectory, and we think that RISC3 can contribute to the quality of such plans, but it may be questioned if that should be completed in the advice phase. If advice for the court has to be made in a short time span, advice can only be formulated in general terms and the case management plans have to be completed and made specific at the start of supervision. Therefore, it may be relevant for the Dutch probation services to reconsider the responsibility and cooperation of advisors and supervisors in the development of case management plans.

A fourth explanation concerns the expectations about a decision support tool. Belief in the instrument is an important condition for professionals to comply with it (Haas & DeTardo-Bora, 2009; Miller & Maloney, 2013). Our findings showed that probation officers think that in RISC3 very often suggestions for interventions are given that do not fit the probation officers' views of that case. This may diminish their faith in the tool. Some probation officers seem to expect that the tool suggests a more or less complete case management plan that fits an individual case, making the right selection of interventions that not only match the criminogenic needs but also the responsivity of the individual offender, and take into account the previous and actual interventions offenders already attended. Although this expectation is understandable, it may be questioned if that is possible in a tool that is used for a very broad population of offenders. RISC3 only gives suggestions, and the specific selection of interventions in an individual case has to be made by the probation officer. This may be an issue that did not get enough attention during training. Moreover, many probation officers often prefer treatment (delivered by mental health care), while RISC3 mainly gives suggestions for behavioural programs (group trainings delivered by the probation service) and social services. That preference may be a safe choice given the limited time they have to make a proper assessment. When treatment is advised, often an additional assessment is made at the start of the treatment to decide the specific treatment program that is needed, which can vary from weekly group or individual meetings to intensive part-time treatment for several problems. An advice for a behavioural program has to be specific, because the specific behavioural program has to be imposed as a special condition by the court (Balfoort, Andreas, & Van Vliet, 2013). Nevertheless, the section in RISC3 where suggestions for interventions are given should be optimized in such a way that overall the suggestions for interventions better fit with the characteristics of the offenders and that dealing with the suggestions is less time consuming.

Limitations and future research

This study focused on one of the sections of RISC, the case management planning. The explanations that probation officers gave with their response to the questionnaire showed that they did not always limit their opinion to that specific section. The replies to the questionnaire items may partly refer to the complete RISC-tool. In the interviews it was easier to focus specifically on the case management planning section. Because the findings in the interviews are in line with the response to the questionnaire, we do not think that this influenced our findings considerably. Another limitation may be the use of SUMI to measure usability. SUMI is developed to measure the usability of software programs. Although RISC3 is an ICT-tool and therefore the SUMI questions can be used, the items may not be specific enough for a tool that supports decision making in probation about case management. We think we have compensated for this by adding specific questions in the questionnaire and by doing additional interviews. The finding from the SUMI questionnaire that probation officers are critical about the usability of RISC3 is confirmed and specified by the other information.

In Dutch probation practice different probation officers perform the assessment and supervise the offender. These officers use RISC in a different way: as a tool to support them in formulating an intervention plan and advise the court (advisors), or as a starting point for supervision (supervisors). Therefore we asked both advisors and supervisors to fill in the questionnaire. A majority of the probation officers who returned the questionnaire was advisor. Probably they completed the questionnaire because they work with RISC and felt the questionnaire concerned their work, while supervising officers who do not work with RISC themselves may have thought the questionnaire was not relevant for them. Because of the limited response from supervising probation officers we may not have a representative overview of their opinions about RISC3. Additional research with supervising officers is necessary to get a good picture of how they use the case management plan from RISC in supervision.

In the discussion we described that criticism of expert professionals against structured decision support may be caused by the fact that they are not aware of the biases in their decision making and the effects of these biases for their performance. Research about the extent to which the use of structured decision support can improve their performance, may convince professionals to make better use of such tools. In the last decades, a lot of such research has been performed about structured risk assessment (Bonta, 2002; Campbell, French, & Gendreau, 2007; De Vogel, 2005; Dowden & Andrews, 1999; Hanson, Helmus, & Bourgon, 2007; Hanson & Morton-Bourgon, 2009). Although this research convincingly shows that the use of structured risk assessment outperforms unstructured judgments of experienced professionals, this has not stopped discussions in probation practice about the value of such instruments. We therefore think it would be valuable to study how probation officers can become aware of their biases in decision making, of the possible mistakes they make because of these biases, and of strategies that may help them to diminish these biases.

Concluding remarks

RISc3 was developed as a decision support tool to improve case management plans in Dutch probation practice. For the acceptance and proper use of such a decision support tool it is important to take user perspectives into account. The mixed findings in this study about the perceived usability of the RISc3 case management planning section may have a negative impact on the use of this tool. Some of the probation officers do not seem to be aware of possible biases in decision making, and think they can as well decide about case management plans without decision support. These officers should acknowledge that they, as all people, often are biased in their decision making (Kahneman, 2011). The use of tools for structured decision support may help them diminish these biases. Empirical proof that the use of such a tool indeed does improve decision making about case management plans, may convince probation officers to use such a tool properly. After all, if the use of a decision support tool does improve the performance of professionals in a specific task, then using such a tool is a sign of professionalism (Menger & De Jonge, 2013). Besides it is just as important that probation officers are supported by working processes, training, and feedback to use such a tool properly.

Chapter 8

Summary and General Discussion



> Abstract

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In this final chapter the main findings of our studies are summarized and discussed. The results of the studies in this thesis show that structured decision support can improve the agreement between probation officers about case management plans and the quality of such plans. The probation services should therefore continue to use a tool for risk and needs assessment that includes a case management planning section. Based on the findings of the studies we give some suggestions for improvement of the case management planning section in RISC3. Because of the differences that were found between case management plans in the advice and supervision phase, we suggest that the task differentiation between advisors and supervisors should be reconsidered. The process of assessment and case management planning could also be improved by simplifying the assessment and case management planning in the advice phase, and by professionalizing case management planning at the start and during supervision. We discuss the difficulty some probation officers have with evidence based structured decision making and that criticism about the instrument should not lead to a practice in which probation officers can decide for themselves if they need instruments for decision support or not. Finally, we describe some limitations of the studies in this thesis and suggestions for future research.

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Introduction

Reduction of criminal recidivism by offenders is an important aim of the Dutch government policy about crime and safety. According to the policy, this should be realized by a personal approach, tailored to the specific risks and needs of the offender (Ministerie van Justitie, 2005; Wartna et al., 2014). The probation services play a central role in realizing this aim. Probation services work with offenders in different phases of the judicial trajectory: they advise the court about the sanction and about special conditions, and they advise the prison services about detention planning and conditional release. The probation services also supervise offenders during suspended sentences with special conditions or conditional release from prison, they deliver accredited behavioural programs during a prison sentence or supervision, and they execute community sentences. In all their tasks, the probation services focus on desistance from crime and rehabilitation into society (Menger, Bosker, & Heij, 2012).

When an offender comes into contact with the probation services, the first step often is the development of a case management plan based on risk and needs assessment by a probation officer. Such a plan describes the criminogenic needs related to the offending behaviour and subsequently the intended changes in skills and circumstances of the offender (goals), the interventions that may support these changes, and the judicial framework (sanction / conditions / control) in which the plan should be executed. Often, the case management plan is the basis for an advice to the court in the pre-sentence phase. If a suspended sentence with special conditions is imposed, or if the offender is conditionally released from prison with special conditions, the offender comes under supervision of the probation service. Then the case management plan is the basis for the supervision trajectory, which in most cases lasts two years (but shorter or longer supervisions are possible, dependent on the sanction). If possible the assessment and the case management plan that is made to advise the court is used for supervision. In cases where no such plan is available yet, or the plan is out-of-date, a risk and needs assessment is done at the start of the supervision in order to formulate a case management plan. Since 2006, there are specialized probation officers who perform risk/needs assessments and advise the court (advisors), and probation officers who supervise offenders (supervisors). All advisors and some of the supervisors perform risk/needs assessments. The involvement of the probation services ends when the sentence is completed.

Inspired by research about what works to reduce recidivism and the Risk – Need – Responsivity (RNR) model that was based on this research (Andrews & Bonta, 2010b), the use of instruments for risk and needs assessment to support decision making about a custom-made case management plan has become state of the art in many countries, including the Netherlands. Such instruments help probation officers to assess the risks of recidivism and harm, the criminogenic needs (dynamic risk factors for criminal recidivism), and responsivity factors: characteristics and circumstances of the offender

that should be taken into account when decisions about interventions are made. The risk and needs assessment is used to formulate a case management plan. According to the RNR model the goals and interventions in the case management plan should match the assessed risks, criminogenic needs and responsivity factors. Several studies showed that this match is unsatisfactory (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008; Flores, Travis, & Latessa, 2003). This is unfortunate, since a good match can contribute to the reduction of recidivism (Luong & Wormith, 2011; Peterson-Badali, Skilling, & Haqanee, 2014). Therefore, in order to improve that match so-called fourth generation risk/needs assessment tools were developed that included a section for decision making about case management plans (Andrews & Bonta, 2010b).

The Dutch probation services that work with adult offenders use an instrument for risk and needs assessment called RISC (see Chapter 1 for information about this instrument). In the first versions of RISC, which were in use until 2010, the instrument mainly structured the risk and needs assessment. In 2010 RISC was extended with a section that structured decision making about the case management plan, turning it into a fourth generation risk/needs assessment tool. This was RISC version 3 (a detailed description of the case management planning section in RISC3 is given in Chapter 1). The aim was to improve the match between the assessed risks and needs and the contents of the case management plan. The central question in the studies included in this thesis was whether the use of structured decision support, as in RISC3, actually results in better case management plans and subsequently improves probation practice. This was studied by comparing RISC3 to its former version, which did not contain a section for decision support for case management plans (RISC2). Comparisons were made about three issues: the level of agreement between probation officers about the domains of the case management plan, the quality of the case management plans, and the opinions of probation officers about the usability of the decision support tool. Our first hypothesis was that structuring decision making about case management plans by adding a computer-based decision support section in a tool for risk/needs assessment would improve the case management plans. Our second hypothesis was that higher quality of case management plans would be associated with more effectiveness of offender supervision. In the following paragraphs, the main findings of the studies are summarized. Then the implications of the findings for probation practice are discussed, followed by a discussion of the limitations of the studies. We conclude with suggestions for further research.

Main Findings of the Studies

The Advantages of Structured Decision Making

Chapter 2 contains a theoretical introduction to the studies in this thesis. Using cognitive psychological insights about decision making and empirical findings in the field of

(forensic) psychology and medicine, we describe why structured decision making can help probation officers improve their decisions about case management plans. Performing assessments in a probation setting is complex. Probation officers often have a large quantity of information about several variables concerning the offender but no clarity about the importance of and the relation between these variables. Also, in some cases there can be a lack of sufficient or reliable information about relevant variables. In such situations probation officers – as every human being – may use so-called heuristics: rules of thumb that are used intuitively and facilitate our decision making (Croskerry, Singhal, & Mamede, 2013a). This can easily lead to biases (Arkes, 1991; Garb, 1998; Kahneman, 2011), while a lack of feedback about the results of the decisions makes it difficult for probation officers to learn from their mistakes, irrespective of the years of experience they have (Dawes, Faust, & Meehl, 1989; Galanter & Patel, 2005; Tracey, Wampold, Lichtenberg, & Goodyear, 2014). The use of structured and evidence-based instruments for the assessment of risks and needs is a well-known example of decision support in probation, presumably improving decision making. A standardized set of risk factors that are scored helps probation officers to apply relevant scientific knowledge about risk factors for recidivism, helps them not to overlook relevant information, and to reflect on their professional opinions. There is convincing research evidence that the use of structured risk/needs assessment results in a better assessment of the risk of recidivism than an unstructured professional judgment (Andrews & Bonta, 2010b; De Vogel, 2005; Hanson, Helmus, & Bourgon, 2007).

The implementation of instruments for risk/needs assessment in probation took flight when the RNR model was accepted as an important working model for probation officers. The RNR model provides a theoretical framework that is based on empirical research about what works to reduce recidivism (Andrews & Bonta, 2010b). According to the main principles of the RNR model, the intensity of correctional interventions should match the risk of recidivism (risk principle), the interventions should be aimed at the criminogenic needs that underlie the risk of recidivism (needs principle), and the possibilities and limitations of the offender should be taken into account (responsivity principle). Instruments for risk and needs assessment should help probation officers to assess the risk of recidivism, criminogenic needs, and responsivity, and by doing so support them to implement the RNR principles in case management. Up till now, little research has been done into decision making about case management plans in probation, nor into the question whether the use of instruments for risk/needs assessment improves case management plans. In Chapter 2 the question was introduced whether structured decision support can improve decision making by probation officers about case management plans.

Agreement Between Probation Officers

In Chapters 3 and 4 two studies are presented that address the research questions

regarding agreement between probation officers about the different domains of the case management plan. The probation officers' decisions were classified in general clusters, so in these studies agreement about the main features of the case management plans was measured. First, agreement between probation officers about the case management plans based on RISC2 was studied (Chapter 3). We found that the general agreement about the (advice about the) sanction, specific conditions, criminogenic needs that have to be influenced, and interventions was fair (Cohen's Kappa between .40 and .60) and the general agreement about the goals, control measures, and intensity of supervision was poor (Cohen's Kappa < .40). Also, we found that experience of the probation officers did not have a substantial effect on agreement, with the exception of decisions about the criminogenic needs to be influenced. Experienced probation officers agreed more about this domain than less experienced officers.

In a second study, described in Chapter 4, we repeated the study about agreement between probation officers about domains of the case management plan, but now probation officers used RISC3. We compared the agreement of this RISC3-study with the findings of the RISC2-study to assess if the use of structured decision support for the case management plan improved agreement. We found that general agreement between probation officers using RISC3 about control measures was excellent (Cohen's Kappa > .75), agreement about the sanction, specific conditions, and criminogenic needs to be influenced was good (Cohen's Kappa between .60 and .75), agreement about the priority of the criminogenic needs (a new domain in RISC3), goals and interventions was fair (Cohen's Kappa between .40 and .60), and agreement about the intensity of supervision was low (Cohen's Kappa < .40). For all domains of the case management plan the agreement between probation officers using RISC3 was better than between the officers using RISC2. Agreement especially improved with regard to the control measures, goals and criminogenic needs that have to be influenced. Agreement about the sanction and interventions improved only slightly.

Quality of Case Management Plans and Effect on Offender Supervision

In Chapters 5 and 6 the findings are described regarding the differences in quality of the case management plans based on RISC2 and RISC3, and the effects on offender supervision. We measured the quality of the case management plans using seven criteria that were based on research about what works to reduce recidivism, research about desistance from crime, and psychological research about behavioural change. The criteria were: (1) the dynamic criminogenic needs are addressed by the goals in the case management plan; (2) the dynamic criminogenic needs are addressed by the interventions in the plan; (3) the intensity of the case management plan matches the risk of recidivism; (4) the goals in the case management plan are specific; (5) the goals in the case management plan are formulated as approach goals; (6) the case management plan contains goals that are important for the offender; (7) the case management plan

focuses on strengthening social bonds (see Chapters 5 and 6 for theoretical foundations for these criteria). Using these criteria, the study focused on some domains of the case management plan: the criminogenic needs to be influenced, the goals describing the desired change in behaviour or living circumstances, and the interventions needed to realize the change (including supervision).

In the study about the quality of case management plans based on RISC2 (Chapter 5), we found that most probation officers described that they wanted to target a majority of the criminogenic needs assessed as present in a specific case. However, in a substantial proportion of the case management plans this was not translated into goals and interventions. We found that the match between the needs and goals and the match between the needs and interventions was fairly low. The case management plans had a strong focus on tackling needs regarding cognitive skills and addiction. For offenders with needs regarding relationships with partner / family, emotional well-being, and attitude, interventions were often integrated in the plan that matched these needs, but no goals were formulated about the desired change. When friends, education/work, finance, and accommodation were assessed as a criminogenic need, often no goals or interventions were formulated in the plans to meet these needs. So in a fair amount of case management plans social capital and basic needs were forgotten. A possible explanation for this finding, which we addressed in Chapter 5, might be that in high risk cases, defined as offenders with a substantial number of needs, probation officers focus on the needs they think are most important, while in low risk cases with few criminogenic needs it may be easier to address all needs. However, when we tested this hypothesis, we did not find a substantially better match for low-risk cases than for high risk cases, so the number of criminogenic needs does not explain the low match between the criminogenic needs and the goals and interventions in the case management plan. Other findings about the case management plans based on RISC2 were that the correlation between the risk of recidivism and intensity of the plan was low. The match between the goals in the plan and the offender goals as measured with the self-assessment was less than 50% for most criminogenic needs, except for addiction (75% match) and cognitive skills (60% match). A majority of the goals was moderately concrete and formulated as an approach goal.

In Chapter 6 we described if the use of RISC3 improved the quality of the case management plans in comparison to plans based on RISC2. We found a significant improvement on five of the seven quality criteria. In comparison to RISC2, the case management plans that were made with RISC3 had a better match between the criminogenic needs and goals, a better match between the goals of the offender and the goals in the plan, the goals were more often formulated as approach goals, the plan had a stronger focus on strengthening social bonds, and the intensity of the plan had a better match with the risk of recidivism. No significant improvement was found for the match between the criminogenic needs and interventions, and for the extent to which goals

were formulated as specific. Looking at the needs that were addressed in the plans, the plans based on RISC2 primarily focused on addiction and cognitive skills and often neglected offenders' needs with regard to social capital (relationships, work) and basic needs (accommodation, finance). The case management plans based on RISC3 were more balanced and targeted both needs regarding individual capital (skills, attitude, addiction), social capital and basic needs.

Looking at the implementation of the case management plans in supervision, we found that substantial changes were made to the plans by supervising probation officers at the start of the supervision trajectory, especially concerning the goals in the plans. In the RISC2-sample, the changes of the supervising probation officers led to improvements of the case management plans of the advisors: the supervision plans focused more on strengthening social bonds and contained more approach goals. In the RISC3-sample on the other hand, the quality of the supervision plans was lower than the quality of the case management plans of the advisors, especially concerning the needs-goal match and the match between the offenders' goals and the goals in the plan. The degree of change, and especially the proportion of goals or interventions added, did however correlate with the quality variables: better quality plans were modified less than low quality plans. No significant differences were found between the RISC2-sample and the RISC3-sample in the number of offenders who dropped out of supervision prematurely or in the level of goal attainment. We did however find some low but significant correlations between some of the quality variables and dropout and goal attainment, indicating that better quality of the case management plans - as measured in this study - can help to improve offender supervision. A better needs-intervention match was correlated with less dropout, and goal attainment was correlated with the needs-goals match, the needs-intervention match, the match between the offenders' goals and the goals in the plan, and the focus on strengthening social bonds.

Usability of RISC3

The extent to which structured decision support can improve decision making is among other things dependent on the commitment of the probation officer to use the tool properly (Haas & DeTardo-Bora, 2009; Mair, Burke, & Taylor, 2006; Miller & Maloney, 2013). Therefore we studied the probation officers' views about the usability of RISC, focusing on the case management planning section. Again RISC2 and RISC3 were compared. We found that the usability of RISC3 was valued less than the usability of RISC2. Probation officers thought the RISC3 tool was less efficient, and they felt less at ease or stimulated using RISC3. No significant differences were found for probation officers' judgments of the helpfulness and learnability of the case management planning section in RISC2 and RISC3. For both versions of RISC, most probation officers thought they had enough time to complete a RISC. In interviews we addressed the different decision steps of RISC3 in more detail. In the first step of the case management planning section probation

officers prioritize the criminogenic needs, and decide what needs should be influenced. This step was valued by most probation officers because it forces them to step back and decide what is important in a case. Moreover it gives them an opportunity to give their professional opinion about the criminogenic needs. Having to decide about the goals and interventions per criminogenic need that should be changed (step 2) was valued as useful by a considerable number of probation officers too, because it helps them not to overlook relevant needs. Probation officers were also relatively positive about the suggestion that is given in RISC3 about the intensity of supervision.

Some of the probation officers were critical about the RISC3 case management planning section. They thought it is too time consuming and does not help them to decide about the case management plan. They said that they already have a plan in mind when they start with this section in RISC. The tool does not add anything to that plan, but merely delays them from writing it down. Some probation officers said that having to decide about the goals and interventions per criminogenic need is too detailed and leads to fragmentation. Moreover, some officers thought that formulating goals does not add to the probation process because either supervising officers do not look at these goals, or they thought formulating goals is something that should be done during supervision. Another criticism concerned the fact that in RISC3 probation officers are asked to explain deviations from the tool. Some officers felt they have to justify themselves, or said this leads to repetition of information they already gave in a previous section. The most criticized part of the RISC3 case management planning section were the automatic suggestions for interventions. In most cases probation officers did not think the suggestions were suitable for the offender. It only gave them a lot of extra work to explain deviations. Some of the probation officers did value the suggestions because it reminds them of the interventions that are available and suitable for a specific case.

Overall, it can be concluded that both the questionnaire and the interviews showed that probation officers differed in their opinions about the usability of the decision support tool for case management plans in RISC3. Some officers valued this section as useful. It helps them not to overlook suggestions, prevents them from falling prey to tunnel vision and supports them in formulating a complete and concrete case management plan that matches the assessment. More critical officers did value one or two steps but overall thought the tool is too detailed and time consuming without adding very much to their opinion about what is necessary in a specific case. They use the tool as is asked of them but prefer the former or a simpler version. Finally, one or two officers said they manipulate the tool in order to be ready with it as fast as possible, after which they formulate the case management plan in their own way.

General Conclusion

Taking the different studies presented in this thesis together, it may be concluded that our findings support our first hypothesis: the introduction of structured decision

support for case management planning with RISC improved the case management plans. Agreement between probation officers about plans in specific cases increased, and the plans had a better match with the quality criteria that were based on studies about effective probation practice. Although a substantial proportion of probation officers was critical about the usability of the decision support section in RISC3, the case management plans did improve. With this study we could however not find much support for our second hypothesis: higher quality of case management plans is associated with more effectiveness of offender supervision. Testing this hypothesis was complicated by our finding that the case management plans were not fully implemented in supervision. Supervising probation officers removed goals from the plans based on RISC3, with the result that the theoretical quality of the plans in supervision diminished. We found no significant improvement for the effectiveness of offender supervision, measured as dropout and goal attainment, after the implementation of RISC3 in comparison to a RISC2-sample. However, small but significant correlations were found between some of the quality criteria for the case management plans and the variables used to measure effectiveness of offender supervision, indicating that improvement of these quality criteria can help to improve the effectiveness of supervision.

Discussion

In the following paragraphs the results and implications of our studies are discussed. First we will go into the effect of structured decision making on case management plans, then discuss our findings that the case management plans are not fully implemented in supervision, next we address the effects of higher quality case management plans on offender supervision, and finally we discuss the resistance of some professionals to structured decision support.

Structured Decision Making Can Improve Case Management Plans

We saw that structured decision making can improve the quality of case management plans in probation. Using RISC2 probation officers tended to focus on only some criminogenic needs in their plans, while other needs were often neglected. Also, agreement about the domains of the case management plan was relatively low when RISC2 was used. The case management plans that were based on RISC3 showed relevant improvement: better agreement between probation officers about the different domains of the case management plans, and a significantly better score on five of the seven quality criteria we used in this study. We discuss what components of the case management planning section in RISC3 may have supported these improvements and why some parts of the case management plans did not improve. Next we discuss the implications for practice.

Essential Steps in Decision Support for Case Management Plans in Probation

According to research findings in social sciences and medicine, decision support systems can help to reduce omissions and improve diagnostic quality (Croskerry, Singhal, & Mamede, 2013b). The decision support tool in RISC3 contains several decision steps (see Chapter 1). Some of these steps may specifically have contributed to the improvements in the case management plans. More agreement about the criminogenic needs to be influenced, more agreement about the goals, and a better needs-goals match, may have been supported by the first two decision steps in the RISC3 case management planning section. Here probation officers must decide what criminogenic needs should be influenced using the risk/needs profile as a basis (step 1), and subsequently they have to decide about the goals and interventions for each criminogenic need they think is important (step 2). The first two decisions steps in RISC3 aim to support probation officers in including all relevant criminogenic needs in the plan, and by doing so to implement the needs principle of the RNR model (Andrews & Bonta, 2010b). The tool does not force officers to include all assessed needs, but it forces them to make an explicit decision about every need present. The probation officers decide what needs are included in the plan, and what goals and interventions are formulated per need. Our study showed that such a strategy can be effective. Without the decision support (see Chapters 3 and 5), probation officers described that they intended to target a majority of the criminogenic needs present, but often no goals were formulated or no specific interventions were included in the plan to target these needs. Possible explanations for this finding may be that probation officers focused on the needs they considered as the most important cause for the offending behaviour, and that for some probation officers goal formulation as such was considered as less important (see Chapter 7). Another explanation can be that probation officers adapted the case management plans to the available interventions they are accustomed to use. That resulted in a relatively low needs-goals match and a low agreement between probation officers assessing the same cases. RISC3 helps to prevent such omissions because officers had to formulate goals and interventions for every need they thought important in a specific case. We found that the case management plans were more complete and did not have a one-sided focus on improving human capital (such as cognitive skills) while the improvement of social capital (relationships with family or friends, education and work) and basic needs (such as housing or finance) was neglected, as in the RISC2-study. More notice of all needs present also results in case management plans that have a better focus on strengthening social bonds.

The case management plans that are based on RISC3 show a significantly better match with the goals of the offender as measured by the self-assessment in RISC (see Chapter 6). The RISC3 tool does not specifically support probation officers in including offender goals in the plan. We think the improvement found for this quality criterion may be a consequence of the improved goal formulation with RISC3. Using RISC2, the

number of goals in the case management plans was relatively low, while the average number of goals in the plans doubled with RISc3. This increases the chance that some of the goals in the plan match with the offenders goals. The interviews with probation officers (see Chapter 7) showed that most officers think it is important to include the goals and motivations of the offender in the case management plan. That may however also have been the case when officers used RISc2. So being supported to improve formulation of all relevant goals in the case management plan, as in RISc3, has the additional effect that these plans have a better match with the offenders' goals.

The RISc3 case management planning section was supposed to improve decision making about interventions by giving automatic suggestions for interventions when offenders meet the inclusion criteria for these interventions. Based on the results of these studies we think that this decision step did not contribute to better plans. Agreement about the interventions improved only slightly (see Chapter 4), no significant improvement was found for the needs–intervention match (see Chapter 6), and probation officers said that most suggestions for interventions were rejected because they thought they were not appropriate in the specific case. These findings can be explained in two ways: either the suggestions in RISc are not well chosen or the probation officers wrongfully do not accept the suggestions given by the tool. We think there is support for both explanations.

First, the suggestions for interventions given in RISc3 may not be specific enough. Suggestions are given for accredited programs and for social services whenever offenders meet the inclusion criteria (Hildebrand, 2010b). In some cases several suggestions are given because of an overlap in inclusion criteria (see Chapter 7). In such cases, probation officers must decide what intervention is best in the specific case. The tool gives no support for that choice because of a lack of specific information about what intervention is best in what case. Also, some of the inclusion criteria for interventions do not match with RISc-items and therefore are not taken into account in the automatic suggestions (Hildebrand, 2010b). So probation officers still have to consider if the intervention actually fits the specific characteristics and possibilities of the offender and cannot accept suggestions blindly. Therefore, rejecting a suggestion in RISc may be the right choice (Fischer, Captein, & Zwirs, 2012).

Second, often probation officers prefer to refer offenders to behavioural treatment instead of behavioural programs of the probation services. Behavioural programs are group trainings that are given by trained probation officers that can address a specific need such as cognitive skills, addiction or work. Treatment contains a broad range of services delivered by mental health care, that addresses needs such as emotional well-being, cognitive skills, or addiction. Arguments in the case files and interviews that were often given for the preference for treatment were that the complexity of the problems of the offender asked for treatment instead of a behavioural program, that treatment addresses the combination of the problems of the offender more deeply and

completely, and that probation officers thought that choosing treatment will guarantee continuity and consistency. Suggestions for practical aid to improve needs such as education/work or finance were often not adopted because probation officers thought comprehensive treatment had higher priority (see Chapter 7). It can be questioned to what extent these arguments are right. The mental health services also work with specialists and behavioural interventions, so treatment for multiple problems may be delivered by different professionals and therefore be less continuous than expected by the probation officer. The probation service may also deliver a consistent and continuous trajectory with a combination of behavioural interventions and supervision if the supervising officer manages the case sufficiently well. And desistance research shows that especially improving social circumstances of offenders may help them to desist from crime (Smit, 2007). So in some cases the suggestions for behavioural programs or practical aid may have been rejected wrongly.

Third, RISC3 only gives a suggestion for treatment if the necessity of treatment is diagnosed in an in-depth assessment and has been included in RISC (Hildebrand, 2010a). In practice, an in-depth assessment is often not done before the completion of RISC because of a lack of time or because the in-depth assessment will be the starting point of the treatment.

Implications for Practice

The improvement of case management plans is an important first step for the safety policy in the Netherlands in general and for the probation practice in specific because of several reasons. First, case management plans can influence the decisions of judges about the sanction, special conditions and control measures (Boone, Beijer, Franken, & Kelk, 2008; Tata, Burns, Halliday, Hutton, & McNeill, 2008), and thus the freedom or restrictions of offenders. Therefore, large differences between probation officers about these domains of the case management plan can lead to inequality of justice for offenders. Offenders with similar problems and backgrounds who have committed similar crimes could get different sanctions or restrictions because of differences between probation officers in what advice is given to the public prosecutor or judge. When agreement between probation officers is at an acceptable level, there is less chance of such inequality. Second, the development of case management plans that match with theoretical and empirical knowledge about how to reduce recidivism effectively is a necessary step in a trajectory that should support offenders to desist from crime. Our finding that case management plans that are based on RISC3 have significantly higher scores on five theoretical quality criteria can therefore be considered as an important condition to reduce recidivism of probationers. The probation services should continue to use a tool for risk/needs assessment that includes decision support for case management planning.

The studies in this thesis show that hardly any improvements were found with regard to the interventions proposed in the case management plan. The automatic suggestions for interventions in RISC3 seem to have little effect on the decisions probation officers make with regard to the interventions. The diversity of the offender population, the large variety of possible interventions that moreover partly overlap, and the fact that the items in RISC do not fit some of the inclusion criteria of interventions, makes it difficult to develop a decision support tool that can give specific and suitable suggestions for interventions in individual cases. Moreover, that part of the tool is appreciated less by the probation officers because they think that in most cases the suggestions that are given are not usable. The negative opinions about this part of the case management planning section in RISC3 may have a negative influence on the overall opinion about the usability of RISC3 (see Chapter 7). Simplifying this section, or giving suggestions step by step, may help to improve this part of the tool and by doing so may improve the overall perception of the usability of RISC3¹¹. Moreover, it is important to include probation officers in this development process, so the practice-based knowledge they have is taken into account, and the commitment for the instrument may improve. Practitioners from the mental health care should be involved to develop criteria that help probation officers to decide between behavioural programs or treatment, and to stimulate mutual realistic expectations about the contents and continuity of different options for interventions.

Task Differentiation Leads to Inconsistency Between Case Management Plans in the Advice and Supervision Phase

A good case management plan can only contribute to effective probation practice when it is implemented. We had expected that the case management plans that were developed with RISC, often in the pre-sentence phase, would in most cases be implemented in supervision. Surprisingly, it was found that this is not the case (see Chapter 6). In this study considerable discontinuity in case management plans was found between the advisors and supervisors, especially with regard to the goals in the plan, leading to discontinuity in the trajectory of the offender (see Chapter 6).

The differentiation in tasks between probation officers who assess and advise (advisors), and probation officers who supervise offenders (supervisors) may be an important explanation for the differences that were found between the case management plans that are based on RISC and the supervision plans implemented during offender supervision. Discontinuity in professionals who are responsible for a case

11 After the data gathering of this study was completed, the Dutch probation services adapted this step in the RISC-tool. The instrument still gives suggestions for possible interventions that may be suitable for an offender given the risk/needs assessment, but probation officers do not have to explain anymore whether or not they adopt the suggestion.

increases the risk of disruptions in the trajectory of an offender (Hermanns et al., 2013). Supervising probation officers may develop their own opinions about the risks, needs and possibilities of the offender instead of using the assessment of their colleague, and use their own analysis as a basis for the supervision plan. In that plan they must include interventions that are imposed as special conditions in the sentence (Programma Redesign Toezicht, 2009), but with regard to the goals in the plan they are free to make changes. Indeed it was found that most adaptations concerned the goals. Supervising officers either did not agree with the plan of their colleague advisors, or they did not use the plan of their colleagues and preferred to make their own plan in the framework of the imposed sentence. Indeed, some of the probation officers we interviewed (mostly advisors) thought that supervising probation officers do not refer to the goals that are formulated in RISC but develop their own goals based on their personal opinions of the needs of the offender (see Chapter 7).

Inconsistency between case management plans in the advice and supervision phase may also be a result of differences between the tasks of advisors and supervisors. The characteristics of their task enhances differences in working styles and methods between advisors and supervisors. Advisors have to assess the risks, needs, responsivity, and goals of clients in a short period, and base a case management plan and advice on the information and impressions they have. In the pre-sentence phase probation clients are suspects of a crime but not yet found guilty, and therefore can decide to be non-cooperative or be selective in the information they want to give. There may be little time for advisors to actually build an effective working alliance. Supervisors on the other hand work with offenders during a long trajectory in which they have time to get more insight in the risks, needs and responsivity of the offenders and build a working alliance. The offenders may be more open to give information and discuss their goals because they have already been sentenced. Moreover, the supervisors will have a stronger focus on methods for behaviour change when they formulate a case management plan: what interventions will help the offender to change, what motivates the offender, what goals and interventions can he handle? Such questions are also relevant for advisors, but they have limited time and possibilities to assess such questions thoroughly. Consequently, supervisors can be more focused and effective in prioritizing and scheduling the goals and interventions in a well-balanced plan. So discontinuity may not only be caused by poor transfer and adoption of the case management plan between advice and supervision, but also by the organisation of the different probation tasks.

Implications for Practice

Organizing one trajectory of an offender in separate tasks that are performed by different professionals may cause discontinuity and lead to fractures or dropout (Hermanns et al., 2013; Van Horn, Andreas, & Menger, 2009). This has especially been studied in trajectories where professionals from different organisations successively

work with a client (Hermanns & Menger, 2009; Kenis, 2001), but may also be problematic when case management goes from one professional to another within an organisation. In the Dutch probation practice, both the advisor and the supervisor discuss the case management plans with the offender. From the perspective of the offender, when the case management is transferred from the advisor to the supervisor a considerable change may occur in the goals of the case management plan. This change may have a negative effect on the effectiveness of supervision. In several studies it was concluded that continuity in activity and contact is an important characteristic of effective case work in probation. Continuity implies that one probation officer is responsible for the case over time, including assessment, supervision, and interventions, and thus develops an effective working alliance with the offender and embodies continuity and consistency in the goals and activities of the trajectory (Holt, 2000; Krechtig & Menger, 2013; McNeill & Whyte, 2007; Partridge, 2004; Turner, 2010). Therefore the Dutch probation services and Ministry of Safety and Justice should reconsider the differentiation of the advice and supervision tasks.

Making one probation officer responsible for both the advice and the supervision task may also improve the quality of the assessment and case management planning. In the advice phase probation officers often have limited time and focus on the advice they have to give to the court or prison service. Such an advice does not have to contain a detailed case management plan, but may focus on the outlines of the plan: the type of interventions (clinical treatment, treatment, behavioural intervention), the needs that will be addressed during supervision, and an advice about the sanction and special conditions. If the advice is followed by supervision, the case management plan can be completed at the start of the supervision, in interaction with the offender and the deliverers of the interventions. If necessary, in-depth assessment can be completed in order to specify the offenders' needs and the specific program or treatment to address these needs. The offender's goals, motivation, possibilities and obstacles can be assessed thoroughly, and included in the plan. Also the case management plan can be scheduled in time. Making one probation officer responsible for this process, both for the outlines of the case management plan in the advice and for the detailed case management plan in supervision, enlarges the likelihood of consistent and continuous case management in probation.

The Effect of Better Case Management Plans on Offender Supervision

One of our goals was to investigate if higher quality case management plans contribute to the effectiveness of offender supervision. Dropout and goal attainment were used as proxy measures for outcome and seven quality criteria were used to measure the theoretical quality of case management plans. These quality criteria were based on rehabilitation theories: the RNR model, scientific knowledge about desistance from crime, and psychological insights about the relevance of goal formulation for behavioural change.

In this study (see Chapter 6) we were unable to determine if case management plans that meet theoretical quality criteria actually improve effectiveness of offender supervision. One of the problems we met during our study was that the case management plans as described in RISC are not fully implemented. As a consequence, the significant improvements that were found in the case management plans based on RISC3 in comparison to the plans based on RISC2, were partly overruled in supervision. Only small differences were found between the quality of the supervision plans in the RISC2-sample and RISC3-sample. Because of these small differences between the supervision plan, it could not be expected that substantial differences would have been found in the effectiveness measures. And indeed, no significant differences in dropout or goal attainment were found between the RISC2-sample and the RISC3-sample. However, taking all cases in the two samples together, small but significant correlations between some of the quality criteria and the effectiveness measures (dropout and goal attainment) were found. Goal attainment was significantly correlated to a good needs-goals match, a good needs-interventions match, a good match between the offenders' goals and the goals in the plan, and a focus on strengthening social bonds. Lower dropout was significantly correlated to a good needs-interventions match. No significant correlations were found between the effectiveness of supervision and specific goals, positive goals, or a good risk-intensity match.

These findings indicate that some of the quality criteria used in this study are relevant for effective offender supervision. That is especially true for the quality criteria that are based on the needs principle (the needs-goals match, the needs-interventions match) and the responsivity principle (match between offenders' goals and goals in the plan) from the RNR model, and for the criterion that is based on research about desistance from crime (strengthening social bonds). The relevance of applying the RNR model in case management is also supported in recent findings from studies about the impact of the application of risk/needs assessment in youth probation services in Canada. These studies all focused on the effectiveness of a good needs-intervention match for criminal recidivism. Luong & Wormith (2011) found a small but significant negative correlation between the needs-intervention match and recidivism, indicating that a good needs-intervention match can contribute to the reduction of recidivism, but when examined separately for each risk level a significant correlation was only found for high-risk offenders. Peterson-Badali and colleagues (2014) found that a good needs-intervention match for several needs domains was associated with lower likelihood of reoffending. Vitopoulos and colleagues (2014) found significant reduction in recidivism when treatment services matched with the assessed needs, but only for male offenders and not for female offenders.

We found no significant correlation between the risk-intensity match and the effect variables. This is consistent with the findings of Andrews and Dowden (2006). In a meta-analysis including 225 studies they found only modest support for the risk

principle. The risk principle was especially weak for adult offenders. Andrews and Dowden concluded that the risk principle did not seem to have a large effect in itself, but merely enhances the effectiveness of interventions when it is combined with the needs principle and responsivity principle. So the findings of our study may not lead to the conclusion that the risk principle is not relevant for probation practice.

No significant correlation was found between goal formulation (specific and positive goals) and effectiveness of offender supervision. These criteria were based on general psychological insights about behavioural change (Emmons, 1996; Klinger & Cox, 2011; Locke & Latham, 2002). There is not much evidence about the relevance of these criteria for correctional practice, so maybe goal formulation is less relevant or works differently in an involuntary setting, although we think such a conclusion is premature considering the limitations of this study. A possible explanation can be that case management plans and the goals formulated in the plans are not actually used during supervision. A positive effect of working with specific and positive goals can only be expected if the goals are actively discussed and evaluated with the offender during supervision. Although we did not study how the goals in the case management plans were used by supervisors in their meetings with the offenders, the case files often included limited information about goal attainment (see Chapter 6). This lack of information can be an indication that the goals from the plan are not actually discussed and evaluated during supervision.

One of the measures for effectiveness of offender supervision used in this study was dropout. We found that dropout only correlated significantly with one of the quality criteria used in this study, the needs-interventions match. Research indicates that dropout rates are highest for high risk offenders, and that risk factors for dropout overlap with risk factors for recidivism (Hildebrand, Hol, & Bosker, 2013; Olver, Stockdale, & Wormith, 2011). One may therefore expect that improving risk factors that are associated with criminal recidivism, as is done in case management plans of the probation service, also has a positive effect on the risk factors for dropout and thus on dropout rates. However, changing risk factors takes time, while dropout occurs from the start of supervision when no changes in risk factors have been realized yet. So, although risk factors for dropout overlap with the criminogenic needs that are addressed in the plan, reduction of dropout may to a large extent be influenced by other aspects of offender supervision. Qualitative research showed that prevention of dropout is especially related to quality characteristics of case management: a positive relationship between the offender and supervisor, a supervisor who anticipates on the possibilities and limitations of the offender, who addresses obstacles for compliance, and supports the offender in such a way that the offender experiences supervision as worthwhile (McCulloch, 2010; Ugwu-dike, 2010). These findings indicate that not only the quality of the case management plan but primarily the quality of delivery of the case management will influence dropout. So dropout may be less relevant as a measure for studying the influence of the quality of the case management plan on the effectiveness of supervision.

Implications for Practice

The findings in this study support the relevance of the needs principle, of strengthening social bonds, and of the involvement of the offender when goals are formulated for the case management plan. Although the use of the needs principle and the relevance of strengthening social bonds is already integrated in the policy and methods of the Dutch probation services, it is important that probation officers actually use this knowledge and understand why they should use it. Apparently this is not self-evident, because in the RISC2-study these insights were often not integrated in the case management plans and in the RISC3-study often applied limitedly in supervision plans (see Chapter 5 and 6). Supporting the translation of this knowledge into practice by the implementation of a tool for decision support is not enough. Educational programs for probation officers should discuss the theory and findings about the RNR model and desistance from crime, and management of probation should support ongoing supervision of probation officers to improve the transfer from theory to practice (Bourgon, Bonta, Rugge, & Gutierrez, 2010). Moreover, the probation services could reinforce methods or interventions to help offenders strengthen their social bonds (Fischer, Captein, & Zwirs, 2012; Vogelvang & Van Alphen, 2010). Although strengthening social capital is an important strategy to reduce recidivism (McNeill & Whyte, 2007), most interventions or treatment programs that are available for adult offenders in the Netherlands focus on strengthening human capital (skills, knowledge, attitudes).

Offender involvement is considered an important issue in the actual thinking about offender supervision. Including offender goals in the case management plan is supposed to motivate offenders to cooperate, and can therefore be considered as a means to enhance responsivity (Bonta & Andrews, 2003). Besides, in the recently developed Good Lives Model of offender rehabilitation the goals offenders are striving for in life are considered as basic components for a case management plan (Ward, 2010). Also, mutual agreement about goals is an important characteristic of an effective working alliance between a client and behavioural practitioner (Menger & Donker, 2013). To clarify the offenders' goals and enlarge mutual agreement about the goals in the case management plan is an important task for probation officers. The interviews with advisors (see Chapter 7) showed that most of them try to include offenders' goals or motivations in the plan, but evaluation of the case management plans showed that probation officers tend to focus on needs they think are important (see chapter 5). Also our study of the case files indicated that most probation officers do not periodically evaluate the goals with the offender. Structural involvement of offenders in case management planning and evaluation should be improved and by doing so can support the effectiveness of offender supervision.

Professionals and Structured Decision Support

In order to better implement evidence-based knowledge in practice, probation work

has become more structured in the last ten years. The introduction of RISC and accredited behavioural interventions represents this development. The findings in this thesis about case management planning with RISC and about the implementation of the case management plans in supervision showed that at least some of the probation officers had problems with this development. Probation officers were critical about the decision support that was integrated in RISC3 and some thought they could perform as well or even better without the tool (see Chapter 7). Analyses of case management plans that were made without decision support showed that the quality of these plans was worse: agreement between probation officers was low and the plans often did not meet evidence-based criteria (Chapters 3 and 5). Supervising probation officers adapted case management plans without a structured assessment, but used their unstructured opinion about the offender (Chapter 6). Also, findings in this study indicate that a considerable proportion of the supervisors do not work systematically, according to a plan: they formulate no or few goals, and do not evaluate the progress of goal attainment during or at the end of supervision (Chapter 6).

This is not a finding unique to the Dutch probation services. Studies have shown that professionals in the fields of (forensic) social work, psychology or medicine are often critical about or do not make proper use of structured methods or instruments that are developed to improve evidence-based practice (Keijsers, Vissers, Hutschemaekers, & Witteman, 2011; Mair et al., 2006; Persson & Svensson, 2011). There may be several explanations for this resistance. First, often there is a lack of knowledge about relevant scientific evidence and therefore that knowledge is not put into practice (Dawes et al., 1989). Probation officers in the Netherlands do not have a scientific education, they are not used to consulting scientific articles and they may not be able to understand the impact of research findings. The education that is given about new methods or instruments often focuses on how to use it, while the knowledge about why the method is useful and what research evidence is available gets limited attention. Besides that, the evidence-based agenda may have been implemented with too much belief in instruments and methods, and without emphasizing the relevance of the professionals who work with it and the context in which it is used (Menger & Donker, 2012; Miller & Maloney, 2013). Secondly, professionals may think that their case is unique, and that a method or instrument that is based on the average case does not apply to the specific case they are dealing with (Dawes et al., 1989; Keijsers et al., 2011). Probation officers may think that an instrument or protocol can never capture all complexities and details about a specific case, and therefore prefer their personal decision. However, that is a misunderstanding, because evidence-based instruments or protocols embody an integration of individual cases. Professionals should apply that concentrated knowledge in an individual case. Third, professionals may have a strong belief in the quality of their opinions and decisions. Some officers said their opinion about a case management plan already develops during the assessment. It may be difficult for them to change

their opinion in a later phase. It is known that professionals tend to focus on information that confirms the opinions they already have, with the result that they are not open to information that would lead them in another direction (the so-called confirmation bias; Hardman, 2009). And because in practices such as probation professionals get little feedback about their decisions, it is difficult to learn from mistakes (Dawes et al., 1989; Tracey et al., 2014). Being asked by an impersonal ICT-tool to reconsider their opinion is not enough to make them revise their case management plans (see Chapter 7). Fourth, resistance can be caused by contextual problems such as a lack of time or a lack of support by management (Fitzgibbon, 2007; Miller & Maloney, 2013). Some of the probation officers in our study mentioned such reasons. Fifth, for instruments such as RISC3 the interface between the professional and the technology is important for the acceptance of the tool (Galanter & Patel, 2005; Miller & Maloney, 2013). Indeed some of the probation officers mentioned ICT problems with RISC3 as a source of irritation. Such problems can easily lead to negative feelings about the tool in general.

Implications for Practice

Implications for practice concern evidence-based practice in general and the use of structured decision support in specific. The use of a structured decision support tool alone cannot be sufficient to improve probation practice. Such a tool must be used by probation officers who know and accept the evidence about effective practice in their profession, who are able to implement it in practice, and who integrate it with their practice-based knowledge. First, the findings in this thesis show that probation officers do not always make proper use of evidence-based knowledge, either because they do not know the evidence or because they reject the relevance of this knowledge for their work. The professional performance of probation officers can be improved if they are supported to make proper use of evidence-based knowledge about their profession (Menger & De Jonge, 2013). It is important that probation officers have access to relevant evidence-based knowledge in education programs and media such as professional journals, the intranet or factsheets. However, that is not enough. Passive dissemination of knowledge does not change the behaviour of professionals (Galanter & Patel, 2005). Probation officers should be stimulated to make use of that knowledge. Therefore, permanent education of professionals to gain more in-depth knowledge should be combined with an organizational culture in which the use of evidence-based knowledge and a proper implementation and use of methods and instruments is supported. The STICS project in Canada may be an inspiring example. In this project probation officers were trained and coached about the main principles of the RNR model. In comparison to a control group the trained probation officers showed significantly better adherence to the RNR principles (Bonta, Bourgon, Rugge, Scott, Yessine, Gutierrez, & Li, 2011).

Second, the positive findings about the advantages of structured decision support, as described in this thesis, should convince probation officers to value and use such tools. Management should not yield to probation officers who say that they can do without structured decision support because they are experienced professionals. Biases such as overconfidence or tunnel vision happen to the most qualified and experienced professionals (Hardman, 2009; Witteman & Kunst, 1999). However, making proper use of decision support tools does not mean that professionals should blindly follow such a tool. The case management section in RISC3 does not automatically result in a perfect case management plan. Moreover, the suggestions the tool gives are largely based on the information that is entered by the probation officer, and thus influenced by the quality of that information. Risk and needs assessment and decision making about case management plans are a professional responsibility, which can be supported and thus improved but not taken over by decision support tools as RISC3. Every decision step should be taken precisely and critically, and both evidence-based and practice-based knowledge should be added to the suggestions that are given in the tool. Our finding that most probation officers use RISC3 critically is encouraging.

Limitations

The studies presented in this thesis were conducted in probation practice. The advantage of such a design is that the findings represent the actual use, advantages and limitations of the instrument that is subject of this study. There are however some limitations to this approach.

No Controlled Design

To measure the improvements structured decision support about case management plans may bring to probation practice, two versions of RISC were compared: RISC2, an instrument for risk/needs assessment without decision support for case management plans, and RISC3, a revised version of RISC that included decision support for case management plans. RISC3 was implemented by the probation services in 2010. Data about RISC2 had to be gathered in the period before the implementation of RISC3, while data about RISC3 were gathered some months after the implementation. The timespan between the measurements can have influenced the findings in this study. Differences that were found were attributed to the changes made in the instrument. However, policy changes, developments in organizations the probation services work with or other external influences can to some extent have affected the findings in this study. We tried to limit such influences by keeping the time between the RISC2 and RISC3 measurement as short as possible. This does however not mean that external influences may not have affected our findings. It was not possible to control for these influences. The fact that RISC3 was implemented in the whole country at once made it impossible to work with a control group.

Quality Criteria for Case Management Plans

A second limitation lies in the choice of the quality criteria used in the studies described in Chapters 5 and 6. Some criteria that might have been very relevant could not be used in this study. One is the extent to which responsivity is taken into account in the case management plans. The responsivity principle is one of the core principles of the RNR model (Andrews & Bonta, 2010b). In the RNR model two aspects of responsivity are distinguished, general responsivity and specific responsivity. According to the general responsivity principle, correctional interventions should be based on social learning and cognitive behaviour theory. Specific responsivity focuses on the service to individual offenders. In order to be effective these services should be consistent with the characteristics of individual offenders such as motivation, age, gender, cognitive skills, strengths and personality (Andrews & Bonta, 2010b). Both responsivity principles are relevant for the evaluation of case management plans. In this study the responsivity principle could only be considered in a limited way because the probation files contain hardly any information about responsivity factors. The only criterion in this study that refers to responsivity is the extent to which the goals of the offender are included in the case management plan. That criterion gives some information about the extent to which offenders are motivated and committed to the plan, which is a relevant aspect of responsivity (Covell & Wheeler, 2011).

Another criterion that could not be included was the extent to which the interventions in the plan are evidence-based, meaning that there is empirical evidence that the interventions can contribute to the reduction of recidivism. As already mentioned in Chapter 6, at the time of our study there was hardly any research about the effectiveness of the interventions used in Dutch practice. We would have preferred to be able to use accreditation by the Dutch accreditation panel (see Chapter 1) as a criterion. The accreditation panel gives ex ante evaluations. Based on a description of the program the accreditation panel assesses if the program could in theory contribute to the reduction of recidivism (Erkenningscommissie Gedragsinterventies Justitie, 2012). A positive ex ante evaluation of the program could have been a criterion. However, at the time of this study the panel did not accredit treatment programs for forensic psychiatry, while such programs are very often integrated in case management plans from the probation service. The same was true for (forensic) treatment programs for addicted offenders.

Quality of the Data

A third limitation of the studies presented in this thesis is the quality of some of the data. Part of the studies were based on probation files. Especially the information in the files about what was happening during supervision varied in detail and completeness. It is possible that some of the goals that offenders and supervisors worked on during supervision or some interventions of the supervising officers were not mentioned in the files. The quality of the evaluations of supervision also varied to a large extent. Some

probation officers systematically evaluated all goals in the case management plan and described the changes in the lives or behaviour of offenders at the closing of the supervision in detail. But in other files evaluations were lacking or contained very limited information. This is a problem that is often encountered during research carried out in practice (Vieira, Skilling, & Peterson-Badali, 2009), even if practitioners are asked to fill in specific protocols that are developed for the study (Troquete, 2014). Except for the evaluations, the information about the interventions that were prescribed was also limited. For some interventions, especially interventions not executed by the probation service, it was not possible to get detailed information about all the needs that were addressed in that specific intervention. In the studies described in Chapters 5 and 6, where we defined the match between the criminogenic needs present and the interventions, we had to include a category for situations where it was not exactly clear if certain needs were addressed in a specific intervention. This may have obscured the analysis because in some cases the needs-intervention match may have been undervalued or overvalued.

Effectiveness of Offender Supervision

Finally, some comments must be made on the effects of the quality of the case management plans on the effectiveness of offender supervision. In the study presented in Chapter 6 we tried to measure if improved quality of case management plans has a positive effect on the results of supervision, measured as dropout and goal attainment. This part of the study is limited due to several reasons. First, we found that during supervision the case management plans were not executed as intended. Therefore it was not possible to measure the effects of the original plans as developed with RISC. Second, due to the time-span of this study it was not possible to use recidivism as a measure of effectiveness, while the reduction of recidivism is the ultimate goal of the probation service and therefore would have been an obvious measure for effectiveness. Third, the effectiveness of offender supervision is influenced by a number of variables that were not included in this study such as the effectiveness of the specific interventions, the quality of the working alliance between the probation officer and offender, and external influences in the context of the offender. In this study it was not possible to take these variables into account in the analysis.

Suggestions for Future Research

Discontinuity Between Advice and Supervision

The primary focus of this study was the case management plans in probation, and the question if these plans can be improved by the introduction of structured decision support. Therefore we also had to investigate if the case management plans were implemented in supervision. One of the unexpected findings in this study was that

supervising probation officers make substantial changes to the case management plans of their colleagues, especially with regard to the goals in the plan. In the context of this study it was not possible to investigate what arguments supervising officers have to make these changes. Because changes in the case management plans may lead to discontinuity in the trajectory of the offender, such changes should be limited as much as possible. The proportion of changes we found in this study is so large that we think reduction is necessary and possible. More research about the motivations supervising probation officers have to adapt the case management plans of their colleagues can help the probation services to develop strategies to reduce the number of changes and thus improve continuity in the trajectories for offenders.

The findings in this study also raise the question what role case management plans play during supervision. In some of the files it was difficult to find information about how the case management plans were executed, and about the extent to which the case management plan is discussed and evaluated with the offender. This omission may be caused by administration problems, but it can also be the case that supervising probation officers do not really follow the plan but decide their activities based on other facts. Offenders under supervision often have unstructured lives and may face many problems. There is a risk that probation officers who supervise them are mainly engaged in helping the offender handle day-to-day problems, without being able to work on goals concerning structural changes in the longer term. Not following a plan can however also be caused by the personal working style of the probation officer. More knowledge about the role of case management plans in supervision and insights in the reasons why such plans are not used may help probation services improve continuity and consistency in probation practice.

Prioritizing Criminogenic Needs

Most offenders who are supervised by the probation services have multiple criminogenic needs. In this study, the average number of needs was five (see Chapter 6). When they worked with RISC2, probation officers were inclined to focus on some specific needs, mostly those concerning addiction problems and thinking and behaviour, although often other needs were assessed as present. Presumably, the officers thought these needs had most priority to be addressed and were the primary cause for delinquent behaviour. After the implementation of RISC3 the case management plans addressed the criminogenic needs better, so consequently the plans became more extensive. Particularly the number of goals increased from an average of 3.8 in the RISC2-sample to 6.9 in the RISC3-sample. At the same time the supervising probation officers in the RISC3-sample limited the number of goals in the plan by removing some goals from the original plan. Some of the offenders in supervision have problems on nearly all criminogenic needs that are assessed by the probation service. Often, these are the offenders who lack the skills to manage their problems and have little social

support. In such cases it may be necessary to prioritize and plan goals and interventions in phases, because working on all needs at once may ask too much of an offender. The interviewed probation officers confirmed that in such cases they make choices. There is however not much evidence about how to prioritize the needs effectively. More research about what criminogenic needs should be given priority in which cases, and how to take notions of responsivity and effective behavioural change into account, may enlarge the knowledge about the process of desistance from crime and help probation officers to prioritize effectively.

Effectiveness of Offender Supervision

For reasons already mentioned above we did not find clear evidence about the contribution of the quality of the case management plans to the effectiveness of offender supervision. More research on this issue is very relevant for probation practice. Some evidence that good quality case management plans, provided that they are implemented, can improve the effectiveness of probation is found in other practices (Luong & Wormith, 2011; Peterson-Badali, Skilling, & Haqanee, 2014). Research about this issue is scarce however, and the findings are not univocal. For example, Vitopoulos and colleagues (2014) found that the matching of services for young offenders to the RNR principles was significantly associated with reduced reoffending for boys but not for girls. More research about the effects of case management plans on the effectiveness of correctional practice is necessary to help correctional practitioners in their decision process. Such research should incorporate several measures of effectiveness, such as goal attainment and recidivism. Particular attention should be paid to the development of a research design in which different influences, such as characteristics of the offender and of the probation officer, and the quality of the working alliance can be taken into account.

Final Remarks

Decision making about case management plans for offenders in order to reduce recidivism and promote reintegration is a complex task. Several variables must be taken into account such as characteristics and motivations of the offender, the social context of the offender, the sanction, judicial limitations, and available interventions. In such complex decision tasks professionals can easily overlook relevant information or focus too much on specific information or solutions. In such cases structured decision support can help professionals to make better quality decisions. Decision support tools contain evidence-based knowledge, so the use of such tools facilitates the application of that knowledge in practice. That does not mean that the professional is cut out of the decision making process. When used properly, the final decision is made in interaction

between the professional, the instrument, and the offender, linking evidence-based knowledge and practice.

The findings in the studies in this thesis show that developing such an instrument is not easy. The instrument that was the subject of this thesis does improve case management plans, but there is room for improvements in some sections too. Moreover, some of the professionals who work with RISC3 are critical about the instrument. To some extent that is good because it can help the probation services improve the tool. But being too critical can easily result in rejection and not making use of the advantages of the tool. Our results indicate that the Dutch probation services should keep a focus on improving the decision making process about case management plans in a constructive dialogue between probation officers (practice-based knowledge) and scientific insights (evidence-based knowledge).

Appendix



Appendix: Example items in SUMI scales

Scale efficiency

- The RISC case management planning program responds too slowly to inputs.
- The RISC case management planning program seems to disrupt the way I normally like to arrange my work.
- The tasks can be performed in a straightforward manner using the RISC case management planning program

Scale affect

- Working with the RISC case management planning program is satisfying.
- Using the RISC case management planning program is frustrating.
- The RISC case management planning program is really very awkward.

Scale helpfulness

- I find the help information given by the RISC case management planning program not very useful.
- I can understand and act on the information provided by the RISC case management planning program.
- The organization of the menus or information lists seems quite logical.

Scale control

- The RISC case management planning program has at some time stopped unexpectedly.
- The RISC case management planning program is awkward when I want to do something which is not standard.
- It is easy to make the RISC case management planning program do exactly what you want.

Scale learnability

- Learning to operate the RISC case management planning program initially is full of problems.
- The RISC case management planning program documentation is very informative.
- I have to look for assistance most times when I use the RISC case management planning program.

One of the SUMI items from the control scale was left out of the questionnaire in this study because it concerned a function that is not present in RISC. That was item 49: Getting data files in and out of the system is not easy.

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Samenvatting en Algemene Discussie



Inleiding

Vermindering van criminele recidive is een belangrijke doelstelling van het Nederlandse veiligheidsbeleid. Volgens het beleid zou dit gerealiseerd moeten worden met een persoonlijke aanpak, gericht op de specifieke risico's en problematiek van de delinquent (Ministerie van Justitie, 2005; Wartna et al., 2014). De reclasseringsorganisaties spelen een belangrijke rol in het realiseren van deze doelstelling. De reclassering werkt met delinquenten in verschillende fases van het justitiële traject: ze adviseert het openbaar ministerie en de rechterlijke macht over de sanctie en bijzondere voorwaarden, en ze adviseert het gevangeniswezen over detentiefasering en voorwaardelijke invrijheidstelling. De reclassering voert ook het toezicht op delinquenten uit gedurende een voorwaardelijke sanctie met bijzondere voorwaarden of een voorwaardelijke invrijheidstelling uit detentie. Ze verzorgt erkende gedragsinterventies tijdens detentie of toezicht, en ze voert werkstraffen uit. Bij de uitvoering van deze taken is de reclassering gericht op de afbouw van delinquent gedrag en re-integratie in de samenleving (Menger, Bosker, & Heij, 2012).

De eerste stap in een reclasseringstraject is de ontwikkeling van een plan van aanpak. Zo'n plan van aanpak beschrijft de beoogde verandering in vaardigheden en omstandigheden (de doelen), de interventies die deze verandering kunnen bevorderen, en het juridische kader (sanctie / bijzondere voorwaarden) / controlemiddelen) waarin het plan uitgevoerd zou moeten worden. Als de reclassering over een verdachte advies uitbrengt aan het openbaar ministerie en de rechterlijke macht ten behoeve van de rechtszitting is het plan van aanpak de basis voor dat advies. Indien een voorwaardelijke sanctie met bijzondere voorwaarden wordt opgelegd, of als een delinquent voortijdig onder voorwaarden wordt vrijgelaten uit detentie, komt hij onder toezicht van de reclassering. Het plan van aanpak is dan de basis voor het toezicht, dat in de meeste gevallen twee jaar duurt. Sinds 2006 zijn er gespecialiseerde reclasseringswerkers die adviestaken uitvoeren (adviseurs), en andere gespecialiseerde reclasseringswerkers die de toezichten uitvoeren (toezichthouders).

Voor besluitvorming over de inhoud van het plan van aanpak zet de reclassering een risicotaxatie-instrument in: een checklist met veel voorkomende risicofactoren waarmee de kans op recidive van delinquent gedrag wordt ingeschat, en reclasseringswerkers zicht krijgen op de veranderbare risicofactoren die daaraan ten grondslag liggen. In complexe beslissituaties – zoals beslissingen over risico's en planvorming door reclasseringswerkers – maken mensen gebruik maken van zogenaamde heuristieken: vuistregels die intuïtief worden toegepast en onze besluitvorming vereenvoudigen (Croskerry, Singhal, & Mamede, 2013a). Het gebruik van heuristieken kan leiden tot *biases*: vertekeningen en fouten in de besluitvorming (Arkes, 1991; Garb, 1998; Kahneman, 2011). Het gebruik van risicotaxatie-instrumenten is een vorm van gestructureerde beslissingsondersteuning, bedoeld om *biases* in besluitvorming te

verminderen. In onderzoek is overtuigend aangetoond dat het gebruik van gestructureerde risicotaxatie resulteert in betere risico-inschattingen dan een ongestructureerd professioneel oordeel (Andrews & Bonta, 2010b; De Vogel, 2005; Hanson, Helmus, & Bourgon, 2007).

Het gebruik van instrumenten voor risicotaxatie door de reclassering is sterk beïnvloed door de acceptatie van het Risk - Need - Responsivity (RNR) model als een belangrijk handelingskader voor reclasseringswerkers. Het RNR model biedt een theoretisch kader dat is gebaseerd op empirisch onderzoek over wat werkt bij het terugdringen van recidive (Andrews & Bonta, 2010b). Volgens de centrale principes van het RNR model moet de intensiteit van interventies die in een reclasseringstraject worden ingezet aansluiten bij de hoogte van het recidiverisico ('risk' principe); de interventies moeten gericht zijn op het veranderen van de zogenaamde criminogene factoren, dynamische risicofactoren die ten grondslag liggen aan het recidiverisico ('needs' principe); en bij de keuze van interventies moet rekening gehouden worden met de motivatie, mogelijkheden en beperkingen van de delinquent ('responsivity' principe). Risicotaxatie-instrumenten zouden reclasseringswerkers moeten helpen om het recidiverisico, de criminogene factoren en responsiviteit in kaart te brengen, en hen zo te helpen bij het toepassen van de RNR principes in het plan van aanpak en in het reclasseringstoezicht. Verschillende studies hebben echter aangetoond dat de aansluiting tussen conclusies van de risicotaxatie en het plan van aanpak in de praktijk vaak onvoldoende is (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008; Flores, Travis, & Latessa, 2003), terwijl een goede aansluiting samenhangt met een reductie van recidive (Luong & Wormith, 2011; Peterson-Badali, Skilling, & Haqanee, 2014).

De Nederlandse volwassenenreclassering gebruikt een risicotaxatie-instrument genaamd RISC (zie hoofdstuk 1 voor een toelichting over dit instrument). In de eerste versies van RISC (RISC1 en RISC2), die werden gebruikt tot 2010, structureerde het instrument de inschatting van risico's en criminogene factoren. In 2010 is RISC ontwikkeld tot RISC3. RISC3 ondersteunt niet alleen de inschatting van het risico, de criminogene factoren en de responsiviteit, maar structureert ook verschillende stappen in de besluitvorming over het plan van aanpak. Het doel van deze ontwikkeling was om de aansluiting tussen de inschatting van de risico's en criminogene factoren enerzijds en de inhoud van het plan van aanpak anderzijds te verbeteren. De centrale vraag in de studies in dit proefschrift is: resulteert het gebruik van gestructureerde beslissingsondersteuning (RISC3) in betere plannen van aanpak en verbetert daardoor de effectiviteit van het reclasseringstoezicht? Dit is onderzocht door plannen van aanpak die zijn gemaakt met behulp van RISC3 te vergelijken met plannen van de versie daarvoor die geen onderdeel bevatte voor beslissingsondersteuning voor plannen van aanpak (RISC2). Er is een vergelijking gemaakt over drie aspecten: de mate van overeenstemming tussen reclasseringswerkers over de verschillende onderdelen van het plan van aanpak, de kwaliteit van de plannen van aanpak, en de beoordeling van reclasse-

ringswerkers van de bruikbaarheid van het onderdeel in RISC dat besluitvorming over plannen van aanpak ondersteunt. In de volgende paragrafen staan de belangrijkste bevindingen van de studies in dit proefschrift samengevat, gevolgd door de implicaties van deze bevindingen voor de reclasseringspraktijk. Afgesloten wordt met een discussie over de beperkingen van de studies en suggesties voor vervolgonderzoek.

Belangrijkste bevindingen van de studies

Overeenstemming tussen reclasseringswerkers

Het is van belang dat verschillende reclasseringswerkers bij dezelfde delinquent een vergelijkbaar plan van aanpak maken. Ten eerste omdat dit plan de basis vormt een reclasseringsadvies voor de rechtszitting. Gebrek aan overeenstemming over de sanctie en bijzondere voorwaarden die worden geadviseerd of de intensiteit van noodzakelijke interventies kan, als dit advies wordt overgenomen door de rechter, resulteren in rechtsongelijkheid. Ten tweede is overeenstemming over de hoofdlijnen van een plan, bijvoorbeeld welke criminogene factoren aangepakt moeten worden, een voorwaarde voor *evidence-based* werken. De plannen van aanpak moeten eenduidig voor zover het de toepassing van inzichten over effectieve recidivereductie betreft.

In de hoofdstukken 3 en 4 zijn twee studies beschreven naar de overeenstemming van reclasseringswerkers over de verschillende onderdelen van een plan van aanpak. Twee willekeurige groepen reclasseringswerkers hebben een plan van aanpak gemaakt voor vier casussen waarin de risicotaxatie gegeven was: een groep van 44 reclasseringswerkers met RISC2 en een groep van 27 reclasseringswerkers met RISC3. De beslissingen van reclasseringswerkers over de onderdelen van het plan zijn geclusterd in globale categorieën. Beslissingen over doelen en interventies zijn bijvoorbeeld geclusterd in zeven categorieën die de aard van de problematiek beschrijven waarop de doelen en interventies zijn gericht (bijvoorbeeld huisvesting, opleiding/werk, verslaving). In deze studies is de overeenstemming over de plannen van aanpak dus op hoofdlijnen gemeten.

In een eerste studie is de overeenstemming bekeken tussen reclasseringswerkers over de plannen van aanpak gemaakt met behulp van RISC2 (hoofdstuk 3). We vonden een matige overeenstemming over (het advies over) de sanctie, bijzondere voorwaarden, de te veranderen criminogene factoren en de interventies. De overeenstemming over de doelen, controlemiddelen en intensiteit van het reclasseringstoezicht was slecht. Ook bleek de ervaring van reclasseringswerkers niet van invloed op de mate van overeenstemming, met uitzondering van de overeenstemming over de te veranderen criminogene factoren. Ervaren reclasseringswerkers hadden onderling een grotere overeenstemming over dit onderdeel van het plan van aanpak dan de minder ervaren reclasseringswerkers.

In een tweede studie, beschreven in hoofdstuk 4, hebben we het onderzoek over de overeenstemming tussen reclasseringswerkers over de onderdelen van het plan van aanpak herhaald, maar in deze studie gebruikten reclasseringswerkers RISC3. Om te onderzoeken of gestructureerde beslissingsondersteuning de overeenstemming over de plannen van aanpak verbetert, is vervolgens de in de RISC3-studie gemeten overeenstemming over de onderdelen van het plan van aanpak vergeleken met de overeenstemming in de RISC2-studie. Voor alle domeinen van het plan van aanpak was de overeenstemming tussen reclasseringswerkers beter bij het gebruik van RISC3 in vergelijking tot RISC2. De overeenstemming bleek vooral beter voor de controlemiddelen die men al dan niet wil inzetten (bijvoorbeeld elektronische controle, controle op alcohol/druggebruik), de doelen (bijvoorbeeld veranderdoelen gericht op verslaving of financiële problemen) en de te veranderen criminogene factoren. Slechts een kleine verbetering werd gevonden voor de overeenstemming over het advies over de sanctie (bv een werkstraf of voorwaardelijke gevangenisstraf) en de interventies (bijvoorbeeld verslavingsbehandeling of hulp bij het oplossen van financiële problemen).

Kwaliteit van de plannen van aanpak en effect op reclasseringstoezicht

In de hoofdstukken 5 en 6 is beschreven in hoeverre de kwaliteit van de plannen van aanpak die gebaseerd zijn op RISC2 verschilt van de kwaliteit van de plannen van aanpak gebaseerd op RISC3. Ook is gekeken naar het effect daarvan op reclasseringstoezicht. De kwaliteit van de plannen van aanpak is gemeten met behulp van zeven criteria die zijn gebaseerd op onderzoek over wat werkt bij het terugdringen van recidive, onderzoek naar afbouw (*desistance*) van delinquent gedrag, en psychologisch onderzoek over gedragsverandering. De criteria waren: (1) voor de aanwezige criminogene factoren worden doelen benoemd in het plan van aanpak; (2) voor de aanwezige criminogene factoren worden interventies benoemd in het plan van aanpak; (3) de intensiteit van het plan sluit aan bij het recidiverisico; (4) de doelen in de plannen van aanpak zijn specifiek; (5) de doelen in de plannen van aanpak zijn positief geformuleerd; (6) de plannen van aanpak bevatten doelen die belangrijk zijn voor de delinquent; (7) de plannen van aanpak zijn gericht op het versterken van sociale bindingen (de theoretische basis voor deze criteria staat toegelicht in hoofdstukken 5 en 6). Deze criteria zijn beoordeeld aan de hand van een willekeurige steekproef van 300 plannen van aanpak gebaseerd op RISC2 en een willekeurige steekproef van 300 plannen van aanpak gebaseerd op RISC3. Vervolgens is gekeken naar de effectiviteit van het toezicht in termen van uitval en doelrealisatie.

In de plannen van aanpak die gemaakt zijn met behulp van RISC2 (hoofdstuk 5) vonden we dat de meeste reclasseringswerkers in het plan beschrijven dat ze een meerderheid van de aangetroffen criminogene factoren van de delinquenten willen beïnvloeden. In een aanzienlijk percentage van de plannen werd dit echter niet vertaald in doelen en interventies. De match tussen de aanwezige criminogene factoren en de

doelen, en de match tussen de aanwezige criminogene factoren en interventies waren vrij laag. De plannen van aanpak hadden een sterke focus op het ingrijpen op cognitieve/gedragsproblematiek (zoals impulsiviteit of probleemoplossend vermogen) en verslaving. Voor delinquenten met criminogene problematiek op het gebied van relaties met partner/gezin, emotioneel welzijn en houding waren in een aanzienlijk deel van de plannen wel interventies opgenomen die kunnen ingrijpen op deze problematiek, maar vaak waren daarbij geen doelen geformuleerd over de beoogde verandering. Als bij de delinquenten problemen waren geconstateerd met de criminogene factoren vrienden, opleiding/werk, financiën en wonen, waren in de meeste plannen geen doelen of interventies opgenomen om iets aan deze problematiek te doen. Dus in een aanzienlijk aantal plannen van aanpak werd relatief weinig aandacht besteed aan het versterken van sociaal kapitaal (relaties met familie / gezin / vrienden; werk) en basis behoeften (wonen; financiën). Uit de analyses van de plannen van aanpak gebaseerd op RISC2 bleek ook dat de correlatie tussen het recidiverisico en de intensiteit van het plan laag was. De aansluiting tussen de doelen in de het plan en de doelen van de delinquent, gemeten met de zelfrapportage in RISC, was minder dan 50% voor de meeste criminogene factoren, met uitzondering van verslaving (75% aansluiting) en cognitieve vaardigheden (60% aansluiting). Een meerderheid van de doelen was matig concreet en positief geformuleerd.

In hoofdstuk 6 zijn we ingegaan op de vraag of het gebruik van RISC3 de kwaliteit van de plannen van aanpak heeft verbeterd in vergelijking tot plannen van aanpak die gebaseerd zijn op RISC2. We vonden een significante verbetering op vijf van de zeven kwaliteitscriteria. In vergelijking tot RISC2 vonden we in de plannen van aanpak gemaakt met behulp van RISC3 een betere aansluiting tussen de criminogene factoren en de doelen, een betere aansluiting tussen de doelen van de delinquent en de doelen in het plan, de doelen waren vaker positief geformuleerd, de plannen waren meer gericht op het versterken van sociale bindingen, en de intensiteit van de plannen sloot beter aan bij de hoogte van het recidiverisico. We vonden geen significante verbetering voor de aansluiting tussen de criminogene factoren en de interventies in het plan, en voor de mate waarin doelen concreet geformuleerd zijn. Wat betreft de criminogene factoren waarop de plannen gericht zijn, bleken de plannen van aanpak die gebaseerd zijn op RISC3 meer in balans. Zowel criminogene problematiek met betrekking tot individueel kapitaal (vaardigheden, houding, verslaving), sociaal kapitaal en basisbehoeften komt in de plannen aan bod.

We hebben ook gekeken naar de mate waarin de plannen van aanpak die veelal zijn ontwikkeld in de adviesfase overgenomen worden in het toezicht. Toezichthouders blijken aanzienlijke veranderingen door te voeren in de plannen van aanpak bij de start van het reclasseringstoezicht, met name wat betreft de doelen in de plannen. In de RISC2-steekproef resulteerden de veranderingen van de toezichthouders in betere plannen van aanpak ten opzichte van de adviseurs: de plannen waren meer gericht

op het versterken van sociale bindingen en bevatten meer positief geformuleerde doelen. Echter, in de RISC3-steekproef was de kwaliteit van de plannen van aanpak in het toezicht slechter dan de oorspronkelijke plannen zoals ontwikkeld met behulp van RISC3. Dit gold met name voor de aansluiting tussen de criminogene factoren en de doelen in het plan, en de aansluiting tussen de doelen van de delinquent en de doelen in het plan. Het vonden kwaliteitsverschil tussen de RISC2-plannen en RISC3-plannen bleek aanzienlijk kleiner bij de start van het toezicht. Ten opzichte van de RISC2-steekproef vonden we in de RISC3-steekproef slechts voor twee kwaliteitscriteria een significante verbetering in de toezichtplannen: een betere aansluiting tussen de criminogene factoren en de doelen, en meer focus op het versterken van sociale bindingen.

We vonden geen significante verschillen tussen de RISC2-steekproef en de RISC3-steekproef in het aantal delinquenten dat het toezicht voortijdig negatief beëindigde vanwege recidive of overtreding van bijzondere voorwaarden, of in de mate van doelrealisatie. We vonden wel lage maar significante samenhang tussen sommige kwaliteitsvariabelen en voortijdig negatieve beëindiging en doelrealisatie. Dat is een indicatie dat betere kwaliteit van de plannen van aanpak, zoals gemeten in dit onderzoek, bij kan dragen aan de effectiviteit van reclasseringstoezicht. Een betere aansluiting tussen de criminogene factoren en de interventies in het plan bleek samen te hangen met minder voortijdige uitval. Doelrealisatie hing samen met een goede aansluiting tussen de criminogene factoren en de doelen en interventies in het plan, de aansluiting tussen de doelen van de delinquent en de doelen in het plan, en een focus op versterken van sociale bindingen.

Bruikbaarheid van RISC3

De mate waarin gestructureerde beslissingsondersteuning de besluitvorming kan verbeteren is onder andere afhankelijk van de bereidheid van reclasseringswerkers om het instrument op de juiste wijze te gebruiken (Haas & DeTardo-Bora, 2009; Mair, Burke, & Taylor, 2006; Miller & Maloney, 2013). Daarom hebben we de opvattingen van reclasseringswerkers over de bruikbaarheid van RISC onderzocht, gericht op het onderdeel in RISC waarin de plannen van aanpak worden ontwikkeld (de indicatiestelling). Opnieuw is daarbij een vergelijking gemaakt tussen RISC2 en RISC3, met behulp van een vragenlijst die is uitgezet onder ruim 250 reclasseringswerkers. Uit deze studie bleek dat de reclasseringswerkers de indicatiestelling in RISC3 als minder bruikbaar beoordelen dan het onderdeel indicatiestelling in RISC2. Reclasseringswerkers vonden RISC3 minder efficiënt dan RISC2, en voelden zich minder prettig of gestimuleerd door het gebruik van RISC3. We vonden geen significante verschillen in het oordeel van reclasseringswerkers over de ondersteuning en leerbaarheid van de onderdelen indicatiestelling in RISC2 en RISC3. Voor beide versies van RISC waren de meeste reclasseringswerkers van mening dat ze voldoende tijd hadden om de analyse en het plan van aanpak te maken.

In 20 interviews hebben we de verschillende beslissstappen die in RISc3 gemaakt moeten worden met reclasseringswerkers (grotendeels adviseurs) besproken. De meeste reclasseringswerkers waardeerden dat ze in RISc3 aan de hand van het risico-profiel van gescreende criminogene factoren beslissen en prioriteren welke factoren aandacht behoeven. Ook werd de werkwijze dat ze per criminogene factor beslissen welke veranderdoelen gerealiseerd moeten worden en welke interventies daarvoor nodig zijn door een aanzienlijk groep reclasseringswerkers als zinvol gewaardeerd. Een deel van de werkers was van mening dat het formuleren van doelen in de adviesfase geen toegevoegde waarde heeft omdat toezichthouders niet naar deze doelen kijken, of omdat vanwege de beperkte tijd in de adviesfase doelformulering een taak is die beter belegd kan worden bij de toezichthouders. De meeste kritiek hadden reclasseringswerkers op de automatische suggesties voor interventies die in RISc3 worden gegeven. Deze suggesties zijn volgens een ruime meerderheid van de reclasseringswerkers in de meeste gevallen niet passend voor een delinquent.

De bevindingen uit de vragenlijst en interviews laten zien dat reclasseringswerkers verschillen in hun mening over de bruikbaarheid van de beslissingsondersteuning in RISc3 voor het ontwikkelen van een plan van aanpak. Een deel van de reclasseringswerkers waardeert dit onderdeel in het instrument als bruikbaar. Het helpt hen om geen zaken over het hoofd te zien, voorkomt tunnel-visie en ondersteunt hen bij het formuleren van een compleet en concreet plan van aanpak dat aansluit bij de taxatie van risico's en criminogene factoren. Reclasseringswerkers die kritiek hadden op de bruikbaarheid van RISc3 waarden over het algemeen een of twee stappen in het instrument maar vinden het instrument in zijn geheel te tijdrovend zonder dat het iets toevoegt aan de visie die zij al hadden over wat nodig is in een specifieke casus. Ze gebruiken het instrument omdat dat van hen gevraagd wordt, maar geven de voorkeur aan de vorige of een simpeler versie. Een enkele reclasseringswerker gaf aan het instrument zo te manipuleren dat ze zo snel mogelijk klaar is, waarna ze het echte plan van aanpak op haar eigen manier formuleert in het adviesrapport.

Algemene conclusie

Als we de bevindingen van de verschillende studies in dit proefschrift naast elkaar leggen, kunnen we concluderen dat gestructureerde beslissingsondersteuning voor plannen van aanpak in RISc3 resulteert in betere plannen van aanpak dan de ongestructureerde besluitvorming over de plannen in RISc2. In vergelijking tot RISc2 is er in de plannen van aanpak die zijn gemaakt met RISc3 meer overeenstemming tussen reclasseringswerkers over de verschillende onderdelen van de plannen, en voldoen deze beter aan een aantal kwaliteitscriteria die zijn ontleend aan empirisch onderzoek over effectief reclasseringswerk. Hoewel een aanzienlijk aantal reclasseringswerkers erg kritisch is over de bruikbaarheid van het instrument, ondersteunt het hen wel om betere plannen van aanpak te maken. De studies hebben niet aangetoond dat een

betere kwaliteit van de plannen van aanpak samenhangt met effectiever reclasserings-toezicht. Dit deel van het onderzoek werd gecompliceerd door de bevinding dat de plannen van aanpak vaak bijgesteld worden bij de start van het toezicht, met name wat betreft de doelen. We vonden geen significante verbetering voor de effectiviteit van het toezicht, gemeten als voortijdig negatieve uitval en doelrealisatie, na de implementatie van RISc3. We vonden echter wel lage maar significante samenhang tussen de variabelen waarmee effectiviteit van toezicht werd gemeten en enkele kwaliteitsvariabelen voor de plannen van aanpak: een goede aansluiting tussen de criminogene factoren en de doelen en interventies in het plan, de aansluiting tussen de doelen van de delinquent en de doelen in het plan, en een focus op versterken van sociale bindingen. Dit impliceert dat een kwaliteitsverbetering van de plannen van aanpak op deze punten kan bijdragen aan de effectiviteit van reclasseringstoezicht.

Discussie

In de volgende paragrafen bespreken we de implicaties van de resultaten van deze studies. Daarbij gaan we eerst in op het effect van gestructureerde beslissingsondersteuning op plannen van aanpak van de reclassering, daarna bediscussiëren we de implicaties van de bevinding dat de plannen van aanpak aangepast worden in de startfase van het toezicht, vervolgens bespreken we het effect van een betere kwaliteit van de plannen van aanpak op het reclasseringstoezicht, en we sluiten af met een discussie over de weerstand van een deel van de professionals tegen gestructureerde beslissingsondersteuning.

Gestructureerde beslissingsondersteuning resulteert in betere plannen van aanpak

Uit het onderzoek is gebleken dat gestructureerde beslissingsondersteuning de kwaliteit van plannen van aanpak van de reclassering verbetert. In onderstaande discussie bespreken we welke componenten van de gestructureerde beslissingsondersteuning in RISc3 bijgedragen kunnen hebben aan deze verbeteringen, en bespreken we mogelijke verklaringen voor de bevinding dat sommige onderdelen van de plannen van aanpak niet zijn verbeterd. Vervolgens bespreken we de implicaties voor de reclasseringspraktijk.

Essentiële stappen in beslissingsondersteuning voor plannen van aanpak van de reclassering

De beslissingsondersteuning voor planvorming in RISc3 bevat verschillende besliss-stappen (zie hoofdstuk 1). Enkele van deze stappen kunnen specifiek hebben bijgedragen aan de verbeteringen in de plannen van aanpak. In de eerste stap moeten reclasseringswerkers beslissen welke criminogene factoren aangepakt moeten worden. Daarbij vormt het profiel uit de risicotaxatie met de conclusies over aanwezige crimino-

gene factoren en de hoogte van het recidiverisico het uitgangspunt. Vervolgens bepalen reclasseringswerkers in de tweede beslisstap per criminogene factor welke doelen gerealiseerd zouden moeten worden en met welke interventies. Het doel van deze twee beslisstappen is dat reclasseringswerkers alle relevante criminogene factoren opnemen in het plan van aanpak en daarmee het ‘needs’ principe van het RNR model te implementeren (Andrews & Bonta, 2010b). Het instrument dwingt reclasseringswerkers niet om alle aanwezige criminogene factoren op te nemen in het plan van aanpak, maar om een expliciete beslissing te nemen over elke criminogene factor. Onze studie laat zien dat een dergelijke strategie effectief kan zijn (zie hoofdstukken 3 en 5). Zonder de beslissingsondersteuning beschreven reclasseringswerkers vaak wel in het plan dat ze de aanwezige criminogene factoren wilden beïnvloeden, maar geregeld werden vervolgens geen doelen of interventies opgenomen in het plan gericht op verandering van deze factoren. Mogelijke verklaringen voor die bevinding zijn dat reclasseringswerkers gericht zijn op verandering van de criminogene factoren die volgens hen het meest direct de oorzaak zijn voor het delinquente gedrag, en dat sommige reclasseringswerkers doelformulering in de plannen van aanpak minder belangrijk vinden (zie hoofdstuk 7). RISC3 helpt om dergelijke omissies te voorkomen omdat reclasseringswerkers voor elke criminogene factor waarvan ze hebben aangegeven dat deze van belang is in een zaak ook een doel en interventie moeten formuleren.

De plannen van aanpak gemaakt met behulp van RISC3 laten een significant betere aansluiting zien met de doelen van de delinquent (gemeten met behulp van de zelfrapportage; zie hoofdstuk 6). RISC3 bevat geen beslisstap waarin reclasseringswerkers expliciet ondersteund worden bij het opnemen van doelen van de delinquent in het plan van aanpak. Wij veronderstellen dat de verbetering van dit kwaliteitscriterium een gevolg is van de betere doelformulering in RISC3 plannen. Toen RISC2 werd gebruikt, was het aantal doelen in de plannen van aanpak relatief laag. Het gemiddeld aantal doelen verdubbelde in de RISC3-plannen. Dit vergroot de kans dat sommige doelen in het plan aansluiten bij de doelen van de delinquent. Uit de interviews met reclasseringswerkers (zie hoofdstuk 7) bleek dat de meeste werkers het belangrijk vinden om in het plan rekening te houden met de doelen en motivatie van de delinquent. Het is aannemelijk dat dit ook de opvatting was in de periode waarin RISC2 in gebruik was. Dus de wijze waarop RISC3 reclasseringswerkers ondersteunt bij het formuleren van doelen in de plannen van aanpak heeft als bijkomend positief effect dat de plannen beter aansluiten bij de doelen van de delinquent.

RISC3 zou onder andere moeten bijdragen aan het verbeteren van de plannen van aanpak door suggesties voor interventies te geven als delinquenten voldoen aan de indicatiecriteria voor een bepaalde interventie. Op grond van de resultaten in dit onderzoek denken we niet dat dit onderdeel in RISC3 heeft bijgedragen aan de verbetering van de plannen van aanpak. In vergelijking met RISC2 is met RISC3 de overeenstemming tussen reclasseringswerkers over de interventies nauwelijks verbeterd (zie hoofdstuk

4), is de aansluiting van de interventies bij de criminogene factoren niet significant verbeterd (zie hoofdstuk 6), en over dit onderdeel gaven reclasseringswerkers aan dat zij de meeste suggesties die in het instrument worden gegeven niet overnemen omdat zij van mening zijn dat deze veelal niet passen bij de casus (zie hoofdstuk 7). Deze bevindingen kunnen op twee manieren verklaard worden: de automatisch gegeven suggesties voor interventies in RISc3 zijn niet juist, of de reclasseringswerkers nemen deze suggesties ten onrechte niet over. We denken dat voor beide verklaringen iets te zeggen is om verschillende redenen.

Ten eerste is het mogelijk dat de automatische suggesties voor interventies in RISc3 niet specifiek genoeg zijn. De suggesties voor erkende gedragsinterventies en voor maatschappelijke dienstverlening worden gegeven als delinquenten aan de vastgestelde inclusiecriteria voldoen (Hildebrand, 2010b). Voor sommige delinquenten worden meerdere interventies gesuggereerd in RISc3 omdat de inclusiecriteria van deze interventies deels overlappen (zie hoofdstuk 7). Dan moeten reclasseringswerkers een keuze maken uit de gesuggereerde interventies, waarbij ze ook beslissen hoeveel interventies ze in willen zetten. Het instrument ondersteunt ze niet bij die keuze omdat daar geen empirische kennis voor beschikbaar is. Daarnaast hebben sommige interventies inclusiecriteria die niet aansluiten bij items in RISc, en daarom niet meegenomen worden in de automatische suggesties (Hildebrand, 2010b). In dat geval moeten reclasseringswerkers overwegen of de interventie daadwerkelijk past bij de kenmerken en mogelijkheden van de delinquent, en betekent een suggestie vanuit het instrument niet per definitie dat deze suggestie ook passend is. Het niet overnemen van een suggestie voor een interventie kan dus een goede keuze zijn (Fischer, Captein, & Zwirs, 2012).

Ten tweede blijkt uit de analyses en interviews dat reclasseringswerkers in veel gevallen kiezen voor behandeling in plaats van een erkende gedragsinterventie. Erkende gedragsinterventies zijn groepstrainingen die worden gegeven door een daarvoor opgeleide reclasseringswerker, gericht op specifieke problematiek zoals gebrekkige cognitieve vaardigheden, verslaving of langdurige werkloosheid. Behandeling omvat een breed spectrum aan interventies die worden aangeboden door de (forensische) geestelijke gezondheidszorg, gericht op emotioneel welzijn, cognitieve vaardigheden of verslaving. Uit de dossiers en interviews blijkt dat reclasseringswerkers vaak behandeling prefereren boven een erkende gedragsinterventie omdat volgens hen de complexiteit van de problematiek van een cliënt vraagt om behandeling, en omdat er in veel behandelinterventies aandacht is voor de combinatie van problemen van de cliënt in plaats van voor een enkel probleem. De keuze voor behandeling bij één instelling zou resulteren in meer continuïteit en consistentie in de aanpak. De suggesties voor maatschappelijke dienstverlening gericht op problemen op het gebied van opleiding, werk of financiën worden vaak niet overgenomen omdat reclasseringswerkers van mening zijn dat de behandeling van persoonlijke/ge gedragsproblematiek een

hogere prioriteit heeft (zie hoofdstuk 7). Het is de vraag in hoeverre deze argumenten terecht zijn. De geestelijke gezondheidszorg werkt met specialisten en verschillende interventies, dus het behandelen van cliënten met problematiek op verschillende gebieden kan ook daar uitgevoerd worden door verschillende professionals. Het is daarom de vraag of de continuïteit van behandeling zoals reclasseringswerkers die verwachten daadwerkelijk geboden wordt. Met een goede regie op het traject zou ook de reclassering in staat moeten zijn om een continu en consistent traject in te richten met een combinatie van gedragsinterventies en begeleiding (als onderdeel van reclasseringstoezicht). Daarnaast laat onderzoek naar afbouw van delinquent gedrag zien dat juist een verbetering van de sociale omstandigheden delinquenten kan helpen om het delinquente gedrag achter zich te laten (Smit, 2007). Interventies die de situatie van de delinquent op het gebied van werk, financiën of sociale relaties versterken, zouden daarom meer prioriteit moeten krijgen.

Ten derde geeft RISC3 alleen suggesties voor behandeling als de noodzaak daarvoor is vastgesteld met behulp van gespecialiseerde diagnostiek en de conclusie daarover is opgenomen in RISC (Hildebrand, 2010b). Vanwege een gebrek aan tijd en middelen komt het in de praktijk regelmatig voor dat de gespecialiseerde diagnostiek niet beschikbaar is bij de afronding van de reclasseringsdiagnostiek. Een suggestie voor behandeling wordt dan niet gegeven in RISC terwijl de reclasseringswerker dit wel noodzakelijk acht en om die reden eventuele andere suggesties niet overneemt. De kwaliteit van de suggesties voor interventies is dus onder andere afhankelijk van de kwaliteit en volledigheid van de informatie die door reclasseringswerker in RISC wordt opgenomen.

Implicaties voor de praktijk

Omdat een gestructureerde beslissingsondersteuning de plannen van aanpak van de reclassering significant verbetert zouden de reclasseringsorganisaties deze werkwijze moeten voortzetten. Wel zijn enkele verbeteringen nodig. De studies in dit proefschrift laten zien dat het gebruik van RISC3 weinig invloed heeft op de interventies die zijn opgenomen in de plannen van aanpak. De automatische suggesties lijken weinig effect te hebben op de beslissingen die reclasseringswerkers daarover nemen. De diversiteit van de cliëntenpopulatie, de grote variatie in mogelijke interventies die elkaar ook deels overlappen, en het feit dat sommige inclusiecriteria niet opgenomen zijn in RISC en dus ook niet meegenomen worden bij de automatische suggesties maken het lastig om een beslissingsondersteunend instrument te ontwikkelen dat specifieke suggesties voor interventies geeft die goed aansluiten bij individuele casuïstiek. Dit onderdeel van het instrument wordt bovendien het minst gewaardeerd door de reclasseringswerker omdat zij de suggesties in de meeste gevallen niet passend vinden. De negatieve beoordeling over dit onderdeel van de RISC3 indicatiestelling kan de algemene beoordeling over de bruikbaarheid van RISC3 negatief beïnvloeden (zie hoofdstuk 7). Vereenvou-

diging van dit onderdeel in RISc3, bijvoorbeeld door geen specifieke suggesties voor interventies meer te geven of het stapsgewijs geven van suggesties (van globaal naar specifiek), kan dit onderdeel van het instrument verbeteren en daarmee de algemene beoordeling van het instrument door reclasseringswerkers¹².

Taakscheiding resulteert in discontinuïteit tussen plannen van aanpak in de adviesfase en de toezichtfase

Een goed plan van aanpak kan alleen bijdragen aan de effectiviteit van het reclasseringstoezicht als het ook wordt uitgevoerd. We hadden verwacht dat de meeste plannen van aanpak uit RISc, veelal ontwikkeld ten behoeve van een advies voor de zitting, uitgevoerd zouden worden gedurende het reclasseringstoezicht. Dit bleek echter niet het geval (zie hoofdstuk 6). We vonden een aanzienlijke discontinuïteit in de plannen van aanpak tussen de adviesfase en de toezichtfase, met name wat betreft de doelen in de plannen. Dit resulteert in discontinuïteit in het traject van de cliënt.

De taakscheiding tussen adviseurs die de risicotaxatie uitvoeren en het plan van aanpak schrijven en de toezichthouders die het reclasseringstoezicht uitvoeren is waarschijnlijk een belangrijke oorzaak voor de gevonden verschillen in de plannen van aanpak in beide fases van het reclasseringstraject. Discontinuïteit in professionals die verantwoordelijk zijn voor een casus brengt het risico met zich mee van onderbrekingen in het traject van een cliënt (Hermanns et al., 2013). Reclasseringswerkers die toezicht houden, ontwikkelen hun eigen visie over de risico's, criminogene factoren en mogelijkheden van de delinquent in plaats van gebruik te maken van de analyse en het plan van hun collega adviseur, en gebruiken hun eigen visie als basis voor het plan van aanpak dat gedurende het toezicht wordt uitgevoerd. In het toezichtplan moeten ze de interventies opnemen die zijn opgelegd als bijzondere voorwaarde bij de sanctie (Programma Redesign Toezicht, 2009), maar de doelen in het plan kunnen ze naar believen wijzigen.

Inconsistentie tussen de plannen van aanpak in de adviesfase en toezichtfase kan mede veroorzaakt worden door verschillen in de taken van adviseurs en toezichthouders, die verschillen in werkwijze en methoden met zich meebrengen. Adviseurs moeten in een korte periode een inschatting maken van de risico's, criminogene factoren, responsiviteit en doelen van de cliënt, gebaseerd op de informatie en indrukken die ze in die periode verkrijgen, en op grond daarvan een plan van aanpak en advies formuleren. In de adviesfase worden reclasseringscliënten verdacht van een

12 Nadat de dataverzameling voor dit proefschrift was afgerond heeft de Nederlandse reclassering dit onderdeel in RISc aangepast. RISc3 geeft nog steeds suggesties voor mogelijke interventies op grond van de items in RISc, maar als reclasseringswerkers de interventie niet overnemen hoeven ze niet meer per suggestie toe te lichten waarom ze deze niet overnemen.

strafbaar feit, maar zijn daarvoor niet veroordeeld. Dat kan voor hen een reden zijn om terughoudend of selectief te zijn in de informatie die ze aan reclasseringswerkers willen geven. Er is voor de reclasseringswerkers in deze fase weinig tijd om een goede werkalliantie op te bouwen. Dit kan een negatieve invloed hebben op de kwaliteit van de informatie die adviseurs hebben om een plan van aanpak te maken, en daarmee op de kwaliteit van het plan van aanpak. Toezichthouders daarentegen werken gedurende een langer traject met de cliënt, waarin ze meer tijd hebben om inzicht te verkrijgen in de risico's, criminogene factoren en responsiviteit van de delinquent en een effectieve werkalliantie op te bouwen. Omdat de delinquent inmiddels veroordeeld is, is deze wellicht meer bereid om informatie te geven en zijn doelen te bespreken met de reclasseringswerker. Mogelijk heeft de toezichthouder een sterkere focus op het methodisch handelen: welke interventies kunnen deze cliënt ondersteunen om te veranderen, wat motiveert de cliënt, welke doelen en interventies zijn realistisch? Dergelijke vragen zijn ook relevant in de adviesfase, maar adviseurs hebben minder tijd en mogelijkheden om deze vragen goed te onderzoeken. Als gevolg daarvan is de toezichthouder beter toegerust om doelen en interventies te prioriteren en daar een passend plan van aanpak voor te formuleren. Dus discontinuïteit tussen advies en toezicht wordt mogelijk niet enkel veroorzaakt door een matige overdracht van het plan van aanpak van de adviseur naar de toezichthouder, maar ook door de wijze waarop het reclasseringswerk georganiseerd is.

Implicaties voor de praktijk

In de Nederlandse reclasseringspraktijk bespreken zowel de adviseur als de toezichthouder de inhoud van het plan van aanpak met de cliënt. Vanuit het perspectief van de cliënt bezien kunnen er aanzienlijke veranderingen optreden in het plan van aanpak als de casusregie over gaat van de adviseur naar de toezichthouder. Dat kan van invloed zijn op de effectiviteit van het toezicht. In verschillende studies is aangetoond dat continuïteit in de activiteiten en het contact een belangrijk kenmerk is van de effectiviteit van een reclasseringstraject. Dit houdt in dat één reclasseringswerker verantwoordelijk is voor de casusregie gedurende het hele traject, inclusief screening/diagnostiek, toezicht en interventies. Deze reclasseringswerker bouwt een effectieve werkalliantie op met de delinquent en organiseert continuïteit en consistentie in de doelen en activiteiten gedurende het hele traject (Holt, 2000; Krechtig & Menger, 2013; McNeill & Whyte, 2007; Partridge, 2004; Turner, 2010). De Nederlandse reclasseringsorganisaties en het Ministerie van Veiligheid en Justitie zouden daarom moeten overwegen om de taakscheiding tussen advies en toezicht op te heffen.

Eén reclasseringswerker verantwoordelijk maken voor het hele reclasseringstraject kan ook bijdragen aan verbetering van de kwaliteit van de diagnostiek en planvorming. In de adviesfase hebben reclasseringswerkers weinig tijd en zijn ze gericht op het uitbrengen van een advies aan het openbaar ministerie, de rechterlijke macht of

het gevangeniswezen. Dat advies hoeft geen gedetailleerd plan van aanpak te bevatten maar kan beperkt blijven tot hoofdlijnen: welk soort interventies zijn nodig (klinische behandeling, behandeling, gedragsinterventie), welke criminogene factoren moeten aandacht krijgen gedurende het reclasseringstoezicht, en wat betekent dit voor het advies over de sanctie en bijzondere voorwaarden. Als het advies overgenomen wordt en er volgt een reclasseringstoezicht, dan kan de toezichthouder verantwoordelijk zijn voor het verder inhoud geven aan het plan van aanpak, in afstemming met de cliënt en met de professionals die de interventies gaan uitvoeren. Daarbij kan indien nodig verdiepende diagnostiek ingezet worden om vast te stellen wat de precieze problematiek van de cliënt is om op grond daarvan een keuze te maken voor de specifieke behandeling of methode die kan bijdragen aan het verminderen van de problematiek. Er is tijd om de doelen, motivatie, mogelijkheden en beperkingen van de delinquent goed in kaart te brengen en mee te nemen bij de planvorming. Ook kan in het plan aangegeven worden wanneer welke doelen of interventies achtereenvolgens centraal moeten staan in het traject omdat het veelal niet haalbaar is om aan alle doelen of problemen tegelijkertijd te werken. Door één reclasseringswerker verantwoordelijk te maken voor zowel de hoofdlijnen van het plan in de adviesfase als de verdere invulling daarvan in het toezicht wordt de kans op een consistent en continu reclasseringstraject groter.

Het effect van betere plannen van aanpak op reclasseringstoezicht

Een van onze doelen was om te onderzoeken of de kwaliteit van de plannen van aanpak bij kan dragen aan de effectiviteit van het reclasseringstoezicht. Uitval en doelrealisatie zijn daarbij als proxy maten gebruikt voor effectiviteit, en op grond van theorie zijn zeven criteria geformuleerd om de kwaliteit van de plannen van aanpak in kaart te brengen. Deze kwaliteitscriteria zijn gebaseerd op theorieën over effectieve rehabilitatie: het RNR model, wetenschappelijke kennis over afbouw van delinquent gedrag, en psychologische inzichten over de relevantie van doelformulering voor gedragsverandering. In dit onderzoek (zie hoofdstuk 6) konden we niet aantonen in hoeverre plannen van aanpak die beter voldoen aan de theoretische kwaliteitscriteria bij kunnen dragen aan de effectiviteit van het toezicht. Een van de problemen die we daarbij tegenkwamen was dat de plannen van aanpak zoals ontwikkeld in RISc niet onveranderd uitgevoerd werden. De significante verbeteringen in de plannen van aanpak gemaakt met RISc3 werden deels teniet gedaan in toezicht. Bij een analyse van de kwaliteitsverschillen in de plannen van aanpak bij de start van het reclasseringstoezicht vonden we maar kleine verschillen tussen de toezichtsplannen in de RISc2- en de RISc3-steekproef. Mede vanwege de kleine verschillen tussen de toezichtsplannen werden geen significante verschillen gevonden in uitval of doelrealisatie tussen de RISc2- en RISc3 steekproef. Toen we alle gevallen van de twee steekproeven samen namen vonden we echter wel lage maar significante correlaties tussen enkele kwaliteitscriteria en de effectiviteit van het toezicht (in termen van uitval en doelrealisatie).

Deze resultaten impliceren dat de kwaliteitscriteria uit dit onderzoek relevant kunnen zijn voor de effectiviteit van het reclasseringstoezicht. Dat geldt vooral voor de criteria die zijn gebaseerd op het ‘needs’ principe (de aansluiting tussen de criminogene factoren en de doelen en interventies in het plan) en het responsiviteit principe (de aansluiting tussen de doelen van de delinquent en de doelen in het plan), en voor het criterium dat is gebaseerd op onderzoek over afbouw van delinquent gedrag (versterken van sociale bindingen). We vonden geen significante correlatie tussen het risicobeginsel (de intensiteit van het plan sluit aan bij de hoogte van het recidiverisico) en de effect variabelen. Dit is consistent met de bevindingen van Andrews en Dowden (2006). In een meta-analyse van 225 onderzoeken vonden zij slechts beperkte steun voor het risico principe. Het risico principe bleek vooral bij volwassen delinquenten vrij zwak. Andrews en Dowden concludeerden op grond van hun analyse dat het risico principe in zichzelf geen groot effect lijkt te hebben maar vooral bijdraagt aan effectiviteit van een traject als het gecombineerd wordt met het ‘needs’ principe en responsiviteit principe.

Doelformulering (specifieke en positief geformuleerde doelen) bleek niet significant samen te hangen met de effectiviteit van reclasseringstoezicht. Deze criteria zijn gebaseerd op algemene psychologische inzichten over gedragsverandering (Emmons, 1996; Klinger & Cox, 2011; Locke & Latham, 2002). Er is weinig onderzoek gedaan naar de relevantie van deze criteria voor de reclasseringspraktijk. Mogelijk is doelformulering minder relevant of werkt het anders in een reclasseringssetting, maar op grond van dit onderzoek zou het prematuur zijn om daar al conclusies over te formuleren. Een mogelijke verklaring voor onze bevinding kan zijn dat de doelformuleringen uit het plan van aanpak niet feitelijk gebruikt worden gedurende het toezicht. Er kan alleen een positief effect verwacht worden van het werken met concrete en positieve doelen als deze actief besproken en geëvalueerd worden met de delinquent gedurende het toezicht. Hoewel we niet hebben onderzocht welke rol de doelen uit de plannen van aanpak spelen in de gesprekken tussen toezichthouders en hun cliënten, bevatten de reclasseringsdossiers waarin ook gespreksverslagen van het toezicht zijn opgenomen maar beperkt informatie over doelen en doelrealisatie (zie hoofdstuk 6). Dit gebrek aan informatie kan een indicatie zijn dat de doelen uit het plan veelal niet besproken en geëvalueerd worden met de cliënt.

Een van de maten voor effectiviteit van het reclasseringstoezicht in deze studie was uitval. We vonden dat uitval significant samenhangt met slechts één van de zeven kwaliteitscriteria uit dit onderzoek, namelijk de aansluiting van de criminogene factoren en interventies. Onderzoek over uitval uit reclasseringstoezicht laat zien dat uitval het hoogst is voor delinquenten met een hoog recidiverisico, en dat risicofactoren voor uitval overlappen met risicofactoren voor criminele recidive (Hildebrand, Hol, & Bosker, 2013; Olver, Stockdale, & Wormith, 2011). Op grond daarvan kan verwacht worden dat het verbeteren van risicofactoren voor recidive - de focus in de plannen van aanpak van

de reclassering - ook een positief effect heeft op de risicofactoren voor uitval en dus op de mate van uitval. Het veranderen van risicofactoren kost echter tijd, terwijl uitval plaatsvindt vanaf de start van het toezicht als nog geen veranderingen in risicofactoren gerealiseerd zijn. Dus hoewel risicofactoren voor uitval overlappen met de criminogene factoren die onderdeel uitmaken van het plan van aanpak, kan het zijn dat beperken van uitval grotendeels beïnvloed wordt door andere aspecten van het reclasseringstoezicht. Kwalitatief onderzoek naar uitval laat zien dat preventie van uitval vooral gerelateerd is aan een positieve relatie tussen de delinquent en de toezichthouder, een toezichthouder die anticipeert op mogelijkheden en beperkingen van de delinquent, die eventuele obstakels in het toezicht helpt oplossen, en die de delinquent zodanig helpt en ondersteunt dat deze het toezicht als waardevol ervaart (McCulloch, 2010; Ugwudike, 2010). Deze bevindingen impliceren dat niet alleen de kwaliteit van de plannen van aanpak maar vooral de kwaliteit van de uitvoering van het reclasseringstoezicht van invloed is op uitval. Wellicht is uitval minder relevant als maat voor het effect van de kwaliteit van plannen van aanpak op de effectiviteit van reclasseringstoezicht.

Implicaties voor de praktijk

De bevindingen in deze studie ondersteunen de relevantie van het 'needs' principe, van het versterken van sociale bindingen, en van de betrokkenheid van delinquenten bij de formulering van de doelen in het reclasseringstoezicht. Hoewel met name het 'needs' principe en de relevantie van het versterken van sociale bindingen geïntegreerd zijn in het beleid en de methodiek van de reclasseringsorganisaties, is het belangrijk dat reclasseringswerkers deze kennis ook daadwerkelijk gebruiken en begrijpen waarom dat van belang is. Dat is blijkbaar niet vanzelfsprekend omdat deze inzichten maar beperkt gebruikt werden in de plannen van aanpak toen RISC2 in gebruik was, en toen RISC3 in gebruik werd genomen deze inzichten regelmatig niet toegepast werden in toezichtplannen (zie hoofdstukken 5 en 6). Ondersteunen van de vertaling van deze kennis naar de dagelijkse werkpraktijk door gebruik van een instrument voor beslissingsondersteuning (zoals RISC3) volstaat hier niet. In opleidingen voor reclasseringswerkers zouden de theorie en empirische bevindingen over het RNR model en afbouw van delinquent gedrag (*desistance*) meer aan de orde moeten komen. Ook zou het management van de reclassering periodieke supervisie voor reclasseringswerkers, gericht op het toepassen van theorie en empirisch onderzoek in de praktijk, moeten ondersteunen. Daarnaast zouden reclasseringsorganisaties actiever gebruik moeten maken van methodieken of interventies gericht op versterking van sociale bindingen (Fischer, Captein, & Zwirs, 2012; Vogelvang & Van Alphen, 2010). Hoewel het versterken van sociaal kapitaal een belangrijke strategie is voor de afbouw van delinquent gedrag (McNeill & Whyte, 2007), zijn de meeste interventies en behandelprogramma's voor volwassen delinquenten in Nederland gericht op het versterken van individueel kapitaal (vaardigheden, kennis, attitudes).

Betrokkenheid van delinquenten bij de inhoud van het toezicht is een thema dat in toenemende mate aandacht heeft. Het opnemen van doelen van de delinquent in het plan van aanpak zou delinquenten meer motiveren om mee te werken aan het toezicht, en kan daarom beschouwd worden als een manier om de responsiviteit voor interventies in het toezicht te versterken (Bonta & Andrews, 2003). In het recent ontwikkelde Good Lives Model voor de rehabilitatie van delinquenten worden de doelen die delinquenten nastreven in hun leven beschouwd als de basiscomponenten voor het plan van aanpak (Ward, 2010). Tevens is overeenstemming over de doelen een belangrijk kenmerk van een effectieve werkalliantie tussen de delinquent en de reclasseringswerker (Menger & Donker, 2013). Verhelderen van de doelen van de delinquent en vergroten van de overeenstemming over doelen in het plan van aanpak is een belangrijke taak voor reclasseringswerkers. De interviews met de reclasseringswerkers (zie hoofdstuk 7) lieten zien dat veel reclasseringswerkers proberen om doelen van de delinquent op te nemen in het plan of rekening te houden met de motivatie van de delinquent. Toch lijken de plannen van aanpak met name bepaald te worden door wat de reclasseringswerkers belangrijk vinden (zie hoofdstuk 5). Ons onderzoek van de reclasseringsdossiers impliceert bovendien dat de meeste reclasseringswerkers niet periodiek de doelen in het toezicht met hun cliënt evalueren. Structureel betrekken van de delinquenten bij het formuleren van het plan van aanpak en periodieke evaluatie van de voortgang daarvan zou verbeterd moeten worden, en kan de effectiviteit van het toezicht verbeteren.

Professionaliteit en gestructureerde beslissingsondersteuning

Het reclasseringswerk is de afgelopen tien jaar in toenemende mate gestructureerd. Een betere implementatie van *evidence-based* kennis in de dagelijkse werkpraktijk was daarbij een belangrijke doelstelling. De introductie van RISC en erkende gedragsinterventies zijn voorbeelden van deze ontwikkeling. De resultaten van de onderzoeken in dit proefschrift laten zien dat een deel van de reclasseringswerkers moeite heeft met deze ontwikkeling. Reclasseringswerkers zijn kritisch over de gestructureerde beslissingsondersteuning in RISC voor plannen van aanpak, en een deel van hen gaf aan dat ze hun werk zonder dit instrument net zo goed of zelfs beter kunnen uitvoeren (zie hoofdstuk 7). De analyses van plannen van aanpak die zijn gemaakt zonder deze vorm van beslissingsondersteuning laten echter zien dat de kwaliteit van deze plannen lager is. Veel toezichthouders passen de plannen van aanpak aan zonder daarbij gebruik te maken van gestructureerde risicotaxatie, maar op grond van hun ongestructureerde professionele oordeel. Als we uitgaan van informatie in de dossiers, lijken veel toezichthouders bovendien weinig planmatig te werken: ze formuleren weinig of geen doelen in het toezicht, en evalueren niet tussentijds of bij afsluiting van het toezicht of veranderdoelen gerealiseerd zijn.

Deze bevindingen zijn niet uniek voor de Nederlandse reclasseringsorganisaties. Verschillende onderzoeken hebben aangetoond dat professionals in sectoren zoals het

(forensisch) sociaal werk, psychologie of de medische sector vaak kritisch zijn over of geen gebruik maken van gestructureerde methoden of instrumenten die zijn ontwikkeld om een *evidence-based* praktijk te bevorderen (Keijzers, Vissers, Hutschemaekers, & Witteman, 2011; Mair et al., 2006; Persson & Svensson, 2011). Daar kunnen verschillende redenen voor zijn. Een eerste reden is een gebrek aan kennis over relevante wetenschappelijke inzichten en empirische bevindingen waardoor deze kennis niet in praktijk wordt gebracht (Dawes et al., 1989). In Nederland hebben reclasseringswerkers veelal geen academische opleiding gevolgd, en zijn ze niet geschoold in het gebruiken en interpreteren van wetenschappelijke artikelen. Scholing ten behoeve van de implementatie van nieuwe methodieken of instrumenten is vaak primair gericht op de toepassing of uitvoering van de methode, en veel minder op de achtergronden en empirische basis daarvan. Bovendien is *evidence-based* werken in de Nederlandse reclassering geïmplementeerd met een grote nadruk op en geloof in methodieken en instrumenten terwijl het belang van professioneel handelen en de context waarin de methoden en instrumenten worden ingezet onderbelicht bleven (Menger & Donker, 2012; Miller & Maloney, 2013). Een tweede reden voor het niet gebruiken van methodieken of instrumenten voor beslissingsondersteuning is dat professionals hun casus als uniek beschouwen en een methodiek die is ontwikkeld op grond van de gemiddelde kenmerken van een bepaalde groep niet geschikt achten voor de specifieke casus (Dawes et al., 1989; Keijzers et al., 2011). Reclasseringswerkers kunnen van mening zijn dat een instrument of protocol niet alle details en kenmerken van een specifieke casus afdekt en daarom hun professionele visie een groter gewicht geven. Dit is echter een misvatting omdat *evidence-based* instrumenten of protocollen een groot aantal individuele, unieke gevallen integreren. Deze geconcentreerde kennis is relevant in een individuele situatie. Ten derde hebben professionals vaak een sterk geloof in de kwaliteit van hun eigen visie. Een deel van de reclasseringswerkers gaf aan dat zij al een plan van aanpak ontwikkelen gedurende de fase van screening en diagnostiek. Dan kan het voor hen moeilijk zijn om in een latere fase die visie nog bij te stellen. Het is echter bekend dat professionals (en mensen in het algemeen) de neiging hebben om te zoeken naar informatie die hun visie bevestigt en informatie die deze visie ontkracht te negeren (de zogenaamde *confirmation bias*; Hardman, 2009). Bovendien is het in praktijken zoals de reclassering lastig om feedback te krijgen over genomen beslissingen, waardoor het moeilijk is om van eventuele fouten te leren (Dawes et al., 1989; Tracey et al., 2014). Ten vierde kan weerstand tegen gestructureerde beslissingsondersteuning veroorzaakt worden door contextuele problemen zoals tijdgebrek of een gebrek aan ondersteuning door het management (Fitzgibbon, 2007; Miller & Maloney, 2013). Ook in ons onderzoek werden dergelijke redenen genoemd (zie hoofdstuk 7). Ten vijfde is voor instrumenten zoals RISc de interface tussen de technologie en de professional belangrijk voor de acceptatie van een computerprogramma (Galanter & Patel, 2005; Miller & Maloney, 2013). Enkele reclasseringswerkers noemden ICT-problemen met het

programma RISC als een bron van irritatie. Dergelijke problemen kunnen resulteren in een negatieve beoordeling van het instrument in het algemeen.

Implicaties voor de praktijk

De implicaties voor de praktijk hebben betrekking op *evidence-based* werken in het algemeen en het gebruik van gestructureerde beslissingsondersteuning in het bijzonder. Enkel het gebruik van een instrument voor beslissingsondersteuning is uiteraard niet voldoende om de reclasseringspraktijk te verbeteren. Een dergelijk instrument moet gebruikt worden door professionals die de kennis waarop het instrument is gebaseerd kennen en onderschrijven, die in staat zijn om het instrument in de praktijk te gebruiken, en die de conclusies/resultaten van het instrument integreren met hun praktijkkennis. De bevindingen in deze studie geven de indruk dat reclasseringswerkers niet altijd gebruik maken van de beschikbare *evidence-based* kennis, mogelijk omdat ze daar niet bekend mee zijn of omdat ze de kennis niet relevant vinden voor hun (actuele) werk. Het professioneel handelen van reclasseringswerkers kan worden verbeterd door beter gebruik te maken van de beschikbare *evidence-based* kennis over hun vakgebied (Menger & De Jonge, 2013). Het is belangrijk dat reclasseringswerkers toegang hebben tot deze kennis via opleidingen of media zoals vaktijdschriften, het intranet of factsheets. Dat is echter niet voldoende. Passieve kennisoverdracht leidt niet tot ander gedrag van professionals (Galanter & Patel, 2005). Reclasseringswerkers zouden gestimuleerd moeten worden om gebruik te maken van deze kennis. Daarom moet periodiek scholing van professionals om verdiepende kennis op te doen gecombineerd worden met een organisatiecultuur waarin het gebruik van *evidence-based* kennis en een goede implementatie en gebruik van methodieken en instrumenten ondersteund wordt. Het STICS project in Canada kan daarvoor een inspirerend voorbeeld zijn. In dit project worden reclasseringswerkers getraind en gecoacht bij het toepassen van de principes van het RNR model. In vergelijking met een controlegroep bleken de reclasseringswerkers in het STICS project deze principes beter toe te passen in hun dagelijks werk (Bonta, Bourgon, Rugge, Scott, Yessine, Gutierrez, & Li, 2011).

De positieve resultaten voor het gebruik van gestructureerde beslissingsondersteuning, waaronder de resultaten in dit proefschrift, zouden reclasseringswerkers moeten overtuigen van het voordeel van het gebruik van dergelijke instrumenten. Het management zou niet toe moeten geven aan reclasseringswerkers die zeggen dat ze net zo goed zonder een instrument kunnen werken omdat ze ervaren professionals zijn. Beoordelingsfouten zoals te veel overtuigd zijn van het eigen gelijk (*overconfidence*) of een tunnelvisie overkomt ook de meest gekwalificeerde professionals (Hardman, 2009; Witteman & Kunst, 1999). Het gebruik maken van dergelijke instrumenten betekent echter niet dat professionals blind de resultaten van een instrument moeten volgen. RISC3 resulteert niet automatisch in een volledig en perfect plan van aanpak. De suggesties die het instrument geeft worden bovendien grotendeels gebaseerd op

de informatie die de reclasseringswerkers erin stoppen, en dus door de kwaliteit van het onderzoek van de werker. Het taxeren van risico's en criminogene factoren, en het besluiten over plannen van aanpak is een verantwoordelijkheid van de professional die ondersteund en verbeterd kan worden met maar niet overgenomen kan worden door een instrument. Elke beslisstap moet correct maar kritisch worden genomen, waarbij zowel *evidence-based* kennis als ervaringskennis gebruikt moeten worden om de gegeven suggesties te beoordelen. Onze bevindingen dat een aanzienlijk deel van de reclasseringswerkers RISC op een kritische wijze gebruikt is daarom positief.

Kanttekeningen en aanbevelingen voor vervolgonderzoek

Kanttekeningen bij het onderzoek

De studies in dit proefschrift zijn uitgevoerd in de reguliere reclasseringspraktijk. Het voordeel daarvan is dat de bevindingen een zo goed mogelijke afspiegeling zijn van het dagelijkse gebruik, de sterke kanten en beperkingen van het instrument dat onderwerp van onderzoek was. Een dergelijke aanpak heeft echter ook beperkingen.

Geen gecontroleerd design. In het onderzoek worden twee versies van het instrument RISC met elkaar vergeleken. De data voor de onderzoeken over RISC2 zijn verzameld in de periode voor de implementatie van RISC3, de data over RISC3 een aantal maanden na de implementatie van RISC3. Ontwikkelingen gedurende de tijdspanne tussen de metingen kunnen van invloed zijn geweest op de resultaten, bijvoorbeeld door veranderingen in het beleid, de organisatie of de context van de reclassering. Omdat RISC3 in een korte periode landelijk werd geïmplementeerd, was het niet mogelijk om te controleren voor dergelijke invloeden door bijvoorbeeld te werken met een controlegroep. We hebben geprobeerd om deze invloeden te beperken door de periode tussen de metingen zo kort mogelijk te houden, en er zijn voor zover we weten in de betreffende periode geen grote beleidswijzigingen geweest.

Kwaliteitscriteria voor plannen van aanpak. In onze studie hebben we de kwaliteit van de plannen van aanpak gemeten met behulp van zeven criteria. De keuze voor deze criteria is deels gestuurd door de beschikbare informatie, waardoor een aantal mogelijk relevante criteria afvielen. Een belangrijk principe van het RNR model, het responsiviteit principe, is bijvoorbeeld maar beperkt meegenomen omdat de reclasseringsdossiers en plannen van aanpak weinig informatie bevatten over responsiviteit. Alleen motivatie van de delinquent voor het plan is meegenomen (de mate waarin het plan van aanpak aansluit bij de doelen van de delinquent) als een aspect van responsiviteit (Covell & Wheeler, 2011). Ook konden we niet beoordelen in hoeverre de interventies in de plannen van aanpak bewezen effectief zijn voor het terugdringen van recidive, omdat dit van de meeste interventies die in de plannen staan opgenomen niet bekend is.

Kwaliteit van de data. Een aanzienlijk deel van het onderzoek is gebaseerd op reclasseringsdossiers. De kwaliteit en volledigheid van de informatie in de dossiers

was wisselend, met name wat betreft de doelen waaraan werd gewerkt gedurende het reclasseringstoezicht. Ook de evaluaties ten aanzien van doelrealisatie bij de afsluiting van het toezicht variëren in beschikbaarheid en volledigheid, waardoor we deels terug moesten vallen op gespreksaantekeningen. Tevens was niet van alle interventies die werden uitgevoerd door derden duidelijk wat daarin precies aan de orde kwam, waardoor het soms lastig was om te beoordelen aan welke criminogene factoren in de betreffende interventie werd gewerkt. Dit is van invloed geweest op de kwaliteit van de metingen en kan daardoor ook de analyses hebben beïnvloed.

Effectiviteit van reclasseringstoezicht. In het onderzoek hebben we onder andere gekeken of de kwaliteit van de plannen van aanpak van invloed is op de effectiviteit van het toezicht. Dit deel van het onderzoek kent verschillende beperkingen. Ten eerste werden de plannen van aanpak uit RISC in toezicht veelal niet uitgevoerd zoals ontwikkeld, waardoor we het effect van deze RISC-plannen op het toezicht niet konden meten. Ten tweede was het vanwege de beperkte tijdspannen van het onderzoek niet mogelijk om recidive te gebruiken als een maat voor effectiviteit van het toezicht. Ten derde konden we verschillende variabelen die van invloed zijn op de effectiviteit van reclasseringstoezicht niet in het onderzoek betrekken, zoals de effectiviteit van de ingezette interventies, de kwaliteit van de werkaliantie tussen de delinquent en reclasseringswerker, en ontwikkelingen in de directe leefomgeving van de delinquent. Om deze redenen konden we de onderzoeksvraag over het effect van de eventuele kwaliteitsverbetering in de plannen van aanpak door gebruik van RISC3 op het reclasseringstoezicht niet beantwoorden.

Aanbevelingen voor vervolgonderzoek

Discontinuïteit tussen advies en toezicht en planmatig werken. Een onverwachte bevinding in dit onderzoek betrof de aanzienlijk wijzigingen die toezichthouders aanbrengen in de plannen van aanpak die zijn ontwikkeld door hun collega adviseurs. Het was in deze studie niet mogelijk om te onderzoeken welke redenen toezichthouders hebben om deze wijzigingen door te voeren. Onze bevindingen roepen bovendien de vraag op welke rol de plannen van aanpak spelen gedurende het toezicht. In een deel van de dossiers was weinig informatie te vinden over de uitvoering en evaluatie van de plannen. Dat kan administratieve oorzaken hebben, maar het kan ook betekenen dat de plannen van aanpak weinig gebruikt worden gedurende het toezicht en reclasseringswerkers vooral reageren op wat er in het dagelijks leven van de delinquent gebeurt. Meer kennis over de redenen waarom plannen van aanpak worden gewijzigd in de startfase van het toezicht en over de rol die de plannen gedurende het toezicht spelen, kan helpen om verbeteringen door te voeren in zowel de planvorming als de uitvoering daarvan.

Prioriteren criminogene factoren. De meeste reclasseringscliënten hebben problemen op verschillende gebieden. Sommigen functioneren zelfs op alle criminogene factoren die door de reclassering in kaart worden gebracht slecht. Dit betekent dat reclasseringswerkers moeten beslissen welke problematiek prioriteit heeft. In

de praktijk kiest men er veelal voor om in eerste instantie te werken aan versterking van het persoonlijk functioneren van de delinquent (afbouw verslaving, psychisch functioneren, cognitieve en sociale vaardigheden), terwijl praktische en contextuele problemen (huisvesting, werk, sociaal netwerk) niet of pas in latere instantie aandacht krijgen. Bij die keuze kunnen reclasseringswerkers echter nauwelijks putten uit wetenschappelijke evidentie over de vraag welke criminogene factoren prioriteit zouden moeten krijgen in welke casus. Meer kennis daarover kan inzicht in het proces van afbouw van delinquent gedrag vergroten, en de effectiviteit van het reclasseringswerk kunnen verbeteren.

Effectiviteit van reclasseringstoezicht. Al eerder is toegelicht dat we de onderzoeksvraag over de meerwaarde van betere planvorming op het reclasseringstoezicht niet konden beantwoorden. Meer onderzoek over deze vraag is relevant voor de reclasseringspraktijk. Hoewel daar nog weinig naar is gedaan, laat Canadees onderzoek zien dat plannen van aanpak die aansluiten bij de RNR principes de effectiviteit van het reclasseringswerk in termen van recidivereductie kunnen verbeteren (Luong & Wormith, 2011; Peterson-Badali, Skilling, & Haqanee, 2014), al blijken de resultaten te verschillen per doelgroep (Vitopoulos, Peterson-Badali & Skilling, 2014). Meer onderzoek over het effect van de kwaliteit van plannen van aanpak op de effectiviteit van reclasseringstoezicht kan reclasseringswerkers helpen om hun besluitvorming daarover te verbeteren. Dergelijk onderzoek zou behalve doelrealisatie ook recidive als effectmaat moeten meenemen, en zo mogelijk zouden persoonlijk, relationele en contextuele invloeden van de delinquent en reclasseringswerker meegenomen moeten worden in de analyse.

Tot slot

Besluitvorming over plannen van aanpak voor delinquenten gericht op het verlagen van de recidivekans en het bevorderen van re-integratie in de samenleving is niet eenvoudig. Verschillende variabelen spelen daarbij een rol, zoals de kenmerken en motivatie van de delinquent, zijn sociale context, de sanctie en juridische beperkingen, en de beschikbare interventies. In dergelijke complexe beslistaken gebeurt het regelmatig dat professionals belangrijke informatie over het hoofd zien of zich te veel richten op specifieke informatie of oplossingen. Dan kan gestructureerde beslissingsondersteuning professionals ondersteunen bij het nemen van betere beslissingen. Instrumenten voor beslissingsondersteuning bevatten *evidence-based* kennis waardoor het gebruik van een dergelijk instrument de toepassing van deze kennis in de dagelijkse werkpraktijk kan bevorderen. Dat betekent niet dat de professionals geen rol meer spelen in de besluitvorming. Zorgvuldig gebruik van instrumenten houdt in dat de uiteindelijke beslissing wordt genomen in een interactie tussen de professional, het instrument en de delinquent, waarbij *evidence-based* kennis en *practice-based* kennis gecombineerd worden.

De bevindingen in de onderzoeken in dit proefschrift laten zien dat de ontwikkeling van een dergelijk instrument niet eenvoudig is. Het instrument dat onderwerp van onderzoek was in dit proefschrift ondersteunt de kwaliteit van de planvorming, maar vraagt op onderdelen om verbetering. Bovendien blijkt een aantal reclasseringswerkers dat werkt met RISc3 zeer kritisch over het instrument. Een kritische houding ten aanzien van het instrumentarium is goed, omdat dit de reclasseringsorganisaties kan helpen om het instrument te verbeteren. Maar een te kritische houding kan omslaan in weerstand en slecht gebruik van het instrument waardoor onvoldoende geprofiteerd wordt van de meerwaarde ervan. Onze bevindingen suggereren dat de Nederlandse reclasseringsorganisaties zich zouden moeten richten op verbetering van het besluitvormingsproces over plannen van aanpak in een constructieve dialoog tussen reclasseringswerkers (*practice-based* kennis) en wetenschappelijke inzichten (*evidence-based* kennis).

Dankwoord



Na mijn studie sociologie heb ik er bewust voor gekozen om niet te gaan promoveren. Ik wilde liever de praktijk in en werd beleidsmedewerker. Als beleidsmedewerker maakte ik veelvuldig gebruik van onderzoek van anderen, maar deed ik zelf geen onderzoek meer. Met het uitvoeren van dit promotieonderzoek heb ik weer ontdekt hoe leuk het is om onderzoek te doen. De uitvoering van dit onderzoek bood me de kans om verouderde kennis weer op te halen en uit te bouwen, en om nieuwe boeiende kennisbronnen op het gebied van beslissen te exploreren. Ook gaf het me de kans om nieuwe wegen in te slaan door mijn functie als beleidsmedewerker bij Reclassering Nederland in te ruilen voor die van onderzoeker en docent. Hoewel een promotietraject naast een baan en gezin veel vraagt, heb ik de afgelopen jaren als een grote verrijking ervaren.

Deze weg had ik niet kunnen gaan zonder de steun en stimulans van een aantal mensen. Ten eerste Anneke Menger, lector Werken in Justitieel Kader bij Hogeschool Utrecht. Zij heeft mij gestimuleerd om te gaan promoveren, daar ook de randvoorwaarden voor gecreëerd, en zij heeft mij gedurende het onderzoek waardevolle feedback gegeven. Zonder haar continue steun en geloof in een goede afloop was dit onderzoek niet tot stand gekomen. Dat geldt ook voor Olav Etman (destijds hoofd beleid) en Sjef van Gennip (algemeen directeur) van Reclassering Nederland. Zij hebben mij als beleidsmedewerker de kans gegeven om te gaan promoveren. En hoewel ik gedurende de promotie van Reclassering Nederland ben overgestapt naar Hogeschool Utrecht, verwacht ik ook vanuit deze functie bij te kunnen blijven dragen aan de versterking en verdere professionalisering van het reclasseringswerk.

Dit onderzoek was niet mogelijk geweest zonder de medewerking van de drie reclasseringsorganisaties die verantwoordelijk zijn voor het reclasseringswerk voor volwassen delinquenten in Nederland: Reclassering Nederland, Stichting Verslavingsreclassering GGZ en het Leger des Heils Jeugdzorg & Reclassering. Ik wil het management van deze organisaties bedanken voor hun medewerking, en de reclasseringswerkers voor hun actieve deelname in het onderzoek. Zij hebben daar tijd voor vrij gemaakt in een periode waarin de druk op de reclassering steeds groter werd en tijd steeds schaarser. Ik hoop dat de resultaten van dit onderzoek bijdragen aan verbetering van de reclasseringspraktijk, zodat zij hun tijd goed besteed weten.

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Publications



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Curriculum vitae



Curriculum vitae

Jacqueline Bosker was born on July 31, 1968 in Groenlo, the Netherlands. After finishing high school she studied sociology at the University of Nijmegen and obtained her Doctoral degree in 1993. During her study she focused on social economic theme's and structural inequality. She started working as a research assistant at the Eindhoven University of Technology and BSO Origin, in a study about a management decision tool. From 1995 to 1999 she worked as a policy advisor at the Institute for Women and Labour, afterward merged with other organizations into E-Quality, a knowledge center for gender and ethnicity. In line with the topic of interest during her study, she worked on issues like the position of women at the labour market, unequal payment and the combination of labour and care.

In 1999 Jacqueline changed her career into the field of forensics and started working as a policy advisor for the Dutch Probation Service. She was responsible for the development and implementation of several tools for risk and needs assessment. She participated in a large project of the ministry of justice to translate and implement the so-called what works principles in the Dutch probation and prison services. And she developed general strategic policy about assessment and advise tasks by the probation services. Since 2008 she participated in a research group for studies about working with mandatory clients, at the knowledge center for social innovation of the University of Applied Sciences Utrecht. First in combination with her job at the probation service and since 2012 full-time. She is a co-author of a book about the methodology of forensic social work. And she is co-developer, teacher and co-ordinator of a recently started professional master for forensic social professionals.

