

CHAPTER FOUR: DISCUSSION

Reliability

Reliability refers to the consistency of a measurement. The reliability of the CNI was established by measuring the degree to which it produced similar results when administered to the same person on two occasions by different assessors. This type of reliability is called test-retest reliability (it also incorporates inter-rater reliability).

Test-retest reliability of 82.7% was found for the CNI when administered to the same offender by different assessors' two weeks apart. Assessors were required to make a total of 2130 decisions regarding the acceptance or rejection of criminogenic needs. In 1762 of these decisions (82.7%), both assessors made the same choice.

The test-retest reliability of the CNI compares favourably to other established measures. The LSI-R, for example, reports a test-retest (including inter-rater) reliability of 88% (Andrews, 1982). Compared to the LSI-R, the CNI requires a greater complexity of clinical decision making and gathers considerably more data on a larger set of criminogenic needs. **Given the CNI's advancement in sophistication over the LSI-R, the achievement of a comparative test-retest reliability figure is very encouraging.** Unfortunately the IOM behavioural interview assessment model has not reported reliability statistics. However it would be expected that the lack of clear guidelines and uncertainty surrounding the behavioural interview assessment structure would most likely produce a notably inferior degree of reliability.

It is important to note that the reported CNI reliability of 82.7% includes all 'null decisions'.¹ A null decision is where both assessors rejected the presence of a criminogenic need. If null decisions were excluded (i.e., only decisions where at least one assessor identified a criminogenic need were included), then a more conservative reliability figure of 66.7% is obtained. This figure still represents a highly robust level of reliability. However for the current study it is argued that even null decisions required a certain amount of clinical decision. It would therefore be justified to include these decisions in any reliability computations. The higher figure of 82.7% should therefore be considered most accurate.

Three factors were seen as making crucial contributions to the high test-retest reliability obtained by the CNI. To **maintain the ongoing integrity of the CNI assessment process it is essential that the contribution of these factors is not eroded.** Future recommendations with respect to each factor are made.

1. *Selection of assessors:* The CNI is designed for non-specialist assessors. However, regardless of how structured the CNI assessment process is made, some non-specialist assessors will not possess the requisite interpersonal and thinking skills to use it competently.

Recommendation: CNI assessors must be selected on the basis of attaining a skill level comparable to that required to competently conduct IOM assessments.

¹ As does the reported reliability of the LSI-R.

2. *Training of assessors:* Competent use of a clinical assessment process as prescribed by the CNI requires adequate training. A well-developed training package accompanies the CNI. Piloting of this training package suggests that three weeks of full time training is required before a requisite competency level is attained.

Recommendation: That the CNI training programme, as piloted, be recognised as an integral element for the competent use of the CNI Interview.

3. *Supervision of assessors:* Construct drift (slipping back into unhelpful practices) represents a major threat to the ongoing integrity of any new procedure. Professional supervision, by suitably trained supervisors, will minimise the potential for construct drift. In addition to maintaining achieved levels of professional practice, supervision allows for ongoing monitoring, learning, and up-skilling of assessors. A complex clinical tool such as the CNI is most effective when combined with professional supervision administered on an individual basis.

Recommendation: That psychologists, trained in the use of the CNI, initially provide individual supervision.

In conclusion, piloting of the CNI has returned very strong test-retest reliability results.

- The CNI has demonstrated excellent consistency when administered to the same person on more than one occasion by different assessors.
- This is largely due to the implementation of, and adherence to, appropriate selection, training and supervision protocols.
- Any dilution of the CNI selection, training or supervision protocols poses a serious threat to the continued reliability of overall CNI assessment.

Validity

Validity has been considered under two major sections: concurrent validity (correlation with other established measures of need) and predictive validity (correlation with risk measures).

Concurrent Validity - Comparison with Three Other Needs Measures

The CNI has been found to have correlations with the Level of Service Inventory - Revised ($r = .24$), the Wisconsin Needs scale ($r = .28$) and the Case Needs Interview Assessment ($r = .13$). Apart from the CNIA, the correlations with total number of needs score of the CNI (OCN plus PCN) is positive and significant. **It is clear that there is a relationship between what these scales measure and what the CNI measures.**

If we consider the correlations of these scales with the predisposing criminogenic needs (PCN) total score the correlations are higher, in the range of $.37 - .20$, than for the total score, $.24 - .20$. This indicates that the PCNs are more closely aligned to the needs measured by the three other measures. By contrast the offending period criminogenic needs (OCNs) have non-significant, near zero, correlations with these measures. This has meant that the total CNI score correlation has been reduced by the inclusion of the OCNs. This is not surprising given the focus of the other needs instruments – they are based on long term characteristics rather than being offence focussed.

The correlations between the CNI and the three established need measures are lower than the correlations between the three measures themselves. For example, the correlation between the Wisconsin and the LSI-R is .75 compared with the CNI/Wisconsin correlation and CNI/LSI-R correlation of .37 (PCN score). Given that the CNI measures psychological needs only, many of which the other instruments do not measure, the lower correlation is not surprising.

When the most common needs identified by all the scales are considered, we find that the same needs are generally found – companions, alcohol and drugs, and attitudes/cognitions. **This provides further validation that, where the needs are similar, the CNI does measure them.**

Also of interest is that comparison between Maori and Pakeha, and between those over 25 with those under 25 years of age have not produced any significant difference in number of needs². The numbers are small and so this conclusion is tentative and it does not take into account the possible differences in the type of PCNs and OCNs for each of these groups. However, it does suggest that any differences in the number of criminogenic needs may not be great. This emphasises the importance of developing the MaCRNs.

Predictive Validity – Correlation with Risk of reConviction (RoC) and Risk of Imprisonment (RoI)

The most important test for the different CNI scales is how well they correlate with recidivism. For this test we have used the RoC and RoI models to provide estimates of the risk of recidivism.

The CNI total score ($r = .37$) has a correlation with RoC that is only slightly lower than the LSI-R ($r = .43$) and is slightly better than the Wisconsin ($r = .35$) and substantially better than the CNIA ($r = .25$). The scores for the PCNs and OCNs are slightly less correlated with RoC but still positive and significant. Again the PCN score performs better than the OCN score. However, RoC uses information that is obtained from complete criminal histories and therefore sums across the offenders criminal career such things as the total number of convictions, the total length of time at large etc. These are likely to be more correlated with needs that are longer term and more enduring such as those that are measured by the predisposing period. The needs that exist at the time of the offence (OCNs) are therefore more likely to measure more unusual and less stable characteristics than the PCNs – the somewhat lower correlation with RoC is therefore not surprising.

Of particular interest is the correlation with risk of imprisonment (RoI). Here the OCNs ($r = .35$) outperform the PCNs ($r = .30$). **This is not surprising given that the offence focus of the OCNs will be sensitive to behaviour that is likely to reflect judges' sentencing.** Specifically, violent acts at the time of offence will lead to sentences of imprisonment more than having violence somewhere else in the criminal career. The lack of offence focus in the other instruments also makes them less correlated with RoI probabilities. It is also possible that the use of prison inmates has meant that the correlation is somewhat higher than would be expected with a general group of offenders. However, there were periodic detainees who were subjects in the study and their RoI scores should be lower than for inmates. Given that the purpose of the CNI is to help with sentence planning, the higher correlation with RoI is an advantage that

² Computations are contained in the Supplementary results, attached as Appendix C.

more accurately reflects Department of Correction's costs and identifies offenders that should be targeted.

Given that the OCNs did not correlate at all with the LSI-R, Wisconsin and CNIA this indicates that what is being measured by the OCNs is not being measured by the other instruments. **The OCNs measure something new and previously untapped.** This suggests that when we can establish the scoring protocols for the CNI, the correlation with reconviction could be substantially higher than reported here³. This could also lead to a hybrid risk tool which employs both RoC (or RoI) and the CNI which would be more accurate than either alone.

There is a substantial difference between the CNI scores and the other three instruments, in terms of correlation with RoI probabilities. The Criminogenic Needs Inventory outperforms the LSI-R ($r = .25$) and the CNIA ($r = .20$). The total score ($r = .37$) and OCN score ($r = .35$) are higher than the Wisconsin ($r = .31$). The Criminogenic Needs Inventory can be seen to have one subscale that correlates highly with both reconviction measures. This means that the two scales will be measuring different elements that together give a better picture of what puts an offender at risk. **This has particular importance when decisions about resource allocation for sentence planning and interventions are considered. To get the most complete and accurate assessment a full CNI will need to be conducted.**

Limitations of existing instruments addressed by the CNI

In the introduction the limitations of the existing needs/risk instruments, such as the LSI-R, were presented. The validity study highlights the importance of such shortcomings and how the Criminogenic Needs Inventory has successfully addressed these. We now discuss these.

1. **The Criminogenic Needs Inventory is offence focussed.** The lack of correlation between the OCNs and the other instruments is not surprising given that the others are not offence focussed but measure needs over the life of the offender. The offence focus of the CNI has measured needs that exist and have produced the offence. The correlation between the OCNs and the risk measures indicates that this offence focus has tapped information not previously measured. In addition the structured nature of the interview means that it can replace the offence focussed components of the current Integrated Offender Management assessment process. The Behavioural Assessment interview is also offence focussed but the need to make clinical judgements are likely to mean that non-clinical assessors will inappropriately identify needs. The behavioural assessment has not been tested for either reliability or validity but because it is unstructured it will not be as reliable as the CNI. The Criminogenic Needs Inventory has fulfilled its aim as a replacement for the behavioural assessment.
2. **Related to the above is that the CNI does not assume that because a need is found it is necessarily criminogenic** - a need must have a demonstrable link to the offence to be criminogenic. The failure of other instruments to address this issue ultimately reduces their validity and leads to the over-inclusion of needs. Many of the needs identified by the three other measures will not be linked to offending.

³ Developing a scoring procedure that is based on regression modeling was not possible because of the small number of offenders and because recidivism data have not yet been obtained. Being able to weight the contribution of particular needs and discard needs not related to offending should increase the accuracy of the CNI as a dynamic needs based risk prediction tool.

Interventions that are based on these needs will therefore not produce the same impact on reoffending as would be hoped. The greater accuracy of the CNI should mean greater efficiency in the use of treatment resources.

3. **The CNI measures only psychological needs linked to offending.** The other instruments do not measure many of these needs, therefore correlations with the CNI could not be large. The psychological needs measured by the CNI are strongly linked to intervention programmes that already exist or are under development as part of IOM that can target these.
4. **The CNI is based on New Zealand offenders; the other instruments are not.** This means that any differences between overseas offenders (specifically North American offenders) and New Zealand offenders will not have been catered for when the other three instruments were developed. We can use the CNI with confidence knowing that it has been validated and will be normed on New Zealand offenders. We are no longer dependent upon the assumption that overseas offenders behave the same as our own.
5. **The CNI has developed a way of measuring Maori culture related needs.** The lack of any means for measuring the role of culture in offending behaviour is a significant element missing in other needs/risk instruments. The incorporation of the MaCRNs in the CNI allows for the measurement of such needs and will guide the development of appropriate interventions. Currently the MaCRNs have good face validity (they appear to measure what is necessary) and their approval by cultural experts who reviewed the MaCRNs gives good construct validity (experts agree that this is a good way to measure them).
6. **The CNI is based entirely on dynamic needs.** The LSI-R has both static and dynamic factors that are used to assign risk values. The severity of the needs is not provided by the LSI-R and it is unclear at what point a need is present to an extent where it contributes to the offending. This lack of an estimate of criminogenic need severity, independent of risk, is a major shortcoming of the LSI-R. The CNI includes a means of determining the severity of a criminogenic need and is sufficiently responsive so that real changes through intervention should be identifiable. This is not possible with the other instruments.
7. **The CNI will be able to be used to measure the effectiveness of intervention programmes.** Once the CNI is benchmarked against successful treatment programmes with known effect sizes, it will be possible to use the CNI post treatment to determine the extent of change that occurred.
8. **It will also be possible when benchmarking has occurred to equate the change in severity of an offender with a change in risk.** This has significant implications for information made to the Parole and District Prisons boards. Such information would provide not only the type of intervention undergone but also the reduction in severity and risk.
9. **The CNI will be relatively resource neutral.** The CNI will not require any more time than is currently spent on the behavioural assessment. It will also replace the assessment of motivation and substantially replace the offender management profile. The CNI will not place additional demands on resources than has already been planned with the possible exception of more intense supervision. It also requires an additional week's training over the existing Integrated Offender Management assessment process. This should be more than matched by additional

efficiency and greater quality assurance than existing procedures. In addition the CNI will reduce post sentence assessment time because only the severity of the needs will need to be reassessed and this usually requires less than 20 minutes - a full reassessment will not be necessary.

10. **It will also be possible to repeat the assessment of severity several times during the sentence without cueing the offender to what information will produce a favourable report.** The CNI will therefore inform the sentence planning process by monitoring the changes in an offenders needs' severity during a sentence.

Implications for Sentence Planning

This section discusses the prevalence of CNI assessed criminogenic needs across the offender sample.

Information of this type is valuable because it can guide strategic decisions about sentence planning. These include, deciding which criminogenic needs to target with intervention, deciding upon the nature of interventions used for targeting, and deciding upon the ordering of targeting.

The section discusses the:

1. prevalence of each CNI assessed criminogenic need
2. implications for sentence planning resulting from the prevalence and the nature of the CNI's criminogenic needs.
3. implications for sentence planning of the severity finding.

It concludes by summarising the main points highlighted by the discussion.

1. Prevalence of criminogenic needs

The **highest prevalence of CNI assessed criminogenic needs** across the sample of offenders were:

- **Alcohol and Drug Use OCN (80%) and PCN (90%)**
- **Criminal Associates OCN (65%) and PCN (80%)**
- **Emotions PCN (90%)**
- **Lifestyle Balance PCN (90%)**
- **Violence Propensity PCN (60%)**
- **Relationships PCN (55%).**

Violence Propensity OCN (35%), Relationships OCN (25%), and Risk-Taking Arousal OCN (25%) and PCN (20%) were less frequently assessed but **still notable** in their prevalence across the sample.

The Offence-Related Emotions and Cognitions OCN **was automatically assessed for each offender**. This rule was based upon the assumption that all offending is to some extent supported by offence-related emotions (including, the absence of emotions) and cognitions. The sub-categories provide a broad basis for investigating the relationship between different types of offence-related emotions and cognitions and the problem of offending. The clarification of this relationship may inform strategic sentence planning considerations. Additional analysis of the data pertaining to Offence-Related Emotions

and Cognitions is planned. The potential implications of its OREC sub-categories cannot be discussed until the completion of this work.

The Offence-Related Cognitions PCN (20%) was assessed when evidence was obtained that an offender planned the commission of the current offence(s) at some stage during the PP. It is **an exploratory criminogenic need** and consideration of its implications requires further data analysis.

The prevalence of the Gambling OCN (3%) and PCN (10%) suggested that they are **not common** criminogenic needs across the offender population.

The Impulsivity OCN (1%) and PCN (5%) were **rarely** assessed as criminogenic needs. Their low prevalence is probably a consequence of the **narrow way in which the need was defined by the CNI**. This was done because the principal researchers assumed that less restrictive definitions are more likely to reflect impulsive behaviour as a personality construct rather than as a potentially dynamic psychological need. Given its low frequency impulsivity will not be measured in any future versions of the CNI. Impulsive behaviour as measured by the present version of the CNI will still be considered as potential evidence for other criminogenic needs (psychiatric disorder, organic disorder, alcohol and drug use).

2. Implications for sentence planning of prevalence: criminogenic needs to target

The prevalence of criminogenic needs across the present sample suggests the **potential benefit of developing effective and readily available interventions for targeting** the following classes of criminogenic needs:

- Alcohol and Drug.
- Criminal Associates.
- Emotions.
- Lifestyle Balance.
- Violence Propensity.
- Relationships.
- Risk-Taking Arousal.

It is assumed that the targeting of offence-related emotions and cognitions will be a dimension of any Corrections intervention.

The nature and components of intervention

The way in which the CNI defines criminogenic needs often **differs** from other criminogenic needs inventories. For example, in respect to criminal associates the CNI defines social influence as being either the active or passive endorsement of criminal behaviour. This definition, and those of other CNI criminogenic needs, focuses on the relevant psychological mechanism rather than a broader behavioural feature (e.g. has contact with criminals).

Different definitions such as these mean that criminogenic needs are measured by the CNI in **different ways**. This has potential implications for the nature and components of existing and yet to be developed interventions.

The results of piloting provide a very encouraging basis for judging that many of the criminogenic needs measured by the CNI are not just prevalent across offenders but are also **validly related** to the problem of offending.

In order for interventions to effectively **target** these criminogenic needs their design will have to be specifically tailored to do so. In general terms, interventions will need to be **cognitive-behavioural** in nature, to have components that **specifically target** criminogenic needs as defined by the CNI, and to teach **relapse prevention** principles to self manage criminogenic needs. This will follow principles of best practice as adopted by the Department as part of IOM.

These features are also necessary if interventions are to produce evidence for a **reduction** in criminogenic needs using the CNI's severity methodology.

An important aspect of the CNI's definition of criminogenic needs **is the separation of OCNs and PCNs**. This sometimes means that the same class of criminogenic need is identified during two separate time periods in respect to the offending behaviour. The feature was included because it was hypothesised that the way in which a class of criminogenic need is functionally related to offending differs between the pre-disposing and offending periods.

The present results provide good support for this hypothesis by showing that both OCNs and PCNs are **validly but to some extent differently related** to the problem of offending.

This outcome argues that **interventions should include two separate but potentially related components**. The first relates to the requirement that they are offence-focused (OCNs). The second relates to the requirement that they also target habitual or longer-term behavioural patterns that pre-dispose the offender to crime (PCNs). The separation of these components will allow for interventions to assist offenders to develop personal relapse prevention plans that are concerned with each.

The validation of both the OCNs and PCNs underlines the importance of the **full CNI** assessment being used to inform sentence planning.

Further analysis of the **sub-categories data** may also produce critical information for sentence planning. For example, those assessed as meeting the Instrumental or Mixed categories of Violence Propensity may require different interventions from those assessed as meeting the Anger-related category. Most existing interventions that target violence propensity appear not to specifically cater for this type of distinction.

The ordering of criminogenic needs intervention

Every criminogenic need assessed using the CNI can also represent a potential responsivity barrier. Although the assessed criminogenic needs relate to the PP and OP, in some cases they will continue to be present at the time of assessment and/or intervention. If the symptoms of these needs are notably impacting upon the offender's functioning at the time of intervention they can act as a potential barrier to his/her responsiveness.

Given their **prevalence and nature** the criminogenic needs most likely to constitute responsivity barriers across offenders are Alcohol and Drug Use, Criminal Associates, Emotions, and Lifestyle Balance.

Of these, **Alcohol and Drug Use is probably the most critical**. This is because offenders whose behaviour is influenced by regular alcohol and drugs use are unlikely to have the cognitive, behavioural, and emotional resources to adhere to personal relapse prevention plans. In addition, such individuals are less likely to practice and develop positive, alternative, coping strategies if they continue to use alcohol and drugs for coping purposes.

Given the prevalence of habitual alcohol and drug abuse among the offender population it is likely to represent a significant responsivity barrier. This will impact upon the ability of many offenders to benefit from interventions that target any of their assessed criminogenic needs. The ordering of criminogenic needs interventions for offenders who are assessed with this PCN should place alcohol and drug use first. A failure to *abstain* from alcohol and drug use would preclude further intervention⁴. When planning the order of criminogenic needs interventions for an individual offender it follows that those which represent a significant responsivity barrier are **prioritised** ahead of those that do not.

Similarly, a core programmes approach that resulted in all offenders undertaking a set suite of interventions would benefit from a **structure** based upon the same consideration. In this case it would make sense to first target criminogenic needs whose prevalence across the offender population and nature are most likely to constitute a responsivity barrier.

3. Implications for sentence planning of severity assessment

The CNI methodology for measuring the severity of assessed criminogenic needs draws upon both **responsivity and relapse prevention theory**.

The results showed little variation in the severity scores obtained across assessed criminogenic needs. The **average was 6.6 out of 7**, indicating that the vast majority of offenders had a notable responsivity barrier in respect to assessed criminogenic needs.

In the cases where no responsivity barrier was assessed, the ratings against relapse prevention criteria most often identified offenders as **possessing few skills for self-managing criminogenic needs**. This is not surprising because evidence obtained from prison files showed that only a small minority of the sample had undertaken interventions during the course of their sentence that had the potential to bring about a reduction in an assessed criminogenic need.

For research purposes, offenders' files were screened for evidence of responsivity barriers in respect to psychiatric disorders, organic disorders, intellectual disability, and poor English language skills prior to their recruitment into the study. This meant that the biggest potential responsivity barrier that offender participants were likely to be assessed for using the CNI was **motivation/readiness to change**.

Across criminogenic needs the motivation/readiness to change responsivity barrier was assessed 562 times out of 736 (76%). In other words, across assessed criminogenic needs a majority of offenders expressed, or evidenced in other ways, no or little motivation to address them.

⁴ The abstinence model is indicated because the CNI's severity scale is predicated upon relapse prevention theory.

This outcome has important implications for sentence planning. **It emphasises the need to prioritise the targeting of motivation ahead of the targeting of criminogenic needs.** While offenders are *unwilling* to change there is little basis for predicting that they will benefit from criminogenic needs interventions.

The extent of the problem across the offender population also suggests the potential benefit of developing a **generic or core programme** that is specifically designed to target motivation for change.

Main implications for sentence planning

1. Alcohol and Drug Use, Criminal Associates, Emotions, Lifestyle Balance, Violence Propensity, Relationships, and Risk-Taking Arousal **warrant** targeting by Corrections interventions given the frequency of their assessment using the CNI.
2. Interventions will need to be **aligned with the CNI's theoretical framework and definitions of criminogenic needs.** This is necessary if they are to address its validated criminogenic needs and are to produce evidence for a reduction in criminogenic needs using the CNI's severity methodology.
3. Interventions will need to be designed to have components that **separately target OCNs and PCNs.**
4. An individual offender's sentence plan should **prioritise the targeting of criminogenic needs that also constitute significant responsivity barriers.**
5. The **ordering of a core programme** approach should prioritise criminogenic needs whose prevalence across the offender population and nature make them more likely to be responsivity barriers.
6. Alcohol and Drug Use, Criminal Associates, Emotions, and Lifestyle Balance are the **criminogenic needs most likely to also be responsivity barriers.** The first of these is probably the most critical given its prevalence and nature.
7. The high prevalence across assessed criminogenic needs of motivation/readiness to change as a responsivity barrier suggests that the targeting of this area precede that of criminogenic needs. The ability to affect an increase in motivation to address assessed criminogenic needs may be assisted by developing a **generic motivation specific intervention.**

Implications of MaCRNs

Potential Implications

It is important that the version of CNI incorporating the MaCRNs is tested for reliability and validity. This allows for both the investigation of the MaCRNs and of the impact of their inclusion on the assessment of other criminogenic needs.

If evidence is found that the MaCRNs can be reliably assessed and are validly related to the problem of offending this will have important implications for sentence planning, provider development, and staff selection and training.

The potential implications of this outcome are discussed in this section. The discussion also assumes that **MaCRNs like other criminogenic needs can also constitute responsivity barriers.**

Effective programmes for Maori

Significant progress has already been made in identifying elements of effective programmes for Maori. The CNI should enhance this existing work. By recognising Maori culture-related needs as both dynamic risk factors and responsivity issues, the identification of effective rehabilitative programmes should be more targeted and focussed toward meeting the needs of the individual offender.

Potential implications for interventions arising from the successful identification of Maori culture-related needs include:

- The development of programmes designed to respond to **identified Maori culture-related needs** where currently there is no intervention in place. For example, dealing with tension arising from lack of effective cross-cultural communication.
- Programmes will also need to **consider including the offender's whanau or significant others** within interventions where appropriate. This will assist with strengthening, reconstructing and enhancing positive family relationships and support, thereby instilling traditional pro-social whanau values.
- Enhancement of existing programmes to include the **appropriate consideration of Maori culture-related need**. This may necessitate the establishment of additional criteria for purchasing programmes. For example, all programmes purchased must have the facility to address cultural differences in line with Maori culture-related needs.
- The CNI's ability to identify whether a Maori culture-related need constitutes a **responsivity barrier** may assist the identification of when it is appropriate to target criminogenic needs within a tikanga Maori context.
- The development of innovative **motivational programmes** based on enhancing a pro-social cultural identity for Maori offenders who show no interest in learning about their culture, yet are identified as potentially benefiting from such an intervention. Similarly, a specific programme will potentially require development to transform an offender's anti-social perception about being Maori into a pro-social perception.

Provider development

The precise identification of elements of effective programmes for Maori will have implications for the development of programme providers. **Additional competencies** will be required for existing programme providers in order to successfully undertake programmes for Maori. Existing programme providers may therefore need to provide evidence of cultural awareness and competence. This will necessitate the development of additional criteria, and the refinement of existing criteria within programme provider purchase agreements.

The targeting of programmes to best match identified Maori offenders needs, may mean that **existing Maori programme providers will require additional training**. Further, potential Maori programme providers will need to be identified and adequately

developed. This will ensure that there are in place sufficient cultural programmes to meet the demand of Maori offenders in any given area (particularly where there is insufficient Maori programme provider's available within an area, where the demand for cultural programmes is great).

Varying levels of cultural interventions will require varying degrees of cultural competency to ensure that the most appropriate programme is available for addressing identified Maori offender needs. This will need to be considered when developing both existing and potential programme providers and for ensuring that they have the capacity to respond to the cultural diversity of Maori offenders.

Specialist cultural assessments

The CNI should better identify when a specialist cultural referral is required.

Given that it measures need in a psychological way, the content of existing specialist cultural assessments may need refinement and/or amendment. This may have the following implications:

- Standardisation of cultural assessments across all areas, while allowing for variances such as demographics and cultural diversity.
- Refinement and/or amendment of cultural assessments to align more with the CNI.
- Focused assessments, which specifically examine whether a MaCRN is criminogenic or not, and which also identify cultural responsivity issues.
- Clinical competency training for existing and potential cultural assessors.
- Ensuring that cultural assessments are available in all areas to meet the demand for referrals.

Staff

All departmental staff administering the CNI will need **specific cultural competency training** in order to become more culturally aware and responsive to Maori offenders. This should be included in all performance assessments in a meaningful way. Ongoing cultural competency training should be included as part of staffs' professional and personal development. This will necessitate the inclusion of specific competency criteria within all staff's performance agreements, and clear criteria will also need to be established for assessing cultural competence.

This may also necessitate the recruitment of **more Maori staff** to meet the needs of Maori offenders who show potential resistance to being assessed by non-Maori staff. Clear guidelines will need to be developed to identify when the reliability of responses may be affected and whether this is the result of being interviewed by a non-Maori assessor.

Specific training will also need to be considered to develop competent cultural supervisors in each area to provide professional cultural supervision for all staff.

Ongoing refinement and research

Given the cultural diversity amongst Maori, **ongoing refinement** will need to take place to ensure that the tool maintains its reliability with offenders. Specific assessment criteria may need to be included to distinguish between Maori youth and older generations (as their needs may be different). Maori women will have additional gender needs in combination with cultural needs. This will require further work and ongoing refinement.

Refinement of the rest of the CNI may need to take place to ensure that the instrument is appropriate for measuring the other criminogenic needs of Maori offenders.

Concurrent validity for the MaCRNs may need to be established. This necessitates the identification of other tools to assist with establishing concurrent validity. For example, the Canadian acculturation scale and the Te Hoe Nuku Roa cultural identity profiles, where these are appropriate.

Recommendations

CNI Development

1. An additional **reliability study for the MaCRNs** is conducted to establish that staff can reliably assess them. At the same time preliminary validity (against RoC and RoI) will be obtained to determine the degree to which the MaCRNs are linked to offending.
2. A **pre and post treatment study** of relapse prevention based programmes is conducted to ensure that the CNI is sensitive to changes due to treatment. This will also allow benchmarking of changes in risk level with changes in severity scores on the CNI.
3. A **recidivism outcome study** is used to confirm the predictive validation study with actual recidivism - (RoC and RoI are only estimates of recidivism.) This will also allow the development of a scoring protocol that will increase the accuracy of the CNI. Ultimately it is hoped that sufficient CNI data will enable a composite risk score, using both the CNI and RoC/RoI, to be developed. The addition of dynamic factors to the static predictors of RoC/RoI is likely to see this new measure out perform both RoC/RoI and the CNI in risk prediction.
4. Additional CNIs are collected to allow for **norms to be developed** for minority groups such as women, Pacific Peoples etc. Collection of norms will allow separate scoring protocols to be developed for various offender groups. Some of this will be possible if the CNI is rolled out and information systems allow data to be collected in a form that allows retrieval for analysis. The collection of additional data will also aid future revisions to the CNI by identifying which needs account for the largest contribution to offending. With additional CNIs it will be possible to identify the unique contribution of each criminogenic need. This will then guide the removal or addition of any needs.
5. The CNI undergo some **minor development**. Specifically, to exclude the impulsivity need, as too few offenders possess this. Additional categories for the criminogenic needs of relationship and criminal associate are required. The PCN needs of lifestyle imbalance and criminal associates are to be recorded differently.
6. **Further guidelines are developed**. Guidelines are required to detail CNI professional supervision requirements. Additional guidelines are also required for the assessment of responsivity, and for when it is appropriate for a specialist referral to be made (i.e. to a psychologist or for a specialist cultural assessment).

Rollout

If the CNI is to be included in the Integrated Offender Management rollout then the following recommendations will need to be acted on.

1. CNI assessors are selected on the basis of attaining a **skill level comparable** to that required to competently conduct IOM assessments. The CNI requires a similar set of core skills as to the IOM behavioural interviewing assessments, it is therefore expected that future selection of CNI assessors would draw upon the experience gained in the Auckland behavioural interviewing pilot. Potential assessors should also be required to demonstrate appropriate cultural competencies
2. The **CNI training programme**, as piloted, is recognised as an integral element for the competent use of the CNI Interview. The CNI training programme will obviously be subject to minor alterations to reflect the practicalities of a large scale rollout. Its modular design allows for time and resource savings depending on the experience and capabilities of trainee assessors.
3. **Professional supervision is provided to assessors**. This supervision would conform to the proposed CNI supervision guidelines. Specialist Maori supervisors would also be required to advise on cultural issues.
4. Existing **sentence planning processes will require modification** to incorporate the CNI. Sentence planning, or more specifically, interventions, should be guided by assessment outcomes. The CNI provides valuable information regarding the assessed criminogenic needs of an offender. To reduce the risk of recidivism, sentence planning processes should assign and prioritise delivery of interventions in the manner previously ascribed (*See Main implications for sentence planning*)
5. **Information systems will need to be modified** to allow for CNI scoring and data collection. The establishment of information systems for recording CNI data as part of ongoing assessment practice will provide a wealth of information for the rapid refinement of the inventory. A major goal of such refinement would be the development of scoring protocols that optimise the value to the Department of CNI assessment information.

Modification of information systems to incorporate the CNI will **increase the reliability** of assessors by removing the need to remember the CNI functional relationships rules. The computerisation of the functional relationships rules would reduce the number of clinical decisions CPS and PPS assessors would need to make when using the CNI by approximately 30. This should bring about a notable improvement in the CNI's reliability, particularly in respect to its use by less capable non-specialist assessors.

A related benefit of incorporating the CNI's scoring into computerised information systems relates to **report writing**. Adding the facility to generate standardised text about assessed criminogenic needs could notably reduce time spent writing assessment reports. This could also contribute to an improvement in report writing standards.

Conclusions

The CNI was developed to provide a means of identifying the criminogenic needs of New Zealand offenders. Working in conjunction with the RoC models the CNI will identify the needs of targeted offenders that require intervention to reduce their risk of reconviction. The needs identified by the CNI will also inform the sentence planning process in terms of both the offender's motivation to address their needs, and other responsivity issues, and which needs to target first. This report has highlighted that the CNI can be used reliably and has good validity when compared with other measures of needs; it also represents a major advancement over existing measures on a number of key dimensions.

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