RCS

Risk Context Scale

Risk Context Scale

User Guide

Daryl G. Kroner
Southern Illinois University Carbondale

Citation reference:

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Acknowledgments

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Author's Preface

This Users Guide is meant to assist those interested in using the RCS. As with any instrument, there are limitations of generalizability. Thus, the further away an application from the already conducted research, greater caution should be considered. However, in addition to assessing dimensions of the risk context, the RCS offers a rated, standardized, anchored scales assessing dimensions of the risk context that have utility in transition assessments. I am grateful for those who have contributed to the area of the situational determinants of risk and are hopeful that the RCS can build on these previous contributions.

June, 2012
Daryl G. Kroner
Carbondale Illinois
Chapter 1: Introduction

Repeated appeals for considering the contextual factors in which risk occurs have been made. Megargee (1976) viewed both person-based and contextual factors as essential for the prediction of violence, but was dismayed that the person-based factors garnered the majority of the attention. Others subsequently posit that contextual factors have a role in violent behavior (Holland, Holt, & Beckett, 1982; Porporino, 1986). Even with these earlier appeals, a number of years later Mulvey and Lidz (1993) commented that the contextual aspects of violent events “remain underdeveloped” (p. 284). More recently, Rice, Harris, and Quinsey (2002) suggested that the interaction between person-based factors and situation “is just beginning” (p. 592) in understanding how the context can be integrated into risk assessments. Haney (2002), utilizing a broad psychological and legal focused perspective, pointed out that much of legal-related behavior is situationally determined and consequently argued that a more contextual view in the general administration of justice would better reflect the principles of human behavior.

The RCS was developed to provide a standardized measure of the risk context that a client is either in or to which a transition is being considered. This rated instrument designed to be used in multiple risk assessment situations and is completed by a person conducting a risk assessment.

The RCS was designed to be used in both applied and research settings. More specifically, applications involve:

- An adjunct to conducting transition assessments (potential release from hospital, prison, jail; changes in supervision orders)
  - Current context of supervised client
  - Context for which a client is being considered
- Bail assessments
- Supervision assessments
- An adjunct to the explanation of crime
- Changeable areas that impact the likelihood of a positive/negative outcome
- Standardized measure of supervision efforts

Some important features of the RCS include the following:

- Anchored ratings for ease of completion
- Forensic and non-forensic applications
<table>
<thead>
<tr>
<th>Table 1.1</th>
<th>RCS Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource Domain</strong></td>
<td></td>
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<tr>
<td>Resource Engagement</td>
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<td>Integration of Care</td>
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<tr>
<td><strong>Social Domain</strong></td>
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<td>Social Network</td>
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<td>Social Stability</td>
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</tbody>
</table>
Chapter 2: Administration and Scoring

Administration

Optimally, information for scoring the RCS should come predominantly from file or third party information. Guide questions for gathering information are in the File/Third party Interview on Page 19. In most assessments the client is interviewed. Information can come from the client for scoring the RCS. Guide questions are in the Client Interview on Page 14. If information differs between File/Third party and the client, emphasis should be on the File/Third party information, unless there is compelling evidence otherwise.

This is not because the client may have other motives in how the information is disclosed. It is because the client will have a different perspective on the social context. In fact, most clients, with most content areas, on average disclose to the best of their abilities, with socially desirable responding playing a minimal role (Kroner, Mills, Morgan, 2006, 2007; Mills, & Kroner, 2006).

Two Applied Assessment Situations

The two most frequent situations that the RCS is administered are for transition assessments (i.e., release from hospital, jail, prison) and supervision changes/efforts.

For the transition assessments the RCS will be completed for the context that the client is entering. If the amount of file or third party information is not sufficient, a previous similar situation (i.e., returning to the same household) be helpful in making judgements on the future context. Under these administration conditions, it is recommended that a period of 2 months is used to make the judgments. Other lengths can be used, but these should be justified (i.e., 30 day bail release).

For the supervision assessments or assessments of future risk in the community, the client will have been living in the contexts that are covered by the RCS. Again, the preference is to make the judgements over a 2 month period, but this can be changed according to the risk assessment parameters.

Scoring

The RCS includes only positive-keyed items. Thus, calculating the scale scores involves summing the items for each scale. Each scale score is then placed on the Profile Sheet. The raw scale scores are converted to standardized scores on the Profile Sheet.
### Table 2.1
Number of Items per Scale

<table>
<thead>
<tr>
<th>Resource Domain</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Resource Engagement</td>
<td>4</td>
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</tr>
<tr>
<td>Integration of Care</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Social Domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Network</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Social Stability</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### Norms

The following norms are based on 257 male offenders under community supervision (mean age = 34.33, SD = 9.2). The demographic variables were as follows; Race, 197 (76.7%) White, 24 (9.3%) Black, 21 (8.2%) North American Native, 12 (4.7%) Asian, and 3 (1.2%) other. Marital status was: 117 (45.5%) single, 94 (36.6%) common law, 28 (10.9%) married, 10 (3.9%) divorced, and 8 (3.1%) separated. Index offenses were: 69 (26.8%) drug offences; 60 (23.3%) property, loitering; 61 (23.7%) robbery, extortion; 22 (8.6%) murder, attempted murder, manslaughter; 14 (5.4%) assaults, threats; 11 (4.3%) fraud, forgery, false pretences; 7 (2.7%) negligence, major driving offense; 5 (1.9%) sexual offences; 3 (1.2%) possession of weapons or explosives; 2 (.8%) kidnapping, confinement, hijacking; 2 (.8%) arson; and 1 (.4%) treason, smuggling, income tax evasion.

With regard to release status, 161 (62.6%) were on Day Parole (reporting to a residence in the evening), 11 (4.3%) on Full Parole (periodic reporting), 21 (8.2%) on Unescorted Temporary Absence (released to complete the program), and 64 (24.9%) on Statutory Release (mandatory release at 2/3rds of sentence).

### Table 2.2
Mean and SD for 257 Male Offenders

<table>
<thead>
<tr>
<th>Resource Domain</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Engagement</td>
<td>15.3</td>
<td>7.2</td>
</tr>
<tr>
<td>Integration of Care</td>
<td>21.8</td>
<td>9.9</td>
</tr>
<tr>
<td>Social Domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Network</td>
<td>29.8</td>
<td>8.4</td>
</tr>
<tr>
<td>Social Stability</td>
<td>20.6</td>
<td>8.1</td>
</tr>
</tbody>
</table>
Chapter 3: Scale Interpretation

Resource Engagement

Resource Engagement measures the availability of resources and the ease (i.e., barriers) in which client engagement occurs. Low score will indicate the relative ease that supportive resources can be accessed and engaged.

Social Network

Social Network measures the level of involvement of a nonprofessional social network. This will include friends, relatives, and family. Low scores will indicate a strong and active social network for the client.

Integration of Care

Integration of Care measures the availability, level of participation, continuousness of participation, and willingness of people representing various social structures to participate with the client. Low scores will indicate multiple group having contact among themselves in order to serve the client.

Social Stability

Social Stability measures the level of stability of the client’s social environment. General interpersonal involvement of others is also captured in these items, whereas the Social Network Presence covered specific relationships.

Integrating the RCS into Transition Assessments

There are two basic ways that the RCS can be integrated into a transition assessment. First, is be altering a risk assessment probability. Although the RCS scales do predict criminal justice outcomes, its purpose is not of a main risk assessment tool. Thus, the RCS is not intended to be used as a sole risk assessment tool, but in conjunction with other risk assessment tools, preferably ones that give a probability of future criminal justice outcome.

The Social Stability scale had the strongest role as a mediator (Kroner et al., 2012). Thus, low scores on this scale (T-score of 40 or less) can be used to reduce the risk assessment score by $\frac{1}{2}$ a standard deviation. Appropriate norms should be used to calculate the standard deviation of the risk assessment score. The three other scales did not have as strong mediation results and thus

Without further research, the RCS should not be used to increase risk assessment scores. If there are strong elevations on the RCS scales, risk management strategies in these areas may be appropriate.

Second, the RCS can be used to inform risk management strategies. Thus, high scores may indicate context that may need changes, less presence, or more presence by positive influences.
Chapter 4: Reliability

Coefficient alpha for the rating data on the four Risk Context Scales’ were within the adequate range: Resource Engagement ($\alpha = .79$), Social Network Presence ($\alpha = .70$), Integration of Care ($\alpha = .84$), and Social Stability ($\alpha = .78$). Table 1 contains the corrected item total correlations of each item for the respective scale. Each scale had a relatively weak item. Seventeen cases were rated by two independent raters. The extra raters were not involved in the original ratings. The intra class correlation (Dunn, 1989) was calculated for the four risk context scales. The four scales had reasonable inter-rater reliabilities (Social Network Presence, $r_{class} = .68$; Social Stability, $r_{class} = .75$; Integration of Care, $r_{class} = .75$; Resource Engagement, $r_{class} = .61$).

Chapter 5: Validity

A confirmatory factor analysis was then conducted on the remaining 18 items of the Risk Context Scale using the FAiR package (Goodrich, 2011) in R. The FAiR package uses a genetic algorithm in the rgenoud package (Mebane & Sekhon, 2011), which easily enforces all the inequality restrictions to be imposed on parameters of the confirmatory model, such as unique variances must be positive, correlation matrices must be positive definite, etc. Also, a genetic algorithm is more likely to get to global optimum than a derivative-based algorithm. Consistent with the two overall domains of Social and Resource, a two-level model analysis was conducted. Because the two higher ordered factors had a strong correlation ($r = .94$), a single level analysis was conducted with the four factors. Given the continuous nature of the items, the Minimum Covariance Determinant (MCD) was used as the estimator. The MCD estimator picks a subsample of the observations that the determinant of the preliminary covariance matrix is minimal in order to reduce the influence of the outliers on the final covariance estimate. Correctional factors are then applied to improve the efficiency of the estimator (Pison, Van Aelst, & Willems, 2002; Rousseeuw & van Driessen, 1999). The four factor solution had a poor fit with the data (Root-mean Square Error Approximation = .15, 90% CI .14-.17; Standardized Root Mean Square Residual = .11; Adjusted Goodness of fit Index = .61). Using a principal component analysis, three and five factor solutions were submitted to the confirmatory procedure. Both the three and five factor solution had poorer fit than the four factor solution. Thus, the four factor solution was viewed as the most appropriate structure with the current data.

Zero-ordered correlations between the mediator variables, independent variable, and the binary outcome were calculated. The correlations between criminal recidivism and Social Network, Integration of Care, Social Stability, and Resource Engagement were .18, .18, .25, and .14, respectively.
Chapter 6: Development of The Risk Context Scale

Development Considerations

The development of the scale emphasized several components:

1. Ease of use and reliability. Complexity in the scoring of scales is related to an increased number of scoring errors (Simons, Goddard, & Patton, 2002).

2. Malleable nature of the content. Some risk context conditions are difficult to change. For example, while a disadvantaged neighborhood may contribute directly or indirectly in increasing risk, such an area is difficult to change. A parameter for scale development was to focus only on risk contexts that are changeable (Dvoskin & Heilbrun, 2001). Although including difficult to change areas may be more comprehensive and may contribute to a more accurate understanding of the contributors to the risk context, a purpose of this scale is to provide a framework of areas, that if changed, may reduce the overall likelihood of recidivism.

3. Assessment of risk domains that avoids directly tapping person-based areas. The goal was to assess unique variance, thereby reducing the potential issues of multicollinearity among risk assessment items, which have repeatedly been noted (Rogers, 2000). Indeed, Kroner, Mills, and Reddon (2005) found that any combination of randomly selected risk assessment items performs equally well in the prediction of recidivism. An example of how a context can decrease the predictive strength is given by Edens (2006) who noted that high structure (e.g., maximum security prisons) may reduce the number of opportunities for acting out and consequently reduce the predictability of the Psychopathy Checklist (PCL; Hare, 2004) measures. In support of this, a meta-analysis of the relationship between the PCL measures and prison violence found differences between studies within U.S. prisons and non U.S. prisons (Guy, Edens, Anthony, & Douglas, 2005). U.S. prisons, with possibly a stronger emphasis on order and control, had a weaker relationship between the PCL measures and violence (rw = .10) than found in non U.S. prisons (rw = .24).

4. Constructs tied to a risk management model. The four scales (Resource Engagement, Social Network Presence, Integration of Care, and Social Stability) were chosen to capture processes and social structures that potentially can mediate risk levels. These processes and structures operate within a risk management framework. The rationale in the development of the Risk Context Scale was based on empirical support for each of the scale’s underlying constructs, and a broad theoretical framework for each construct.

Theoretical Underpinnings of the RCS

Drawing upon broad, theoretical frameworks, the constructs measured in the Social domain utilize social learning theory (i.e., associates, family context), systemic trajectory theory (i.e., social stability), and social identity theory (i.e., social friendship presence). Whereas the constructs measured in the Resource domain utilized community models of intervention (i.e., resources, continuity of care). Thus, the goal for the Risk Context Scale goes beyond solely increasing risk in that it seeks potential meaning and explanation of the risk factor (Hanson, 2009).
Rational Selection of Scales
The four scales fall under two domains: Social (Social Network, Social Stability) and Resource (Resource Engagement, Integrations of Care). One area contributing to effective risk management is the ease which client engagement occurs, which is measured by the Resource Engagement scale (sample items for each scale are in Appendix A). Increased efforts are required when practical barriers (i.e., transportation) are present, which results in offenders being engaged with fewer resources (Kelly, 2005; Peterselia, 2003; Rich et al., 2001; Wilson & Draine, 2006). The Social Network scale measures social networks that can alter the impact of risk. Associates and social networks have shown to be associated with antisocial activity (Benda, 2005; Mills, Kroner, & Hemmati, 2004; Van Hiel, Hautman, Cornelis, & De Clercq, 2007). The third risk management component emphasizes continuity of care for offenders, which is measured by the Integration of Care scale. Community interventions have consistently emphasized the negative consequences when gaps in services occur during reentry and among agencies that provide different services to the same offenders (MacKain & Streveler, 1990; Martin, Butzin, Saum, & Inciardi, 1999; Prendergast, Hall, Wexler, Melnick, & Cao, 2004; Steadman, 1992). Lastly, lifestyle structures, such as housing, family, and leisure, can also reduce or alter the impact of risk levels (Draine, Salzer, Culhane, & Hadley, 2002; Friestad & Hansen, 2005; Kruttschnitt, Health, & Ward, 1986; Resick & Reese, 1986). This is measured by the Social Stability scale.

Empirical Development of the Risk Context Scale
The Risk Context Scale had a two-stage development.

Study 1
In the first stage, the Risk Context Scale was a part of a broad effort to capture essential components of managing risk during community supervision. The scale initially contained 15 items. Based on pilot administrations (n = 15) and discussions among correctional staff, several changes were made. Two items were dropped (poorly conceptualized/redundant), seven new items were created, and item wording was revised for clarity, resulting in a 20-item scale. Of these new seven items, one item was for the Resource Engagement scale, four items for the Integration of Care, and two items for Social Network Presence. Some wording changes included items “Availability of non-family resources” to “Ease of access of non-family resources”; and “Family ties” to “Family ties (immediate family or extended family who function as immediate family).” Two types of ratings are used in the Risk Context Scale: anchored ratings and dimensional polar end ratings. Fifteen of the items use anchored ratings, in which a description accompanies the assignment of a 1 to 9 score.

Using the Brief Psychiatric Rating Scale, Lachar and colleagues (Bailley, Lachar et al., 2004; Lachar et al., 2001) have demonstrated the psychometric advantages of increased reliabilities when using an anchored rating method. In addition to the beneficial psychometric properties, anchored ratings increase the ease of use, and will potentially have fewer errors in scoring the items (Dawes, Faust, & Meehl, 1989).
Five items used a dimensional rating representing polar ends of social dimensions. For example, an interpersonal participation item from the Social Stability scale is as follows:

“Avoids being around people” 1 2 3 4 5 6 7 8 9 “Participates in group activities”.

These five items were developed on clinical samples measuring dimensions of psychopathology (Holden, Fekken, & Cotton, 1991; Holden & Jackson, 1985) and have been validated with offenders (Kroner, Holden, & Reddon, 1997). In addition, these five items were relatively strong social predictors of future recidivism (Kroner, Mills, & Morgan, 2006). Of the dimensionally rated items, three items were from the Social Network Presence scale, and two items from the Social Stability scale.

The above first stage of development occurred in a Canadian community release context.

**Study 2**

The second stage of development occurred in a Texas community release context. This involved reviewing the applicability of the 20 items to a parole context by experienced correctional researchers (graduate students, faculty, and psychologists). The review resulted in some wording clarification and more descriptors for the anchored ratings.
RCS Interview Schedule: Offender Interview

Client’s Name __________________________

Coding number ______________________

Date ____________

YYYY \ MM \ DD

In the past [use a specific time frame, past four months, or past two weeks …]

1. Family
   a. Has your family been involved with you? (RCS2, RCS6)
      How much contact have you had with them? (RCS2)
      How much effort do they make to contact you? (RCS11)
   b. Have they encouraged you (quality)?
      Has this been consistent? (RCS2)
   c. How do you view your family involvement +++ ---- (RCS16)
   d. Did you have a significant (real, heart to heart) conversation with your parents?
      family? (RCS2)
      Consistently involved with family? (RCS4)
   e. What was your relationship with parents like? Other relatives?
      -arguments
   f. Family talk with others about you (your situation?)
      church, work, school, sports, child care providers? (RCS18)

2. Work
   a. Did you have a job/school? (RCS6)
      How many days not working? (RCS4)
   b. Have contact with fellow-workers away from work? (RCS12)
   c. Easy for you to get to work? reliable vehicle
      barriers to get to work (i.e., back-up plan for sick kids)
RCS2, RCS4, RCS6, RCS9, RCS11, RCS16, RCS18, RCS20
3. Relationships
   a. Did any relationships end? (RCS16)
      been along? (RCS12)
   b. Have friends been involved with you? (RCS2, RCS7)
   c. How much contact have you had with them? (RCS2)
   d. Have they encouraged you?
   e. Has this been consistent?
   f. Have you have a real (significant, heart to heart) conversation? (RCS7)
   g. Been with friends who have a criminal record or are involved in criminal activity? (RCS5)
      do not know (RCS14)
      do they have a lifestyle that would lead to crime? (RCS14)
   h. Because of pressure from others, did you do something that you wish you hadn't?
      go somewhere
      buy something
   i. Long-term support? (RCS6)
   j. Is someone making the effort to see you regularly? (RCS6)
      Spousal or family stable?
      Frequent changes in who is there or not (composition)? (RCS11)
4. Boredom/Impulsivity
   a. Would others see you as tending to take risks? (RCS5)
   b. go into risky situations

5. Accommodation
   a. Did you have a place (house, apt) to live in? change (+ or -)
      How many days/ nights did you not go home?
      #_____ out of past ____________(time period, i.e., 2 weeks) (RCS8)
   b. Was the routine structured at the house or was unstructured?
      Eat meals at regular times?
      Criminal activities at the house? (RCS8)
   c. Have the home situation and relationships changed?

6. Leisure/Recreation
   a. Did you participated in any organized activity? what? (RCS4)
      level of participation?
   b. what do you do in your spare time
      non purposeful activities? (RCS5)
   c. Did you regularly go to sports/activities/church/clubs? (RCS15) (RCS6)
   d. Was it easy to get to parole office, doctor's office, sports, positive friends, church?
      What were the difficulties? (RCS9)
      Unreliable vehicle?
      Child care?
   e. around others who were (similar to) your victim (if crime had a victim) (RCS5)
7. Alcohol and Drug Use
   a. Are drugs (or a lot of problem drinking) around you? (RCS5)
      (not a usage question)
   b. professional help? (RCS17) (RCS19)

8. Others to Help
   a. How many people are available to help you?
      Work, friend, Pastor, child care provider (RCS10)
   b. How many of them help you out? (RCS10)
   c. Easy for you to meet with your friends? (RCS9)

9. Affect
   a. Are you close to your family? (RCS10)
      -last time that you had contact with them?
      -details on a family member
      -Feel close to wife/girlfriend?
   b. Are you a loner? (RCS15)
      i. If yes, by choice? (RCS13)
   c. How much do you reveal about yourself in relationships with others? (RCS7)
   d. Wife/girlfriend complain that you don't talk much? (RCS13)
      -express your feelings?

10. Antisocialness of associations
    a. How likely are you to "show-off" around others? (RCS14)
        (situation demands of showing off)
    b. Can you trust your friends? (RCS14)

RCS5, RCS7, RCS9, RCS10, RCS13, RCS14, RCS15, RCS17, RCS19
14. Future

a. Are you going to involve your friends or family in plans(agency)? (RCS20)

Are they involved in your release plans? (RCS2)

b. Have you been cooperating with your probation requirements? (RCS3)

Do you do what they ask with ease? (RCS3)

How often do you meet?

What are the typical issues discussed? (RCS1)

Conflicts with parole officer?

c. Your parole/probation officer talk with others? (RCS19)

AA, NA, social services

d. Easy for you to get to your probation appointment? (RCS9)

RCS1, RCS2, RCS3, RCS9, RCS19, RCS20
RCS Interview Schedule: File/Third Party

Client’s Name __________________________

Coding number ______________

Date __________ ____________

YYYY \ MM \ DD

In the past [use a specific time frame, past 2 months, or past 2 weeks …]

1. Family
   a. Have you (family member) been involved with the client? (RCS2, RCS6)

   How much contact have you had with her/him? (RCS2)

   How much effort do you make to contact her/him? (RCS11)

   b. Are you able to encourage the client (quality)?

   Has this been consistent? (RCS2)

   c. How do you view your involvement with the client?+++ ---- (RCS16)

   d. Did you have a significant (real, heart to heart) conversation with your the client? (RCS2)

   Is this consistent? (RCS4)

   e. What was your relationship with client like? (RCS20)

   -arguments

   f. Are you able to talk with others about the client’s situation? (RCS18)

      church, work, school, sports, child care providers?

2. Work
   a. Does the client have a job/school? (RCS6)

      Level of participation? (RCS4)

   b. Does the client have contact with fellow-workers/students away from work? (RCS12)

   c. Easy for the client to get to work? (RCS9)

      reliable vehicle

      barriers to get to work (i.e., back-up plan for sick kids)

RCS2, RCS4, RCS6, RCS9, RCS11, RCS16, RCS18, RCS20
3. Relationships
   a. Type of relationship with the client? (RCS16)
      been along? (RCS12)
      enjoy talking with others (RCS13)
   b. Have friends been involved with the client? (RCS2, RCS7)
   c. How much contact does the client have with friends (you)? (RCS2)
   d. Have friends encouraged the client?
   e. Has this been consistent?
   f. Do friends have a real (significant, heart to heart) conversation with client (RCS7)
   g. Do friends have a criminal record or are involved in criminal activity? (RCS5)
      do not know (RCS14)
      have a lifestyle that would lead to crime? (RCS14)
   h. Because of pressure from others, did you do something that you wish you hadn’t?
      go somewhere
      buy something
   i. Long-term support? (RCS6)
   j. Is someone making the effort to see the client regularly? (RCS6)
      Spousal or family stable?
      Frequent changes in who is there or not (composition)? (RCS11)
4. Boredom/Impulsivity
   a. Does the client enter into risky situations? (RCS5)

5. Accommodation
   a. Does the client have a place (house, apt) to live in? change (+ or -)

   How many days/night did not go home?
   #____ out of past _______________(time period, i.e., 2 weeks) (RCS8)

   b. Is the routine structured at the house or was unstructured?
      Eat meals at regular times?
      Criminal activities at the house? (RCS8)

   c. Have the home situation and relationships changed?

6. Leisure/Recreation
   a. Did the client participate in any organized activity? what? (RCS4)

      level of participation?

   b. what does the client do in her/his spare time

      non purposeful activities? (RCS5)

   c. Did the client regularly go to sports/activities/church/clubs? (RCS15) (RCS6)

   d. Is it easy to get to parole office, doctor's office, sports, positive friends, church?

      What were the difficulties? (RCS9)

      Unreliable vehicle?

      Child care?

   e. around others who were similar to the victim (if crime had a victim) (RCS5)
7. Alcohol and Drug Use
   a. Are drugs (or a lot of problem drinking) the client? (RCS5) (not a usage question)
   b. professional help offered? (RCS17) (RCS19)

8. Others to Help
   a. How many people are available to help the client?
      Work, friend, Pastor, child care provider (RCS10)
   b. How many of them help you out? (RCS10)
   c. Easy for the client to meet with friends? (RCS9)

9. Affect
   a. Is the client close to family? (RCS10)
      -last time had contact with them?
      -Feel close to wife/girlfriend?
   b. Is the client a loner? (RCS15)
      i. If yes, by choice? (RCS13)
   c. How much does the client about themself in relationships with others? (RCS7)
   d. Others complain that the client doesn't talk much? (RCS13)
      -express your feelings?

10. Antisocialness of associations
    a. How likely is the client to be in a situation that emphasizes "showing-off"?(RCS14)
    b. Can the client trust friends? (RCS14)

RCS5, RCS7, RCS9, RCS10, RCS13, RCS14, RCS15, RCS17, RCS19
14. Future

   a. Others involved in plans (i.e., friends or family, agencies) (RCS20)

      Are they involved in release plans? (RCS2)

   b. How cooperative is the client with probation/parole requirements? (RCS3)

      Does the client do what is asked with ease? (RCS3)

      How often do you meet?

      What are the typical issues discussed? (RCS1)

      Conflicts with parole/probation officer?

   c. Does the parole/probation officer talk with other groups/people? (RCS19)

      AA, NA, social services

   d. Easy for the client to get to probation/parole appointment? (RCS9)

RCS1, RCS2, RCS3, RCS9, RCS19, RCS20
Risk Context Scale
Risk Context Scale

Client’s Name/Number ______________________ Date: _______ _______ ______
YYYY MM DD

Instructions: Based on the last 1-2 months rate the following items on your client. Rating end-points ("1" or "9") are used a minimum of between 5 to 10% of the ratings.

1. Effort needed by supervisor/clinician for the fulfillment of supervision/treatment requirements
   
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</tr>
</thead>
<tbody>
<tr>
<td>Minimal effort</td>
<td>Average effort</td>
<td>Strong effort more than other other clients</td>
<td>Substantial effort</td>
<td></td>
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</table>

2. Strength of non-professional involvement (positive)
   
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</tr>
</thead>
<tbody>
<tr>
<td>Family &amp; friends highly involved</td>
<td>Only family or only friend</td>
<td>Poor quality &amp; inconsistent</td>
<td>no non-professional is involved</td>
<td></td>
<td></td>
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</tbody>
</table>

(#1, family encourages outside programs, sports, church, social)

3. Willingness of client to allow for Professional involvement
   
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<th>7</th>
<th>8</th>
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</tr>
</thead>
<tbody>
<tr>
<td>High willingness</td>
<td>Compliance with encouragement</td>
<td>Compliance, but only on issues that have immediate benefit</td>
<td>Poor Compliance</td>
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</table>

4. Level of participation of different social structures
   
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<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structures participate all the time</td>
<td>Participation only when showing symptoms</td>
<td>Only when similar to incident (i.e., hospitalization, criminal event)</td>
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</table>

(supervision, family, sports, work, church, mental health clinic, school)
5. Based on the client's current lifestyle, rate the potential of him/her entering into high risk situations

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low Potential (positive pattern of behavior)</td>
<td>Moderate potential</td>
<td>High potential for high risk situations (i.e., guns, substances, victim group, criminal associates)</td>
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6. Participation in positive social structures

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>More than 3 social structures</td>
<td>Two</td>
<td>One</td>
<td>No involvement</td>
<td></td>
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</table>

(supervision, family, sports, work, church, mental health clinic, school)

7. Quality of friendships

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stable</td>
<td>Casual</td>
<td>Criminal associates and casual</td>
<td>Loner</td>
<td></td>
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8. Housing

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Somewhat stable</td>
<td>One of three (Daily changes, unstructured, and criminal setting)</td>
<td>Two of three</td>
<td>Three of three</td>
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9. Ease of access of non-family resources

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Easy access to professional and non professional support</td>
<td>Access to one or other</td>
<td>Difficult to access non-family resources</td>
<td>Very difficult to access non-family resources - geographic and personal limitations</td>
<td></td>
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(Geographic would include no car or public transportation; personal limitations would include a lack of childcare)
10. Number of stable or inconsistent resources available (do not rate if used or not, only if available)

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Three (+) stable</td>
<td>two stable</td>
<td>one stable with two inconsistent</td>
<td>one stable with one inconsistent</td>
<td>one stable</td>
<td>three inconsistent</td>
<td>two inconsistent</td>
<td>One inconsistent</td>
<td>None</td>
</tr>
</tbody>
</table>

(categories: home care, immediate family, extended family, work, school, counsellor, friend, pastor)  
(inconsistent for any reason, including financial)

11. Stability of Family Unit (not quality)

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</thead>
<tbody>
<tr>
<td></td>
<td>Highly stable</td>
<td>Stable with one role</td>
<td>Changes in stability</td>
<td>Unstable</td>
<td></td>
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<tr>
<td></td>
<td>↓ stable, split from partner, but still amicable</td>
<td>↓</td>
<td>↓ frequent changes</td>
<td></td>
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12. Friends (positive or negative)

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has many friends</td>
<td></td>
<td>Has very few acquaintances</td>
<td>Nobody</td>
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13. Talk

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</thead>
<tbody>
<tr>
<td></td>
<td>Delights in chatting with others</td>
<td></td>
<td></td>
<td>Does not talk much</td>
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14. Antisocialness of Friendship network

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</thead>
<tbody>
<tr>
<td></td>
<td>Active support against antisocial activities, including crime</td>
<td>some support against antisocial activities, including crime</td>
<td>Neutral or no network</td>
<td>some indications of antisocialness or criminal lifestyle</td>
<td>Attempts to involve in antisocialness or criminal lifestyle</td>
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15. Interpersonal participation (does not matter if organized)

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<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Participates in group activities</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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16. The ties that a family has with the client (immediate family or extended family who function as immediate family)

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Close family ties</td>
<td>2</td>
<td>3</td>
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17. Coordination of professional involvement (includes entities like AA, home care)

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Three or more groups coordinate effort</td>
<td>2</td>
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18. Coordination of NON-professional involvement

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Three or more groups coordinate effort</td>
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(family, sports, church, work, school)

19. Continuousness of professional care

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</thead>
<tbody>
<tr>
<td>1</td>
<td>No breaks</td>
<td>2</td>
<td>3</td>
<td>4</td>
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20. Continuousness of NON-professional care

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<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No breaks</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>

No breaks ↓↓ supervision
Scoring Guide of the Risk Context Scale
Resource Engagement

1. Effort needed by supervisor/clinician for the fulfillment of supervision/treatment requirements

3. Willingness of client to allow for Professional involvement

5. Based on the client's current lifestyle, rate the potential of him/her entering into high risk situations

10. Number of inconsistent or stable resources available (do not rate if used or not, only if available)

Social Network

2. Strength of non-professional involvement (positive)

7. Quality of friendships

12. Friends (positive or negative)

13. Talk

14. Antisocialness of Friendship network

18. Coordination of NON-professional involvement

Integration of Care

4. Level of participation of different social structures

9. Ease of access of non-family resources

17. Coordination of professional involvement (includes entities like AA, home care)

19. Continuousness of professional care

20. Continuousness of NON-professional care
Social Stability

6. Participation in positive social structures

8. Housing

11. Stability of Family Unit (not quality)

15. Interpersonal participation (does not matter if organized)

16. Family ties (immediate family or extended family who function as immediate family)
References


Author

Daryl G. Kroner, Ph.D.

Department of Criminology & Criminal Justice
Faner Hall - Mail Code 4504
Southern Illinois University Carbondale
1000 Faner Drive
Carbondale, Illinois 62901-4328
Phone: 618.453.2568
Fax: 618.453.6377
email: dkroner@siu.edu