

Applying Risk Needs Responsivity to Sexual Offender Treatment and Management

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What Works in Reducing Sexual Recidivism?

- * Nothing works (Martinson, 1974)
- * Relapse prevention (Laws, 1989)
 - * SOTEP (Marquez, et al., 2005)
- * RNR Model (Andrews & Bonta, 1994; Andrews et al., 1990)
- * Good Lives Model (Ward & Stewart, 2003)
- * Meta-analysis (Hanson et al. 2009)

What Works in Reducing Sexual Recidivism?

- * *Human service interventions that are most effective for general offenders are those that follow the principles of effective correctional intervention*
- * (Andrews & Bonta, 2006)

What Works in Reducing Sexual Recidivism?

- * *We believe that the research evidence supporting the RNR principles is sufficient so that they should be a primary consideration in the design and implementation of intervention programs for sexual offenders*
- * (Hanson, Bourgon, Helmus, & Hodgson, 2009)

According to the research evidence...

- * Adherence with RNR is primary when the goal is to reduce criminal victimization

According to the research evidence...

- * With increasing adherence to the 3 principles, there is a corresponding reduction in recidivism

According to the research evidence...

- * In light of the constraints in both institutional and community resources, RNR provides best 'bang for your buck'

Risk-Need-Responsivity

- RISK-How likely a person is to engage in criminal behaviors
- NEED-Changeable areas in a person's life should be targeted for intervention / supervision in order to decrease their likelihood of future criminal behavior
- Responsivity- What personal strengths and/or specific individual factors might influence the effectiveness of treatment services

Risk Principle

- **Match level of services to level of risk**
 - **Static Risk:**
 - * • Relatively fixed
 - * • Not changed through intervention
 - * • Only change in one direction [up]
 - **Dynamic Risk:**
 - * • Potentially changeable [up/down]
 - * • Focus of correctional programming
 - * • Acute vs. stable dynamic risk factors

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- **Higher risk clients need more intensive services**

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- **Prioritize supervision and treatment resources for higher risk clients**
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- **Low risk clients require little to no intervention**

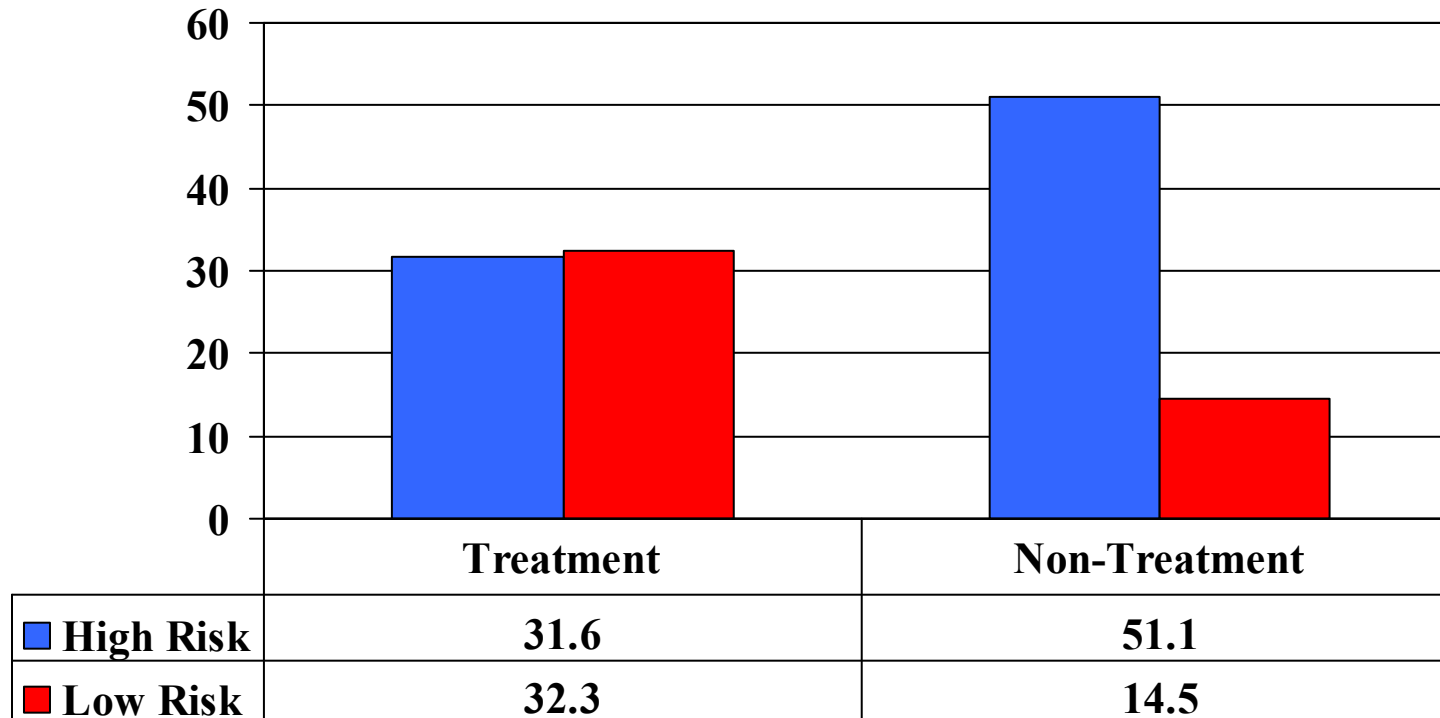
Patterns in Risk Level & Tx Intensity

Offender RISK LEVEL	% Recidivism: Tx BY RISK LEVEL		Impact on RECIDIVISM	Authors of Study
	Minimum	Intensive		
Low Risk High Risk	16% 78%	22% 56%	(↑ 6%) (↓ 22%)	O'Donnell et al., 1971
Low Risk High Risk	3% 37%	10% 18%	(↑ 7%) (↓ 19%)	Baird et al., 1979
Low Risk High Risk	12% 58%	17% 31%	(↑ 5%) (↓ 27%)	Andrews & Kiessling, 1980
Low Risk High Risk	12% 92%	29% 25%	(↑ 17%) (↓ 67%)	Andrews & Friesen, 1987



•Some studies combined intensive Tx with supervision or other services
 Compiled from: Andrews, D.A., Bonta, J., Hoge, R.D. (1990). Classification for Effective Rehabilitation: Rediscovering Psychology. *Criminal Justice and Behavior*, 17: 19.

Intensive Rehabilitation Supervision in Canada



Bonta, J. et al, 2000. A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program. Vol. 27 No 3:317 – 329. *Criminal Justice and Behavior*

Need Principle

- Assess **criminogenic** needs and target those needs with treatment and interventions



Criminogenic Needs

- **Dynamic or “changeable” risk factors that contribute to the likelihood that someone will commit a crime.**

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- **Dynamic or “changeable” risk factors that contribute to the likelihood that someone will commit a crime.**
- **Changes in these needs / risk factors are associated with changes in recidivism.**

Central Eight Risk Factors

1. Anti-social Attitudes
2. Anti-social Peers
3. Anti-social Personality Pattern
4. History of Anti-Social Behavior

These are known as the “**Big Four**” Risk Factors

Most highly correlated with criminal behavior among all other factors

Central Eight Risk Factors

1. Anti-social Attitudes
2. Anti-social Peers
3. Anti-social Personality Pattern
4. History of Anti-Social Behavior
5. Family / Marital Factors
6. Lack of Achievement in Education / Employment
7. Lack of Pro-social Leisure Activities
8. Substance Abuse

Criminogenic Needs for Sex Offenders

- * Sexual preoccupation (abnormally intense interest in sex)
- * Pedophilic/Hebephilic/Biastophilic/Paraphilic interest
- * Offense-supportive attitudes that justify offending
- * Emotional congruence with children
- * Lack of emotional intimacy with adults (or conflicted)

Mann, Hanson & Thornton (2010)

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Promising Dynamic Factors

- * Hostile beliefs about women
- * Machiavellianism (view others as weak, easily manipulated)
- * Lack of concern for others/callousness
- * Dysfunctional coping

Mann, Hanson & Thornton (2010)



“People involved in the justice system have many needs deserving treatment, but not all of these needs are associated with criminal behavior.”

- Andrews & Bonta (2006)

Non-Criminogenic Needs

- * Self-esteem
- * Anxiety
- * Lack of parenting skills
- * Medical needs
- * Victimization issues/Trauma
- * Learning disability

Non-Criminogenic Needs

Although NOT criminogenic risk factors, they are useful to include in an effective RNR assessment.

WHY?

Non-Criminogenic Needs

- * They may need to be addressed before **or** concurrently along with criminogenic needs in treatment because:
 - * They may represent a barrier to effective participation in treatment (ability and/or willingness)
 - * Specific Responsivity

Protective Factors

- * Criticism of RNR – focus on avoidance vs approach
- * Emerging focus on protective factors
- * SAPROF
- * IORNS

Dynamic Protective Factors

Response to Challenges and Temptations	<ol style="list-style-type: none">1) Coping with Stress2) Self-Control3) Empathic Behavior4) Cognitive Functioning
Social Protective Factors	<ol style="list-style-type: none">1) Work2) Organized Leisure Activities3) Sufficient Financial Resources4) Healthy Romantic Relationships5) Social Network6) Life Goals
Openness to External Protection	<ol style="list-style-type: none">1) Attitude Toward Authority2) Motivation for Treatment3) Response to Medication
External Protective Factors	<ol style="list-style-type: none">1) Living Circumstances2) Professional Care3) External Control



Risk Principle tells us **WHO** to target ...

Need Principle tells us **WHAT** to target ...

... so now **HOW** do we do it?

Responsivity principle

Provide the treatment in a style and mode that is responsive to the offender's learning style and ability

Responsivity Principle

- * General Responsivity:
 - * The strategy and the alliance

- * Specific Responsivity:
 - * Treatment tailored to the individual

Denial

- * Risk

or

- * Responsivity

Responsivity Principle

- Individual factors that might influence the effectiveness of treatment services
 - Anxiety
 - ADHD
 - Motivation Level
 - Gender
 - Reading Level / ESL
 - Language
 - Personality characteristics

Responsivity Principle

- Identify offender strengths as they can be considered “protective” factors that may be built upon in treatment planning
 - Computer skills
 - Strong family relationships
 - High educational level
 - History of stable employment
 - Strong ties to recovering community

General Responsivity

- * Strategies utilized
- * Use structured, cognitive behavioral interventions
- * Ensure therapeutic alliance is established
- * Structured programming
- * Trained staff
- * Recovery oriented

Responsivity

- * The attitude and style of the officer/counselor have an enormous effect on responsivity.
- * Why?

Probation Officer Style

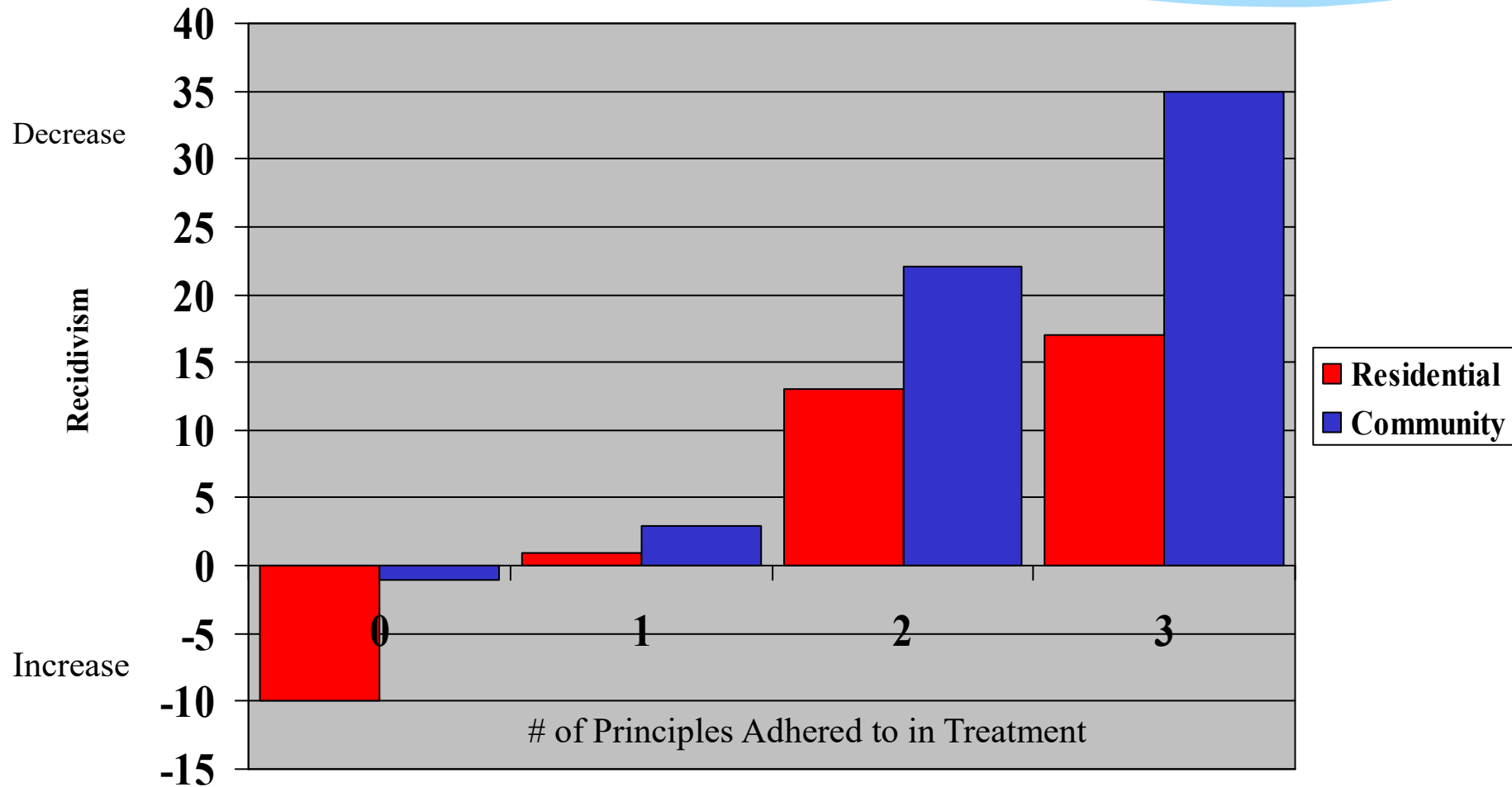
- * **Surveillance/ Law Enforcement Officer:** an emphasis on monitoring and enforcing compliance with the rules or supervision and the detection of violations leading to revocation and return to custody.
- * **Case Manager:** places emphasis on assisting the offender with problems, counseling, and working to make sure the offender successfully completes supervision.
- * **How about you?**

Probation Officer Style

- * Dual-role relationships characterized by a firm, fair, and caring approach help protect against re-arrest among general offenders.
- * The quality of the dual role relationship predicted re-arrest, above and beyond the influence of offenders' problematic personality traits and level of risk.

* Kennealy, Skeem, and Manchak (2012)

Adherence to Risk, Need, General Responsivity by Setting: Community Based versus Residential Programs



Source: Adopted from Andrews and Bonta (2006). *The Psychology of Criminal Conduct* (4th). Newark: LexisNexis.

RNR Summary

- * Risk- who to target
- * Need-what to target
- * Responsivity-how to target it

Medical metaphor

- * Risk- triage the most critical person, prioritize treatment of this case
- * Need- target symptoms/causes of the critical illness
- * Responsivity-Use the best medication for this person at this time

Expanded RNR

- * Overarching Principles:
 - * 1. Respect for the person
 - * 2. Theory
 - * 3. Human service
 - * 4. Crime prevention

Expanded RNR

- * RNR:
 - * 5. Risk
 - * 6. Need
 - * 7. Responsivity (general + specific)

Expanded RNR

- * Structured Assessment:
 - * 8. Assess RNR
 - * 9. Strengths
 - * 10. Breadth
 - * 11. Professional discretion

Expanded RNR

Program Delivery

- * 12. Dosage


Staff Practices:

- * 13. Relationship skills
- * 14. Structuring skills


Expanded RNR

Organizational:

- * 15. Community-based
- * 16. Continuity of service
- * 17. Agency management
- * 18. Community linkages

- 
- * *Whatever else therapists and helpers*
 - * *may be up to, they should be in*
 - * *adherence with RNR for purposes of*
 - * *enhanced crime prevention*
 - * Andrews, Bonta, & Wormith (2011) - p. 751

Questions?



KINDNESS. IT DOESN'T
COST A DAMN THING.
SPRINKLE THAT SHIT
EVERYWHERE.