TABLE 9.1 The Risk-Need-Responsivity (RNR) Model of Assessment and Treatment

The Overarching Principles

1. **Respect for the Person and the Normative Context:** Services are delivered with respect for the person, including respect for personal autonomy, being humane, ethical, just, legal, and being otherwise normative. Some norms may vary with the agencies or the particular settings within which services are delivered. For example, agencies working with youth may be expected to show exceptional attention to education issues, Adverse Childhood Experiences, and to child protection. Mental health agencies may attend to issues of personal well-being. Some agencies working with women may place a premium on attending to trauma and/or to parenting concerns.
2. **Psychological Theory:** Base programs on an empirically solid psychological theory (e.g., General Personality and Cognitive Social Learning).
3. **General Enhancement of Crime Prevention Services:** The reduction of criminal victimization may be viewed as a legitimate objective of service agencies, including agencies within and outside of justice and corrections.

The Core RNR Principles and Key Clinical Issues

4. **Introduce Human Service:** Introduce human service into the justice context. Do not rely on the sanction to bring about reduced offending. Do not rely on deterrence, restoration, or other principles of justice.
5. **Risk:** Match intensity of service with risk level of cases. Work with moderate- and higher-risk cases. Generally, avoid creating interactions of low-risk cases with higher-risk cases.
6. **Need:** Target predominately criminogenic needs. Move criminogenic needs in the direction of becoming strengths (e.g., from currently unemployed to fully employed).
7. **General Responsivity:** Employ behavioral, social learning, and cognitive-behavioral influence and skill-building strategies.
8. **Specific Responsivity:** Adapt the style and mode of service according to the setting of service and to relevant characteristics of individual offenders, such as their strengths, motivations, preferences, personality, age, gender, ethnicity, cultural identifications, and other factors. The evidence in regard to specific responsivity is generally favorable but very scattered, and it has yet to be subjected to a comprehensive meta-analysis. Some examples of specific responsivity considerations follow:

   a) When working with the weakly motivated:
      - build on strengths;
      - reduce personal and situational barriers to full participation in treatment;
      - establish high-quality relationships; and
      - deliver early and often on matters of personal interest.

   b) Attend to the evidence in regard to age, gender, and culturally responsive services.

   c) Attend to the evidence in regard to differential treatment according to interpersonal maturity, interpersonal anxiety, cognitive skill level, and the responsivity aspects of psychopathy.

continued

TABLE 9.1 (*Continued*)

d) Consider the targeting of noncriminogenic needs for purposes of enhancing motivation, the reduction of distracting factors, and for reasons having to do with humanitarian and entitlement issues.

9. **Breadth (or Multimodal):** Target a number of criminogenic needs relative to noncriminogenic needs.
10. **Strength:** Assess strengths to enhance prediction and specific responsivity effects.
11. **Structured Assessment:**
    a) Assessment of Strengths and Risk-Need-Specific Responsivity Factors: employ structured and validated assessment instruments.
    b) Integrated Assessment and Intervention: every intervention and contact should be informed by the assessment.
12. **Professional Discretion:** Deviate from recommendations only for very specific reasons. For example, functional analysis may suggest that emotional distress is a risk/need factor for *this* person.

Organizational Principles: Setting, Staffing, and Management

13. **Community-based:** Community-based services are preferred but the principles of RNR also apply within residential and institutional settings.
14. **GPCSL-based Staff Practices:** Effectiveness of interventions is enhanced when delivered by therapists and staff with *high-quality relationship skills* in combination with *high-quality structuring skills*. Quality relationships are characterized as respectful, caring, enthusiastic, collaborative, valuing personal autonomy, and using motivational interviewing to engage the client in treatment. Structuring practices include prosocial modeling, effective reinforcement and disapproval, skill building, cognitive restructuring, problem-solving, effective use of authority, and advocacy/brokerage.
15. **Management:** Promote the selection, training, and clinical supervision of staff according to RNR and introduce monitoring, feedback, and adjustment systems. Build systems and cultures supportive of effective practice and continuity of care. Some additional specific indicators of integrity include having program manuals available, monitoring of service process and intermediate changes, adequate dosage, and involving researchers in the design and delivery of service.

Source: Andrews, Bonta, & Hoge, 1990; Andrews & Bonta, 2010a; Bonta & Andrews, 2007

From p.186-187 of Bonta & Andrews (2024)