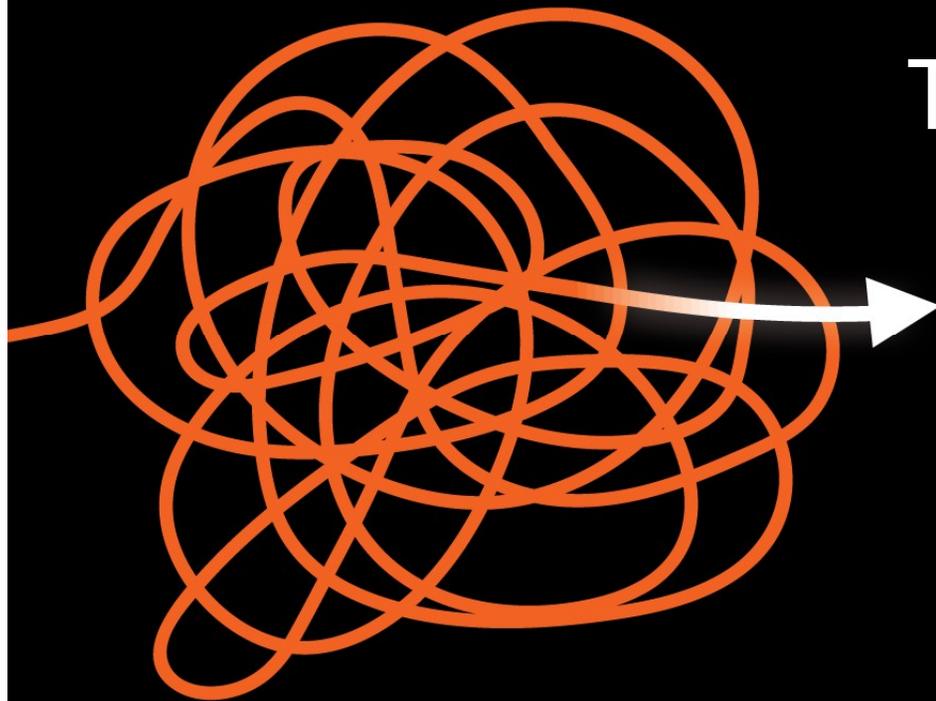**MacEwan UNIVERSITY** | Safer Society Foundation Online Training

Translating Risk, Need, and Responsivity (RNR) Principles into Supervisory and Clinical Practice

Sandy Jung, PhD, RPsych
Professor and Forensic Psychologist
Edmonton, Alberta, Canada

Agenda

8am – 12:30pm PT
11am – 3:30pm ET

8am PT	11am ET
1. RNR overview	2. Risk principle

9:30 PT | 12:30 ET　　15-min break

9:45am PT	12:45pm ET
3. Need principle	4. Responsivity principle

12:30 PT | 2:30 ET　　15-min break
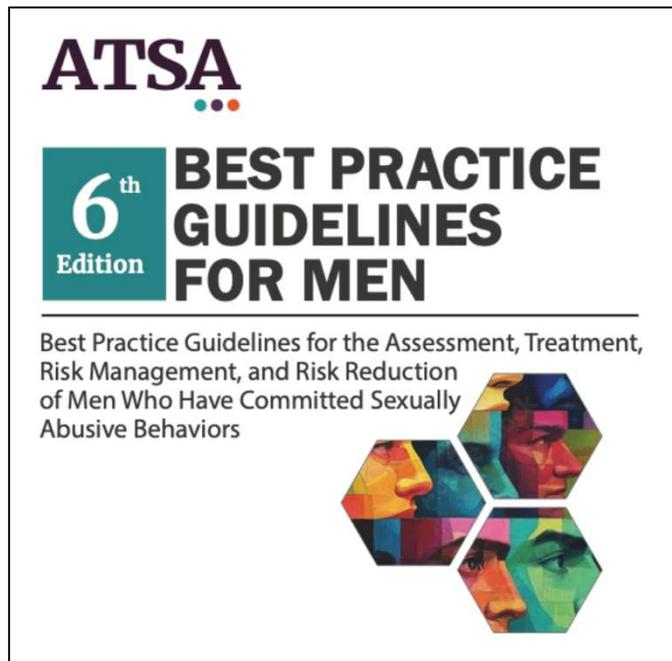
12:15pm PT	2:15pm ET
5. Specific responsivity principles	6. Big picture and implementation

Financial Interest Disclosure:
Speaker has a book published related to the workshop topic, for which the speaker receives royalties.

2025

ATSA

6th Edition **BEST PRACTICE GUIDELINES FOR MEN**

Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors

EMPIRICAL FRAMEWORK

Empirical findings in the research literature have identified that treatment for criminal justice-involved populations is most effective when it is delivered in accordance with the Risk-Need-Responsivity model (RNR). Given the efficacy of this model and its applicability for men who have committed sexually abusive behaviors, the principles of RNR are prevalent in the *Best Practice Guidelines for Men*. Key features of the model are:

Risk Principle — Guides *who* to target for intervention based on the likelihood of recidivism.

Need Principle — Guides *what* areas should be identified and targeted for intervention and supervision.

Responsivity Principle — Guides *how* interventions should be delivered.

PRACTICES

PRINCIPLES

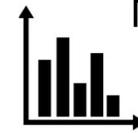VALUES
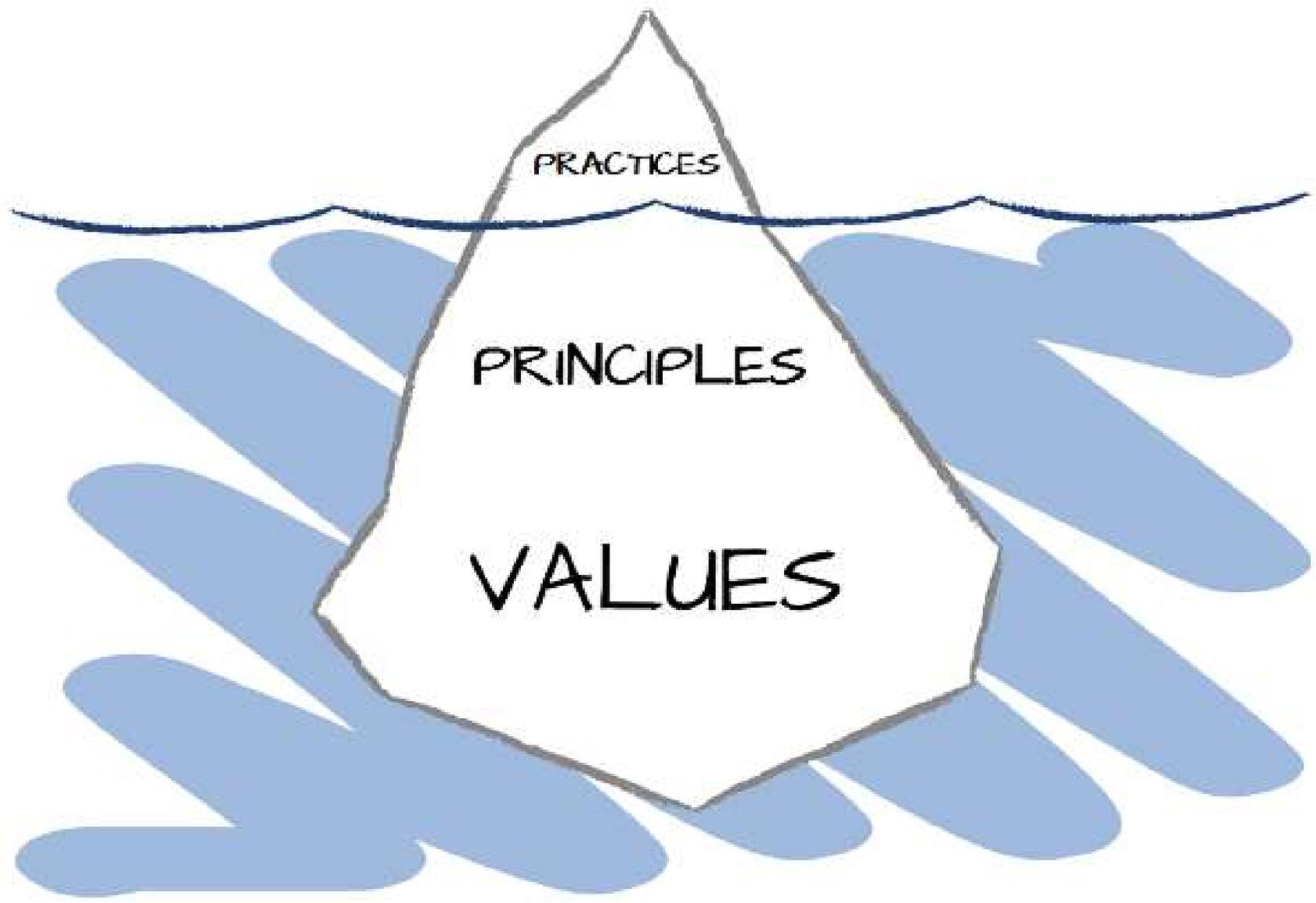
Part A:
An Overview of RNR

Pre-1980s
Growing focus on punishment

Supported by Martinson's 1974 review

GPCSL theory:
General Personality and Cognitive Social Learning

Mounting evidence *for* treatment
Meta-analyses

RNR

Growth of measures

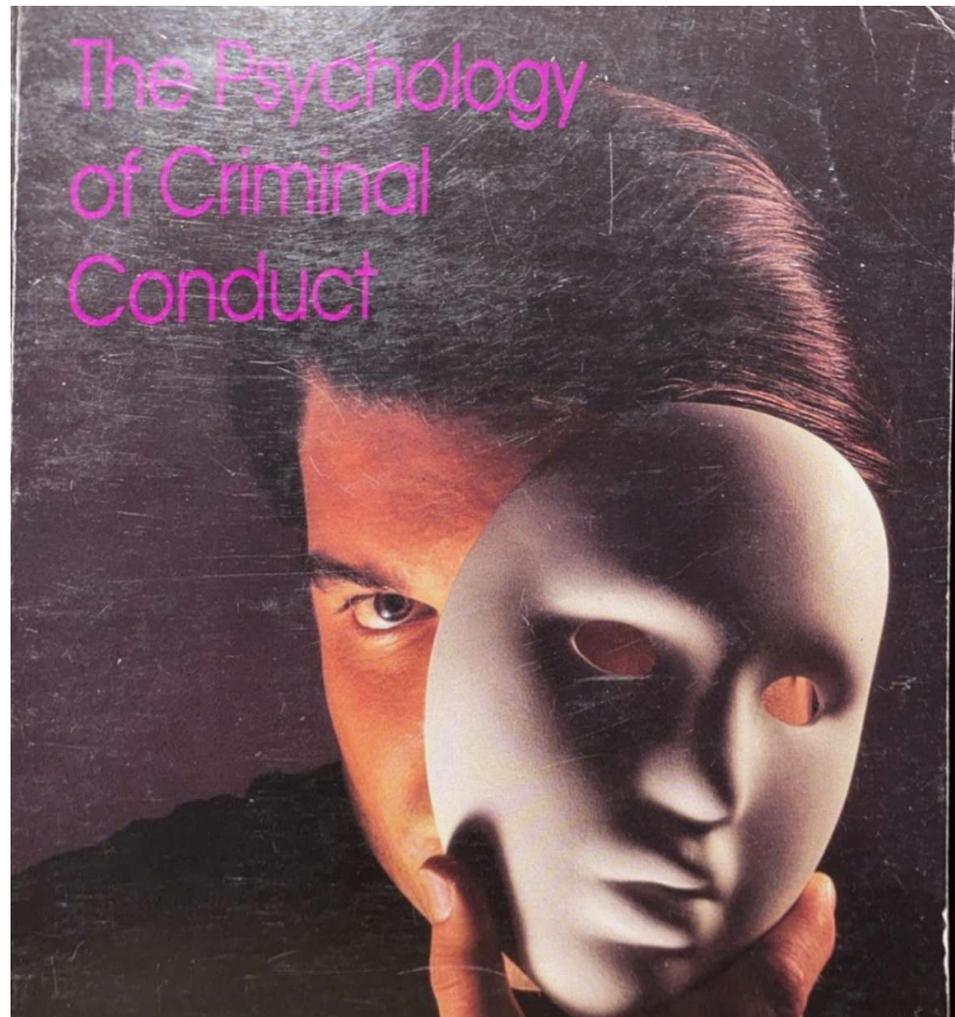Applying RNR to individuals who are sexually violent

Andrew & Bonta (2010a, 2010b)

General Personality and Cognitive Social Learning (GPCSL) theory

8 major risk/need factors "Central Eight"

Criminal behavior is learned

Varies by rewards and costs for criminal and noncriminal behaviors
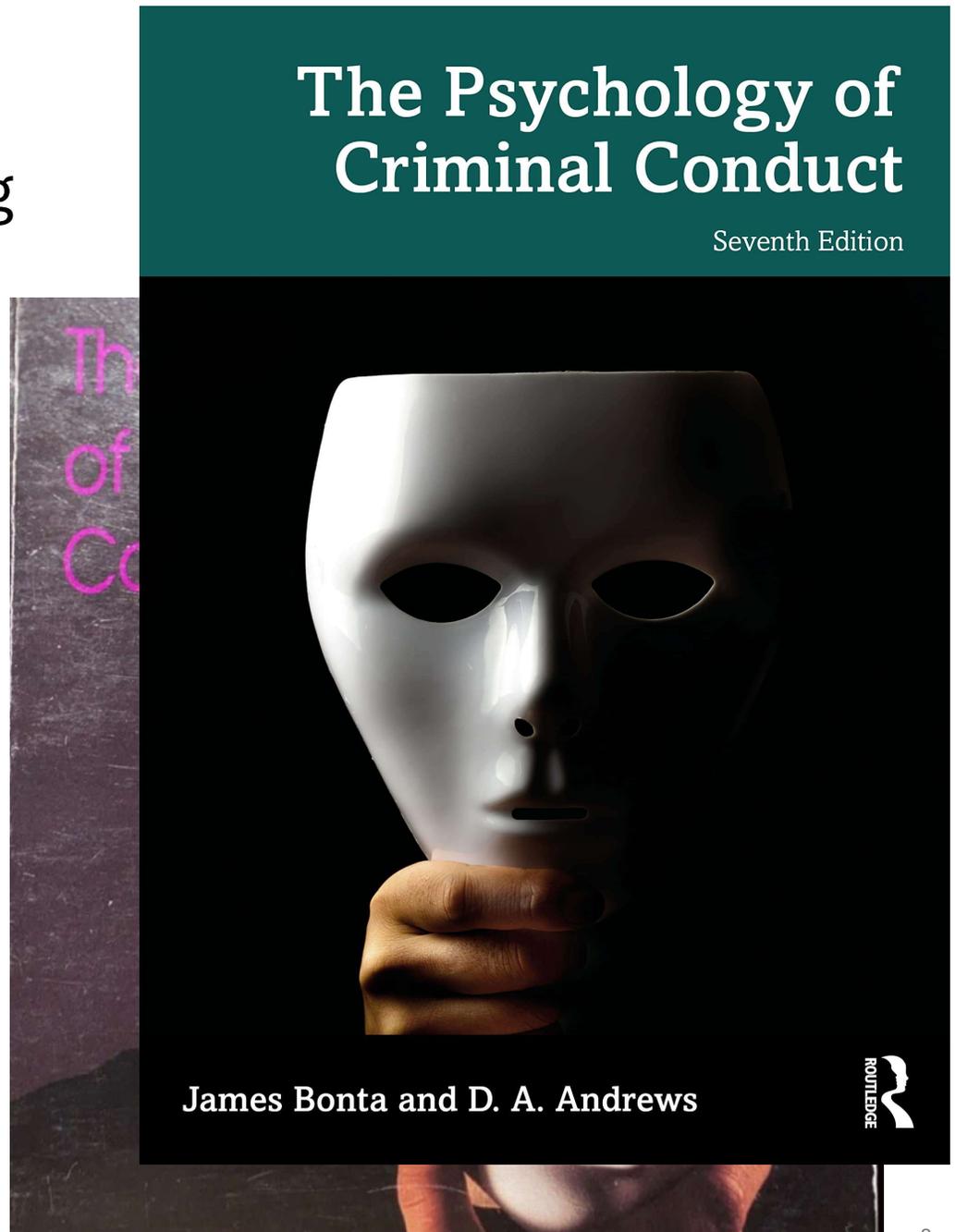

Andrews & Bonta (1994)

General Personality and Cognitive Social Learning (GPCSL) theory

8 major risk/need factors "Central Eight"

Criminal behavior is learned

Varies by rewards and costs for criminal and noncriminal behaviors

The Psychology of Criminal Conduct

Seventh Edition

James Bonta and D. A. Andrews

Andrews & Bonta (1994); Bonta & Andrews (2024)

Principles of the Expanded RNR Model

Overarching Principles

1. Respect for the person
2. Theory
3. Crime prevention services

Key Clinical Issues

9. Breadth
10. Strengths
11. Structured assessment
12. Professional discretion

Core RNR Principles

4. Human service
5. Risk
6. Need
7. General responsivity
8. Specific responsivity

Organizational Principles

13. Community-based
14. GPCSL-based practices
15. Management

Andrews, Bonta, & Wormith (2011); Bonta & Andrews (2024)

Principles of the Expanded RNR Model

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.

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

Handout

Table 9.1 of Bonta & Andrews (2024)

Effective Offender Rehabilitation:
Core Principles

Risk Principle

WHO to treat

WHO to provide more services

Need Principle

WHAT to treat

WHAT to supervise

Responsivity Principle

HOW to treat

HOW to supervise

Bonta & Andrews (2024)

11

Why Should We Implement RNR Principles into Practice

Adherence to all 3 principles leads to most effective reductions in recidivism

Bonta & Andrews (2024)
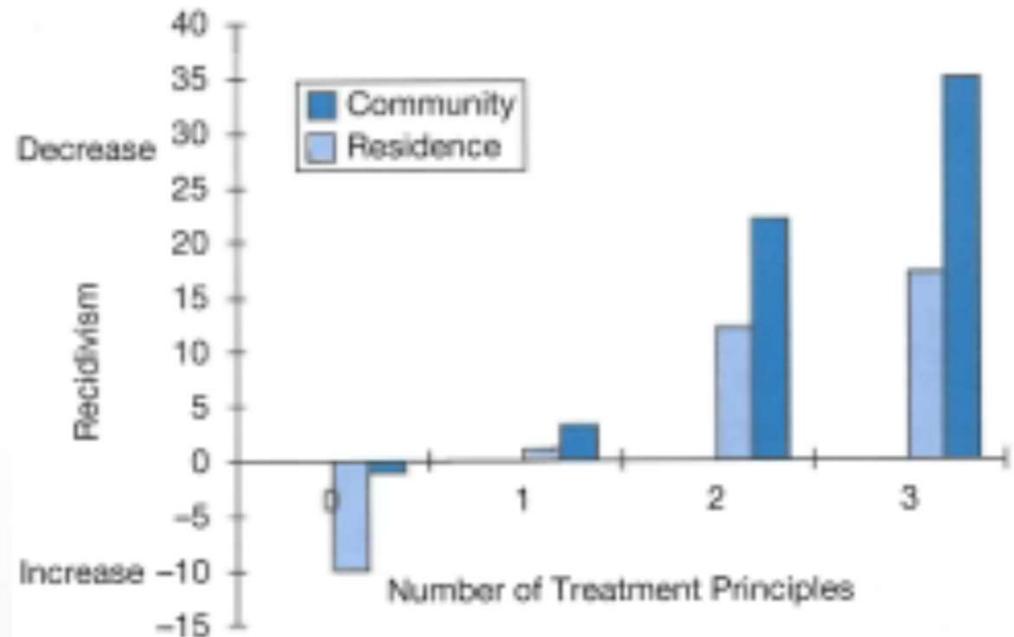
Why Should We Implement RNR Principles into Practice

By increasing levels of Risk-Need-Responsivity adherence (meta-analytic examination, k = 374):
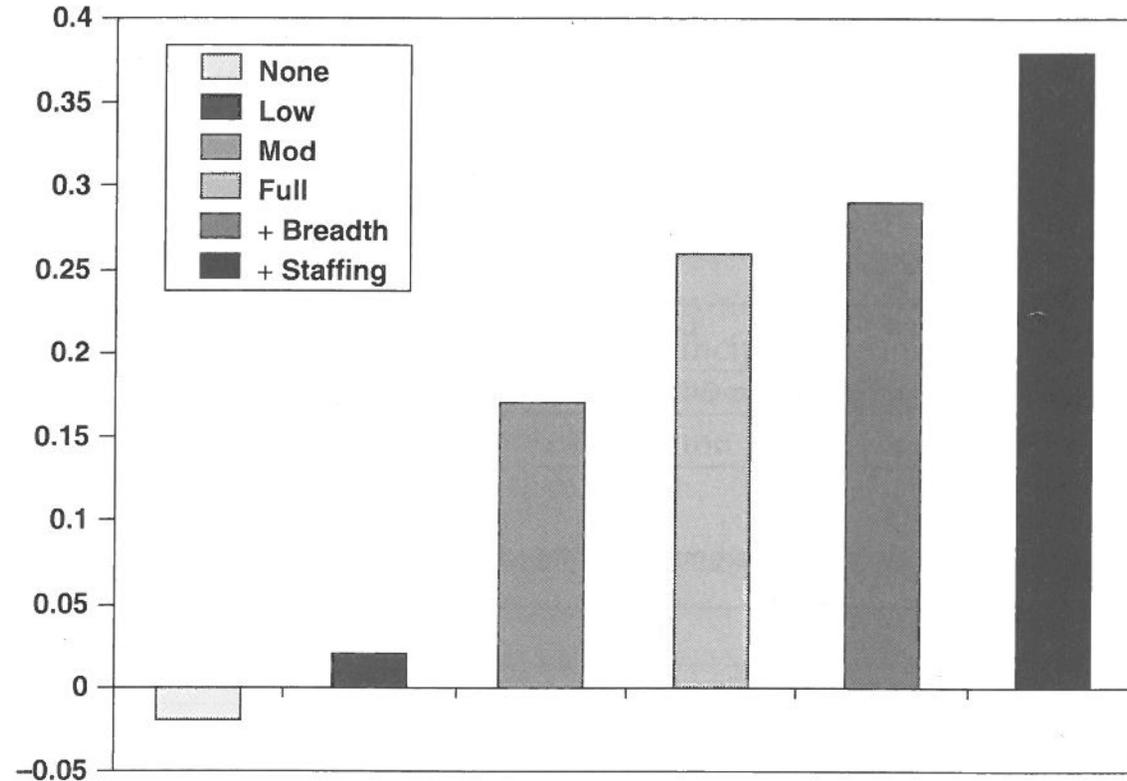
Fig 2.8 (p.76) from Andrews & Bonta (2010a)

Why Should We Implement RNR Principles into Practice *with Those Who Sexually Abuse*

Hanson et al (2009)
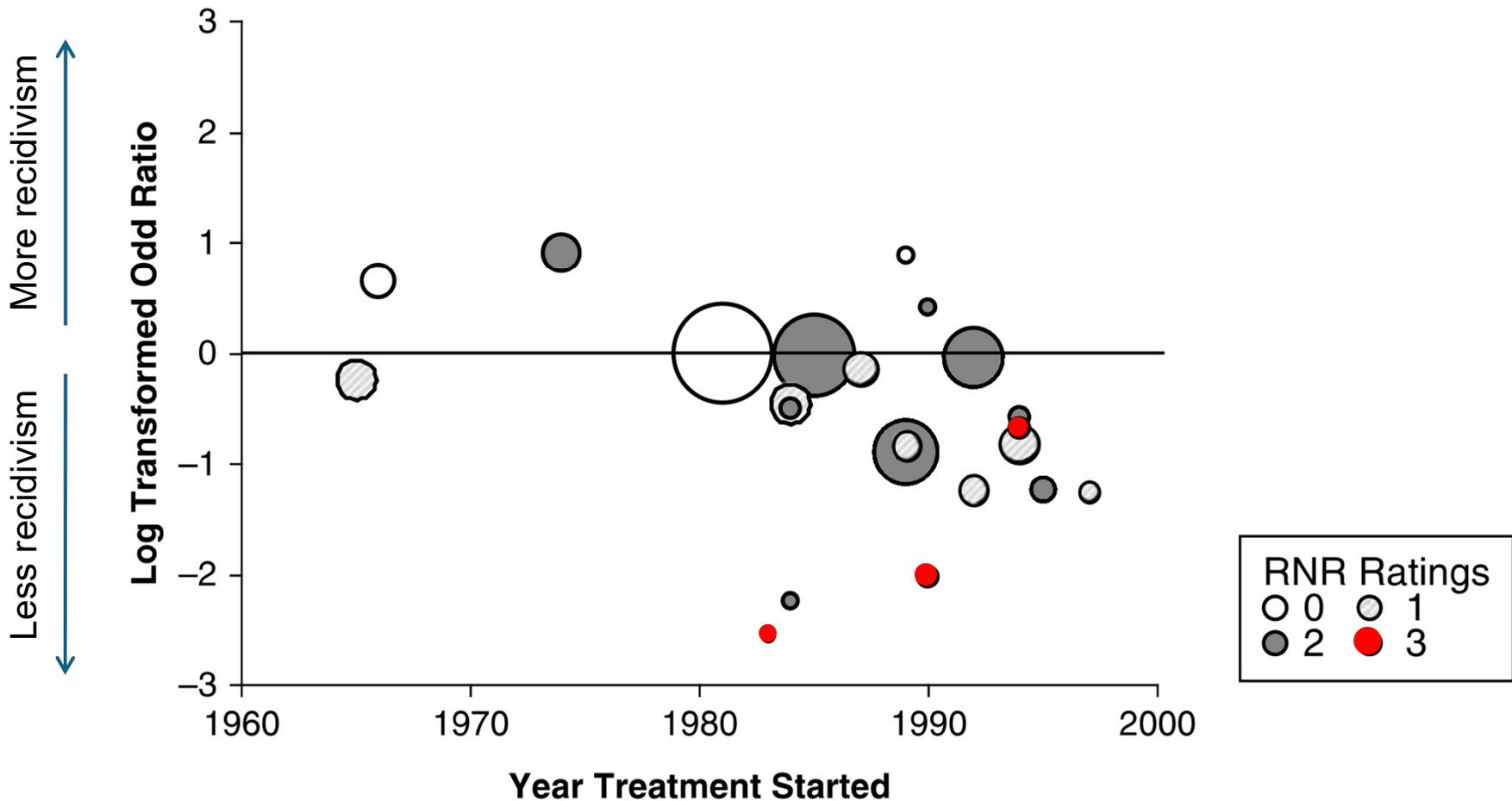
Arguments Against RNR

Duan et al (2023)
Fazel et al (2024)

Bonta & Gendreau (2024)

Bonta et al (2024)

McGuire et al (2025)

Model Pluralism (Porporino, 2024)

Principles of RNR:
Take home messages

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

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

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

Part B:
The Risk
Principle

RNR Principles:
Risk Principle

WHO to treat

Risk Principle

- Offender recidivism can be reduced if the level of treatment services provided is proportional to the offender's risk to re-offend

Bonta & Andrews (2024)

RNR Principles: Risk Principle

WHO to treat

Risk Principle

Prediction:

Predict criminal behavior using evidence-based risk tools

Matching:

Match intensity of service to risk level

Andrews & Bonta (2010a); Andrews et al (2011); Bonta & Andrews (2024)

Risk Principle:
Why is this important?

Medium Risk

Higher
Risk

MOST BANG
FOR THE
BUCK HERE

Extreme
Low Risk

Extreme
High Risk

Jung (2017)
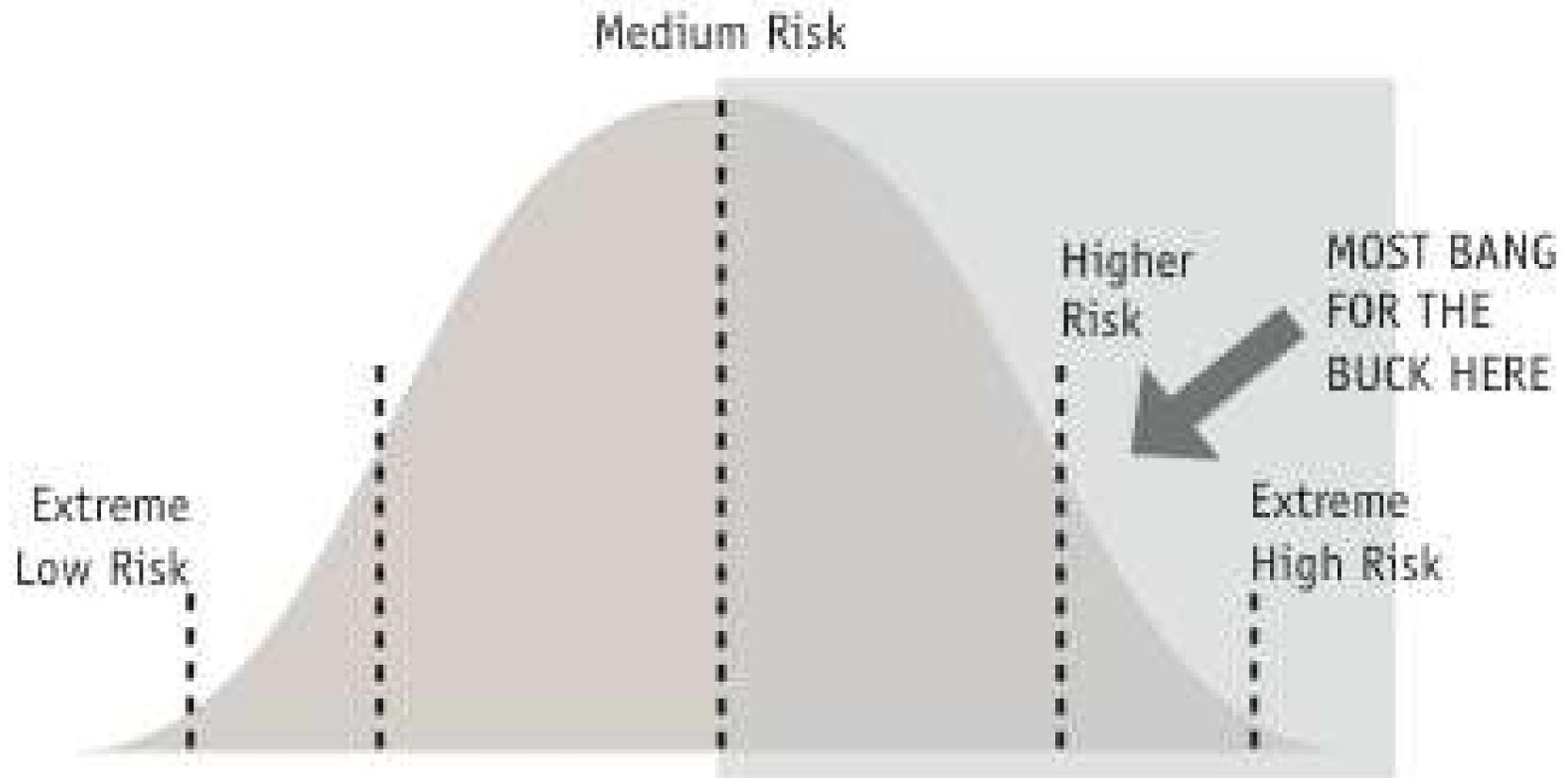
Risk Principle:
How are we assessing for risk?

Systematic collection of information

Evidence-based

Review documents

Comprehensive interview
Collateral interviews

Risk prediction and prevention
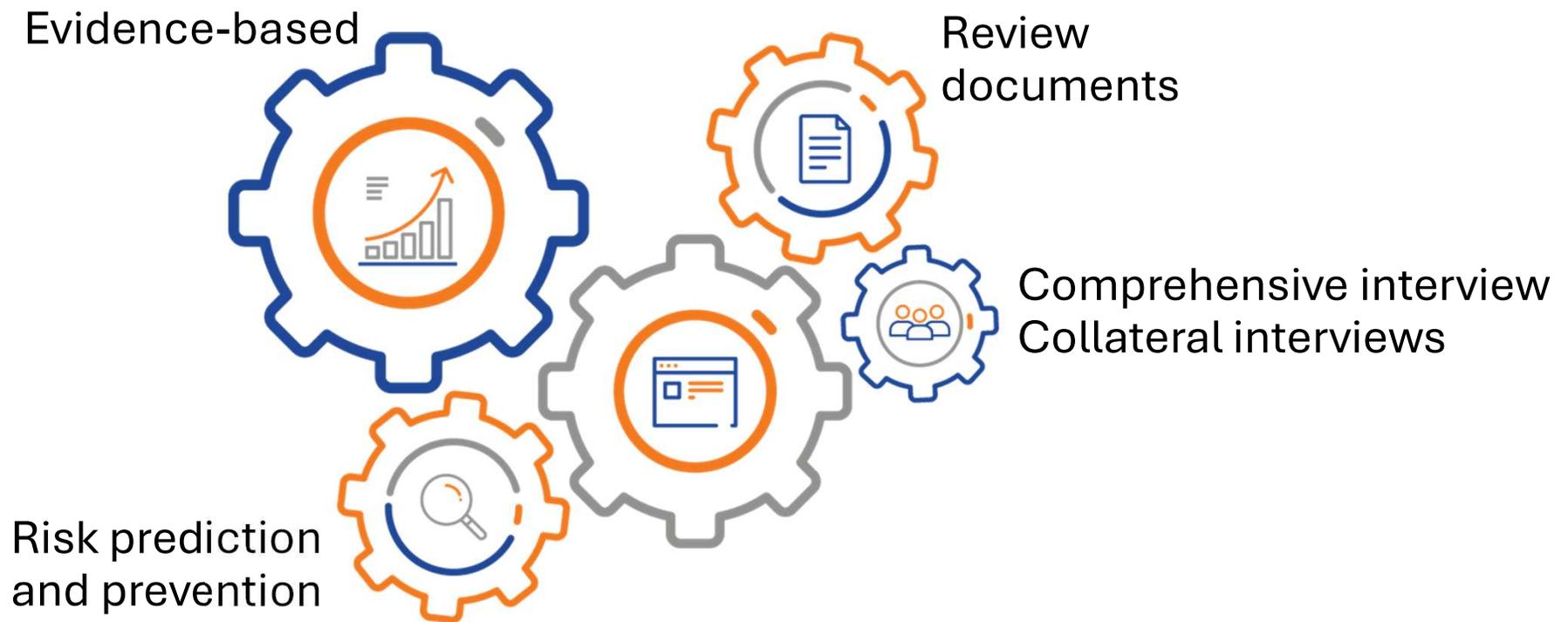
Risk Principle:
Which risk assessment tool?

Use evidence-based practices
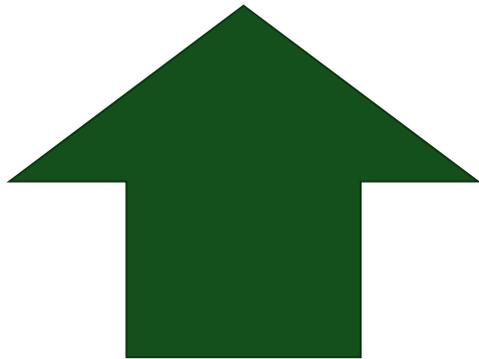
The highest form is empirical evidence: research, data, results from controlled studies, etc.

But sometimes it doesn't make us feel good.
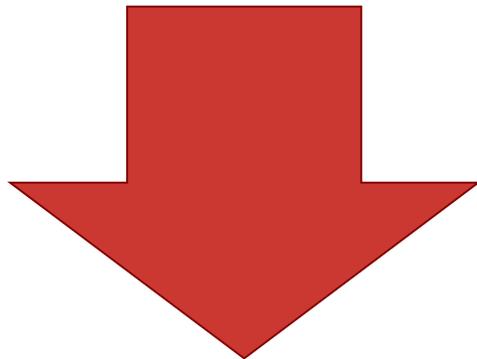
The lowest form is anecdotal evidence: stories, opinions, testimonials, case studies, etc.

But it often makes us feel good.

Risk Principle:
Which risk assessment tool?

Unstructured Clinical Judgment
- Purely subjective
- Not evidence-based

🚫

Actuarial Prediction
- Statistical evidence
- Outperforms most tools

✔

Structured Professional Judgment
- Predetermined risk factors
- Professional judgment

✔

Risk Principle:
Use validated risk tool

2 Members conduct objective, impartial, and reliable assessments that support well-informed decision making and maintain the credibility and integrity of the profession. In this regard members should:

Estimation of Risk Tools

6.04 Comprehensive assessments should involve the inclusion of tools that estimate a client's level or category of risk for sexual recidivism and may offer probabilities for sexual recidivism over time. Risk may also be assessed for violent non-sexual recidivism and general recidivism. Risk assessments may be conducted and reported as part of a stand-alone risk assessment report that incorporates some, but not necessarily all, components of a comprehensive assessment.

ASSESSMENT

- Use empirically supported instruments and methods (i.e., validated actuarial risk assessment tools and structured, empirically guided risk assessment protocols) rather than unstructured clinical judgment.

- Use the most current and updated form of the risk assessment tools being used.

- Be appropriately trained in scoring, interpreting, effectively and accurately reporting, and applying the findings of the risk assessment instruments and protocols used.

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25

Risk Principle:
Use validated risk tool

- Actuarial measures [e.g., Static-99R]
- Structured professional judgment [e.g., SVR-20]
- Hybrid tools that measure change [e.g., VRS-SO]

- Using multiple tools:
  - Disparity among measures (Barbaree et al., 2006; Jung et al., 2013)
  - Use single measure (Kroner et al., 2005; Seto, 2005)
  - Averaging between measures (Babchishin et al., 2012)
  - Be explicit in what approach was used (Skeem & Monahan, 2011)

Risk Principle:
Cautionary Considerations

We make errors and biases
- Fundamental attribution error
- Illusory correlations
- Self-serving bias
- Representative heuristic
- Confirmation bias
- And the list goes on...

Duwe & Rocque (2018); Hanson & Morton-Bourgon (2009); Harris et al. (2002)

Risk Principle: Cautionary Considerations

We make errors and biases
- Fundamental attribution error
- Illusory correlations
- Self-serving bias
- Representative heuristic
- Confirmation bias
- And the list goes on…

Duwe & Rocque (2018); Hanson & Morton-Bourgon (2009); Harris et al. (2002)

Applying clinical override reduces predictive validity

Schmidt et al. (2016); Wormith et al. (2012)

- Self-evaluate biases
  - Evaluator-specific
  - Case-specific
  - Context-specific

Miller & Brodsky (2011)

Handout

Risk Principle:
Move towards common risk language

Very low (0-5%)	**Category I**	Custody counterproductive
Below average (6-13%)	**Category II**	Case management
Average (14-25%)	**Category III**	100-200 hours
Above average (26-85%)	**Category IV**	200-300 hours / 300+ hours
(>86%)	**Category V**	*Non-existent*

(see youtube videos by Andrew Brankley)

Hanson et al (2017)

Risk Principle

Matching:

Match the level of service to the offender's risk to re-offend

Lower intensity   Higher intensity

Low risk   Moderate risk   High risk

Community program
- 6 months, 3 hour/wk group
- Individual work is available
- ~100 hrs total

Prison program
- 12-18 months, 15 hour/wk group
- Non-sex offender programs available
- Individual work is available

Cortoni & Nunes (2008); Olver et al (2009); Wakeling et al (2012)

Case example: Cory, 58

- No prior record
- Retired
- 2 female victims

Case example: Cory, 58

- No prior record
- Retired
- 2 female victims

Static-2002R Scoring Summary (Actuarial Risk Measure)
(Phenix, Helmus, & Hanson, January 2012)

	Risk Factor	Scores	Converted Subscore
1.	Age at release **[40 to 59.9 = 0]**		
	Age		
2.	Prior sentencing occasions for sexual offending **[none]**		
3.	Juvenile arrest / adult conviction for sexual offending **[none]**		
4.	Rate of sexual offending **[none]**		
	Persistence of Sexual Offending		
5.	Any sentencing for non-contact sexual offending **[none]**		
6.	Any male victim **[none]**		
7.	Young, unrelated victims **[yes, has two or more <12 years victims, unrelated]**		
	Deviant Sexual Interests		
8.	Any unrelated victim **[yes]**		
9.	Any stranger victim **[none]**		
	Relationship to Victim		
10.	Prior criminal justice system **[none]**		
11.	Prior sentencing **[none]**		
12.	Community supervision violation **[none]**		
13.	Years free prior to index sexual offending **[none]**		
14.	Prior non-sexual violence sentencing **[none]**		
	General Criminality		

TOTAL SCORE:

Case example: Cory, 58
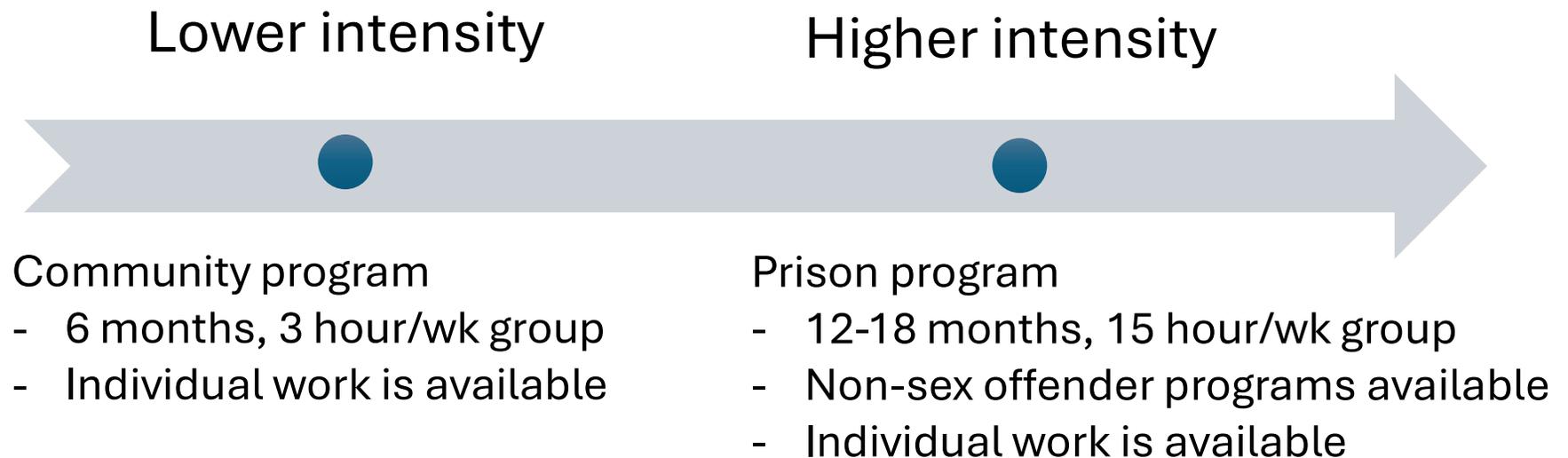
- No prior record
- Retired
- 2 female victims

Static-2002R Scoring Summary (Actuarial Risk Measure)
(Phenix, Helmus, & Hanson, January 2012)

Risk Factor	Scores	Converted Subscore
1. Age at release **[40 to 59.9 = 0]**	0	
Age		**0**
2. Prior sentencing occasions for sexual offending **[none]**	0	
3. Juvenile arrest / adult conviction for sexual offending **[none]**	0	
4. Rate of sexual offending **[none]**	0	
Persistence of Sexual Offending		**0**
5. Any sentencing for non-contact sexual offending **[none]**	0	
6. Any male victim **[none]**	0	
7. Young, unrelated victims **[yes, has two or more <12 years victims, unrelated]**	1	
Deviant Sexual Interests		**1**
8. Any unrelated victim **[yes]**	1	
9. Any stranger victim **[none]**	0	
Relationship to Victim		**1**
10. Prior criminal justice system **[none]**	0	
11. Prior sentencing **[none]**	0	
12. Community supervision violation **[none]**	0	
13. Years free prior to index sexual offending **[none]**	0	
14. Prior non-sexual violence sentencing **[none]**	0	
General Criminality		**0**
TOTAL SCORE:		**2**

(5-yr, 2.1% using routine sample as comparison)

Case example
Cory, 58

- What would be your next step?

Lower intensity   Higher intensity

Community program
- 6 months, 3 hour/wk group
- Individual work is available

Prison program
- 12-18 months, 15 hour/wk group
- Non-sex offender programs available
- Individual work is available

Risk Principle:
Take home messages

- Sound RNR assessment

- Evidence-based practice / assessment instrument

- Self-check on subjectivity creeping in

- Suit the treatment intensity to the assessment, regardless of which evidence-supported measure is used

- Need to consider decision-making within the real constraints of what programs exist (or what is possible to develop)

Risk Principle:
Take home message about low risk offenders

1. Treatment services provided to low risk offenders should be kept to a minimum.

2. If treated, low risk offenders should be separated as much as possible.

3. Often, most or all of the low risk offenders' needs are noncriminogenic needs (e.g., anxiety, depression and general feelings of distress).

Andrews & Bonta (2010a); Bonta (2009); Wakeling et al (2012)
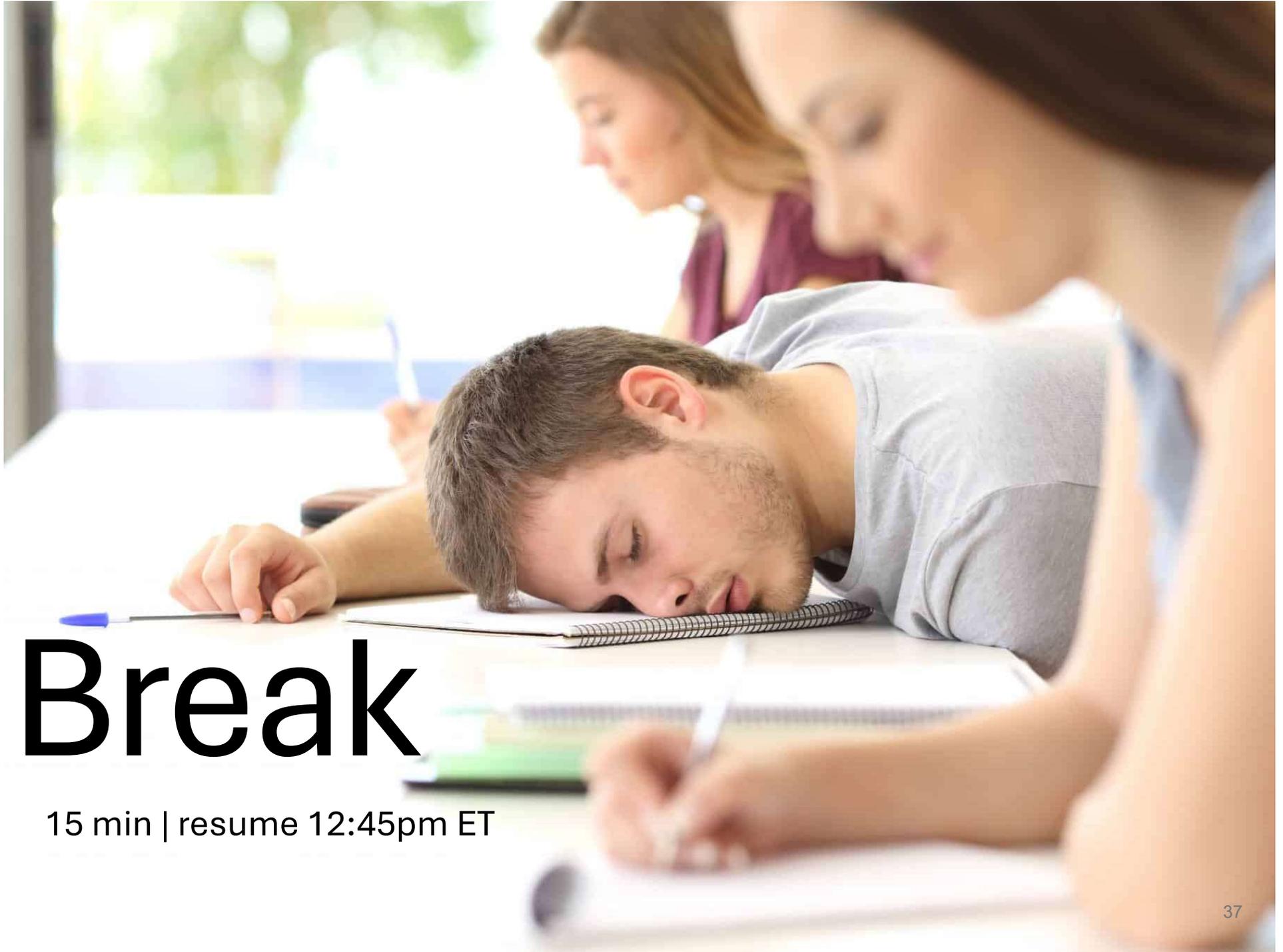
Break

15 min | resume 12:45pm ET

Part C:
The Need Principle

RNR Principles:
Need Principle

Need Principle

- Assess criminogenic needs and target them in treatment & supervision
- Criminogenic needs are dynamic risk factors directly linked to criminal behavior
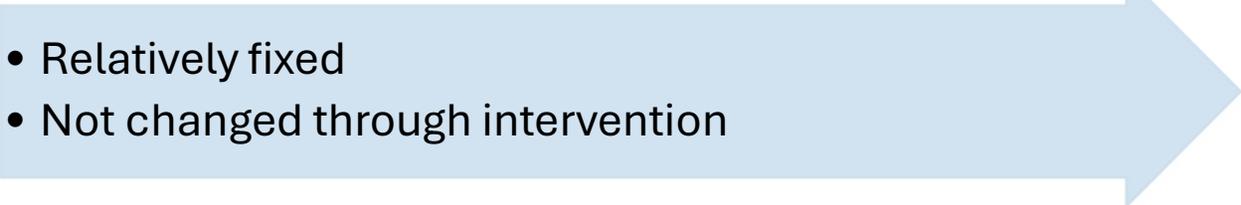
Static Risk Factors
- Relatively fixed
- Not changed through intervention
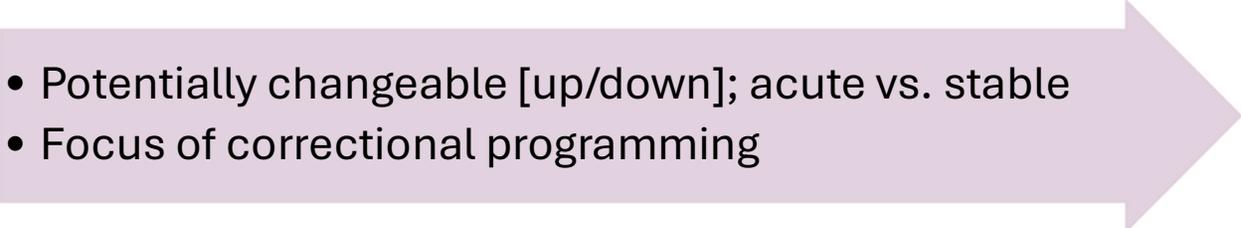
Dynamic Risk Factors
- Potentially changeable [up/down]; acute vs. stable
- Focus of correctional programming

Andrews & Bonta (2010); Andrews et al (1990); Hanson (2009)

Need Principle:
Central 8

The Big Four

1. History of antisocial behavior [static]
2. Antisocial personality pattern
3. Antisocial cognition
4. Antisocial associates

The Moderate Four

5. Family/marital circumstances
6. School/work
7. Leisure/recreation
8. Substance abuse

Andrews & Bonta (2010a); Andrews et al (2004)

Need Principle:
Relevant Treatment Targets

Dynamic Risk Factors
(criminogenic needs of those who sexually abuse)

- Sexual preoccupation
- Paraphilic interests
- Offense-supportive attitudes
- Emotional intimacy deficits
- Impulsivity & poor problem solving
- Resistance to rules/supervision
- Negative social influences

Mann et al (2010)

41
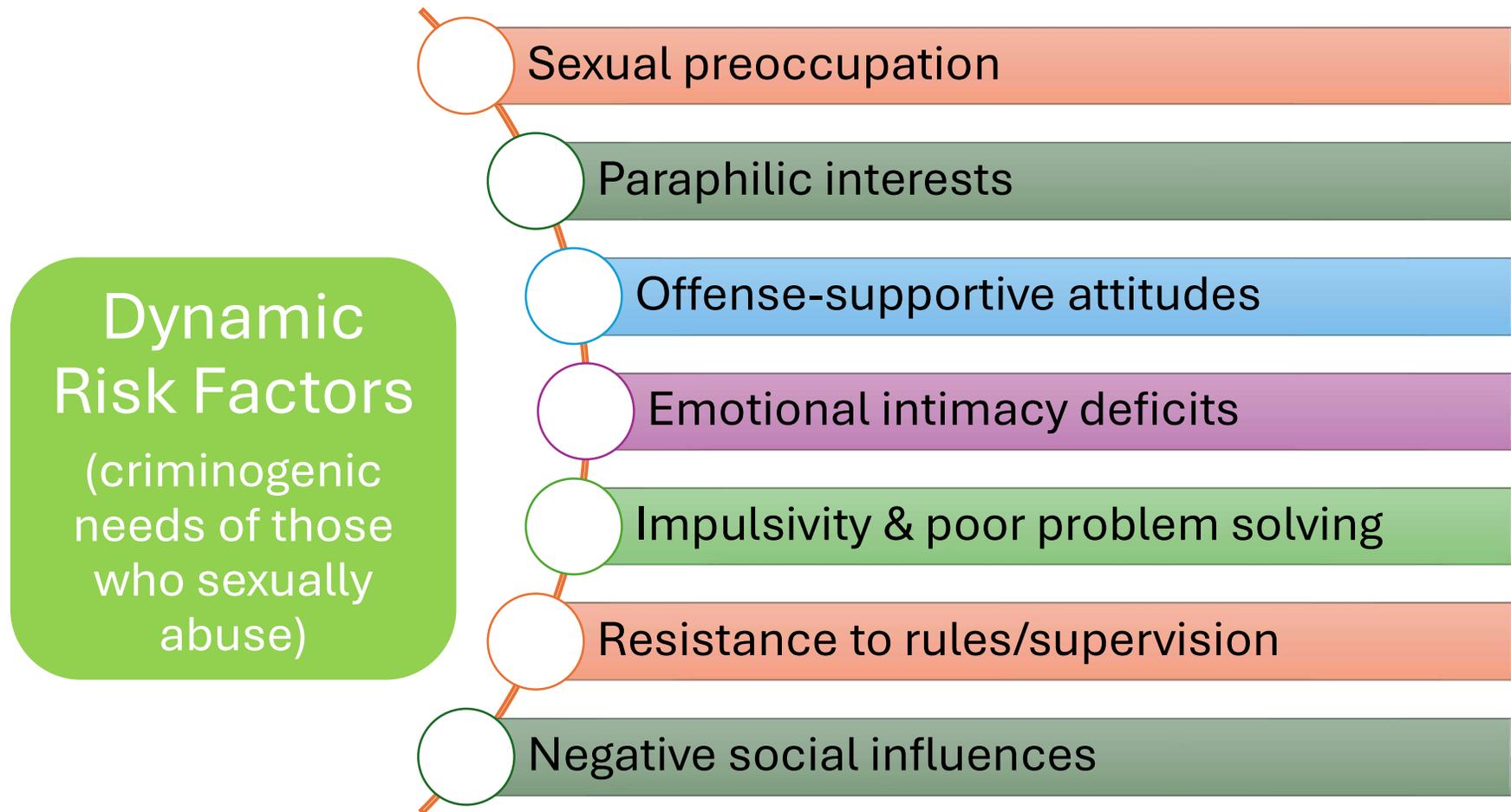
Need Principle:
Promising Dynamic Factors

Hostile beliefs about women

Machiavellianism (view others as weak, easily manipulated)

Lack of concern for others/callousness

Dysfunctional coping

Mann et al (2010)
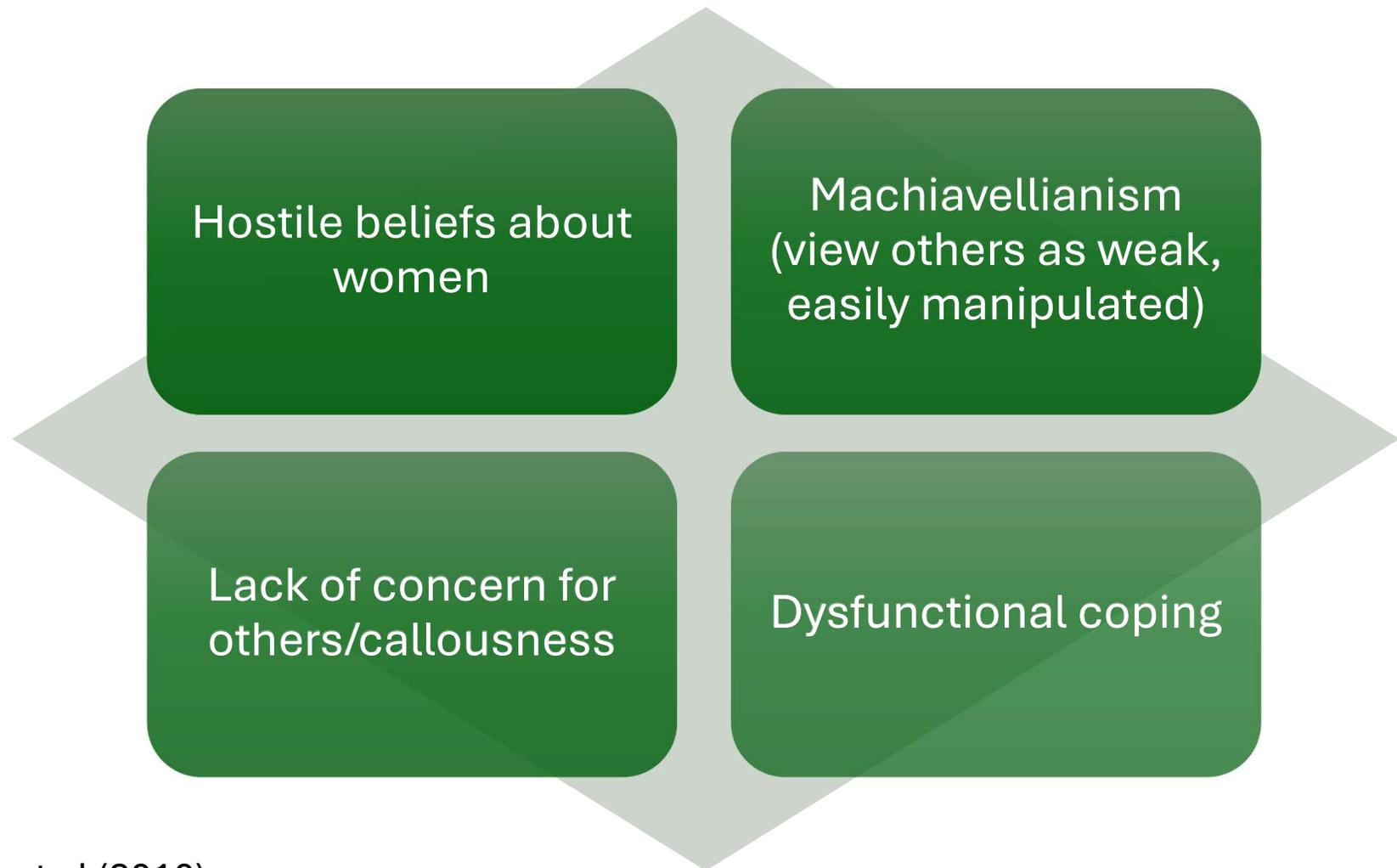
Need Principle: Unsupported Needs

Potential risk factors	Not risk factors
• Denial • Low self-esteem • Major mental illness • Loneliness	• Depression • Social skills deficits • Poor victim empathy • Poor motivation for treatment

Differentiate between criminogenic needs and clinical needs

Mann et al (2010)

Need Principle:
Empirically-Supported Tools

(not an exhaustive list)

- Stable-2007 / Acute-2007
  - SAARNA: https://saarna.org
- SVR-20 / RSVP
  - Protect International: https://protect-international.com
- VRS-SO
  - Psynergy Consulting: http://www.psynergy.ca/
- ARMADILO (for developmentally delayed SOs)
  - http://www.armidilo.net
- SOTIPS
  - http://robertmcgrath.us

Also, other risk tools (e.g., VRAG, LS/CMI)

Need Principle:
Intimate partner sexual violence

Choose based on what you want to predict
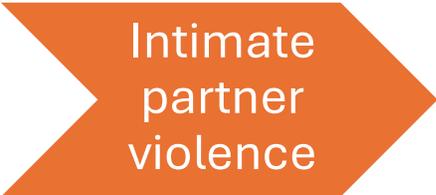
Intimate partner violence

- ODARA: Ontario Domestic Assault Risk Assessment (13)
- SARA: Spousal Assault Risk Assessment (20)
- B-SAFER: Brief Spousal Assault Form for the Evaluation of Risk (15)
- Danger Assessment (20)

Sexual violence

- Static-99/R (10)
- Static-2002/R (14)
- Stable-2007 / Acute-2007
- SVR-20: Sexual Violence Risk-20 / RSVP: Risk for Sexual Violence Protocol
- VRS-20: Violence Risk Scale for Sex Offenders

ODARA 101 website for more resources and training info

Need Principle:
Intimate partner sexual violence

1. Relationship conflict

2. Social supports

3. Antisocial behavior / personality pattern

4. Antisocial cognitions

5. Substance abuse

6. Lethality-relevant factors (imminence):

   - Depression

   - Desperation

   - Hopelessness

   - Stress from School/Work

Andrews & Bonta (2010a); Capaldi et al (2012); Hilton & Ennis (2020)

Need Principle:
Intimate partner sexual violence

What else should I look for?

violent fantasies (recurrent and/or fixations)
- about an individual
- escalate in seriousness

grandiose delusions

narcissism

leakage
- subtle threats (or suggestive indications of violence)
- recurring themes (violence, hopelessness, despair, hatred, isolation, loneliness, pessimism or "end of the world" philosophy)

weapon possession

coercively controlling behaviors

Need Principle:
Matching treatment and/or supervision with criminogenic needs

❑ *Sexual preoccupation*

❑ *Paraphilic interests*

❑ *Offense-supportive attitudes*

❑ *Emotional intimacy deficits*

❑ *Impulsivity & poor problem solving*

❑ *Resistance to rules / supervision*

❑ *Negative social influences*

Handout

Need Principle:
Implementation at a micro-level

How can we target criminogenic needs?

- Mainstream correctional programs that meet the risk, need, and responsivity principles

- Sexual self-regulation skills training

- Behavioral conditioning of deviant sexual arousal

- Sexual preoccupation (medication)

- Substance use

- Problem-solving skills

Creating modules and/or finding existing community programs

- Restrictions on whom they associate with

- Restrictions on contacts with children or vulnerable adults when supervised in the community

Need Principle:
Take home messages

- Criminogenic needs can come and go, unlike static risk factors that can only change in one direction (increase risk) and are immutable to treatment intervention

- Offenders have many needs deserving of treatment, but not all these needs are associated with their criminal behavior

- Sound individualized assessment of empirically supported needs

Case example: Daniel

- Abusive childhood

- Age 21, abused niece

- Age 33-36, 5 victims

Case example: Daniel

- Abusive childhood

- Age 21, abused niece

- Age 33-36, 5 victims

Static-99R Score Summary

	Risk Factor Yes = 1, No = 0	Under 60 Release Score
1	Age at Release? (Score range is -3 to 1)	
2	Ever lived with lover $\geq$ 2 years?	
3	Index non-sexual violence, any conviction?	
4	Prior non-sexual violence, any convictions?	
5	Prior sex offenses? (Score range is 0-3)	
6	Prior sentencing dates (excluding index)?	
7	Convictions for non-contact sex offenses?	
8	Any unrelated victims?	
9	Any stranger victims?	
10	Any male victims?	
	Total Score =	

Case example: Daniel

- Abusive childhood

- Age 21, abused niece

- Age 33-36, 5 victims

Static-99R Score Summary

	Risk Factor Yes = 1, No = 0	Under 60 Release Score
1	Age at Release? (Score range is -3 to 1)	-1
2	Ever lived with lover ≥ 2 years?	0
3	Index non-sexual violence, any conviction?	1
4	Prior non-sexual violence, any convictions?	0
5	Prior sex offenses? (Score range is 0-3)	3
6	Prior sentencing dates (excluding index)?	0
7	Convictions for non-contact sex offenses?	0
8	Any unrelated victims?	1
9	Any stranger victims?	1
10	Any male victims?	1
	Total Score =	**6**

- 90-95th percentile range (high risk)
- 2.9x higher than typical Cdn SO

Case example: Daniel

Matching Treatment and/or Supervisory Criminogenic Needs

Sexual violence relevant

- ❑ *Sexual preoccupation*
- ❑ *Paraphilic interests*
- ❑ *Offense-supportive attitudes*
- ❑ *Emotional intimacy deficits*
- ❑ *Impulsivity & poor problem solving*
- ❑ *Resistance to rules / supervision*
- ❑ *Negative social influences*

Central 8

- ❑ *History of antisocial behavior*
- ❑ *Antisocial personality pattern*
- ❑ *Antisocial cognition*
- ❑ *Antisocial associates*
- ❑ *Family/marital circumstances*
- ❑ *School/work*
- ❑ *Leisure/recreation*
- ❑ *Substance abuse*

Case example: Daniel

Matching Treatment and/or Supervisory Criminogenic Needs

Sexual violence relevant

- ☑ *Sexual preoccupation*
- ☑ *Paraphilic interests*
- ☑ *Offense-supportive attitudes*
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Central 8

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- ☐ *Antisocial associates*
- ☑ *Family/marital circumstances*
- ☑ *School/work*
- ❓ *Leisure/recreation*
- ☐ *Substance abuse*

Case example: Cory

Areas of criminogenic need?

❑ *Sexual preoccupation*

❑ *Paraphilic interests*

❑ *Offense-supportive attitudes*

❑ *Emotional intimacy deficits*

❑ *Impulsivity & poor problem solving*

❑ *Resistance to rules / supervision*

❑ *Negative social influences*

Case example: Cory
Areas of criminogenic need?

- ❏ *Sexual preoccupation*
- ❓❏ *Paraphilic interests*
- ❏ *Offense-supportive attitudes*
- ❏ *Emotional intimacy deficits*
- ❓❏ *Impulsivity & poor problem solving*
- ❏ *Resistance to rules / supervision*
- ❓❏ *Negative social influences*

✓ **Employment**
✓ **Leisure**
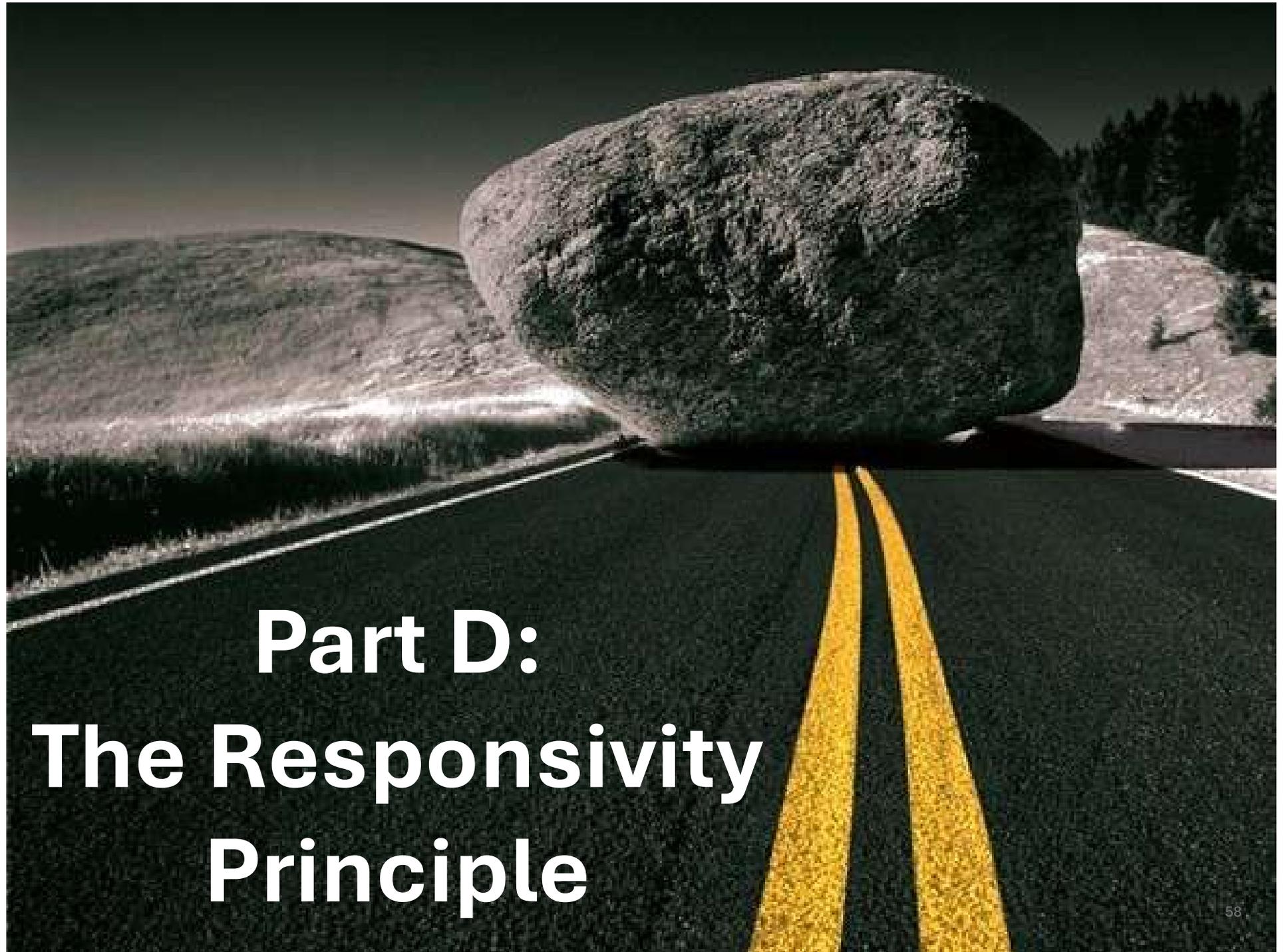
Part D:
The Responsivity Principle

RNR Principles:
Responsivity Principle

Responsivity Principle

- Use the most effective approaches to facilitate change in attitudes and behaviors of offenders

- Treatment can be enhanced if the intervention pays attention to personal factors that can facilitate learning

- These interventions should match the general learning styles, motivations, and abilities of the offender, as well as offender's personality, gender, and ethnicity

Andrews & Bonta (2010); Looman et al (2005)

Responsivity Principle: Two Components

General responsivity

Specific responsivity

- *Influence strategies*
  - Structured
  - Cognitive-behavioral
  - Therapeutic alliance

Maximize benefits of treatment

- Matching treatment to client characteristics

Bonta & Andrews (2024)

Responsivity Principle:
General Responsivity

Treatment programs should include these:

- Cognitive-behavioural in orientation

- Manual based

- Delivered in the manner intended by program developers

- Highly structured, specify aims/tasks

- Personnel who are committed to ideals of rehabilitation

- Trained, qualified, appropriately supervised staff

Andrews & Bonta (2010a)

Responsivity Principle:
General Responsivity

Treatment programs should include these:

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- Manual based
- Delivered in the manner intended by program developers
- Highly structured, specify aims/tasks
- Personnel who are committed to ideals of rehabilitation
- Trained, qualified, appropriately supervised staff

Responsivity Principle: General Responsivity

Treatment programs should include these:

Cognitive-behavioural in orientation

Effective cognitive social learning strategies adhere to 2 principles:

The RELATIONSHIP principle
- Establish a warm, respectful and collaborative working relationship with offender

The STRUCTURING principle
- Influence the direction of change towards the prosocial through appropriate modeling, reinforcement, problem-solving, etc

Active listening skills

Develop common goals

Nonjudgmental feedback

Responsivity Principle:
General Responsivity

Treatment programs should include these:

- Cognitive-behavioural in orientation
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- Delivered in the manner intended by program developers
- Highly structured, specify aims/tasks
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- Delivered in the manner intended by program developers

- Highly structured, specify aims/tasks

- Personnel who are committed to ideals of rehabilitation

- Trained, qualified, appropriately supervised staff

Responsivity Principle:
General Responsivity

Therapist's attitude

Staff hiring and training

Ongoing training of seasoned therapists

Personnel who are committed to ideals of rehabilitation
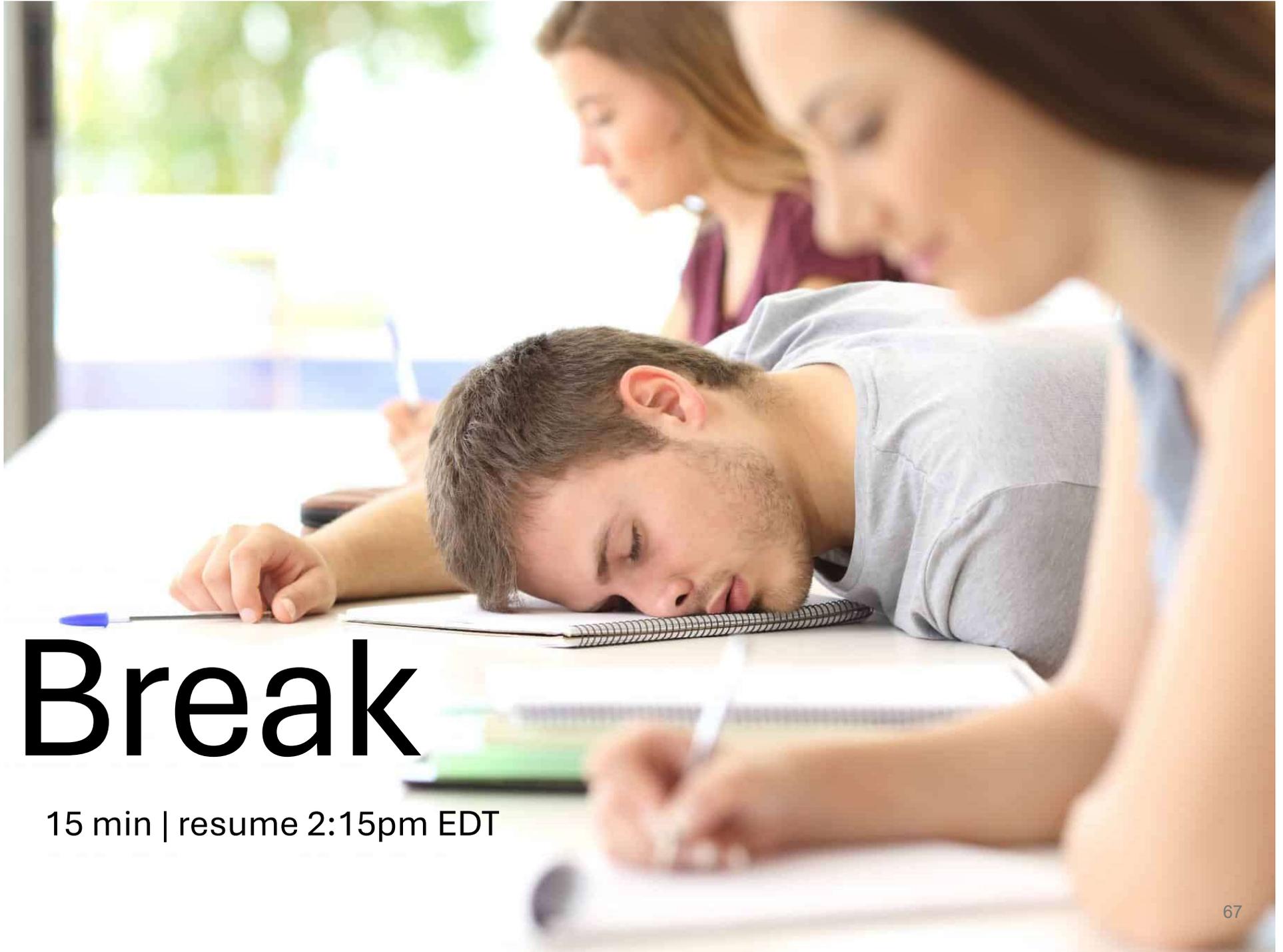
Trained, qualified, appropriately supervised staff

Break

15 min | resume 2:15pm EDT

Responsivity Principle:
Specific Responsivity

- Effective intervention matches learning style, motivation, abilities and strengths of offenders

Motivation for treatment	Barriers to treatment	Denial
Learning/cognitive capacity		Cultural differences
Personality		Other (adverse childhood experiences, mental health, language, substance use, gender)

Andrews & Bonta (2010); Jung (2017)

Specific Responsivity: Motivation

- Awareness extratherapeutic changes AND therapeutic relationship

% improvement in psychotherapy patients as a function of therapeutic factors

Therapeutic relationship 30%

Extratherapeutic change 40%

- Nature of problem
- Motivation
- Capacity to relate
- Ability to identify a focal problem

Expectancy (placebo) 15%

- The client expects a successful outcome

Techniques 15%

Asay & Lambert (1999)

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- Specific models (e.g., CBT, psychodynamic, family systems)
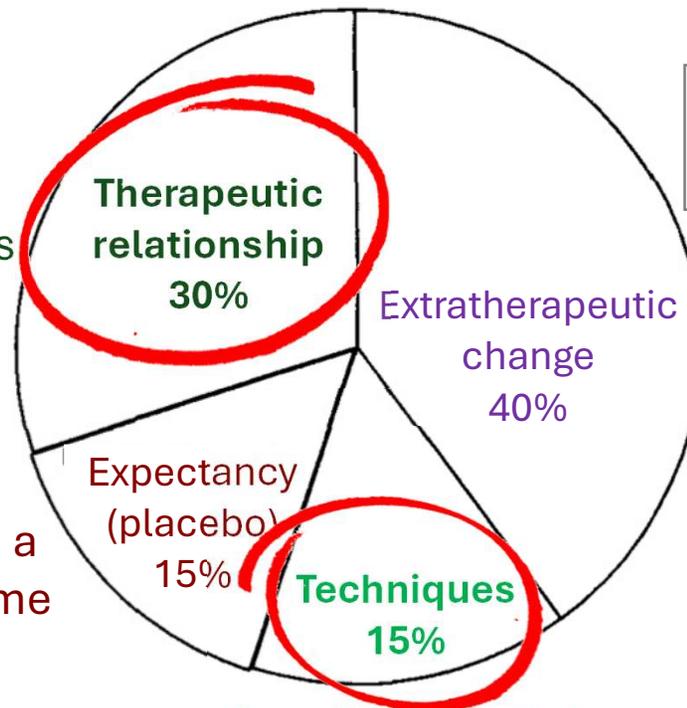
Asay & Lambert (1999)

Specific Responsivity: Motivation

- Awareness extratherapeutic changes AND therapeutic relationship

- Empathy
- Positive Regard
- Non-possessive warmth
- Congruence/genuineness

Therapeutic relationship 30%

Extratherapeutic change 40%

% improvement in psychotherapy patients as a function of therapeutic factors

- Nature of problem
- Motivation
- Capacity to relate
- Ability to identify a focal problem

Expectancy (placebo) 15%

Techniques 15%

- The client expects a successful outcome

- Specific models (e.g., CBT, psychodynamic, family systems)

Asay & Lambert (1999)

Specific Responsivity:
Motivation

- Motivational interviewing techniques

Engaging   Focusing   Evoking   Planning

Miller & Rollnick (2013, 2023); Stinson & Clark (2017)

Specific Responsivity: Motivation

- Motivational interviewing techniques

Engaging | Focusing | Evoking | Planning

- 4 key principles:

Express empathy

Develop discrepancies

Roll with resistance

Support self efficacy

Miller & Rollnick (2013, 2023); Stinson & Clark (2017)

Specific Responsivity: Denial

- Often debate about putting denying sex offenders in treatment

- Denial seen as not functional and must be removed

Jung & Daniels (2012)

Specific Responsivity: Denial

- Often debate about putting denying sex offenders in treatment
- Denial seen as not functional and must be removed

- But denial is a known defense mechanism

- Serves a function (personal, other's perception, decisions)

- To make sense of denial, engagement involves
  - appropriate assessment
  - understanding of its function
  - incorporate formal feedback

Denial = defense mechanism?

Jung & Daniels (2012)
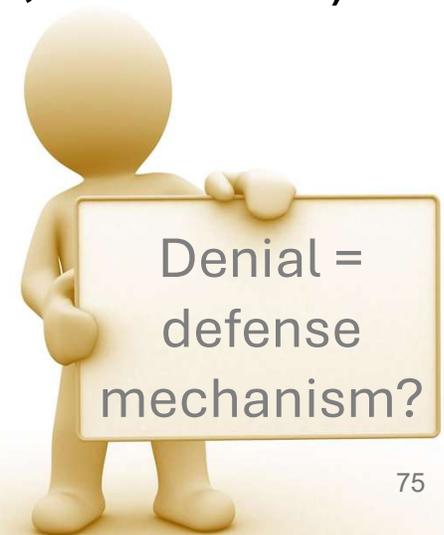
Specific Responsivity:
(Lack of) Motivation and Denial

- Appropriate assessment (e.g., paper/pencil, ratings, scales from larger questionnaires)

- Engagement strategies from general therapy literature
  - Beginning with least objectionable treatment target
  - Change your perspective (principle on staff practices)
  - Work through <u>exactly</u> what is the nature of their treatment motivation (e.g., saving face, taking away from work, denial/minimization)

Jung & Zara (2018)

Case example: Cory
Areas of specific responsivity?

❑ Poor treatment motivation

❑ Denial or problematic minimization

❑ Developmental delay / learning disability

❑ Personality patterns: ☐ Psychopathy

☐ Borderline

☐ Other: _____

❑ Culture-specific concerns

❑ Demographic: female

❑ Mental health instability

❑ Adverse childhood experiences

❑ Active substance abuse or dependency

Case example: Cory
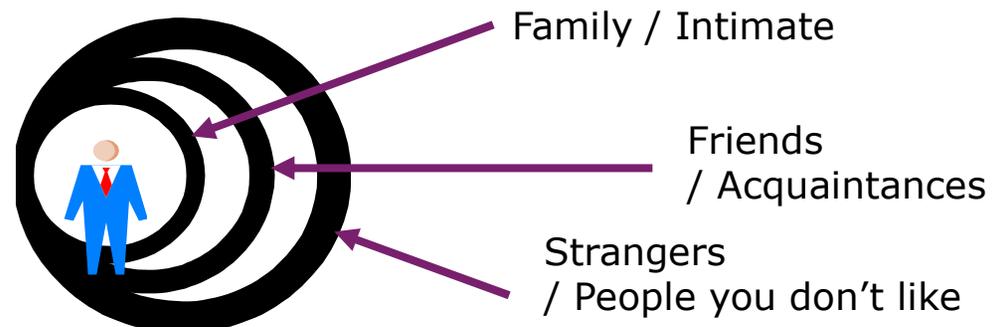*Areas of specific responsivity?*

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- ☐ Developmental delay / learning disability
- ☐ Personality patterns:
  - ☐ Psychopathy
  - ☐ Borderline
  - ☐ Other: _____
- ☐ Culture-specific concerns
- ☐ Demographic: female
- ☐ Mental health instability
- ☐ Adverse childhood experiences
- ☐ Active substance abuse or dependency

Specific Responsivity: Learning/Cognitive Capacity

- Appropriate assessment
- Use visual conceptualizations
  - e.g., the "hill"
- Use activities to engage
  - e.g., illustrate boundaries
  - Application
- Repetition
- Network meetings

Family / Intimate

Friends / Acquaintances

Strangers / People you don't like
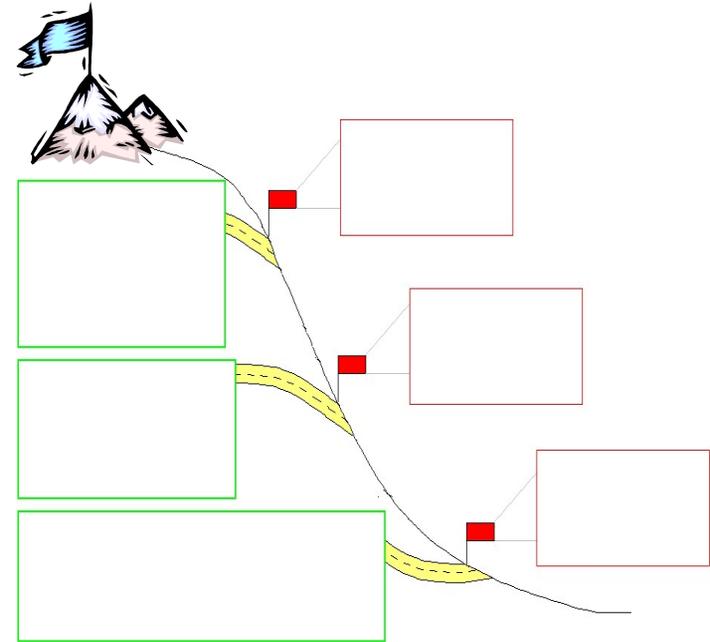
Specific Responsivity: Culture, Gender, and Sexuality
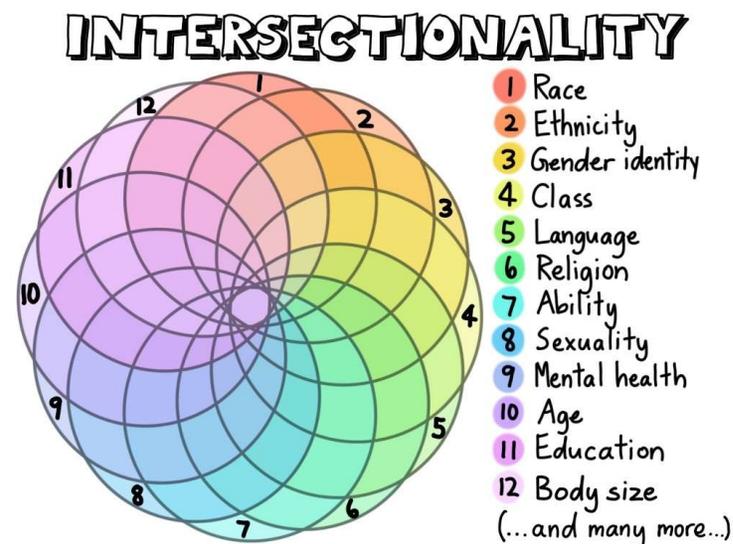
- Assess: - self-awareness

  - client (e.g., patriarchal values, language comprehension, discrimination/political unrest, sexuality and gender)

- Sensitivity to specific needs related to diverse cultural background
  - e.g., First Nations (Canadian Aboriginal), South Asian, recent immigrants, current political climate
  - May face difficulties in group settings with predominantly White members

INTERSECTIONALITY

1 Race
2 Ethnicity
3 Gender identity
4 Class
5 Language
6 Religion
7 Ability
8 Sexuality
9 Mental health
10 Age
11 Education
12 Body size
(...and many more...)

- Gain perspective on intersectionality

Specific Responsivity: Psychopathy

Treatment outcome research have produced various conclusions:

- Treatment makes psychopaths worse
- Treatment has no impact or psychopaths are untreatable
- Cautiously optimistic
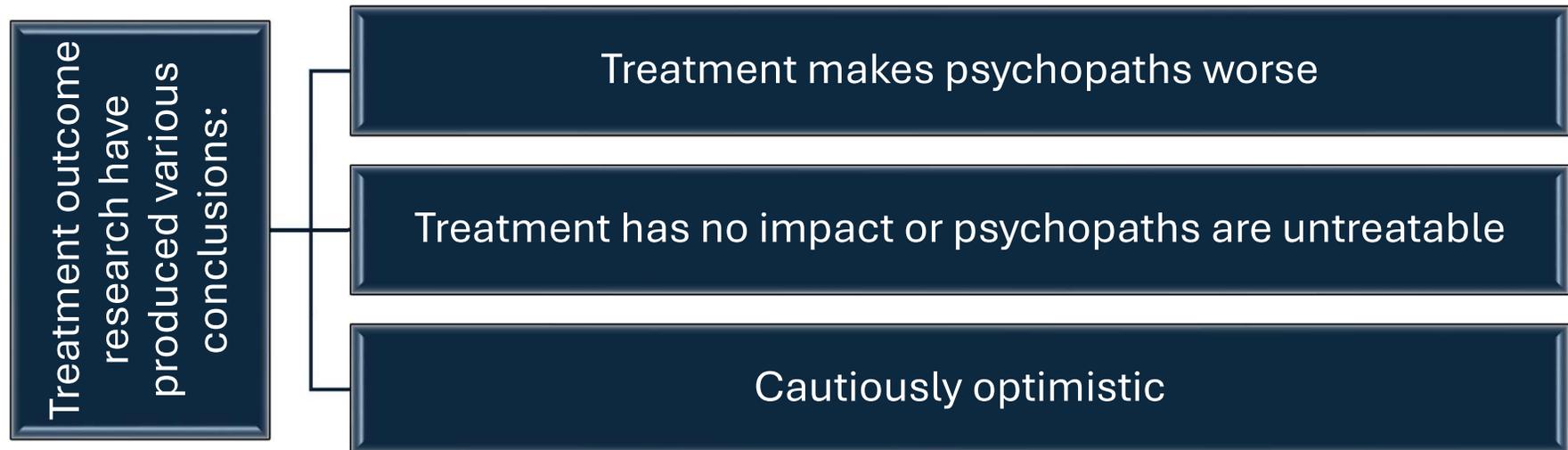
- Psychopathic features may inhibit treatment responsivity:
  - Manipulations, lying, conning, irresponsibility
  - Staff splitting, abusiveness, aggression
  - Glibness, superficial charm/flirtatious

Rice et al (1992); Skeem et al (2002); Wong (2000); Quayle (2008)

Specific Responsivity: Psychopathy

- What treatment makes psychopaths worse
  - Little or no staff supervision
  - Put psychopaths in charge of running programs
  - Nude encounter groups

- What are promising features of treatment with psychopaths?
  - High-intensity
  - Cognitive-behavioral
  - Incorporate relapse prevention
  - Target substance abuse, anger arousal, antisocial thinking, and cognitive distortions

Quayle (2008); Wong & Hare (2005)
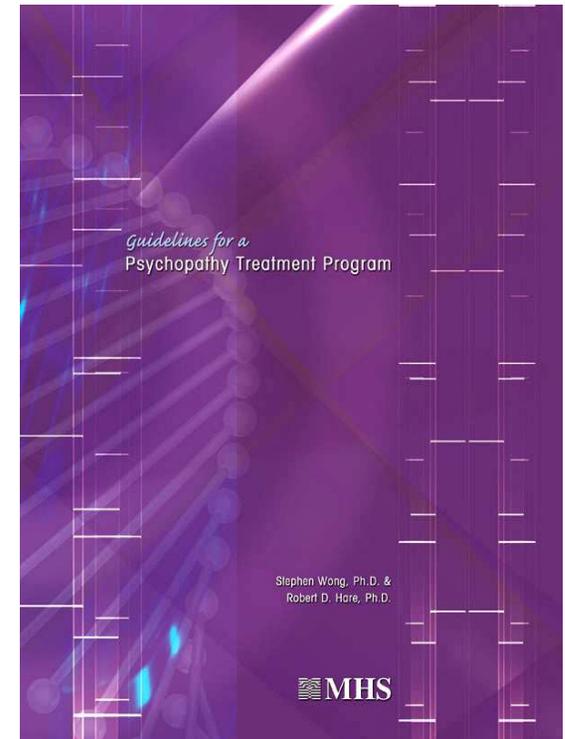
Specific Responsivity:
Borderline

- Many inhibitory behaviors of BPD that reduce responsivity to treatment:
  - mood instability
  - impulsivity
  - idealization of others, followed by devaluation
  - recurrent suicidal behavior
  - inappropriate, intense anger, difficulty controlling anger
- Dysregulation similarities seen between BPD patients and sex offenders (emotional, interpersonal, behavioral, cognitive)
- Dialectical Behavior Therapy techniques

Shingler (2004)

Responsivity Principle:
Where do we begin?
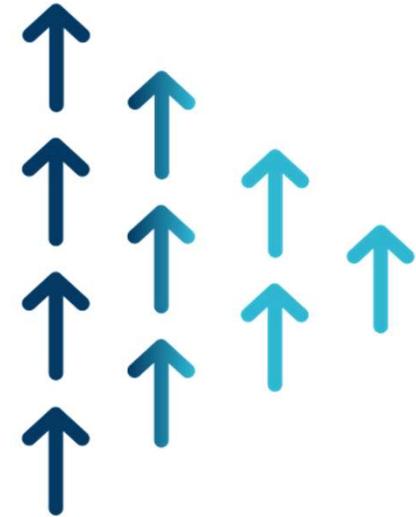
1. Assess using appropriate measures
   - mental illness, SCL-90; stage of change, SOTIPS
   - personality, PCL-R or self-report, PPI-R; cognitive capacity, WAIS-V

2. Structured, CBT program

3. Therapeutic elements: Genuine warmth and regard, nonconfrontational approach, positive reinforcement for treatment progress, gentle but firm direction to clients

4. Incorporate alternative or supplemental programming to address responsivity issues as they emerge

Responsivity Principle:
Specific Responsivity

Use a checklist:
(see handout)

❏ Poor treatment motivation

❏ Denial or problematic minimization

❏ Developmental delay / learning disability

❏ Personality patterns:
     ☐ Psychopathy
     ☐ Borderline
     ☐ Other: _____

❏ Culture-specific concerns

❏ Demographic: female

❏ Mental health instability

❏ Adverse childhood experiences

❏ Active substance abuse or dependency

Case example: Daniel

Use a checklist:
(see handout)

❑ Poor treatment motivation

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❑ Personality patterns: ☑ Psychopathy

☐ Borderline

☐ Other: _____

❑ Culture-specific concerns

❑ Demographic: female

❑ Mental health instability

☑ Adverse childhood experiences

❑ Active substance abuse or dependency

Responsivity Principle:
Create Alternative Approaches

increasing time commitment →

- Creating new programs

- Supplemental individual sessions

- Outsource services

- Develop individualized workbooks

Responsivity Principle:
Take home messages

- Use appropriate influence strategies
- Identify and assess potential barriers to treatment
- Be clear:

Responsivity issues are NOT criminogenic needs

- Effective interventions should match the general learning styles and characteristics of offenders
  - Why?
    - Individuals taking part in inappropriate programs exhibited a decrease in recidivism, BUT less of a decrease compared with those in appropriate programs.

Daniel

- Abusive childhood
- Age 21, abused niece
- Age 33-36, 5 victims

- 90-95th percentile range (high risk)
- 2.9x higher than typical Cdn SO

Static-99R Score Summary

	Risk Factor Yes = 1, No = 0	Under 60 Release Score
1	Age at Release? (Score range is -3 to 1)	-1
2	Ever lived with lover $\geq$ 2 years?	0
3	Index non-sexual violence, any conviction?	1
4	Prior non-sexual violence, any convictions?	0
5	Prior sex offenses? (Score range is 0-3)	3
	Prior sentencing dates (excluding index)?	0
	Convictions for non-contact sex offenses?	0
	Any unrelated victims?	1
	Any stranger victims?	1
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	Total Score =	**6**

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Institutional high intensity treatment	6 months CBT / RP	Cognitive skills; attitudes, beliefs; assertiveness; relationships; empathy; crime cycle; RP

90

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Institutional high intensity treatment	6 months CBT / RP	Cognitive skills; attitudes, beliefs; assertiveness; relationships; empathy; crime cycle; RP

Transfer institutions (hospital)	1 year 35-40 hrs/wk	Group process; therapeutic psychiatric hospital (IPT/psychodynamic)

Daniel

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Institutional high inte...

Parole

(hospital)

6 months

CBT / RP

Cognitive skills; attitudes, beliefs; assertiveness; relationships; empathy; crime cycle; RP

1 year

35-40 hrs/wk

Group process; therapeutic psychiatric hospital (IPT/psychodynamic)

Daniel

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	Any unrelated victims?	1
	Any stranger victims?	1
	Any male victims?	1
	Total Score =	**6**

Institutional high intensity (hospital)

6 months CBT / RP

Cognitive skills: attitudes

1 year 35-40 hrs/week

psychiatric hospital (IPT/psychodynamic)

Parole

Saw opportunity:
- Abused girl (10)
- Raped 2nd girl (7)

NATIONAL POST

No reason to alert public to sex offender: ex-detective

Ben Gelinas, Canwest News Service
Published: Thursday, October 09, 2008

EDMONTON - The former head of the Edmonton Police Service's high-risk offender unit says he would not have notified the public of the release of a convicted sex offender now facing fresh charges of sex crimes against children -- because he wasn't a high-risk case.

Detective Wil Tonowski said that while Danial Todd Gratton has an extensive history of sexual crimes against children, he had recently sought treatment and made it through the first phase of a treatment program for sex offenders, a difficult feat.

"Based on everything I know about this case, I wouldn't have done anything different at all," Det. Tonowski said.

Gratton, a 44-year-old Edmonton man, is now accused of abducting, then sexually assaulting two children. He is expected to appear in court today to enter his plea to all charges against him. He is accused of sexual assault, sexual contact with a child, abduction, confined kidnapping and uttering death threats after the abduction last Friday of a 10-year-old girl in northeast Edmonton.

He also faces separate charges of sexual assault, sexual contact with a child, sexual counsel of child, abduction, kidnapping and administering a noxious substance after the Sunday abduction of a seven-year-old girl, also in Edmonton.

Victims, families vent fury as pedophile Danial Todd Gratton declared dangerous offender

NP POSTMEDIA NEWS | December 2, 2011 8:34 PM ET
More from Postmedia News

Like | Share | 0 | Twitter | Google+ | LinkedIn | Email | Comments | More

By Ryan Cormier

EDMONTON — A "beast-like" pedophile was jailed indefinitely on Friday, shortly after hearing the rage and sorrow of the two little girls he kidnapped and abused in 2008.

Danial Todd Gratton, 47, was designated a dangerous offender by Court of Queen's Bench Justice Sterling Sanderman. The rare designation is reserved only for criminals with consistently violent histories who must be separated from the public.

"This is beast-like behaviour," Sanderman told court. "His behaviour in October 2008 was predatory. This behaviour is truly evil and makes any person, parent or not, cringe."
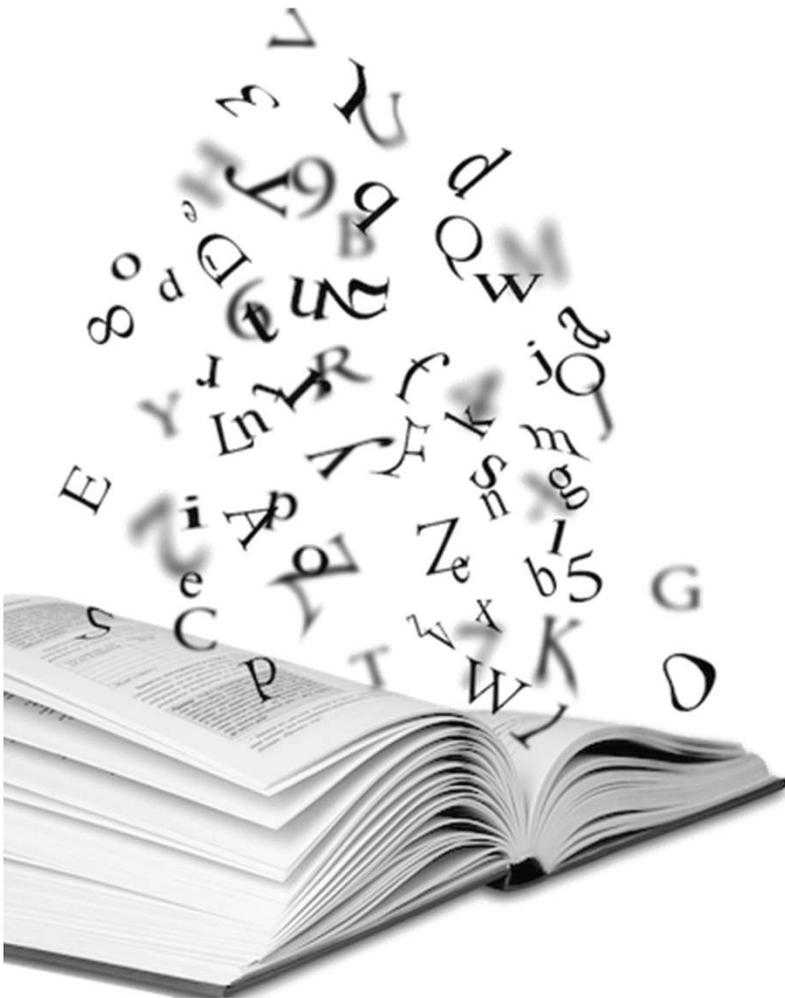
Part E:
The Bigger Picture and Implementation

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Implementation Considerations:
Evaluating current state

- Assess current practices (or external review)

- Assess profile of individuals served

- Assess resources

Jung (2017)

Implementation Considerations:
Evaluating current state

Risk Principle

Need Principle

Responsivity Principle

- Is a validated risk measure used?
- Is it used to direct resources?
- Do we have a way to vary intensity?

- Are targets criminogenic?
- What is missed?
- Are some actually responsivity issues?

- Is CBT used?
- Is specific responsivity assessed?
- How are we addressing them?

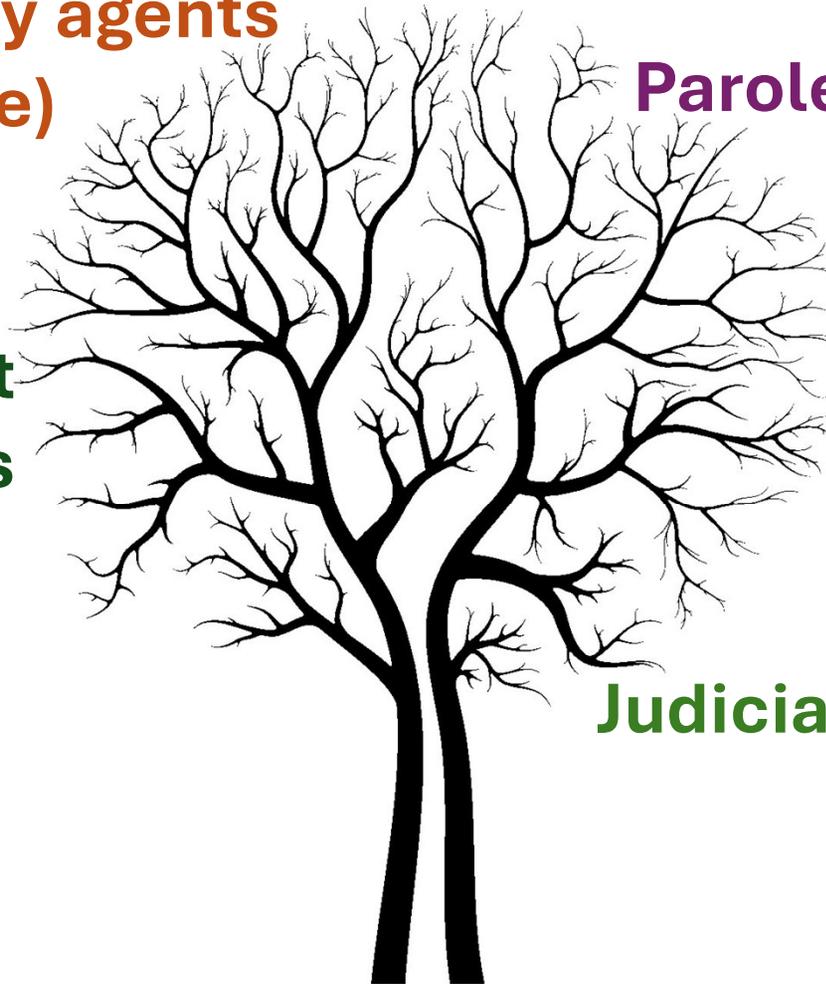# Implementation Considerations:
Communicating RNR externally

**Supervisory agents
(e.g., parole)**

Parole board

**Treatment
providers**

**Law
enforcement**

Judiciary

Implementation Considerations:
Sustainable fidelity to RNR

Reactive

- Address staff when reverting to old ways
- Motivate and inspire

Proactive

- Establish a process to evaluate
- Create policies or standards

Jung (2017)

Take Home Messages: What Did I Learn?

- Implementing the principles of RNR is evidence-based practice

- Adherence with RNR has the potential to
  - reduce recidivism
  - reduce criminal victimization
  - efficiently use institutional and community resources

- Following the risk principle means
  - conducting sound RNR assessments
  - using validated assessment instrument(s)
  - matching the amount of supervision (and treatment intensity) to the level of risk

Take Home Messages:
What Did I Learn?

- Part of the risk assessment involves
  - identifying static risk factors and criminogenic needs

- Criminogenic needs are
  - directly linked to criminal behavior
  - targets of treatment interventions
  - NOT all needs that an offender has

PRACTICES

PRINCIPLES

VALUES
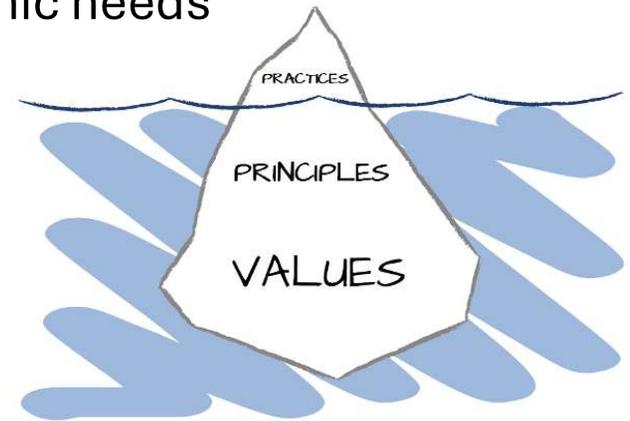
- Treatment can be effective if
  - it focuses on criminogenic needs
  - structured, cognitive-behavioral interventions are used
  - a therapeutic alliance is established
  - it matches personal factors that can facilitate learning styles, motivations, and abilities of the offender, AND personality, gender, and ethnicity

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Take Home Message:
Last words...

Whatever else therapists and helpers may be up to, they should be in adherence with RNR for purposes of enhanced crime prevention

(Andrews et al., 2011, p. 751)

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Website
sites.google.com/a/macewan.ca/psychology-crime-
lab-macewan-university/
(search "psychology crime lab")