

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

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 **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.

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2025

 **BEST PRACTICE GUIDELINES FOR MEN**
6th Edition
Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors

EMPIRICAL FRAMEWORK

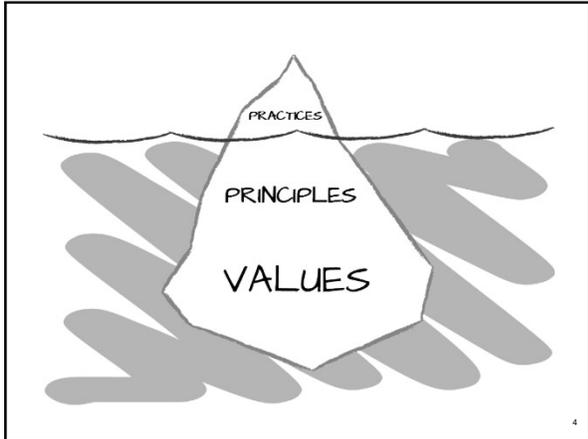
Empirical findings in the research literature have identified that treatment for criminal justice-involved populations is most effective when it is delivered in accordance with the Risk-Need-Responsivity model (RNR). Given the efficacy of this model and its applicability for men who have committed sexually 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.

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4



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A complex slide featuring a signpost on the left with three directional signs: 'FUTURE' (pointing right), 'PRESENT' (pointing left), and 'PAST' (pointing left). To the right of the signpost is a vertical timeline of text and icons:

- Pre-1980s: Growing focus on punishment (with three vertical bars of increasing height)
- Supported by Martinson's 1974 review (with a graph icon)
- GPCSL theory: General Personality and Cognitive Social Learning (with a dot)
- Mounting evidence for treatment Meta-analyses (with a bar chart icon)
- RNR (with a dot)
- RISK: Growth of measures (with a bomb icon)
- Applying RNR to individuals who are sexually violent (with a dot)

Andrew & Bonta (2010a, 2010b)

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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

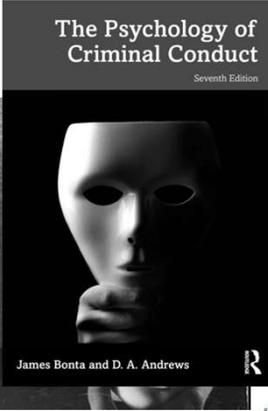


Andrews & Bonta (1994)

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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); Bonta & Andrews (2024)

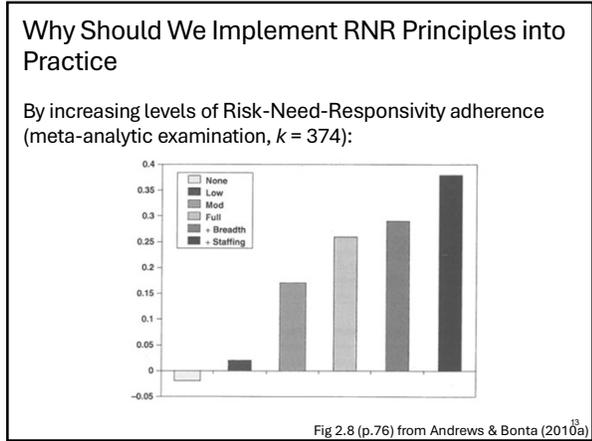
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Principles of the Expanded RNR Model

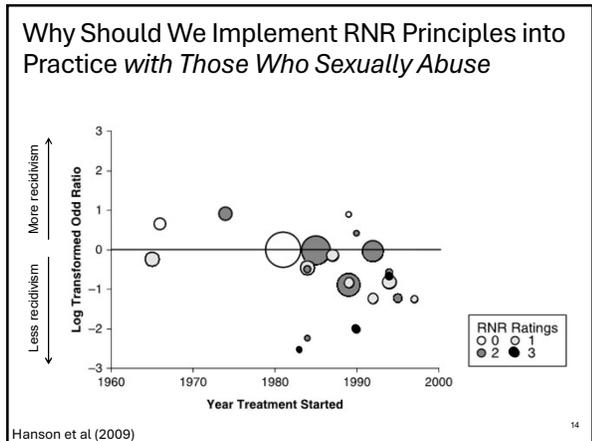
<p>Overarching Principles</p> <ol style="list-style-type: none">1. Respect for the person2. Theory3. Crime prevention services	<p>Key Clinical Issues</p> <ol style="list-style-type: none">9. Breadth10. Strengths11. Structured assessment12. Professional discretion
<p>Core RNR Principles</p> <ol style="list-style-type: none">4. Human service5. Risk6. Need7. General responsibility8. Specific responsibility	<p>Organizational Principles</p> <ol style="list-style-type: none">13. Community-based14. GPCSL-based practices15. Management

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

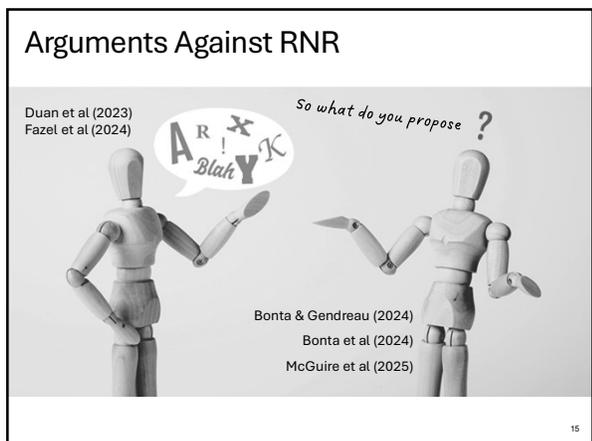
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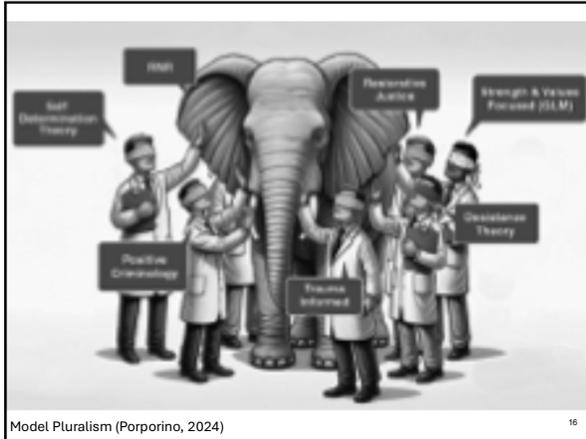
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Model Pluralism (Porporino, 2024)

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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'

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Part B: The Risk Principle

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RNR Principles: Risk Principle

WHO to treat



- 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) 19

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RNR Principles: Risk Principle

WHO to treat



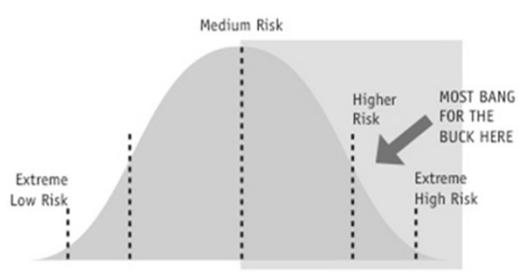
Prediction:
Predict criminal behavior using evidence-based risk tools

Matching:
Match intensity of service to risk level

Andrews & Bonta (2010a); Andrews et al (2011); Bonta & Andrews (2024) 20

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Risk Principle: Why is this important?



Extreme Low Risk

Medium Risk

Higher Risk

Extreme High Risk

MOST BANG FOR THE BUCK HERE

Jung (2017) 21

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Risk Principle:
How are we assessing for risk?

Systematic collection of information

Evidence-based
Review documents
Comprehensive interview
Collateral interviews
Risk prediction and prevention

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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.

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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

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**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.

ATSA
6th Edition
BEST PRACTICE GUIDELINES FOR MEN

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**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)

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**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)

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**Risk Principle:
Cautionary Considerations**

We make errors and biases

- Fundamental attribution error
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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 & Brinkley (2011)

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**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)
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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)
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Case example: Cory, 58

- No prior record
- Retired
- 2 female victims



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Case example: Cory, 58

- No prior record
- Retired
- 2 female victims



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]		
<i>Persistence of Sexual Offending</i>		
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]		
<i>Deviant Sexual Interests</i>		
8. Any unrelated victim [yes]		
9. Any stranger victim [none]		
<i>Relationship to Victim</i>		
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]		
<i>General Criminality</i>		
TOTAL SCORE:		

32

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Case example: Cory, 58

- No prior record
- Retired
- 2 female victims



Risk Factor	Scores	Converted Subscore
1. Age at release [40 to 59.9 = 0]	Age	0
2. Prior sentencing occasions for sexual offending [none]		
3. Juvenile arrest / adult conviction for sexual offending [none]		
4. Rate of sexual offending [none]		
<i>Persistence of Sexual Offending</i>		
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]	1	
<i>Deviant Sexual Interests</i>		
8. Any unrelated victim [yes]	1	1
9. Any stranger victim [none]		
<i>Relationship to Victim</i>		
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]		
<i>General Criminality</i>		
TOTAL SCORE:		2
(5-yr, 2.1% using routine sample as comparison)		

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Case example
Cory, 58

- What would be your next step?

Lower intensity

Higher intensity

<p>Community program</p> <ul style="list-style-type: none"> - 6 months, 3 hour/wk group - Individual work is available 	<p>Prison program</p> <ul style="list-style-type: none"> - 12-18 months, 15 hour/wk group - Non-sex offender programs available - Individual work is available
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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)

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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).

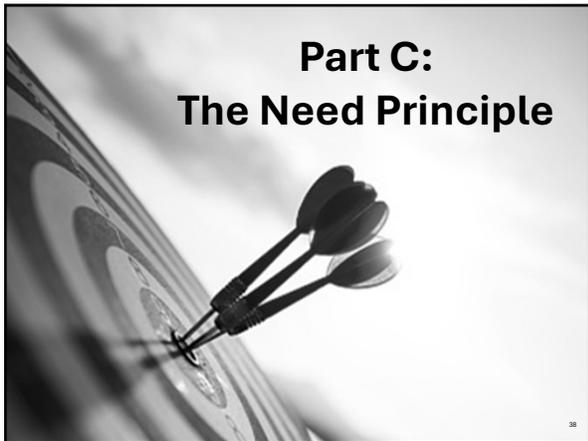
Andrews & Bonta (2010a); Bonta (2009); Wakeling et al (2012)

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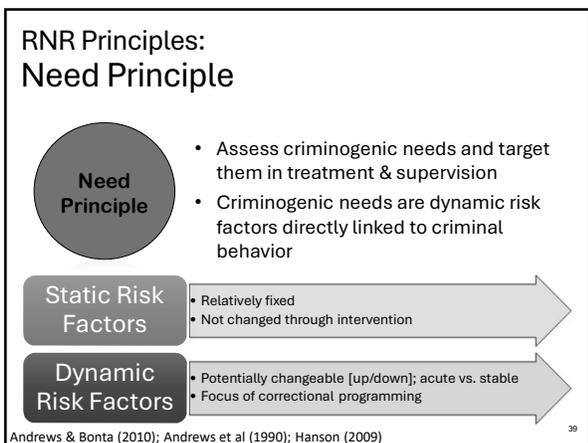
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**Need Principle:
Central 8**

The
Big
Four

{

1. History of antisocial behavior [static]

2. Antisocial personality pattern

3. Antisocial cognition

4. Antisocial associates

5. Family/marital circumstances

6. School/work

7. Leisure/recreation

8. Substance abuse

The
Moderate
Four

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**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

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**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) 42

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**Need Principle:
Unsupported Needs**

Potential risk factors	Not risk factors
<ul style="list-style-type: none"> • Denial • Low self-esteem • Major mental illness • Loneliness 	<ul style="list-style-type: none"> • Depression • Social skills deficits • Poor victim empathy • Poor motivation for treatment

Differentiate between criminogenic needs and clinical needs

Mann et al (2010) 43

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**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/>
- ARMADILLO (for developmentally delayed SOs)
 - <http://www.armidilo.net>
- SOTIPS
 - <http://robertmcgrath.us>

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



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**Need Principle:
Intimate partner sexual violence**

Choose based on what you want to predict

<p>Intimate partner violence</p>	<ul style="list-style-type: none"> • 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)
<p>Sexual violence</p>	<ul style="list-style-type: none"> • 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

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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)

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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**

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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

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**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

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**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



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Case example: Daniel

- Abusive childhood
- Age 21, abused niece



- Age 33-36, 5 victims



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Case example: Daniel

• Abusive childhood

• Age 21, abused niece



• Age 33-36, 5 victims



Static-99R Score Summary		Under 60
Risk Factor	Yes = 1, No = 0	Release Score
1	Age at Release? (Score range is -3 to 1)	
2	Ever lived with lover ≥ 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 =		

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Case example: Daniel

• Abusive childhood

• Age 21, abused niece



• Age 33-36, 5 victims



Static-99R Score Summary		Under 60
Risk Factor	Yes = 1, No = 0	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

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Case example: Daniel

Matching Treatment and/or Supervisory Criminogenic Needs

<p>Sexual violence relevant</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sexual preoccupation <input type="checkbox"/> Paraphilic interests <input type="checkbox"/> Offense-supportive attitudes <input type="checkbox"/> Emotional intimacy deficits <input type="checkbox"/> Impulsivity & poor problem solving <input type="checkbox"/> Resistance to rules / supervision <input type="checkbox"/> Negative social influences 	<p>Central 8</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of antisocial behavior <input type="checkbox"/> Antisocial personality pattern <input type="checkbox"/> Antisocial cognition <input type="checkbox"/> Antisocial associates <input type="checkbox"/> Family/marital circumstances <input type="checkbox"/> School/work <input type="checkbox"/> Leisure/recreation <input type="checkbox"/> Substance abuse
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Case example: Daniel

Matching Treatment and/or Supervisory Criminogenic Needs

Sexual violence relevant	Central 8
<input checked="" type="checkbox"/> Sexual preoccupation	<input checked="" type="checkbox"/> History of antisocial behavior
<input checked="" type="checkbox"/> Paraphilic interests	<input checked="" type="checkbox"/> Antisocial personality pattern
<input checked="" type="checkbox"/> Offense-supportive attitudes	<input checked="" type="checkbox"/> Antisocial cognition
<input checked="" type="checkbox"/> Emotional intimacy deficits	<input type="checkbox"/> Antisocial associates
<input type="checkbox"/> Impulsivity & poor problem solving	<input checked="" type="checkbox"/> Family/marital circumstances
<input checked="" type="checkbox"/> Resistance to rules / supervision	<input checked="" type="checkbox"/> School/work
<input type="checkbox"/> Negative social influences	<input type="checkbox"/> Leisure/recreation
	<input type="checkbox"/> Substance abuse

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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

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Case example: Cory

Areas of criminogenic need?

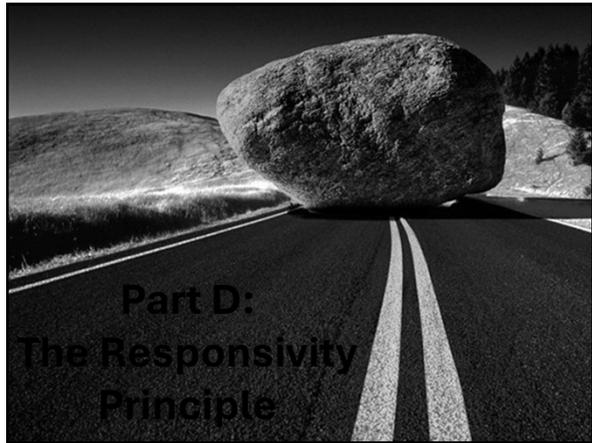


- Sexual preoccupation
- Paraphilic interests
- Offense-supportive attitudes
- Emotional intimacy deficits
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- Resistance to rules / supervision
- Negative social influences

Employment
 Leisure

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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)

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Responsivity Principle:
Two Components

General responsibility

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

Specific responsibility

- Matching treatment to client characteristics

Maximize benefits of treatment

Bonta & Andrews (2024)

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**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) 61

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**Responsivity Principle:
General Responsivity**

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**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

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**Responsivity Principle:
General Responsivity**

Treatment programs should include these:

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**Responsivity Principle:
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**Responsivity Principle:
General Responsivity**

Therapist's attitude

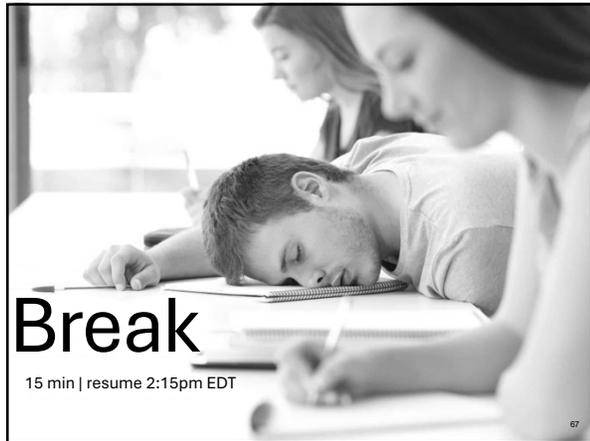
Staff hiring and training

Ongoing training of seasoned therapists

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

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**Responsivity Principle:
Specific Responsivity**

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

Motivation for treatment

Learning/cognitive capacity

Personality

Denial

Cultural differences

Other (adverse childhood experiences, mental health, language, substance use, gender)

Andrews & Bonta (2010); Jung (2017)

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**Specific Responsivity:
Motivation**

- Awareness extratherapeutic changes AND therapeutic relationship

Factor	Percentage
Extratherapeutic change	40%
Therapeutic relationship	30%
Expectancy (placebo)	45%
Techniques	15%

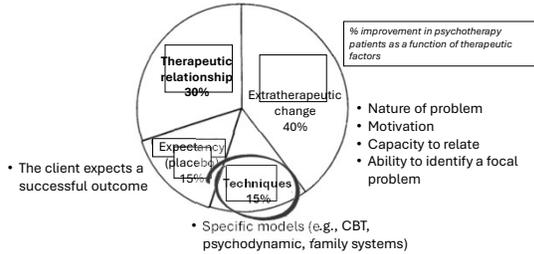
- Nature of problem
- Motivation
- Capacity to relate
- Ability to identify a focal problem

Asay & Lambert (1999)

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Specific Responsivity:
Motivation

- Awareness extratherapeutic changes AND therapeutic relationship



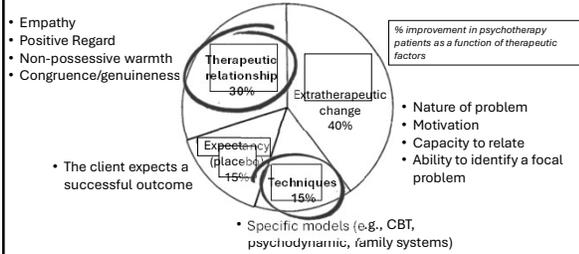
Asay & Lambert (1999)

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Specific Responsivity:
Motivation

- Awareness extratherapeutic changes AND therapeutic relationship



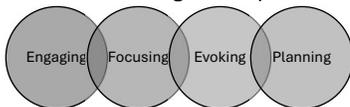
Asay & Lambert (1999)

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Specific Responsivity:
Motivation

- Motivational interviewing techniques



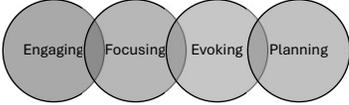
Miller & Rollnick (2013, 2023); Stinson & Clark (2017)

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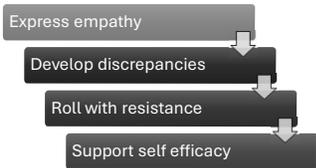
**Specific Responsivity:
Motivation**

- 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) 73

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**Specific Responsivity:
Denial**



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

Jung & Daniels (2012) 74

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**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) 75

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**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 exactly what is the nature of their treatment motivation (e.g., saving face, taking away from work, denial/minimization)



Jung & Zara (2018) 76

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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

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Case example: Cory
Areas of specific responsivity?



- Poor treatment motivation
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- Active substance abuse or dependency

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**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

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**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
- Gain perspective on intersectionality

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**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

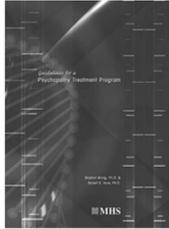
Rice et al (1992); Skeem et al (2002); Wong (2000); Quayle (2008)

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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)

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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)

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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

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**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

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Case example: Daniel



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

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**Responsivity Principle:
Create Alternative Approaches**



increasing time
commitment

- Creating new programs
- Supplemental individual sessions
- Outsource services
- Develop individualized workbooks

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**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.

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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 ≥ 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
	Any male victims?	1
Total Score =		6

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Daniel

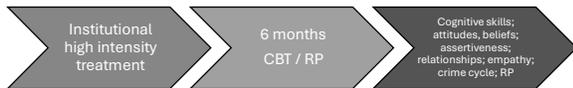
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	Any stranger victims?	1
	Any male victims?	1
Total Score =		6

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Implementation Considerations:
Evaluating current state



- Assess current practices (or external review)
- Assess profile of individuals served
- Assess resources

Jung (2017) 97

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Implementation Considerations:
Evaluating current state



Risk Principle

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



Need Principle

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



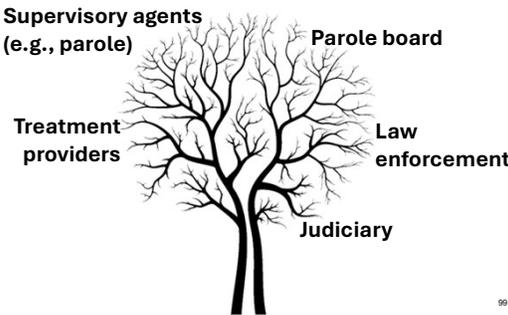
Responsivity Principle

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

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Implementation Considerations:
Communicating RNR externally



Supervisory agents (e.g., parole) Parole board

Treatment providers Law enforcement

 Judiciary

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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) 100

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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

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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
- 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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CONTACT:
Sandy Jung, PhD, RPsych
Forensic Psychologist
Professor, Dept of Psychology
MacEwan University

sandy.jung@macewan.ca
780.497.4597

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by Safer Society Press



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



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