THE RISK–NEED–RESPONSIVITY MODEL OF OFFENDER REHABILITATION

The Risk–Need–Responsivity (RNR) Model first emerged out of Canada in the 1980s, during the heyday of the “nothing works” pessimism around rehabilitation. In the wonderful phrase of Canadian Stephen Duguid (2000), its emergence was like “a cold wind from the North” sweeping across North America and later to Europe and beyond. In this chapter and the next we shall describe the RNR Model in depth and then systematically evaluate it utilizing the epistemological criteria outlined in the previous chapter. However, it is first necessary to discuss briefly the concepts of risk, need and responsivity, since any evaluation of the RNR Model hinges on how these concepts are interpreted.

THE CONCEPT OF RISK

Risk refers to the possibility of harmful consequences occurring (Douglas, 1992). Risk has two major components: the
existence of potentially harmful agents (people, animals, diseases, toxins, situations, etc.) and the possibility that the hazards associated with the agents in question will actually occur (Denny, 2005). Risk assessment is an indeterminate (uncertain) process and involves the application of procedures for ascertaining the probability of a harmful event occurring within a specified time period. It involves judgments by individuals about the nature of the harm involved and the likelihood of a harmful event actually happening (Denny, 2005).

The concept of risk is clearly value-based (Kekes, 1989) and can be approached from a variety of theoretical perspectives. These range from positivist approaches that view risk factors as independent variables to cultural accounts where risk is hypothesized to be socially and politically constructed by different groups and not able to be adequately measured (Beck, 1992; Brown, 2000; Douglas, 1985; Young, 1999). In an important analysis of risk in what he calls the “risk society”, Beck (1992, p. 42) asserts that “Basically one is no longer concerned with attaining something ‘good’ but rather preventing the worst”. The idea is that individuals and institutions are increasingly concerned with avoiding a variety of dangers and holding others accountable when harm is experienced.

In the criminal justice process, risk assessment is the process of determining an individual’s potential for harmful behavior toward himself or herself or others (see Feeley and Simon, 1992). The account of risk assumed by proponents of RNR and the majority of correctional workers appears to be an individualist or psychometric one. It is assumed that risk factors exist independently in the world rather than simply reflecting individuals’ subjective concerns and once quantified can be used to estimate accurately the chances of adverse events (predominantly reoffending) taking place. Thus, a risk factor is a variable that increases the chances that an
individual will behave in a harmful manner (see Blackburn, 2000). This influence may change over a person’s life, and may vary across people, situations and developmental pathways (McGuire, 2000; Mrazek and Haggerty, 1994).

Risk factors may fall within four broad domains: (1) dispositional factors such as psychopathic or antisocial personality characteristics, cognitive variables, and demographic data; (2) historical factors such as adverse developmental history, prior history of crime and violence, prior hospitalization, and poor treatment compliance; (3) contextual antecedents to violence such as criminogenic needs (risk factors of criminal behavior), deviant social networks, and lack of positive social supports; and (4) clinical factors such as psychological disorders, poor level of functioning, and substance abuse (Andrews and Bonta, 1998; Blackburn, 2000; Hollin, 1999; McGuire, 2000). Risk factors are also commonly conceptualized as static or dynamic risk factors. Static factors are those risk variables that cannot change such as previous offense history, lack of long-term relationships, and general criminality. Stable dynamic risk factors are those risk variables that tend to be stable over time but are amenable to change; that is, sexual interests/sexual self-regulation, pro-offending attitudes, socio-affective functioning, and general self-regulation. Acute dynamic risk factors are those factors that change and fluctuate from one situation to another, such as mood state and substance abuse which can signal the onset of offending.

THE CONCEPT OF NEED

The concept of “need” is related to “risk” in the sense that individuals whose needs are not met might be said to be at risk of a harm of some sort; indeed, an unmet need is in some ways a harm in itself. After all, to have a need typically
indicates a lack or deficiency of some kind, in particular a lack of a significant good (Braybrooke, 1987; Thomson, 1987). Maslow (1970) famously outlined a hierarchy of human needs with four levels of “deficiency needs” involving, in order: physiological needs, safety needs, love/belonging, and status/esteem needs. Maslow argued that all of these deficiency needs must be met for healthy growth and development, and that behavior is shaped in many ways by pursuit of fulfilling these needs. When these deficiency needs are met, Maslow theorized, humans can pursue a further level of “being needs” involving self-actualization and self-transcendence. This higher level of need involves peak experiences, creative pursuits, becoming “all that you can be” (as television commercials for the US Army promise).

More recently, Deci and Ryan (2000) have developed a self-determination theory of needs that is particularly useful for thinking about needs in the correctional context. Self-determination theory states that human beings are inherently active, self-directed organisms who are naturally predisposed to seek autonomy, relatedness and competence. Although this is a recent theoretical formulation, the idea that “agency” and “communion” (Bakan, 1966) are primary motivations for behavior can be traced back at least to the pre-Socratic philosopher Empedocles. Dan McAdams and his colleagues (1996, p. 340) write “That human lives are animated by two broad and contrasting tendencies resembling Bakan’s concepts of agency and communion is an idea that is at least 2,000 years old”. Agency and communion themes (i.e. work and love) were also central to Freud’s theory of adult development and have been a central feature of almost every scientific effort to quantify significant aspects of interpersonal behavior for at least the last forty-five years (see the review in Wiggins, 1991). Deci and Ryan (2000, p. 229), however, go further than these previous understandings by defining autonomy and relatedness as needs or “innate
psychological nutriments that are essential for ongoing psychological growth, integrity, and well-being”.

Human needs involve the conditions essential for psychological well-being and fulfillment, and individuals can only flourish if they are met. Deci and Ryan suggest the failure to meet the three basic needs for autonomy, relatedness and competence will inevitably cause psychological distress and will likely result in the acquisition of maladaptive defenses. In other words, thwarted basic needs result in stunted lives, psychological problems and social maladjustment. Under these circumstances individuals acquire substitute needs that give them at least some degree of relatedness, competence and autonomy. However, the goals associated with these proxy needs are likely to result in a poorly integrated self, ultimately frustrating and unsatisfying relationships, self-esteem disturbances, and a sense of personal helplessness (for research evidence, see Deci and Ryan, 2000). Deci and Ryan argue that in order to experience a sense of enduring well-being all three needs have to be fulfilled; social conditions that pit one need against the other are likely to result in defensive motives and the development of substitute needs. The outcome of this forced accommodation is reduced levels of well-being.

Proponents of the RNR model of rehabilitation define needs more explicitly as personal deficits, but argue that only certain of these deficits or shortcomings are related to offending. They make this distinction explicit in their differentiation between two types of need: “criminogenic needs” and “noncriminogenic needs”. Criminogenic needs include pro-offending attitudes, aspects of antisocial personality (e.g. impulsiveness), poor problem-solving abilities, substance-abuse problems, high hostility and anger, and criminal associates (Andrews and Bonta, 2003). These are contrasted with noncriminogenic needs, which, according to the RNR model, are aspects of the individual or his or her
circumstances that if changed may not have a direct impact on recidivism rates. Examples of noncriminogenic needs are clinical phenomena such as low self-esteem (see Baumeister, 1999) and mental health problems such as depression or unresolved grief (but see De Coster and Heimer, 2001). In this framework, it is difficult to distinguish between a “criminogenic need” and a “risk factor” as both denote an empirically determined correlate of criminal offending.

THE CONCEPT OF RESPONSIVITY

Finally, the concept of responsivity is concerned with how an individual interacts with the treatment environment, covering a range of factors and situations. As such, responsivity (partly) involves an individual’s motivation to engage in therapy and to commit to change (Miller and Rollnick, 2002; Prochaska and DiClemente, 1998). Responsivity is usually understood in the rehabilitation literature as primarily concerned with therapist and therapy features and is, therefore, essentially concerned with adjusting treatment delivery in a way that maximizes change (e.g. see Horvath and Luborsky, 1993).

The responsivity principle states that correctional programs should be matched to the offender’s learning style, level of motivation, and personal and interpersonal circumstances. The principle of responsivity is based on the selection of interventions that are capable of making the desired changes and that match the offender’s learning style (Andrews et al., 1990). Responsivity may be usefully partitioned into two related ideas of specific and general responsivity. Specific responsivity refers to the individual characteristics of offenders which will make them more or less likely to engage with treatment. These characteristics typically include such factors as language skills, interpersonal
skills, motivation and anxiety. For example, an unmotivated offender may be less likely to benefit from treatment. General responsivity describes the role of treatment-level issues in the match between treatment modality and offenders’ learning styles (Andrews and Bonta, 2003).

Andrews (2001) further divides responsivity into internal and external responsivity. Attention to internal responsivity factors requires therapists to match the content and pace of sessions to specific client attributes such as personality and cognitive maturity. On the other hand, external responsivity refers to a range of general and specific issues, such as the use of active and participatory methods and consideration of the individual’s life circumstances, culture, etc. Additionally, external responsivity can be divided further into staff and setting characteristics (Serin and Kennedy, 1997). The issue of responsivity to correctional treatment is a crucial but underexplored area in criminological research (but see Birgden, 2004; Bonta, 1995; Ward et al., 2004). Certainly, the topic receives far less attention than identifying risk factors or criminogenic needs.

WHAT IS THE RISK–NEED–RESPONSIVITY MODEL?

Just what constitutes the Risk–Need–Responsivity Model (RNR) is a matter of some debate. Some researchers and practitioners have complained that the model lacks conceptual depth and is essentially a list of principles without theoretical grounding (e.g. Hannah-Moffat, 1999; Ward and Brown, 2003). Critics argue that it is, therefore, incapable of providing correctional personnel with the comprehensive guidance required to reintegrate offenders. Proponents of the RNR model have responded to such criticisms by arguing that a strong theoretical basis exists for this influential rehabilitation model and that once this is clearly articulated
the many criticisms fail to hit their mark (e.g. Andrews and Bonta, 2003; Bonta and Andrews, 2003; Ogloff and Davis, 2004). While advocates of the RNR model accept that the theory is often presented purely in terms of the principles of risk, need and responsivity, they claim that this does not mean that it lacks theoretical grounding (e.g. Bonta, 2003). In other words, it is asserted that it is a mistake to frame the RNR model purely in terms of the three rehabilitation principles and the associated program elements. Rather, it is claimed that the theory contained in Andrews and Bonta’s seminal book *The Psychology of Criminal Conduct* (2003) and in accompanying articles effectively grounds the three principles, and by doing so outlines a powerful rehabilitation theory.

The trouble with this response is that at least three different theoretical models or perspectives have been presented as providing an underlying theoretical justification for the RNR model. In other words, it is not clear exactly what theory is being appealed to in this debate. First, in their exposition of the RNR model, Ogloff and Davis (2004) proposed that the Psychology of Criminal Conduct perspective (PCC) outlined by Andrews and Bonta (2003) in a number of publications “provides directions for the assessment of offenders and their classification for treatment” (p. 232). Second, Andrews and Bonta (2003) affirm that a model they call a General Personality and Social Psychological Perspective on Criminal Conduct (GPSPP) is able to account for “multiple routes to involvement in illegal conduct” (p. 165). Third, Gillis (2000) asserts that the Personal Interpersonal Community-Reinforcement Perspective (PIC-R) affords a theoretical source for predicting and explaining criminal behavior. Moreover, these three models are all to be found in Andrews and Bonta’s discussion of the theoretical underpinnings of their approach to offender rehabilitation in chapters 1 and 4 of *The Psychology of*
Criminal Conduct. For Andrews and Bonta, the three models are thought to provide theoretical support and justification for the “big” three rehabilitation principles of risk, need and responsivity (Bonta, 2003). While all three models are discussed in Andrews and Bonta’s (and other RNR proponents’) writings, the degree to which they – collectively or individually – can ground the three principles of risk, need and responsivity theoretically is unclear. Another area of vagueness concerns the relationship between the three models. Should they be hierarchically related or are they simply alternative conceptualizations of a psychology of criminal conduct? Exactly how should the three models be interrelated within the RNR model of offender rehabilitation?

The difficulty with having more than one theory associated with the RNR model is that it makes the evaluation of the model a difficult and slippery process. It is hard to state exactly what etiological claims are being made and how the principles comprising the RNR model are derived from underlying theory and research. In the trail of such vagueness follow problems of falsification and confirmation. How do we know whether the RNR model is an adequate rehabilitation model if we are unsure what its theoretical commitments are? Furthermore, from an intellectual point of view it is important to link coherently the various strands of the justificatory theory to the RNR principles. Indeed, Andrews and Bonta (2003, p. 4) are adamant that “psychology seeks explanations of criminal conduct that are consistent with the findings of systematic observation, rationally organized, and useful to people with practical interests in criminal behavior”. They advocate vigorous critical debate on the theoretical, empirical and practical aspects of offender rehabilitation. Their commitment to rational empiricism is admirable and reminds us that it is important never simply to assume the truth of our favored theories, but always to integrate them critically in the pursuit of greater understanding.
Without a clear statement of the theoretical and methodological commitments of the RNR model, it is harder to defend it against the kinds of criticism outlined above. In order to conclude whether or not they are reasonable it is first necessary to delineate the assumptions of the RNR model in a systematic and coherent manner. Our aim in this chapter is to reconstruct the rehabilitation theory in which the three principles of risk, needs and responsivity are implicitly embedded. This task is essentially an architectural one and will involve a careful reading of RNR theoretical work and some degree of redesigning the theory in light of this process of critical reflection. We do not wish to be presumptuous or to claim that this reconstruction represents a new theory or is ours in any significant respect. Rather, our intention is to draw together the various strands of theory from Andrews and Bonta’s work and additional theories, and to weave them together in a more systematic and transparent way. Indeed, our hope is that the reconstructed theory will be a stronger and more coherent rehabilitation theory. Our reconstruction of the RNR model concentrates on treatment, but a case could be made for extending it to all interventions in the criminal justice area (see Ward and Yates, 2006).

THEORETICAL SOURCE MODELS OF RNR

There are at least three related but seemingly distinct theoretical models that are associated with the RNR model: the Psychology of Criminal Conduct Perspective (PCC), the General Personality and Social Psychological Perspective on Criminal Conduct (GPSPP) and the Personal Interpersonal Community-Reinforcement Perspective (PIC-R). We shall briefly review each of these models before drawing from all three in our reconstruction of the RNR model. To foreshadow our argument, we suggest that the three models are
hierarchically linked (as alluded to in Andrews and Bonta, 2003), with the PCC providing a general set of assumptions concerning the explanation and modification of criminal conduct, the GPSPP sketching out the general contours of an explanatory theory, and the PIC-R in effect fleshing out the GPSPP. That is, the PIC-R is more specific than the GPSPP (see below). They range in order of abstraction from a rather general view of crime to a specific theory centered on dynamic and static risk factors and learning principles (see Figure 3.1).

It is important to note that, although Andrews and Bonta (2003) refer to these models as perspectives, they also refer to them as etiological models or theories in a number of places throughout the book. Therefore, we shall treat them as theories or models rather than as broad perspectives on criminal behavior (we use the terms “models” and “theories” interchangeably). This interpretation is strengthened by Andrews and Bonta’s frequent reference to rational empiricism and theory development throughout The Psychology of Criminal Conduct (2003). This indicates that one of their aims is to construct a theoretically robust explanation of criminal behavior that is able to ground offender rehabilitation.

PSYCHOLOGY OF CRIMINAL CONDUCT (PCC)

PCC is essentially an approach to the study of criminal conduct based on the investigation of individual differences in the propensity to commit crimes (Andrews, 1995). It describes an orientation to the study of crime by identifying psychological correlates of offending. According to Andrews and Bonta (2003), crime is caused by distinct patterns of social and psychological factors that increase the chances that a given individual will break the law. They assert that once the causes of crime have been identified they can be explicitly targeted in order to decrease reoffending rates.
Furthermore, it is assumed that individuals vary in their predisposition to commit deviant acts and that this should be taken into account when planning rehabilitation programs; treatment should be tailored to meet each individual’s...
unique cluster of causes. In other words, the claim is that there exists a “general personality and social psychology of antisocial behavior” that is capable of explaining crime (Andrews and Bonta, 2003, p. 2).

The following two paragraphs capture nicely what Andrews and Bonta (2003) mean by a psychological approach to the explanation and modification of criminal conduct:

As a science, the psychology of criminal conduct is an approach to understanding the criminal behavior of individuals through: (a) the ethical and humane application of systematic empirical methods of investigation, and (b) the construction of rational explanatory systems.

(p. 15)

Professionally, a psychology of criminal conduct involves the ethical application of psychological knowledge and methods to the practical tasks of predicting and influencing the likelihood of criminal behavior, and to the reduction of the human and social costs associated with crime and criminal justice processing.

(p. 15)

Thus, the aims of a psychological approach to crime research reflect this focus on individual differences and empirical rigor, and are evident in a number of methodological, theoretical and ethical assumptions. First, there is a focus on variation within individuals and between individuals. The search for such differences should be multi-factorial and involve biological, social, cultural, situational and psychological variables. Andrews and Bonta (2003) state that “it is an empirical focus on individual variation in criminal conduct that is the key to PCC, rather than disciplinary or political preferences regarding the potential covariates that ought to be observed” (p. 55). There should be a respect for individual diversity and the complexity
of human behavior. Second, researchers seek an empirical understanding of crime through the detection of co-variates (i.e. correlates, predictors, and causal or functional variables) using appropriate research designs. These will involve cross-sectional (correlates), longitudinal (predictors), multi-wave longitudinal (dynamic predictors or criminogenic needs) and experimental research designs (functional variables). Third, once empirical regularities have been identified, they argue that it is important to construct sound theoretical explanations of crime. The markers of a sound explanation are what we have called epistemic values: simplicity, internal consistency, external consistency, empirical adequacy and scope, explanatory depth, and practical utility. Fourth, it is stipulated that researchers should hold certain attitudes toward research that take into account the previous assumptions. They should be open to new ideas and possible sources of crime co-variates and not dismiss possible knowledge simply because it comes from another discipline. Theoreticism, or the dismissal of empirical findings because of fixed ideological positions or self-interest, is regarded as particularly serious and unwarranted. In their depiction of PCC, Andrews and Bonta insist that the research and practical activities of psychologists should be undertaken in ethical and humane ways. Finally, the authors are adamant that in order to advance the understanding of crime and its co-variates it is necessary to engage in “unsparing criticism of theoretical assertions and research findings” (2003, p. 1), albeit criticism that is tempered by a respect for the facts and methods consistent with a scientific approach.

Despite their endorsement of rational empiricism, or perhaps because of it (!), Andrews and Bonta display a laudable tolerance for the social and context dependence of knowledge. More especially they acknowledge the partialness, social, historical and political conditions that
constrain the generation of scientific theories and accept that all knowledge is socially constructed. However, this simply serves to underline the fact that theories are formulated by human beings and does not in any way infer that there are no truths to be discovered or a world that cannot be accurately mapped by our best theories.

GENERAL PERSONALITY AND SOCIAL PSYCHOLOGICAL PERSPECTIVE ON CRIMINAL CONDUCT (GPSPP)

The PCC model outlined above is clearly not a comprehensive rehabilitation theory or a detailed etiological model. It is essentially a set of assumptions concerning methodology, theory, research and practice used to inform the study and modification of criminal conduct. As noted above, we use the term “model” loosely when referring to PCC, but in a way that is consistent with Andrews and Bonta’s (2003) discussion.

GPSPP, on the other hand, represents a broad theoretical framework guided by the assumptions of PCC. It is Andrews and Bonta’s general sketch of the type of explanatory theory that is able to account for crime in a scientifically defensible manner. GPSPP is a complex theory of criminal behavior based on a number of cognitive, behavioral, biological and situational factors. It is based on the diversity evident in biology, personality, cognition, behavioral history and interpersonal functioning in a variety of domains (see Andrews and Bonta, 2003; Bonta, 2000). Most importantly, it is built around the best-established risk factors for criminal offending: antisocial cognition, antisocial associates, a history of antisocial behavior, and features of antisocial personality (e.g. impulsivity, poor problem-solving, hostility and callousness). Thus, with GPSPP, Andrews and Bonta seek to construct an explanatory framework that is responsive to
the established facts concerning criminal behavior. While they are aware that GPSPP does not provide any detailed description of the putative causal mechanisms, they resist the claim that it is simply a list of risk factors.

In contrast to criminological explanations that propose that the individual’s only important characteristic is his/her place in the social system, GPSPP attempts to provide a comprehensive or holistic model of the causes of criminal behavior (Andrews and Bonta, 2003; Ogloff and Davis, 2004). Consistent with PCC, this feature highlights its multifactorial nature; criminal conduct is viewed as having a variety of causes. While the full variety of causes of criminal conduct is acknowledged, it is important to note that GPSPP is primarily a personality and social-learning perspective (Ogloff and Davis, 2004), and draws on an empirical research base suggesting that personality constructs (such as low self-control) and social-learning constructs (such as antisocial peer groups) contribute independently to the generation of criminal behavior (Andrews and Bonta, 2003; Andrews, Bonta and Wormith, 2006).

According to GPSPP, three sets of causal factors (in no particular order) each independently result in an individual defining a high-risk situation in a way that favors the option of committing a crime versus desisting from a crime. The first set of causal factors is the immediate situation or what we have termed the high-risk situation. Andrews and Bonta argue that action is subject to powerful situational determinants, and that the cues and potential rewards in immediate situations can facilitate (or the costs inhibit) offending: i.e. when the balance of rewards outweighs the costs. A number of psychological mechanisms derived from different theories are listed as possible mediators of this appraisal process. These include the constructs of behavioral intentions, self-efficacy and neutralization. There is no specification of the mechanisms in any detail,
and a number of possibilities are canvassed, primarily involving the array of other causes outlined in the model, such as antisocial cognitions, peer influence and self-management deficits.

The second causal factor is the presence of delinquent associates or a peer group who actively support the antisocial behavior of the individual. The exact mechanisms for this influence again are not spelled out but could involve social pressure, reinforcement, adoption of group norms, or simply the fact that the individual’s social environment is constrained by the illegal activities and opportunities associated with his or her social network (Andrews and Bonta, 2003).

The third type of cause is the individual’s crime supportive attitudes, values, beliefs and emotions. These attitudes have been shown to be strongly associated with offending and if modified result in lowered recidivism rates (Andrews and Bonta, 2003). Other causal factors outlined in GPSPP but not directly linked to offending are variables such as early childhood experiences, family of origin, gender, age, ethnicity, school performance and conduct, and a cluster of personality features (e.g. impulsivity or lack of social skills). The other cluster of factors are thought by Andrews and Bonta causally to influence offending in some unspecified manner or through their impact on the three direct routes described above. Importantly, all the factors listed in GPSPP have been identified by research as co-variates of crime (Andrews and Bonta, 2003; Andrews, Bonta and Wormith, 2006; Andrews et al., 1990).

As a theoretical framework, GPSPP only begins to sketch out the set of causal factors associated with crime without any attempt to specify the mechanisms in sufficient detail. It is also apparent that from the perspective of GPSPP there are a number of possible pathways leading to offending depending on the particular cluster of psychological vulnerabilities exhibited by individuals and also the features of
the contexts in question. As an etiological theory it is too general to provide a comprehensive explanation of criminal conduct satisfactorily. The fact that it is so flexible and has the ability to incorporate new ideas as research uncovers them raises the possibility that it is not falsifiable. A theory should generate specific predictions and explanatory accounts. If you can simply add new components at will (as new research emerges), then it is not saying anything specific. Furthermore, the lack of clarity (and detail) on the various causal factors (e.g. immediate situation, antisocial cognitions) and their interrelationships means that it is not always clear exactly what is being claimed or why. The primary value of GPSPP, then, seems to rest on its status as a framework theory, able to guide the formulation of substantive theories for specific types of crime (e.g. sexual or violent offending).

PERSONAL INTERPERSONAL COMMUNITY-REINFORCEMENT PERSPECTIVE (PIC-R)

The third model outlined by Andrews and Bonta (2003) in their influential book *The Psychology of Criminal Conduct* is PIC-R, which argues that the probability of an individual engaging in criminal behavior “is a direct function of the patterns of communication or types of behavior patterns that are modeled, rehearsed, and reinforced to the offender” (Dowden and Andrews, 2004, p. 203). In other words, “offenders need to have anticriminal behavior and/or sentiments modeled and appropriately reinforced for correctional treatment to be effective” (ibid).

This is essentially a fleshed-out version of GPSPP and is the only model that really provides detail concerning the mechanisms that initiate and maintain criminal behavior in the RNR canon. It is important to note that PIC-R is only one of a possible number of models that could be derived
from GPSPP depending on how the various risk factors are unpacked and what particular theories are used to explicate the causal mechanisms involved. In fact, Andrews and Bonta (2003) describe this model as “one example of the general personality and social psychological approach” (p. 165) to account for deviant behavior.

In essence PIC-R accepts the array of causal factors outlined in GPSPP but provides more detail on some of them. Thus, social and personal circumstances, interpersonal relationships of various kinds, psychological factors such as self-regulation deficits, personality, and pro-crime cognitions are thought to interact with the immediate situation to result in criminal activity. In addition, it incorporates broad social and cultural factors into the background conditions that confront offenders and constrain their learning opportunities, which ultimately provide conditions that are conducive to criminal activity. PIC-R leans heavily on radical behavioral and social-learning theories with some elements from personality and social psychology also thrown into the mix. Thus, Andrews and Bonta state that PIC-R

...emphasizes behavioral and social learning principles because of their demonstrated functional power in applied settings. The practical and clinical utility of the PIC-R will reside in its ability to encourage comprehensive assessments and to assist in planning reasonable and effective interventions.

(pp. 166–7)

In total, Andrews and Bonta unpack PIC-R in terms of fifteen principles that revolve around the behavioral explanation of criminal behavior. It is the detailed description of the learning principles listed, in particular, that gives this model its greater specificity and explanatory power.

A key assumption of PIC-R is that criminal behavior is
acquired and maintained through a combination of operant and classical conditioning, and observational learning (see also Akers, 1998; Sutherland, 1947). The theory states that individuals can adopt antisocial attitudes, goals and behaviors through their association with people who fail to inhibit antisocial behavior (not necessarily offenders). If antisocial behavior is reinforced through rewards or escape from painful stimuli, it is likely to be strengthened and become part of a person’s general repertoire in the future. Immediate situations can directly control behavior via the number of rewards and costs contained in them, in conjunction with the contingencies that occur in particular settings. In addition to direct experience, individuals also learn from observing other people and noticing whether their actions are punished or reinforced. A good example of social learning in a criminal context is when a young man watches his father “solve” interpersonal conflicts through the use of violence, resulting in him using the same tactics as an adult. The exposure to the father’s aggressive actions is likely to inculcate attitudes favorable to interpersonal violence in the son, and his own subsequent history of rewards and costs for behaving violently in conjunction with the other influences in his life may culminate in the son becoming a violent offender. It is important to note that from the perspective of PIC-R observational learning is only one relevant cause and, generally speaking, multiple causal factors determine whether or not criminal behavior occurs (e.g. reinforcement, the presence of crime-supportive cognitions, etc.).

PIC-R is a more obvious candidate for an explanatory theory of crime but still has limitations. For one thing, the processes associated with the different risk factors are not fleshed out and it is not clear what mechanisms actually comprise dynamic risk factors such as antisocial peers or self-management problems. The relationship between the various risk factors is also a little vague and requires further
elucidation. The details that are provided concerning the operation of radical behavioral and social-learning principles apply to any behavior and are not specific to any particular type of offending. Most importantly, however, what is provided in PIC-R is a collection of variable names and their possible relationships. The problem of explaining how the risk factors actually operate and influence criminal actions is left unaddressed. In short, PIC-R is a little undercooked and would benefit from further elaboration indicating how causal elements such as antisocial attitudes or personality features generate particular types of antisocial behavior in specific settings (e.g. sexual or violent offenses).

REHABILITATION IMPLICATIONS

The primary treatment implication of these models is that interventions ought to be focused on modifying or eliminating dynamic risk factors (criminogenic needs). It is noteworthy that, consistent with the broad orientation of the three models, this includes individual, social and ecological/environmental factors. From the standpoints of PCC, GPSPP and PIC-R, criminogenic needs represent clinical needs that are stipulated to be the primary targets of rehabilitation effects. Thus, the whole rehabilitation process is recommended to be driven by the empirical detection of the correlates of crime rather than treatment targets being simply derived in an \textit{a priori} fashion from clinical or criminological theories without a consideration of research findings.

What is lacking, however, is clear guidance on what to “do” about criminogenic needs or risk factors once identified. Practitioners are instructed to “target”, “tackle” and “address” various deficits, yet given little by way of guidance on what this entails. As such, the three theories that have been postulated as underlying the RNR model are unable to supply the necessary etiological and theoretical components
to ground a model of offender rehabilitation. First, the models on their own lack the resources to justify the core assumptions of the RNR model with respect to the notion of risk, need and responsivity. For example, PCC is primarily concerned with outlining what we have referred to as the first component (values, aims, etc.) of a rehabilitation theory and is vague when it comes to etiology. While GPSPP and PIC-R are better able to deal with the etiological aspects (with varying degrees of success), they fail to articulate the values and broad assumptions underpinning the RNR model. Second, it is unclear whether the RNR model is essentially a rehabilitation theory or simply a cluster of principles. There is a certain ambiguity in the way the term “RNR model” has been used by researchers. On the one hand, it refers to the three principles of risk, need and responsivity and their accompanying program assumptions (see below). On the other hand, it refers to the three principles, the components of an effective program, and the theoretical and methodological assumption contained in the three source models. In other words, there is considerable vagueness concerning what comprises the RNR model. What is needed is a systematic exposition of the RNR model incorporating the three components or levels of a rehabilitation described earlier.

THE RECONSTRUCTED RISK–NEED–RESPONSIVITY MODEL

We shall now attempt to reconstruct the RNR rehabilitation theory by drawing upon the collective resources of the three models and the principles of risk, need and responsivity (plus other elements of effective service programming). Our aim is to present the RNR model in its strongest possible form in order to evaluate more accurately its strengths and
weaknesses. Note that by the term “RNR model” we are referring to the *entire rehabilitation theory*, not simply the three classification principles and their accompanying program components. In other words, we accept the claim by major proponents of the RNR model (e.g. Andrews and Bonta, 2003) that it is a comprehensive rehabilitation framework theory rather than a collection of principles and a few assumptions. Our job in this section is to reconstruct the RNR model component by component (see Figure 3.2).

It should be noted that the formulation of the RNR model and the three source theories in Andrews and Bonta’s various published works are rather general and tentative in places, and therefore at times we have had to make judgments about their meaning (e.g. concerning the relationship between the three models or the way risk is conceptualized).

---

*Figure 3.2* The Risk–Need–Responsivity Model
Thus, our depiction of the RNR model is a reconstruction in two senses: (a) it represents a reformulation of the RNR model using the three-component structure outlined earlier; and (b) it embodies our own interpretations of the various source models, including the creative filling of previously identified gaps.

**PRINCIPLES, AIMS AND VALUES**

There are a number of basic assumptions that constitute the first level or component of the RNR rehabilitation model. First, the primary aim of offender rehabilitation is to reduce the amount of harm inflicted on members of the public and on society by offenders. Considerations of the offender’s welfare are secondary to this, with the caveat that any interventions must not intentionally harm him unnecessarily or violate commonly accepted professional ethical standards (see McCord, 2003). It is acknowledged that there is always some degree of harm experienced by an offender during therapy (e.g. feelings of distress or shame), but this is typically viewed as relatively minor and necessary to achieve therapy goals.

Second, individuals are likely to vary with respect to their predisposition to commit crimes. The factors that are associated with offending come from a range of variables including biological, psychological, social, cultural, personal, interpersonal and situational factors. Research into offending should be broad in scope. Furthermore, effective treatment requires that clinicians have systematically assessed offenders and identified their particular risk factors and offense pathways.

Third, the severity of risk (i.e. whether low, medium or high) is assumed to co-vary with the number of criminogenic needs, and additionally with the severity or strength of each need. That is, lower-risk individuals will have few, if
any, criminogenic needs while higher-risk individuals will display a significant range of such needs. Risk factors are viewed as discrete, quantifiable characteristics of individuals and their environments that can be identified and measured. The conceptualization of risk is from the individualist perspective.

Fourth, the most important treatment targets are those characteristics that research has associated with potentially reduced recidivism rates. Everything else is, at best, of marginal relevance and, at worst, potentially obstructive and harmful. The key issue here is that it is important to use the scarce resources available to manage crime to best effect, which means reducing the empirically established triggers of offending where possible. Above all, a risk-management rehabilitation perspective is concerned with reducing the likelihood that individuals will engage in behavior that will prove harmful to the community. The expectation is that by identifying and managing dynamic risk factors (e.g. antisocial attitudes and impulsivity) offending rates will be reduced. Fifth, the identification of risk factors and/or criminogenic needs is said to be an empirical and therefore value-free process. Note this does not mean that values are not involved in rehabilitation; simply that the detection of crime co-variates is value-free. The detection of correlates of crime should be undertaken with rigor and appropriate research designs; and, while it is accepted that knowledge is always partial and subject to social and political interests, it is possible to acquire an accurate understanding of the causes of crime. Relatedly, using the knowledge of the causes of crime it is possible to design effective treatment programs.

Sixth, individuals should be treated humanely, with research and treatment delivered in an ethically responsible manner. Considerations of responsivity and motivation alongside respect for basic human rights mean that offenders should be regarded as persons who have the capacity to
change their behavior. Still, as stated above, the primary aim of offender rehabilitation should be to reduce the risk to society rather than to enhance the well-being of offenders. This is really an issue of priority, and it is not assumed that offenders’ welfare is unimportant or incompatible with the promotion of community safety.

ETIOLOGICAL AND METHODOLOGICAL ASSUMPTIONS

In the components of the RNR model of offender rehabilitation there are a number of etiological and methodological assumptions drawn primarily from GPSPP and PIC-R. First, there are a number of major risk factors (known as the “big eight”) for offending and these are causally linked to criminal conduct or at least function as indicators of causes: antisocial attitudes, antisocial associates, a history of antisocial behavior, antisocial personality pattern, problematic circumstances at home, difficulties at work or at school, problems with leisure activities, and substance abuse. An empirically informed etiological theory of crime should be based on these risk factors and outline their relationships to each other (where known) and actual incidents of crime. Thus, theory construction is a bottom-up process in the sense that theoretical constructs are constrained by the detection of empirical regularities. There is nothing sacrosanct about the big eight, and the exact number of risk factors should always reflect the findings of research, and variation according to predictors of the type of crime (e.g. sexual offending versus property crime). It is critical that researchers are open to new findings and that the resultant theories display the epistemic values of simplicity, internal consistency, external consistency, empirical adequacy and scope, explanatory depth and practical utility.

The proximal cause of offending is the framing of an
immediate (high-risk) situation in such a way that the
rewards of criminal activity are evaluated as outweighing
the costs. Rewards are viewed as plural in nature and range
from the automatic and physiologically based reinforcement
of drug ingestion to social acceptance and approval from
other offenders. It is not clear what psychological mechan-
isms actually mediate the process of reward/cost appraisal.
According to the RNR model, the possible mechanisms
include self-efficacy expectations, intentions, or perception
of the density of rewards in a situation. Thus, there is room
for a phenomenological (based on subjective awareness and
conscious intentions) or a more mechanistic explanation.
The presence of delinquent associates (external) and crime-
supportive attitudes, values and beliefs distorts the appraisal
process and increases the chances that certain individuals
commit an offense in a specific situation. Further factors
such as social rejection or disconnection, relationship prob-
lems and ongoing self-management deficits make it more
likely that the antisocial cognitions of certain individuals
will be activated and that they will be susceptible to the
influence of delinquent peers.

More distal causes of an individual’s predisposition to
experience the problems outlined above include develop-
mental adversity (e.g. sexual or physical abuse, neglect)
and growing up in an environment in which antisocial
norms have been modeled, or where the opportunities to
lead a crime-free life are significantly low. Once a crime
has been committed its effects are likely to reinforce further
offending and the individual concerned will be responsive
to environmental and internal cues that signal the presence
of offending opportunities. In fact, according to the RNR
model, environments exert a powerful influence on behavior.
Andrews and Bonta argue that in order to explain fully
the likelihood that a person will perpetrate a crime it is
also essential to consider the wider political, economic and
cultural contexts within which he or she lives. However, these conditions alone are insufficient to cause crime — the individual/personal factors must also be present. Andrews and Bonta argue strongly that, while political, economic and cultural conditions may set the stage for criminal actions, anti-social learning and attitudes, and the other causal elements outlined in the RNR model, mediate these broad effects.

The RNR model therefore contains an integrated set of etiological assumptions and accompanying methodological commitments. It is a multidimensional and dynamic theoretical approach that respects empirical evidence but is also sensitive to the social ecological and cultural contexts of offending.

PRACTICE IMPLICATIONS

The theory above lays out the necessary groundwork for the well-known principles of risk, need and responsivity central to the RNR model. First, the risk principle is concerned with the match between individuals’ level of risk for reoffending and the amount of treatment/interventions they should receive. The assumption is that risk is a rough indicator of clinical need and, therefore, according to this principle, high-risk individuals should receive the most treatment, typically at least 100 hours of cognitive behavioral interventions (Hollin, 1999). Those individuals displaying moderate levels of risk should receive a lesser dose of treatment, while those designated as low-risk warrant little, if any, intervention. Risk can be divided into static and dynamic risk factors. Static risk factors are variables that cannot be changed, for example, number of past offenses or gender. Dynamic risk factors are attributes of the individual or of his or her situation that are able to be modified in some important respects, for example, impulsivity or deviant sexual preferences. Furthermore, an important assumption is
that the severity of risk (i.e. whether low, medium or high) is likely to co-vary with the intensity and depth of the criminogenic needs present.

Second, according to the need principle, treatment programs should primarily focus on changing criminogenic needs – that is, dynamic characteristics that, when changed, are associated with reduced recidivism rates (e.g. impulsiveness or poor problem-solving abilities). Although clinicians may sometimes decide to treat noncriminogenic needs (e.g. depression or grief) in therapy, they should not expect these efforts to result in lower recidivism rates. For example, setting out to enhance an individual’s self-esteem may leave him or her feeling better about themselves but, according to Andrews and Bonta (2003), will not (on its own) reduce reoffending rates. In fact, according to some research, targeting such variables may in fact increase individuals’ chances of reoffending (Baumeister, 1999; Ogloff and Davis, 2004).

Third, the responsivity principle is used to refer to the use of a style and mode of intervention that engages the interest of the client group and takes into account their relevant characteristics such as cognitive ability, learning style, and values (Andrews and Bonta, 2003). The responsivity principle states that treatment strategies should be carefully matched to the preferred learning styles of the treatment recipient (Andrews and Bonta, 2003). Bonta (1995) argues that treatment effectiveness depends on matching types of treatment and therapist to types of client based on the personal “styles” of both.

Internal responsivity is related to the need to attend to individual circumstances and a particular array of causes, and cautions clinicians to view each offender as an individual rather than adopt “a one size fits all” approach. External responsivity signals the importance of ensuring that features of the interventions utilized and the contexts in which they are implemented are taken into account. Offender motivation,
gender and cultural issues are all important features explicitly to consider when adjusting therapy to individuals' particular features and situations.

Clearly, all three principles (risk, need and responsivity) depend entirely on the comprehensive and empirically validated assessment of correctional clients. To help in this process, Andrews and Bonta (1995) developed the Level of Service Inventory – Revised (LSI-R), a 54-item measure that addresses a wide range of static and dynamic variables associated with criminal conduct. The domains covered by the LSI-R instrument include: offending history, education, employment, family and marital relationships, accommodation, friendships, the use of alcohol and drugs, emotional problems, and attitudes toward offending. Instruments such as LSI-R and measures of risk are used to allocate individuals to treatment programs and to determine the necessary intensity or “dose” of treatment.

Second, in conjunction with the RNR principles outlined earlier, Andrews and Bonta (2003) stress that there are six main principles needed for effective rehabilitation. They argue that treatment programs should be: (1) cognitive-behavioral in orientation; (2) highly structured, specifying the aims and tasks to be covered in each session; (3) implemented by trained, qualified and appropriately supervised staff; (4) delivered in the intended manner and as intended by program developers to ensure treatment integrity; (5) manual based; and (6) housed within institutions with personnel committed to the ideals of rehabilitation and a management structure (i.e. key correctional personnel and policies within an agency) that supports rehabilitation (Andrews and Bonta, 2003; Gendreau and Andrews, 1990; Gendreau, Goggin, Cullen and Andrews, 2000; Gendreau, Little and Goggin, 1996; Hollin, 1999; McGuire, 2002; Ogloff and Davis, 2004).

Finally, researchers and theorists are continuing to
strengthen the RNR model. One area of current interest is that of responsivity, including the problem of motivation. In particular, Ogloff and Davis (2004) have made some valuable suggestions for improving treatment outcome by addressing responsivity impediments such as acute mental illness and lack of motivation. They suggest that these problems can adversely impact on individuals’ ability to behave autonomously and therefore should be dealt with before embarking on treatment targeting criminogenic needs. Furthermore, Ogloff and Davis recommend that, following sufficient progress in reducing criminogenic needs, efforts can be made to enhance individuals’ well-being and therefore help them to adopt ways of living that will prove more satisfying (see the next two chapters) than a criminal lifestyle.

CONCLUSIONS

In this chapter we have tried to present RNR in its strongest-possible form. This has meant that we have undertaken some reconstructive work and had to make a number of decisions about what to include in the model description and at what level (i.e. components A, B or C). It is clear that RNR is built around a risk framework and that the notion of offender “need” plays a secondary role at most in the process of rehabilitation (Hannah-Moffat, 2005). It is an indisputable fact that RNR is among the premier rehabilitation models in operation today, and the model has an impressive research record to back up its claims. Yet, despite its obvious merits, there are areas of concern and there are nagging doubts about its ability to provide correctional workers with the guidance they require in the difficult process of helping individuals turn their lives around. In the next chapter we shall attempt to address these lingering concerns about the theoretical adequacy of the RNR model.