An Amplification of the “N” in RNR: Criminogenic Needs of Sexual Offenders

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Overview of Workshop

1. Introduction: Who are you? Who am I? Why this topic? Why now?

2. Overview of the Risk, Need, Responsivity Principles that guide effective interventions with sexual offenders

3. In depth exploration of the Need Principle: The research, the factors, common tools

4. Putting it all together: Improving YOUR ability to detect and influence the factors that push toward re-offense in the sexual offenders YOU work with
1. Introduction
Introduction

Who are you? Role in the field of SOT, Experience, What do you hope to get out of this workshop?

Who am I?

Why this topic? Why now?
CA law mandates the use of State Authorized Risk Assessment Tools for Sex Offenders

- SARATSO mandates use of the Static99R, the LSCMI, and the Stable 2007 with sexual offenders on parole or probation in CA.

- SARATSO first utilized the Structured Risk Assessment-Forensic Version Light (Thornton) for its measure of “dynamic risk” but it is in the process of replacing SRA-FVL with the Stable2007 (Hanson & Harris). Continue using the SRA-FVL until SARATSO trained on the Stable2007.

- Both instruments are valid assessments of the kinds of risk factors that can be mitigated by treatment.
SRA-FVL and Stable2007

- At the time of the initial tool selection, there was insufficient data to indicate Stable2007 provided incremental validity however the SRA-FV had demonstrated this (incremental $d=.29; .45$ respectively).

- Since that date the Stable2007 has been further cross validated and has been found to demonstrate incremental validity.

- Because SRA-FV has only had one cross validation and Stable2007 multiple, Stable2007 is now considered better tested (SRA-FV is in the process of a cross validation).
SRA-FVL and Stable2007

- Another Stable2007 improvement is a revised scoring manual and a shift away from scoring factors as rapidly dynamic to changing more slowly, albeit not as slowly as the long term vulnerability model underlying SRA. While clinicians and supervision officers appreciate that the instrument is sensitive to short term change, there is currently no data to indicate the Stable2007 change scores actually predict sexual re-offense.

- Neither instrument assesses sex offense supportive attitudes. The Light version of SRA-FV assesses fewer need factors the Full Version of SRA and fewer than the Stable2007.

- Stable2007 is normed and more used with community samples and SRA-FV is normed and more used with higher risk samples.
2. Overview of RNR
The Risk, Need, Responsivity Principles

- ...are empirically supported guidelines for designing effective interventions with general offenders that have been shown to apply to sexual offenders as well

Sources:


Three Essential Elements of Effective Correctional Treatment

**Risk Principle**
Match the level of service to the offender’s risk to re-offend. This means more intense treatment and supervision for higher risk offenders and less to lower risk.

**Need Principle**
Target factors closely linked to offending.

**Responsivity Principle**
Maximize the offender’s response to the intervention by tailoring it to his/her learning style, motivation, abilities and strengths.
How well do different kinds of interventions work when treating criminal offenders?

Meta-analyses of the Correctional Treatment Outcome Literature

(Andrews and Bonta, 2006)
Expanded Meta-Analysis of Correctional Research

- 374 tests of the RNR principles
- Results communicated as Effect Size coefficient
- Effect Size is the absolute percentage difference between two groups
- For example, recidivism of 45% vs 55% means Effect Size = 0.10
Impact of RNR on Recidivism (Effect Size)

- Risk Principle
- Need Principle
- Responsivity Principle
Applying RNR to Sexual Offending
(Hanson et al, 2009)
Two Elements of Hanson et al (2009)

- Used a new scheme for classifying the methodology of sexual offender treatment created by ATSA’s Collaborative Outcome Data Committee.

- This was a committee of 12 experts in the area of sex offender research who developed a multidimensional way of classifying evaluation studies according to the degree to which different methodological problems were present. The authors used this framework to classify the strength of all available studies at the time.

- Out of 130 studies rated by CODC, a pool of 23 studies were determined at least minimally adequate and included in Hanson’s 2009 meta-analysis.

- This meta-analysis examined sexual offender treatment program efficacy within the RNR framework.
Sources for Methodology


Rating Adherence to the Risk Principle

- Programs adhered to the Risk principle when they provided intensive interventions to high risk offenders and little or no service to low risk offenders. In practice, however, no single study reported findings different intensities within the same setting. Studies were therefore coded as adhering to the Risk principle if their treatment group was higher risk than average for sexual offenders.
Rating Adherence to the Need Principle

Adherence to the Need principle was met if the majority of the treatment targets (at least 51%, weighted by tx time) were significantly related to sexual or general recidivism in previous meta-analytic reviews.

Factors coded as criminogenic:
- General Recidivism Need Factors coded: Antisocial lifestyle, impulsivity, employment instability, negative peer associations, aimless use of leisure time, substance abuse, poor cognitive problem solving, and hostility.
- Sexual Recidivism Need Factors coded: deviant sexual interests, sexual preoccupation, attitudes tolerant of sex crime, intimacy deficits.

Factors coded as non-criminogenic:
- Examples are depression, anxiety, denial, low victim empathy, social skills deficits.
Rating Adherence to the Responsivity Principle

- Treatment services were considered to meet the Responsivity principle when they provided treatment in a manner and style matched to the learning style of the clients. This included making special efforts to engage clients.

- Such programs are typically cognitive-behavioral programs run by pro-social therapists skilled at developing respectful (“firm but fair”) relationships.
Index of Treatment Effectiveness

Odds Ratio

- Odds recidivism in the treatment group divided by odds recidivism in the comparison group
- $1.0 = \text{No effect of treatment}$
- Ratios lower than 1.0 indicate that treatment reduced recidivism
- For example, an odds ratio of .70 means “for every 100 untreated sex offenders who recidivate, only 70 treated sex offenders will recidivate.”
- Or put most simply: “the lower the better”
Results

- 23 studies accepted (12 Canadian, 5 US, 3 UK, 2 New Zealand, 1 Holland), one dropped due to not reporting sexual recidivism
- 3,121 treated offenders and 3,625 offenders in the comparison groups
- Treated recidivism ranged from 1.1% to 33.3%, with a mean of 10.9%
- Comparison group recidivism ranged from 1.8% to 75.0%, with a mean of 19.2%
Effectiveness of treatment increased according to the total number of RNR principles adhered to.

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<thead>
<tr>
<th>Number of Principles Followed</th>
<th>Treatment Effect (Odds Ratio)</th>
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<tr>
<td>None</td>
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<tr>
<td>One</td>
<td>0.64</td>
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<tr>
<td>Two</td>
<td>0.63</td>
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<tr>
<td>Three</td>
<td>0.21</td>
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Treatment Effect by Application of Specific Principles

- Risk Principle applied?
  - Yes → 0.48 (odds ratio)
  - No → 0.72

- Need Principle applied?
  - Yes → 0.45
  - No → 0.86

- Responsivity Principle applied
  - Yes → 0.57
  - No → 1.05
Comments

- Clearly our field can benefit from more high-quality studies.
- The Hanson 2009 results suggest that RNR principles clearly apply to Sexual Offender Treatment, just as they do to other forms of offender treatment.
- Interventions that are most likely to reduce recidivism are those that meaningfully engage higher risk offenders in the process of changing their criminogenic needs.
Pulling the research on RNR all together, SOT will be more effective when:

1. **Risk**: Concentrate treatment resources on higher risk offenders

2. **Need**: Focus treatment on changing psychological factors closely linked to sexual recidivism

3. **Methods**: Match treatment methods to offenders’ learning styles and culture

4. **Treatment integrity**: See that the implementation of the program really follows #1 - #3 in day to day practice
3. In Depth Exploration of the Need Principle
What is meant by “Needs” in RNR?

- “Need” is short for Criminogenic Needs. Criminogenic Needs are changeable risk factors that are directly linked to criminal behavior. They are the factors that predispose towards repeated offending that can be addressed in treatment.

- **Social criminogenic need factors** include things external to the offender like criminal friends, isolation from prosocial others, poor family relationships, lack of prosocial activities.

- **Psychological criminogenic need factors** are internal to the individual – arousal patterns, attitudes, ways to thinking, feeling, perceiving; skills etc.

- Treatment can potentially alter the intensity of the need factor, improve the individual’s motivation to manage the factor, or improve the individual’s skill at managing the factor. Hence, these are factors that “need” to be treated to reduce recidivism.
What are the Criminogenic Needs relevant to Sexual Recidivism?

Criminogenic Needs that are relevant to sexual recidivism are social or psychological factors that predispose towards repeated sexual offending which can be addressed in treatment.
How do we know which factors are Criminogenic for Sexual Offending?

The Usual Method

- Measure the factors prior to release
- Follow offenders up for many years after release
- Compare those known to re-offend to those not known to reoffend on the factors measured

Limitation of the Usual Method

- Known reoffending imperfectly measures rate of re-offending
  - Those caught typically will have reoffended more often, more seriously, and more floridly
  - Those not known to have reoffended may have not reoffended or may have reoffended less often, less seriously, or less floridly, or are just smarter or luckier criminals
Best Source for Psychological Criminogenic Needs relevant to Sexual Recidivism

Empirically-Supported and Promising Criminogenic Factors for Sexual Reoffense

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<tr>
<th>Empirically-Supported</th>
<th>Promising</th>
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<td>Sexual Preoccupation</td>
<td>Sexualized Coping</td>
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<td>Multiple Paraphilias</td>
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<td>Sexual Preference for Children</td>
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<td>Sexual Preference for Violence</td>
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<td>Offense-Supportive Attitudes</td>
<td>Hostility towards Women</td>
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<td>Never Married</td>
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<td>Conflicts in Intimate Relationships</td>
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<td>Callousness / Lack of Concern for Others</td>
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<td>Impulsivity / Recklessness</td>
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<td>Employment Instability</td>
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<td>Childhood Behavior Problems</td>
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<td>Non-Compliance with Supervision</td>
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<td>Violation of Conditional Release</td>
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<td>Negative Social Influences</td>
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<td>Poor Cognitive Problem-Solving</td>
<td>Externalizing</td>
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<td>DOMAIN</td>
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<td>Sexual Interests</td>
<td>▪ Sexual Preoccupation</td>
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<td>▪ Preference for Children</td>
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<td>▪ Sexual violence</td>
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<td>Relational Style</td>
<td>▪ Emotional Congruence with Children</td>
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<td>▪ Lack of Emotion’ly Intimate Relationships</td>
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<td>▪ Callousness</td>
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<td>Self management</td>
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<td>▪ Resistance to rules &amp; supervision</td>
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<td>▪ Dysfunctional Coping</td>
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Unsupported but with Interesting Exceptions

Denial

- Average effect close to zero but seems to be a risk factor for lower risk offenders against children but actually appears protective among higher risk offenders against children

Major Mental Illness

- A risk factor in one large Swedish study but effect not found in other studies

Loneliness

- A risk factor in one large Canadian study but effect not found in other studies

Seeing Self as Inadequate

- Consistently a risk factor in UK studies but not in the USA, Canada or New Zealand
Factors Worth Exploring

There is some evidence supporting their role but they have not been tested in recidivism studies

- Adversarial sexual attitudes
- Sexual entitlement
- Fragile narcissism
Factors Unrelated to Sexual Recidivism

Plausible factors that have been sufficiently tested to conclude that they have little or no relationship with recidivism (5 or more studies failed to find a significant relationship)

- Depression
  - If anything depression is associated with less recidivism
- Social Skills Deficits
- Poor Victim Empathy
- Lack of Motivation for Treatment (at pre-treatment)
Caution about “Unrelated” Factors

- Factors may fail to predict because we can’t measure them effectively (i.e. offender self-serving response bias)

- They may have highly different effects on different individuals, which essentially cancels our their overall impact in analyses
Implications

- The Need Principle indicates that we should put most of our efforts into targeting the empirically-supported and promising factors in our treatment of sexual offenders.

- It is necessary to conduct individual assessments for the factors that lead to offending and treat those. If non-criminogenic needs are important in individual cases, do not spend more time on them then on criminogenic needs.
4. Putting It All Together
Why Conduct a Need Assessment?

- Identified Needs should form the focus of the offender’s treatment/intervention plan.
- Response to treatment can be judged in terms of how well the offender learns to manage their Needs.
- Scores on Need assessment instruments change when healthy functioning in the community has been sustained (Stable2007 requires shorter periods of evidenced change while SRA requires much longer periods).
Recognizing Relevant Need Factors

So let’s review the empirically supported and promising factors and see how we could recognize them:

- In someone’s history
  - Suggesting that this is an area of vulnerability for them

- In their current functioning
  - Suggesting that this vulnerability is presently influencing their behavior
A Exercises 1-4

- Start with a set of similar risk factors (we call these domains)
- Divide training participants into sub-groups and assign a sub-group to each factor on the grid (see Exercise slides to follow)
- Complete the following:
  1. Conceptualize the factor—What does this factor mean?
  2. What indicators should you look for to see if this operated historically and if it is operating currently?
  3. If the available data is insufficient, what clinical exercises could be conducted in group to get more information about the factor in each cell?
- Each group shares their results in a plenary discussion. Other group assist in filling in gaps.
# Sexual Interest Factors

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## Distorted Attitudes Factors

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B Exercises 1-4

- Revisit each of the four sets of similar risk factors (the four domains)
- Divide training participants into sub-groups and assign a sub-group to each factor on the grid (see Exercise slides to follow)
- Complete the following:
  1. What kind of interventions could be applied in an effort to reduce this factor?
  2. How might we assess progress made on this factor?
- Each group shares their results in a plenary discussion. Other group assist in filling in gaps.
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A Comment About Responsivity

- Remember the Responsivity Principle: Treatment must be a good fit with the client’s learning style and ability.

- The “How” of Treatment is as Important as the “What” of Treatment.

- The therapeutic process with offenders is often conveniently overshadowed by therapy content.

- Therapist style and client therapist relationship are essential to success!
More Comments About Responsivity

- Authoritarian and aggressive techniques to “break through denial” do not work with abusive individuals.

- Clients respond with resistance, argumentativeness, manipulative placation, or eroded self-esteem.

- Empathy, Genuineness, Positive Regard, Directiveness.

- If we don’t get this right we can make our offender clients worse.
Workshop Wrap-Up

- What have we learned today?
- Review of RNR
- Empirical support for Need Factors related to sexual reoffense
- The primary known Need Factors for sexual reoffense
- How to assess for presence in history and current functioning relevant Need Factors
- How to intervene in assisting the participant in managing their Need Factors
- How to assess for progress in the management of Need Factors
- How the components of your program assess for and treat Need Factors of its participants (and where improvement can be made)
Questions?

Comments?

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