AGGRESSION
AND
VIOLENT
BEHAVIOR

ELSEVIER

# Reconstructing the Risk–Need–Responsivity model: A theoretical elaboration and evaluation

Tony Ward *, Joseph Melser [a], Pamela M. Yates [b]

[a] *School of Psychology, Victoria University of Wellington, PO Box 600, Wellington, New Zealand*
[b] *Cabot Consulting and Psychological Services, Canada*

## Abstract

In this paper, we examine the theoretical strengths and weaknesses of the Risk–Need–Responsivity (RNR) model of offender rehabilitation. We briefly discuss the nature of rehabilitation theories and their core components and then review the three source theories associated with the RNR Model. Following this we set out to reconstruct the RNR model in light of this analysis, essentially arguing that there are at least three components to any rehabilitation theory: (a) primary aims, values and principles; (b) etiological and methodological assumptions; and (c) practice implications. We then evaluate the theoretical and empirical adequacy of the RNR model. Finally, we conclude the paper with a few comments on the policy, research, and clinical implications of our evaluation (and reconstruction) of this important rehabilitation model.
© 2006 Elsevier Ltd. All rights reserved.

*Keywords:* Risk–need–responsivity; Rehabilitation; Evaluation

## Contents

* Corresponding author.
  *E-mail address:* Tony.Ward@vuw.ac.nz (T. Ward).

## 1. Introduction

The Risk–Need–Responsivity (RNR) model of offender rehabilitation is deservedly the premier treatment model for offenders. It has constituted a revolution in the way criminal conduct is managed in Canada, Britain, Europe, Australia and New Zealand and led to the development of a suite of empirically derived and effective treatments for a range of crimes. The principal architects of the RNR model of offender rehabilitation are the Canadian researchers James Bonta, Don Andrews, and Paul Gendreau (e.g., Andrews & Bonta, 2003; Andrews, Bonta, & Wormith, 2006; Andrews & Dowden, 2006; Andrews et al., 1990; Gendreau & Andrews, 1990). The model represents a model for the prediction of risk and classification of offenders for treatment, based on the authors' early observations that criminal behavior can be predicted, that risk interacts with level of treatment intensity and targets in influencing treatment outcome (i.e., recidivism), and that these factors interact with offender-based factors in influencing outcome (Andrews & Bonta, 2003). The model includes three principles that should guide intervention with offenders. In brief, the *risk* principle suggests that offenders at higher risk for reoffending will benefit most from higher levels of intervention, including high intensity treatment, and that lower risk offenders should receive minimal, routine, or no intervention. The *need* principle proposes that only those factors associated with reductions in recidivism (i.e., criminogenic needs) should be targeted in intervention. The *responsivity* principle states that correctional programs should be matched to offender characteristics such as learning style, level of motivation, and the individual's personal and interpersonal circumstances. The first two principles (risk and need) are used to select treatment intensity and targets, and the whole set used to guide the way practice is actually implemented. A fourth principle, that of *professional discretion,* states that clinical judgment should override the above principles if circumstances warrant. This principle allows for treatment flexibility and innovation under certain circumstances. We will not explicitly discuss the discretion principle in this paper, as it does not have the major role the others do in the RNR model.

An impressive body of meta-analytic research has been developed on the RNR model. This evidence has largely been derived from meta-analytic examination of rehabilitation evaluation research, beginning with Andrews et al.'s (1990) seminal paper. The Andrews et al. meta-analysis, which provides the greatest empirical evidence for the RNR model, was conducted to refute the 'nothing works' perspective that had dominated since Martinson's (1974) famous report. Treatment that complied with the RNR principles demonstrated significantly greater effectiveness than criminal sanctions, inappropriate treatment, or unspecified treatment. Subsequent meta-analyses by Andrews and Dowden have provided similar evidence from a variety of specific offender groups, including juvenile delinquents (Dowden & Andrews, 1999a; Dowden & Andrews, 2003), violent offenders (Dowden & Andrews, 2000), and female offenders (Dowden & Andrews, 1999b). Furthermore, adherence to the RNR principles provides a context within which increased program integrity, organizational adherence to integrity standards, and better staff practice can improve treatment outcomes (Andrews & Dowden, 2005; Dowden & Andrews, 2004). Cumulatively, this research provides a powerful empirical foundation for the RNR model.

Despite strong empirical support for the RNR model, it has been subjected to a number of critiques, primarily aimed at its underlying theoretical assumptions, their implications for practice, and lack of scope (e.g., Ward & Brown, 2004; Ward & Stewart, 2003). In summary, Ward et al. have argued that a focus on reducing dynamic risk factors

(criminogenic needs) is a *necessary* but *not sufficient* condition for effective treatment (Ward & Gannon, 2006). A key component of this critique has been the argument that it is necessary to broaden the theoretical formulation, application to practice, and the scope of correctional interventions to take into account the promotion of human goods (or approach goals) in conjunction with the reduction of risk variables (or avoidance goals). Critics propose that the RNR is conceptually impoverished and is unable to provide therapists with sufficient tools to engage and work with offenders in therapy. In brief, it is claimed that (a) it is difficult to motivate offenders by focusing primarily on risk reduction (e.g., Mann, Webster, Schofield, & Marshall, 2004); (b) the RNR model does not pay enough attention to the role of personal or narrative identity and agency (i.e., self-directed, intentional actions designed to achieve valued goals) in the change process (e.g., Maruna, 2001); (c) it works with a narrow notion of human nature and ignores the fact that as evolved, biologically embodied organisms, humans naturally seek and require certain goods in order to live fulfilling and personally satisfying lives (e.g., Ward & Stewart, 2003); (d) it pays insufficient attention to the therapeutic alliance and so-called noncriminogenic needs such as personal distress and low self-esteem that are important beyond their potential implications with respect to offender responsivity. For example, it has been argued that the creation of a sound therapeutic alliance requires a suite of interventions that are not directly concerned with targeting risk and it has been shown that the establishment of a good therapeutic alliance is a necessary feature of effective therapy with offenders (e.g., Marshall et al., 2003; Yates, 2003; Yates et al., 2000); (e) the RNR is essentially a psychometric model and tends to center on offender risk profiles (or traits) and downplays the relevance of contextual or ecological factors in offender rehabilitation (Ward & Brown, 2004); (f) the RNR is often translated in practice into "one-size-fits-all" manner that fails to take critical individual needs and values into account. Indeed, the usual implementation of the RNR actually ignores its own principle of responsivity or at least makes it hard to accommodate the idiosyncratic features of offenders. In its most inappropriate form, the RNR is realized in a psycho-educational format where offenders are "taught" putatively important information (Green, 1995); and (g) the RNR is not an integrated theory and the three major principles are not sufficiently theoretically grounded (Ward & Stewart, 2003). Space does not permit us to flesh out these criticisms in detail, but we make the general point that some of them are due to the application in practice of the RNR model rather than any inherent weakness in the model itself (see below).

Proponents of the RNR model have responded to these criticisms by arguing that there does exist a strong theoretical basis for this influential rehabilitation model and that once this is clearly articulated the above criticisms fail (e.g., Andrews & Bonta, 2003; Bonta & Andrews, 2003; Ogloff & 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 its associated program elements. Rather, it is claimed that the theory contained in Andrews and Bonta's (2003) seminal book, *The Psychology of Criminal Conduct*, 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 (the two terms tend to be used synonymously) 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 (PCC) perspective 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 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 (PIC-R) perspective 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). Thus, while all three models are discussed in Andrews and Bonta's (and other RNR proponents' writings) writings, the degree to which they collectively or individually theoretically ground the three principles of risk, need, and responsivity, is uncertain. 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? In other words, exactly how should the three models be configured within the RNR model of offender rehabilitation?

But why does this proliferation of theoretical bases for the RNR model matter? Surely, it could be argued that existence of multiple models is a boon to researchers and practitioners, a cornucopia of resources that can only serve to facilitate offender rehabilitation and crime prevention.

Unfortunately, this is not the case. The difficulty in having more than one theory associated with the RNR model is that it makes 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 ambiguity follows 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 coherently link the various strands of the justificatory theory to the RNR principles. Indeed, Andrews and Bonta (2003) 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" (p. 4). The authors are advocates for 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 to simply assume the truth of our favored theories, but always to critically integrate them in the pursuit of truth and greater understanding. Finally, without a clear statement of the theoretical and methodological commitments of the RNR model, it is harder to defend it against the kinds of criticisms 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 paper 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 Andrews and Bonta and some degree of redesigning their 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, to weave them together in a more convincing way, to augment shortcomings, and to provide a more comprehensive model that can be better integrated into practice. Indeed, our hope is that the reconstructed theory will be stronger and a better and more coherent rehabilitation theory. First, we briefly discuss the nature of rehabilitation theories and their core components. Second, we review the three source theories associated with the RNR model. Third, we set out to reconstruct the RNR model in light of this analysis, essentially arguing that there are at least three components to any rehabilitation theory: (a) primary aims, values, and principles; (b) etiological and methodological assumptions; and (c) practice implications. Fourth, we evaluate the theoretical and empirical adequacy of the RNR model. The goal is not to engage in a simple dismissal of the model, but rather to elucidate the features of this important theory in order to help subsequent researchers strengthen it. Finally, we conclude the paper with a few comments on the policy, research, and clinical implications of our evaluation (and reconstruction) of the RNR model. 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, which is something we intend to address in another paper (Ward & Yates, in preparation).

## 2. The nature of rehabilitation theory

In order to be able to adequately describe and evaluate the RNR model, it is first necessary to identify features of a rehabilitation theory. Somewhat surprisingly, we have found that the nature of rehabilitation tends to be taken for granted in the correctional field and very little has been said as to what actually constitutes a *rehabilitation theory* as opposed to a treatment or etiological theory. Typically, the terms "treatment", "therapy", and "rehabilitation" are used interchangeably as if they refer to the same thing. In our opinion, using these terms interchangeably runs the risk of confusing at least two distinct types of theories and their associated referents. We propose that the terms "treatment or therapy theories" refer to theories that incorporate psychological principles and concrete strategies and that are applied in clinical settings to change the behavior of offenders. They are in effect local theories of change. However, the term "rehabilitation theory" is broader in nature and refers to the overall aims, values, principles, and etiological assumptions that are used to guide the treatment of offenders, and translates *how* these principles should be used to guide therapists. It is essentially a *hybrid* theory comprised of values, etiological assumptions, and practice guidelines. Without a rehabilitation theory, therapists will be unaware of the broad aims of treatment (i.e., to reduce risk, enhance functioning) and their relationship to the causes of offending.

We argue that a good theory of offender rehabilitation should specify the aims of therapy, provide a justification of these aims in terms of its core assumptions about etiology and the values underpinning the approach, identify clinical targets, and outline how treatment should proceed in the light of these assumptions and goals (Ward & Marshall, 2004). We propose that there are *three* levels or components to rehabilitation theories (see Fig. 1): (a) a set of general principles and assumptions that specify the values that underlie rehabilitation practice and the kind of overall aims for which clinicians should be striving. We need values to underpin rehabilitation, as these serve to identify therapeutic goals (e.g., to promote a good life or to reduce risk to the community) and to constrain rehabilitative attempts (e.g., we should not subject offenders to empirically unsupported interventions or expose them to unnecessarily stressful situations); (b) etiological assumptions that serve to explain offending and identify its functions, at least in a general sense. Etiological assumptions help therapists to understand *how* to target specific variables as well as indicating *what* to target; and (c) the treatment implications of both the set of values, aims, and principles, and the etiological assumptions. A good rehabilitation model should also specify the most suitable style of treatment (e.g., skills-based, structured, etc.), inform therapists about the appropriate attitudes to take toward offenders, address the issue of motivation, and clarify the role and importance of the various therapeutic methods and processes, such as the therapeutic alliance. The three components are conceptually linked in that the overriding aims of rehabilitation should be consistent with the causes of crime and the types of treatment interventions ought to follow from both etiological assumptions and core value commitments.

Rehabilitation theories should not be confused with etiological theories of a general type (e.g., general theories of crime) or of particular types of offenses (e.g., sexual offenses). The major function of rehabilitation theories is to provide a comprehensive guide to clinicians when working with offenders. The etiological component of such theories is quite general in scope. It only serves to sketch out the causal factors that culminate in criminal actions and to depict their relationships with each other. In a sense it provides an *overview* of the kinds of factors that are likely to cause crimes and on its own does not constitute a complete explanation.

The other type of theory commonly utilized in the correctional arena is therapy or treatment theories (see above). Although theories of therapy assume the relevance and truthfulness of some etiological theories, they do not aim to explain why individuals commit offenses but instead concentrate on informing clinicians how to effect behavioral changes in offenders. In other words, there are at least three type of theories associated with offenders: rehabilitation theories, etiological theories, and treatment theories.
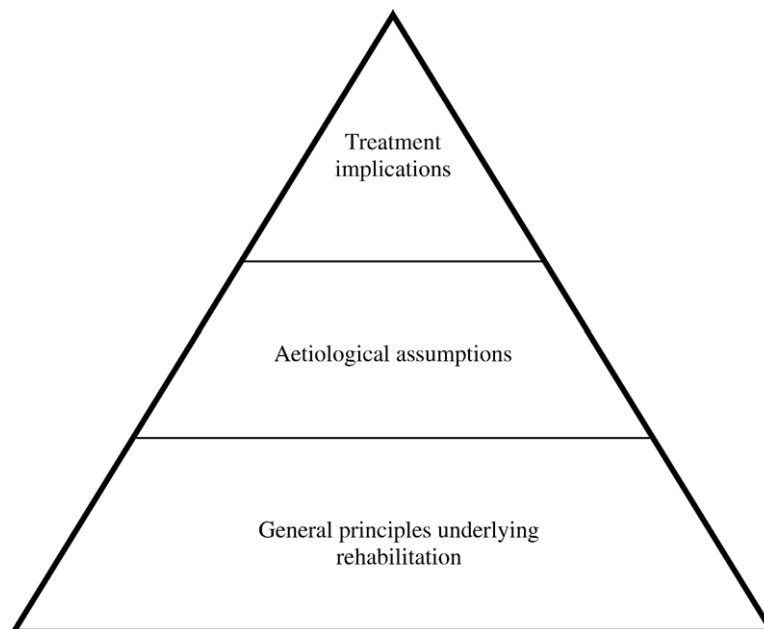


Fig. 1. Components of a theory of rehabilitation.

One final issue concerns the evaluation of rehabilitation theories. This is not straightforward as they are not scientific theories in any obvious sense, although they do contain etiological assumptions that are explanatory. In view of the hybrid nature of rehabilitation theories (i.e., containing a mixture of ethical, scientific, and practical theoretical elements), we suggest that the epistemic values listed below, all mentioned by Andrews and Bonta, can be employed to critically ascertain their overall value.

Philosophers have suggested that a number of *epistemic* values (i.e., theory appraisal criteria) are equally important for making judgments about which theories are best and for helping researchers choose amongst competing theoretical explanations (Hooker, 1987; Newton-Smith, 2002). Epistemic values arguably track truth in some respect. In other words, epistemic values point to a theory's likely truth. The following list captures the epistemic values commonly accepted to be good indicators of a theory's truth: empirical adequacy (whether the theory can account for existing findings), internal coherence (whether a theory contains contradictions or logical gaps), external consistency (whether the theory in question is consistent with other background theories that are currently accepted), unifying power (whether a theory can unify aspects of a domain of research that were previously viewed as separate), fertility (whether a theory can lead to new predictions and open up new avenues of inquiry or practice), simplicity (whether a theory makes the fewest special assumptions), and explanatory depth (whether the theory can describe deep underlying mechanisms and processes; Hooker, 1987; Newton-Smith, 2002).

If a rehabilitation theory is coherent and a strong or a "good" theory, it is able to account for the agreed upon facts of offending (by virtue of its etiological assumptions), has sufficient unifying power to incorporate important facets of rehabilitation (such as motivation, therapeutic alliance, skills acquisition, etc.), is relatively simple, has sufficient explanatory depth to clarify whether certain causal factors should be targeted in treatment, is both internally and externally consistent, and results in innovative and effective therapy. Once the RNR model has been described and suitably reconstructed, we will critically evaluate it using this set of epistemic values.

## 3. Theoretical sources of the risk–need–responsivity model

As stated above, 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 will briefly describe each of the models before drawing from all three in our reconstruction of the RNR model within the three-component structure outlined above. To foreshadow our argument, we suggest that the three models are hierarchically linked (as alluded to in Andrews & 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 few rather general views of crime to a specific theory centered on dynamic and static risk factors and learning principles (see Fig. 2).

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 their book. Therefore, we will treat them as theories or models rather than 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) indicating that one of their aims is to construct a theoretically robust explanation of criminal behavior that is able to ground offender rehabilitation.

### 3.1. Psychology of Criminal Conduct (PCC)

The PCC is essentially an approach to the study of criminal conduct based on the investigation of individual differences in propensity to commit crimes. It describes an *orientation* to the study of crime by identifying psychological correlates of offending and attending to individual differences in criminal behavior which had previously been ignored or denied in criminological, sociological, and psychological analyses of criminality. For example, prior to the advent of the PCC, mainstream theories of crime included only aggregate correlates of aggregate crime rates, ignoring individual differences and within-groups variability, and located crime in subcultural, social isolation, labeling, and anomie theories (e.g., Hagan, 1989; Merton, 1938, 1957) that focused on gender, racial, and social class inequities as the causes of crime. In developing the PCC, Andrews and Bonta (2003) observed that research demonstrated weak or nonexistent
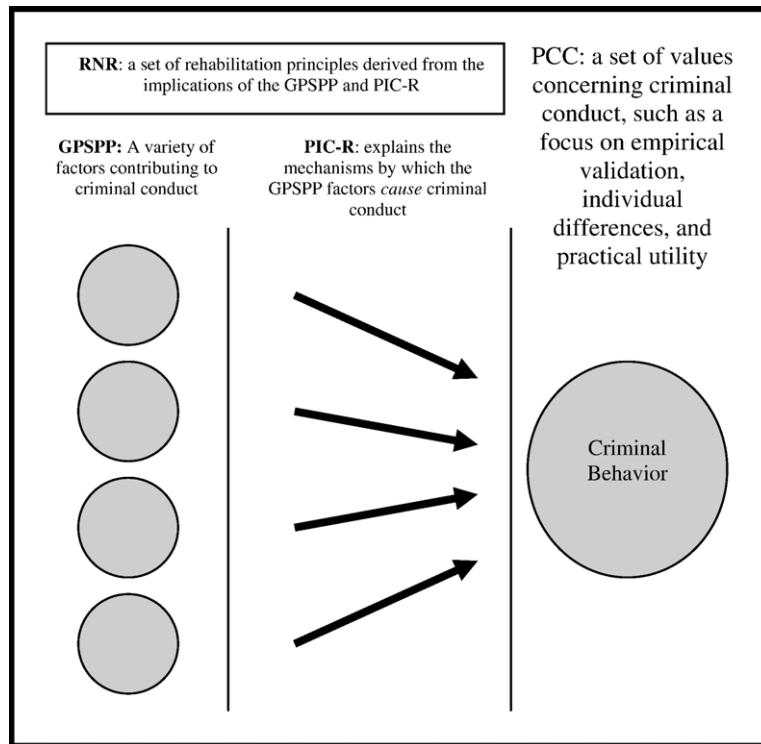
Fig. 2. The PCC and the relationship between the RNR, GPSPP, and the PIC-R.

relationships between social class and crime, and that these theories did not account for observed individual variation within groups, such as within social class striations. In developing the PCC, the aim was to establish psychological correlates of crime and individual differences in criminal behavior empirically, theoretically, and practically, which were heretofore absent in psychological or other explanations of criminality (Andrews & Bonta, 2003).

According to Andrews and Bonta, crime is caused by distinct patterns of social and psychological factors that increase the chances 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 offender's unique needs. 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 & 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 *covariates* (i.e., correlates, predictors, and causal or functional variables) using appropriate research designs. These will involve cross-sectional (correlates), longitudinal (predictors), multiwave 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 covariates and not dismiss possible knowledge simply because it comes from another discipline. *Theoreticism* (i.e., knowledge destruction) 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 the 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 covariates, it to 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. Furthermore, despite their endorsement of rational empiricism, or perhaps because if 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. The PCC model is clearly not a rehabilitation theory or an etiological model. It is essentially a set of assumptions concerning methodology, theory, research, and practice that ought to inform the study and modification of criminal conduct. As noted above, we use the term "model" loosely when referring to the PCC, but in a way that is consistent with Andrews and Bonta's (2003) discussion.

## 3.2. General Personality and Social Psychological Perspective on Criminal Conduct (GPSPP)

The GPSPP represents a broad theoretical framework guided by the assumptions of PCC and 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. The 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 (Andrews & Bonta, 2003). 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, Andrews and Bonta intentionally set out to construct an explanatory framework that is responsive to the established facts concerning criminal behavior. While they are aware that the 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, the GPSPP attempts to provide a comprehensive or holistic model of the causes of criminal behavior (Andrews & Bonta, 2003; Ogloff & Davis, 2004). Consistent with the 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 the GPSPP is primarily a personality and social learning perspective (Ogloff & Davis, 2004), and draws on an empirical research base suggesting that personality constructs (such as poor self-control) and social learning constructs (such as antisocial peer groups) contribute independently to the generation of criminal behavior (Andrews & Bonta, 2003; Andrews et al., 2006).

According to the GPSPP, three sets of causal factors (in no particular order) each independently result in an offender defining a high risk situation in a way that favors the option of committing a crime versus desisting from a crime. The causal factors may also function synergistically, although this is not explicitly discussed by Andrews and Bonta (2003). In other words, the anticipated rewards of crime are thought to outweigh the possible costs. 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). Several 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 offender. The exact mechanisms for this influence are not spelled out but could involve social pressure, reinforcement, adoption of group norms, or simply the fact that the offender's social environment is constrained by the illegal activities and opportunities associated with his social network. The third type of cause is the offender'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 & Bonta, 2003). Other causal factors outlined in the 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 to causally 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 covariates of crime (Andrews & Bonta, 2003; Andrews et al., 1990, 2006).

The GPSPP is a theoretical framework and really only sketches 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 the 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 satisfactorily provide a comprehensive explanation of criminal conduct. 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, as well as resulting in problems in practical application, such as adherence to particular ideas of the framework to the detriment of others. A theory should generate specific predictions and explanatory accounts; if you can simply add new components at will (as new ideas are developed) then it may not being saying anything specific. That is, the GPSPP more a *framework theory* that has value because of its ability to guide the formulation of *substantive* theories for specific types of crimes (e.g., sexual or violent offending). Furthermore, the lack of clarity (and detail) on the various causal factors (e.g., immediate situation, antisocial cognitions) and their interrelationships means it is not always clear exactly what is being claimed or why.

### 3.3. Personal Interpersonal Community-Reinforcement Perspective (PIC-R)

The third model outlined by Andrews and Bonta (2003) in *The Psychology of Criminal Conduct* is the PIC-R. This is essentially a fleshed out version of the GPSPP and is the only model that really provides detail concerning the mechanisms that initiate and maintain criminal behavior. It is important to note that the PIC-R is only one of a possible number of models that could be derived from the GPSPP depending on how the various risk factors are fleshed out 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, the PIC-R accepts the array of causal factors outlined in the 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 and that ultimately provide the conditions that are conducive to criminal activity. The PIC-R leans heavily on radical behavioral and social learning theories with some elements from personality and social psychology also thrown into the mix. Andrews and Bonta state that the 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 (p. 166–167).

In total, Andrews and Bonta describe the PIC-R in terms of 15 principles that revolve around the behavioral explanation of criminal behavior. It is the detailed description of the learning principles that gives this model its greater specificity and explanatory power.

A key assumption of the PIC-R is that criminal behavior is acquired and maintained through a combination of operant and classical conditioning, and observational learning (Andrews & Bonta, 2003). 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 density of the 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 toward 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 his becoming a violent offender. It is important to note that from the perspective of the 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.).

The PIC-R is a more obvious candidate for an explanatory theory of crime but still has limitations. For one thing, the mechanisms associated with the different risk factors are not adequately delineated 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 enough to account for offending. For example, the principles do not account for those individuals who go on to commit crimes and those who do not, despite experiencing similar developmental and learning experiences. What is provided in the PIC-R is a collection of variable names and their possible relationships to criminal behavior. The problem of explaining how the risk factors actually operate and result in, and interact with, criminal actions is left unaddressed. In short, the PIC-R is a little underdeveloped 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).

### 3.4. 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 the PCC, GPSPP, and PIC-R, criminogenic needs represent clinical needs that are stipulated to be the primary targets of rehabilitation efforts. Thus, it is recommended that the whole rehabilitation process be driven by the empirical detection of the correlates of crime, rather than deriving treatment targets in an *a priori* fashion from clinical or criminological theories without a consideration of the facts. That is, both theory and empirical research should be utilized when constructing intervention plans.

### 3.5. General comments

The above brief descriptions of the three types of theories that have been postulated as underlying the RNR model of offender rehabilitation reveal that *individually* they are unable to supply the necessary etiological and theoretical components to ground this model. This is for two major reasons: 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, the PCC is primarily concerned with the first requirement of a rehabilitation theory and is vague when it comes to etiology. While the GPSPP and the 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
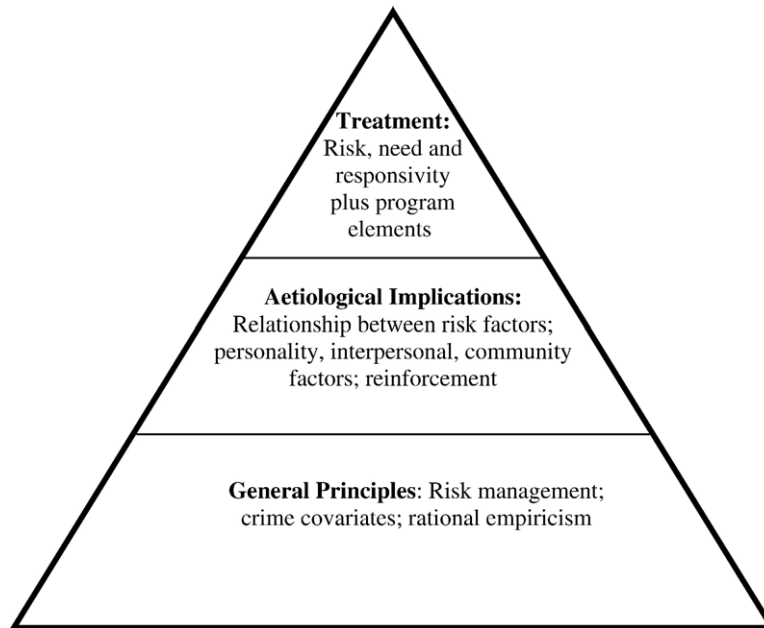
Fig. 3. Components of a the RNR Model of Rehabilitation.

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 effective programs, 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 and to what it is intended to apply or explain. What is needed is a systematic exposition of the RNR model incorporating the three components or levels of a rehabilitation theory described earlier.

## 4. The reconstructed risk-need-responsivity model

We will 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 more accurately evaluate 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 & 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 Fig. 3).

It should be noted that formulation of the RNR model and the three source theories in Andrews and Bonta's various published works is 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). 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 interpretations of the various source models.

### 4.1. Principles, aims, and values

There are some basic assumptions that constitute the first level or component of the RNR rehabilitation model. First, the primary aim of offender rehabilitation, according to the PCC, 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 unnecessarily intentionally harm him or violate commonly accepted professional ethical standards. It is acknowledged that there is always some degree of harm experienced by offender during therapy but this is typically viewed as relatively minor and necessary to achieve therapy goals (e.g., feelings of distress or shame).

Second, individuals are likely to vary with respect to their predisposition to commit crimes (from the PCC, GPSPP, and PIC-R). The features that are associated with offending come from a range of variables, including biological, psychological, social, cultural, personal, interpersonal, and situational factors. Therefore, 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, severity of risk (i.e., whether low, medium, or high) is assumed to covary with the number and type of criminogenic needs, and additionally, the severity or strength of each need. That is, lower risk offenders will have few, if any, criminogenic needs while higher risk offenders will display a significant range of such needs. Risk factors are viewed as discrete, quantifiable characteristics of offenders and their environments that can be identified and measured (from PCC and inferred from the GPSPP). Furthermore, some risk factors have a strong relationship to crime while others are weaker but still predictive. Thus, it is important to take account of the strength of the relationship as well as the type of variable implicated in reoffending.

Fourth, the most important treatment targets are those offender characteristics that research associates with potentially reduced recidivism rates (from the PCC and GPSPP). 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 and this means removing the empirically established causes of offending where possible. The risk management rehabilitation perspective is concerned with reducing the likelihood that offenders 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, impulsivity), offending rates will be reduced. The basic idea underpinning this approach is that the best way to reduce recidivism rates is to identify and then reduce or eliminate an individual's array of dynamic risk factors.

Fifth, identification of risk factors and/or criminogenic needs is an empirical and therefore value-free process (from PCC). Note this does not mean that values are not involved in rehabilitation, simply that the detection of crime covariates is value-free. In fact, Andrews and Bonta (2003) assert that values play a significant role in offender rehabilitation (see below). 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, 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 (from PCC). This is really an issue of priority and it is not assumed that offenders' welfare is not important or is incompatible with the promotion of community safety. It is simply affirmed that the former should always trump or override the latter. According to the RNR model, offenders should be treated humanely, with research and treatment delivered in an ethically responsible manner. Considerations of responsivity and offender motivation alongside respect for basic human rights mean that offenders should be regarded as persons who have the capacity to change their behavior.

## 4.2. Etiological and methodological assumptions

In the second level or component of the RNR model of offender rehabilitation there are a number of etiological and methodological assumptions. These assumptions are drawn primarily from the GPSPP and PIC-R. We will try to summarize our earlier discussion of the three models rather than unnecessarily repeat what was detailed earlier.

First, there are major risk factors (known as the "big eight") for offending and these are causally linked to criminal conduct or function as markers for causes: antisocial attitudes, antisocial associates, a history of antisocial behavior, antisocial personality pattern, problematic circumstances at home, difficulties at work or 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 into crime, 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 pleasures of drug ingestion to external rewards such as social acceptance and approval from other offenders. It is not clear what psychological mechanisms 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 inherent in a situation. Thus, there is room for a phenomenological (based on subjective awareness and conscious intentions) or a more mechanistic explanation. Presence of delinquent associates (external) and crime supportive attitudes, values, and beliefs distort the appraisal process and increase the chances that certain individuals will go on to commit an offense in a specific situation. Further factors such as social rejection or disconnection, relationship problems, 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 developmental adversity (e.g., sexual or physical abuse, neglect) and growing up in environment where 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. In order to fully explain 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, antisocial learning and attitudes, and the other causal elements outlined in the RNR model, mediate these broad effects.

The RNR model 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.

### 4.3. Practice implications

What are the practice implications of the above two components of the RNR model? It is apparent that the principles of risk, need, and responsivity are consistent with the RNR model's overall aims and etiological assumptions.

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 offenders 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, historical markers of recidivism such as 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, impulsiveness 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 for offenders should primarily focus on changing criminogenic needs—that is, dynamic offender characteristics that, when changed, are associated with reduced recidivism rates. These include pro-offending attitudes, aspects of antisocial personality (e.g., impulsiveness), poor problem-solving abilities, substance abuse, high hostility and anger, and criminal associates (Andrews & Bonta, 2003). Criminogenic needs are contrasted with noncriminogenic needs which, according to the RNR model, are aspects of the individual or his or her circumstances that, if changed, are not expected to have a direct impact on recidivism rates. Examples of noncriminogenic needs include clinical phenomena such as low self-esteem and mental health problems such as depression or unresolved grief. While clinicians may sometimes decide to treat noncriminogenic needs in therapy, they should not expect their efforts to result in lower recidivism rates. For example, setting out to enhance an

offender's self-esteem may leave him feeling better about himself 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 (Ogloff & 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 & Bonta, 2003). In other words, responsivity is concerned with how the individual interacts with the treatment environment and covers a range of factors and situations. Responsivity can be further divided into internal and external responsivity (Andrews, 2001). 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, while 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. External responsivity can be divided further into staff and setting characteristics (Serin & Kennedy, 1997). Within the broad responsivity principle resides an invitation to attend to an offender's motivation to engage in therapy and to commit to change. 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 learning.

Implications of the above three theories for the assessment and treatment of offenders are quite significant. First, an adequate assessment should be comprehensive and include the variables that research has determined predict reoffending. To help in this process, Andrews and Bonta (1995) developed the *Level of Service Inventory, Revised* (LSI-R), a 54-item measure which assesses a wide range of static and dynamic variables associated with criminal conduct. The domains covered by the LSI-R include offending history, education, employment, family and marital relationships, accommodation, friendships, use of alcohol and drugs, emotional problems, and attitudes toward offending. Instruments such as the LSI-R and measures of risk are used to allocate offenders to treatment programs and to determine the necessary intensity or "dose" of treatment.

Second, in conjunction with empirical validation, 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 correct 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 that supports rehabilitation (Andrews & Bonta, 2003; Gendreau & Andrews, 1990; Gendreau, Goggin, Cullen, & Andrews, 2000; Gendreau, Little, & Goggin, 1996; Hollin, 1999; McGuire, 2002; Ogloff & Davis, 2004).

Finally, researchers and theorists are continuing to strengthen the RNR model and one area of current interest is that of responsivity, including the problem of offender 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 offenders' 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 offenders' well-being and therefore help them to adopt ways of living that will prove more satisfying than a criminal lifestyle.

## 4.4. The three principles and the RNR model

The treatment implications of the risk principle are clearly linked to the overall aims of the RNR model and the underlying etiological assumptions. The principle assumes that risk exists in the individual's characteristics and his social environment, and can be assessed reliably. It also assumes that certain types of risk factors are closely associated with offending and, therefore, the presence of a greater number of such factors functions to increase an individual's level of risk. They are therefore rational and empirically defensible treatment targets. Finally, the aim is squarely on risk management and the safety of the community rather than offenders' well-being.

The need principle is the one most closely linked to etiological issues and serves to remind therapists that it is sensible to allocate scarce clinical resources to modifying offender characteristics shown to be causally related to recidivism as opposed to noncriminogenic foci such as offenders' low self-esteem or personal distress. By addressing

criminogenic needs, therapists will also meet the overall aim of the RNR to reduce the amount of harm inflicted by offenders on the public.

The responsivity principle in conjunction with the additional elements of effective programs outlined by Andrews and Bonta (2003) is the most loosely connected of the three to the other two components of the RNR model. 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 to explicitly consider when adjusting therapy to individuals' particular features and situations.

## 5. Evaluative comments on the RNR model

It now remains to briefly examine the strengths and weaknesses of the RNR model in its reconstructed form. More specifically, we will revisit the criticisms outlined in the Introduction and inquire whether the version of the RNR model sketched out in this paper is indeed vulnerable to them. But before we do this, we will briefly highlight some of its most significant virtues.

In the correctional field, the shift to a risk management perspective and the focus of therapeutic efforts on the modification of acute and stable dynamic risk factors means that the RNR model is essentially the premier rehabilitation theory. It has led to a wide range of research initiatives on risk assessment and treatment techniques for diverse offender groups. This feature speaks to the *fertility* (clinical utility) of the RNR model.

A second strength is the fact that the theory is underpinned by a strong empirical base, and therefore, assessment and treatment strategies are carefully evaluated and tested to ensure their validity and reliability (McGuire, 2002). This feature of the theory reflects its *empirical scope* and *adequacy*. Third, the claim that crime is a multifaceted phenomenon and the incorporation in the RNR model of a wide range of variables and learning principles, attests to the model's potential *unifying* power and *external* consistency (Andrews & Bonta, 2003; Hollin, 1999). Fourth, there is now mounting research evidence for the three principles underlying treatment indicating that lowered recidivism rates are a direct result of treating higher risk offenders more intensively, targeting criminogenic needs, and matching treatment to the particular features of offenders, such learning style and motivation, etc. (e.g., Andrews & Bonta, 2003; Andrews & Dowden, 2006; Dowden & Andrews, 2003; Lipsey, 1992; Losel, 1995; Lowenkamp, Latessa, & Holsinger, 2006). This particular strength underlines the *empirical adequacy* and practical utility (*fertility*) of the RNR model.

We will now address in a rather cursory way the objections recently made against the RNR and consider whether or not they still hold in its reconstructed form. For each criticism, we first outline the criticism and then reflect on whether or not it applies to the reconstructed theory. We will assume that they are all valid critical comments on the original version of the RNR (which, as we have previously noted, is typically presented simply in terms of the three principles and their accompanying program components).

### 5.1. Motivational issues

It has been claimed that focusing on risk reduction in treatment is unlikely to motivate offenders to make the major changes required to reduce their chances of reoffending. Indeed, Mann and colleagues have shown that focusing on approach goals (i.e., promoting goods or personally endorsed adaptive goals) in therapy with sexual offenders makes it easier to motivate individuals and also is effective from a therapeutic point of view (Mann, Webster, Schofield, & Marshall, 2004). The evidence from research on personal striving and goals does support the utility of emphasizing approach goals when seeking to induce behavior change rather than concentrating on reducing, eliminating, or modifying problematic features of offenders (i.e., avoidance goals; Emmons, 1996, 1999; McMurran & Ward, 2004). This points to a problem of clinical scope and, therefore, lack of *fertility*.

The earlier version of the RNR model did include the issue of motivational problems in the responsivity principle— therapists were urged to consider a lack of investment in the change process as part of the method of matching interventions to offender characteristics. However, what is clear is that the focus on harm reduction via the modification of criminogenic needs means that this was not really theoretically justified. In the reconstructed theory, the emphasis is still on reducing the potential harm individuals may commit against the community. However, the fact that there is an acknowledgment of the needs of offenders and the possibility of using interests and strengths to

promote change means it is not entirely lacking. It is fair to say that this is still an area of concern and could benefit from greater attention. It is simply a question of establishing the link between facilitating the achievement of approach goals and the reduction of risk. In brief, we assert that a focus on strengths is not inconsistent with the overarching aims of the RNR model, it is simply an underdeveloped aspect of the model in that approach goals are generally not utilized, and that motivation is considered only minimally as a means to an end (i.e., a responsivity characteristics rather than a treatment target).

## 5.2. Identity and agency

The objection here is that the RNR model is so concerned with reducing risk and targeting criminogenic needs that there is insufficient attention to the offender as a whole, that is, his personal identity (Maruna, 2001; Ward & Stewart, 2003). Offenders' personal strivings express their sense of who they are and what they would like to become. Narrative identities, for offenders and for all people, are constituted from the pursuit and achievement of personal goals (Bruner, 1990; Singer, 2005). Essentially, this is a reflective understanding of an individual's life that captures what is of importance to him, and how these commitments evolve over time in response to his personal circumstances and the various people with whom he is acquainted. In other words, it is a story with characters, a set of themes (a plot), and a script that unfolds across time in a relatively coherent fashion.

Related to this is a lack of appreciation for personal choice in setting treatment goals and the importance of gearing treatment to the needs and interests of offenders while still modifying their level of risk. Thus, the claim is that the RNR model does not pay enough attention to the role of personal or narrative identity and agency (i.e., self-directed, intentional actions designed to achieve valued goals) in the change process. This problem suggests that the RNR model lacks *external consistency*, *unifying power*, and practical utility (*fertility*).

The focus of the etiological components on the social environment and personal circumstances does provide conceptual space to expand on the notion of identity. The cultural and broader social contexts of crime also point to the relevance of institutional processes and roles for rehabilitation. An offender's interpersonal environment provides resources and opportunities for his pursuit of personal goals and projects. It provides him or her with the resources and opportunities to pursue what is important to him or her and to consolidate a new, more adaptive sense of identity, of who s/he is. Thus, this is not a fatal objection against the reconstructed theory and the RNR model has the theoretical resources to expand on this aspect of treatment. It is a question of further refinement of the model.

## 5.3. Goods and human nature

This objection states that the RNR model, by virtue of its radical behavioral assumptions, assumes a narrow view of human nature and ignores the fact that as evolved, biologically embodied organisms, humans naturally seek and require certain goods in order to live fulfilling and personally satisfying lives (Arnhart, 1998; Emmons, 1999; Murphy, 2001; Ward & Stewart, 2003). Thus, rewards sought by individuals are at least partially determined by the basic human needs and the goods (activities, experiences, objects) that satisfy them. If human beings do have a natural inclination to seek certain types of goods, then rehabilitation efforts should ensure that there is some recognition of this fact and that attempts are made to facilitate (or at least not frustrate) their achievement. This criticism refers to the original RNR model's narrow view of treatment and a tendency to focus on a narrow set of goals relating to risk reduction. This problem indicates that the RNR model suffers from a lack of *explanatory depth* and *external consistency*.

It is fair to acknowledge that radical behaviorism has commitments to a minimalist view of human nature, with the emphasis on learning experiences and the acquisition of behavioral repertoires as a function of reinforcement. Thus, the radical behavioral nature of the RNR model's theoretical assumptions does appear to restrict the range of rewards that are typically sought by individuals in every sphere of their lives, including offending. However, the reconstructed RNR model incorporates personality, social learning, and additional theoretical components as well, and its flexible structure allows for the introduction of additional theoretical commitments as researchers discover relevant information about human motivation and functioning. Furthermore, the concept of rewards inherent in the RNR model does not preclude primary human goods and human needs. Thus, the open-ended nature of the reconstructed RNR model leaves room for expanding on the role of goods or needs if this is defensible from a scientific point of view.

## 5.4. Importance of noncriminogenic needs

This criticism revolves around the RNR model's distinction between criminogenic and noncriminogenic needs. It is claimed that directly targeting noncriminogenic needs is a necessary condition of targeting criminogenic needs by virtue of the fact that any therapy requires that offenders are sufficiently attentive and receptive to the therapeutic content of sessions (Ward & Stewart, 2003). Personal distress, low self-esteem, and distrust can all impact on the development of the therapeutic alliance and make it difficult for therapists to deliver standard RNR model interventions. The problem here is that as a matter of course, therapists should direct attention to some types of noncriminogenic needs (see above) because of their important role in sustaining a sound therapeutic alliance and engagement with treatment. It has been argued that the creation of a sound therapeutic alliance requires a suite of interventions that are not directly concerned with targeting risk, and it has been shown that the establishment of a good therapeutic alliance is a necessary feature of effective therapy with offenders (Marshall et al., 2003). In other words, attending to offender features such as personal distress or the interpersonal manifestations of low self-esteem is a mandatory, rather than discretionary, aspect of effective therapy, that may affect treatment outcome in a capacity other than their influence as responsivity factors. This difficulty suggests that the RNR model lacks *explanatory depth, eternal consistency*, and *fertility* (i.e., practical utility).

In the standard exposition of the RNR model, it is true that the issue of noncriminogenic versus criminogenic needs is explicitly stated: the intervention focus should always be on the modification of criminogenic needs and whether or not noncriminogenic needs are addressed is a question of therapist discretion and judgment. The principle of responsivity has been used to argue that if offenders are unmotivated to participate in therapy due to personal problems, then therapist should seek to resolve these problems using appropriate interventions. However, it has not been spelled out that the creation of therapeutic alliance requires *explicit* and *sustained* attention to noncriminogenic needs, or at least a consideration of them. Furthermore, in practice, the responsivity principle has been significantly underutilized with respect to its application beyond issues of motivation to include issues of learning style and abilities, language, culture, and so forth, and the requirement for sustained attention and consideration to these factors as well.

In our view, again this is really a problem of omission rather than commission. There is nothing inherent in the RNR model to preclude attending to noncriminogenic needs; it is simply not really addressed. In fact, as we have seen from the reconstructed version of the RNR model outlined in this paper, it is committed to the humane and ethical treatment of offenders. The etiological aspects of the RNR model indicate the importance of norms and values in personal and cultural contexts, and the need to build a more integrated picture of an offender. Thus, there is no reason why noncriminogenic needs should not be viewed as critical elements of change. It is understandable that in the original RNR model, the ability of the model to deal with this issue was dealt with in a rather summary manner. In addition, the lack of clarity and the unsystematic nature of the presentation of the RNR model in clinical and research contexts made it easy to overlook this feature. In a nutshell, *both* criminogenic and noncriminogenic needs should be addressed to effect change, something that the original RNR model definitely misses but that is at least possible according to the reconstructed RNR model.

## 5.5. Contextual/ecological factors in offender rehabilitation

This criticism centers on the claim that the RNR model does not really appreciate the contextual nature of human behavior and seeks to build general principles that are applied without any consideration of the local circumstances and unique features of offenders. It is claimed that rehabilitation plans should aim to equip individuals with the capabilities to pursue their personal projects and plans within certain types of environments, and that a generic treatment approach is unlikely to facilitate this goal. Because human beings are interdependent and rely on other people and social institutions to function, care should be taken to ensure that any treatment plan takes into account the contexts in which offenders are likely to be released (Maruna, 2001; Ward & Stewart, 2003). Therefore, according to this objection, the RNR model is inconsistent with the facts about human functioning (lacks *external consistency*) and suffers from a lack of practical utility (*fertility*).

This is not really a problem for the RNR model in its reconstructed form, as its etiological assumptions clearly point to the need to consider offenders' personal situations and social networks when formulating an explanation of offending behavior. It may be true that the original RNR model was frequently implemented in a relatively mechanical way because therapists tended to ignore the etiological component of the model and focused primarily on the three

principles of risk, need, and responsivity and their associated service components. The problem has been that the other two components of the RNR model were not sufficiently visible to therapists; the model was not really systematically outlined as a rehabilitation theory. However, according to the reconstructed RNR model, consideration of ecological and personal factors both in the explanation and modification of criminal conduct is imperative; it is simply a question of balancing the costs and benefits in any particular case. This having been said, the issue of the ecological validity of the RNR model could be further elaborated.

## 5.6. "One size fits all"

In our experience, the RNR model is often translated in practice into a "one-size-fits-all" manner and fails to take critical individual needs and values into account. This objection was really dealt with above and does not require further deliberation. The one comment we will make is that the fact that the RNR model is usually unpacked in terms of the three principles means that it is relatively easy to neglect the etiological and overarching principles and aims that are essential parts of it. Thus, the practice elements have been insulated from the more theoretical components, helped by the loose and rather unsystematic way the RNR model has been formulated in the past. In its reconstructed form, hopefully this should rarely happen.

## 5.7. Theoretical grounding of principles

The final objection has a number of strands to it and is the most challenging for the reconstructed RNR model. It is proposed that (a) the relationship between the various criminogenic needs and their theoretical grounding are poorly specified; (b) the relationship between the principles and the underlying theory is not clear; and (c) the vagueness of the etiological component of the RNR model effectively means that it is unfalsifiable and, therefore, that the theory as a whole is seriously undermined (Ward & Stewart, 2003). These three problems collectively highlight the RNR model's lack of *explanatory depth*, and most significantly, a lack of *internal consistency* or coherence.

Once again, the reconstructed RNR model is not as vulnerable to these objections as is the original version. With respect to the first objection, the causal role of criminogenic needs is clearly depicted in the etiological component of the RNR model (derived from the GPSPP and PIC-R). The relationships between the various criminogenic needs are delineated in some cases (e.g., antisocial associates and antisocial cognitions) but not in others. However, it is reasonable to acknowledge that there is no fleshing out of the mechanisms generating the various criminogenic needs or attempt to describe the nature of the relationships in any great detail. This is because the RNR model is a rehabilitation theory and not an etiological theory of a *particular type* of offending. It is a *framework theory* and is meant to guide therapists and correctional workers in the rehabilitation process. It relies on more local theories of particular crimes to supplement its general explanation of crime; without these, it will appear to be rather impoverished in terms of explanatory power.

It is not always clear from the literature on the RNR model that its etiological assumptions are quite general in nature and should never be viewed as adequate explanations of crime (i.e., the assumptions derived from the GPSPP and PIC-R). In our view, the confusion has arisen from a failure to distinguish between etiological, practice, and rehabilitation theories. Therefore, researchers and clinicians have sometimes erroneously thought of the PCC, GPSPP, and PIC-R as explanatory theories that ground the practice implications of the three principles of risk, need, and responsivity. We consider this to be a mistake and instead the aim should be to explicitly construct rehabilitation theories with etiological components.

The etiological component of the RNR model contains broad theoretical commitments concerning the causes of offending, aims and values underlying rehabilitation, and overarching treatment principles. This response also effectively deals with objection (c) above because the RNR model is not meant to be an explanatory theory, but rather a rehabilitation theory with some general explanatory assumptions, its lack of clarity with respect to the nature of the causal mechanisms is not fatal to it. However, it does serve as reminder for researchers to continue refining and working on developing more specific etiological theories of different crimes and then re-evaluating the etiological components of the RNR model in light of these substantive theories.

With respect to criticism (b), our response effectively mirrors that given to the first: the enriched RNR model is able in general terms to account for the derivation of the principles from its other two components. The risk principle is derived from the RNR model's aim to protect the community from harm and the etiological assumptions that the more criminogenic needs a person displays, the greater the likelihood of their reoffending and the more harm they can cause.

The principle of need is accounted for by the etiological aspect of the RNR model, although there is still work to be done by additional theories of specific types of crime to define the mechanisms generating criminogenic needs in more detail. The principle of responsivity is derived from a combination of concerns for the ethical treatment of offenders and the core features of effective correctional treatment that also form part of component three. It must be said that this is probably the least grounded principle, likely because there is insufficient attention to human goods and goals build into the RNR model. But, as stated above, it does have the theoretical resources to do this.

## 6. Conclusions

The RNR model of offender rehabilitation represents an outstanding achievement. Its application by correctional services throughout the world has resulted in reduced recidivism rates and safer communities. However, despite its many virtues the model has been criticized because of what are perceived as theoretical, policy, and practice weaknesses. We have argued that one of the major reasons for these problems resides in the way the RNR model has been developed and applied. Essentially, the primary emphasis has been on the practical utility of the three major principles of risk, need, and responsivity, and therefore, the theoretical underpinnings of the model have been underdeveloped. In fact, the three models that have been used to justify or ground the assumptions of the RNR model have been insufficiently integrated with the practice components. In order to remedy this difficulty, we have reconstructed the RNR model using a three level structure: overall aims, principles, and values, etiological and methodological assumptions, and practice implications. The result is a more integrated, systematic theory of rehabilitation that is better able to guide therapists.

Despite improved coherence of the RNR model, it still has areas where it remains underdeveloped and vulnerable to certain criticisms. For example, it does not easily deal with the issue of offender motivation or the role of personal identity in offender treatment. In addition, the theories used to supply the RNR model with its etiological assumptions have their own problems and are really too general to provide adequate explanations of crime. For one thing, they could be explanations of any human behavior and the mechanisms and their relationship to offending, and each other, are under specified.

On balance, we consider that the reconstructed RNR model is a good theory of rehabilitation. The problems we have noted are not fatal and can be addressed by additional theoretical development or by dialogue with other rehabilitation theories such as the Good Lives Model (GLM: Ward & Gannon, 2006; Ward & Stewart, 2003). Such a dialogue could result in an integration of the two approaches or simply the utilization of both to different facets of the rehabilitation process. For example, arguably the strength of the Good Lives Model is its attention to offender motivation and personal identity, so it could supplement the RNR model in this area.

Whatever occurs, it is our conviction that we need to continue evaluating, refining, and at times reconstructing our rehabilitation models. As Andrews and Bonta (2003) have frequently stated, opened-ended critical inquiry is an essential part of the correctional enterprise. We must never assume there is no more to be learned; the stakes are far too high to insulate ourselves from ongoing criticism and debate. Vigorous debate is the lifeblood of science and the source of effective and humane practice.

## Acknowledgements

## References

Andrews, D. A. (2001). Principles of effective correctional programs. In L. L. Motivk, & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming*, *vol. 1.* Canada: Ministry of Supply Services.
Andrews, D. A., & Bonta, J. (1995). *The level of service inventory—revised.* Toronto: Multi-Health Systems.
Andrews, D. A., & Bonta, J. (2003). *The psychology of criminal conduct.* (3rd ed.). Cincinnati, OH: Anderson.
Andrews, D. A., Bonta, J., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, *52*, 7−27.
Andrews, D. A., & Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A meta-analytic review of programme integrity. *Legal and Criminological Psychology*, *10*, 173−187.

Andrews, D. A., & Dowden, C. (2006). Risk principle of case classification in correctional treatment. *International Journal of Offender Therapy and Comparative Criminology*, *50*, 88−100.

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, *28*, 369−404.

Arnhart, L. (1998). *Darwinian natural right: The biological ethics of human nature.* Albany, NY: State University of New York Press.

Bonta, J. (2003). *Personal communication*. Melbourne, Australia.

Bonta, J., & Andrews, D. A. (2003). A commentary on Ward and Stewart's model of human needs. *Psychology, Crime, and Law*, *9*, 215−218.

Bruner, J. (1990). *Acts of meaning.* Cambridge, MA: Harvard University Press.

Dowden, C., & Andrews, D. A. (1999a). What works in young offender treatment: A meta-analysis. *Forum on Corrections Research*, *11*, 21−24.

Dowden, C., & Andrews, D. A. (1999b). What works for female offenders: A meta-analytic review. *Crime and Delinquency*, *45*, 438−452.

Dowden, C., & Andrews, D. A. (2000). Effective correctional treatment and violent reoffending: A meta-analysis. *Canadian Journal of Criminology and Criminal Justice*, *42*, 449−467.

Dowden, C., & Andrews, D. A. (2003). Does family intervention work for delinquents? Results of a meta-analysis. *Canadian Journal of Criminology and Criminal Justice*, *45*, 327−342.

Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, *48*, 203−214.

Emmons, R. A. (1996). Striving and feeling: Personal goals and subjective well-being. In P. M. Gollwitzer, & J. A. Bargh (Eds.), *The psychology of action: Linking cognition and motivation to behavior* (pp. 313−337). New York: Guilford.

Emmons, R. A. (1999). *The psychology of ultimate concerns.* New York: Guilford.

Gendreau, P., & Andrews, D. A. (1990). Tertiary prevention: What a meta-analysis of the offender treatment literature tells us about 'what works'. *Canadian Journal of Criminology*, *32*, 173−184.

Gendreau, P., Goggin, C., Cullen, F. T., & Andrews, D. A. (2000). The effects of community sanctions and incarceration on recidivism. In L. L. Motiuk, & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming* (pp. 18−21). Ottawa: Correctional Services Canada.

Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology*, *34*, 575−607.

Gillis, C. A. (2000). Offender employment programming. In L. L. Motiuk, & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming (chapter 10).* Retrieved March 26, 2006, from http://www.csc-scc.gc.ca/text/rsrch/compendium/2000/index_e.shtml

Green, R. (1995). Psycho-educational modules. In B. K. Schwartz, & H. R. Cellini (Eds.), *The sex offender: Corrections, treatment, and legal practice*, *vol. 1*. (pp. 13.1−13.10). Kingston, NJ: Civic Research Institute.

Hagan, J. (1989). *Structural criminology.* New Brunswick, NJ: Rutgers University Press.

Hollin, C. R. (1999). Treatment programs for offenders: Meta-analysis, "what works" and beyond. *International Journal of Law and Psychiatry*, *22*, 361−372.

Hooker, C. A. (1987). *A realistic theory of science.* NY: State University of New York Press.

Lipsey, M. (1992). Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In T. Cook (Ed.), *Meta-analysis for explanation: A casebook.* NY: Russell Sage Foundation.

Losel, F. (1995). What recent meta-evaluations tell us about the effectiveness of correctional treatment. In G. Davies, S. Loyd-Bostock, M. McMurran, & C. Wilson (Eds.), *Psychology, law and criminal justice: International developments in research and practice* (pp. 537−554).

Lowenkamp, C., Latessa, E., & Holsinger, A. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime and Delinquency*, *52*, 77−93.

Mann, R. E., Webster, S. D., Schofield, C., & Marshall, W. L. (2004). Approach versus avoidance goals in relapse prevention with sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, *16*, 65−76.

Marshall, W. L., Fernandez, Y. M., Serran, G. A., Mulloy, R., Thornton, D., Mann, R. E., et al. (2003). Process variables in the treatment of sexual offenders. *Aggression and Violent Behavior: A Review Journal*, *8*, 205−234.

Martinson, R. (1974). What works? Questions and answers about prison reform. *Public Interest*, *35*, 22−54.

Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives.* Washington, DC: American Psychological Association.

McGuire, J. (2002). Criminal sanctions versus psychologically-based interventions with offenders: A comparative empirical analysis. *Psychology, Crime, and Law*, *8*, 183−208.

McMurran, M., & Ward, T. (2004). Motivating offenders to change in therapy: An organizing framework. *Legal and Criminological Psychology*, *9*, 295−311.

Merton, R. K. (1938). Social structure and anomie. *American Sociological Review*, *3*, 672−682.

Merton, R. K. (1957). *Social theory and social structure.* New York: Free Press.

Murphy, M. C. (2001). *Natural law and practical rationality.* New York, NY: Cambridge University Press.

Newton-Smith, W. (2002). *A companion to the philosophy of science.* Oxford: Blackwell.

Ogloff, J. R. O., & Davis, M. R. (2004). Advances in offender assessment and rehabilitation: Contributions of the risk-needs-responsivity approach. *Psychology, Crime, and Law*, *10*, 229−242.

Serin, R., & Kennedy, S. (1997). *Treatment readiness and responsivity: Contributing to effective correctional programming. Research Report.* Correctional Services Canada.

Singer, J. A. (2005). *Personality and psychotherapy: Treating the whole person.* New York, NY: Guilford Press.

Ward, T., & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. *Psychology, Crime, and Law*, *10*, 243−257.

Ward, T., & Gannon, T. (2006). Rehabilitation, etiology, and self-regulation: The Good Lives Model of sexual offender treatment. *Aggression and Violent Behavior*, *11*, 77−94.

Ward, T., & Marshall, W. L. (2004). Good lives, aetiology and the rehabilitiation of sex offenders: A bridging theory. *Journal of Sexual Aggression: Special Issue: Treatment & Treatability*, *10*, 153−169.

Ward, T., & Stewart, C. (2003). Criminogenic needs and human needs: A theoretical model. *Psychology, Crime & Law*, *9*, 125−143.

Ward, T., & Yates, P. M. (in preparation). *The rehabilitation of offenders: Integrating the good lives model and the risk–need–responsivity model*.

Yates, P. M. (2003). Treatment of adult sexual offenders: A therapeutic cognitive-behavioral model of intervention. *Journal of Child Sexual Abuse*, *12*, 195−232.

Yates, P. M., Goguen, B. C., Nicholaichuk, T. P., Williams, S. M., Long, C. A., Jeglic, E., et al. (2000). *National sex offender programs (moderate, low, and maintenance intensity levels)*. Ottawa: Correctional Service of Canada.