What Makes A Correctional Treatment Program Effective: Do the Risk, Need, and Responsivity Principles (RNR) Make a Difference in Reducing Recidivism?

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Introduction

A significant number of offenders are being released back into our communities in large numbers (approximately 600,000 a year). Few policy makers would argue that the provision of correctional treatment that reduces reoffense risk is a vital concern for public safety. In addition, programs that reduce recidivism offer cost savings at a time when correctional budgets are increasing exponentially in numerous States.

Research has found that offender treatment is a viable method of reducing recidivism (Andrews & Bonta, 2003; Gendreau & Goggin, 1996). However, offender treatment is not a panacea to reduce the risk of recidivism in all offenders. Some programs have been found to reduce recidivism, while others have documented no impact or actually increased recidivism (Lowenkamp & Latessa, 2005; Farabee, 2005). Correctional programs that implement proven evidence-based approaches increase the likelihood that their participants do not recidivate (Aos, Miller, & Drake, 2006).

Programs that adhere to the three principles of Risk, Need, and Responsivity (RNR, defined in the next paragraph) have been found to reduce recidivism in some high-risk population (Andrews, Bonta, & Wormith, 2005). The present article will describe some of the recent developments in correctional treatment with an emphasis on the integration of the RNR approach to offender assessment and treatment. Along with the RNR principles, program integrity and effective treatment culture will be

discussed. A case example will be used to describe the principles of Risk, Need and Responsivity (RNR) in action. Outcome research that suggests a coorelation between program adherence to the RNR principles and reduced recidivism rates will also be presented.

The RNR Principles

The following definitions of Risk, Need, and Responsivity Principles are consistent with the writings of Bonta and Andrews, the principal architects of these principles.

- The *Risk Principle* consists of two main components. The first component of this principle is that criminal behavior can be predicted based on certain factors. These predictive factors are either static (immutable) such as age of first arrest and gender, or dynamic (mutable) such as substance abuse and antisocial attitudes. The second aspect of this principle suggests that levels of treatment should be matched to the risk level of the offender. The Risk Principle informs programs about who needs treatment and at what level of intensity. High-risk offenders should receive intensive treatment while low-risk offenders should receive either minimal treatment or no treatment (Andrews & Bonta, 2003).
- The *Need Principle* refers to the importance of a program targeting for treatment those dynamic (changeable) needs that have been proven through research to impact on recidivism. Needs associated with recidivism are categorized as criminogenic needs. Antisocial attitudes and affiliation with antisocial peers are considered criminogenic needs as research has shown that these needs are closely connected with recidivism. Conversely, non-criminogenic needs are not generally associated in affecting the probability of recidivsm. Examples of non-criminogenic needs include interpersonal anxiety and self-esteem (Gendreau & Andrews, 1990). Programs that target at least 4-6 criminogenic needs in a high-risk offenders significantly lower the rates of recidivism (Gendreau, French, & Taylor, 2002).

- The *Responsivity Principle* refers to the assumption that offenders are not all the same (Bonta, 1995). Effective correctional programs match the delivery of their services to the ability and differentiate learning style of the offender (Bonta & Andrews, 2003). This principle is differentiated into two categories: general responsivity and specific responsivity. General responsivity is associated the use of the most effective correctional programming to change the criminogenic needs of offenders. Specific Responsivity refers to the delivery of services that match the offender's personality characteristics. Example of offender characteristics associated with specific responsivity include: gender, language, reading level, ethnicity, level of motivation for treatment, etc. Staff are obliged to evaluate an offender's motivational stage in order to provide effective treatment. The techniques associated with Motivational Interviewing are examples of tailoring interventions to the offender's current motivation for treatment. A full description of Motivational Interviewing is beyond the scope of this article. The reader is referred to Prochaska and DiClemente's work as an introduction to this approach.

The formal measurement of risk and needs, and matching needs to programmatic interventions, is a best practice standard. The first step in this process is to employ a risk/needs assessment instrument that has been validated on correctional populations. An example of a validated instrument that measures risk and needs is the Level of Service Inventory-Revised. The optimal time to administer standardized risk/needs instruments occurs during the intake process. The results from the risk/needs evaluation are then used to drive treatment. Re-assessment of offender risk/needs should occur at discrete intervals to map the progress of the offender. The assessment component of a program should not be considered a separate function from the treatment component because, the two functions are interdependent.

The choice of a validated risk/needs assessment instrument should include a review of the following criteria: the instrument needs to have a history of peer-reviewed research and a detailed manual that includes information about the reliability and validity of the instrument. Instruments lacking these requirements may not stand up to a court challenge. Programs need to employ risk/needs instruments that have data to support their use.

Programs that develop local norms for a risk/needs instrument can use the normative data to fine-tune the assessment instrument's capacity to effectively evaluate and provide treatment recommendations for the population served. Programs that evaluate the predictive validity of the risk/needs instrument on their population are able to further sharpen the instrument's utility.

Case Example

Mr. Smith is a 34-year-old, single, African-American male offender serving a four-year sentence for possession with intent to distribute a controlled substance. Mr. Smith has an extensive history of criminal offenses with three State terms of incarceration in addition to ten jail sentences. Mr. Smith has spent nearly 11 years of his adult life in jail or prison. Mr. Smith recently violated the conditions of his parole by testing positive for opiates. Due to his parole violation, Mr. Smith was remanded to a minimum-security correctional treatment facility located in a city located in the Northeast. Mr. Smith's file also indicated that he dropped out of school in the tenth grade. During the initial interview, Mr. Smith indicated that he was "socially passed" through the school system. Mr. Smith indicated that he has a history of significant reading problems that were never addressed by the educational system.

Mr. Smith's treatment illustrates a prime example of the RNR approach in action. Mr. Smith, given his extensive criminal history, substance abuse history, and other risk factors, was classified using the LSI-R as a high-risk offender (Risk). Mr. Smith's criminogenic needs included his antisocial peer network, his antisocial attitude, and his substance abuse (Need). Mr. Smith was assigned to intensive

cognitive-behavioral treatment to provide the tools so that he could change his anti-social attitudes and orientation (General Responsivity). Mr. Smith's reading problems necessitated the use of other methods than journal writing to reinforce the learning of the treatment concepts. Instead of "journaling," Mr. Smith's counselor reinforced treatment concepts using verbal feedback (Specific Responsivity). The counselor evaluated Mr. Smith's current level of motivation for treatment during the intake process so that the treatment approach would be consistent with Mr. Smith's motivational stage.

The following exchange occurred during a group session. The exchange illustrates the counselor's treatment of Mr. Smith's criminogenic needs (his feelings of entitlement and playing the "victim" role) while recognizing his motivational stage:

Mr. Smith: It's not right. I get locked up in here just because my parole officer didn't like me. He let other guys go who had a dirty urine. He shoulda given me another chance.

Group member: Yeah, I had a parole officer who didn't like me, too. I had to deal with it.

Mr. Smith: Yeah, well, that's not me. If my damn parole officer wouldn't have violated me then I wouldn't be here.

Group leader: Do you think its' your parole officer's fault that you're here?

Mr. Smith: Yeah, I would have still been on the street. I shouldn't even be locked up. I did my time.

Group member: I don't know. Whatcha gonna do if you get the same PO again?

Mr. Smith: I'll ask for another PO because that guy was out to get me.

Group leader: What's the likelihood of that happening?

Mr. Smith (laughs): Slim to none.

Mr. Smith's statements reflect his method of dealing with problems- he externalizes responsibility onto others. Mr. Smith's statements suggest that he is in the Pre-Contemplation stage, a stage of treatment motivation where the offender believes that he does not have a problem (Miller &

Rollnick, 2002). The counselor was responsive to Mr. Smith's stage of motivation by challenging Mr. Smith in a manner that begins to block his old methods of criminal thinking. The counselor does not challenge Mr. Smith's "victim" stance by directly confronting him, a method that would probably result in Mr. Smith defending or arguing his position as a "victim" of the system. Instead, the counselor planted a seed of doubt in Mr. Smith by asking whether his solution to the parole officer problem (just have another officer assigned to him) is likely to work. During an individual session, Mr. Smith's counselor further questioned Mr. Smith's attitude about his previous parole officer and parole supervision, in general. The counselor wondered aloud about the impact that Mr. Smith's attitude towards parole had on Mr. Smith.

Effective Treatment Programs and RNR

Although cognitive-behavioral approaches have shown promise in reducing recidivism, the appropriate delivery of these services is critical to their effectiveness. Programs do not successfully reduce recidivism merely by professing that they utilize evidence-based treatment. There are other crucial elements discussed below that contribute to the effectiveness of a treatment program.

The effective use of the RNR approach includes a treatment culture that is prosocial, highly structured, and mutually respectful. The staff and administrators must constantly monitor the culture of a program because effective treatment cultures depend on the entire program for their maintenance. Monitoring treatment cultures include having outside evaluators provide regular feedback regarding the program. The Correctional Program Assessment Inventory (CPAI), a six-domain instrument, can be utilized by the outside evaluator to structure the review (Gendreau & Andrews, 1994). Reduced recidivism outcomes have been positively correlated with programs that score in the high range of the CPAI (Lowenkamp & Latessa, 2005).

The Importance of Staff in the RNR Approach

The use of the RNR approach sets the stage for a program to effectively treat offenders. However, the RNR approach does not produce results in a vacuum. Staff members who carry out the RNR approach have to be properly trained and supervised in the use of the risk/needs assessment instruments and the RNR approach. Program staff form the nucleus of an effective correctional treatment program. The treatment director sets the tone of the treatment culture on a daily basis. The director is responsible for maintaining the therapeutic climate in the facility. Effective treatment directors serve as role models to the staff, just as the staff serve as role models to the offenders. Staff from diverse backgrounds and disciplines make up the core of an effective correctional treatment program. Facilities that employ DOC-trained personnel along with correctionally experienced clinical staff and program alumni, when permitted, can generate a synergy that adds to the development and maintenance of effective treatment programming. The diversity of staff enhances the responsivity of a program as the depth and breadth of counselors' experiences and personalities can be matched to offenders' characteristics.

Staff who are warm, communicate expectations in a nonblaming manner, model respectful behavior, and exhibit enthusiasm for their work are more likely to successfully carry out evidence-based treatment. Staff must communicate in a consistently prosocial manner towards offenders and each other. Antisocial acts on the part of the offender should be met with disapproval. Staff who engage in any form of antisocial behavior need to be sanctioned immediately.

The literature on correctional treatment tends to present a linear or "one way street" description of staff to offender communication. Yet the culture that develops in a correctional treatment program is better described as systemic and circular. The term, systemic, refers to the premise that, "the whole is greater than the sum of its parts; each part can only be understood in the context of the whole; a change

in one part will affect every other part; and the whole regulates itself through a series of feedback loops (Papp, 1983, p. 7)." As a component of a correctional treatment system, staff and offender interactions form a recursive feedback cycle that either reinforces prosocial or antisocial behaviors.

. In a correctional treatment program, there needs to be a balance between custody components and treatment components for the system to work effectively. If either the custody or the treatment component is neglected then the treatment culture will become unbalanced. Programs either nurture or neglect the health of their treatment culture. It is not unusual to find programs with a history of reducing recidivism lose their effectiveness because their treatment culture has "withered on the vine" from lack of vigilance to program integrity. Effective treatment program staff understand the need for constant monitoring so that the program system does not slide into a state of entropy.

Case example

In the middle of Mr. Smith's time at the treatment program, he was involved in an altercation with a staff member. The manner in which the staff and Mr. Smith handled the altercation and its aftermath illustrates a treatment culture that is respectful and prosocial. The altercation occurred when the staff member confronted Mr. Smith because he was found lying down in his room when he should have been attending group. The staff member, who was in a bad mood, confronted Mr. Smith using a condescending and annoyed tone of voice. Mr. Smith exhibited an "attitude" with the staff member, but complied with his directive to go to group. As Mr. Smith left his room, the staff member threatened to write him up for his "attitude." Later that day, Mr. Smith met with his counselor and complained about the staff member's tone of voice. Mr. Smith acknowledged that he should not have been in his room, but stated, "That don't give him license to treat me that way. I thought this program was about respect."

The counselor listened to Mr. Smith, but did not show support for either Mr. Smith or the staff member. The next day, Mr. Smith's counselor approached the staff member to discuss his altercation

with Mr. Smith. Initially, the staff member was defensive stating, "Smith should not have been in his room, anyway." Mr. Smith's counselor agreed that Mr. Smith should not have been in his room at that time. Mr. Smith's counselor also thanked the staff member for caring about Mr. Smith enough to confront him about not following the program schedule. Mr. Smith's counselor then asked the staff member if he might have been feeling "a little out of sorts" that day. The staff member reported that he was "not feeling well" when he confronted Mr. Smith. After some further discussion, the staff member agreed to meet with Mr. Smith to discuss the altercation.

Later, Mr. Smith told his counselor that he met with the staff member and they had a "talk" about the altercation. During their "talk," the staff member acknowledged that his tone might have been a "bit harsh" with Mr. Smith. This interaction between Mr. Smith and the staff member illustrates components of an effective treatment culture. Mr. Smith felt "safe" enough to discuss the other staff member's behavior with his counselor rather than complaining to other offenders, which would have been less productive, underscoring the theme of “us versus them.” Another ineffective strategy for Mr. Smith would have been to "stuff" his feelings by keeping them to himself.

Mr. Smith's counselor advocated for Mr. Smith in a manner that did not excuse Mr. Smith's behavior or split staff by siding with Mr. Smith over the other staff member. The staff member's discussion with Mr. Smith about their altercation preserved the mutually respectful relationship. The staff member and Mr. Smith's counselor role modeled for Mr. Smith a prosocial way of dealing with conflict.

Outcome Research

Programs with effective treatment cultures have the potential to significantly reduce recidivism. The outcomes presented in the tables were drawn from data collected from offenders who completed a Community Education Centers (CEC) program. CEC is a private correctional treatment provider that

partners with DOCs and universities. The following tables indicate outcomes that CEC has achieved using the RNR approach and development of an evidence-based treatment culture.

The data for Table 1 were derived from a database developed by university-based consultants, using all offenders who completed a CEC program during the years 2000-2003. The national sample was derived from the 2002 Bureau of Justice Statistics Recidivism Study.

Table 1

Rearrest Percentages for CEC v. National Sample, 2002-2003

	6 months postrelease	12 months postrelease
CEC N=980	8%	20%
BJS N=272,111	30%	44%

The results illustrated in Table 1 indicate the following:

- The national re-arrest rate is 3.9 times higher than the CEC sample (30% versus 8%) for 6 months postrelease.
- The national re-arrest rate is 2.3 times higher than the CEC sample (44% versus 20%) for 1 year postrelease.

The outcomes described in Tables 1 suggest an association between the development of an effective treatment culture and reduced recidivism outcomes. These results were promising for the following reasons: (1) the differences are statistically significant, so it is unlikely that they are attributable to chance; (2) they are based on a moderately large sample (the CEC group is nearly 1,000) compared with a very large sample (BJS=272,111); and (3) the CEC sample was a generally "high risk" group, with a history of more arrests and convictions than the national sample. The CEC group also had a higher rate of substance abusers than the national sample, but still showed a lower rate of rearrest and reincarceration. The trend of the rearrest rates continued two years postrelease with a statistically significant difference between the CEC group and the national sample.

A subsample of the current CEC group was analyzed in a previous study that included a DOC control group (Fretz, Heilbrun, & Brown, 2004). The previous study found that there was a statistically significant difference between the recidivism rates of the DOC group (control) and the CEC group (treatment). The current analysis of the full CEC sample (N=980) who were released over multiple years (2000-2003) found a larger and statistically significant treatment effect for the full sample than the original CEC subsample that was analyzed in the 2004 article. The larger treatment effect size for the full CEC sample indicates a consistent recidivism effect over time.

In Table 2, the CEC sample was derived from a group of offenders who completed a CEC program and were released in 2000. Similar to Table 1, the national sample was derived from the 2002 Bureau of Justice Statistics Recidivism Study.

Table 2

Re-incarceration Percentages for CEC v. National Sample

	3-years postrelease
CEC n=123	25%
BJS n=272,111	51.8%%

Table 2 results suggest the following:

- The national re-incarceration rate is 2.1 times higher than the CEC sample (51.8% versus 25%) for 3 years postrelease.

Table 2 results also suggest a possible association between CEC programming and reduced recidivism relative to a national sample. The data presented in Table 2 were also not the result of a controlled study. The difference in the re-incarceration percentages presented in this table is statistically significant.

The two tables listed above suggest a 20-24 raw percentage point reduction in rearrests of the treatment group over the national sample and a 26 raw percentage point reduction in reincarcerations three years postrelease for the treatment group over the national sample. Again, the CEC group was derived from offenders with current substance abuse problems, and higher arrest. These reduced recidivism numbers transfer into significant cost savings for DOCs.

Summary

This article provided a brief overview of how the RNR approach to correctional treatment sets the groundwork for the development of a program that is associated with reduced recidivism. Other critical components of an effective correctional program include staff members who have good interpersonal skills. Competent correctional staff properly structure offender's treatment so that prosocial behavior is taught and reinforced.

The article described outcome research that CEC has generated through partnerships with universities and DOCs. The outcomes described in the present article indicate that CEC methodology, which follows RNR principles, has proven to effectively reduce recidivism in a high-risk population as measured by rearrest and reincarceration outcomes. The development and maintenance of an effective treatment program that embodies the RNR approach is labor intensive but worth the effort. As State and Federal corrections budgets continue to expand at an exponential rate, alternatives methods that are cost effective will need to be explored. Correctional programs that base their treatment on evidence-based methods show significant promise as a cost-effective alternative. It is incumbent on correctional programs to generate outcome research in order to prove their effectiveness in reducing recidivism and ensure that taxpayers are getting their money's worth. Programs that reduce recidivism improve public safety while treating offenders in a humane and respectful manner.

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Ralph Fretz, Ph.D., is a New Jersey Licensed Psychologist who is employed as the Corporate Director of Forensic Assessment and Research for Community Education Centers. Dr. Fretz's educational background includes a Bachelors in Psychology from Rutgers University; a Masters in Clinical Social Work from Columbia University; and a Ph.D. in Marital and Family Therapy from the Seton Hall School of Professional Psychology. Dr. Fretz completed three years of postgraduate training in Marriage and Family Therapy.

Dr. Fretz's professional experience dates back to 1982 when he was employed as the Clinical Supervisor for a Day School for Emotionally Disturbed Adolescents. Since that time, Dr. Fretz has worked in State Hospitals, Mental Health Clinics, Child Study Teams, and Correctional Treatment Services. Dr. Fretz has made national and international presentations on Risk Assessment, Level of Service Inventory- Revised, and Assessment Centers Protocols. His publications include an outcome research article in the July/August 2004 edition of *Corrections Compendium* and three articles in *Corrections Today*. Dr. Fretz has served on the advisory board for the development of the Corrections Report for the Personality Assessment Inventory. He is also a Master trainer for the Level of Service Inventory-Revised and Level of Service/Case Management Inventory.

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