

The Risk Need Responsivity Model

Andrews and Bonta (2010, p. 45-53) divide the essential elements of the Risk Need Responsivity (RNR) model into 15 principles, which can be used in program design and treatment planning.

Overarching Principles

Overarching principles should serve as foundations for agencies working with offenders.

1. Respect for the Person and the Normative Context: treatment should be humane, ethical, legal, and delivered with respect for personal autonomy.
 2. Psychological Theory: programs should be based in solid empirical theory, such as personality and cognitive social learning.
 3. General Enhancement of Crime Prevention Services: crime victimization can be a legitimate goal of corrections and community organizations.
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Core Principles

Core principles that should underscore all elements of treatment.

4. Risk Principle: an individual's propensity or risk to engaging in future criminal behavior can be predicted using actuarial tools. This principle further states the intensity of interventions and treatment should match the level of risk, meaning low-risk offenders require 'minimal or no intervention' and high-risk offenders require 'intensive and extensive services' and should be given priority treatment over lower-risk offenders. Research has demonstrated intensive services can have a negative effect on low-risk individuals (make worse).
 5. Criminogenic Need Principle: in order to reduce an individual's risk of recidivism, treatment must target criminogenic needs. The authors have identified eight criminogenic risk and need factors, which should be the focus of treatment. These risk and need factors are referred to as the 'Central Eight,' with the first four, or 'Big Four,' having the greatest impact on recidivism, and the second four, or 'Moderate Four,' have a slightly less, but still impactful relationship with future criminal behavior (see Criminogenic Needs literature review for a detailed review).
 6. General Responsivity Principle: responsivity is defined as delivering a program or curriculum in a manner that matches the learning style and ability of the target audience. General responsivity means a program should use methods of delivery that are known to be most effective and include cognitive-behavioral and cognitive social learning approaches. Within cognitive-behavioral and cognitive social learning approaches, effective intervention techniques and strategies include modeling, reinforcement, role playing, skill building, cognitive restructuring, and practicing low-risk behaviors in high-risk situations.
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Clinical Principles

The next set of principles focus on key clinical issues.

7. Introduction of Human Service: human, clinical, and social services can address the causes of crime. Legal and judicial interventions such as deterrence, restoration, and due process have little impact on major risk/need factors.
 8. Specific Responsivity Principle: treatment should be matched to the recipients' individual characteristics, including motivation, personality, psychological factors, learning disorders, age, gender, ethnicity, cultural identity, religion, etc.
 9. Breadth: it is imperative multiple criminogenic needs be targeted in treatment, particularly with higher-risk offenders.
 10. Strength: strengths in some areas may mitigate risk in other areas.
 11. Structured Assessment: it is imperative to use well researched actuarial assessments, as they are considerably more reliable than professional judgment.
 12. Professional Discretion: on rare occasions professional judgment may override structured assessments; however, when this happens it must be well-documented.
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Organizational Principles

The final three principles are organizational principles.

13. Community-based: when available and appropriate, treatment in the community is preferred to residential or institutional settings.
14. Core Correctional Staff Practices: treatment providers should maintain a quality therapeutic relationship (respectful, caring, enthusiastic, collaborative) and be skilled in delivering effective interventions (general responsivity factors).
15. Management: programs should include training, supervision, and adherence monitoring and feedback for treatment staff. Additionally, programs should measure change, have adequate dosage, and involve researchers.

Reference:

Andrews, D., & Bonta, J. (Eds.). (2010). *The Psychology of Criminal Conduct* (5th Edition ed.). New Providence, NJ: Matthew Bender & Company, Inc., LexisNexis Group.