

Second Generation of RNR: The Importance of Systemic Responsivity in Expanding Core Principles of Responsivity*

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THE RISK-NEEDS-RESPONSIVITY (RNR) model of contemporary evidence-based practices is the main framework that judicial and correctional agencies are actively pursuing and implementing. The risk principle (i.e., use criminal justice risk to determine level of programming and control) and the need principle (i.e., target drivers of criminal behavior that are both dynamic and directly related to recidivism) have been well articulated. However, more attention needs to be directed to the second *R* in RNR—responsivity. Responsivity requires using evidence-based correctional and treatment programs, including tailoring programming to the risk, needs, psychosocial functioning, and strengths of the individual offender. Despite growing acceptance of the value of using validated risk and need assessment instruments, including a convergence that these tools should inform key decisions, many unanswered questions remain about responsivity. Two especially pressing ones are: 1) What decision criteria should be used to further integrate risk and need principles into practice? and 2) What type of programs should be in place to meet the risk-need profiles of offenders? Answers to these questions can advance the practice of responsivity, including the promise of reducing recidivism. Responsivity is not just about recidivism reduction but more directly about increasing the receptivity of offenders to programming. Correctional and treatment programs should be designed to address individual crime-producing behaviors.

As the RNR model has rolled out over the last two decades, the principles have evolved to help translate theory into practice, “simplify” the model, and create guidelines to apply in practice. A number of “myths” have also emerged, often as a result of attempting to oversimplify the principles. These myths focus on the risk principle, the need principle, factors that affect recidivism, and the importance of the environment on community and institutional staff decisions and offender change. The **myths** that require challenging are:

- (a) All high-risk offenders should be placed in programs;
- (b) All low-risk offenders should not be placed in programs;
- (c) Programs should be separate from justice supervision or requirements;
- (d) Generic programs are suitable for all offenders regardless of criminal behavior or criminogenic needs;
- (e) Offenders with criminogenic needs related to antisocial behaviors/attitudes/values are the same as high-risk offenders; and
- (f) Psycho-social functioning should not be considered unless there is a direct link to recidivism.

In this article, the myths are reviewed and they are then used to identify a set of core principles that can guide the implementation of specific responsivity for community and institutional corrections and treatment organizations.

The principle of responsivity relates to research on *what works for whom?* and on *what increases engagement to treatment?* More specifically, it emphasizes how programs can most efficiently affect the prospects for offender change. (Note: “Programs” is used very broadly to include treatment programming, services, and social controls such as curfews, drug testing, etc.). The literature on responsivity is limited compared to the literature on the risk and need principles. The principles of responsivity need to better integrate both clinical science and empirical studies. Responsivity requires assigning offenders to appropriate programs or correctional interventions to improve both short-term and long-term outcomes, including initiation of treatment, participation in treatment, retention in treatment, and reductions in negative behaviors such as drug use, mental health symptoms, and offending.

A. The Principles of Responsivity: General, Specific, and Systemic

Responsivity is currently described as having two key components that affect what type of programming should be offered (general responsivity) and what type of individuals should be assigned to the programs (specific responsivity, matching to improve alignment between program and individual). A third area of responsivity, systemic, is seldom stated but deserves attention. Systemic responsivity is having the appropriate programming in place

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(at the agency, jurisdiction, or institutional level) to address the configuration of risk and needs profile of the offender population.

General Responsivity

General responsivity draws from the systematic and meta-analysis literature that consistently identifies cognitive-behavioral interventions, which are based on a social learning model, as more effective in reducing recidivism than other interventions, including social controls, intensive (control-oriented) supervision, general treatment, and other practices (see Andrews & Bonta, 2010; Landenberger & Lipsey, 2005; Nagin, Cullen, & Jonston 2009). Correctional interventions should employ cognitive, social learning methods to affect both the attitude and behavior of offenders. Social learning processes affect cognitions and behavior by helping individuals:

- (a) Develop awareness of their problems,
- (b) Learn skills to better manage decisions and make decisions,
- (c) Define and then practice prosocial modeling,
- (d) Use appropriate reinforcement and disapproval strategies, and
- (e) Learn problem-solving strategies.

The social learning approach facilitates the needed social, interpersonal, and cognitive skill enhancements to affect changes in attitudes and behaviors associated with criminal behavior. The theory behind general responsivity is that both the environment and processes of the intervention allow the individual to grow and change, while allowing for periods of relapse. Sometimes referred to as a human service environment, general responsivity relies on the notion that the criminal justice and treatment environment should foster trust and embrace small incremental change as a means to achieve more sustained change. In addition, it should recognize relapses as part of the process of change. General responsivity has been well-stated and generally well understood due to the availability of meta-analyses and systematic reviews.

Specific Responsivity (Tailoring)

Specific responsivity is more complex, with a number of pieces yet to be fully defined or tested. Specific responsivity operates at the individual level, with principles about how programs should be tailored based on the factors embedded in the risks, needs, psychosocial functioning, and strengths of

the individual. In the field of intervention science, specific responsivity is typically referred to as tailoring, or the need to take into consideration individual-level characteristics that affect the likelihood of success in programming. Success focuses primarily on more short-term changes such as initiating treatment or engaging in treatment. Tailoring is essential because the same interventions are not equally effective for all types of offenders. That is, some interventions work better for males than females, others better for clients with mental health disorders as opposed to those that do not have such symptoms. At the individual level, the emphasis is more on how to facilitate a commitment to change, which is generally measured by the likelihood that the offender will initiate, engage, and complete a program. The ingredients for tailoring can be determined by theory or studies on *what works for whom*. While Andrews and Bonta (2010) refer to learning style, gender, personality, and motivation as individual-level factors, other factors have emerged in the treatment literature, including mental health functioning, housing stability, economic stability, and physical location.

Research on potential moderators of program effectiveness can be useful in specifying the factors that should be considered in treatment placement decisions. First, borrowing from clinical science, psychosocial functioning affects the degree to which an individual can become committed to the change process. Psychosocial functioning includes mental health status, homelessness, and economic depravity (e.g., lack of food, economic means for transportation), which impact daily decisions and choices. Second, physical location of residence, particularly in communities with concentrated disadvantages or concentration of individuals involved in the justice system, is another factor that affects response to programming and services. Finally, differences in gender, culture, and age may affect reaction and commitment to change. Essentially, knowledge of these factors can be incorporated into treatment matching or placement decision-making criteria that advance the use of individual level factors to strengthen programs and their ability to facilitate change.

Initiation and engagement in programming are important factors, since they indicate that the person is starting to make a commitment to change. Framing specific responsivity around these factors should facilitate longer-term success. Garnick and colleagues (2007) find

that offenders who start treatment and attend frequently shortly after becoming involved in the justice system (in this case arrest) are less likely to recidivate. By identifying the characteristics of offenders who engage in making a commitment to change and the characteristics of those who do not make a commitment to change, it is possible to modify the selection criteria for various programs and help ensure that placements maximize the potential for success. When offenders are not initially motivated to engage in treatment, it is possible to address their commitment to change through using motivational enhancement therapy or pre-treatment sessions that address ambivalence-related issues.

Tailoring redirects attention to the core components that advance, accelerate, or facilitate individual-level change. In fact, specific responsivity focuses more on *how* the programming or environment can be adapted to achieve commitment to treatment than on longer-term outcomes. Specific responsivity is more concerned with short-term (proximal) outcomes than with longer-term (distal) recidivism-based outcomes. However, achieving long-term change is unlikely without first achieving short-term treatment goals.

Systemic Responsivity

A third, relatively new concept of responsivity, systemic, focuses, as its name suggests, on the system level. Systemic responsivity refers to having an array of programming available in a given jurisdiction that matches the risk-need profile of the individual offenders. As noted above, general responsivity refers to the nature of the clinical intervention and environmental factors to facilitate quality programming, and specific responsivity refers to the capability to match programming to known factors about individuals. Note that both of these principles assume that programming may exist and that it is possible for programming to be consistent with the unique needs of individuals. The principle of systemic responsivity, derived from these assumptions, states that the jurisdiction should have a range of programming available to meet the needs of individuals. This includes programming that directly targets criminogenic needs such as substance use disorders, criminal thinking, economic-related needs (e.g., employment or educational), interpersonal skill development, and social skill development. Specific responsivity also specifies attention to other related factors that affect the psychosocial functioning of an individual, such as mental

health services, housing, and food security. In addition, responsive, evidence-based systems require case management services to complement programming in stabilizing the individual so he or she can participate in programming. The RNR framework has now been included in new initiatives (such as Justice Reinvestment or the California Realignment—AB109) to expand programming (whether it be a prison facility, pretrial office, probation/parole office, district, city, county, or state).

A responsive system also requires programming that varies the dosage to suit the needs of the population. Low-to-moderate risk offenders with fewer criminogenic needs or destabilizers require less programming than offenders with more complex risk and needs combinations. Recent research indicates that matching clients to programs with varying levels of programmatic dosage levels based on risk can result in increased reductions in recidivism (Bourgon & Armstrong, 2005; Sperber, Latessa, & Makarios, 2013a). Although the exact nature of dosage hours has not been well-defined in the research literature, practical guidelines recommend 0–99 hours of programming for low risk; 100–199 hours for moderate risk; and 200 or more hours for high-risk offenders (Sperber, Latessa, & Makarios, 2013b).

Systemic responsivity has four major components that can affect the overall potential for recidivism reduction by ensuring a sufficient number of offenders placed in appropriate programming, yielding an impact on the overall recidivism rate in a jurisdiction (instead of impacting the probability of a particular offender recidivating) (Taxman, Pattavina & Caudy, 2014). The four components of the

systemic principle are: 1) a sufficient number of diverse programs available in the prisons, probation/parole, or jail settings (availability rate); 2) a sufficient percentage of offenders who can partake in programming during their period of incarceration or supervision to facilitate behavior change (participation rate); 3) a sufficient percentage of offenders who can access programming (access rate); and (4) programming offered that is consistent with the risk-needs profile and specific responsivity factors to ensure that recidivism is impacted (responsivity rate). The systemic responsivity principle places emphasis at the unit level to ensure that there is sufficient range of programming available to impact the recidivism rate. As shown in Figure 1, this principle is drawn from the basic principles about how the provision of treatment can affect recidivism rates. If the base recidivism rate is around 60 percent and an estimated 10 percent of the offender population can access programming, then the impact of programming is minimal. But as the percentage of offenders in programming increases, the potential for impacting the recidivism rate grows. When programs employ the RNR principles, there are better outcomes than when these principles are not used (see Taxman, Perdoni, & Caudy, 2013). A commitment to expand (appropriate) programming can improve the systemic impact on the recidivism rates.

B. Assembling the RNR Puzzle

The RNR framework typically focuses on the risk and need principles as the primary targets for programming. While the original research summarized in *The Psychology of Criminal Conduct* (Andrews & Bonta, 2010) presented

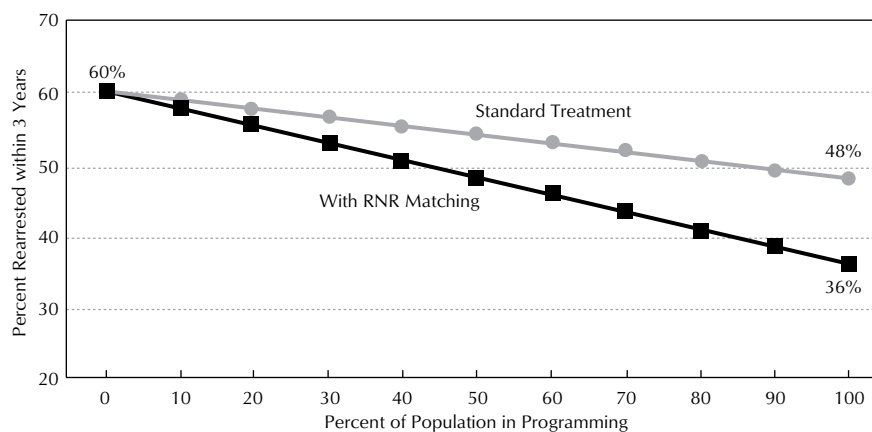
the key risk factors as independent of each other, recent research suggests that the “central eight” core dynamic risk factors overlap. This complicates both the identification of the primary dynamic individual factors that should be used to make placement decisions and the demand on programming to handle multiple target behaviors. Given that specific responsivity includes several other conditions that affect receptivity to programming, programming must also incorporate both dynamic risk and other non-criminogenic factors to achieve the desired goals. Emerging from the RNR model are three factors: static risk factors, criminogenic needs/dynamic risk factors, and stabilizers/destabilizers. Stabilizers (and their counterpart destabilizers, which may be embedded in specific responsivity), are now additional considerations to the initial RNR framework. These additions address the psychosocial functioning that affects treatment receptivity. Below we review the basic definitions and concepts behind these drivers of responsivity at the general, specific, and systemic levels. We also cover some of the nuisances that often complicate the application of these principles in a responsivity framework.

Risk

Risk refers to the likelihood that an individual will be involved in criminal behavior in the future. As a statistical concept, risk is commonly measured based on past involvement in the justice system, but some assessments combine both static and dynamic factors to predict risk. Typical static risk factors include age of first arrest, number of prior arrests, number of prior incarceration experiences, number of infractions in prison, number of escapes, and other indicators of involvement in the justice system. The history of criminal justice involvement (static risk) is consistently identified as one of the most robust predictors of recidivism.

Risk is fundamentally different from needs. Risk is generally calculated to predict the likelihood of recidivism, placing individuals into categories defined by level of risk. To use risk-related information, the categories can identify the intensity of controls and treatments needed to address the risk the individual presents. However, by itself risk does not identify the specific areas where intervention might change the probability that someone will engage in future criminal behavior. Risk does not reveal whether a person has a drug addiction, family conflict,

FIGURE 1.
Population Impact in Hypothetical Jurisdiction (N=10,000)



See Taxman, Pattavina & Caudy, 2014, for further discussion of this graph.

gang involvement, or other factors more likely to be revealed through attention to criminogenic needs. To prevent criminal behaviors from reoccurring, interventions should address dynamic risk or needs.

Criminogenic Needs

Andrews and Bonta (2010) identified eight dynamic risk factors, commonly referred to as criminogenic needs, that should be considered when determining how to effectively intervene with offenders. These needs are factors that are both dynamic (able to be changed) and related to recidivism (directly or indirectly, with those that are indirectly related often found in the specific responsivity category). The eight RNR factors are:

- a) A history of antisocial behavior (criminal justice risk, as defined above),
- b) Antisocial personality pattern,
- c) Antisocial attitudes/thinking,
- d) Antisocial associates,
- e) Family/marital problems,
- f) Lower levels of education or poor employment history/prospects,
- g) Lack of prosocial leisure activities, and
- h) Substance use.

Together, these needs are referred to as the “central eight.” Andrews and Bonta (2010) also identified from this list a group of four primary needs (including antisocial personality, attitudes/thinking, associations, and history of antisocial behavior) that are more predictive of criminal behavior than the remaining four dynamic needs. Yet, recent literature illustrates inconsistencies among this list of criminogenic needs, particularly the emphasis placed on the “primary four” (Ainsworth & Taxman, 2013; Wooditch, Tang, & Taxman, 2014) and the failure to consider substance abuse disorder as a primary need for some offenders (Marlowe, 2009; Taxman, 2014). A recent literature review (Wooditch, Tang, & Taxman, 2014) discusses the current state of knowledge about each of the eight areas, including a discussion of how the measurement of the concept affects the findings from individual studies. Criminogenic needs (along with destabilizers) are more of an indication of problem severity.

Stabilizers (Destabilizers)

While criminogenic needs are directly related to offending behavior, a number of other known factors affect individual-level outcomes in the justice system (such as completion,

recidivism, etc.) or in treatment programming. These factors relate to lifestyle stability or decision making and daily functioning of an individual. Examples of stabilizing or destabilizing factors include mental health, housing stability, food security, and geographical location of the person's residence. **Mental health** functioning is not considered a criminogenic need, because having such a condition does not predispose someone to engage in criminal behavior (Skeem et al., 2014), even though offenders in the justice system suffer from mental health disorders at rates at least two times greater than the general population (ranging from anxiety disorders to bipolar disorders (Feucht & Gfroerer, 2011; James & Glaze, 2006)). Few empirical studies find that the presence of a mental health condition is a direct predictor of criminal conduct, but they do find that mental health functioning impacts technical violations (Eno Loudon, Skeem, Camp, & Christensen, 2008). Thus, mental health functioning may negatively impact the performance of offenders in programs and can increase risk for technical violations due to failure to complete conditions and mandated treatments.

Another area affecting the functioning of an individual is stable **housing**. Housing status (that is, having a secure place to live) does not directly predict recidivism, but instability in housing makes it more difficult to comply with conditions and attend programming, and a focus on finding housing may affect other daily decisions. Addressing housing needs may improve offender performance on community supervision and within community-based treatment. Studies find a reduction in individuals' alcohol consumption and other negative behaviors associated with having stable place to live (Collins, Malone, Clifasefi, Ginzler, Garner, et al., 2012).

Recent research studies find that living in certain areas increases the likelihood of recidivism due to several factors such as the concentration of offenders in certain communities, increased law enforcement, or other community risk factors (Byrne, 2009; Byrne & Pattavina, 2006; Kubrin & Steward, 2006). Another factor related to the community is the ease of access to treatment services. Hipp and colleagues (2010) determined that parolees who live within two miles of treatment agencies are less likely to recidivate than those who do not have easy access to treatment services.

In the original specific responsivity principle, gender is identified as a factor.

Many consider risk and needs assessment to be gender neutral or applicable to both men and women; the same is true for treatment programming. However, others contend that the instruments and/or programs were developed for men and then applied to women. Van Voorhis and colleagues (2010) identify several factors that might be included in risk and needs assessment instruments to tailor them for women, including scales pertaining to relationships, depression, parental issues, self-esteem, self-efficacy, trauma, and victimization. In general, the study finds that parental stress, self-esteem and self-efficacy, family support, and educational assets are correlated with recidivism, but relationship dysfunction and victimization are not consistently related to recidivism. The study found that some gender-responsiveness added value to the more general gender-neutral instruments. There is some controversy in the field about whether there is a need to add these gendered elements to risk and needs assessments (see Jennings et al., 2010). Given the poor economic status of many women offenders, along with other needs, women may need more services to address self-efficacy, parenting, substance abuse, and trauma. The study also finds that “high-risk” women are actually those with more serious needs, such as relationship issues, mental health, and substance use disorders, and these needs should be addressed to have an impact on recidivism (Van Voorhis et al., 2010).

Specific responsivity also includes age, developmental issues, and developmental challenges. Age is clearly linked to offending/reoffending rates with the well-recognized-crime curve (see Cohen, Piquero, & Jennings, 2010; Farrington, 1986; Hirschi & Gottfredson, 1983; Moffitt, 1993; Quetelet, 1831/1984; Thornberry, 1997). In fact, offending declines with age for all offenses (National Research Council, 2007, p. 26). Age is complicated by emotional maturity, which plays a major role influencing the attitudes and values of offenders. Intellectual deficits refers to the ability of an individual to understand the material accessible in treatment. Similar to mental health disorders or co-occurring disorders, awareness of intellectual deficiencies requires programming to be tailored to the population. For example, going through skill development at a slower pace and repetitive presentation of skills may be necessary, since learning new skills is a slower process that requires many reinforcements. These types of responsiveness (such as age and emotional

and intellectual delays) require attention to build self-efficacy of the individual.

While stabilizers (the strengths that an individual presents) and destabilizers are indirectly referenced in the original RNR model, clinical science and recent research illustrate the importance of including destabilizers or stabilizers as tailoring factors. A person with more stabilizers (strengths) is less distracted by the need to address survival needs (such as food, housing, mental health, and employment). The more the destabilizers, the greater the demands on a person, and therefore the more comprehensive the case management and tailoring programming must be to bring about sustainable change. The presence or absence of stabilizers is important in terms of assigning individuals to treatment programs or tailoring the programs to better meet individual needs. More attention paid to the intersection of risk-need-stability factors improves the holistic impact of better programming.

Offense-Specific Responsivity Issues

Even though the RNR framework does not directly reference offending behaviors, attention to specific offenses should be included in the RNR framework to address the required treatment and/or control appropriate to address the offending behaviors. Certain offenses have behaviors that require inclusion as part of specific responsivity guidelines. For example, many sex offenders must be registered by law, which should be incorporated into programming. For violent offenders, aggression and callousness (which is embedded in criminal thinking) may need to be addressed in specialized programming that deals with control-related issues. For domestic violence offenders, intimate partner violence programs may need to incorporate restraining orders or programming for either perpetrators or victims. Drunk drivers may need attention to responsible driving, use of restraints such as interlock systems, and emphasis on responsibility as well as alcohol treatment. These are several examples of offense-specific issues that may need specific components in programming of the individual. Adding offense-specific factors into programming will enhance the tailoring by making it consistent with the law and known offense-specific behaviors.

C. Responsivity: Determining Responsivity Patterns

As previously discussed, a number of myths have evolved regarding the RNR principles. In this section, we clarify some of the myths that affect specific responsivity. There is a need to distinguish the main drivers of criminal conduct to differentiate between types of offenders.

Clarify Substance Dependence, Use, and Drug Dealers/Traffickers

There is considerable debate about the degree to which substance abuse is or is not a primary criminogenic need. As recently noted by Taxman (2014), the measurement of substance abuse may cloud its relationship to recidivism. Many third-generation risk and needs assessment tools do not integrate clinical diagnostic criteria (e.g. is the person dependent or an abuser?), classifying any type of user as an abuser, and the tools often do not indicate the drug of choice. Both of these criteria make important distinctions about the relationship between drug abuse and recidivism. For example, in a meta-analysis of 30 primary studies on drugs and crime, drug users are reported to have higher odds of offending than for non-drug users; and the drug of choice affected recidivism (Bennett, Holloway, & Farrington, 2008). The odds of offending were about six times greater for crack users than for non-crack users (OR=6.09); about 3 times greater for heroin users (OR=3.08) than non-opioid users, about 2.5 times greater for cocaine users (OR=2.56) than non-cocaine users; and about 1.5 times greater for marijuana users (OR=1.46) than non-marijuana users (Bennett, Holloway, & Farrington, 2008). (Note: This study does not address polydrug users; each drug is treated separately, and the category of non-drug users refers to those who do not use a specific substance.)

If studies disentangle the drug of choice and type of user, substance abuse can be considered a primary criminogenic need when: (a) the dependent individual is involved in crime as a means to acquire drugs; (b) drug use is part of other criminogenic needs but substance abuse treatment can address the issues; and (c) the chronicity of the drug use affects daily decision-making and behaviors. An individual's cravings and compulsive behaviors are related to offending behaviors, but drug use that is related to lifestyle factors (e.g., friends, peers) is not directly related to

criminal behavior. Additionally, individuals (who are not dependent or abusers) involved in distributing drugs require programming that addresses the criminal entrepreneur (lifestyles) issues rather than drug-use behaviors.

Criminal Thinking vs. a Criminal Lifestyle

The term criminal thinking (and values and attitudes) is usually associated with a subculture of criminal lifestyle. Conceptually, they differ in that criminal thinking is supportive of criminal behavior such as mollification, callousness, cutoff, entitlement, power orientation, sentimentality, superoptimism, cognitive indolence, discontinuity, confusion, defensiveness, externalization of blame, devaluing authority, insensitivity to the impact of the crime, cold-heartedness criminal rationalization, antisocial intent, identification as a criminal, emotional disengagement, justifying, grandiosity, to name a few. A criminal lifestyle can involve other factors such as criminal peers, family history of justice involvement, incarceration, and antisocial attitudes. Interventions for criminal thinking might focus on internationalization of values and attitudes, whereas interventions for criminal lifestyle might address both internal and external factors to reduce offending.

Risk May Not Always Trump Needs

The risk principle is generally referred to as the driver for programming. A frequently stated "evidence-based practice (EBP) fact" is that criminal justice risk factors should determine the intensity of programming, with higher-risk offenders assigned to more intensive programs. The emphasis on risk comes from studies that confirm that risk is a stronger predictor of recidivism than any dynamic needs (Austin, 2006; Baird, 2009). Many have inferred that risk should drive who gets placed in programming; however, risk cannot indicate what type of factors should be treated—whether substance abuse, criminal thinking, antisocial peers, etc. The general assumption is that criminogenic needs are correlated with risk level and that higher-risk offenders are more likely to have more severe criminogenic needs than moderate- to low-risk offenders. This has translated into the notion that lower-risk offenders do not

have any criminogenic needs or criminal lifestyle issues.¹

In Table 1, we use data from a jurisdiction that is involved in a study of systemic responsivity.² According to their standardized risk and needs assessment tool, 26 percent of minimal risk and 35 percent of low-risk offenders exhibit either criminal thinking or a substance dependency problem. (The jurisdiction has four categories for risk.) Offenders with minimal or low risk classifications who display criminal thinking or dependency needs have rates of recidivism similar to those of higher-risk offenders with similar needs patterns. Regardless of risk level, offenders with criminal composite and drug dependency have a relatively equal likelihood of recidivating. While risk is important, certain needs must be addressed to reduce recidivism. The more severe the criminogenic needs (in terms of criminal thinking and drug dependency), the more likely the individual should be placed in programming that addresses specific target behaviors. Needs

¹ Risk-need assessment instruments have different ways to score the risk and need factors. Some use a total score and others use a score for each substantive area (i.e., risk, need, (de)stabilizers, etc.). There is a controversy in the field about the scoring of the instrument, with some contending that this allows the risk and need to be indicated in a score (even if risk is more heavily weighted) and some contending that a combined score elevates the risk level for all offenders. The advantage of a total score is the ease of scoring; the advantage of different scores for risk and various needs is that it is easier to identify targets for treatment programming.

² This jurisdiction is one of the sites using the RNR Simulation Tool. For more information about the study and translational tools, see www.gmuace.org/tools.

vary considerably across the risk category, illustrating the need to update the risk and need principles.

D. Systemic Responsivity and Treatment Matching

Treatment matching is the notion that offenders should be placed into appropriate programs based on their risk-needs-stabilizer profiles. Treatment-matching strategies generally aim to assign individuals to programs that can achieve the desired outcome through the least-restrictive setting and resource intensity (Gastfriend, Lu, & Sharon, 2000). This is a complicated process in most human service fields, and in community and institutional correctional settings it is even more complicated, because punishment is part of the decision-making process in matching to appropriate programs and services. The dual goals of programming and punishment create a treatment-matching dilemma in corrections.

Treatment matching does not require a single-target intervention; rather it refers to placing an individual offender in a program consistent with his or her risk, needs, and stabilizing factors. A program may target one specific criminogenic need or may address several needs as part of an intensive therapeutic change process. A responsive jurisdiction should aim to have access to programming across this continuum. Special attention should be paid to responsivity factors to increase the likelihood that the individual will engage in programming. Specific responsivity factors also require systems of care to access to a diverse array of support services to address mental health issues, trauma, low literacy, unstable housing, and various other destabilizers. Identifying the number and type

of destabilizers helps in assessing the level of program structure and intensity of services (dosage) that will facilitate behavioral change.

Based on the research literature on the offender population, the following numbered list outlines major criminogenic needs relative to risk and stabilizers (see Crites & Taxman, 2013, for the research support for each category of programming). This list identifies the type of target behaviors that should be addressed in programming to reduce recidivism.

1. Dependence on “hard” drugs—heroin, cocaine, amphetamines, and methamphetamine—where the drug use is directly associated with criminal behavior (Bennett, Holloway, & Farrington, 2008), should be treated before other issues, such as criminal thinking or social skills. Treatment should focus on addressing dependence on hard drugs through cognitive behavioral therapy. For offenders with a higher risk level and/or more destabilizers, programs may need to include cognitive restructuring to address criminal thinking or criminal lifestyles and interpersonal and social skills interventions. Regardless of risk level, all substance-dependent offenders should be treated by these intensive programs. In addition to cognitive behavioral therapy, the research literature recommends medications for alcohol and opioid dependence to help reduce the cravings that interrupt treatment progress. For offenders with higher risk levels who are dependent and have other criminogenic needs, as well as destabilizers, the dosage (level and intensity of the programming) should be increased.
2. Criminal thinking composites including history of antisocial behavior, antisocial personality pattern, antisocial associates, and antisocial cognitions (Andrews & Bonta, 2010), require intensive cognitive behavioral programming. This array should include those who are engaged in illicit behavior to make money, such as drug trafficking and property crimes. (Note: Drug traffickers should not be considered drug offenders.) These criminal cognitions drive how individuals interact with others. Programming needs to focus on helping offenders increase self-control, reduce antisocial thinking, and increase prosocial connections to provide a link to improved functioning. Many moderate- to high-risk offenders, due to their entanglement in a criminal lifestyle and destabilizers, require interpersonal and social skills to augment the cognitive decision-making.

TABLE 1.
Comparison of Recidivism Rates for Different Risk-Need Profiles

Risk Level	Primary Need	Prevalence	Recidivism at 3 years
High	Other need, < 2 needs	44.6	25.1
	Criminal Thinking Composite	41.0	29.6
	Drug Dependence	14.4	33.5
Moderate	Other need, < 2 needs	55.2	20.2
	Criminal Thinking Composite	31.0	31.7
	Drug Dependence	13.9	25.6
Low	Other need, < 2 needs	64.7	18.0
	Criminal Thinking Composite	23.6	27.8
	Drug Dependence	11.7	25.0
Minimal	Other need, < 2 needs	73.4	15.2
	Criminal Thinking Composite	15.2	15.4
	Drug Dependence	11.4	23.6

3. Substance abusers (not dependent), individuals with destabilizers and those with fewer criminogenic needs, who are moderate to lower risk, are best served by programs that focus on self-improvement and self-management. Increasing problem-solving skills and self-control can help individuals resist social pressures to continue offending behavior (Botvin & Wills, 1984; Botvin, Griffin, & Nichols, 2006). In total, these programs should focus on improved problem solving and attention to lifestyle-related issues that affect behavior.
4. Social and interpersonal skills programming is needed for offenders with family issues, dysfunctional relationships, and perhaps several destabilizers. The goal is to help improve interpersonal relationships by reducing conflict and developing more positive relationships through structured counseling. Focusing on appropriate behavior can help improve relationships and reduce criminal offending (Andrews & Bonta, 2010). For the most part, these programs should be for moderate- to low-risk offenders with at least one criminogenic need.
5. Life skills programming is designed to improve employment, education, housing, and general life functioning. These programs focus on life skills such as financial stability, occupational training, or education, target predominately low risk individuals, and have a dosage of about 100 hours.

In Table 2, systemic responsivity can improve treatment matching. An assessment of available programs in our study jurisdiction finds that the majority of available programming (34.1 percent) is for substance abusers (generally outpatient counseling groups), even though the risk-needs assessment data finds that only 14 percent of offenders require such programming.

This means there is too much programming available—with a surplus of 20.3 percent of offenders served by these programs. The largest needs for programming are those that target criminal cognitions or lifestyles, and these happen to be the least available programming. This gap analysis illustrates the importance of systemic responsivity in ensuring that programming can be accessed to reduce recidivism.

E. The Second Generation of RNR Framework

If the RNR framework is going to yield reductions in recidivism, then responsivity should be reframed to address receptivity and accessibility to treatment from the individual and system perspective. In this article, I reviewed many of the original themes of the RNR framework and have illustrated the need for systemic responsivity based on the following principles:

- (a) Placement in appropriate programs should be determined by the needs of the individual, with risk used to assess intensity and structure of the program;
- (b) Programming should not be generic but rather targeted to the specific criminogenic factors that affect further involvement in criminal behavior; and
- (c) Psycho-social functioning ((de) stabilizers) should be considered to ensure that programming addresses factors affecting the change process.

Together, these principles represent the need to restate the original RNR principles in terms of both general responsivity and tailoring issues.

General and Systemic Responsivity

Since correctional and treatment programs are part of a system that provides services,

they should be responsive to ensure that individual programs are successful. The overarching (correctional and treatment) system needs to embrace these principles to support individual-level programming. A responsive system must have programming that varies along a continuum, in regards to intensity and target of programming. Program intensity refers to a combination of dosage (typically measured as total hours of therapeutic programming), frequency of program contact, program setting, and the degree of intervention needed to bring about the desired change. Target on this continuum refers to the behaviors or needs the program is designed to address. Programs can be offered as part of phases for a single non-criminogenic need (e.g., employment, education) or multiple criminogenic needs (e.g., antisocial associates, criminal thinking, and substance abuse). Interventions may be brief (e.g., low dosage, infrequent sessions) or highly intensive (e.g., residential setting, dosage at high levels of 300 hours, addressing multiple criminogenic needs), depending on the complexity of the individual's risk, needs, and destabilizer profile (see Polaschek, 2011, for three-tiered conceptualization of correctional programming).

Towards this goal, the following are core principles of **Systemic Responsivity**:

1. The system should offer a broad array of programming that targets various problem severities found in the risk-needs profile of offenders. At a minimum, programs addressing the following criminogenic needs should be provided: substance dependence (including treatment for co-occurring disorders), criminal thinking, criminal lifestyle, psychosocial functioning with comorbid conditions, social and interpersonal skill development, and life skills.
2. Assessment (validated risk and needs assessment instruments) protocols should assess co-morbid conditions ((de) stabilizers) that may affect treatment participation and adherence to criminal justice outcomes. Since many offenders suffer from mental health disorders and economic depravity-related problems, these factors should be acknowledged in making treatment placement decisions. Dosage should be increased based on the number and type of conditions present.
3. Offenders should be placed in programs based on their needs profiles, with programming addressing factors that

TABLE 2.
Program Gaps Based on Risk-Need Profiles

Program Target Behavior	% Services Available	Recommendations based on Risk-Need Offender Profile	Gaps in Programming (- is surplus + is Unmet Need)
Substance Dependent	16.1%	13.3%	-2.8%
Criminal Cognitions	1.2%	31.5%	+30.3%
Substance abuse with some criminogenic needs	34.1%	13.8%	-20.3%
Social and Interpersonal Skills	26.1%	20.0%	-6.1%
Life skills	9.0%	4.6%	-4.4%

contribute to criminal behavior. Treatment matching will improve system outcomes by ensuring that offenders are offered services based on their criminogenic needs and (de) stabilizers. Placing offenders in programs due to the convenience of the location, available slot, or other factors not based on the specific needs of offenders is not an effective treatment-matching strategy. If the programming an individual needs is not available, then the individual should not be placed in programming. Using principles of therapeutic jurisprudence, placing someone in a therapeutic program that is not suitable may create unintended harm.

4. Case management services, which are needed to address destabilizers, should accompany treatment programming to ensure that the system is addressing potential factors that negatively affect receptivity and participation in treatment. Case management services are needed to address instability in housing, mental health functionality, and other factors.
5. Program intensity or dosage should be determined by the severity of problem behavior and risk level. More intensive programs should be designated for those who are at medium to high risk for offending and those who have more complex needs.

General Responsivity or the general principles that guide treatment programming:

1. A social learning environment can facilitate offender commitment to change. A social learning environment allows the offender to learn new skills, addresses factors that contribute to criminal behavior, ensures that treatment provides offenders with skills to problem solve and to manage risk behaviors, and facilitates decision-making about risky “people, places, and things.” The environment should exist in both criminal justice and treatment programming.
2. Criminal justice actors should use social learning components in a similar fashion as treatment programming to reinforce treatment. That is, the social learning environment extends to both treatment providers and justice agencies. When justice agencies use these social learning components, the impact on reducing recidivism is greater.
3. Responsivity requires adaptability. If an initial treatment or control placement does not appear to facilitate individual-level change, it may be necessary to revise the

case plan and dig deeper into why the initial strategy was not successful. It is also essential to balance accountability with treatment goals, keeping in mind that the offender change process is gradual.

Tailoring

As previously indicated, the intervention science field uses the concept of tailoring for the modifications made to a core intervention curriculum to address the main target behaviors that influence a person’s motivation, commitment to treatment, ability to absorb intervention-related material, and likely success from treatment. Tailoring uses key empirical information to adjust programming to increase the degree to which the program matches the individual needs and improves the likelihood of positive outcomes. These are core principles of tailoring:

1. The number of destabilizers in a person’s life should be an indicator of the type of pre-treatment activities the individual should be involved in to facilitate engagement and commitment to change.
2. The type of drug offender should be considered, with those addicted to drugs placed in programs that address addiction, those involved in the drug-trafficking business placed in programs that address criminal thinking or lifestyles, and those who use drugs as part of their lifestyle placed in programs that address self-improvement and self-management.
3. Co-morbid conditions should be considered in tailoring program components to the individual. Identifying co-morbid conditions facilitates better engagement in treatment and outcomes.

This article has reviewed responsivity in all its various forms. Two new concepts were introduced: systemic responsivity and tailoring. Tailoring refers to specific responsivity at the individual-level factors, and it includes a broad array of non-criminogenic and destabilizing factors that affect behavioral progress. Tailoring cannot be effectively put into place without systemic responsivity, where appropriate programs and capacity exist in a jurisdiction. The RNR framework needs to embrace systemic responsivity as a major emphasis to achieve reductions in recidivism.

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