

¿Qué Funciona para el Tratamiento Penal? El modelo de Riesgo Necesidad y Disposición a Responder

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II Congreso Internacional de Psicología Jurídica y Forense
Agosto 23 y 24 2012
Santiago, Chile



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Methods to Reduce Re-offending



- Do Nothing – ignore the behaviour
- Correctional Quackery
- Get Tough – Hurt and threaten
- Rehabilitation - Encourage, reward



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Correctional Quackery



□ Examples include:

- Boot camps/scared straight
- Shaming/punishment
- Supervision-focused programming
- Talking cures
- Self-help
- Programs based on vague emotional targets



“Getting Tough” and Recidivism



Sanction	ϕ	N
Prison vs Community		
Adults (71)	.07*	76,287
Juveniles (24)	.09*	4,118
Longer Sentence		
Adults (228)	.03*	68,303
Juveniles (5)	.00	38,862

(Smith, Goggin & Gendreau, 2002)



Rehabilitation: Raison D'êtr



“Promote the ethical, legal, decent, just, cost-effective, and humane pursuit of reduced reoffending through RNR-based human service delivery provided in the least onerous justice context”.

Don Andrews, 2007



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What does this mean?



☐ Reduced Reoffending

- ↓ criminal behaviour AND ↑ prosocial behaviour
- ≠ ↑ well-being ONLY IF reduces reoffending

☐ Human Service

- Means to achieve through interventions
 - Primarily through encouragement
- ≠ social control (coercion/punishment)

☐ Ethical

- Respect for the person & the community
- Based on evidence not simply “beliefs”



The Risk-Need-Responsivity (RNR) Story



1. “Nothing Works”: 1975 to 1990

“...little reason to hope that we have found a sure way to reducing recidivism through rehabilitation...” – Martinson

2. “What Works” and RNR: 1990 to 2000

3. “Making it Work”: 2000 to ?



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“What Works” Methods



Services....

- Treatment programs
- Core Correctional Practice
- Human services for psycho-social change

Ethical = Evidence-based

What Does the evidence say?

Services or Sanctions?



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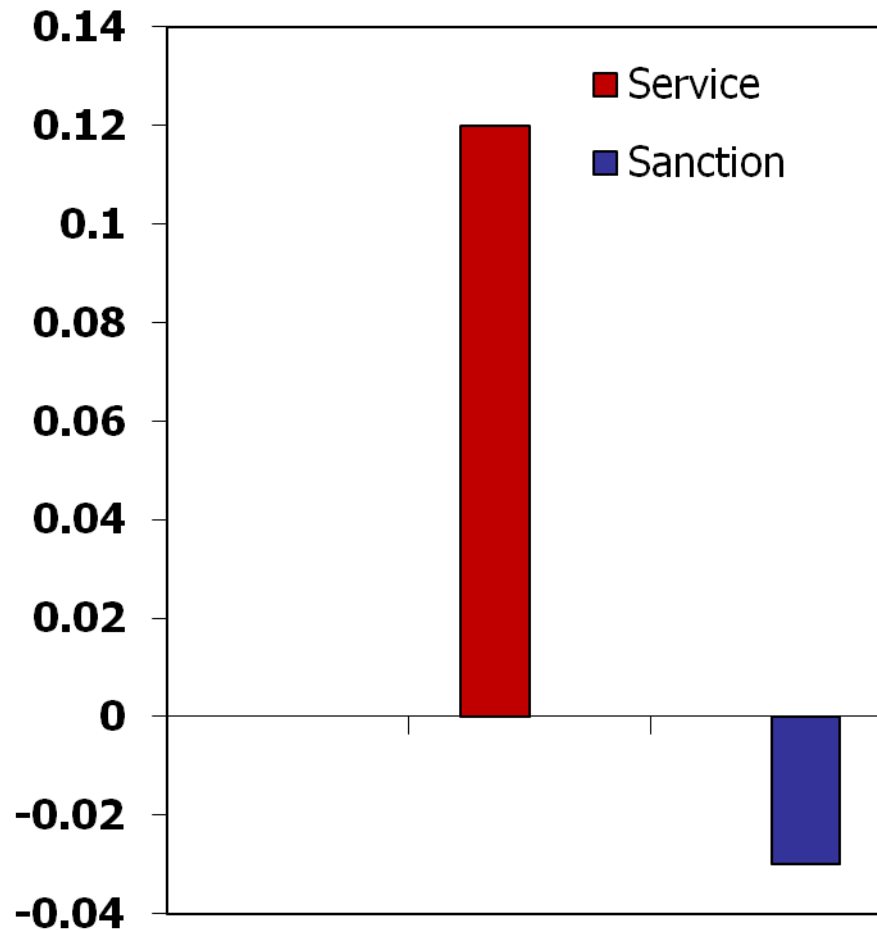
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Service or Sanction?



Service:
2003: $r = +.12$
($n = 273$)

Sanction:
2003: $r = -.03$
($n = 101$)



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Checklist for Effective Punishment



1. Inhibits behavior – (does not teach new behavior)
2. Vary punishments (few universal punishers)
3. Immediate
4. Appropriate intensity
5. Type of person works best with:
 - non-impulsive, future oriented
 - average to above average IQ
 - minimal punishment history
 - cautious, avoids/minimizes excitement





Framework for Understanding Criminal Behaviour:

The "WHAT WORKS" model



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So many possible reasons...



- Criminal friends
- Personal Distress (depressed, anxious, schizophrenic)
- Criminal History (assault, juvenile)
- Race (Black)
- SES (poor, seasonal worker)
- Treatment (refuses, drops out, successful)
- Gender (male)
- Seriousness of crime
- Marital relationship (friction)
- Antisocial attitudes (excuses, sentence harsh)
- Social achievement (loss of job, loss of \$)
- Substance abuse (intoxicated)
- Parental criminality (father)
- Abuse history
- Remorse
- Antisocial personality (angry, self-centered)
- Intelligence
- Etc. etc.



“WHAT WORKS” for Explaining Criminal Behaviour



Primary Causes of Crime?

Psychological – General Personality, Cognitive – and Social Learning Model (Andrews & Bonta, 2010)

- Psychological (personality, attitudes, values, beliefs associated with prosocial AND criminal)
- Within a social learning context (social environment of family, peers, associates)
- Occurring in context of community at large and in the situation in particular (rewards and costs)



The "Central 8"



Type	Factor	Risk	Risk Assessment (e.g.)	
The "Central Eight" Risk Factors	The "Big Four"	1. History of Antisocial Behaviour	Early and continuing involvement in antisocial acts in a variety of settings	LSI-R, MRNS, SIR, CRNA, CRS
		2. Antisocial Personality Pattern	Adventurous/pleasure seeking, poor self-control, aggressive, impulsive	LSI-R
		3. Procriminal Attitudes	Rationalizations for crime, negative attitudes towards the law	LSI-R, MRNS, CRNA
		4. Antisocial Associates	Association with criminal others and relative isolation from pro-social others; immediate social support for crime	LSI-R, MRNS, CRNA
	5. Family/Marital Problems	Nurturance and/or caring and monitoring and/or supervision.	LSI-R, MRNS, SIR, CRNA	
	6. Education/Employment Problems	Low levels of performance and satisfactions in school and/or work	LSI-R, MRNS, SIR, CRNA	
	7. Leisure/Recreation Problems	Low levels of involvement and satisfaction in pro-social leisure activities	LSI-R	
	8. Substance Abuse	Abuse of alcohol and/or other drugs	LSI-R, MRNS, CRNA, CRS	



Static vs. Dynamic Factors



- ❑ Static Factors – not amenable to change
 - Behavioural history
 - Age
 - Gender
- ❑ Dynamic factors – amenable to change
 - Associates
 - Attitudes
 - Personality

Implication....Interventions targeting these dynamic factors should be more effective



Empirical Support for Risk Factors



Central Eight	<i>r</i>
History of Antisocial Behaviour	.16
Antisocial Personality Pattern	.18
Antisocial Attitudes	.18
Antisocial Associates	.21
Family/Marital	.10
Employment/Education	.13
Leisure/Recreation ¹	.21
Substance Abuse	.10

Mean Predictive Validity

- ❑ “Big Four”
 - $r = .26$ (95% CI = .22-.30, $k = 24$)
- ❑ “Moderate Four”
 - $r = .17$ (95% CI = .13-.20, $k = 23$)
- ❑ “Central Eight”
 - $r = .41$ (95% CI = .32-.50, $k = 23$)

Gendreau, Little & Goggin (1996)
¹Andrews, Bonta & Wormith (2004)



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Other Risk Factors



Non-criminogenic (*r*)

Self-esteem (-.02)

Vague emotional feelings (.08)

Physical training (.08)

Fear of punishment (-.05)

Increase ambition only (.08)



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***Risk, Need & Responsivity
and discovering "What Works"***



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Treatment Principle 1: *Risk Principle*



1. Need a reliable and valid measure of risk/needs
 - This measure must include dynamic risk factors or criminogenic needs; static assessment is not enough
2. Match level of service to risk level
 - Minimize contacts with low-risk clients and maximize them for high-risk offenders



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Risk Principle



Study	Risk	Treatment	
		Low	Intensive
Bonta et al. (2000)	Low	15%	32%
	High	51%	32%
O'Donnell et al. (1971)	Low	16%	22%
	High	78%	56%
Lovins et al. (2007)	Low	12%	26%
	High	49%	43%
Andrews & Kiessling (1980)	Low	12%	17%
	High	58%	31%

⇒ **Treatment most effective with higher risk clients**



Treatment Principle 2: *Need Principle*



1. Target the criminogenic needs of moderate and high risk offenders
2. Dynamic risk factors, when changed, will change the probability of an offender's recidivism



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Need Principle



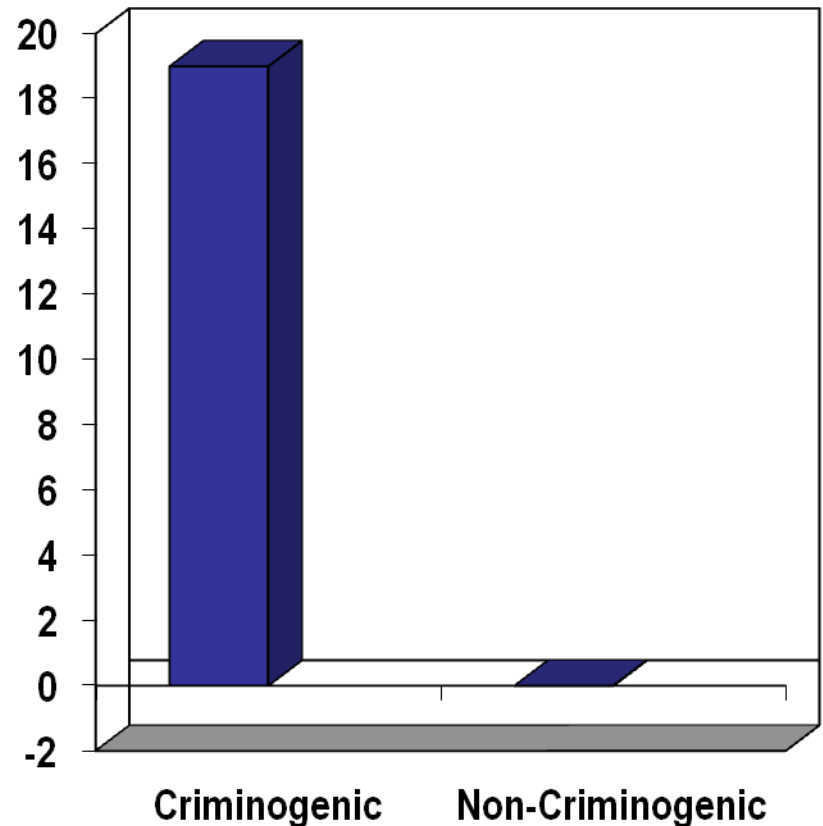
Criminogenic Needs:

$r = .19$ ($k = 169$)

Non-Criminogenic Needs:

$r = -.01$ ($k = 205$)

⇒ Targeting
criminogenic needs
reduces recidivism



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Treatment Principle 3: *Responsivity Principle*



1. **General:** Design your efforts around behavioural, cognitive-behavioral techniques
2. **Specific:** Tailor your efforts to the individual abilities (strengths), style, culture and personality of the client



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Responsivity Principle

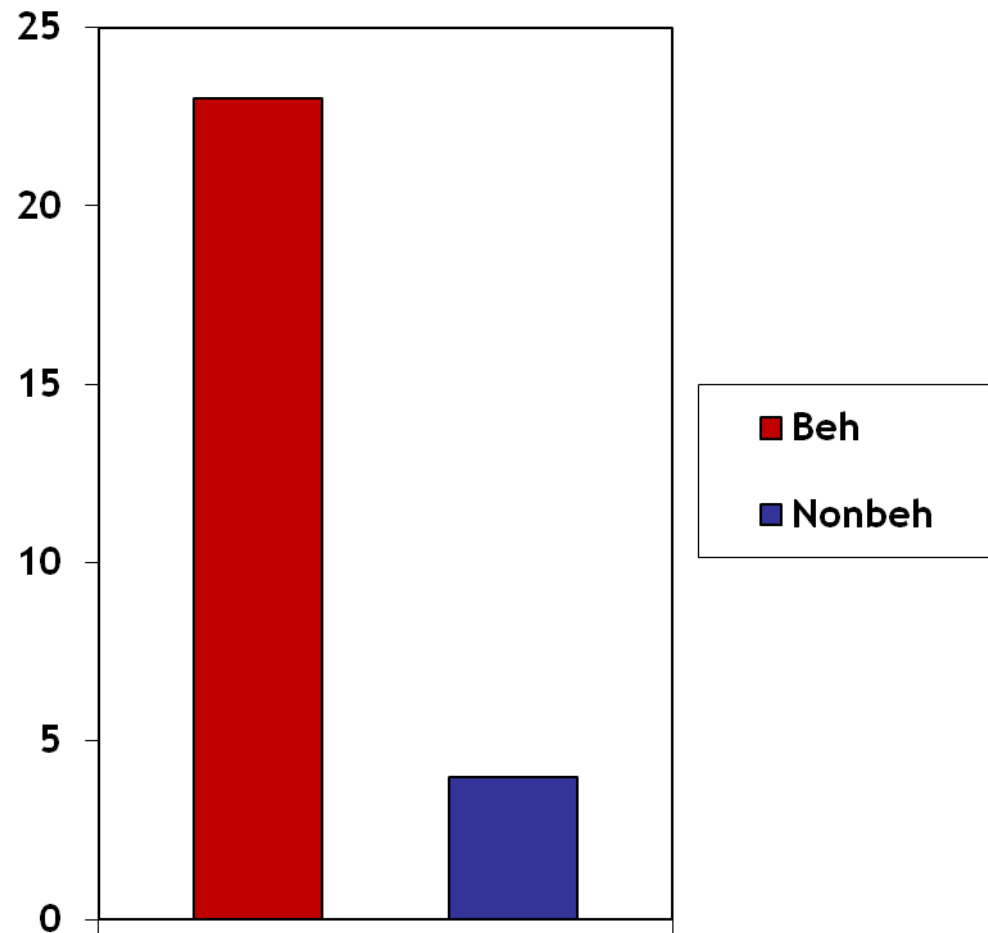


Behavioural

$r = .23$ (n = 77)

Nonbehavioural

$r = .04$ (n = 297)

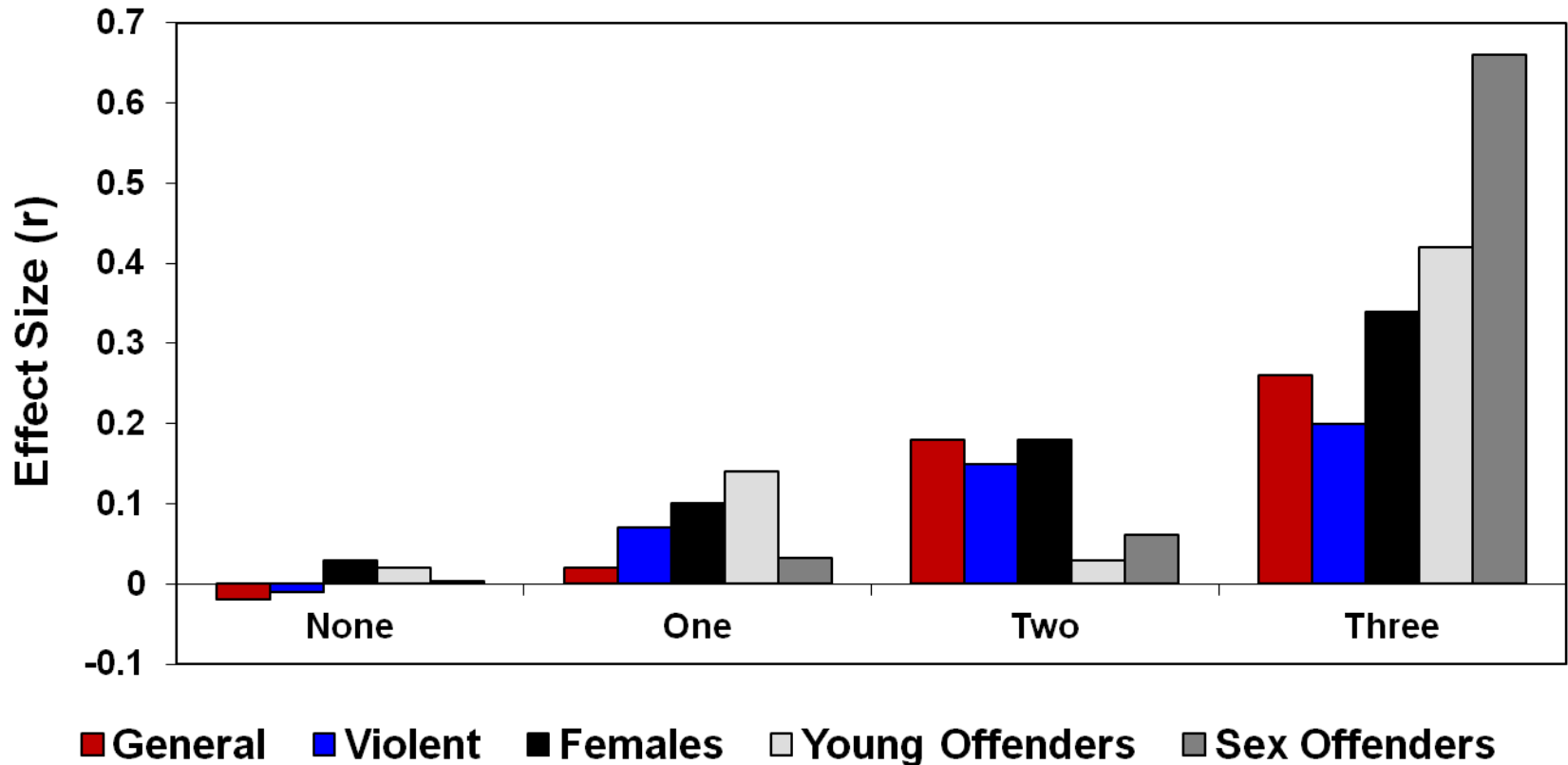


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Treatment Programs Adherence to RNR Principles = ↓ Recidivism



Unfortunately.....



Adherence to principle	% of studies
Risk	75
Need	45
Responsivity	21
All 3 Principles	16

Andrews & Bonta, 2010



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BUT adherence to RNR has requirements...



- ❑ Assessment
 - Criminal risk factors and needs (changeable)
 - Strengths and learning styles (responsivity)
- ❑ Services that target appropriate needs
 - Requires appropriate intensity and targets
 - Commitment to reduce re-offending
- ❑ Services are tailored for “offenders” learning styles
 - Use cognitive-behavioural social learning strategies
 - Optimal learning environment = respect and collaboration





A Real-world Example of RNR in Practice



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STICS in Community Supervision



- Manitoba Case Management Study
 1. Modest adherence to Risk Principle
 2. Criminogenic needs not discussed in the majority of cases (Need Principle)
 3. Relationship & structuring skills inconsistent (Responsivity Principle)
- Strategic Training Initiative in Community Supervision (STICS)
 - Initial 4-day training on Risk, Need, and Responsivity principles
 - Ongoing clinical support to probation officers
 - E.g., monthly meetings, refresher courses every 6-8 months



Outcomes in PO Behaviour?

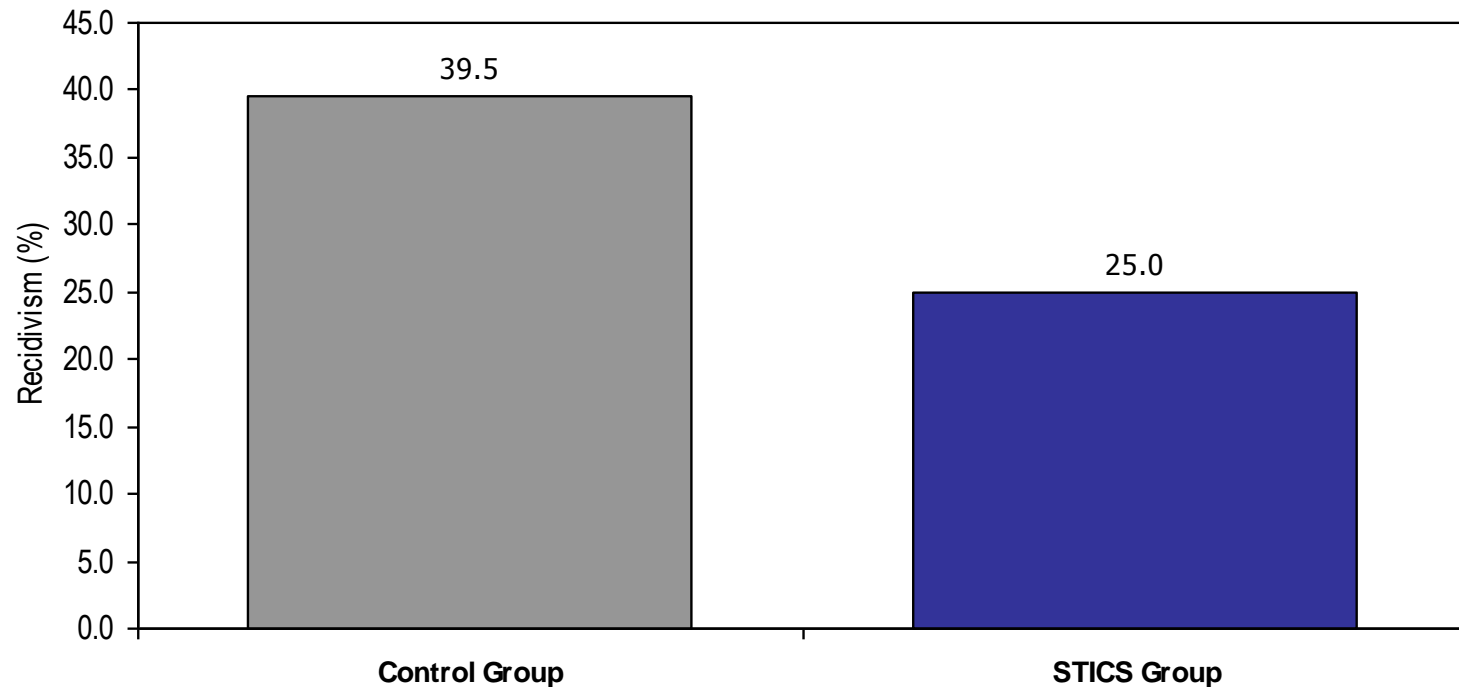


Variable	STICS (N = 100)	Control (N = 43)
Attitudes (identified)	45.2%	17.9%
(all clients)	39.1%	6.7%
When discussed, proportion of session on:		
Criminogenic needs	61.8%	45.1%
Non-criminogenic needs	39.0%	51.6%
Probation Conditions	27.8%	43.2%

⇒ **STICS POs were more focused on the relevant issues**



Outcomes in Client Behaviour?



⇒ **Clients of STICS recidivate 14.5% less**

⇒ **Cost Saving = \$5.7 million/year**

Commitment to RNR



- **Integration of RNR across organization**
 - Including risk reduction goal and intervention service focus into policies and practices
- **Be Concerned with Integrity**
 - Fidelity and quality commitment to staff and organization
- **Caution: Resources Required**
 - Be prepared, plenty of time and resources will be required – there are no short cuts



Assessment...



- **Quality tool required**
 - Minimal risk and need factors assessed
- **Reliable administration**
 - Commitment to training and staff skills
- **Use of results within correctional system**
 - Policy AND practices contingent upon results



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Services...



- **Quality services required**
 - Policies are RNR adherence, accommodate different risk levels
- **Services target criminogenic needs**
 - Clear, specific and concrete without distractions
- **Cognitive-behavioural based**
 - Easier said than done
- **Adherence to Resposivity Principle**
 - Language, concepts, skills responsive to way and what is needed to learn?



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