If we are serious about recidivism, how can we reduce the gap in service provision?

A Risk-Needs-Responsivity Model

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Introduction

• Reducing criminal behavior and improving public safety can best be achieved by providing offenders with services that are consistent with the behaviors that drive their criminal activity.
• The current distribution of treatment services to offenders in prison, jail and community corrections is inconsistent with the needs of the offender. Significant improvements in reducing recidivism cannot be made unless this gap in services is closed.
• There is a pressing need to help jurisdictions develop guidelines as to how to allocate offenders into appropriate services including what services need to exist.

Example: Substance abuse treatment services

• It is estimated that over 5 million adults need substance abuse treatment services, yet less than 7 percent can participate on a given day.
• The current system has too many services in the low intensive/educational end.
• Major gaps exist in more intensive services

• Over 30% of offenders could benefit from residential treatment, but less than 5% in prison, jail, or community corrections have access to such services
• 20% of offenders could benefit from intensive outpatient treatment, but less than 5% in prison, jail, or community corrections have access to such services
• Nearly 20% of offenders could benefit from outpatient treatment, but less than 5% in prison or community corrections have access and less than 15% in jails have access to such services
• 30% of offenders could benefit from substance education programs, but only 5% in community corrections, 6.5% in prison, and 16.5% in jails have access to such services

Goal of RNR Simulation Tool

• The goal of the simulation tool is to assist policymakers in determining what forms of treatment and punishment will be most effective to reduce recidivism with which offender populations; manage offender risks; provide cost-effective services; and provide optimum services. The proper utilization of these tools in decision making and administration can have a significant impact in reducing recidivism costs without jeopardizing public safety.

Literature Review

• The risk-need-responsivity (RNR) principle theory was developed by Andrews and Bonta in 1990. It integrates the psychology of criminal conduct into an understanding of how to reduce recidivism (Andrews & Bonta, 1994). Using this principle, they identify three principles to guide the assessment and treatment of offenders to advance rehabilitative goals as well as reduce risk to society (from recidivism crime) (Bonta, Andrews & Wormith, 2006).
• The risk principle states that offenders vary by level of probability of recidivism. Such factors include age, criminal history, age at first arrest, number of prior escapes from custody and other historical factors that cannot be decreased but do have the potential to increase.
• The need principle calls for focus to be on dynamic factors such as substance abuse, antisocial personality traits, procriminal attitudes, procriminal friends, family/marital problems and problems with school or work. Like risk factors, criminogenic needs contribute to an offender’s probability of recidivism. Unlike risk factors, however, need factors are amenable to change and thus represent areas that should be targeted by treatment to reduce overall risk of recidivism.
• The responsivity principle states that treatment outcomes can be maximized by tailoring treatment modalities to individual criminogenic needs to be targeted for treatment as well as non-criminogenic needs such as sex, race and ethnicity. Bonta and Anders (2007) state that responsibility is best accomplished by embracing the tenets of both general and specific responsivity.
• General responsivity calls for the use of cognitive-behavioral approaches to treatment as such approaches have been shown to be most effective with offenders as a whole.
• Specific responsivity, however, acknowledges that non-criminogenic needs may help or hinder the provision of and response to treatment, thus they need to be addressed in order to maximize recidivism reduction.

• The concept of RNR is considered best practices for corrections (Taxman, 2006) and has been shown to effectively reduce recidivism by as much as 35% when implemented in certain settings (Bonta & Andrews, 2007). Research has shown that non-adherence to the RNR principles in service delivery is not only ineffective, but can also be detrimental to offender treatment outcomes (Lowenkamp & Latessa, 2005). One study examining the effectiveness of treatment programs reported a substantial negative correlation (r = -0.28) between risk level and treatment effect size for a program that did not adhere to the RNR principles (Bonta, Andrews & Wormith, 2006).

Data Sources

• Bureau of Justice Statistics data sets for input parameter estimates such as admissions, releases, and length of stay data for prisons, jails and community corrections
• National Corrections Reporting Program
• Survey of Inmates in State and Federal Correctional Facilities
• Survey of Inmates in Local Jails
• Risk assessment validation studies to determine risk-needs distributions among a variety of populations and subgroups
• Subgroups by gender, ethnicity, age, substance abuse needs and co-occurring disorders
• Data from individual states and other jurisdictions

References