From Andrews, Bonta, & Wormith (2011):

TABLE 1: The Expanded Risk-Need-Responsivity (RNR) Model

Principle	*Statement*
Overarching principles	
1. Respect for the person	Services are provided in an ethical, legal, just, moral, humane, and decent manner.
2. Theory	Use a general personality and cognitive social theory, including criminal behavior (make use of a psychology of criminal conduct). Behavior reflects genetic predispositions in combination with the personal, interpersonal, and community-based density of rewards and costs for criminal and noncriminal alternative actions. In the immediate situation of action, supports may be actively mediated by the person, interpersonally mediated, and/or be relatively automatic, intrinsic, and unconscious.
3. Human service	Introduce human service delivery rather than relying on the severity of the penalty.
4. Crime prevention	The theoretical and empirical base of RNR-based human service should be disseminated widely for purposes of enhanced crime prevention throughout the justice system and beyond (e.g., general mental health services).
RNR	
5. Risk	Match the level of service to the offender's risk to reoffend. Work with the moderate and higher risk cases (risk principle). Keep low-risk cases out of intensive correctional services thereby avoiding interference with existing strengths and/or increased association with higher risk others.
6. Need	Assess criminogenic needs and target them in treatment. Criminogenic needs (dynamic risk factors) are characteristics of people and/or their circumstances that signal reward–cost contingencies favorable to criminal activity relative to noncriminal activity. The Central Eight risk/need factors are antisocial associates, antisocial cognitions, antisocial personality pattern, history of antisocial behavior (a static risk factor), substance abuse, and circumstances in the domains of family–marital, school–work, and leisure–recreation.
7. Responsivity	Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender.
a. General	Use cognitive social learning methods to influence behavior.
b. Specific	Modify strategies in accordance with the strengths, motivations, readiness to change, personality, mental status, learning ability, learning style, circumstances, and demographics of individual cases.
Structured assessment	
8. Assess RNR	Use structured and validated instruments to assess risk, need, and responsivity.
9. Strengths	Assess personal strengths and integrate them in interventions.
10. Breadth	Assess specific risk, need, responsivity factors as well as noncriminogenic needs that may be barriers to prosocial change but maintain a focus on the RNR factors.
11. Professional discretion	Deviate from the RNR principles for specified reasons.
Program delivery	
12. Dosage	Engage higher risk cases and minimize dropout from programs that adhere to RNR.
Staff practices	
13. Relationship skills	Relationship skills include warmth, respect, and being collaborative.
14. Structuring skills	Structuring skills include modeling, reinforcement, skill building, problem solving, cognitive restructuring, and other validated structuring strategies.
Organizational	
15. Community-based	Services that adhere to RNR are more effective when delivered in the community although institutional or residential services that adhere to RNR can also reduce recidivism.
16. Continuity of service	Provide services and ongoing monitoring of progress.
17. Agency management	Managers select and train staff according to their relationship and structuring skills, provide clinical supervision according to RNR, ensure that there are organizational mechanisms to maintain the monitoring, evaluation, and integrity of assessments and programs.
18. Community linkages	The agency within which the program is housed will maintain positive relationships with other agencies and organizations.

Table 2.1 Influences on Violence Prediction: A Self-Assessment Guide

Evaluator-Specific Influences

- Have I had any past adverse consequences from making inaccurate predictions?
- Have I ever had an evaluee commit suicide? Homicide?
- What are my attitudes on sentencing? Toward the criminal justice system?
- What is my level of confidence in conducting risk assessments?
- How strong is my need for approval? My need to be "right"?
- At any time, did I think what it would mean for me if I was wrong?
- Have colleagues or supervisors ever commented on personal attitudes that seem to affect my work?

Case-Specific Influences

Personal attitudes

- What biases do I have toward people who commit this crime? People who come from this background? This kind of victim?
- At any time, did I find myself feeling emotionally involved in this case? Feeling excessively emotionally detached?
- What kinds of reactions/feelings did I have toward the evaluee?
- Could confirmation bias have been in play? Did I review my notes over the course of the case to combat this?
- Could I have fallen subject to illusory correlations between evaluee responses and risk?

Ambiguity/uncertainty

- What would it mean for me if this person did poorly upon release? What would it mean if this person was violent upon release? What would it mean for my employer?
- As I was interpreting the data, was there any time at which I paused and was uncertain about making a decision or conclusion?
- Was I sufficiently concerned that I consulted with a colleague or shared information with a significant other? Should I have consulted?
- What was my gut instinct in this case? Did I follow it? Did I question it?

Case limitations

- What are the limitations of my findings? Are they the standard limitations of risk evaluations or were there unique ones?
- What would a good lawyer ask me on cross-examination? How would I answer?

External forces

- Am I aware of any external pressures on the outcomes or conclusion of this case? How much has this case been in the media? How has it been portrayed?

Context-Specific Influences

- Are there implicit norms where I work? Do they have a component of conservative prediction?
- Do coworkers talk in terms of consequences to themselves?
- Is there an institutional policy that outlines how to deal with ambiguity/uncertainty? That outlines my liability coverage?

Source: Miller and Brodsky (2011), p. 400

Sexual Violence-Relevant Criminogenic Needs

- ❑ *Sexual preoccupation*
- ❑ *Paraphilic interests*
- ❑ *Offense-supportive attitudes*
- ❑ *Emotional intimacy deficits*
- ❑ *Impulsivity & poor problem solving*
- ❑ *Resistance to rules / supervision*
- ❑ *Negative social influences*

Criminogenic Needs (general and violence)

- ❑ History of antisocial behavior
- ❑ Antisocial personality pattern
- ❑ Antisocial cognition
- ❑ Antisocial associates
- ❑ Family/marital circumstances
- ❑ School/work
- ❑ Leisure/recreation
- ❑ Substance abuse

GENERAL AND SPECIFIC RESPONSIVITY CHECKLIST FOR PROGRAM ADHERENCE AUDIT OR ASSESSMENT OF CLIENT NEEDS *

General responsivity strategy

- ❑ Cognitive-behavioral in orientation
- ❑ Highly structured; specifies aims and tasks
- ❑ Manual based
- ❑ Delivered in the manner intended by program developers
- ❑ Housed within institutions with personnel committed to the ideals of rehabilitation
- ❑ Trained, qualified, appropriately supervised staff
- ❑ Consistently establish therapeutic alliance

Specific responsivity factors

- ❑ Poor treatment motivation/stages of change
- ❑ Denial or problematic minimization
- ❑ Developmental delay
- ❑ Learning disability
- ❑ Personality patterns:
  - ❑ Psychopathy ❑ Borderline ❑ Other; specify:_____
- ❑ Culture-specific concerns
- ❑ Demographic: female
- ❑ Mental health instability
- ❑ Adverse childhood experiences
- ❑ Active substance abuse or dependency

*Refer to chapter 4 of *RNR Principles in Practice: In the Management and Treatment of Sexual Abusers* for information on usage.

RESPONSIVITY ISSUES CHECK LIST*

Responsivity Domain	**Present/ relevant**	**Assessment**
Poor treatment motivation	☐	
Denial or problematic minimization	☐	
Developmental delay	☐	
Learning disability	☐	
Personality patterns *Psychopathy* *Borderline* *Other*	☐	
Culture-specific concerns	☐	
Mental health stability	☐	
Adverse childhood experiences	☐	
Active substance abuse or dependency	☐	
Other (e.g. female, mobility—sepcify	☐	

*Refer to chapter 5 of *RNR Principles in Practice: In the Management and Treatment of Sexual Abusers* for information on usage.