THE RISK-NEED-RESPONSIVITY (RNR) MODEL

Does Adding the Good Lives Model Contribute to Effective Crime Prevention?

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The risk-need-responsivity (RNR) model has been widely regarded as the premier model for guiding offender assessment and treatment. The RNR model underlies some of the most widely used risk-needs offender assessment instruments, and it is the only theoretical model that has been used to interpret the offender treatment literature. Recently, the good lives model (GLM) has been promoted as an alternative and enhancement to RNR. GLM sets itself apart from RNR by its positive, strengths-based, and restorative model of rehabilitation. In addition, GLM hypothesizes that enhancing personal fulfillment will lead naturally to reductions in criminogenic needs, whereas RNR posits the reverse direction. In this article the authors respond to GLM’s criticisms of RNR and conclude that little substance is added by GLM that is not already included in RNR, although proponents of RNR may learn from the popular appeal that GLM, with its positive, strength-based focus, has garnered from clinicians over the past decade.

Keywords: risk-need-responsivity (RNR); good lives model; offender rehabilitation

In 1990, Andrews, Bonta, and Hoge published an article that outlined three general principles for effective offender rehabilitation. Those three principles were the following:

1. Risk principle (match level of program intensity to offender risk level; intensive levels of treatment for higher risk offenders and minimal intervention for low-risk offenders)
2. Need principle (target criminogenic needs or those offender needs that are functionally related to criminal behavior)
3. Responsivity principle (match the style and mode of intervention to the offender’s learning style and abilities)

The importance of the risk-need-responsivity (RNR) principles is evident in the domains of both offender assessment and treatment. With respect to offender assessment, the Level...
of Service (LS) family of instruments represents the clearest products of RNR and the most widely used (Andrews, Bonta, & Wormith, 2010). The Level of Service Inventory–Revised (LSI-R; Andrews & Bonta, 1995) systematically assesses general risk level and criminogenic needs, whereas the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) and the Level of Service: Risk-Need-Responsivity (LS/RNR; Andrews, Bonta, & Wormith, 2008) have the added feature of assessing responsivity factors. Similarly, the Youth Level of Service Inventory (YLSI; Andrews, Robinson & Hoge, 1984) and the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 2002) extend the principles of LS, including responsivity, to juvenile offenders.

With respect to offender treatment, interventions that adhere to the RNR principles are associated with significant reductions in recidivism, whereas treatments that fail to follow the principles yield minimal reductions in recidivism and, in some cases, even increase recidivism (Andrews & Bonta, 2010a, 2010b; Andrews, Zinger, et al., 1990). The relevance of the principles also appears to apply to the treatment of sexual offenders (Hanson, Bourgon, Helmus, & Hodgson, 2009). Although the list of principles has been expanded beyond the original ones described in 1990 (Andrews, 2001; Andrews & Bonta, 2010a; Bonta & Andrews, 2007, 2010), the principles of risk, need, and responsivity remain at the core and have exerted a considerable influence on correctional theory, practice, and policy (Ogloff & Davis, 2004; Ward, Melser, & Yates, 2007).

In 2003 Ward and Stewart criticized the concept of criminogenic needs for ignoring more basic human needs that underlie optimal personal fulfillment. They argued that attaining the basic goods of “friendship, enjoyable work, loving relationships, creative pursuits, sexual satisfaction, positive self-regard, and an intellectually challenging environment” (p. 142) should be the primary goals for offender rehabilitation. Achieve these goals and reductions in criminogenic needs will follow. Subsequently, Ward and his colleagues have expanded on what they call the good lives model (GLM) through various publications (e.g., Ward, 2010; Ward & Gannon, 2008; Ward, Melzer, & Yates, 2007). Along the way, GLM has been described as a positive, strengths-based, and restorative alternative to the RNR model of offender rehabilitation. It has also been presented as a supplement to RNR in the particular areas of offender motivation and personal identity (Ward, Melzer, & Yates, 2007) and a stauncher proponent of human rights than RNR (Ward & Birgden, 2004; Ward & Willis, 2010). But GLM also has been critiqued for weakness in theory and practical implications (McMurran & Ward, 2004; Ward, Polaschek, & Beech, 2006).

We have not, until now, responded to the GLM proponents’ critiques of RNR except for a brief commentary (Bonta & Andrews, 2003) and observations (Andrews & Bonta, 2010a, pp. 53-54). For the most part, we have left it to others to weigh the relative merits of RNR and GLM (e.g., Cullen, in press; Glaser, 2010; Ogloff & Davis, 2004). Our purpose in this article is not to evaluate GLM’s incremental contribution to the RNR-based pursuit of psychometrically sound assessment and effective crime prevention. The GLM creators have acknowledged the strong evidence-based support for RNR. For example, Ward and Maruna (2007) have commented that RNR has “an impressive research record to back up its claims” (p. 74). Ward, Melzer, et al. (2007) note that “cumulatively, this research provides a powerful empirical foundation for the RNR model” (p. 209).

Our purpose is to answer GLM-based criticisms of the RNR model. We find that some of the criticisms point to our own failure to clarify and detail certain aspects of RNR model. Quite possibly, a clearer explanation would have avoided erroneous interpretations of RNR.
by GLM proponents and the necessity of the current article. But we also want to raise a word of caution that elements of GLM, if implemented as a model on its own, may dilute the predictive validity of RNR-based assessments and the RNR-based ability to influence criminal conduct.

SUMMARIZING AND CONTRASTING THE RNR AND GLM MODELS

For contextual purposes, Table 1 provides a brief description of RNR. Fuller expositions of the model have been presented elsewhere (Andrews & Bonta, 2010a; Bonta & Andrews, 2007, 2010). We recognize that GLM has evolved to now include self-regulation (Yates & Ward, 2008), but our focus in this article is on the core assumptions of GLM. Table 2 attempts to summarize our best interpretations of the GLM principles. We suggest that any misrepresentation of GLM on our part be taken as an opportunity for proponents of GLM to clarify their model.

THE 2003 REBUTTAL

When we first responded to Ward and Stewart’s (2003) critique of RNR, it was brief (five pages) and to the point (Bonta & Andrews, 2003). Our response was crafted around three essential elements. First, we thought their portrayal of RNR was inaccurate. Second, we challenged the role universal needs were assigned in GLM. Shortly, we will expand on these two points. And third, we asked for the empirical evidence that would persuade one to shift away from RNR to GLM. Subsequent publications by Ward and his colleagues, although reflecting an improved representation of RNR (see in particular Ward & Maruna, 2007), have still not addressed, in our view, our earlier rebuttal. It is our opinion that they have not paid close enough attention to our RNR research since they have underplayed the principles of specific responsivity (Table 1, #7b), the principles of staffing (Table 1, #17) and core practices of relationship (Table 1, #13) and structuring (Table 1, #14), the organizational principles (Table 1, #15 through #18), and, most importantly and the one that we assign primacy, the normative base of justice, ethicality, and decency (Table 1, #1).

The front and center role given to universal needs in GLM we continue to find problematic. We do not discount its value (see RNR Principle 1 in Table 1), but in terms of crime prevention, we think that it cannot supersede criminogenic needs. We will say more about this later. Finally, much has been written on how GLM may apply to the assessment and treatment of offenders (Barnao, Robertson, & Ward, 2010; Langlands, Ward, & Gilchrist, 2009; Ward, 2010; Ward, Mann, & Gannon, 2007; Ward & Maruna, 2007; Yates & Ward, 2008), and we are starting to see some concrete examples of what a good life assessment and treatment plan would look like (Yates, Kingston, & Ward, 2009; Yates, Prescott, & Ward, 2010). However, do they “work”? This is a question asked also by Ward and Maruna (2007, p. 168). At this point, the empirical support for GLM pales compared to that of RNR. The studies thus far have been limited to small samples or case studies (e.g., Whitehead, Ward, & Collie, 2007; Willis & Ward, 2010). However, as we mentioned earlier, our purpose here is not to conduct an empirical comparison of the two models because the outcome, at present, is clear. What we do wish to present is our position that RNR already subsumes many of the features of GLM.
TABLE 1: The Expanded Risk-Need-Responsivity (RNR) Model

<table>
<thead>
<tr>
<th>Principle</th>
<th>Statement</th>
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<tr>
<td>Overarching principles</td>
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<tr>
<td>1. Respect for the person</td>
<td>Services are provided in an ethical, legal, just, moral, humane, and decent manner.</td>
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<tr>
<td>2. Theory</td>
<td>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.</td>
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<tr>
<td>3. Human service</td>
<td>Introduce human service delivery rather than relying on the severity of the penalty.</td>
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<tr>
<td>4. Crime prevention</td>
<td>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).</td>
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<tr>
<td>RNR</td>
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<tr>
<td>5. Risk</td>
<td>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.</td>
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<tr>
<td>6. Need</td>
<td>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.</td>
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<tr>
<td>7. Responsivity</td>
<td>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.</td>
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<tr>
<td>a. General</td>
<td>Use cognitive social learning methods to influence behavior.</td>
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<tr>
<td>b. Specific</td>
<td>Modify strategies in accordance with the strengths, motivations, readiness to change, personality, mental status, learning ability, learning style, circumstances, and demographics of individual cases.</td>
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<td>Structured assessment</td>
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<tr>
<td>8. Assess RNR</td>
<td>Use structured and validated instruments to assess risk, need, and responsibility.</td>
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<td>9. Strengths</td>
<td>Assess personal strengths and integrate them in interventions.</td>
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<td>10. Breadth</td>
<td>Assess specific risk, need, responsibility factors as well as noncriminogenic needs that may be barriers to prosocial change but maintain a focus on the RNR factors.</td>
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<td>11. Professional discretion</td>
<td>Deviate from the RNR principles for specified reasons.</td>
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<td>Program delivery</td>
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<tr>
<td>12. Dosage</td>
<td>Engage higher risk cases and minimize dropout from programs that adhere to RNR.</td>
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<tr>
<td>Staff practices</td>
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<tr>
<td>13. Relationship skills</td>
<td>Relationship skills include warmth, respect, and being collaborative.</td>
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<tr>
<td>14. Structuring skills</td>
<td>Structuring skills include modeling, reinforcement, skill building, problem solving, cognitive restructuring, and other validated structuring strategies.</td>
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<tr>
<td>Organizational</td>
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<td>15. Community-based</td>
<td>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.</td>
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<td>16. Continuity of service</td>
<td>Provide services and ongoing monitoring of progress.</td>
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<td>17. Agency management</td>
<td>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.</td>
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<tr>
<td>18. Community linkages</td>
<td>The agency within which the program is housed will maintain positive relationships with other agencies and organizations.</td>
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**MOTIVATION, UNIVERSAL HUMAN NEEDS, AND CRIMINAL BEHAVIOR**

GLM places considerable emphasis on the role of human motivation and agency in criminal behavior. This focus is presented as a key feature that apparently differentiates GLM from RNR. We beg to differ on both empirical and theoretical grounds. Much is made of
the work of Deci and Ryan (2000) suggesting that self-determination is positively correlated with personal well-being (Ward & Maruna, 2007, pp. 144-146). However, the studies cited as supportive of this link, as far as we can tell, are based on noncriminal populations. We will return to the topic of agency and motivation shortly.

Theoretically, GLM owes much to strain theory (Merton, 1957) and, if we go back further, to the Freudian frustration-aggression model of crime (Dollard, Doob, Miller, Mowrer, & Sears, 1939). Essentially, achieving primary goods are blocked by distortions in self-identity and criminogenic needs (Lindsay, Ward, Morgan, & Wilson, 2007; Ward & Maruna, 2007). Both the psychodynamic and strain theories have been integrated in the general personality and cognitive social learning (GPCSL) theoretical perspective that underlies RNR (see chap. 4 of Andrews & Bonta, 2010a). Indeed, the GPCSL perspective not only integrates frustration-aggression and strain theory but also gives due attention to self-regulation (a recent addition to GLM), personality, attitudes, associates, and criminal history.

For these very reasons, we remain very open to RNR being informed by psychological models of motivation, and we do not dismiss the possibility that a more generalized and perhaps innate set of needs is important. What we do insist on is to operationalize and test

### TABLE 2: A Summary of the Major Statements of the Good Lives Model (GLM)

<table>
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<th>Statement</th>
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<tr>
<td>1. Offenders are human beings with aspirations similar to those of nonoffenders.</td>
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<td>2. Human behavior at its highest level is intrinsically motivated and not the reflection of reward and cost contingencies.</td>
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<td>3. Behavior reflects genetic predispositions in combination with personal narratives and identities associated with the pursuit of aspirations.</td>
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<td>4. People engage in crime because they lack the capabilities to realize valued outcomes in personally fulfilling and socially acceptable ways.</td>
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<td>5. Distortions in the pursuit of human goods cause crime.</td>
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<td>6. Internal and/or external conditions interfere with the achievement of human goods in noncriminal ways.</td>
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<td>7. Reduction of noncriminogenic needs reduces criminogenic needs automatically.</td>
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<tr>
<td>8. Creating the most fulfilling life possible and living a nonoffending lifestyle amount to the same thing.</td>
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<tr>
<td>9. Introduce clinical services.</td>
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<tr>
<td>10. The intermediate targets in rehabilitation are (a) promoting achievement of human goods (modified to “in a prosocial manner”) and (b) reducing criminogenic needs.</td>
</tr>
<tr>
<td>11. Noncriminogenic needs are important intermediate targets of change.</td>
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<tr>
<td>12. Help create as fulfilling a life as is possible.</td>
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<td>13. Use cognitive behavioral interventions.</td>
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<td>14. A good lives plan is developed in close collaboration with the offender on route to creating a treatment plan.</td>
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<td>15. Assessments are based on open-ended interviews that yield an understanding of the offender’s problems, criminogenic needs, strengths, the offender’s life goals and priorities, and establishing what the offender achieves from crime.</td>
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<td>16. Criminogenic needs constitute distortions in the internal and external conditions required to live “good lives.”</td>
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<td>17. The goods cannot be read off as some sort of recipe and combined in the same way for all individuals.</td>
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<tr>
<td>18. Personal narratives and identity may be favorable to crime.</td>
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<tr>
<td>19. A treatment plan must incorporate all of the psychological goods needed for well-being and provide all internal and external supports.</td>
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<tr>
<td>20. Involve certified clinicians.</td>
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<tr>
<td>21. Show deep respect for offenders while recognizing the harm produced by their actions.</td>
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<tr>
<td>22. Rehabilitation is value laden, reflecting the best interests of offenders and community and implementation of evidence-based practice.</td>
</tr>
<tr>
<td>23. Clinical service is an art as well as an applied science.</td>
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**Note:** This summary of the major statements of GLM is based on our interpretation of the published writings of GLM advocates and may not accurately reflect their views.
the universal needs of competency, autonomy, and relatedness within the context of understanding criminal behavior. When the GLM advocates are faced with translating the constructs into practice, they end up with treatment advice that closely resembles what we have been arguing for years. All of the strategies that they suggest, from concrete steps to establish relationships to teaching problem solving, have been used effectively by treatment providers and done so without the guidance of a theory of human needs.

Working from the Deci and Ryan (2000) model of human needs and self-determination theory, the highest levels of functioning—most strongly linked with well-being and a fulfilling life—entail intrinsically motivated action. It is action that is self-determined rather than, for example, being under the control of rewards and punishments. This vision is quite bold: Criminal conduct will be prevented when an offender becomes more intrinsically motivated and more self-determined. Does this really mean that offenders must learn, for example, to pay less attention to societal standards of conduct and more attention to enhancing their personal well-being?

Another bold statement made by Ward and Stewart (2003) was that criminal conduct is prevented when one is living the most fulfilling life possible through achievement of the human goods (e.g., friendship, enjoyable work, loving relationships, etc.). At the time, we thought this was odd. The achievement of human goods could well lead to a personal sense of well-being, but the route chosen can be harmful to society. To illustrate our point, consider the ways in which human goods could be achieved through a route that is supportive of crime: (a) friendship and loving relationships can be achieved via increased friendships with criminal others that may also weaken friendships with noncriminal others and foster the acquisition of antisocial sentiments, (b) achieve enjoyable work but through the quick and easy route by pursuing an exciting criminal career, (c) engage in creative pursuits and intellectual challenges by figuring out ways to beat the system, (d) enhance positive self-regard through criminal achievements, and (e) obtain sexual satisfaction through exploitation of children and/or sexual aggression. Our point is that targeting criminogenic needs is the more direct and less risky approach to reducing criminal behavior rather than by enhancing human goods.

We think that our point has been acknowledged. The goals of treatment within the GLM context are now twofold: to assist offenders to attain the basic goods and manage risk (Ward, 2010; Ward & Gannon, 2008). The danger of promoting only the achievement of primary human goods has been recognized by those outside of the GLM camp (e.g., Glaser, 2010) and also by Ward and Maruna’s (2007) admission that “simply seeking to increase well-being . . . may result in a happy but dangerous individual” (p. 125).

**PATHWAYS TO REDUCING CRIMINAL BEHAVIOR**

In the context of GPCSL, crime cannot be understood without understanding whether the personal, interpersonal, and community supports for human behavior are favorable or unfavorable to crime. When the contingencies of human action are ignored, actions based on fundamental human needs and positive goals can be criminogenic. It is not sufficient to highlight accumulation of goods. It must be made explicit that the contingencies should be supportive of noncriminal alternative routes to rewards.

The evidence in relation to GPCSL and RNR is quite clear in regard to the implications of targeting criminogenic versus noncriminogenic needs (Andrews & Bonta, 2010a, 2010b; Andrews & Dowden, 2007). Successful enhancement of the well-being of moderate and higher risk offenders (and positive enhancement of their intrinsic motivation and
self-determination) may increase crime if the major criminogenic factors do not move in a direction away from risk and in the direction of becoming strengths. We have been making this point for years (Andrews, 1980; Andrews & Bonta, 1994; Andrews & Dowden, 2007; Wormith, 1984). In addition, a new finding has recently emerged that is very favorable to the RNR approach, wherein multiwave longitudinal studies now reveal that a bonus of desistance from crime is subsequent enhancement of success in other areas of life (Farrington et al., 2006). In other words, decreases in criminogenic needs lead to the enhancement of personal well-being. Enhancing personal good does not lead to decreases in criminogenic needs (at least, it has not yet been empirically demonstrated).

Recently, we thought that Ward et al. (2006) had come to recognize that intrinsically motivated action may be harmful to others (“a person may find some type of experience or activity intrinsically motivating though it is harmful”; p. 311). This flaw in GLM entails increased crime but is minimized by pointing to a “possible lack of internal coherence [italics original] in the theory” (p. 311). As we noted earlier, GLM now speaks of two objectives: (a) promotion of the offender’s ability to achieve human goods prosocially and (b) reduction of criminogenic needs. We assume that the first objective is the RNR-based target of building up rewards for noncriminal alternatives. We fear, however, that simply creating the most fulfilling life possible will be undertaken without sufficient attention to the relevant intermediate targets of prosocial change. The second objective is pure RNR. Despite the ambiguity in objective one, GLM is beginning to sound very much like a restatement of RNR.

A recent criticism leveled at supporters of RNR is that they have an attitude that “offenders are outsiders, moral strangers who do not merit any empathy or concern and therefore whose interests are of peripheral concern when designing intervention programs” (Ward, 2007, p. 12) and that these supporters hold a certain level of “ethical blindness” in ignoring the treatment of low-risk offenders (Ward & Willis, 2010, p. 405). Ward and Birgden (2007) go further to say that Andrews and Bonta “argue that risk management concerns should always override the promotion of offender goods” (p. 635). We have made no such arguments, nor do we make them today (Andrews & Bonta, 2010a, pp. 5-7).

Placing risk management in the back seat to the achievement of human good we find puzzling and problematic. Is GLM about making crime prevention incidental to the mental health task of reducing suffering and enhancing personal fulfillment? Is GLM encouraging clinicians to do what they have been doing prior to the emergence of RNR, that is, completing unstructured assessments (“a clinical interview—old-fashioned and derided though it is—is the recommended approach”; Ward & Maruna, 2007, p. 132), viewing therapy as more an art than an applied science, and not wanting to restrict their freedom to experiment with individual cases (of course, in general clinical psychology, there are very solid reasons to restrict that freedom; see Lilienfeld, 2007)? We honestly do not think that GLM really intends this to happen, but the continued emphasis on life fulfillment over diminishing criminogenic needs runs the risk of slipping back to the pre-RNR days (see also Bonta & Andrews, 2003; Ogloff & Davis, 2004).

WHAT RNR REALLY SAYS

The authors of GLM have forwarded the following criticisms of RNR: pays insufficient attention to human agency (Ward, Melser, et al., 2007, p. 210), minimizes the role of...
motivation (Ward et al., 2006, p. 270), provides “a narrow view of human nature” (Ward & Marshall, 2007, p. 283), “downplays the relevance of contextual or ecological factors” (Ward, Melser, et al., 2007, p. 210), favors “one size fits all” (Ward & Brown, 2004, p. 245; Ward & Maruna, 2007, p. 23), and is too theoretical and not theoretical enough (see chap. 3 of Ward & Maruna, 2007). We reply to these concerns by examining more closely the tenants of RNR.

**MOTIVATING OFFENDERS BY CONCENTRATING ON MODIFYING DYNAMIC RISK FACTORS**

Motivating offenders is difficult work, but it can be highly rewarding, and RNR includes much to facilitate the tasks involved. RNR recommends that therapists talk with the individual about the issues and draw on everything that RNR and GPCSL have to offer. RNR does not seek ways of making someone’s life more miserable. Rather, RNR is about building on strengths and rewarding noncriminal alternatives to the risk factors that are favoring criminal activity. Use the results of RNR-based assessments to review strengths, problem areas, and responsivity issues. Offer the client important information regarding the findings of the assessment. If the offer is accepted, describe the individual’s standing relative to normative samples and where the individual stands with reference to the recidivistic performance of others. Open reviews of the results and implications of RNR-based assessments with moderate and higher risk individuals are a fundamental approach to the initiation of mutually agreed on service plans. The discussion should include the evidence regarding the differential consequences of participating or not participating in RNR-based services. All of this is part of the training for RNR-based LS assessors and RNR-based service planners. Realizing the importance of these procedures to offender intervention, we have included a case management segment in newer versions of LS (i.e., LS/CMI and YLS/CMI) to increase the likelihood that service providers will conduct these important discussions with offenders.

A theory of human motivation proposed in GLM may help produce a list of rewards, costs, and aspirations of wide applicability, but a GPCSL perspective reminds us that motivation can be highly individualistic and indeed vary in importance not only interindividually but also intrindividually according to the dynamic acute states of deprivation or satiation, variation in the density of the consequences, and human spontaneity. Density refers to the number, variety, quality, and magnitude of the consequences and the immediacy, frequency, and regularity of their delivery. Behavior is multifunctional. Whether the focus is on the development, maintenance, or modification of noncriminal alternative patterns of thinking, feeling, and/or acting, RNR has much to offer. The strategies include feedback on the results of structured assessments plus problem solving, motivational interviewing, functional analysis, decisional balance, and reinforcement menu building as exercises in the process of motivating individual offenders.

Knowledge of personality and crime alerts counselors to a criminogenic preference for the quick and easy routes to the rewards, for novel and exciting outcomes, and a disregard for (or even an attraction to) the discomfort of others. At the extremes, we must be open to the possibility that some motives for crime are decidedly unconventional such as the reinforcing properties of the signs of pain in others, domination of others, and relief from the distress of drug withdrawal.
Motivational issues are endemic to working with offenders, and motivation is a primary aspect of specific responsivity within the RNR model (recall Table 1, #7b). We have long been acutely aware of issues such as involving offenders in treatment, offender attrition, and its impact on successful intervention (Jewell & Wormith, 2010; Olver, Stockdale, & Wormith, 2011; Wormith & Olver, 2002). Moreover, our interventions and recommendations for intervention give considerable attention to the nature and level of the motivation of individual offenders. We also attend to the transtheoretical model and the concept of “stages of change” (Prochaska, DiClemente, & Norcross, 1992) and its assessment as a means of monitoring clients’ motivation through the change process.

We are very encouraged by the advancement of motivational interviewing (MI; Miller & Rollnick, 1991, 2002) over the past decade and its application to correctional clientele (Ginsburg, Mann, Rotgers, & Weekes, 2002; McMurrann, 2009). Its techniques (e.g., enhancing confidence and responding to resistance) are very applicable to RNR-based interventions. Some RNR training programs have incorporated MI for years, not only as part of the postassessment intervention but also as part of the risk/need assessment itself and interface with intervention (e.g., Bogue et al., 2004; Colorado Division of Probation Services, 2010). Our most recent RNR-based instruments, the LS/CMI (Andrews at al., 2004) and LS/RNR (Andrews et al., 2008), include both “motivation as a barrier” and “engages in denial and minimization” as specific responsivity issues around which assessors are encouraged to design and modify their case management plans and interventions. LS/CMI also entails systematic surveys of strengths, a history of victimization, and sources of life dissatisfaction in the emotional, interpersonal, and social lives of offenders.

GLM does a disservice when it fails to recognize that our concept of dynamic risk factors (criminogenic needs) relates to our concept of “promising intermediate targets of change.” The dominant intermediate targets in RNR-guided work with moderate and higher risk offenders include enhanced self-management and problem-solving skills in combination with building rewarding alternatives to procriminal ways of thinking, feeling, and acting; enhanced rewards and satisfactions for prosocial pursuits in the context of peers, family, school/work, and leisure/recreation; and reduced substance abuse through enhancing alternatives to substance abuse and the development of association and identification with nonabusers. It is success in these areas that leads to personal fulfillment.

Although we have advocated assessment and treatment targeting based on the Central Eight risk/need factors (i.e., history of antisocial behavior, antisocial personality pattern, antisocial cognition, antisocial associates, family/marital circumstances, school/work, leisure/recreation, and substance abuse), we have by no means restricted RNR to these eight factors. Individualized assessment through, for example, functional analysis may reveal that a generally minor risk factor is major for this particular person. In this case, the RNR principle of professional discretion (Table 1, #11) facilitates the targeting of that dynamic risk factor.

For the record, the dominant intermediate target in RNR programming for low-risk cases is to keep them away from the criminogenic aspects of justice processing, including exposure to non-RNR-based therapy and avoidance of the interaction with higher risk others that justice processing (including incarceration and treatment) so often entails. Indeed, the latter is clearly an “avoidance” goal. However, most low-risk offenders in our experience do not object to being deprived of access to the maximum interpretation of the criminal
penalty (or of access to human services that have little to offer but the possibility of increased chances of reoffending).

Our psychology of criminal conduct is very explicit about the role of criminal and alternative, noncriminal routes to the “goods.” It is also explicit about criminal and noncriminal routes to costly outcomes (Principle 8 within our GPCSL; Andrews & Bonta, 2010a). The probability of criminal activity decreases with: (a) the density of the rewards for noncriminal alternatives, (b) the density of the costs for crime, (c) decreases in the density of costs for noncriminal alternatives, and (d) decreases in the density of the rewards for crime. The crime prevention effects of the interconnecting contingencies are maximized under three conditions.

First, the effects increase when low-cost alternatives to crime produce a high density of rewards, and in particular when the rewards are similar to those produced by criminal behavior. The latter point is important because the reinforcement for crime is often not different in kind from the rewards for noncrime. Rather, the routes to the rewards for crime tend often, although not exclusively so, to be the quick, easy, and sometimes exciting routes. It is very important that the alternative routes be low cost.

Second, impact is maximized when the costs for criminal behavior include a reduction, postponement, omission, or interruption in the rewards produced by noncriminal behavior (establishing subtractive costs). GLM recognizes that a lack of “goods” draws people into crime (through relief of frustration). Yet an equally important aspect of a deficit of rewards for noncrime is the lack of meaningful subtractive punishment for crime (freedom being a state of having nothing left to lose).

Third, prosocial behavior and the settings within which it occurs may be simply incompatible with criminal behavior (being busy with activities at home and at school may be incompatible with wandering the streets looking for excitement). These three points speak to the interconnected nature of criminal and prosocial action. RNR provides plenty of opportunities for reviews of motivation issues.

In sum, references to the poverty of RNR intervention strategies represent a lack of understanding of GPCSL perspectives and the corresponding number and diversity of strategies. The problem does not reside within RNR and GPCSL. It resides within GLM-based understandings of RNR. We agree that their list of 12 motivating strategies is the major strength of GLM, although it is, by their admission, “not original” (McMurran & Ward, 2004, p. 308). However, a close examination of these strategies reveals that they are also applications of GPCSL strategies. With the exception of constructing a “good life plan,” their strategies are already part of the RNR model. We think that building a good life plan makes considerable sense within a GPCSL perspective.

RNR AND THE ROLE OF “NARRATIVE IDENTITY” AND AGENCY IN THE CHANGE PROCESS

In recent years, GLM has expanded to include a self-regulation model to operationalize the concepts of “narrative identity” and agency within treatment (Lindsay et al., 2007; Yates & Ward, 2008). However, GPCSL is an approach to self-management (Andrews & Bonta, 2010a). It is a full-blown general personality and cognitive social psychological conception of self-regulation that recognizes active personally mediated influence, interpersonally mediated influence, and nonmediated, relatively automatic, intrinsic, and often...
unconscious control. The model recognizes, but not exclusively so, active, conscious, and deliberate self-regulation through self-monitoring, comparison of ongoing behavior and outcomes with standards of conduct, and self-talk, self-imaging, and self-delivery of consequences to help bring behavior in alignment with the standards (or the personal “story”) that may be functioning as a guide to behavior.

RNR'S VIEW OF HUMAN NATURE

We have written about biological evolution elsewhere (see Andrews & Bonta, 2006, 2010a), and we appreciate that human beings seek goods in pursuit of personal well-being. What we see as problematic is that GLM takes these assumptions as a rephrasing of Freudian theory (frustration-aggression) and criminological strain theory, updated with currently popular psychological and cognitive terminology. As already discussed, the GLM perspective on crime would be strengthened by adoption of a full GPCS (and then it is RNR).

We have deliberately remained with the language of “cognitive social learning” rather than “social cognition.” In practice, in the clinical situation, the social learning principles are the stronger elements of effective service (Dowden, 2008). Moreover, the more recent cognitive contributions (e.g., MI, stages of change, narratives, and personal identity) all fall within a cognitive social learning perspective.

THERAPEUTIC ALLIANCE AND THE ROLE OF NONCRIMINOGENIC NEEDS

GLM claims that RNR ignores the roles of the therapeutic alliance and noncriminogenic needs in the process of client change. Quite the contrary, we have been concerned about the therapeutic environment and realized its importance to effective correctional treatment from an early point in our research and applied careers. We subscribed to the early clinical work of Carl Rogers (1961), who first brought our attention to those important therapist qualities of empathy, warmth, being open, and being genuine. We did insist, however, on simultaneous recognition of the importance of therapist structuring skills in the process of collaboration. Our research through the 1970s experimentally demonstrated its relevance and importance to offender treatment when combined with attention to the contingencies of interpersonal exchanges and cooperation (Andrews, 1980). Since the 1970s through to our current RNR statements we have promoted the dual set of core relationship and structuring practices.

Moreover, our meta-evaluation efforts have considered the quality of the relationship as a factor relevant to what we have called clinically relevant and psychologically informed treatment (Dowden & Andrews, 2004). Appeals to relationship and alliance as the major or sole source of therapeutic change do not fit at all with the findings of meta-analyses of the effects of correctional treatment with moderate and higher risk cases. Effective treatment with those cases depends on relationship and structuring in combination.

The importance of the therapeutic alliance in correctional supervision is highlighted by our efforts to systematically train probation officers in establishing collaborative goals and establishing quality interpersonal relationships with their clients. The Strategic Training Initiative in Community Supervision project involves training probation officers in active listening skills, developing common goals with their clients, and providing nonjudgmental
feedback (Bonta et al., 2010; Bourgon, Bonta, Rugge, Scott, & Yessine, 2010). Building a therapeutic alliance is a step in establishing the power of therapist’s use of core structuring practices.

We must clarify a misunderstanding of our focus on criminogenic needs. In our frustration with ineffective treatment and with clinical attempts to block effect treatment, we have been adamant about the need to focus predominately on criminogenic needs. Not to do so is to generate null or negative results. This does not say that noncrimogenic needs are irrelevant, only that offending behavior is unlikely to change if addressed in isolation. We fully acknowledge that dealing with a noncrimogenic need may be an important strategy in the context of addressing a specific responsivity factor. In fact, there are many preconditions that must be satisfied prior to tackling the still vital criminogenic needs of the offender. Treatment providers must build on strengths and remove barriers to effective participation. Addressing noncrimogenic needs may also facilitate offender motivation and create a more effective therapeutic environment for the offender, two important conditions that we have already reviewed. This important link among noncrimogenic need, specific responsivity, and effective correctional intervention is characterized in the comprehensive model of risk/need assessment in relationship to the principles of effective correctional intervention that is found in the LS/CMI manual (Andrews et al., 2004, p. 152).

**RNR As A Psychometric Model**

RNR has been described as a psychometric model (Ward, 2010, p. 51; Ward, Melser, et al., 2007, p. 210), meaning that it: (a) is derived from the reliable and valid assessment of offender (risk) traits and (b) ignores the offender’s contextual and ecological factors. We consider it a compliment that RNR is based on sound psychometric principles. Indeed, any model and clinical intervention should be based on structured assessments with reliable and valid instruments that have been designed with reference to the underlying theory and to the task at hand. Clearly, the decision to introduce an RNR-based intervention must be, by definition, based on a sound RNR assessment. More generally than psychometrics, we support evidence-based practice from assessment through service planning and delivery to case closure and follow-up. There can be little doubt that the RNR assessment and outcome studies provide a strong base for evidence-based practice.

We take exception to the contention that RNR ignores the broader ecological context. First, RNR was derived from a GPCSL, which is a model that was explicitly designed to reflect both personal risk factors and the contextual or ecological factors. That is at the heart of social learning. Second, criminogenic needs include such external factors as family relationships, the influence of peers, and the work or educational environment in which the offender might spend a good part of the day. Within RNR, criminogenic needs are not limited to the traditional personality traits of the offender.

**Respect For Individual Differences**

RNR when implemented in practice has been criticized in that it fails to consider the needs, values, and issues of individual offenders by allocating them to a one-size-fits-all treatment program. We, too, share a serious concern about the application of RNR based intervention without consideration for individual differences among offenders, even among
those who may exist at the same level of risk and share the same need. The large-scale application of treatment to large numbers of offenders has been problematic in their zeal to adhere to the need principle, and we believe that this is now reflected in some of the outcome studies of these large programs (Andrews, 2006). RNR is clearly about adherence to the principles as opposed to delivering particular cognitive behavioral programs. In their zeal to maintain program integrity, correctional agencies run the risk of “overmanualizing” their training of service providers and the delivery of their intervention. The result is a decrement in treatment effect. We have seen this in our own research whereby mean effect size is much greater in controlled demonstration projects than in routine corrections (Andrews & Bonta, 2010a, pp. 394-396). Interestingly, demonstration projects and routine programs both yield small effects when they are not in adherence with RNR. In other words, and once again, the action resides in adherence with the principles of RNR.

Here we invoke specific responsivity, and we encourage assessors and service providers to seriously consider the personal characteristics of each and every offender prior to determining what kind of approach is likely to work best with him or her. There is a long history in the offender treatment literature that supports differential treatment approaches for different offenders (e.g., Andrews, 1980; Andrews & Bonta, 2010a, pp. 507-510; Barkwell, 1980; Palmer, 1983; Van Voorhis, 1994). Rather than ignoring these important individual differences, the specific responsivity principle demands that we attend to these differences.

The early performance of cognitive skill programs in England and Wales is a classic case study in the failure to implement RNR despite England and Wales using much of the RNR rhetoric. An account of the early England and Wales experience by Goggin and Gendreau (2006) is not a story about the failure of RNR. It is a fascinating but disturbing picture of failure to apply and integrate risk/need assessments into programming, the failure to avoid setting very narrow intermediate targets, and the failure to attend to the selection, training, and clinical supervision of service delivery staff. Many years ago, our own experiences with program failure (Gendreau & Andrews, 1979) led to the creation of the Correctional Program Assessment Inventory–2000 (CPAI-2000; Gendreau & Andrews, 2001). This was our effort to bring the importance of these implementation issues to the attention of program managers and to document the impact of poor implementation on offender outcome.

**RNR AS AN INTEGRATED THEORY**

In response to Ward, Melser, et al. (2007, pp. 213-218) and their commentary about the theoretical sources of the risk-needs-responsivity model, we note that RNR follows from a psychology of criminal conduct (PCC) and in particular a GPCSL perspective of behavior. The simple fact is that a PCC was required because sociological criminology and forensic mental health simply could not account for variation in the criminal behavior of individuals (Andrews & Bonta, 2010a). For the most part, this limitation still exists today (Morgan et al., in press; Skeem, Manchak, & Peterson, 2010). As already noted, GLM has yet to provide a solid empirical basis to its model of crime and crime prevention.

GPCSL refers to a general personality and cognitive social psychological perspective on criminal behavior. “General” suggests that the personality and social psychological variables have wide applicability, across diverse examples of both criminal and noncriminal behavior and across typical distinctions such as age, gender, class, ethnicity/race, and
mental status. GPCSL rejects any theories that limit explanatory variables to bio-demographic and social location variables, such as age, gender, ethnicity/race, and socioeconomic status, or to psychiatric status. GPCSL goes still further and specifies the relevant social psychology to be cognitive social learning.

Our version of GPCSL is a personal, interpersonal, and community reinforcement version (Andrews & Bonta, 2010a; Bonta & Andrews, 2007). It is a very flexible statement that draws attention to the major risk/need factors and to the major behavioral influence processes in everyday life as well as in structured influence conditions such as guidance, counseling, and therapy. Positive empirical outcomes of RNR-based interventions offer validity to its underlying theoretical assumptions. Moreover, RNR represents three of the most important principles for practical applications in offender intervention that may be derived from our PCC. However, there are other principles within the RNR model that are also important in efforts to develop and provide the most effective kinds of intervention (Andrews, 2001; Andrews & Bonta, 2010a; Bonta & Andrews, 2007). Simply stated, we have drawn on a number of consistent and interrelated, if not totally integrated, approaches to the analysis of criminal and antisocial behavior.

WHY THE APPEAL OF THE GOOD LIVES MODEL?

The Safer Society Foundation has been surveying treatment programs for sex offenders since 1986. In the most recent survey of 1,379 programs across the United States and Canada, respondents were asked, “Which three (3) theories best describe your treatment approach?” (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010, p. 128). GLM was selected as one of the three theories in approximately 28% of the cases; RNR made the top three in about 18% of the programs. We are uncertain if this favoritism toward GLM is limited to sex offender treatment providers since we have not seen any similar survey among general correctional rehabilitationists. However, the question of the appeal of GLM deserves comment.

The current appeal of GLM likely comes from a variety of sources. One relates to the circumstances from which GLM and RNR emerged. Both models are reactions to the punitive approach that dominates the criminal justice system. RNR came from a decade of empirical literature on effective correctional treatment (e.g., Andrews, Zinger et al., 1990), which in turn was a response to and rebuttal of the popular notion that “nothing works” in corrections (Martinson, 1974). These were desperate times for offender rehabilitation. Moreover, the prevailing negative position was not completely unjustified as much of the research at that time focused on what RNR proponents would now refer to as “inappropriate” treatment. The only salvation for offender intervention was to differentiate effective from ineffective interventions based on sound empirical evidence.

Similarly, GLM also emerged as an alternative to the punitive approach in working with sex offenders. In the public’s eye, sex offenders represent the most feared group of offenders. This public perception has allowed, more so in the past than in the present, such extreme interventions as publicly ridiculing exhibitionists, electro-shocking rapists, and chemically castrating pedophiles. For therapists who are trained to minimize harm, GLM provided something positive to hold on to. Both RNR and GLM offered an alternative to punishment. However, GLM is also a response to a dissatisfaction with RNR (Ward & Stewart, 2003).
GLM views RNR as incomplete, with its eye fixated solely on the end point, the elimination of criminal behavior, and not on the client sitting in front of the therapist (a misperception of RNR that we have attempted to correct in this article). GLM has also emerged as a response to clinicians’ dissatisfaction with the manner by which RNR has been implemented, particularly in large correctional organizations, with its emphasis on bureaucratic, cookie-cutter implementation and massive, manualized training of treatment staff and program facilitators. Both models are understandable responses to their respective contexts. In their enthusiasm, some agencies implemented RNR-based programs with little attention to important clinical issues, such as the therapeutic relationship and variations in the degree of motivation of individual clients. This left many clinicians frustrated, dismayed, and receptive to what might appear to offer a more individualized focus. Consequently, the holistic orientation of GLM is attractive to those who long for a traditional clinical focus and professional discretion.

Willis and Ward (2010, p. 5) have suggested that GLM more easily incorporates desistance concepts than RNR. However, RNR quite readily recognizes the concepts of narrative identity (self-management), social ecology (the rewards and costs within the social contexts of school, work, family, friends and leisure), and developmental trajectories (see chap. 5 of Andrews and Bonta, 2010a). Although we admire work that has unearthed naturally occurring precursors to criminal desistance, it leaves us impatient because desistance research takes a somewhat passive approach to helping offenders lead prosocial lives. What is the intervention plan suggested by desistance research? Just wait until the offender finds employment and a nice partner to settle down with (e.g., Laub, Nagin, & Sampson, 1998)? We certainly hope that this is not the case! At least with RNR we have an active model, and an empirically supported approach, for treating offenders.

Finally, GLM’s conceptualization of mankind is essentially a positive one. Clinicians who are working in what is all too often an essentially dismal and negative environment are naturally drawn to such a model. This, indeed, may be the single most valuable contribution of GLM, the potential to invigorate clinicians who must otherwise toil, in a pessimistic culture. In a related fashion, the strengths-based approach of GLM allows both therapist and client to focus on the positive features of the client’s personal makeup and community structure. Thus, its popularity, particularly among those who work with sex offenders, is understandable because their efforts, in spite of their importance, at best are seen as useless and at worst are outrightly denigrated in both the general and correctional communities. GLM offers a safe, respectful, and honorable camp from which the clinician may operate.

SUMMARY AND CONCLUSIONS

According to Ward and his colleagues (Ward & Maruna, 2007; Ward, Melzer, & Yates 2007), the major difference between RNR and GLM is in orientation. RNR is said to emphasize deficits (i.e., criminogenic needs) and GLM emphasizes strengths (i.e., primary goods). Yes, it is true that we have been insisting that treatment programs target criminogenic needs, and the evidence clearly supports this recommendation. However, nothing in RNR suggests that the human suffering of offenders should be ignored. Of course the well-being of higher risk cases may be targeted. That is in line with ethical, professional, humane, and decent practice. Yet for purposes of reduced criminal victimization, GPCSL and the research evidence suggests that adherence with RNR is primary.
GLM-based interventions may not be that different from soundly implemented RNR interventions, as long as the former actually address the offender’s dynamic risk factors in powerful ways. Moreover, we agree that addressing noncriminogenic needs may facilitate the client’s engagement in treatment (Yates & Ward, 2008). However, our fear is that crime prevention is easily overlooked if the primary pursuit of therapy is a life fulfilled as completely as is possible. On this point, GLM underestimates the serious possibility of criminogenic effects when the pursuit of well-being does not address an individualized understanding of the major causes of crime.

In the context of justice and corrections, it makes little sense to us that the system charged with the imposition and management of criminal penalties should also be called on to provide offenders with a good life in the human need domains of optimal sexual satisfaction, excellence in play and work, inner peace, creativity, self-determination, and on and on. Why would the state’s power to restrict liberty be used in pursuit of a life fulfilled as much as is possible? Do we not already have health, mental health, education, welfare, recreation, and psycho-recreation systems? Rather than expand the power of justice, ask health and other service systems to recognize crime prevention as a legitimate pursuit (Andrews & Dowden, 2007).

Forensic mental health professionals are already having severe difficulties with the basic task of treatment (Andrews, 2008; Andrews, Bonta, & Wormith, 2006; Blackburn, 2004; Morgan et al., in press). Their track record in crime prevention is virtually nonexistent except for the relative success of sex offender treatment programs that are in adherence with RNR (Hanson et al., 2009). Now to consider broadening their focus to include the pursuit of excellence across the whole domain of human needs may be asking too much. The contributions of GPCSL have been huge, and it has reached the point that nearly all theories of the criminal conduct of individuals have been reshaped into some version of a GPCSL (Andrews & Bonta, 2010a, chaps. 3, 15; McGuire, 2004, chap. 4). Given the level and pace of development in the analysis of self-regulation (Vohs & Baumeister, 2010) now integrated into GLM (Yates et al., 2010; Yates & Ward, 2008), motivation (Deci & Ryan, 2000), and cognitive-affective processing (Mischel & Ayduk, 2004; Shoda & Mischel, 2006), there is every reason to believe that the psychology of crime and its applications will continue to strengthen along with general human psychology.

Can RNR and GLM complement and strengthen each other? Advocates of GLM certainly think so, as outlined in Ward and Maruna’s (2007) “reconstructed” RNR model. Does RNR have any weaknesses? Absolutely, but we are not sure how far GLM can go in strengthening RNR beyond its attention to implementation. Indeed, RNR may learn from the appeal that GLM enjoys in many circles. In spite of the fact that many of these characteristics can and should be found in RNR, when it comes to knowledge transfer, it is evident that some have not made the leap to the field on some occasions. RNR is optimistic in that the outcome studies are encouraging demonstrations of success. The therapeutic relationship between offender and therapist is a key ingredient of offender service but must be emphasized anew at the level of staff selection, staff training, and program monitoring. Similarly, a renewed focus on offender motivation will assist RNR-based clinicians in tailoring their interventions to the treatment readiness of their clientele. Finally, the greatest asset of any intervention is the clinician. Proponents and managers of RNR programs must attend to the personal needs of their service providers. This includes sharing a vision about
the honorable nature of their work. GLM reminds proponents of RNR to renew their efforts
to address issues of implementation previously suggested and formalized in the CPAI
(Gendreau & Andrews, 2001), but that may have fallen by the wayside. They include rela-

tionship skills, client input, consumer satisfaction, advocacy, brokerage, and MI.

We think RNR-based crime prevention can be promoted as an honorable, positive,
strength-based, and legitimate objective of human service. Being positive, the psychology
of motivation and identity is part of GPCSL and not an exclusive property of GLM.
Continuing to be positive, our meta-analytic databanks find that the targeting of enhanced
emotional well-being is associated with reduced reoffending, but only when the services
are in adherence with RNR (Andrews, 2008; Andrews & Dowden, 2007). This is true not
only with emotional targets but also with programs focusing on family, school, work,
substance abuse, and relapse prevention. Adherence with the staffing and organizational
or management principles of RNR (Table 1, #13 through #18) is also known to enhance
crime prevention, although only among services that are otherwise in adherence with the
core principles of RNR.

Being restorative, we find the strongest crime prevention effects in restorative justice
projects are those that involve human service that is in adherence with RNR (Bonta, Jesseman,
Rugge, & Cormier, 2006). This is also true with programs offered in a non–restorative
justice context (Andrews & Dowden, 2007). The point is clear in regard to effective crime
prevention through human service: Whatever else therapists and helpers may be up to, they
should be in adherence with RNR for purposes of enhanced crime prevention. In regard to
strengths-based assessment and treatment, the evidence is incomplete, but the rational
arguments are so compelling that a focus on strengths is already part of RNR-based assess-
ment and treatment (Andrews et al., 2004).

We look forward to research on GLM-based service projects documenting their value
added relative to RNR. At the present time, there is nothing unique in GLM other than
the encouragement of weak assessment approaches (a return to unstructured professional
judgment; Ward & Maruna, 2007, pp. 132-133) and the addition of confusion in service
planning. How will a service planner know when the plan has incorporated all psycho-
logical goods needed for well-being and provided all internal and external supports for
prosocial behavior?

In closing, we put forward the following five research recommendations with the hope
that they may assist in finding some added value:

a. The range of intermediate and ultimate outcome variables might be expanded to include
assessments of gains or losses in the major domains of fulfilling lives (whether targeted or
not). These intermediate changes may then be explored in relation to future criminal activity.
b. We are particularly interested in the conceptually rich approach of Maruna (2001). A majority
of the constructs are reasonably well measured now in PCC, but an additional focus on moti-
vations underlying change and participation in treatment is sensible.
c. Similarly, adoption of a “reform” or “straight” identity is a natural focus for enhanced
measurement.
d. The value of the principle of specific responsivity will increase with systematic introduction
and empirical investigation of new classification systems in regard to interactions among
person, therapist, treatment, and setting variables.
e. It is time to complete a quantitative summary of the literature on specific responsivity, no
matter how scattered the literature appears to be presently.
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