

Reconsidering the Responsivity Principle: A Way to Move Forward*

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THE RISK-NEED-RESPONSIVITY (RNR) model has arguably become the premier model of offender assessment and rehabilitation (Cullen, 2012; Ogloff & Davis, 2004; Polaschek, 2012). The RNR model made its published debut in 1990 (Andrews, Bonta, & Hoge, 1990), with the first empirical test of the principles published a few months later (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990). In the Andrews, Bonta and Hoge paper, four principles were presented with respect to offender treatment. The first three principles dealt with the *who*, *what*, and *how* of offender rehabilitation. The risk principle stated that the intensity of treatment should be matched to the risk level of the offender, with the greatest amount of treatment services being directed to the higher-risk offender. The need principle dictated that treatment goals should be the criminogenic needs that are functionally related to criminal behavior. The responsivity principle directed service providers to use cognitive-behavioral techniques to bring about change while being attentive to individual factors such as personality, gender, and motivation. The fourth principle was the override principle, which called for professional discretion in cases where behavior could not be explained with existing knowledge.

Since 1990 the RNR model has expanded to include many more principles (Andrews & Bonta, 2010a; 2010b), but the principles of risk, need, and responsivity remain at the core. Most of the research has focused on the risk and need principles, while the research on the

responsivity principle has been a poor cousin. There are many reasons for this situation, two of which are the ease of conducting research on risk and need compared to responsivity and the vagueness of the original conceptualization of responsivity by Andrews, Bonta, and Hoge (1990). In this paper, we attempt to improve our understanding of the responsivity principle and provide suggestions to furthering research on responsivity. First, however, we summarize the impact of the RNR model on correctional practice. Next, we trace the history of the RNR model with special emphasis on the responsivity principle. Following this discussion, we review how the responsivity principle has come to mean simply a consideration of client characteristics in the absence of the environment where the work takes place, such as therapist/helper characteristics and skills. We then end the article with a discussion of how we can forward a constructive research agenda on the responsivity principle.

The Impact of the RNR Model on Correctional Practice

Today, the research support for the RNR model goes far beyond a handful of studies. There is such a breadth of research on the principles as they apply to offender assessment and treatment that meta-analytic reviews of the evidence are common. With respect to RNR-based offender assessment, we have the Level of Service (LS) family of instruments such as the Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995) and the

Level of Service Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004). Meta-analyses of the LS literature have found the instruments to predict both general and violent recidivism (Campbell, French, & Gendreau, 2009; Gendreau, Goggin, & Smith, 2002; Olver, Stockdale, & Wormith, 2014) and prison misconducts (Gendreau, Goggin, & Law, 1997). Additional quantitative reviews of the instruments have found them applicable to women (Smith, Cullen, & Latessa, 2009) and Aboriginal offenders (Wilson & Gutierrez, 2014). In a recent meta-analysis by Bonta, Blais, and Wilson (2014), the risk-need domains measured by the LS instruments were predictive of both general and violent recidivism for mentally disordered offenders. With such evidence, the LS instruments have become the most widely used offender risk/need instruments in the United States (Vose, Cullen, & Smith, 2008), Canada (Wormith, Ferguson, & Bonta, 2013) and internationally (Bonta & Wormith, in press).

Turning to the rehabilitation literature, support for the risk principle can be found in the meta-analysis by Andrews and Dowden (2006). Over 200 treatment studies produced 374 unique effect size estimates. As expected, the mean effect size was .03 with lower-risk cases; delivering treatment services to low-risk offenders has little impact on recidivism. Treatment for higher-risk offenders yielded a mean effect size of .10. Although the meta-analysis showed only a modest effect of treatment with higher-risk cases, the authors hypothesized that this may have been due

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to the inexact way that risk was measured (e.g., first offender=low risk) and the way that offender risk was reported in the studies (risk could be estimated only in the aggregate for 88 percent of the effect size estimates). More recent tests of the risk principle with actuarial measures of offender risk at the individual level have been supportive of the risk principle for adult offenders (Bourgon & Armstrong, 2005; Lowenkamp & Latessa, 2005; Sperber, Latessa, & Makarios, 2013), female offenders (Lovins, Lowenkamp, Latessa, & Smith, 2007), violent offenders (Polaschek, 2011) and sex offenders (Lovins, Lowenkamp, & Latessa, 2009; Mailloux, Abracen, Serin, Cousineau, Malcolm, & Looman, 2003).

Evidence for the need principle is also extensive and comes from two sources: 1) offender assessment, and 2) offender treatment. In the area of offender assessment, Andrews and Bonta have long argued that a distinction must be made between static and dynamic risk factors (Andrews, 1982; Andrews & Bonta, 1994; Bonta, 1996; Bonta & Motiuk, 1985). Furthermore, an assessment of dynamic risk factors, particularly those dynamic factors that Andrews and Bonta (2010a) refer to as part of the Central Eight risk/need factors (Table 1), is crucial for effective rehabilitation programming. Empirical support for the predictive validity of the dynamic risk/need factors can be found in a number of meta-analytic reviews. These dynamic risk/need factors have been shown to predict recidivism for male and female offenders (Andrews, Guzzo, Raynor, Rowe, Rettinger, Brews, & Wormith, 2012), Aboriginal offenders (Gutierrez, Wilson, Rugge, & Bonta, 2013; Wilson & Gutierrez, 2014), and mentally disordered offenders (Bonta et al., 2014). We have already noted the literature on the LS instruments, which measure the Central Eight risk/need factors.

The second source of evidence for the need principle is found in the offender treatment literature. Within this literature, dynamic

risk/need factors are called criminogenic needs and are viewed as the more desirable targets of treatment intervention. For example, a treatment is more likely to lead to reduced recidivism when the target is procriminal thinking rather than poor self-esteem. Dowden's (1998) meta-analytic review found that programs targeting criminogenic needs displayed a mean effect size of +.19, compared to an average effect size of -.01 for interventions that targeted non-criminogenic needs. Since then, researchers have continued to find that matching services to offender criminogenic needs is associated with reduced recidivism (Vieira, Skilling, & Peterson-Badali, 2009; Vitopoulos, Peterson-Badali, & Skilling, 2012; Wooditch, Tang, & Taxman, 2014).

The general responsiveness principle, use of cognitive-behavioral techniques, has a well-established empirical record. The effectiveness of cognitive-behavioral interventions with offenders has been the conclusion of a number of meta-analytic reviews of the literature (Landenberger & Lipsey, 2005; Wilson, Bouffard, & MacKenzie, 2005). However, the research on specific responsiveness has not been as extensive. The relatively little research conducted has focused on differential treatment effects as a function of the personal-biological-social characteristics of the client. Examples are offender motivation for treatment (Kennedy & Serin, 1999), gender (Hubbard, 2007), ethnicity (Usher & Stewart, 2014), and race (Spiropoulos, Salisbury, & Van Voorhis, 2014). There are very few studies on how the personal characteristics of the change agent or the specifics of the interventions impact client outcome. We will return to this issue shortly.

Adherence to the RNR model has a number of benefits. First and foremost, following the RNR principles is associated with reductions in recidivism (Andrews & Bonta, 2010a, 2010b; Koehler, Lösel, Akoensi, & Humphreys, 2013). Second, the model has practical value not only for designing new

interventions (Bonta, Bourgon, Rugge, Scott, Yessine, Gutierrez, & Li, 2011; Lowenkamp, Holsinger, Robinson, & Alexander, 2014) but also for developing offender assessment instruments such as the LS instruments described earlier. Third, the RNR model provides a strong rehabilitative model with "explanatory depth" to explain why programs work (Polaschek, 2012). This is not surprising given that the RNR model is derived from an empirically rich social learning theory (Pratt, Cullen, Seller, Winfree, Madensen, Daigle, Fearn, & Gau, 2010). Finally, interventions based on RNR principles are cost-effective (Drake, Aos, & Miller, 2009; Romani, Morgan, Gross, & McDonald, 2012; Taxman, Pattavina, & Caudy, 2014).

The popularity of the RNR model, in our opinion, is well founded. Our empirical understanding of the risk and need principles is solid. Where we need more research is on the responsiveness principle. Before we speak to what needs to be done, we turn to a brief summary of the origins of the responsiveness principle and its present status.

The Early History of the Responsivity Principle

The development of the RNR model and its umbrella theory, the psychology of criminal conduct, began in the 1970s. Partly as a response to Martinson's (1974) so-called "Nothing Works" conclusion, a small group of correctional psychologists in the Ottawa area began to challenge the idea that offender rehabilitation is ineffective. Two classmates who began a lifelong friendship in 1962 as psychology interns in Kingston Penitentiary, Don Andrews and Paul Gendreau, were joined by Robert Ross, James Bonta, Robert Hoge, Stephen Wormith and others to become what Paula Smith (2013, p. 71) referred to as the "Canadian School of rehabilitation." All were interested in understanding not only whether treatment can be effective in reducing recidivism but also why. Soon after Martinson's dismissal of offender rehabilitation, Gendreau and Ross published a number of narrative reviews of the literature concluding that treatment can indeed be effective (Gendreau & Ross, 1979, 1981).

The first published formulation of the responsiveness principle appeared in the 1990 article by Andrews, Bonta, and Hoge. However, the intellectual roots of the responsiveness principle could be found in the need to match clients to specific "therapeutic" environments (although this is generally true for all of the RNR principles, we focus here

TABLE 1.

Number of Offenders in the Re-arrest During Supervision Statistics by Month

Criminal History
Antisocial Personality Pattern (early onset of antisocial behavior, procriminal attitudes, previous failure on parole/probation, history of violent behavior)
Procriminal Attitudes
Procriminal Companions
Family/Marital (generalized family dysfunction, marital strife)
Education/Employment (level of education, unemployed, conflict at work)
Substance Abuse (alcohol and drugs)
Leisure/recreation (lack of prosocial activities)

on the responsivity principle). For quite some time, the psychotherapy/counseling literature was well aware that no one mode of therapy or type of therapist was equally effective with all clients and that the interaction of therapist, technique, and client needed to be considered (Clavert, Beutler, & Crago, 1988; Paul, 1967; Stein & Lambert, 1984); this remains an issue to this day (Norcross & Wampold, 2010).

An early illustration of differential outcomes as a function of client characteristics and treatment modality in corrections is provided by Grant's (1965) evaluation of a psychodynamic-oriented intervention with inmates. The first general finding was that client factors such as anxiousness and interpersonal maturity moderated outcome. Inmates who were less anxious, verbally skilled, and more mature benefited from the psychodynamic intervention. Second, therapist characteristics were also important. Therapists who were interpersonally skilled and more collaborative in their approach with the more difficult clients had better outcomes than therapists who were less skilled and more authoritarian.

By 1990 there was sufficient research for Andrews and his colleagues to make two general conclusions with respect to responsivity. First, cognitive-behavioral treatments are more effective than other types of treatment. And why would we expect any different conclusion? After all, behavior is learned through classical and operant conditioning and vicarious learning principles. Andrews et al. (1990) described this as the general responsivity principle. Second, as suggested by the earlier cited evidence on differential outcomes, we must consider client *and* therapist characteristics in our treatment interventions. This is what was termed *specific responsivity* and much of the description of specific responsivity dealt with client characteristics such as interpersonal sensitivity, anxiety, verbal intelligence, and motivation. There was relatively little said in the 1990 article about therapist characteristics and skills. As we will argue later, too much emphasis has been placed on client factors and not enough on therapist characteristics and skill level.

To summarize, the responsivity principle is all about delivering human services that target criminogenic needs in a way that is understandable and resonates with the higher-risk client. The goal is to optimize the client's learning of new thoughts and behaviors. Adherence to the responsivity principle requires the following two general considerations:

1. Know the client's attributes that limit and/or facilitate the client's learning style. These are bio/psycho/social factors. Examples of biological factors are race, age/interpersonal maturity, and gender. Psychological factors may include intelligence, personality (e.g., impulsive; interpersonally insensitive), emotions (e.g., anxious), and poor motivation. Examples of social factors are poverty and culture. Some client attributes may be a mix of factors (e.g., a client from a racial minority has biological factors operating and perhaps social factors in the case of minorities living in poverty).
2. Create an optimal environment conducive to learning. Learning in this context is very broad; it is the acquisition of knowledge and skills. To create such an environment, the first requirement is for the service provider to understand what client characteristics can affect his or her ability to learn. Next, the service provider creates the environment through his or her skills, language, and intervention activities that encourages client engagement in the learning activities and promotes efficient and effective client learning of what is being taught.

Beyond Client Characteristics: Creating an Optimal Learning Environment

We believe it is time to more thoroughly consider what exactly adherence to the responsivity principle means. In other words, what is the responsivity principle attempting to achieve in its own right, distinct from adherence to the risk and need principles? To date, adherence to the RNR principles has been tested and evaluated primarily by the effects on recidivism (i.e., re-offending) and various concomitant behaviors (e.g., police contact, substance use, noncompliance with conditions, and behavioral misconduct; Hubbard, 2007; McMurrin, 2009; Messina, Grella, Cartier, & Torres, 2010). However, the heart of the responsivity principle is in the environment created by those providing services. It is not just any environment; it is a "learning" environment, a place where change is promoted and initiated. The risk and need principles provide specific direction to achieve a goal of reducing reoffending (i.e., provide services to higher-risk clients *and* target needs empirically related to reoffending). Responsivity, however, is about how to deliver services that are conducive to engagement and learning. We believe that an independent test of adherence to the responsivity principle would only distally, if at all, involve its effect on reoffending.

So what evidence would one consider that tests responsivity efforts? Within a context of certain client attributes, it must be found in the learning environment created by the service provider. The first indication that a responsive environment is in place would be increases in the client's engagement in the services. Specific behavioral indicators of treatment engagement can be lower attrition rates, increased program attendance, client participation in "rehabilitative" activities (e.g., on-topic discussions, exercises, role plays, completion of homework assignments), and client acknowledgement of the personal benefits of the services received. In essence, the client wants to be involved in the services and demonstrates behaviors illustrating engagement in rehabilitative activities. A conducive learning environment begins with the engagement of the client in that environment.

The second indication of a responsive environment would be greater amounts of "learning" what is being "taught." Learning may be reflected in the recall of the materials (for example, key constructs, concepts, and skills) relevant to their own lives and circumstances, and utilization of the skills in hypothetical (for example, role play exercises) and/or real life situations outside of the treatment environment. At a minimum, the learning is *specific* to the content of the service or program where the "knowledge" or "skills" would vary depending on the treatment targets. They may include skills required to address criminogenic needs, enhancing client's strengths, and even increasing the use of community and personal resources. For example, the "learnings" may be the content of a good job resume, self-regulation of anger, using time-out, or executing a relapse prevention plan for certain targeted criminogenic needs. For non-criminogenic treatment targets, the learnings may be enhanced knowledge and practice of a cultural activity, or knowing and using self-affirmations to increase self-esteem.

With the emphasis on the creation of an environment conducive to learning, a more responsive service begins with enhanced client engagement, followed by facilitated learning of what the service is attempting to "teach," and ends in greater impacts on the treatment target(s). It is within this context of the treatment targets that there exists the potential impact on re-offending. We use the word potential for a reason. Treatment target(s) fall under the umbrella of the need principle and not the responsivity principle. If the treatment targets are criminogenic

needs, then and only then would there be an expectation that the responsive service is more efficient and potentially more effective in reducing reoffending. Reduced reoffending would be mediated through enhanced engagement and learning and targeting the client's criminogenic need. However, if the treatment target is non-criminogenic, then we would hypothesize that a responsive service, or for that matter a nonresponsive service, would have no effect on reoffending.

When "responsivity" efforts are measured simply by reduced reoffending, we miss an opportunity to gain a better understanding of responsivity; that is, identifying specific and concrete actions that we as service providers can do to create a more "responsive" environment. Responsivity is about how we promote client engagement and client learning most efficiently and effectively. As Serin, Lloyd, Helmus, Derksen, and Luong (2013) note, there is a significant gap in the research on the process and measurement of change, particularly in regards to the various components or "learnings" inherent in the change process itself, such as basic knowledge, and the application and internalization of a program's key concepts and skills that lead to changes in need and a reduction of risk.

Responsivity—Enhancing Engagement and Learning

Enhancing engagement and learning is not a new issue in correctional rehabilitation. For those working in the criminal justice field, it is widely acknowledged that there is a challenge to recruit criminal justice clients for treatment, retain them in the service for the program's entirety, and have them engage actively and "learn" the critical components of the service. Although a number of studies directly and indirectly evaluate different "learning environments," let us describe a few that speak directly to responsivity and its impact on engagement and learning.

Motivational Interviewing (MI) is a set of concrete and specific skills, techniques, and strategies designed to create an environment that addresses treatment failure (i.e., failure to attend, engage, complete treatment) by increasing motivation (Miller, 1985). Although today we consider increasing motivation as strengthening a client's commitment to change (Miller & Rollnick, 2014), where commitment and motivation are dynamic and internal, Miller's (1985) conceptualization was behaviorally based. Motivation was defined as "the probability of entering, continuing, and complying with

an active change strategy" (Miller, 1985, p. 88) and MI focused on the processes and operations that influenced that probability. MI is about creating a "responsive" environment to enhance treatment engagement behaviors, yet it is not cognitive-behavioral therapy in the sense that its goal is to teach recovery or relapse prevention skills (Miller & Rose, 2009). Putting aside whether or not MI is effective at changing a vast array of the problem behaviors (such as substance abuse and smoking), there is ample empirical work on MI demonstrating that MI does enhance treatment engagement with non-offenders (Hettema, Steele, & Miller, 2005; Lundahl & Burke, 2009; Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010) and offenders (McMurrin, 2009).

Regardless of the debate surrounding the theoretical underpinnings of its construct of motivation, from a simple and pragmatic point of view, the successful implementation of MI skills, techniques, and spirit creates an "environment" that increases treatment engagement. There is also supporting evidence that MI enhances learning that takes place during treatment. From reviews on MI noted earlier, MI's effect on problem behavior is strengthened when it is added as a prelude or adjunct to a formal treatment program. What we like about MI is that it is prescriptive about what to do to create an optimal learning environment, specifying the helper's behaviors (e.g., skills, techniques, and activities employed during sessions) and informing them of what to do and how to do it while interacting with a client. The primary target—engagement rather than the more distal outcome of problem behavior change (such as substance use or re-offending)—is specific to the outcomes of responsivity.

Although the roots of MI were first published in 1985, there is much similarity between MI skills and the techniques of Core Correctional Practices (CCPs) first reported in the early 1980s (Andrews, 1979; Andrews & Kiessling, 1980). The CCPs that "change agents" use when working with offenders were the cornerstone of the responsivity principle. Delineated between a relationship dimension (e.g., warmth, empathy, and enthusiastic and non-blaming communication) and a structuring dimension (e.g., effective reinforcement, problem solving, modeling, and rehearsal), the early studies on CCPs focused on their impact on recidivism (Dowden & Andrews, 2004). Trotter (1996) and more recently probation officer training initiatives in the U.S. and Canada have focused on learning CCP, MI, and other fundamental

skills and intervention techniques (EPICS: Smith et al., 2012; STARR: Robinson et al., 2012; STICS: Bonta et al., 2011). Although the results of these initiatives are promising, from a responsivity perspective these projects offer ample opportunity to identify and examine different responsivity accommodations to "learning environments" (i.e., officer-client interactions) and their impact on discrete responsivity outcomes such as engagement and client learning.

Finally, the literature on MI and CCP highlights what is often referred to as the MI spirit; a collaborative, person-centered form of guiding clients (Miller & Rose, 2009). From a responsivity perspective, the learning environment is one of collaboration to enhance client engagement and learning. Collaboration is implicated in the work on the therapeutic or working alliance. A considerable body of research illustrates the importance of the relationship between helper and client, distinct from the intervention techniques (see Horvath & Symonds, 1991, for a comprehensive review). In corrections, the work of Jennifer Skeem and colleagues is demonstrating the importance of the therapeutic alliance to offender supervision (Skeem, Louden, Polaschek, & Camp, 2007). They have found the alliance to have a significant association with client resistance, motivation, cooperation, and compliance with supervision conditions—what we consider as primary responsivity outcomes.

The working alliance may in fact be a good outcome proxy for engagement, and the focus of responsivity research can be directed to identifying the skills and activities that are required to build and strengthen such an alliance (e.g., listening, empathy, firm but fair approaches). The accumulated evidence related to engagement and learning suggests that creating and maintaining a collaborative environment (through MI, CCPs, and relationship-building skills) appears to be another general practical guideline to creating responsive environments for clients beyond the use of cognitive-behavioral techniques. Creating a collaborative environment appears to be a global characteristic of a responsive environment that facilitates engagement at a minimum and, ideally, efficient and effective learning. Much of the work with sex offenders by Marshall and colleagues highlights the importance of cooperation and collaboration (as opposed to a confrontational environment) to enhance engagement and participation in treatment (Marshall & Serran, 2000; Marshall, Ward, et al., 2005). Future

responsivity research would benefit from avoiding the myopic view that recidivism outcome is the means to evaluate responsivity efforts and place primary emphasis on the impact on client engagement and learning.

The Interrelationship of Risk, Need and Responsivity

There are a number of instances where responsive services include efforts at addressing what are considered non-criminogenic needs. There is the work on gender responsive treatment and culturally specific programming (e.g., here in Canada, providing treatment to Aboriginal clients). The mix of gender/cultural factors and treatment targets illustrates the blurring of lines between the need principle and the responsivity principle. Specifically, if the primary question is the effectiveness of the gender/cultural factors at reducing reoffending, then the debate is about whether or not these unique needs of specific groups are criminogenic in nature (i.e., conform to the need principle). On the other hand, if the primary question is one of engagement and learning for the client involved in the service regardless of whether the program focuses on criminogenic or noncriminogenic needs, then the question asked relates to the responsivity principle.

It is recognized that female offenders are different from male offenders (Blanchette & Brown, 2006; Wright, Van Voorhis, Salisbury, & Bauman, 2012). As a consequence of the differences, treatment programs have been developed to address the unique needs of women (e.g., victimization, mental health, social and economic marginalization). It is then argued that the gender-informed program is following the responsivity principle. However, evaluations of such programs have focused on recidivism reductions, an outcome more relevant to the need principle than to the responsivity principle. Let us take as an example the difficulties in assessing the role of the need and responsivity principles with the randomized study conducted by Messina, Grell, Cartier, and Torres (2010).

Messina and her colleagues (2010) randomly assigned 115 women offenders to either a gender-responsive treatment program (GRT) or a standard Therapeutic Community treatment program (TC). The GRT and TC programs differed significantly, particularly on the needs targeted. Both programs targeted substance abuse (a criminogenic need) but GRT targeted additional women-specific needs, such as the effects of trauma and victimization (e.g., dysfunctional family relationships and sexual

behavior, self-harm). Moreover, in addition to cognitive-behavioral and psycho-educational techniques, the GRT used intervention approaches that may better engage women in the counseling process (e.g., relational and experiential techniques). The three major outcomes of drug use, reincarceration, and length of stay in residential aftercare all favored the GRT group.

What can we say about this study and its adherence to the risk, need, and responsivity principles? At first glance, it appears that this study speaks largely to the need principle. Although the GRT targeted non-criminogenic needs (e.g., memories of trauma and childhood victimization), it also targeted more criminogenic needs than the TC. The women in the GRT were treated not only for substance abuse (common to both programs) but also for targeted family (of origin and intimate partners), peers (i.e., social supports), and attitudes (i.e., thinking that lead to a variety of dysfunctional and/or delinquent behaviors). The finding that the GRT women stayed longer in residential aftercare suggests a treatment dosage effect (risk principle) and greater engagement in treatment (responsivity principle). Although we do not know how much, the women in the GRT received some cognitive-behavioral treatment (general responsivity), and they were exposed to therapeutic approaches that enhanced their learning (specific responsivity).

The Messina et al. (2010) study illustrates the difficulty in distinguishing elements of responsivity, risk, and need in our research efforts. To further illustrate on a broader level, we examined the large offender treatment database of Andrews and Bonta (2010a). Selecting only those studies that adhere to the general responsivity principle (i.e., use cognitive-behavioral techniques; $k=77$), 93.5 percent of those studies also adhered to the need principle. In other words, programs that employ cognitive-behavioral interventions with offenders also tend to follow the need principle. Dissecting the independent influence of the RNR principles and in particular the responsivity principle is a challenge.

An Agenda for Research on Responsivity

Moving forward, there is much for researchers and clinicians to do to broaden and expand our knowledge of the responsivity principle. Building knowledge about the means by which client engagement is enhanced, how learning can be optimized, and how these two factors impact on needs can provide valuable information to those responsible for designing, delivering, and

evaluating human services to improve their efforts. We believe that it is time to re-direct our research efforts from “does it work” to looking inside the black box of rehabilitation with a focus on the nature and characteristics of the learning environment, including the interactions inherent in human service delivery.

We are certainly not the first in corrections to look inside the black box of treatment (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008). William Marshall and his colleagues have strongly advocated examining the “therapeutic environment” and provide clinical guidance on how to engage and facilitate learning for sex offender treatment (Marshall et al., 2005; Marshall & Serran, 2010). They advocate supportive rather than confrontational approaches, emphasize approach goals rather than avoidance goals, and encourage creating a positive and collaborative environment. These factors can be tested. However, the outcomes of interest must focus on engagement and learning indicators prior to examining recidivism effectiveness.

Independent tests of responsivity within the treatment or human service would ideally compare two treatments of equitable/equivalent individuals (i.e., equal adherence to risk principle) in which both treatments targeted identical needs (i.e., equal adherence to the need principle) *but* differed on the learning environments within each program (e.g., helper’s behaviors, conceptual scheme used, skills taught, etc.). Comparing different “therapeutic” environments on client engagement, learning, and change in offender needs should prove fruitful to expanding our understanding of the responsivity principle. In terms of effectiveness to reduce re-offending, a distal outcome of adherence to the responsivity principle, any impact on recidivism may be attributed to client engagement and greater client learning that then impacts targeted criminogenic needs.

There is much to be learned about responsivity, even within the well-established general responsivity principle of utilizing cognitive-behavioral approaches. Although cognitive-behavioral approaches and models share some fundamental similarities, there is substantial variability among the approaches, ranging from conceptual schemes and constructs to the fundamental skills that are emphasized. Different treatment models may also use different explanatory mechanisms and terminology. For example, Marlatt’s Relapse Prevention Framework (1985) and its variations uses the concepts of “triggers,” “high risk situations,” and “outcome expectancies,” Beck (1979) talks of “cognitive distortions” and “automatic thoughts,” and Yochelson

and Samenow (1977) use the language of “thinking errors.” Considering responsiveness as the learning environment and its impact on engagement and learning gives rise to the possibility that the use of different key concepts, terms, and skills may enhance or diminish engagement and learning.

Our recent work with the Strategic Training Initiative in Community Supervision (STICS; Bonta et al., 2011) illustrates small but perhaps significant changes to the constructs and language of cognitive-behavioral approaches that could be empirically tested. Many if not all cognitive-behavioral interventions have labels to assist clients identifying problematic versus non-problematic thinking. They may be referred to as “thinking errors,” “cognitive distortions,” or “neutralizations” or many other terms, each with similar but not identical definitions and/or underlying meaning for behavior. In STICS, we made efforts to change these labels derived from formal cognitive behavioral language to labels that give rise to visual or auditory images (Rugge & Bonta, 2014). We reasoned that these changes would enhance client engagement, client learning, and client application of these terms and concepts to their own personal thinking and behavior. Even the often-used sequential organization of *antecedent stimuli—internal events—behavior—consequence* found in most cognitive-behavioral models varies in the terms used and in the underlying construct’s function. For example, *antecedent stimuli* may be referred to as an “external situation,” “trigger,” “high-risk situation,” or “activating event.” The function of the *antecedent stimulus* in behavior can differ as well. It may function as a discriminative stimulus controlling certain emotions, thoughts, and/or behavior, a conditioned stimulus resulting in a conditioned emotional, cognitive, and/or behavioral response, or a signal to the individual providing information about potential reinforcement/punishment contingencies. In STICS, we shy away from such terms, instead teaching clients the term “Outside Cues” and employing it as an information or contextual signal only, having little explanatory power for an individual’s thoughts, feelings, or behavior. Such simple but often overlooked examples of responsiveness efforts to enhance the learning environment can be empirically tested and evaluated on client engagement and learning.

Summary

The RNR model is one of the most widely researched and validated models of offender rehabilitation. The empirical support

surrounding the risk and need principles is well grounded, particularly around the assessment of risk and need. Although research continues to explore additional potential risk/need factors, particularly for specific groups such as women, the importance of adhering to the principles when delivering human services has a firm empirical foundation. However, the research support surrounding specific responsiveness pales in comparison. To date, cognitive-behavioral approaches (general responsiveness) has been shown to be a more effective theoretical framework than psychodynamic or other models of “therapy” (Landenberger & Lipsey, 2005). A problem with responsiveness research has been its focus on client attributes that are believed to impact rehabilitation efforts rather than on the characteristics and actions of therapists.

By placing the focus on reoffending, a distal outcome of responsiveness, we have failed to more closely examine what “responsivity” fundamentally means and what adherence to the responsiveness principle is trying to achieve. Although client attributes provide context, responsiveness is first and foremost about our efforts to accommodate those attributes, what it is that we do. Responsivity is *creating an optimal learning environment for the client*; an environment that helps the client to engage and learn through observation, dialogue, interaction, and experience. The immediate and direct outcomes of successful responsiveness efforts are enhanced client engagement in the service and its activities and enhanced client learning of “teachings” of the service. We hope that we have offered a way forward for clinicians and researchers alike by reconsidering what is meant by the responsiveness principle.

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