5 fifth edition

the psychology
of criminal conduct

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The Psychology of Criminal Conduct, Fifth Edition

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The Empirical Base of PCC and the RNR Model of Assessment and Crime Prevention Through Human Service

Chapter 1 outlined the purposes, objectives, and methods of PCC. Chapter 2 provides an outline of the current state of knowledge in regard to three major sets of issues. One is empirical understandings of the predictors of criminal conduct. Our emphasis is the best validated of the major, moderate, and mild risk/need factors. Another is empirical understandings of the ability to influence the occurrence of criminal activity. The third is a summary of the applied value of this knowledge base as it may be outlined and rendered practical through a model of correctional assessment and rehabilitation. That model is widely known as the risk-need-responsivity (RNR) model of correctional assessment and rehabilitative programming. We begin with the RNR model (see Table 2.1).

The RNR Model of Correctional Assessment and Treatment

The principles of RNR extend well beyond risk, need, and strength factors. A useful model of active intervention must be established within a normative and organizational context. The RNR model is also strongly attached to general personality and cognitive social learning perspectives on human behavior. It is not limited to models of justice and official punishment because those models do not rest on a solid psychology of human behavior. A broad personality and social psychological model of human behavior will help to shape the identification of risk/need factors, the characteristics of effective behavioral influence strategies, and the characteristics of effective approaches of staffing and management.

The implications of the RNR model extend to all efforts at crime prevention through the delivery of clinical, social, and human services to individuals and small groups. The model is very specific about several key clinical issues including (a) who should be offered more intensive rehabilitative services (the risk principle of RNR), (b) what are the most appropriate intermediate targets of service for purposes of an ultimate reduction in criminal behavior (the criminogenic need principle of RNR),

Table 2.1
The Risk-Need-Responsivity (RNR) Model of Effective Correctional Assessment
and Crime Prevention Services

Overarching Principles

1. **Respect for the Person and the Normative Context:** Services are delivered with respect for the person, including respect for personal autonomy, being humane, ethical, just, legal, decent, and being otherwise normative. Some norms may vary with the agencies or the particular settings within which services are delivered. For example, agencies working with young offenders may be expected to show exceptional attention to education issues and to child protection. Mental health agencies may attend to issues of personal well-being. Some agencies working with female offenders may place a premium on attending to trauma and/or to parenting concerns.
2. **Psychological Theory:** Base programs on an empirically solid psychological theory (a general personality and cognitive social learning approach is recommended).
3. **General Enhancement of Crime Prevention Services:** The reduction of criminal victimization may be viewed as a legitimate objective of service agencies, including agencies within and outside of justice and corrections.

Core RNR Principles and Key Clinical Issues

4. **Introduce Human Service:** Introduce human service into the justice context. Do not rely on the sanction to bring about reduced offending. Do not rely on deterrence, restoration, or other principles of justice.
5. **Risk:** Match intensity of service with risk level of cases. Work with moderate and higher risk cases. Generally, avoid creating interactions of low-risk cases with higher-risk cases.
6. **Need:** Target criminogenic needs predominately. Move criminogenic needs in the direction of becoming strengths.
7. **General Responsivity:** Employ behavioral, social learning, and cognitive behavioral influence and skill building strategies.
8. **Specific Responsivity:** Adapt the style and mode of service according to the setting of service and to relevant characteristics of individual offenders, such as their strengths, motivations, preferences, personality, age, gender, ethnicity, cultural identifications, and other factors. The evidence in regard to specific responsivity is generally favorable but very scattered, and it has yet to be subjected to a comprehensive meta-analysis. Some examples of specific responsivity considerations follow:

    a) When working with the weakly motivated: Build on strengths; reduce personal and situational barriers to full participation in treatment; establish high-quality relationships; deliver early and often on matters of personal interest; and start where the person "is at."

    b) Attend to the evidence in regard to age-, gender-, and culturally responsive services.

    c) Attend to the evidence in regard to differential treatment according to interpersonal maturity, interpersonal anxiety, cognitive skill levels, and the responsivity aspects of psychopathy.

    d) Consider the targeting of noncriminogenic needs for purposes of enhancing motivation, the reduction of distracting factors, and for reasons having to do with humanitarian and entitlement issues.

9. **Breadth (or Multimodal):** Target a number of criminogenic needs relative to noncriminogenic needs.
10. **Strength:** Assess strengths to enhance prediction and specific responsivity effects.
11. **Structured Assessment:**

    a) Assessments of Strengths and Risk-Need-Specific Responsivity Factors: Employ structured and validated assessment instruments.

    b) Integrated Assessment and Intervention: Every intervention and contact should be informed by the assessments.

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12. **Professional Discretion:** Deviate from recommendations only for very specific reasons. For example, functional analysis may suggest that emotional distress is a risk/need factor for *this* person.

Organizational Principles: Settings, Staffing, and Management

13. **Community-based**: Community-based services are preferred but the principles of RNR also apply within residential and institutional settings.
14. **Core Correctional Staff Practices:** Effectiveness of interventions is enhanced when delivered by therapists and staff with *high-quality relationship skills* in combination with *high-quality structuring skills*. Quality relationships are characterized as respectful, caring, enthusiastic, collaborative, and valuing of personal autonomy. Structuring practices include prosocial modeling, effective reinforcement and disapproval, skill building, problem-solving, effective use of authority, advocacy/brokerage, cognitive restructuring, and motivational interviewing. Motivational interviewing skills include both relationship and structuring aspects of effective practice.
15. **Management**: Promote the selection, training, and clinical supervision of staff according to RNR and introduce monitoring, feedback, and adjustment systems. Build systems and cultures supportive of effective practice and continuity of care. Some additional specific indicators of integrity include having program manuals available, monitoring of service process and intermediate changes, adequate dosage, and involving researchers in the design and delivery of service.

Sources: Andrews, 1995, 2001; Andrews, Bonta & Hoge, 1990; Andrews & Bonta, 1994, 2006; Andrews, Zinger et al., 1990a; Bonta & Andrews, 2007; Gendreau, 1996.

and (c) what styles, modes and strategies of service are best employed (the general responsivity and specific responsivity principles).

The Core RNR Principles and Key Clinical Issues

In 1990, together with our colleague Robert Hoge, we presented three general principles of classification for purposes of effective correctional treatment: the (1) risk, (2) need, and (3) responsivity principles of effective correctional treatment (Andrews, Bonta & Hoge, 1990). Since then, as Table 2.1 demonstrates, we have added others. Because they are the core clinical principles—the source of the name RNR—we highlight human service delivery and adherence with the core clinical principles.

The Principle of Human Service. The typical legal and judicial principles of deterrence, restoration, just desert, and due process have little to do with the major risk/need factors. It is through human, clinical, and social services that the major causes of crime may be addressed.

The Risk Principle. There are two aspects to the *risk principle*. The first is that criminal behavior can be predicted. We began to provide the evidence that criminal behavior can be predicted in Chapter 1 and continue the process in the next section of Chapter 2 and throughout the text. The second aspect of the risk principle involves the idea of *matching levels of treatment services to the risk level of the offender*. This matching of service to offender risk is the essence of the risk principle and is the

bridge between assessment and effective treatment. More precisely, higher-risk offenders need more intensive and extensive services if we are to hope for a significant reduction in recidivism. For the low-risk offender, minimal or even no intervention is sufficient.

Although the risk principle appears to make a great deal of common sense, sometimes theory and practice do not always agree. Some human service workers prefer to work with the motivated lower-risk clients rather than with the high-risk, resistant clients. After all, it is personally reinforcing to work with someone who listens and tries to follow your advice.

The largest known test of the risk principle was conducted by Christopher Lowenkamp and his colleagues (Lowenkamp, Latessa & Holsinger, 2006). Ninety-seven residential and nonresidential programs in the state of Ohio were reviewed as to how well they adhered to the risk principle. Information was collected on the length of time in a program, whether more services were offered to higher-risk offenders, and the delivery of cognitive behavioral programs to offenders. Providing intensive services to higher-risk offenders was associated with an 18 percent reduction of recidivism for offenders in residential programs and a nine percent reduction for offenders in nonresidential programs.

Table 2.2 provides some further examples of what happens when treatment is—or is not—matched to the risk level of the offender. In each of the studies, reductions in recidivism for high-risk offenders were found only when intensive levels of services were provided. However, when intensive services were provided to low-risk offenders, they had a negative effect. This detrimental effect is not found in all studies. In general, there is a very small positive effect (phi = .03; Andrews & Dowden, 2006). A meta-analytic review of 374 experimental tests of correctional treatment that explores the risk and other RNR principles will be summarized at the end of this chapter.

The Criminogenic Need Principle. Many offenders, especially high-risk offenders, have multiple needs. They "need" places to live and work

Table 2.2
Risk Level and Treatment (% Recidivism)

Study	Risk Level	Level of Treatment	
		Minimal	Intensive
O'Donnell et al. (1971)	Low	16	22
	High	78	56
Baird et al. (1979)	Low	3	10
	High	37	18
Andrews & Kiessling (1980)	Low	12	17
	High	58	31
Bonta et al. (2000a)	Low	15	32
	High	51	32
Lovins et al. (2007)	Low	12	26
	High	49	43

and/or they "need" to stop taking drugs. Some have poor self-esteem, chronic headaches, or cavities in their teeth. These are all needs or problematic circumstances. The *criminogenic need principle* draws our attention to the distinction between criminogenic and noncriminogenic needs, a point that we introduced when discussing dynamic risk factors in Chapter 1. Criminogenic needs are a subset of an offender's risk level. They are dynamic risk factors that, when changed, are associated with changes in the probability of recidivism. Noncriminogenic needs are also dynamic and changeable, but they are weakly associated with recidivism.

Our argument is that if treatment services are offered with the intention of reducing recidivism, changes must occur on criminogenic need factors. Offenders also have a right to the highest-quality service for other needs, but that is not the primary focus of *correctional* rehabilitation. Addressing noncriminogenic needs is unlikely to alter future recidivism significantly unless doing so indirectly impacts on criminogenic needs. Typically, noncriminogenic needs may be targeted for motivational purposes or on humanitarian grounds. We may help an offender feel better, which is important and valued, but this may not necessarily reduce recidivism.

The reader will note that criminogenic needs are actually represented by the Central Eight as outlined in the next section of this chapter. Noncriminogenic needs often fall among factors considered important in sociological and psychopathological theories of crime (as described in Chapter 3).

As an illustration of the link between criminogenic needs and criminal behavior, we select the criminogenic need of criminal attitudes. All theories—labeling theory, control theory, differential association, and so forth—in some way or another give respect to the role of criminal attitudes in criminal behavior (Andrews, 1990). Assessments of procriminal attitudes have repeatedly evidenced significant associations with criminal behavior among adult criminals (Andrews, Wormith & Kiessling, 1985; Bonta, 1990; Simourd, 1997; Simourd & Olver, 2002; Simourd & Van de Van, 1999; Walters, 1996) and young offenders (Shields & Ball, 1990; Shields & Whitehall, 1994).

There is also evidence for the *dynamic* validity of procriminal attitudes (see Table 2.3). Increases in procriminal attitudes are associated with increased recidivism, and recidivism decreases when the offender holds fewer procriminal beliefs and attitudes. In contrast, traditional clinical treatment targets, such as anxiety and emotional empathy, fail to demonstrate dynamic predictive validity. Continued research and development into the assessment of criminogenic needs will have enormous impact on the rehabilitation of offenders and the development of our conceptual understanding of criminal behavior.

The General Responsivity Principle. The *responsivity principle* refers to delivering treatment programs in a style and mode that is consistent with the ability and learning style of the offender. The *general responsivity principle* is quite straightforward: Offenders are human beings, and

Table 2.3
Three-Year Recidivism Rates by Six-Month Retest of Procriminal Attitude (N)

	Retest Risk Level			
Intake Risk Level	Low	Moderate	High	Overall
High (38)	7	43	40	29
Moderate (58)	10	37	57	33
Low (56)	10	20	67	16
Overall (152)	10	34	52	19
	(72)	(53)	(27)	(152)

From Andrews & Wormith, 1984

the most powerful influence strategies available are cognitive-behavioral and cognitive social learning strategies. It matters little whether the problem is antisocial behavior, depression, smoking, overeating, or poor study habits—cognitive-behavioral treatments are often more effective than other forms of intervention. Hence, one should use social learning and cognitive-behavioral styles of service to bring about change. These powerful influence strategies include modeling, reinforcement, role playing, skill building, modification of thoughts and emotions through cognitive restructuring, and practicing new, low-risk alternative behaviors over and over again in a variety of high-risk situations until one gets very good at it.

The Specific Responsivity Principle. There are many specific responsivity considerations. For example, an insight-oriented therapy delivered in a group format may not "connect" very well for a neurotic, anxious offender with limited intelligence. Offender characteristics such as interpersonal sensitivity, anxiety, verbal intelligence, and cognitive maturity speak to the appropriateness of different modes and styles of treatment service (Bonta, 1995). It is under the responsivity principle that many of the psychological approaches to offender assessment may have their value (Van Voorhis, 1997). By identifying personality and cognitive styles, treatment can be better matched to the client.

There have been a number of personality-based systems developed to guide the treatment of offenders. For example, the Conceptual Level system (Hunt & Hardt, 1965) was developed for use with juvenile delinquents and describes four stages of cognitive development (from egocentric thinking to an ability to think of problems from many different perspectives). Young offenders are assessed and categorized into one of the four conceptual level stages and then matched to different degrees of structured treatment. What is important in the Conceptual Level system and other similar systems (e.g., I-Level; Jesness, 1971) is the idea of differential treatment. That is, a certain treatment strategy and/or therapist are matched to the characteristics of the offender. Table 2.4 summarizes

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Table 2.4
The Specific Responsivity Principle

PICO: Mean Follow-Up Months Incarcerated (Grant, 1965)

	Psychodynamic Casework		
Client Type	No	Yes	p
Amenable	4.8	2.1	*
Nonamenable	4.8	5.5	ns

Camp Elliott: Estimated Success Rates (Grant, 1965)

	Level of Structure		
Client Type	Low	High	p
High Maturity	.72	.60	*
Low Maturity	.46	.60	*

Recidivism Rates of Probationers (Andrews & Kiessling, 1980)

	Supervision by Citizen Volunteers		
Client Type	No	Yes	p
High Empathy	.80	.00	*
Low Empathy	.48	.42	ns

Mean # of New Offenses (Leschied, 1984)

	Level of Structure		
Client Type	Low	High	p
High Conceptual Level	nr	nr	nr
Low Conceptual Level	1.54	.47	*

p = probability; ns = not significant; nr = not reported

Adapted from Andrews et al. (1990)

a number of studies that found differential effects on outcome depending upon the type of treatment provided and the characteristics of the client, including a study that used the Conceptual Level system.

Only a few of the possible variables that come under the responsivity principle have been studied in any detail. Theories of personality and crime suggest a host of possibilities that have barely been considered by researchers in corrections. The issue of amenability or motivation to treatment is an important area of research. James Prochaska and his colleagues (Prochaska, DiClemente & Norcross, 1992) describe methods that a therapist can use to increase the client's motivation to change. Their work has been in the area of addictions, but some of the principles of "motivational interviewing" have relevance to general offenders (Ginsberg et al., 2002; Kennedy & Serin, 1999; Ogloff

& Davis, 2004) and sex offenders (Wilson & Barrett, 1999). Increasing motivation may be particularly important with high-risk offenders who tend to drop out of treatment. If we are to adhere to the risk principle, then we must ensure that high-risk offenders remain in treatment (Wormith & Olver, 2002).

Additional Clinical Principles

Principle 9 (**Breadth**) highlights the importance of targeting multiple criminogenic needs when working with high-risk cases. The higher the risk, the more criminogenic (dynamic risk factors) become evident. Thus, addressing only one or two criminogenic needs among high-risk offenders does not go as far as targeting the multiple criminogenic needs of these individuals.

Principle 10 (**Strength**) has implications for both the accurate prediction of recidivism and for specific responsivity. In regard to prediction, recall the discussion of strengths in Chapter 1. To date, however, there are few examples in the practical world of risk assessment that actually demonstrates improved accuracy when considerations of strengths and risk are combined.

Principle 11 (**Structured Assessment**) underscores the evidence that the validity of structured assessments greatly exceeds that of unstructured professional judgment. In order to adhere to the risk principle, one must reliably differentiate low-risk cases from higher-risk cases, and structured risk assessments do a better job at this than unstructured judgments of risk.

Principle 12 (**Professional Discretion**) recognizes that professional judgment on rare occasions may override structured decisionmaking. However, this principle also stresses that the use of professional discretion must be clearly documented.

Overarching Principles

Principle 1 is overarching because any intervention is expected to respect the norms of the broader and narrower communities of which it is a part. This is as true for correctional activities as it is for the delivery of recreational, dental, medical, or any other services. Ethicality, legality, decency, and cost-efficiency are widely appreciated standards of conduct. All forms of human, social and clinical services are subject to evaluations in regard to ethicality, legality, and some other norms. It is equally true, as indicated in Principle 1, that there is some setting-specificity in the normative context. For example, it is perhaps fair to say that an ethic of caring is more readily evident in some forensic mental health settings than in some prison settings.

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The normative principle is not to be confused with the active "ingredients" of service. The active ingredients for reduced offending are adherence with the core principles of human service, including the principles of risk, criminogenic need, and responsivity. Under certain conditions, adherence with relevant norms will have a positive impact on treatment outcome. For example, addressing noncriminogenic needs may well enhance motivation for participation in treatment and/or enhance an offender's ability to participate more fully in treatment.

Principle 2 recommends that psychological understandings of crime be drawn upon. If you are interested in the criminal behavior of individuals, be sure to work from theoretical perspectives on the criminal behavior of individuals. In particular, general personality and cognitive social learning (GPCSL) theoretical perspectives are recommended. GPCSL perspectives are unsurpassed in their power and wide applicability. Their power resides in (a) the identification of effective clinical practices and interpersonal influence strategies of wide applicability, (b) the specification of major risk, need, and responsivity factors in the analysis and prediction of criminal and noncriminal alternative behavior, (c) a ready integration with biological/neuropsychological perspectives as well as broader social structural and cultural perspectives, and (d) the flexibility to incorporate new conceptions and strategies (such as motivational interviewing). GPCSL is reviewed in detail in Chapter 4.

Principle 3 extends the RNR model of crime prevention to health and other agencies outside of justice and corrections.

Organizational Principles

Principles 13 through 15 stress the importance for policy and management to support the integrity of RNR programming. Staff cannot deliver programs and services in adherence to RNR without the support of their own organization and those of other agencies (mental health, social services, etc.) that can support the rehabilitation of offenders. Note that the relationship and structuring skills inherent in staff practice draw directly upon GPCSL-based interpersonal influence strategies and behavior change approaches.

Alternatives to RNR

Alternatives to the RNR model have been suggested. For example, Ward, Melzer, and Yates (2007) have forwarded a Good Lives Model (GLM). This model posits that personal well-being is attained through the "human goods" of enjoyable friendships, work that is valued, and sexual satisfaction. Is this a better alternative to the GPCSL-based RNR

approach to work with moderate and higher-risk offenders? A Good Lives Model would suggest the following:

1. Offer intensive crime prevention services to low-risk offenders. Our response: Why? They have a low probability of reoffending even without service.

2. Rely on punishment. Our response: Official sanctions will not reduce criminal offending unless human services are delivered in adherence with the principles of RNR.

3. Rely on increasing the personal well-being of the offender. Our response: That is a valid humanitarian aspect of RNR, but it will not reduce criminal offending unless the services are otherwise and additionally in adherence with the principles of RNR. There is no reason to expect reduced reoffending if the criminogenic needs of moderate and higher-risk cases are not reduced.

GLM's conceptualization of rehabilitation suggests that living a fulfilling life is incompatible with crime. Another motto is that enhancing personal well-being automatically results in reduced criminogenic needs. These slogans utterly miss the importance of the contingencies of human action that are stressed within GPCSL perspectives.

Consider the importance of living the most fulfilling life possible through achievement of satisfactions associated with friendship, enjoyable work, loving relationships, creative pursuits, sexual satisfaction, positive self-regard, and intellectual challenge. A simple exercise is to count the ways in which the achievement of such satisfactions could readily increase crime: (1) friendship and loving relationships (with criminal others that increase criminal associates and may also weaken friendships with noncriminal others and foster the acquisition of antisocial sentiments); (2) enjoyable work (the often quick and easy route to rewards and the sometimes exciting pursuit of a criminal career); (3) creative pursuits/intellectual challenge (the joy of beating the system); (4) positive self-regard (personal pride in criminal achievements); and (5) sexual satisfaction (through exploitation of children and/or sexual aggression).

Interventions are supportive of crime if the interventions do not shift the supports for crime in a direction unfavorable to crime (or a shift in the direction of risk factors becoming strength factors). As you proceed through PCC, you will discover example after example of well-intentioned family programs, vocational programs, and substance abuse programs all failing to reduce criminal recidivism unless the contingencies are shifted through adherence with the principles of RNR.

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Summary

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 the rhetoric of official punishment, fundamental human needs, and positive goals can be criminogenic. It is not sufficient to highlight personal well-being or to highlight the accumulation of rewards and satisfactions. It must be made explicit that the contingencies should be supportive of noncriminal alternative routes to rewards. That is what adherence with the principles of RNR is designed to support. Now an overview of the research findings in regard to risk/need factors will be outlined, as will be some research findings in regard to applications of the RNR model.

The Major and Moderate Risk/Need Factors

The Best Validated of Risk/Need Factors

What are the major risk/need factors in the analysis of criminal behavior, and how strongly are they associated with criminal behavior, on their own and when acting in combination? Most often we will use the Pearson correlation coefficient (r) as the measure of strength of association (or effect size). We should be able to rank order potential risk/need factors in terms of the strength of their covariation, or at least form sets of major, moderate, and minor risk factors. Here you will be introduced to the *"Central Eight"* risk/need factors, which incorporate the *"Big Four."* The "Big Four" are proposed to be the major predictor variables and indeed the major causal variables in the analysis of criminal behavior of individuals.

As a preamble to the forthcoming discussion, it will help if you recognize where your authors were coming from when they began doing meta-analyses in the late 1980s. As social psychologists of knowledge will explain, the conclusions drawn from research must in part reflect the decisions made by primary researchers, the meta-analysts themselves, and by reviewers of the meta-analytic reviews. Some of the values underlying our version of PCC were outlined in Chapter 1. While trying to remain open to all types of potential risk/need/strength factors, we are not favorably predisposed toward the social location perspectives, the early forensic mental health perspectives, or deterrence and some other justice perspectives. In part this reflects our understanding of the research literature, including the weak power of the social location, mental health, and deterrence variables found in our own early research and early reviews of the literature.

Before the meta-analytic explosion of the 1990s, the authors (Don Andrews, Jim Bonta, and colleagues such as Robert Hoge, Stephen Wormith, and Paul Gendreau) had a decent handle on the state of both sets of research studies (risk/need factors and correctional treatment). Our group already "knew" by the early 1980s, from our own research and from narrative reviews of the literature by members of our group and by others, that social class of origin and personal emotional distress and mental disorder were minor risk factors at best. We "knew" that various measures of antisocial personality pattern, antisocial attitudes, antisocial associates, a history of antisocial behavior, substance abuse, and problematic circumstances at home and at school or work were all risk factors for criminal behavior. "How could one read Glueck and Glueck (1950), Hirschi (1969), and subsequent longitudinal studies and continue to declare the relative importance of mental illness and class of origin," we thought. "How could one read the literature on the effects of official punishment and correctional treatment and believe that punishment works and treatment does not work," we wondered. And then the meta-analyses began to appear on the academic scene: PCC was energized, and much of what was mainstream sociological criminology and mainstream forensic mental health collapsed and then reformed all in a short period of about 15 years. Deterrence and other justice models, such as restoration, may also now be in the process of transformation through the welcoming arms of therapeutic jurisprudence (Andrews & Dowden, 2007).

In the early 1980s, the first version of the Level of Service Inventory–Revised (LSI-R) was in use in the province of Ontario, Canada (Andrews, 1982, 1994; Andrews & Bonta, 1995). That offender risk/need assessment instrument was built to be scored by probation and parole officers through interviews with offenders and relevant others (e.g., family members) and through reviews of correctional agency and police or court files. The instrument was composed of a set of risk/need items that fell in the domains of antisocial attitudes, antisocial associates, criminal history, substance abuse, family/marital, school/work, leisure recreation, financial problems, accommodation problems, and personal/emotional issues that included signs of antisocial personality problems mixed in with mental health issues. This was our first structured outline of the Central Eight risk and need factors.

The risk/need section of the newer version of the LSI-R (LS/CMI or Level of Service/Case Management Inventory; Andrews, Bonta & Wormith, 2004) has been reduced to the Central Eight (including antisocial personality pattern) with a supplementary sampling of history of violence and aggression. The LS/CMI and the youth version (YLS/CMI: Hoge & Andrews, 2002) are also now gender-informed instruments in that a wider range of noncriminogenic needs are sampled for purposes of program planning. Research over the years with the Level of Service (LS) instruments has greatly sharpened our appreciation of the power of the Central Eight and in particular the predictive power of the Big Four.

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All in all, our research and experience up to the 1990s set us to see the world in terms of major, moderate, and minor risk/need factors. That model has generally been supported by the meta-analyses summarized below. We included this introductory piece, however, to alert the reader to the fact that while we were shaped to discuss the Central Eight, other researchers may choose to describe the major and minor risk/need factors in different ways.

To our knowledge, with perhaps a few exceptions in critical (Marxist/socialist) criminology, critical feminism, and feminism in portions of sociological criminology, there are few investigators or scholars who would deny the overall pattern of results that are described herein. We return to those exceptions presently.

Some researchers do not impose any theoretical order on the findings. They tend to be pure "empiricists" who seek risk assessments composed of the smallest number of assessed factors needed to maximize predictive accuracy. Typically, statistical techniques are employed to select that minimum number of predictive factors. In Chapter 10, these types of risk assessment approaches will be called "second generation" because they tend to ignore dynamic risk factors (or criminogenic needs). On the other hand, the LS instruments, as noted above, are called "third generation" instruments because they carefully survey the major criminogenic needs, or "fourth generation" because in addition to the survey of needs (crimi-nogenic and noncriminogenic) they structure case planning in a manner that is in adherence with the RNR model. As will be seen in Chapter 10, the best of the second-generation instruments do very well as risk assessment instruments, but they are otherwise of very limited value in selecting appropriate intermediate targets and other aspects of service planning. To our knowledge, supporters of second-generation assessments do not deny the evidence that we will be reviewing. Simply expressed, pri-marily they are interested in efficient risk assessment and not the planning of crime prevention services with moderate- and higher-risk cases.

Other researchers may not refer to the Big Four or the Central Eight but do impose different labeling or classification systems. For example, antisocial personality and criminal history may be combined to form a measure of "antisociality," "antisocial potential," or for that matter, Hare's (1991) assessment of "psychopathic personality."

Some prefer to say that all of the Central Eight are the expression of a single factor. Hirschi (2004) called that single factor "weak self-control." These alternative labeling approaches will be introduced throughout the text. To our knowledge, investigators who prefer alternative descriptive labels do not deny the evidence that we outline. As noted above, to our knowledge, with perhaps a few exceptions in critical and feminist portions of sociological criminology, there are few investi-gators or scholars who would deny the evidence. We will take a fresh look at the issue of gender differences shortly.

For now, we want readers to appreciate the state of the evidence on risk/need factors very early in the textbook without arguing about the fine points of measurement and conceptualization. We will develop the theoretical, measurement, and methodological issues as we proceed through the story of PCC.

A Narrative Summary of the Central Eight

Table 2.5 provides a narrative summary of the Central Eight risk/need factors, beginning with the Big Four and followed by the moderate four. Note that the table also specifies dynamic aspects of each risk factor

Table 2.5
Major Risk/Need Factors: The Central Eight

The Big Four

1. **History of Antisocial Behavior**. This includes early involvement in a number and variety of antisocial activities in a variety of settings, such as in the home and out of the home. Major indicators include being arrested at a young age, a large number of prior offenses, and rule violations while on conditional release. Place little weight on the seriousness of the current offense or the amount of injury imposed by the current offense. The latter is an aggravating factor at the time of sentencing, but that is not the same as being a risk factor. In risk assessment, place the emphasis on early onset and number and variety of offenses.
   Strength: Antisocial behavior is absent or so rare that procriminal contributions to antisocial attitudes will be minimal.
   Dynamic need and promising intermediate targets of change: A history cannot be changed, but appropriate intermediate targets of change include building up new noncriminal behaviors in high-risk situations and building self-efficacy beliefs supporting reform ("I know what to do to avoid criminal activity and I know that I can do what is required").

2. **Antisocial Personality Pattern**. In everyday language: impulsive, adventurous pleasure-seeking, generalized trouble (multiple persons, multiple settings), restlessly aggressive, callous disregard for others (see Glueck and Glueck's research in Chapter 3). Other classifications and descriptions of Antisocial Personality Pattern include:
   Defined according to the Multidimensional Personality Questionnaire (Caspi, Moffitt et al., 1994; Patrick, Curtin & Tellegen, 2002). Weak Constraint (low on traditionalism, or endorsing high moral standards; low on harm avoidance, or low on avoiding excitement and danger; low on self-control; low on being reflective and planful). Negative Emotionality (aggression, or causes discomfort in others; alienation and feels mistreated; stress reaction dominated by anger and irritability). Note that Positive Emotionality is not a major correlate of delinquency (the indicators of positive emotionality include being happy, having positive self-esteem, and being sociable).
   Defined according to the Five Factor Model (Miller & Lynman, 2001; Digman, 1990): Low Agreeableness (hostile, spiteful, jealous, self-centered, indifferent to others, antagonistic) and Low Conscientiousness (lack persistence, impulsive, weak planning, weak constraint, criminal values). The following are not major correlates: extraversion (as defined by sociability), openness to experience, and neuroticism (except for items that suggest irritability).
   Defined according to the Seven Factor Model (Cloninger et al., 1993): Novelty Seeking (intense exhilaration/excitement in response to novelty). Low Self-Directedness (self-determination and willpower). Low Cooperativeness (tending to be antagonistic and hostile, not agreeable). Harm avoidance, persistence, and self-transcendence (spirituality) are not associated with antisocial behavior.

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Defined according to the four facets of Hare Psychopathy Checklist (Hare, 2003): The strongest facet is a history of antisocial behavior (as noted above). The weaker facets are the personality aspects of interpersonal glibness, shallow affect and lack of guilt, parasitic lifestyle.

Defined according to the LS/CMI (Andrews, Bonta & Wormith, 2004). Indicators of psychopathy and/or anger problems. Early and diverse antisocial behavior. Criminal attitudes. Generalized trouble in multiple domains.

Strength: High restraint, thinks before acting, highly agreeable.

Dynamic need and promising intermediate targets of change: The dynamic aspects of personality are weak self-control skills, weak anger management skills, and poor problem-solving skills, and the intermediate targets, of course, are to build up those skills.

3. **Antisocial Cognition.** This set of variables includes attitudes, values, beliefs, rationalizations, and a personal identity that is favorable to crime. The cognitive-emotional states associated with crime are anger and feeling irritated, resentful, and/or defiant. Specific indicators would include identification with criminals, negative attitudes toward the law and justice system, a belief that crime will yield rewards, and rationalizations that specify a broad range of conditions under which crime is justified (e.g., the victim deserved it, the victim is worthless).

   Strength: Rejects antisocial sentiments; personal identity is explicitly anticriminal and prosocial.

   Dynamic need and promising intermediate targets of change: The antisocial cognitions are subject to change through reduction of antisocial thinking and feeling and through building and practicing less risky thoughts and feelings

4. **Antisocial Associates.** This risk/need factor includes both association with procriminal others and relative isolation from anticriminal others. This risk/need factor is sometimes called "social support for crime."

   Strength: Close and frequent association with anticriminal others; no association with criminal others.

   Dynamic need and promising intermediate targets of change: This factor is dynamic, and the appropriate intermediate targets are again obvious: reduce association with procriminal others and enhance association with anticriminal others.

The Moderate Four

5. **Family/Marital Circumstances.** The key to assessing both family of origin for young people and marital circumstances for older people is the quality of the interpersonal relationships within the unit (parent-child or spouse-spouse) and the behavioral expectations and rules in regard to antisocial behavior, including monitoring, supervision, and disciplinary approaches. In assessments of youths, the two key parenting variables are nurturance/caring and monitoring supervision. On the part of the young people themselves, look for the young person caring about the parent and caring about the parent's opinions. In the case of marriage (or its equivalent), look for a high-quality relationship (mutual caring, respect, and interest) in combination with anticriminal expectations ("Do you know where your spouse is?"). The risk factor is poor-quality relationships in combination with either neutral expectations with regard to crime or procriminal expectations.

   Strength: Strong nurturance and caring in combination with strong monitoring and supervision.

   Dynamic need and promising intermediate targets of change. Reduce conflict, build positive relationships, enhance monitoring and supervision.

6. **School/Work.** Yet again we place a major emphasis on the quality of the interpersonal relationships within the settings of school and/or work. Generally, the risk/need factors are low levels of performance and involvement and low levels of rewards and satisfactions.

   Strength: Strong attachments to fellow students/colleagues along with authority figures in combination with high levels of performance and satisfaction at school/work.

   Dynamic need and promising intermediate targets of change: Enhance performance, involvement, and rewards and satisfactions.

7. **Leisure/Recreation.** Low levels of involvement and satisfactions in anticriminal leisure pursuits.

   Strength: High levels of involvement in and satisfactions in anticriminal leisure pursuits.

Table 2.5   *(continued)*

Dynamic need and promising intermediate targets of change: Enhance involvement and rewards and satisfactions.

8. **Substance Abuse**. The risk/need factor is problems with alcohol and/or other drugs (tobacco excluded). Current problems with substances indicate higher risk than a prior history of abuse.
    Strengths: No evidence of risky substance abuse, and sentiments tend to be negative toward substance abuse.
    Dynamic need and promising intermediate targets of change: Reduce substance abuse, reduce the personal and interpersonal supports for substance-oriented behavior, enhance alternatives to substance abuse.

Note: The minor risk/need factors (and less promising intermediate targets of change) include the following: personal/emotional distress, major mental disorder, physical health issues, fear of official punishment, social class of origin, seriousness of current offense, and other factors unrelated or only mildly related to offending.

(that is, the criminogenic need factors) as well as appropriate intermediate targets of change when an ultimate interest is reduced future offending. The positive extremes are listed as strengths. Each factor is thereby formulated to encourage adherence with the risk, criminogenic need, and strength principles of RNR.

The specification of a history of antisocial behavior notes the importance of not equating risk of offending with seriousness of the current offense. The indicators of risk are early involvement, an extensive history, a variety of antisocial activities (property plus violent offences), and rule violations even while under supervision (e.g., parole violations).

A major error in risk assessment is to score seriousness of the current offense as a risk factor. It is not a major risk factor. It is an aggravating factor in sentencing (in the sense that the more serious the injury imposed by an offense, the more severe the penalty). Just desert and risk of reoffending reflect different concerns.

The descriptions of antisocial personality factors uses everyday language as well as the more precise language associated with certain well known personality classification and dimensional systems. You will learn more about those systems in subsequent chapters, and you do not need to feel that you must have an in-depth appreciation for each system now. An antisocial personality pattern in regard to risk/need typically involves at least two relatively independent dimensions. One is weak self-control and a lack of planning. The second is negative emotionality (in the sense of irritability, feeling mistreated, and being antagonistic).

It is important to note that the trait measures of antisocial pattern assess these predispositions as relatively stable, enduring factors. However, self-control and negative emotionality may also be assessed as acute dynamic factors. Acute changes, such as an angry outburst, are highly important in a GPCSL understanding of variation in criminal activity.

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Finally, the personality research is also very helpful in identifying factors that have very little to offer in understanding individual differences in criminal activity. Considering so many misunderstandings of crime and criminals that are widely and actively promoted, it is quite helpful to attend to those aspects of personality that are not associated with criminal activity in a major way. These weak factors include happiness, self-esteem, sociability, spirituality, openness to experience, feelings of anxiety and worry, and psychopathology. We will be returning to these issues throughout the text because misunderstandings of crime and criminals are so common. It appears that some happy people are offenders, and many are not offenders; some sad people are offenders, and many sad people are not; and so on. You should feel free to provide your own examples.

Some of these noncriminogenic factors may well be specific responsivity factors. You may approach and work with sad people in ways that are different from the ways you work with happy people. Some sad offenders may be so sad that they are unable to focus on treatment. Some happy offenders may be so happy with their being and circumstances that they show little interest in making any changes. Why would they want to reduce criminogenic needs when their criminal activity is obviously contributing to their well-being?

Meta-Analyses of Risk/Need Factors

Resource Note 2.1 summarizes an early meta-analysis conducted primarily at the University of New Brunswick by Paul Gendreau, Claire Goggin, and Chantel Chanteloupe. It was a primitive meta-analysis in many ways, but its overall pattern of results has now been replicated by many reviewers. You will note for purposes of categorization, in those early years, studies of antisocial attitudes and antisocial associates were pooled in a single category. Similarly, antisocial personality pattern and history of antisocial behavior were pooled. Thus, the Big Four were represented by only two categories. In the early study, parent characteristics (e.g., father's criminal history) and family structure (e.g., single-parent home) were pooled with studies of family cohesiveness and parenting practices.

Inspection of Resource Note 2.1 reveals that the pattern was clear. Lower-class origins and personal distress/psychopathology were minor risk factors compared to the other sets of variables. This was true for males and females, whites and blacks, and for younger and older persons. The pattern was evident whether cross-sectional or longitudinal designs research were used and whether criminal behavior was defined by self-report or by official records. Whatever way you cut it, attitudes/associates and personality/history were most strongly correlated with criminal behavior.

Resource Note 2.1

The University of New Brunswick/Carleton University Meta-analysis of Predictors of Criminal Behavior: Highlights of Findings

This ongoing project (Gendreau, Andrews, Goggin & Chanteloupe, 1992) involves a survey of all studies of the correlates of crime published in the English language since 1970. The studies were uncovered through automated library searches, surveys of key review articles, and follow-ups on reference lists of the studies in hand.

Approximately 1,000 studies had been listed, 700 studies located, and 372 studies subjected to content analysis and meta-analysis. These 372 studies yielded more than 1,770 Pearson correlation coefficients, each of which reflected the covariation of some potential correlate of individual criminal conduct with some measure of criminal conduct.

Reflecting the general personality and social psychological perspective underlying this text, particular risk/need factors were assigned to seven categories. These categories were: (1) lower-class origins as assessed by parental educational and occupational indices and neighborhood characteristics, (2) personal distress indicators, including "psychological" measures of anxiety, depression, and low self-esteem as well as more "sociological" assessments of anomie and alienation, (3) personal educational/vocational/economic achievement, (4) parental psychological status and functioning as well as family cohesiveness and parenting practices, (5) antisocial temperament, personality, and behavioral history, (6) antisocial attitudes and antisocial associates, and (7) other variables not obviously fitting within the first six categories.

The mean correlation coefficients for each of the first six categories of risk/need factors were as follows (with number of coefficients in parentheses):

1. Lower-Class Origins .06 (97)
2. Personal Distress/ .08 (226)
   Psychopathology
3. Personal Education/ .12 (129)
   Vocational Achievement
4. Parental/Family Factors .18 (334)
5. Temperament/ .21 (621)
   Misconduct/Personality
6. Antisocial Attitudes/ .22 (168)
   Associates

The rank ordering of the six sets of risk/ need factors has proven to be very robust across various types of subjects (differentiated according to gender, age, and race) and across methodological variables (such as self-report versus official measures of crime and longitudinal versus cross-sectional designs). The robustness of these findings is illustrated in the following table:

In summary, the research findings reveal that lower-class origins and personal distress are *minor* risk factors for criminality relative to indicators of antisocial propensity drawn from assessments of family, personality, attitudes, and interpersonal association patterns.

Mean Correlation Coefficient by Type of Risk/Need Factor and Various Control Variables (N)
Type of Risk/Need Factor

	1		2		3		4		5		6	
Overall	.06	(97)	.08	(226)	.12	(129)	.18	(334)	.21	(621)	.22	(168)
Gender												
Male	.04	(58)	.09	(157)	.11	(180)	.16	(180)	.18	(461)	.21	(113)
Female	.03	(12)	.08	(19)	.13	(7)	.16	(43)	.23	(38)	.23	(12)

Resource Note 2.1 (continued)

Mean Correlation Coefficient by Type of Risk/Need Factor and Various Control Variables (N)
Type of Risk/Need Factor

	1		2		3		4		5		6	
Age												
Juvenile	.03	(49)	.09	(66)	.10	(40)	.18	(151)	.22	(142)	.23	(63)
Adult	.05	(49)	.09	(105)	.12	(60)	.11	(64)	.18	(301)	.19	(50)
Race												
White	.05	(20)	.09	(102)	.10	(56)	.20	(148)	.19	(235)	.24	(77)
Black	.07	(7)	.05	(6)	.17	(5)	.12	(22)	.22	(23)	.29	(10)
Measure of Crime												
Self-reported	.00	(28)	.08	(31)	.10	(19)	.14	(94)	.20	(58)	.25	(42)
Official	.06	(40)	.10	(140)	.12	(81)	.18	(121)	.19	(385)	.19	(71)
Design												
Longitudinal	.11	(47)	.08	(152)	.14	(89)	.17	(179)	.21	(423)	.20	(118)
Cross-sectional	.03	(50)	.08	(74)	.08	(40)	.19	(156)	.19	(198)	.27	(50)

1) Lower-Class Origins 2) Personal Distress/Pathology 3) Personal Education/Vocational Achievement
4) Parental/Family Factors 5) Temperament/Misconduct/Personality 6) Antisocial Attitudes/Associates

Linda Simourd, at Carleton University at the time, was particularly interested in adolescent criminality and gender (Simourd & Andrews, 1994). She drew a fresh set of studies, each of which assessed both young men and young women with the same instruments. As summarized in Table 2.6, it is stunning how similar her findings were to the University of New Brunswick findings. The similarity is evident in regard to the relatively weak strength of class of origin and personal distress and the stronger validity of personality. Linda Simourd added some improvements to the analysis. She hypothesized that the parenting skills of nurturance/caring and monitoring/supervision were more important than family structure (single-parent status, etc.) and parental history

Table 2.6
Mean r by Gender (k = number of primary correlations)

		Female	Male	Total
(1)	Lower-Class Origins	.07	.06	.05 (38)
(2)	Personal Distress/Psychopathology	.10	.09	.07 (34)
(3)	Family Structure/Parent Problems	.07	.09	.07 (28)
(4)	Minor Personality Variables	.18	.22	.12 (18)
(5)	Poor Parent–Child Relations	.20	.22	.20 (82)
(6)	Personal Education/Vocational Achievement	.24	.23	.28 (68)
(7)	Temperament/Weak Self Control/Misconduct History	.35	.36	.38 (90)
(8)	Antisocial Attitudes/Associates	.39	.40	.48 (106)

Adapted from Simourd and Andrews, 1994

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.08 (226)
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variables. Note that the mean *r*s for the latter variables were no greater than those for personal distress while parent-child relations were much more strongly associated with youthful offending. Linda Simourd also strengthened the personality/history set by putting factors such as extroversion in the minor personality set. The personality set then only included personality factors such as psychopathy, weak self-control, anger, and resentment, with substantial gains in the mean effect size. The pattern was virtually identical for the boys and for the girls. Remember, the correlations do not imply that the boys and girls are equally involved in criminal activity or that they score in similar ways on measures of the risk/need factors. Indeed, if young women are less involved in criminal behavior than are young men, we expect that young women will score as lower-risk on average on at least some of the factors than do the young men.

Table 2.7 is interesting because it summarizes the findings of eight separate meta-analyses, including the two noted above. This is possible because each meta-analysis made use of the Pearson *r* as the measure of effect size and hence we can report on the grand mean effect size for each of the Central Eight risk/need areas and we can compute separate grand means for the Big Four and the residual four of the Central Eight. We also report a grand mean for a set of risk/need factors that we label minor a priori on the basis noted in our introduction to this section. Not all of the meta-analytic studies computed the *r* values in exactly the same way but that is controlled for in that the minor variations were constant within meta-analytic studies.

CI is the Confidence Interval that gives the range of values that are likely to occur around the mean effect size. Typically, the CI is set at 95 percent, meaning that 95 percent of the time the true mean falls within that interval. The grand mean *r* for the Big Four was .26, and 95 percent of the time the true mean would fall between .22 and .30 (the CI range). The grand mean for the moderate set was .17 with a CI of .13 to .20. The mean for the minor set was .03 (CI = −.02 to .08). The latter CI includes .00, hence the mean of .03 is not significantly different than .00, which indicates that on average there is no relationship between the potential predictor variables and criminal behavior.

This pattern of results is rather powerful evidence for the predictive power of the Big Four (and the Central Eight) relative to lower-class origins, personal distress, and fear of official punishment. The CIs are nonoverlapping and thus the three means are significantly different statistically. However, only one meta-analytic study included leisure/recreation as a potential risk/need factor, and that study was Number Five, which included the Central Eight subscales of the LS/CMI (as noted above). Obviously, more work is needed on leisure /recreation as a member of the Central Eight.

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The Predictive Validity of Composite Assessments of the Central Eight

The applicability of the findings reviewed in Tables 2.3 through 2.7 is a major theoretical, empirical, and practical issue. The LS/CMI is a comprehensive offender assessment instrument and will be described more fully in Chapter 10. The first section of the LS/CMI provides a General Risk/Need score, which is the sum of scores on assessments of the Central

Table 2.7

The Correlation (r) Between Criminal Behavior and the Central Eight, Personal Emotional Distress, and Lower-Class Origins: Mean Estimates from Eight Meta-Analyses

	Meta-analytic Review							
	One	Two	Three	Four	Five	Six	Seven	Eight
History of Antisocial Behavior								
	.21p	.38p	.16	.26	.35	.22	.28	.16
Antisocial Personality Pattern								
	nt	nt	.18	19	.31	.12	.34	.33
Antisocial Attitudes								
	.22p	.48p	.18	nt	.21	nt	.15	.36
Antisocial Associates								
	nt	nt	.21	.37	.27	nt	nt	.28
Grand Mean of Big Four Risk/Need Mean Estimates (.26, 95% CI = .22/.30, k = 24)								
	.22	**.43**	**.18**	**.27**	**.29**	**.17**	**.26**	**.28**
Family/Marital								
	.18	.20	.10	.19	.16	.10	.14	.33
Education/Employment								
	.12	.28	.13	.19	.28	.04	.17	.21
Substance Abuse								
	nt	nt	.10	.06	.24	.11	.22	.06
Leisure/Recreation								
	nt	nt	nt	nt	.21	nt	nt	nt
Grand Mean of Moderate Risk/Need Mean Estimates (.17, 95% CI = .13/.20, k = 23)								
	.15	**.24**	**.11**	**.15**	**.22**	**.08**	**.18**	**.20**
Lower-Class Origins								
	.06	.05	.05	.10	nt	.00	nt	nt
Fear of Official Punishment (Deterrence)								
	nt	nt	nt	nt	nt	nt	nt	−.25
Personal Distress / Psychopathology								
	.08	.07	.05	nt	.14	−.04	.02	−.08
Verbal Intelligence								
	nt	nt	.07	.11	nt	.01	nt	nt
Grand Mean of Minor Risk Factor Mean Estimates (.03, 95% CI = −.02/.08, k = 16)								
	.07	**.06**	**.07**	**.11**	**.14**	**−.01**	**.02**	**−.17**

p: pooled estimates for attitudes / associates and for history/personality; nt: not tested.

Notes: The meta-analytic studies: One: Gendreau, Andrews, Goggin & Chanteloupe (1992); Andrews & Bonta (2003:75–76). Two: Simourd & Andrews (1994). Three: Gendreau, Little & Goggin (1996). Four: Lipsey & Derzon (1998). Five: from data in Andrews, Bonta & Wormith (2004). Six: Bonta, Law & Hanson (1998); Seven: Hanson & Morton-Bourgon (2004). Eight: Dowden & Andrews (1999ab); Andrews & Bonta (2003:310).

Eight risk/need factors. The scores may be grouped into five levels of risk/ need from Very Low to Very High. The scores have been found to link with reoffending in U.S., Canadian, Singaporean, and U.K. samples of men and women and various other groups (Andrews et al., 2004). Inspection of Table 2.8 reveals the recidivism rates for offenders from Ontario, Canada. Overall, in the total sample, the recidivism rates increased directly with LS/ CMI risk/need scores (the correlation of risk and reoffending was .44). The recidivism rates are presented as percentages at each level of risk/need. Examining the first row, it is evident that 9 percent of the 151 probationers scoring very low-risk recidivated, 20 percent of the 169 low-risk cases recidivated, through to 100 percent of the two very high-risk cases.

In two of the meta-analyses already reviewed in this chapter, we have seen that the predictive validity estimates were virtually identical for male and female samples. Still, it is not at all unusual in the feminist and critical criminology literature to read that the predictive validity of the Central Eight does not hold up for various combinations of age, gender, and poverty. Indeed, it is sometimes said that the predictive value of members of the Central Eight *really* reflect the predictive power of age, gender, and socio-economic inequality. These challenges demand serious consideration and will be considered throughout the text. For now, and very briefly so, we explore the applicability issue with the LS/CMI General Risk/Need scale that we mentioned has helped to shape our views regarding prediction.

Table 2.8 presents the association between LS/CMI risk/need and the recidivism of female and male probationers, for young and adult offenders, and for those who rely on social assistance and those who are

Table 2.8
Percent Reoffending by Intake LS/CMI General Risk /Need Level for Subgroups of 561 Probationers Based on Gender and Poverty (n).

	Risk Level				
Very Low (0–4)	Low (5–10)	Medium (11–19)	High (20–29)	Very High (30+)	r with Recidivism
Total Sample					
09 (151)	20 (169)	48 (196)	72 (43)	100 (2)	.44
Female Offenders					
05 (37)	11 (27)	37 (24)	78 (9)	—(0)	.50
Male Offenders					
10 (114)	22 (142)	49 (172)	71 (34)	100 (2)	.41
Young Offenders					
09 (32)	31 (39)	59 (51)	87 (16)	100 (2)	.52
Adult Offenders					
09 (119)	17 (130)	44 (145)	63 (27)	—(0)	.38
Poverty: Relies on Social Assistance					
09 (11)	25 (24)	47 (72)	77 (22)	—(0)	.39
Does Not Rely on Social Assistance					
09 (140)	19 (145)	48 (124)	67 (21)	100 (2)	.43

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not economically dependent on the state. The values in the table come from a re-analysis of the original LSI databank (Andrews & Bonta, 1995). Generally, the assessment scores were predictive of criminal futures within the total sample and within subgroups defined by gender, age, and social class.

Table 2.8 was intended to be descriptive and illustrative. Later in the text (Chapter 10), we will explore the issues of wide applicability meta-analytically, and do so in detail. The evidence is that LS general risk/need predicts the criminal recidivism of female offenders at least as well as it does that of male offenders. In other words, LS risk/need is a gender-neutral predictor of criminal recidivism, even though it is well-established that, on average, male offenders are more likely to reoffend than are female offenders.

Indeed, generally, boys are more likely to engage in antisocial activity than are girls, and the gender difference in criminal activity extends into adolescence and adulthood. Still, gender similarities in the predictive validity of some risk/need factors far outweigh gender differences. If males are more into offending, it suggests that, on average, they score higher on risk/need factors than do females. It does not imply that there are gender differences in what constitutes risk/need factors.

Likewise, gender differences in scores on particular domains of need do not imply gender differences in the predictive validity of those particular domains. For example, it is often noted that women experience more incidents of sexual abuse and greater levels of emotional distress than do men. However, that does not mean that there are gender differences in the validity of assessments of victimization or anxiety in the prediction of offending.

Few, if any, scholars and/or practitioners would deny the existence of some gender-specificity in risk/need factors. Male-specific factors are predictive only with males. Female-specific factors are predictive only with females. Empirically, however, the establishment of gender similarities and differences in the predictive validity of risk/need factors must actually be based on studies of gender similarities and differences in which the findings with samples of females and males are actually compared. Gender-specificity is sometimes implied by the use of terms such as "gendered," "gender-informed," or "gender-responsive" without the actual testing of gender differences in the predictive validity of the risk/need factors.

Fascinated by the ability to identify examples of gender-specific risk/need factors, we gathered together all the meta-analyses we could find and sought to uncover gender differences in the validity of risk/need factors. The risk/need factors explored in particular are from a set of "gender-informed" (GI) factors. "Gender-informed" factors are ones suggested by gender-informed theoretical perspectives on crime. Three social location factors (age, ethnicity, and social class) are suggested to be

of importance by critical feminists in particular. "Critical feminism" is based on critical criminology wherein the label "critical" refers to Marxist (and sometimes socialist) perspectives. Emotional distress, victimization, poverty, and housing problems are suggested to be important risk/need factors by some critical feminists, by some sociological feminists, and within some humanistic perspectives on female offenders. The seven factors are not exhaustive of all possible GI factors but they constitute a reasonable sample of factors.

Inspection of Table 2.9 reveals no evidence of female-specificity in the risk/need factors reviewed. All factors were minimal-to-mild risk/need factors for females and for males. Being younger is a stronger risk factor for males than for females, and abuse history is a stronger risk factor for females than for males. Salience indicates that a factor is predictive with both males and females but stronger with males (male-salient) or stronger with females (female-salient). Technical Note 2.1 identifies the eight meta-analyses that are summarized in Table 2.9.

Of course, there will be some exceptions under some circumstances, but the available evidence is that despite myriad differences between females and males, many of the best-established risk/need factors are gender-neutral in their predictive validity. This appears to be the case with GPCSL-based risk/need factors (e.g., LS/CMI general risk/need as in Table 2.8) and with some risk/need factors identified within gender-informed perspectives (as in Table 2.9).

A major task of the remainder of the textbook is to reveal how the knowledge regarding risk/need factors grew and to outline the theoretical and practical applications. There is however, another story remaining to be told. How is it possible that the objectives of PCC were so seriously challenged within mainstream sociological criminology? How is it possible that the same objections and challenges are currently being raised by some sociological criminologists in regard to female offenders?

Table 2.9
Mean Predictive Validity Estimate for Gender Informed Risk/Need Factors by Gender: Overall Mean r was Averaged Over Mean Estimates Found in up to Eight Meta-Analyses

	Female	Male	A Gender-Neutral Factor?
Being Younger	.06	.15	Yes, but Male Salient
Being Non-White	.07	.06	Yes
Lower-Class Origins	.06	.07	Yes
Emotional Distress	.11	.12	Yes
Abuse History	.13	.06	Yes, but Female Salient
Poverty	.19	.16	Yes
Housing	.16	.16	Yes

Note. See Technical Note 2.1 for a fuller presentation of the eight meta-analyses summarized here.

The evidence regarding the correlates of criminal behavior was apparent as early as 1950 and verified over and over again even up to the 1970s. Even within forensic mental health (the domain of clinical social workers, psychiatrists, and psychologists), the belief was that you cannot predict serious crime. If what has just been reviewed is an accurate rendering of the evidence, how is it that the evidence was missed for so long? We are not asking about the reasons underlying the discounting of PCC outlined in Technical Note 1.3. We are talking about the specific knowledge-destruction techniques that must have been employed for PCC to be discounted while social class theory thrived in mainstream criminology and mental illness models thrived in forensic mental health. We will return to this point in later chapters. Now we turn to the research literature on an understanding of the ability to influence criminal offending through applications of the RNR model of correctional treatment.

Experimental Investigations of the Effectiveness of Correctional Treatment: A Quick Look at What Works and Research Support for the RNR Model

The issue of the effectiveness of correctional programs has been a controversial one. Before RNR, many within criminology had taken the position that, simply put, "nothing works." These criminologists appear to have known a priori that a focus on individual offenders could not work. Hence, they endorsed without criticism program evaluations that failed to establish the effects of human service and severely criticized studies that appeared to find evidence in support of particular approaches to counseling or supervision.

For mainstream criminology, human service could be rejected outright a priori because it was inconsistent with their myths. The myths were that individual differences in criminal activity are trivial, any important variability reflects social location and social inequality, criminal behavior is essentially unpredictable, and "nothing works" except perhaps a reduction in socioeconomic inequalities.

Having rejected direct human service, many in mainstream criminology and criminal justice fell into the active endorsement of official punishment in controlling the criminal conduct of individuals (to be reviewed in Chapter 13). Here we take just a brief look at the cumulative findings of the treatment effectiveness literature.

First, note that we have been unable to find any review of experimental studies that reveals systematically positive effects of official punishment on recidivism. That is, there is no evidence, beyond incapacitation effects, that official punishment reduces recidivism. In contrast, studies of direct service have been conducted in the context of a variety of con-

ditions of judicial sanctioning, such as diversion, probation, and custody. In dramatic contrast to the effects of official punishment, reduced recidivism was demonstrated in 40 to 80 percent of the studies. The reviews of controlled studies of human service programs in corrections began to appear in the literature in the 1950s.

In a review published in 1954, Bernard Kirby was able to locate only four studies of correctional counseling that approximated experimental ideals. Three of the four studies produced findings that were favorable to the notion that direct and controlled interventions were responsible for decreases in criminal behavior. By 1966, Walter Bailey was able to find 100 studies of correctional effectiveness in the research literature; nearly 60 percent (13 of 22) of the better controlled studies found evidence in support of the idea that type of intervention was related to outcome. In 1972, Charles Logan reviewed the literature. Our inspection of his tables showed that at least 18 studies focused on counseling procedures, involved the use of experimental and control groups, and employed objective outcome indices. At least 50 percent of these studies found evidence in support of counseling.

Martinson (1974) and Lipton, Martinson, and Wilks (1975) examined more than 230 studies. A minimum of 40 percent and up to 60 percent of the studies yielded results consistent with a conclusion that some treatments work. Reporting in 1979, Paul Gendreau and Robert Ross found 95 reasonably well-controlled studies published between 1973 and 1975. Eighty-six percent of the studies reported some significant levels of reduced criminal behavior as the result of treatment. Again, in 1987, they reached essentially the same conclusions based upon studies published between 1981 and 1987. In 1989, Mark Lipsey reported on the findings of more than 400 studies of correctional effectiveness, wherein 60 percent reported positively.

How could "nothing works" prevail and punishment be promoted when, at a minimum, the research evidence suggested that at least some programs appeared to be working for some offenders under some circumstances? The evidence was not consistent with the myths of sociological criminology. The myths were: (a) the roots of crime are buried deep in structured inequality, (b) individual differences and personal variables are trivial or just a reflection of social class, and (c) correctional treatment/rehabilitation cannot possibly work because the psychology of criminal behavior is misguided. The problem is theoreticism. *Theoreticism* entails accepting or rejecting knowledge, not on the basis of evidence, but on the basis of personal and professional interests and/or on the basis of political ideology.

The meta-analyses have proved to be less readily dismissed than the narrative reviews. The Carleton University meta-analyses of effective correctional treatment and many other meta-analyses will be reviewed in detail later in the chapters on prevention and rehabilitation. For now, we

present a brief summary to give an overview of the findings and to see how research design, methodological issues, and knowledge-destruction approaches may be explored in meta-analyses. Technical Note 2.2 summarizes the anti-rehabilitation themes that allowed dismissal of the positive pattern of results evident even in the narrative reviews.

The Carleton University databank (Andrews, Dowden & Gendreau, 1999) includes information on 374 controlled experimental tests of the effects on recidivism of various judicial and correctional treatment interventions. Every test represents an approximation of the ideals of the true experimental design in that there is an intervention and a comparison group, and group members are followed forward in time for a specified time period. A measure of recidivism is taken on the intervention and comparison group in each study and the differences computed within the many studies are expressed by a common measure of effect size (in our case, the Pearson correlation coefficient, which is also known as the phi coefficient when two groups are compared on a binary outcome such as no-yes in regard to reconvictions). Variability in effect sizes may be explored through investigation of study, methodological, and treatment variables as potential moderators of the sources of variability in effect size. Recall that we have already seen that the specific targets of change selected were a major source of variability in effect size.

Overall, the 374 tests yielded a mean effect size of .08, with a dramatic range of effect sizes varying from –.43 (a 43 percentage-point increase in recidivism, according to the Binomial Effect Size Display (BESD; Resource Note 1.1) to .83 (an 83 percentage point reduction in recidivism). What can we do in the face of such variability? First, note that on average, the least valid conclusion is that nothing works. Rather, in 374 tests, the mean effect is not .00 (no effect on average) and it is not a negative value, which would indicate, on average, an increase in reoffending. What was found, on average, was a mild decrease in reoffending. Using the BESD, on average, the recidivism rate in the intervention group was 46 percent [(50 – 8)/2], and 54 percent [(50 + 8)/2] in the comparison group. The mild positive effect encourages exploration of the sources of variability in effect size. What can account for the more negative, the more neutral, and the more positive findings represented in the research literature? Only a small sampling of variables is explored here because later chapters will focus on official punishment and human service/treatment in more detail.

The Effects of Severity of Sanctions

Among the 374 tests were 101 tests of the effects of increases in the severity of official punishment. These tests compared, for example, longer versus shorter periods of community supervision, longer versus shorter periods of incarceration, a custody disposition versus a community-based

disposition, and formal arrest versus a warning. The overall mean effect of increases in the severity of the penalty was a very mild increase in reoffending (mean $r = -.03$, range $-.32$ to $.22$, 95% confidence interval (CI): $-.05$ to $-.03$). Once again, there is considerable variability, but 95 percent of the time the true mean value resides in the narrow negative range of $-.03$ and $-.05$.

The Effects of Correctional Treatment. Among the 374 tests were 273 tests of the effects of human service in the justice contexts of community supervision, custody, and diversion from the justice system. The human service programs studied included academic and vocational programs, skill-building programs, family therapy, substance abuse treatment, and anything that identified itself as a correctional treatment program as opposed to an official punishment. The mean effect size was $.12$ (range $-.43$ to $.83$, CI $= .09$ to $.14$.) The value of $.12$ is mild but positive, and the confidence intervals do not even overlap with those for official punishment. On average, employing the BESD, the average recidivism rate for the treated offenders was 44 percent $[(50 - 12)/2]$ and 56 percent for the comparison group, a 12 percentage point difference.

Testing RNR Principle # 4 (Introduce Human Service)

As noted above, the mean effect of increases in the severity of sanctions was a mild increase in reoffending ($-.03$, CI $= -.05$ to $-.03$). In contrast, the mean effect of service delivery was a mild decrease in reoffending ($.12$, .CI $= 09$ to $.14$). For purposes of reduced offending, introduce human service into the justice context. That is, adherence with the human service principle was associated with reduced reoffending (see Figure 2.1).

The Effects of Clinically Relevant and Psychologically Informed Human Service: Adherence to the Three Core Principles of Risk-Need-Responsivity (RNR)

The three core principles support delivering human service to higher-risk rather than lower-risk cases (**risk principle**), targeting dynamic risk factors (**the criminogenic need principle**), and using generally powerful influence and behavior change strategies (**general responsivity principle**: use behavioral/social learning/cognitive behavioral strategies rather than unstructured, nondirective, or "get tough" approaches). Inspection of Figure 2.2 reveals that adherence with the risk principle—that is, delivering human services to higher risk cases—results in a larger mean effect size than does nonadherence with the risk principle. The figure also reveals that adherence with the principles of need and general responsivity each yield higher mean effect sizes than does nonadherence.
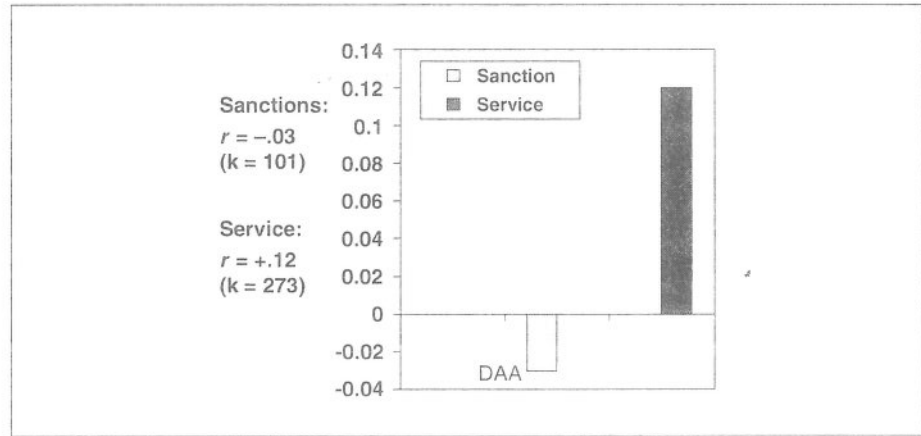
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Figure 2.1
Mean Effect Size (r) by Principle of Human Service (k = 374)
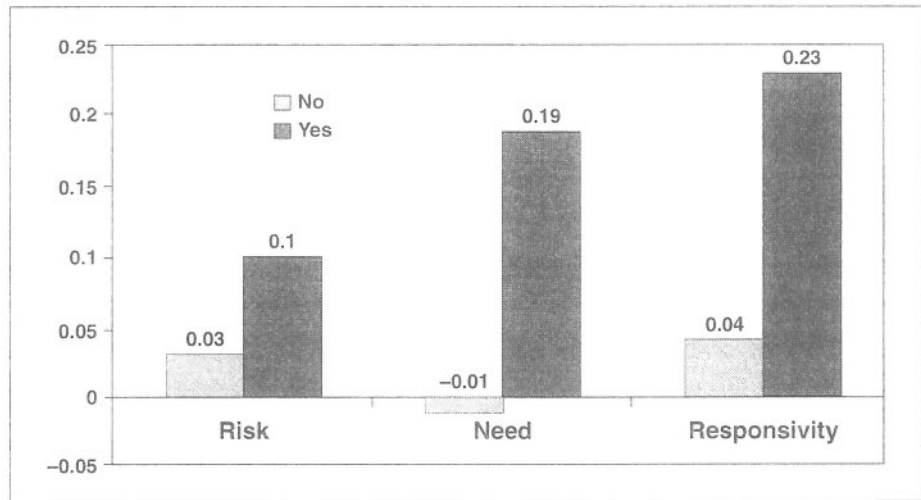
Figure 2.2
Mean Effect Size (r) by Adherence to Principles (k = 374)

The meta-analytic researchers computed a simple four-level index of overall adherence with risk, need, and general responsivity. A score of "0" was assigned to those programs that were pure punishment without any human service or to human service programs that were not in adherence with any of the three core principles. A score of "1" was assigned to those tests of treatment that were in adherence with only one of the three principles. A score of "2" indicates adherence with two of the three, and a score of "3" indicates human service that is in full adherence with risk, need, and general responsivity.

When human service is delivered in corrections and that service adheres to the principles of risk, need, and general responsivity (RNR), the mean

effect size was .26 in 60 tests of treatment. When only two of the three human service principles are met, the mean effect size drops to .18 (in 84 tests). With conformity to only one of the three principles, the mean effect size is a mere .02 (106 tests). When no human service is introduced and/or human service is delivered in a manner inconsistent with each of risk, need, and responsivity principles, such as a high-intensity psychodynamic therapy targeting self-esteem, the mean effect size is –.02 (124 tests). Figure 2.3 provides a graphic representation of the effects on reduced recidivism of RNR adherence. It appears that nonadherence with RNR may actually be increasing crime and that the hope for crime prevention resides in the delivery of treatment services consistent with the major principles of effective correctional treatment. This is a serious conclusion and needs to be subjected to very serious critical review. You will be presented with considerations of RNR adherence throughout the text as various contextual and potential moderator variables are explored.

For now, Figures 2.4 through 2.6 illustrate the same basic findings with female offenders and male offenders, with young offenders and adult offenders, and in follow-ups of prisoners and offenders in community corrections.

Figure 2.7 presents a different but very important finding. It speaks to the importance of integrity in service delivery. Integrity refers to adherence with our fourteenth (staffing) and fifteenth (managerial) RNR principles. It is apparent that without adherence to the core clinical principles of RNR, the integrity of service delivery does not matter at all. You can't make up for nonadherence to the core principles through the selection, training, and clinical supervision of therapists (or counselors or officers). Figure 2.8 summarizes the increases in crime prevention effects through cumulative levels of RNR adherence.
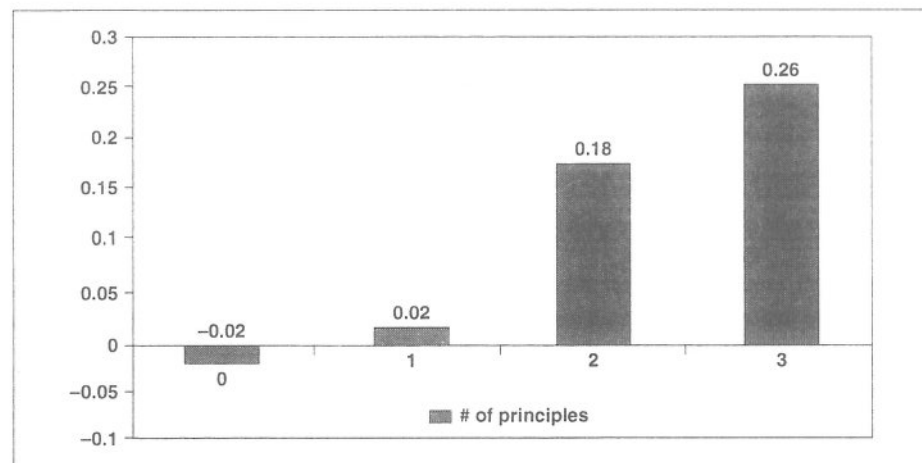

Figure 2.3
Mean Effect Size (r) by Adherence to the Number of Principles

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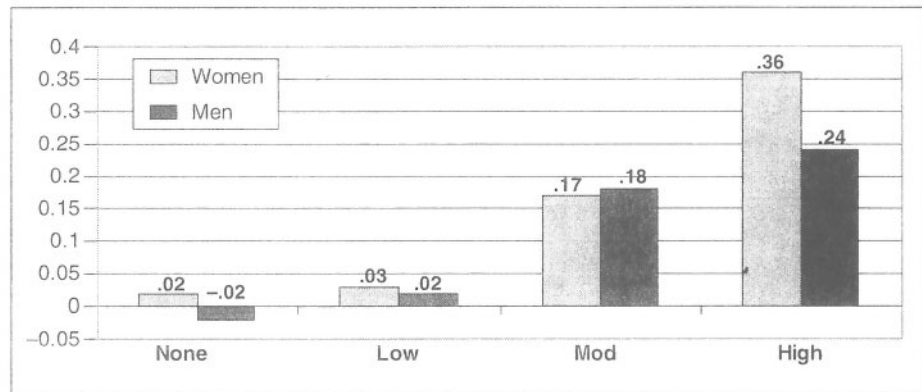ll. You can't
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Figure 2.4
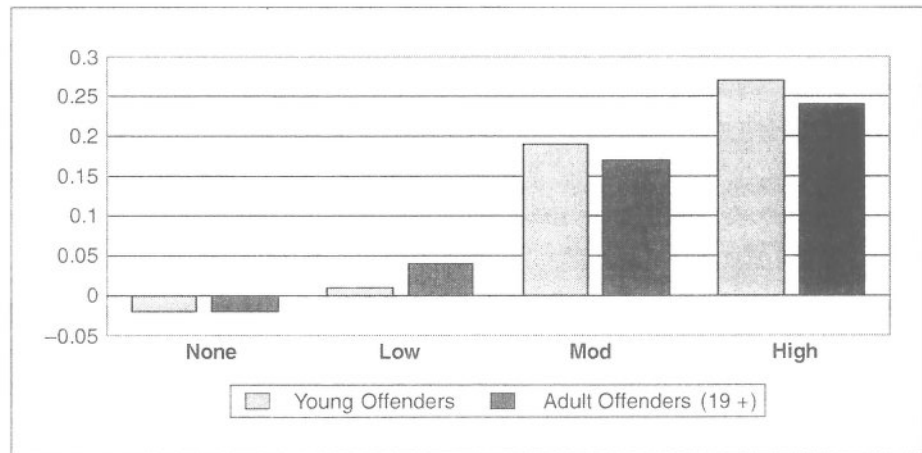Mean Effect Size (r) by RNR Adherence and Gender

Figure 2.5
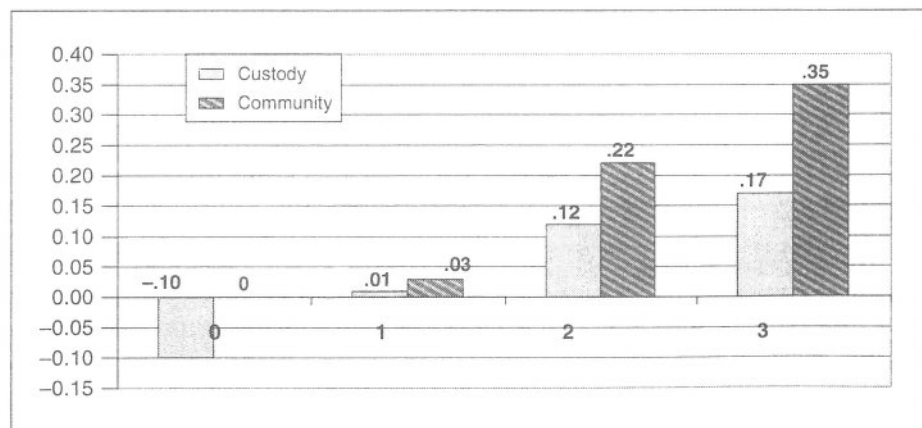Mean Effect Size (r) by RNR Adherence and Offender Age

Figure 2.6
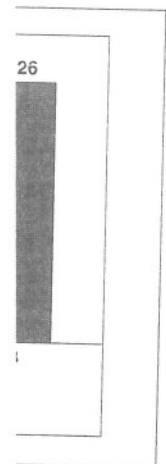Mean ES (r) by RNR Adherence and Correctional Setting (Custody/Community)

Low RNR
ADHERENCE

$r = .06ns$
(k =144)

High RNR
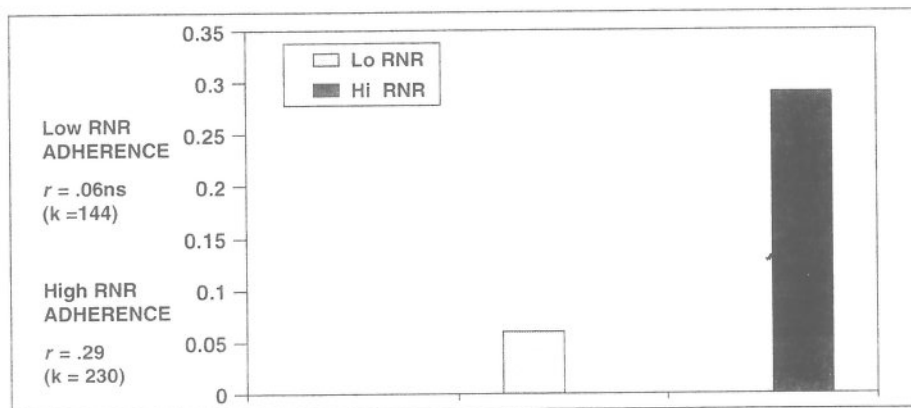ADHERENCE

$r = .29$
(k = 230)

Figure 2.7
The Correlation of Effect Size with Adherence to Staffing and Management Principles by
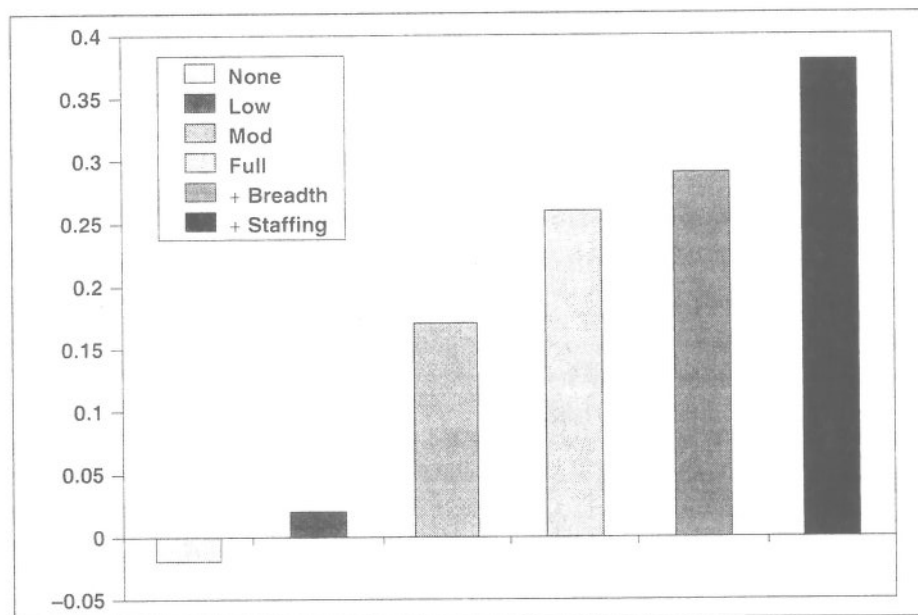Level of Adherence with the Core Clinical Principles of RNR

Figure 2.8
Mean ES by Increasing Levels of RNR Adherence

We have used the Carleton University findings to introduce the basic
results regarding the effects of official punishment and of correctional
treatment. As will become clear as you progress through the text, the
evidence comes from many additional sources. James McGuire (2004)
lists 42 meta-analyses of the effects of correctional treatment on recidi-
vism published since the late 1980s.

Mark Lipsey (2009) has independently reviewed the literature on effective interventions with young offenders. He finds support for the human service or therapeutic principle, for the risk principle, for the importance of program integrity, and for behavioral and cognitive behavioral strategies. Unfortunately, his tests of general responsivity were limited to only some of the service programs, and he did not code for the need principle. Much more remains to be said about correctional treatment and will be developed throughout this book. We now turn to Chapters 3 and 4, which deal with the development of knowledge through theory and theoretically relevant research.

Worth Remembering

1. The risk-need-responsivity (RNR) model of correctional assessment and treatment is based on a general personality and cognitive social learning perspective on human behavior, including criminal behavior and the major risk, need, and responsivity factors involved in crime prevention through the delivery of human and social services.

2. The Big Four risk/need factors are antisocial personality pattern, history of antisocial behavior, antisocial attitudes, and antisocial associates. The Central Eight includes the Big Four along with substance abuse and problematic circumstances in the domains of family/marital, school/work, and leisure recreation.

3. It is possible to produce similar but differently organized lists of risk/need factors. The designation of the "Big Four" and the "Central Eight" is a means of assisting in the organization of knowledge, but the designations are subject to change in the face of new evidence and/or theoretical considerations.

4. The available meta-analytic evidence strongly supports the predictive validity of the Central Eight risk/need factors.

5. Traditional narrative reviews of the literature and more recent meta-analyses of the correctional treatment literature support the relative power of correctional treatment in comparison with severity of punishment. The research literature also supports the power of adherence to the human service principles of risk, need, and general responsivity.

6. As suggested in Chapter 1, our approach to PCC places considerable emphasis upon seeking general understandings of criminal conduct while attending very carefully to issues of specificity in regard to types of human beings (e.g., boys and girls, men and

women) and types of settings (e.g., custodial and community corrections). Such attention was illustrated in this chapter and will be found throughout the text.

7. Three great stories are involved with the material reviewed in this chapter. The first story, contained in the Technical Notes associated with this chapter, was the torturous attempts to destroy the very possibility of a PCC through intellectual games involving the definition of crime. The second and third stories were the specific knowledge-destruction techniques used to dismiss the very possibility of (1) the prediction of crime and (2) successful rehabilitation.

Recommended Readings

We have two articles that we would suggest for further elaborations on the major points made in this chapter. The first is Mark Lipsey and Francis Cullen's (2007) review of the effectiveness of offender rehabilitation in the *Annual Review of Law and Social Science*. Their review summarizes 19 meta-analyses on the effectiveness of sanctions and compares them with eight meta-analyses of rehabilitation programs. Their conclusions are virtually identical to ours—treatment works! The second article, in *Victims & Offenders*, follows a similar approach to reviewing the literature. Paula Smith, Paul Gendreau, and Kristin Swartz (2009) also use the findings from a number of meta-analyses to affirm the effectiveness of services over sanctions. Moreover, they reinforce the RNR principles as key to effective intervention.

In summary, the research findings reveal that lower-class origins and personal distress are *minor* risk factors for criminality relative to indicators of antisocial propensity drawn from assessments of family, personality, attitudes, and interpersonal association patterns. The findings applied very widely across gender, age, and race; by self-reported versus officially recorded crime; and by type of research design.