

The responsivity principle and offender rehabilitation

Researchers began to seriously question the effectiveness of correctional programs in reducing recidivism in the mid-1970s. Many had come to believe that offender treatment simply did not "work." As a result, prorehabilitationists actively researched "what works" with offenders and, through this process, we developed a clearer theoretical understanding of effective treatment.

However, it quickly became apparent that some offenders benefit more from certain types of treatment provided by certain types of therapists.⁽²⁾

Why does treatment effectiveness depend on matching types of treatment and therapists to types of offenders? The answer, at least in part, is the responsivity principle - offender characteristics affect how they will respond to a therapist or treatment.⁽³⁾

The basic assumption underlying the responsivity principle is that offenders are not all the same. Although various categorizations attempt to minimize offender differences (such as referring to offenders by a number), individual offenders can still be identified by their intelligence, communication style and emotionality. These characteristics also influence how offenders respond to efforts to change their behaviour, thoughts and attitudes.

This article, therefore, provides a brief examination of the responsivity principle, focusing particularly on its utility within the correctional treatment process. Why consider responsivity factors? Clinicians have long recognized the need to alter the way they interact with certain clients. Even Freud warned against using his highly verbal and insight-oriented therapy with patients who had limited verbal skills or introspective ability.

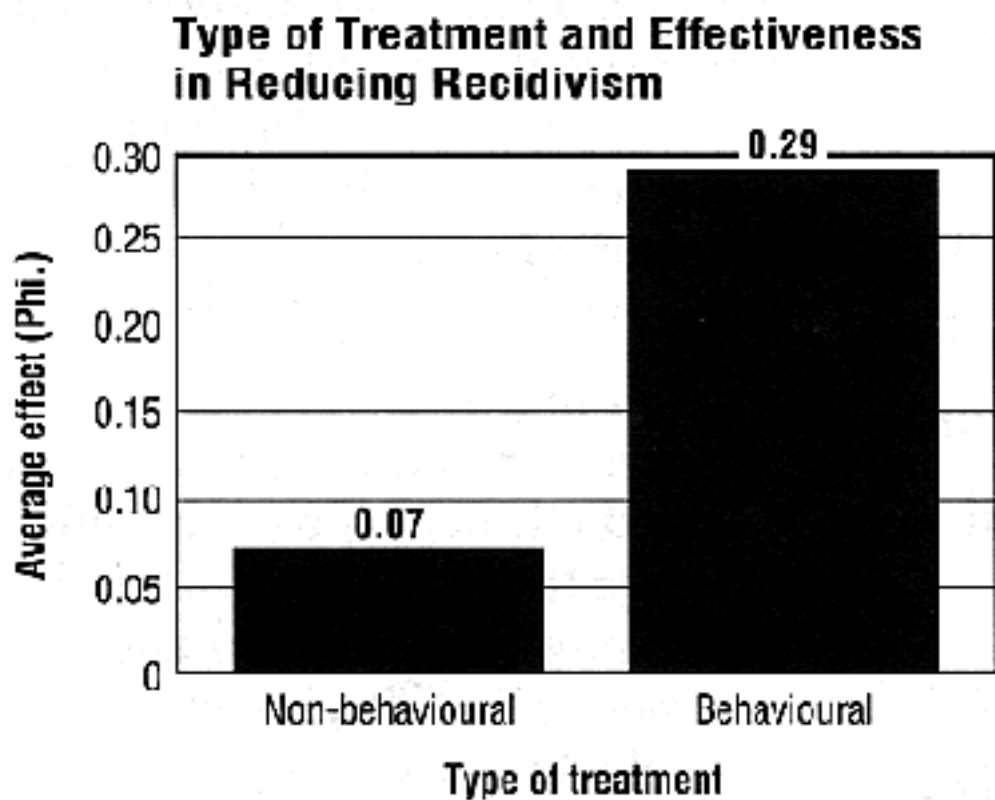
Correctional staff are also well aware that they may have to deal with one offender very differently from the way they deal with another. There is a growing body of literature that illustrates that staff characteristics and type of treatment can have different effects on offenders. Staff characteristics Just as offenders are different, so are staff. Look around at the people you work with and you can probably readily identify the most self-confident, impulsive or cautious. Watch these people as they interact with others and you will also see different styles. Some people like to "talk out" problems, while others simply state the rules and enforce them.

Within the correctional context, some staff go out of their way to make contact with offenders, while others prefer to wait for the offender to make the first move. More careful observation may reveal that certain characteristics determine how individuals deal with specific activities. For example, a socially skilled, empathic and highly verbal staff member may be more likely to actively engage offenders to deal with their problems.

Research has linked staff characteristics to how staff influence offenders.⁽⁴⁾ Probation officers who scored higher on measures of interpersonal sensitivity and awareness of social rules not only received the most favourable ratings from offenders, they were also more likely to display prosocial behaviour and disapproval of antisocial behaviour.

Most important, the offenders served by these probation officers had the lowest recidivism rates. In other words, certain types of probation officers who used certain treatment techniques were better able to help their clients avoid conflict with the law. Type of treatment Structured cognitive behavioural treatment appears to be the best approach to working with offenders - as compared to nonbehavioural, more relationship-oriented approaches (see Figure 1). When warm, interpersonally skilled therapists provide the treatment, offenders respond even better.

Figure 1



Although both treatment approaches reduce recidivism, the approach that gives offenders direction and a clear idea of rewards and punishment within a positive client-therapist relationship (structured cognitive-behavioural treatment) has more significant impact. Client Responsivity Factors Client characteristics also have a bearing on their responsiveness to a particular therapist or treatment. Although people can be described in many ways, the responsivity principle focuses on personal characteristics that regulate an individual's ability and motivation to learn. Treatment is very much a learning experience and individual factors that interfere with, or facilitate, learning are responsivity factors.

There are several potential responsivity factors (see Table 1). However, there has been very little research conducted in this area (particularly with offenders), so these examples of client responsivity factors should be viewed as tentative. The list will surely change with more research.

Table 1

Client Responsivity Factors	
General Population	Factors more common in offenders
Anxiety	Poor social skills
Self-esteem	Inadequate problem-solving skills
Depression	Concrete-oriented thinking
Mental illness	Poor verbal skills
Age	
Gender	
Race/ethnicity	

Each of the general population factors may be present in any client group. The factors regulate the ways clients respond to treatment and learn from instruction. However, some responsivity factors are more common in offender populations. A perusal of these factors makes it quite clear why structured behavioural intervention is more effective than other treatment strategies with offenders.

Given a group of clients (such as offenders) who generally have poor social skills, have little internal motivation to change and are concrete-oriented in their thinking, it is not surprising that a treatment program is more effective if it sets clear behavioural goals and work assignments and provides numerous opportunities for success.

As mentioned, the other responsivity factors are no more common in offenders than in any other client group. In fact, anxiety or shyness can be found in anyone - regardless of whether they are in therapy. Yet, these traits affect responsivity to treatment.

For example, a shy and highly anxious person may not benefit from group therapy, where each person must perform in front of others. On the other hand, this approach may be an excellent vehicle for change in an extroverted, relaxed individual. Responsivity and risk/need factors Risk factors are characteristics of offenders and their situations that predict future criminal behaviour. For example, individuals with a history of prior convictions are more likely to commit a new offence than those without such a history.

There are both criminogenic and non-criminogenic offender needs. Criminogenic needs are dynamic risk indicators when they change, so does the likelihood of criminal conduct. Noncriminogenic needs also change, but these changes have little influence on criminal behaviour. Needs also almost always define treatment goals. For example, treatment may aim to reduce substance abuse (criminogenic need) or increase self-esteem (non-criminogenic need).

Responsivity factors also often change, but they are not necessarily need factors. In general, responsivity factors do not serve as treatment targets, they are simply individual attributes that affect the achievement of treatment goals. At times, responsivity factors bear no relation to criminal behaviour and are, therefore, not risk factors.

For example, one research study(5) classified offenders into two groups: "amenable," who were bright, verbal and anxious, and nonamenables." However, it was found that the classification of untreated

offenders as amenable or nonamenable bore no relation to parole failure. In short, amenability was not a risk factor.

Amenability was also not a criminogenic need. It was not a treatment goal to make the client more verbal, less anxious or smarter. Yet, the amenable delinquents benefited from psychodynamic casework that focused on gaining personal insight. This form of treatment was apparently able to reach just offenders who had the necessary skills as it reduced only the recidivism of amenable offenders. Psychodynamic casework actually had an opposite effect on nonamenable offenders, although this relationship was not statistically significant.

Anxiety, depression and perhaps even some severe forms of mental disorder are key responsivity factors. However, for the most part, research has found these factors to be unrelated to recidivism. Further, there is no convincing evidence that addressing these factors (treating them as non-criminogenic needs) will lower recidivism.

Nevertheless, before targeting criminogenic needs such as antisocial attitudes, responsivity factors may need to be addressed to prepare the offender to learn prosocial behaviour. In short, any interference must be addressed before an offender can be expected to respond to therapist direction.

Another important set of responsivity factors may be gender, race and ethnicity. Programming sensitive to gender and cultural issues may, therefore, enhance treatment effectiveness. For example, feminist-oriented groups for female offenders and healing circles for aboriginal offenders provide a context for increasing motivation and targeting criminogenic needs.

The introduction of innovative programming in the new women's correctional facilities and the current wider exploration of aboriginal healing practices should allow for increased clarification of the role of gender and race as responsivity factors.

Many of the responsivity factors frequently found among offenders do, however, also function as risk factors. A diagnosis of antisocial personality or psychopathy are examples of the ways risk, criminogenic needs and responsivity may operate together.

Not only are such individuals more likely to recidivate (risk), but therapists may attempt to target aspects of the antisocial personality, such as impulsivity (criminogenic need). Further, research suggests that group work may not be the best approach for treating psychopaths (responsivity).⁽⁶⁾ Discussion The reason some correctional treatment programs appear to "work" can be traced to the matching of treatment intensity to offender risk level and the targeting of criminogenic needs. However, accounting for certain offender characteristics and matching them to programs and therapists may further enhance treatment effectiveness.

The responsivity principle focuses attention on client characteristics that influence their ability to learn within a therapeutic situation. Some responsivity factors (such as concrete thinking and poor verbal skills) appear more frequently among offenders, suggesting that structured behavioural programs may be more effective than other intervention strategies.

Other responsivity factors (such as anxiety and shyness) are not specific to offenders, but must still be considered in programming that targets criminogenic needs.

Research on the role of responsivity in treatment is extremely sparse. However, this leaves a tremendous range of issues open to exploration. For example, how can we systematically assess responsivity? The I-Level(7) and Conceptual Level(8) are offender-based classification tools that could potentially tap responsivity factors.

Other research could focus on the role of gender and race as responsivity factors, therapist options for increasing motivation and treatment responsivity, or the identification of features of mental illness that act as risk indicators and those that act as responsivity factors.

In short, there are many questions to both ask and answer in this challenging and largely unexplored area. This pursuit should prove to be both interesting and, ultimately, of great benefit to offender programming.

(1)Ministry Secretariat, Solicitor General Canada, 11th Floor, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P8.

(2)S. Adams, *Evaluation: A Way Out of the Rhetoric*, Paper presented at the Evaluation Research Conference, Seattle, 1975. See also T. Palmer, "Martinson Revisited," *Journal of Research in Crime and Delinquency*, 12 (1975): 133-152.

(3)D.A. Andrews and I. Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson, 1994). See also D. A. Andrews, I. Bonta and R. D. Hoge, "Classification for Effective Rehabilitation: Rediscovering Psychology," *Criminal Justice and Behavior*, 17 (1990): 19-52.

(4)D. A. Andrews, "Some Experimental Investigations of the Principles of Differential Association Through Deliberate Manipulations of the Structure of Service Systems," *American Sociological Review*, 45 (1980): 448-462. See also *Effective Correctional Practices: A Summary of the CavIC Research*, "Effective Correctional Treatment, R. R. Ross and P. Gendreau, eds. (Toronto: Butterworths, 1980): 441-463.

(5)J.D. Grant, "Delinquency Treatment in an Institutional Setting," *Juvenile Delinquency: Research and Theory*, H.C. Quay, ed. (Princeton: D. van Nostrand, 1965): 263-297.

(6)J R. P. Ogloff, S. Wong and A. Greenwood, "Treating Criminal Psychopaths in a Therapeutic Community Program," *Behavioral Sciences and the Law*, 8 (1990): 181-190.

(7)C.F. Jesness, "The Jesness Inventory Classification System," *Criminal Justice and Behavior*, 15 (1988): 78-91.

(8)M. Reitsma-Street and A. W. Leschied, "The Conceptual Level Matching Model in Corrections," *Criminal Justice and Behavior*, 15 (1988): 92-108.