

Evidence Brief

Risk Needs Responsivity Model:

Three Objectives and Three Recommendations for Practice

How Did We Compile This Evidence?

We searched YouthREX's online Knowledge Hub, Google Scholar, and Google using the following key terms: "Risk Needs Responsivity model", "risk, needs, responsivity", "racialized youth", "risk assessments", and "criminogenic needs".

Definition of Key Terms

1) Risk Needs Responsivity (RNR) Model

The RNR Model is a therapy-oriented model of rehabilitation that focuses on providing an offender with a treatment program that addresses the specific factors that may be driving their criminal activity (Viglione, 2019).

Use of the model is guided by **three objectives** (Viglione, 2019):

- a) To determine the recidivism **risk** that the offender poses.
- b) To target the specific **criminogenic needs** of the offender.
- c) To deliver a treatment program that will allow the offender to be **responsive** and successful.

2) Criminogenic Needs

Also known as dynamic risk factors, these are the malleable characteristics of an offender that may be driving their criminal activity (Viglione, 2019; Vincent et al., 2012). These include (but are not limited to):

- history of anti-social behaviour
- anti-social peers/associates
- unstable family/marital circumstances
- school/work stress
- leisure/recreation (activities youth participate in during their free time)
- substance use

3) Systemic Responsivity Factors

The external and social factors that can hinder an individual's response to treatment and interventions (Lockwood, 2016; Vincent et al., 2012). These include (but are not limited to):

- mental health issues
- trauma (especially intergenerational)

- poverty and insecure housing
- racism and negative stereotyping

Summary of Evidence:

A. Three Objectives

1) Assessing Risk

Effective interventions will focus on those offenders who are **at a high risk of reoffending**; the incorrect matching of offender risk-level and treatment intensity may actually increase criminal behaviour (Viglione, 2019; Vincent et al., 2012). There are **four common risk assessment tools**^{*} used to determine risk level among youth:

i) Structured Assessment of Violence Risk for Youth (SAVRY)

The SAVRY is a 24-item assessment that uses **three risk domains** to assess **violent risk** in youth ages 12-18 (Borum et al., 2006):

- **Historical Risk Factors:** looking at history of violence, self-harm, and suicide attempts, and exposure to violence within the home.
- **Social/Contextual Risk Factors:** focusing on peer delinquency, stress and poor coping skills, poor parental management, lack of personal support, and community disorganization.
- **Individual/Clinical Factors:** examining negative attitudes, risk-taking/impulsivity, substance use, anger management, and lack of personal and social support.

ii) Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0)

The YLS/CMI 2.0 is a gender-sensitive and culturally-informed risk assessment tool that **predicts reoffending** among both boys/young men and girls/young women ages 12-18 (Hoge & Andrews, 2011). The inventory contains a 42-item checklist of which criminogenic needs require the most attention and then classifies the youth's risk into four levels: low, moderate, high, and very high (Hannah-Moffat & Maurutto, 2004; Hoge & Andrews, 2011). The initial assessment looks at the following criminogenic needs (Hannah-Moffat & Maurutto, 2004):

- history of conduct disorder
- current school or employment challenges
- criminal peers
- alcohol/drug use
- leisure/recreation
- personality/behaviour

^{*} For more information on risk assessment tools, refer to the Risk Management Authority's Risk Assessment Tools Evaluation Directory: <https://www.rma.scot/research/rated/>

- family circumstances/parenting
- attitudes/orientation

iii) Positive Achievement Change Tool (PACT)

The PACT is a 126-item, multiple-choice assessment used to **validate the risk level** of reoffending among youth ages 12 and above (Assessement.com, n.d.). This tool has been known to better predict risk-level for racialized youth by not only targeting areas of risk, but also areas where youth have strengths (Campbell et al., 2018; Assessement.com, n.d.). The following are 12 groups of items included in the assessment:

- criminal history
- school
- use of free time
- employment
- relationships
- family
- living arrangements
- alcohol and drugs
- mental health
- attitudes/behaviours
- aggression
- skills

iv) Youthful Offender-Level of Service Inventory (YO-LSI)

The YO-LSI is used to assess the risk of recidivism and identify criminogenic needs of young offenders ages 16 and above (Hannah-Moffat & Maurutto, 2004). The tool consists of 82 static and dynamic predictors of criminal risk factors/needs, organized into seven groups (Hannah-Moffat & Maurutto, 2004):

- criminal history
- substance use
- educational/employment challenges
- family problems
- peer relation problems
- accommodation problems
- psychological factors

2) Targeting Criminogenic Needs

Cognitive Behavioural Therapy (CBT) has been known to support youth in identifying and changing criminogenic needs that may be causing dysfunctional beliefs, thoughts, and patterns of behaviour (Clark, 2010). The following are four well-known interventions that target criminogenic needs for

youth using CBT:

i) Reasoning & Rehabilitation (Cognitive Centre of Canada, n.d.)

- highly-structured, 90-minute sessions for youth (ages 16+) who are displaying anti-social behaviours

ii) Moral Recognition Therapy (Coalition Recovery, 2020)

- behavioural therapy targeted at decreasing the possibility of someone using drugs or alcohol
- offered in private and group counselling
- provides additional homework for youth to complete and organized group activities

iii) Thinking for a Change (Youth.gov, n.d.)

- highly-structured, 25-session, manualized intervention that is delivered in a closed-group format of 8 to 12 people at least twice a week over a 3-month time period
- three main areas of focus:
 - **social skills training** that teaches participants cognitive skills to interpret and respond positively to social cues
 - **cognitive restructuring activities** that teach participants a concrete process for self-reflection
 - **structured problem-solving methods** that build on the skills taught in the other two modules

iv) Targeted Service Delivery Approach (TSDA) (Wilson et al., 2018)

- specifically for those experiencing mental health challenges
- focuses on the following five priorities throughout sessions:
 - repetition and frequent summarizing of information
 - amplification techniques (breaking down abstract information into concrete examples using verbal and visual cues)
 - active coaching (individualized instruction and supports during group activities)
 - low-demand practice (provide opportunities to practice skills with minimized expectations of what is considered ‘successful behaviour’)
 - maximize participation

3) Ensuring Responsivity & Success

Different youth populations respond differently to treatment based on the specific nature of their risk factors/criminogenic needs. Three groups to consider are Indigenous youth, Black youth, and girls & young women.

i) Indigenous Youth

Indigenous youth have been found to possess higher risk/criminogenic need levels in the areas of family support, education, peer association, and substance use (Lockwood, 2016). These criminogenic needs have also been found to intersect. For instance, a lack of family support may drive Indigenous youth to gangs, which may increase negative peer associations and substance use (Lockwood, 2016).

However, Indigenous youth are also faced with **systemic responsivity factors** that can inhibit their responses to interventions that target these criminogenic needs (Lockwood, 2016). These factors include mental health issues, intergenerational trauma, poverty and insecure housing, limited transportation, and racism (Lockwood, 2016).

When designing interventions for Indigenous youth, youth workers should strive to implement rehabilitation measures that integrate supports for these systemic responsivity factors. Additionally, considering the **societal experiences of racism and inequality** specifically faced by Indigenous youth may be vital in helping to shape an effective treatment program (Lockwood, 2016).

ii) Black Youth

Youth workers need to consider the **societal experiences** and **histories of unjust treatment** that have specifically impacted Black youth (Campbell et al., 2018). Such examples include sentencing, negative attitudes and stereotypes that portray Black offenders as a threat to society, and disparities in access to opportunities, economic strain, school disciplinary measures, and increased arrests (Campbell et al., 2018). Due to these **systemic responsivity factors**, Black youth may be perceived to be at a higher risk of reoffending (Campbell et al., 2018). As a result, the treatment they receive may be disproportionate to their actual level of risk, which may hinder their rehabilitation journey.

Addressing these systemic responsivity factors in treatment programs may be beneficial in increasing the effectiveness of the RNR Model for Black youth. In particular, developing programs that cater to the **unique circumstances of inequality and racism** faced by Black youth may be especially important in shaping an effective treatment program (Campbell et al., 2018).

iii) Girls & Young Women

Research has shown that girls engage in behaviours that present more danger to themselves than to others (Vitopoulos et al., 2012). These behaviours can include running away, drug use, and sex work (Vitopoulos et al., 2012). Accordingly, girls and young women may be **inappropriately categorized as high risk**, and their criminal/deviant behaviour may actually

worsen through the imposition of harsh penalties (Vitopoulos et al., 2012).

Providing **gender-specific/salient treatment programs** would be especially useful in accounting for the specific vulnerabilities faced by girls and young women, including victimization, abuse, sexual trauma, pervasive mental health concerns, and unstable family dynamics (Vitopoulos et al., 2012). Additionally, girls and young women would better benefit from **treatment based on relationships that emphasize the importance of familial support** (Vitopoulos et al., 2012).

Summary of Evidence:

B. Three Recommendations for Practice

- 1) **Consider using the Positive Achievement Change Tool (PACT) when evaluating youth risk;** evidence indicates that this tool works better for racialized youth, enabling assessment from a more anti-oppressive lens.
- 2) **Use Cognitive Behavioural Therapy (CBT) options to target criminogenic needs and address systemic responsivity factors** that may be hindering the ability of youth to rehabilitate.
- 3) **Integrate addressing the systemic oppression faced by youth** in use of the RNR Model, and **develop a gender-specific treatment orientation** catered to the social disadvantages and vulnerabilities faced by girls and young women.

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