Review of Risk Needs Responsivity Model Application
at an Open-Custody Detention Center

by

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DEDICATION

This thesis is dedicated to everyone who has helped me get to where I am today. I would not have made it this far without the financial and emotional support of my parents and brothers. I also dedicate this thesis to my friends and boyfriend who have listened patiently to my academic rants and woes and offered support over the past four years. Lastly, I would like to thank my classmates for their collective support and encouragement since our first day together in the program.
ABSTRACT

The goal of the thesis was to review the application of the Risk Needs Responsivity (RNR) model at an open-custody detention center for adolescent male offenders. An in-depth literature review was conducted to determine the efficacy of the model, the specifics of each principle, and its application with different client populations. The literature suggests that the RNR model has applications with young male offenders and the proper application of the principles of the RNR model have shown decreases in recidivism rates. A checklist was developed in order to assess the agency’s adherence to the principles of the RNR model. Based on the results of the checklist, recommendations were made to the agency in order to increase their level of adherence to the RNR model.
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Chapter I: Introduction

Youth custody centers that are based on best practices are better equipped to ensure optimal results for their clients. These practices involve a treatment approach that is based on the Risk Needs Responsivity (RNR) model, finalized by Andrews and Bonta in 1990 (Andrews & Bonta, 2010). An optimal result, in this case, refers to a reduction in the general recidivism of young offenders following their reintegration into the community. As the agency involved for the purposes of this study is an open-custody detention center, a review of the application of the RNR model was warranted in order to ensure that best practices were continually being met at the agency.

The RNR model has been well established as a best practice approach to reducing recidivism in a number of populations, including young offenders (Andrews & Bonta, 2010; Ogloff & Davis, 2004; Romani, Morgan, Gross, & McDonald, 2011; Smith, Gendreau & Swartz, 2009; Taxman & Marlowe, 2006). It is essential that treatment protocols for offenders target those who present the highest risk to reoffend, followed by an assessment of the offender’s criminogenic needs. The information regarding the offender’s risk to reoffend allows treatment providers to implement treatments tailored to each offender. It is especially important to apply the RNR principles to young offenders in order to ensure that recidivism is not a recurring event throughout their lives. Research has shown that treatment programs that do not follow facets of this intervention model can have a neutral or even detrimental effect on recidivism (Andrews & Bonta, 2010; Ogloff & Davis, 2004).

The purpose of the thesis was to review the application of the RNR model by the agency. The goal of the thesis was to make suggestions to the agency to ensure that each principle is being met appropriately, which would in turn facilitate positive outcomes for the clients.
The thesis consisted of five sections comprised of a literature review, method, results, discussion, and recommendations. The literature review included a brief history of youth justice, specifically highlighting the differences in treatment approaches between the former Young Offenders Act (1984) and the current Youth Criminal Justice Act (2003). Additionally, each area of the RNR model was discussed. Literature in support of the RNR model was examined, including several meta-analyses, which lend support to the RNR theory across a number of different populations and settings. Lastly, the literature review examined alternate treatment models. Also included in the thesis is the methodology, which included information regarding the design of the checklist, the participants, and procedures involved in administering the checklist. The results section outlines the findings of the RNR application checklist. Following the results section, the recommendation section outlines a number of areas that the agency could review for increased RNR application.
Chapter II: Literature Review

Youth Justice

The youth justice system has undergone drastic changes in the past decade. In 2003, the Youth Criminal Justice Act (YCJA) replaced the Young Offenders Act (YOA). The former YOA, a largely punishment-based approach to youth justice, was in need of reform due to a lack of definition surrounding legislative practices. At the heart of this issue were a number of concerns. One of the most significant areas of concern was the substantial incarceration rate. During the legislative period of the YOA, Canada’s youth incarceration rate exceeded that of the United States. The Department of Justice Canada (2009) stated that in 1997, the Canadian rate of incarceration for young offenders was approximately 1.046% (1,046 per 100,000 youths). The figure for the youth incarceration rate in the United States was a rate of 0.755 percent (775 per 100,000 youths). Another major contention that related to the high incarceration rate was the issue of heavily loaded court systems for minor crimes. While the YOA did allow for matters to be addressed outside of court, the legislation was not clear as to which sentences would be appropriate and how these measures would be put into place. A lack of reintegration practices was another issue related to the YOA. The YOA did not mandate supervision or support following a youth’s release from custody (Department of Justice Canada, 2009). Lack of post-custody supervision and support may have contributed to recidivism rates. The absence of the involvement and/or recognition of victims was another concern of the YOA. Victims were not always able to be involved in the court proceedings, sentencing procedures, or able to access the records of the youths involved. Finally, an overall lack of consistency in sentencing procedures meant that youths who committed similar offences might not be dealt with in the same way through the justice system (Department of Justice Canada, 2009).
The introduction of the new YCJA proposed a number of changes. As compared to the YOA, the YCJA is regarded as a more rehabilitative approach, with a focus on addressing the needs of the youths. The introduction of reformed out of court solutions, also known as extrajudicial measures, resulted in a decrease in cases entering the court systems (Department of Justice Canada, 2009). Extrajudicial measures were introduced in a number of ways. For example, police officers, prosecutors, or judges could give warnings or cautions. Additionally, youths could be held accountable for their actions through referrals to appropriate agencies or programs that would address their crimes and their needs. Lastly, extrajudicial sanctions were introduced as a means of holding youths accountable for their actions and diverting them from the court system. A youth is only eligible for extrajudicial measures if he or she has admitted responsibility for the crime committed. Following this, the police, people affected by the crime, and the youth are able to become involved in the decision-making regarding the punishment.

The YCJA also addressed the issue of reintegration procedures. While incarcerated, all youths are involved with professionals in order to ensure that they have a reintegration plan following their release. The reintegration plan also includes a period of community supervision as a part of the sentence. Following the youth’s release certain conditions, both general and specific are placed on the individual. Victim involvement was also addressed in the formation of the new youth legislation. Victims were able to become involved in the court processes and their needs were taken into account. In summary, the new YCJA was implemented in order to ensure that the punishments were relative to the crimes committed and to ensure that the needs of the youths and their victims were addressed. As the pendulum has swung in the direction of rehabilitation over punishment, programs and interventions for young offenders have a need to reflect this approach.
Part of the rehabilitative approach is to ensure that youth who require more intensive services are allotted those services to reduce their risk to reoffend. The application of risk assessments to determine a youth’s level of risk to reoffend is a decisive way of providing the right services to the right young offenders. The YCJA also states that the new legislation should attend to the needs of the offenders. The needs of the offenders relate to the reasons underlying the offence, which can be identified through an assessment. Assessing the needs of each individual young offender ensures appropriate services will be applied. Once the offenders are identified for a specific service, the service must then be provided. Again, as the focus of youth justice revolves around the concept of rehabilitation, attention to best practices and building on the strengths of the offenders is imperative for optimal intervention.

**New Approach to Offender Rehabilitation**

Treatment programs in the past were in tune with the legislation of the time, namely the YOA. As such, punishment was the most common model of treatment. While punishment alone remains an ineffective treatment method, the idea that offenders could not be rehabilitated had already been adopted. The introduction of the new YCJA, a more rehabilitative legislation, sparked the obvious need to reform treatment practices in order to ensure a less punitive and more rehabilitative approach to treating offenders, with the prospect of reducing recidivism.

The RNR model is one that aims to attend to the offender’s needs, with a focus on reducing recidivism. It has been shown to be effective in a number of populations including young offenders, female offenders, adult offenders, sex offenders, and aboriginal offenders (Hanson & Morton-Bourgon, 2009; Lipsey, 2009; Lipsey & Cullen, 2007; Lovins, Lowenkamp, Latessa, & Smith, 2007; Rugge, 2006). This literature review will examine the empirical basis of
the RNR model, its application across a variety of populations, and will compare the RNR model to other forms of youth offender treatment approaches.

**Risk Needs Responsivity Model**

The RNR model was developed in the 1980s and formalized in 1990 by Andrews and Bonta (2010). At the time of inception, youth justice was under the YOA legislation. As such, punishments were generally harsh and largely unjust in relation to the crimes that were committed, thus resulting in an overflow of young offenders in custody (Department of Justice Canada, 2009). The increased number of young offenders in custody prompted the need for an approach to offender programming that would not only be appropriate in terms of meeting the societal requirement for justice, but also meet the offender’s needs and subsequently reduce recidivism. The RNR model is comprised of three main components: assess offender’s risk to reoffend, identify the criminogenic needs, and implement appropriate interventions. Each of the three main areas will be discussed in detail below.

**Risk**

The first component of the RNR model is risk. Andrews and Bonta (2010) assert that the risk principle determines which individuals require treatment, through the use of a risk assessment tool. While a variety of risk assessment tools exist, the Youth Level of Service/Case Management Inventory (YLS/CMI) is an empirically supported, semi-structured interview tool that is used to determine both risk and need factors in young offenders (Hoge & Andrews, 2002). The construct validity and predictive validity of the risk assessment have been documented (Hoge & Andrews, 2002). The predictive validity of the measure was assessed by Andrews and Hoge (2002) and the results indicated that prediction was accurate in 75% of cases. Scores from
the YLS/CMI have also been shown to compare well with scores from the Psychopathy Checklist (Hoge & Andrews, 2002).

Risk assessments, including the YLS/CMI, identify the factors related to an individual’s dynamic and static risk factors. Dynamic risk factors, also referred to as criminogenic needs, refer to factors that can change as a result of the passage of time, individual changes that occur with an offender, or as a result of treatment. An example of a dynamic risk factor is drug use. Drug use is a variable that can change over time, as the frequency and topography of drug use can be ever changing. Drug use is also a variable that can be corrected through treatment. On the other hand, static risk factors are those that do not change. An example of a static risk factor would be an offender’s age at the first offence or an offender’s prior criminal history, which remains the same regardless of the passage of time or intervention.

Levels of Risk

The level of risk falls on a continuum. There are three levels of risk to reoffend; low, moderate, and high risk.

Low risk.

First, an offender can be categorized as a low risk to reoffend, as determined by their score on a risk assessment tool. An offender who is deemed low risk is likely to have few dynamic risk factors. For example, a low risk offender may have substance abuse issues, but no other risk areas that apply. Offenders who are at a low risk to reoffend should not be allotted intensive services. This can be attributed to a number of factors. First, part of the characterization of a low risk offender is that they do not pose a strong threat to reoffend once they are back in the community. Utilizing resources for offenders who are not likely to reoffend can be an unnecessary expenditure. Additionally, research by Andrews & Bonta (2010) indicates that it is
most beneficial for low risk offenders to be kept separate from high risk offenders, due to concerns of socialization between the two groups, which can lead to negative interactions that affect the low risk offenders.

Lowenkamp, Latessa, and Holsinger (2006) assessed the effects of providing intensive services to groups of offenders from 97 correctional programs, regardless of their level of risk. The first group of offenders was released into halfway houses or community-based correctional facilities, both of which provided services to the offenders. The second group of offenders was released into the community, and was not participating in post-release services. Within each group there were offenders who ranged from low-moderate risk to reoffend to moderate-high risk to reoffend. Each individual offender participating in post-release services was matched to an offender who was not participating in post-release services based on a number of variables, including risk level, age, and jurisdiction. During a two-year follow up, the results indicated that the high risk offenders who participated in post-release services showed less recidivism than high risk offenders who did not participate in these services. These finding support the notion that the level of services should be related to the individual’s risk of reoffending. The concept of matching offender risk with an appropriate level of service is supported by Andrews and Dowden (as cited in Andrews & Bonta, 2010) whose study of low risk offenders receiving treatment also showed a detrimental effect on recidivism.

**Moderate risk.**

An offender may also fall into the middle of the continuum as a moderate risk to reoffend. This means that the offender presents with some dynamic risk factors. An offender who is at a moderate risk to reoffend may exhibit more risk factors than a low risk offender, such as pro-criminal associates, substance abuse, and a lack of recreational pursuits. While much
research has been conducted regarding the differences between high risk and low risk offenders and the risk for reoffending that is associated with each group when services are involved, research is somewhat lacking in regards to the outcomes of moderate risk offenders.

**High risk.**

Lastly, an offender can be deemed a high risk to reoffend. If an offender has many dynamic risk factors their score will be greater on a risk assessment tool (Andrews & Bonta, 2010). The more dynamic risk factors an offender possesses, the higher risk they are to reoffend. A high risk offender will have many serious risk factors, such as pro-criminal associates, a history of criminal behaviours, and pro-criminal attitudes. As such, offenders who are deemed to be at a high risk to reoffend should be allotted more intensive and time-consuming services (Andrews & Bonta, 2010; Hoge & Andrews, 2002). This can be attributed to the fact that they have more criminogenic needs that need to be addressed when compared to those who are at a lower risk to reoffend.

As with low risk offenders, the need for appropriate treatment is also present with high risk offenders. A meta-analysis by Smith, Gendreau, and Swartz (2009) showed the effects of treating high risk offenders on reducing recidivism. Six studies examined the effects of treatment on both high risk and low risk offenders. Each study varied in the number of participants and the effect sizes achieved. In five of the six studies, the results indicated that when high intensity programs targeted the high risk offenders more favourable outcomes were seen. However, the type of treatment involved in the six studies was not identified, which could indicate that the type of treatment, not the fact that high risk clients were being treated, lead to favourable outcomes.

**Summary of Risk Principle**
In summary, identifying the risk level of offenders is essential in preparing for treatments that are appropriate for each risk level. There is not a “one-size fits all” approach to treating offenders. Additionally, the variability in the risk level of offenders should be addressed in correctional facilities, resulting in the separation of high risk offenders from low risk offenders. High risk offenders need services that are more intensive, while low risk offenders do not require intensive, long-term services.

**Needs**

The second component of the RNR model is the needs factor. Every offender has specific needs, which can be criminogenic or non-criminogenic.

**Criminogenic needs.**

Criminogenic needs are those that sustain the criminal behaviours and are strongly linked to offending. Dynamic risk factors are also referred to as criminogenic needs. In order to achieve a reduction in recidivism, the specific criminogenic needs of the offender must be addressed in treatment. If an offender is identified with substance abuse as a criminogenic need, implementing a substance abuse program to reduce this issue as an intervention eliminates it as a risk factor, thus reducing the likelihood of recidivism. The more criminogenic needs an offender has, the higher the risk that the offender is likely to be (Andrews & Bonta, 2010). Criminogenic needs must be assessed in order to provide the appropriate treatments (Andrews & Bonta, 2010). Treatment programs that target all criminogenic needs can have a detrimental effect on recidivism. Additionally, targeting criminogenic needs that the offender does not present with can also have a detrimental effect on recidivism.

The meta-analysis by Smith, Gendreau, and Swartz (2009) examined the effects of attending to the need principle in relation to recidivism reduction. Five studies with varying
numbers of participants were analyzed. The results showed that four out of the five studies yielded reductions in recidivism when there was adherence to the need principle. Specifically, they found that when criminogenic needs were addressed in treatment, larger effect sizes in recidivism reduction were seen, as compared to studies that addressed non-criminogenic needs in treatment. The results also indicated that when non-criminogenic needs were addressed, there was a negative effect on reducing criminal behaviours. This difference in recidivism from criminogenic needs to non-criminogenic needs indicates that the latter is of a greater importance in treatment.

While an offender may have many needs, both criminogenic and non-criminogenic, criminogenic needs must be the primary focus of intervention in order to reduce recidivism. In conjunction with having a history of criminal behaviours, pro-criminal attitudes, anti-social personality, and pro-criminal associates make up what is referred to as the “big four” risk factors. Four additional risk factors - poor social achievement, poor family/marital relationships, substance abuse, and lack of recreational pursuits combine with the “big four” to form the “central eight” risk factors that contribute to criminal behaviours.

**Non-criminogenic needs.**

Non-criminogenic needs are factors that do not directly affect criminal behaviour, but can be addressed in treatment as long as they are secondary to the criminogenic needs (Andrews & Bonta, 2010). This means that while non-criminogenic needs can be beneficial to target in treatment, research has shown that addressing criminogenic needs leads to a reduction in recidivism. Targeting non-criminogenic needs can improve an offenders overall mental health or well-being, but may not decrease recidivism. Non-criminogenic needs include factors such as low self-esteem, anxiety, motivation issues, or physical health. There are concerns that only
targeting non-criminogenic needs and disregard of criminogenic needs can actually increase recidivism. For example, if an offender with low self-esteem is taught to become a more confident individual, it may lead to an increase in crimes that he/she will commit now that they have the confidence to carry it out.

**Summary of Needs Principle**

Every offender has needs that contribute to criminal behaviours. These are separated into criminogenic and non-criminogenic needs. Criminogenic needs are comprised of four major risk factors and four moderate risk factors. Non-criminogenic needs make up the area of low risk factors. Both need areas require attention in treatment, as long as the criminogenic needs are addressed as a primary concern. Overall, research indicates significant support of the need principle in reducing offender recidivism.

**Responsivity**

The third part of the RNR model is responsivity. This refers to the type of treatment an offender will receive. There are two varieties of responsivity - general and specific.

**General responsivity.**

General responsivity refers to using a conventional approach to treatment for all offenders, that is, cognitive behavioural therapy. Cognitive behavioural therapy is used as a general responsivity technique due to the fact that it is well known for its effectiveness across many populations and is considered a predominant form of treatment for many issues. The results of Tennyson’s (2009) meta-analysis indicated that treatments for young offenders that included cognitive behavioural therapy reduced recidivism by up to 30% over less conventional treatments such as boot camps.
Specific responsivity.

The specific responsivity principle refers to treatments that take into account the personal attributes and needs of the offender. Specific responsivity is more tailored to each individual's needs, whereas general responsivity involves a more universal approach. For example, if an offender is functioning at a lower intellectual level, treatments must take that into account to ensure appropriate service delivery. Specific responsivity has the ability to take into account offender strengths, build upon them, and individualize treatments to meet offender needs.

Populations

The RNR model has been effectively applied to a number of populations. The wide population range of this model makes it a great example of an overall well-constructed approach. The RNR model was first developed with adult male offenders. Andrews and Bonta (2010) reviewed 80 studies that were comprised of both young and adult offenders. They hypothesized that recidivism would be reduced when each of the three principles of the RNR model were addressed. The results showed that adherence to the RNR model principles resulted in a reduction in recidivism of 35%. The results also indicated that when adherence to the model was not met, there was an increase in reoffending. While a reduction in recidivism was seen when any one of the three principles were adhered to, greater successes were obtained when more than one of the principles was applied.

Young offenders.

Smith, Gendreau, and Swartz (2009) also reported reductions in recidivism when RNR principles were applied in a young offender population. Their meta-analytic data indicated a reduction in recidivism of approximately 30% when all three principles were applied. The largest effect reported on recidivism reduction was reported by Andrews et al. (1990). The meta-
analysis included over 40 studies and examined risk levels, criminogenic needs and a variety of appropriate treatments. They hypothesized that recidivism effect size would increase when appropriate RNR-based interventions were implemented. They also hypothesized that inappropriate treatments, including punishment, would have a negative effect on recidivism. Overall, the results indicated that when RNR principles were included in treatment, offender recidivism was reduced by 53%.

In the meta-analysis by Lipsey and Cullen (2007), findings were reported for a variety of interventions to reduce juvenile offending. RNR-based interventions showed a decrease in recidivism of 30%. Cognitive behavioural interventions showed decreases in recidivism between 10% and 30%. Interventions involving increasing employment skills had no effect on recidivism reduction. This lack of effect shown by increasing employment skills as an intervention relates to the importance of focusing on criminogenic rather than non-criminogenic needs in treatment to achieve the greatest outcomes.

Lowenkamp, Latessa, and Holsinger (2006) found that the application of the risk principle showed a strong correlation between the risk principle and a reduction in recidivism, as described previously under the Levels of Risk section.

Female offenders.

RNR principles have also been applied to female populations. Lovins, Lowenkamp, Latessa, and Smith (2007) conducted a study with 1340 female offenders. They hypothesized that the risk principle would be applicable to female offenders, despite that prior RNR research was conducted with only male offenders. They offered the same level of treatment to both high risk and low risk female offenders. The results indicated that the high risk women who completed treatment showed less recidivism than the low risk women who completed the same
treatment. The low risk women showed no change or showed an increase in recidivism. This indicates that the risk principle, which states that intensive services should only be applied to high risk offenders, was in fact applicable to female offenders. Dowden and Andrews (1999) also reviewed the application of the RNR model with female offenders. Female offenders whose treatment followed the RNR model showed greater reductions in recidivism, by a difference of 14% over female offenders in a control group whose interventions did not involve RNR principles.

**Sex offenders.**

In addition, the RNR model has been applied in the treatment of sex offenders and the prediction of sex offender recidivism. Hanson and Morton-Bourgon (2009) assessed the recidivism rates of 45,398 sex offenders including child molesters, rapists, and sexual murderers. The total population of sex offenders included both adolescent and adult offenders. A number of risk assessment approaches were utilized to determine risk to reoffend. The results indicated that the risk assessments which were empirically based were the most accurate at predicting any type of recidivism. It is important to note that this study was not without issue. First, the population of sex offenders selected for the study included groups of people that are quite varied in their crimes. Sexual murderers indicate a very violent pathology and present very differently from a child molester in terms of their crimes. Furthermore, due to the severity of these crimes associated with this type of offender, recidivism data would be sparse, as a result of the long sentences these offenders would be serving. These groups would most likely be underrepresented in the sample of data, and thus true recidivism rates and prediction information may not be accurately presented. In addition, the study included both adolescent and adults. It would be beneficial to review the results of each group, rather than the group as a whole in order to
determine differences in recidivism that could be related to the nature of the crime or the age of the offender.

Hanson, Bourgon, Helmus, and Hodgson (2009) also looked at the application of RNR principles to male sex offenders. Their study examined sexual recidivism of two groups of sex offenders, one experimental and one control group. The experimental group consisted of a treatment protocol that involved adherence to all three RNR principles - risk, need, and responsivity. The control group participated in treatment that was not RNR-based. Following the offenders release into the community, their recidivism rates were examined. The results of the study indicated that the sex offenders that participated in the RNR-based treatment show a sexual recidivism rate of approximately 10%. The sexual recidivism rate of the control group was approximately 19%. In terms of general recidivism, the group that received RNR-based treatment showed a recidivism rate of 31%, compared to the control group whose general recidivism rate was 48%. The results of this study show support for the effectiveness of RNR-based treatments over other forms of treatment for sex offenders.

Aboriginal populations.

Aboriginal populations have also been studied under the scope of the RNR model. Aboriginal offenders represent approximately 16% of the federal offender population, but only approximately 3% of the Canadian population. This indicates that they are largely over-represented in the correctional systems (Rugge, 2006). In Rugge’s study, application of the risk principle was applied to adult male Aboriginal offenders. The study concluded that risk assessment tools, such as the Level of Service Inventory (Hoge & Andrews, 2002), accurately predicted recidivism in adult male Aboriginal offenders, despite the fact that it was developed for
a largely non-Aboriginal group. This is due to the fact that risk factors apply to both Aboriginal and non-Aboriginal offenders.

Luong and Wormith (2011) also examined the application of risk and need factors with a sample of young offenders, largely comprised of Aboriginal males (64.1%). Recidivism prediction was assessed through the use of the Youth Level of Service Inventory (Hoge & Andrews, 2002). During a two-year follow-up period, rates of recidivism were tracked. Any new conviction between the time of the study and the end of the two-year period was included in the data. The results indicated a significant correlation between risk assessment scores and rates of instances of recidivism. This study demonstrates that while risk and need factors were initially developed for adult, male, non-Aboriginal groups, these two areas of the RNR model do have applications with youth Aboriginal offenders.

**Other Approaches**

While there is a large amount of support in favour of the RNR approach, there are some models of offender rehabilitation that differ from the RNR model.

**Punishment-based programs.**

Punishment-based programs have, in the past and present, been applied to both youth and adult offender populations. The premise of this approach is that harsh applications of justice will deter the individual from reoffending. The concept of punishment also introduces the idea of giving offenders what they deserve, which was believed to reduce recidivism (Andrews & Bonta, 2010). Petrosino, Turpin-Petrosino, and Buehler (2003) reviewed the recidivism rates of different groups of youths who participated in a variety of juvenile delinquency prevention programs which used scare tactics and visits to real penitentiaries in the United States to impart fear of incarceration in the youths. Follow-ups were conducted at three, six, nine, and twelve months.
following the programs. The results of the study indicated that the programs actually increased recidivism across the majority of participants in the study.

**Good Lives model.**

Another approach that is contrary to the RNR model is the Good Lives model (Ward, Mann, & Gannon, 2006). The focus of the Good Lives model is to help offenders to realize their ability to live fulfilling, non-criminal lifestyles through the creation of strong therapeutic alliances. There is an emphasis on creating personal well-being, realizing individuality, and choice making by the offenders, rather than by the counsellors or psychologists. Overall, the approach is very motivationally directed for the offenders.

Ward et al. argue that although the RNR model does show empirical support for its effectiveness in reducing recidivism, the RNR is lacking in a number of areas. One of their major criticisms of the RNR model is that it disregards the personal needs of each individual, that is, the non-criminogenic needs. The Good Lives model does not support the idea of targeting criminogenic needs as a priority in offender treatment to reduce recidivism. Ward, Mann, and Gannon state that non-criminogenic needs, such as self-esteem and physical health should be treated as a priority, due to the fact that they can impede the treatment process if unattended. As such, the Good Lives model asserts that the RNR model applies a blanket approach to treatment, where all offenders received more or less the same treatment. Birgden (2006) supports the premise of the Good Lives model as a strengths-based approach to reducing recidivism. While the Good Lives model’s strengths-based approach is a positive move towards offender rehabilitation, little empirical research has been completed to demonstrate its effectiveness in reducing recidivism. Overall, the approach may be regarded as overly optimistic in regards to reducing offender recidivism.
Risk/Needs Assessment

The Risk/Needs Assessment (RNA) is the risk assessment tool used in the open-custody detention center in which the project was completed in order to determine risk, needs, and to guide the youth’s treatment plan (Appendix A). When a young offender is assigned a probation officer, it is that individual who conducts the risk assessment, prior to the youth being sentenced. While no research could be found on the predictive validity of the measure, it is very similar in structure to the YLS/CMI. Outlined in the RNA is each of the eight areas of risk. Under each area of risk are several sub-categories that examine specific information regarding the risk areas. Included in these sections are also areas for the assessor to document comments, sources of information which can be verified, and the dates. At the end of each risk section, if the youth has indicated few needs, a box can be checked indicating that the risk area may be an area of strength for the youth. The RNA also includes a section to document non-criminogenic needs and a section to begin to develop the youth’s case management plan.

In summary, the current legislation for young offenders reflects a need for an evidence-based approach to reducing the overall youth recidivism. In addition, the literature indicates that the RNR model has applications across a variety of settings and populations. While there are other approaches to the treatment of young offenders, as indicated through the work of Ward et. al., the RNR model remains to be at the forefront of effective treatment for offenders.
Chapter III: Methodology

Design

The format of the project was a checklist (Appendix B). The checklist was designed by the student researcher to assess how well a corrections-based agency applies the principles of the RNR model with their clients. The rationale for creating the checklist was to help the agency assess the level of adherence to the principles of the RNR model, which could help to identify potential areas that could benefit from improvement. It is noted that each of the statements used in the checklist are not equal in terms of importance to RNR model application, however, the purpose of checklist itself is to be used as a quick screening tool to determine level of adherence. The checklist was designed to be used by members of the agency. The members of the agency must have intimate knowledge of the agency and its procedures in order to be able to complete the checklist effectively. No statistical techniques were used due to insufficient data. If pre and post data could have been collected, more statistics could have been included.

Participants

For the purposes of the current research, there was one participant. The participant was a full-time staff member with five years experience in the agency. The criterion for participants was any individual with extensive knowledge of the agency being assessed, which included members of the management team or full-time staff members. Volunteers and short-term placement students did not meet the eligibility criteria due to their lack of knowledge regarding the in-take procedures, programming/treatment, and reintegration procedures. Consent was not required for the purposes of this thesis due to the fact that an intervention was not implemented.

Format
The checklist was a 12-item list of statements on which the individual indicates whether or not the agency as a whole complies with the statement given. If the agency complies with a statement, the individual completing the checklist added a check mark in the box following the statement. If the agency does not comply with the statement, the box is left blank. The statements related to risk, need, and responsivity areas. Each statement indicated the application of an area of the RNR model. When answers to all statements were indicated, the individual who completed the checklist tallied up the score by counting each of the check marks. At the bottom of the checklist, a scoring key showed a range of scores with a corresponding statement that expresses the level of adherence to the RNR model. The cut off scores for each level of adherence were sectioned into few, some, and most principles of the RNR model are adhered to.

**Procedures**

First, the checklist to determine RNR application was developed. This was done by examining important areas of the RNR model, as indicated through the literature, and creating a statement based on each area. For example, research has concluded that it is important to separate high risk clients from low risk clients - therefore in the RNR model application checklist, a statement was created to reflect that important area of RNR adherence. This was completed for the risk, need, and responsivity areas of the RNR. The system of using a checkmark to indicate agreement with a statement was used because it afforded more clarity than other formats, such as a Likert scale or yes/no format. Once the checklist was complete, the student researcher provided the staff member with the checklist, along with a brief explanation of the purpose of the checklist. The staff member completed the checklist independently in the control post of the agency, where clients or other staff members would not interrupt the participant for the duration of completing the checklist. The materials necessary for completing
the checklist was a writing utensil. The approximate time to complete the checklist was five minutes. The participant was encouraged to answer the statements truthfully and to the best of their knowledge. However, if a statement arose to which the participant did not know the correct response, a more senior staff member would be able to respond to the statement. Once the participant completed the checklist and the score was tallied by the student researcher, the results were discussed with the staff member as well as other individuals in the agency.
Chapter IV: Results

The goal of the thesis was to assess the application of the RNR model at the agency, in order to determine if there were any possible areas for improvement related to RNR model practices. A checklist was created that aimed to identify areas where the agency could increase their adherence to the three principles of the RNR model. After the participant completed the RNR Model Application Checklist, results indicated that the agency was not adhering to the principles of the RNR model effectively. Of the twelve statements included in the checklist, four were related to the risk principle, three were related to the needs principle, three were related to the responsivity principle, and two were general RNR adherence statements. The participant indicated a total of four statements as statements that applied to the agency. A table outlining the responses to the RNR Model Application Checklist is included in Appendix C.

Adherence to the Risk Principle

The statements that related to the risk principle were as follows, agency has a structured risk assessment tool, risk assessments are conducted outside of the agency, the agency conducts risk assessments upon in-take, and services are allotted based on level of risk. The participant indicated agreement with one of the four statements related to the risk principle, which was that risk assessments are conducted outside of the agency. Thus, the percentage of adherence to the risk principle by the agency was 25%.

Adherence to the Needs Principle

The needs principle was assessed through three statements in the checklist: high risk clients are kept separate from low risk clients, programming is tailored to each client’s criminogenic needs, and treatment is continued in the community following release. Of these
three statements, the agency complied with only one, thus resulting in a score of one out of three, or 33.3%.

**Adherence to the Responsivity Principle**

The RNR Model Application Checklist included three statements that the level to which the responsivity principle application was applied. These statements assessed whether programming was cognitive behaviourally based, client strengths were taken into account in treatment, and client progress was monitored throughout the incarceration. The agency adhered to two of the three statements, which were programming is cognitive behaviourally based and client progress is monitored throughout the incarceration. This is a percentage of 66.6% adherence to the responsivity principle.

**Adherence to General RNR Model**

Two statements fell under the category of indicating adherence to the general RNR model. These two statements were that agency staff members are trained in RNR-based service delivery and agency staff members are trained in the scoring of risk assessments. Neither was indicated as statements that applied to the agency, resulting in a score of zero for this section, thus a zero percent compliance rate.

**Summary**

In summary, the participant identified four out of the twelve statements as statements that applied to the agency. This score falls into the first category of the scoring key of the RNR Model Application Checklist, which indicated that the agency adheres to few principles of the RNR model, overall. The agency’s adherence to the risk principle was at 25%, their adherence to the needs principle was at 33.3%, their adherence to the responsivity principle was at 66.6%, and there was 0% adherence to the general RNR model.
Chapter V: Discussion

In summary, the goal of the thesis was to examine the level of RNR model adherence at an open-custody youth detention center. First, a literature review was conducted in order to explore each facet of the RNR model. The literature indicated that the RNR model is one of the leading offender rehabilitation models currently in use, with applications across a number of settings and populations, including young male offenders. Next, a method of determining the agency’s level of RNR model adherence was warranted. An RNR Model Application Checklist was created and administered by the student researcher and was completed by the participant, who was a full-time staff member at the agency. The results of the RNR Model Application Checklist indicated that the agency’s adherence to the risk principle was at 25%, adherence to the needs principle was at 33.3%, adherence to the responsivity principle was at 66.6%, and the agency’s general RNR model adherence was at 0%. These results also indicated that recommendations to the agency would be beneficial in order to increase their level of RNR model adherence.

RNR Model Recommendations and Limitations

Based on the results of the RNR Model Application Checklist, a number of recommendations were made to the agency. The recommendations are presented based on the results of the RNR Model Application Checklist. Each statement that was not indicated as one that applies to the agency is discussed along with a recommendation to increase adherence to the RNR model, specifically relating to the principle that is in question. In addition, potential limitations to the practical application of the recommendations are noted in conjunction with each recommendation.
Statement One – Risk Assessment Tool

Recommendations.

The participant indicated that the agency does not have its own risk assessment tool. It was recommended that the agency obtain and utilize a structured risk assessment tool in order to determine the level of risk and the areas of need for each youth who comes into the facility. Currently, individuals outside of the agency, namely the probation officers involved in the youths’ cases, are responsible for conducting youth risk assessments. However, it was indicated by the participant that this is generally done on an inconsistent basis, thus resulting in a lack of completed risk assessments for many youths. If possible, the agency should obtain the RNA risk assessment tool that is currently being used by the probation officers and include it in their own in-take process when youths arrive at the facility. This will ensure that each youth entering the facility has a completed risk assessment on file. An alternative recommendation to obtaining the probation officer’s risk assessment tool is to purchase a risk assessment tool. The YLS-CMI complete kit can be purchased online for approximately $200.00. However, in order to utilize this risk assessment tool, the individual conducting the assessment must have a Level B qualification. This means that they must possess a degree in a related field, such as psychology or counseling, or have received training in regards to administering psychological testing.

Limitations.

A potential limitation to the recommendation of the agency conducting risk assessments in-house is that budgeting restraints may hinder the purchase of a structured risk assessment tool, such as the YLS-CMI. In addition, the qualifications necessary to conduct the YLS-CMI may limit which staff members are eligible to utilize the risk assessment tool. It is not clear whether or not the risk assessment tool used by the probation officers requires a certain qualification to
administer it. However, staff training would be required in order to ensure that any risk assessment tool is being administered correctly.

**Statement Three – Risk Assessments Upon Intake**

**Recommendations.**

Due to the fact that the agency does not conduct risk assessments in-house, the statement “the agency conducts risk assessments upon in-take” from the RNR Model Application Checklist did not apply. However, given the recommendation of the previous section, this area can be addressed. Risk assessments should be completed upon the in-take of youths into the facility, regardless of the projected amount of time the youth will spend at the agency. This ensures that staff members obtain relevant information about the youths and how subsequent treatment and/or programming should be addressed. In the case that the youth had been transferred from another custody facility and a risk assessment was conducted at that agency, the staff upon intake should review the results of the risk assessment, if they are available.

**Limitations.**

The routines and dynamics of the agency can often have an effect on the practicality of conducting a risk assessment at the time of the youth’s intake into the facility. Depending on the time of day, staffing numbers can vary. A dedicated staff member is required to conduct the risk assessment, however if the youth group dynamics require more staff supervision or attention, the risk assessment may have to be postponed until a time when it can be safely conducted without comprising the safety of other youths or staff members. Another practical limitation to administering a risk assessment tool at the time of intake may be related to the current psychological state or attitude of the youth. The youth may be feeling overwhelmed or hostile due to the fact that they are now in custody. As such, the youth may not comply with staff
direction, including participation in the risk assessment. In cases such as this, it may be beneficial to wait until the youth has become more comfortable in the facility or has calmed down enough to complete the risk assessment tool.

**Statements Four and Five – Training in RNR Service Delivery/Risk Assessment Scoring**

**Recommendations.**

The participant indicated that the staff members of the agency are not formally trained in RNR-based service delivery. While many of the staff members were familiar with the RNR model through their educational backgrounds, some staff members had no knowledge of the model. It was recommended that the agency hold a mandatory workshop for the agency staff members in order to ensure that every staff member has the same baseline knowledge of RNR principles and application.

**Limitations.**

A potential limitation to this recommendation is the issue surrounding the facilitation of the workshop itself. Obtaining a speaker to present the workshop and organizing dates for the staff members to attend are issues that would need to be addressed. However, given the connections that the agency has with other agencies and organizations in the community, this may not be a significant concern. The agency itself is involved with many other related agencies in the community, other custody facilities, agencies related to youth justice, drug counseling organizations, and crime prevention programs. Many of these agencies host guest speaking events and workshops to educate others in the community regarding important information related to youths, specifically young offenders. There may be an opportunity to correspond with an individual who is knowledgeable in the field of RNR Model service delivery and/or scoring risk assessments through these other agencies.
Statement Six – Separation of High and Low Risk Clients

Recommendations.

As stated in the literature review, it is most beneficial for low risk clients to be kept separate from high risk clients, due to the fact that each group requires different services and attention levels. In an ideal situation, the youths at the agency who are low risk to reoffend should be accommodated separately and receive separate services than the youths who are at a high risk to reoffend.

Limitations.

Due to the current space limitations and configuration of the agency, separating the low risk clients from the high risk clients would not be a feasible option. The youths currently share bedrooms, with two youths per bedroom. While it may be possible to group two low risk youths or two high risk youths together in a bedroom, this would depend on the number of youths in the facility at any given time, and the ratio of high risk clients to low risk clients. In addition, youths who are aged 14 and younger are required to be placed in the larger bedroom due to the policies of the governing body of the agency. Again, the number of either high risk or low risk clients and the ages of the clients who are in the agency at any given time would affect the separation of high risk and low risk clients.

Services are also provided in a group setting, which does not allow for easy separation of high risk and low risk clients. The main level and/or the lower level of the agency would have to be used for either the high risk or the low risk clients during programming or other activities. The lower level of the facility is currently dedicated to office space for the executive staff members, which presents a possible concern regarding safety and practicality. In regards to safety, if a youth becomes uncooperative or becomes aggressive, they can become a threat to the staff.
members who are working in the basement, just as they might if they were on the main floor of the facility. Additionally, the executive staff members attend to private, agency-related matters while working in their offices. This includes phone calls or visits from probation officers, youth family members, or other individuals from the community. Having a group of youths within earshot of these conversations may not be conducive to a productive atmosphere, both for the youth and for the executive staff members. Overall, unless the facility was to undergo expansion or renovations to address the issue of separation of high risk and low risk clients, this area of the RNR model cannot be addressed.

**Statement Seven – Services Based on Level of Risk**

**Recommendations.**

The programming that is currently offered at the agency is delivered in a group format. In addition, the level of risk does not determine the services or intensity of the services provided to the youth. Specifically, the youths, as a group, all complete the same programming twice weekly. It was recommended that the agency provide programming for the low risk clients on a separate day or time than the high risk clients. In addition, in accordance with RNR principles, the high risk clients should receive more intensive programming than the low risk clients. This could be applied in a few ways, such as providing programs that run for a longer duration per session or by having more programming sessions during the week.

**Limitations.**

Increasing the frequency or intensity of programming for the high risk clients may require greater staff presence and/or involvement. This would involve reworking the staff schedule to correspond with the dates and times that the programming for each group would be taking place. The rationale for this is related to ensuring that there are enough staff members
available to be present in the programming and with the remaining youths in the facility. In addition, staffing of the agency to ensure that the high risk clients are receiving more intensive and time consuming programming will depend on the number of high risk clients who are residing at the agency at any given time.

Another potential limitation to providing appropriate services to the youths is in relation to the amount of time the individual youth will be spending in custody at the agency. Each youth who comes into the facility is there for a different duration, based on whether he is in custody and serving a set time or if he is being held in the facility under detention and awaiting court. If a youth enters the facility under detention and stays in the facility a set number of days that do not fall on days where programming is offered, then he will not have participated in any programming during his stay. The same can be said about a youth who has been sentenced. If an incident occurs and a youth is transferred, then he may not have had the opportunity to participate in programming while he was in custody at the agency. In both of these situations, if a young offender is sentenced for a short duration, he may not see the benefit in participating in only one or two programming sessions during his stay.

**Statement Nine – Cognitive Behavioural Programming**

**Recommendations.**

It was recommended to the agency that the cognitive programming be offered on an individual basis to the youths based on the criminogenic needs identified in each youth’s risk assessment. This can be achieved through a re-work of the agency’s current programming. Ideally, it would be beneficial for the agency to include programming that addresses each of the RNR risk areas; history of criminal behaviours, pro-criminal attitudes, anti-social personality, poor social achievement, poor family/marital relationships, substance abuse, and lack of
recreational pursuits. While the current programming at the agency does relate to some of the risk areas, it would be most beneficial to ensure that all risk areas are included in order to ensure that every offender’s risk factors can be addressed in treatment. Depending on each individual youth’s projected stay at the agency, a plan for programming should be set in order to address any risk factors that the youth possesses. This becomes a challenge with a youth who is staying at the agency for only a short period of time. If the youth will be at the agency for any of the programming times, then they should be involved. However, if the youth’s stay does not correspond with a programming time, such as in the case of a youth being held for 24 hours, it may not be practical to organize a plan for programming. It may also be beneficial to ensure that the risk areas that are shown to be high are of significant focus during programming.

**Limitations.**

Ensuring that programming is tailored to each client’s criminogenic needs is not without limitations. Assuming that each youth who enters the facility has a unique set of criminogenic needs, service delivery may be a challenge for staff members. The group setting for programming would no longer be an effective way of organizing programming for the youths. The maximum number of youths permitted at the agency at a time is eight. This means that if the agency was at full capacity, each youth could potentially complete individual programming during the seven-day week. This configuration could have any number of variations if the youths are participating in programming at different times during the day. Of course, this arrangement presents a number of issues. The main concern with arranging programming seven days a week is the availability of a facilitator for each programming time while also ensuring enough staff presence in with the remainder of the group. Additionally, weekend programming would not be recommended, due to the probability of lack of compliance from the youths. All the high risk
clients could complete programming together for individual programming exercises and under staff discretion for group discussion programming. The same could be done for the low risk clients.

**Statement Ten – Client Strengths**

**Recommendations.**

Risk assessment tools can identify the strengths of a youth. Any area that is not identified as a risk factor can be considered a strength and should be recognized and built upon during treatment. Following each risk assessment, client strengths should be noted and discussed throughout the youth’s stay at the facility. Focusing on the positive aspects of the client’s life can help to achieve greater successes. In programming and in general interaction with the youth at the agency, it was recommended that the staff focus on the youths’ strengths, as identified through the risk assessment, and try to relate to their strengths as much as possible.

**Limitations.**

A potential limitation to this recommendation is that some youths may not perceive that they actually possess the strengths that were identified in the risk assessment. Many young offenders that came though the agency had a very low opinion of themselves and were unable to identify any of their own strengths, if asked. As such, they may not respond well to staff members drawing on these perceived strengths. For example, if the risk assessment identified that one of the strengths the youth had was positive family circumstances, the youth may disagree. Despite having a good upbringing and positive relationships with both parents, the youth may not feel that the relationship he has with his family will be help him in treatment.
**Strengths**

During the conceptualization of the thesis, staff members expressed interest in a review of RNR model application at the agency. The thesis was developed based on the needs expressed by staff members of the agency. The statements chosen in the RNR Application Checklist were based on the appropriate application of principles according to RNR Model literature. As such, the statements accurately represent ways in which the RNR model can be applied in an agency setting. In addition, the majority of recommendations made to the agency represent changes that are feasible and attainable.

**Limitations**

Due to the nature of the agency and the policies of the agency’s governing body, the thesis was required to be non-clinical. As such, the extent of the thesis could not go beyond making recommendations to the agency for agency staff to implement themselves. The implementation of changes to programming or staff approaches was not possible. In addition, the number of participants may be considered a limitation to the study; however, as the statements in the checklist were based on fact and not individual judgements, this may not have impacted the study. In addition, as the checklist was intended as a quick screening method of determining RNR model adherence, it may not necessarily reflect true RNR model adherence.

**Multilevel Challenges**

There were some challenges from a multilevel systems perspective throughout the duration of the completion of the thesis at the open-custody detention center. On the client level, working with young offenders was difficult in a number of ways, specifically, maintaining impartiality following times when the youth had divulged information regarding their past and
current offences. Many of the youths appeared to be very likeable individuals, however, having knowledge of their criminal histories gives another perspective that is not as positive.

From the program level, it was difficult understanding the different staff member approaches to working with the youth. Each staff member had a different approach to working with the youths, including interaction and reprimand styles. Learning the differences in staff approaches helped in understanding the differences in group dynamics and conflict management.

Some organizational level challenges were related to issues with restricted access to client files and information. This challenge resulted in the inability to complete a clinical thesis. However, this was a policy mandated by the governing body of the agency and was easily overcome through the creation of a non-clinical, research-oriented thesis.

The societal level issues were related to the emphasis and importance of confidentiality associated with working with young offenders. Due to the fact that many of the youth at the agency were local, unintentional interaction with them in the community was oftentimes unavoidable.

**Implications in Field of Behavioural Psychology**

The thesis contributes to the field of behavioural psychology as it examined the practical application of one of the leading offender rehabilitation models in a youth custody facility. The research conducted contributes to existing research on the RNR model and serves as an additional source of RNR model application information. The recommendations made to the agency can be used to effectively increase the level of RNR model adherence, which may help in reducing the rates of recidivism of the young offenders who go through the agency. Other custody facilities can also adopt the recommendations in order to increase RNR model adherence.
**Recommendations for Future Research**

To further evaluate the effectiveness of the recommendations made to increase the RNR model application at the agency, it is recommended that the executive team and staff members implement the proposed changes to RNR model principles at the agency. Following this, it would be beneficial to re-evaluate the application of RNR model principles at the agency by re-administering the RNR Model Application Checklist. An additional recommendation for future research would be to apply the RNR Model Application Checklist at other open-custody or closed-custody detention centers in order to assess the level of adherence to the RNR model. The application of the RNR Model Checklist and subsequent recommendations would be beneficial to a number of client populations, such as male young offenders, female young offenders, and other client populations.

In terms of research implications, it would be beneficial to determine the effect that the changes to RNR Model adherence had on the recidivism rates of the youth who stayed at the facility following the implementation of the proposed changes. This would subsequently add to existing research and support of the efficacy of the RNR Model with a young offender population.
REFERENCES


Appendix A: Risk Needs Assessment

## RISK/NEED ASSESSMENT (RNA)

<table>
<thead>
<tr>
<th>Youth's Name:</th>
<th>D.O.B:</th>
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### Part 1: Assessment of Risks & Needs

<table>
<thead>
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<th>1)</th>
<th>Prior and Current Offences/Dispositions /Sentences</th>
<th>Comments (include any mitigating/aggravating factors):</th>
</tr>
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<tbody>
<tr>
<td>a)</td>
<td>three or more prior &quot;findings of guilt&quot;</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>two or more prior failures to repay</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>prior probation</td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>prior custody</td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>three or more current &quot;findings of guilt&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total: 0</td>
<td>Source(s) of information:</td>
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Risk Level:  □ Low (0)  □ Moderate (1-2)  □ High (3-5)

Comments:

### Part 2: Family Circumstances/Parenting

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<th>2)</th>
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<th>Comments (include any mitigating/aggravating factors):</th>
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<tr>
<td>a)</td>
<td>inadequate supervision</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>difficulty in controlling behavior</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>inappropriate discipline</td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>inconsistent parenting</td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>poor relationship/father-child</td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>poor relationship/mother-child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total: 0</td>
<td>Source(s) of information:</td>
</tr>
</tbody>
</table>

Risk Level:  □ Low (0-2)  □ Moderate (3-4)  □ High (5-6)

Comments:

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CAUTION: THIS RECORD CONTAINS INFORMATION ABOUT A YOUNG PERSON WHICH IS SUBJECT TO THE YOUTH CRIMINAL JUSTICE ACT. Information about a young person as defined in the Youth Criminal Justice Act is subject to publication, use and access restrictions set out in the Act to protect the privacy of the young person. The penalty for violation may result in imprisonment for up to 2 years.
3) Education/Employment

<table>
<thead>
<tr>
<th>Comments (include any mitigating/aggravating factors):</th>
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<tbody>
<tr>
<td>a) disruptive classroom behaviour</td>
</tr>
<tr>
<td>b) disruptive school yard behaviour</td>
</tr>
<tr>
<td>c) low achievement</td>
</tr>
<tr>
<td>d) problems with peer relations</td>
</tr>
<tr>
<td>e) problems with teacher relations</td>
</tr>
<tr>
<td>f) truancy</td>
</tr>
<tr>
<td>g) unemployed/not seeking employment</td>
</tr>
</tbody>
</table>

Total: 0

Source(s) of Information:             Date:

☐ Strength

Comments:

Risk Level:  ☐ Low (9)    ☐ Moderate (1-3)  ☐ High (4-7)

4) Peer Relations

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<tbody>
<tr>
<td>a) some antisocial acquaintances</td>
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<td>b) some antisocial friends</td>
</tr>
<tr>
<td>c) no or few positive acquaintances</td>
</tr>
<tr>
<td>d) no or few positive friends</td>
</tr>
</tbody>
</table>

Total: 0

Source(s) of Information:             Date:

☐ Strength

Comments:

Risk Level:  ☐ Low (9-1)    ☐ Moderate (2-3)  ☐ High (4)
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<tbody>
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<tr>
<td>b) chronic drug use</td>
</tr>
<tr>
<td>c) chronic alcohol use</td>
</tr>
<tr>
<td>d) substance use interferes with functioning</td>
</tr>
<tr>
<td>e) substance use linked to offense</td>
</tr>
</tbody>
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| Total | 0 | Source(s) of Information: | Date: |

- **Strength**
- **Comments:**

- **Risk Level:**
  - □ Low (1)
  - □ Moderate (1-2)
  - □ High (3-5)

### 6) Leisure/Recreation

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<th>Comments (include any mitigating/aggravating factors):</th>
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<tbody>
<tr>
<td>a) limited organized participation</td>
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<td>b) could make better use of time</td>
</tr>
<tr>
<td>c) no personal interests</td>
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</tbody>
</table>

| Total | 0 | Source(s) of Information: | Date: |

- **Strength**
- **Comments:**

- **Risk Level:**
  - □ Low (1)
  - □ Moderate (1)
  - □ High (2-3)
### 7) Personality/Behaviour

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<tbody>
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<td>a)</td>
<td>infatuated self concern</td>
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<tr>
<td>b)</td>
<td>physically aggressive</td>
</tr>
<tr>
<td>c)</td>
<td>tantrums</td>
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<tr>
<td>d)</td>
<td>short attention span</td>
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<tr>
<td>e)</td>
<td>poor frustration tolerance</td>
</tr>
<tr>
<td>f)</td>
<td>inadequate guilt feelings</td>
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<tr>
<td>g)</td>
<td>verbally aggressive</td>
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</table>

Strength [ ]
Comments:
Risk Level: [ ] Low (0) [ ] Moderate (1-4) [ ] High (5-7)

### 8) Attitudes/Orientation

<table>
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<tr>
<th>Comments</th>
<th>Include any mitigating/aggravating factors:</th>
</tr>
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<tbody>
<tr>
<td>a)</td>
<td>antisocial/proncriminal attitudes</td>
</tr>
<tr>
<td>b)</td>
<td>not seeking help</td>
</tr>
<tr>
<td>c)</td>
<td>actively rejecting help</td>
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<tr>
<td>d)</td>
<td>defies authority</td>
</tr>
<tr>
<td>e)</td>
<td>out of control, little concern for others</td>
</tr>
</tbody>
</table>

Strength [ ]
Comments:
Risk Level: [ ] Low (0) [ ] Moderate (1-3) [ ] High (4-5)
## Part II: Summary of Risks & Needs (from Part I)

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Low (0-8)</th>
<th>Moderate (9-20)</th>
<th>High (21-35)</th>
<th>Very High (35-42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Part II: Assessment of Other Needs/Special Considerations

1. **Family/Parents**
   - [ ] Chronic history of offences
   - [ ] Financial/accommodation problems
   - [ ] Abusive mother
   - [ ] Emotional distress/psychiatric
   - [ ] Uncooperative parents
   - [ ] Significant family trauma
     - Specify
   - [ ] Drug-alcohol abuse
   - [ ] Cultural/ethnic issues
   - [ ] Marital conflict
   - [ ] Abusive father
   - [ ] Other

---

**CAUTION:** This record contains information about a young person which is subject to the Youth Criminal Justice Act. Information about a young person as defined in the Youth Criminal Justice Act is subject to publication, use and access restrictions set out in the Act to protect the privacy of the young person. The penalty for violation may result in imprisonment for up to 5 years.
2. Youth

- Health problems
- Physical disability
- Low intelligence/Developmental delay
- Learning disability
- Underachievement
- Poor Problem solving skills
- Victim of physical/sexual abuse
- Victim of neglect
- Shy/Withdrawn
- Peers outside age range
- Depressed
- Low self-esteem
- Inappropriate sexual activity
- Racist/sexist attitudes
- Poor social skills
- Engaged in delinquent
- Suicidal attempts
- Diagnosis of psychosis
- Third party threat
- History of sexual/physical assault
- History of assault on authority figure
- History of weapon use
- History of fire setting
- History of escapes
- Protection issues
- Adverse living conditions
- Other: __________

Comments (note any special responsibility consideration including the need for culturally specific services):

---

**PART IV - CASE MANAGER'S ASSESSMENT OF OVERALL RISK LEVEL**

- Low
- Moderate
- High
- Very High

Reasons:

---

As per the Risk/Need Assessment Guide

---

*YJIS 302-101 (rev. 0215)*

**CAUTION: THIS RECORD CONTAINS INFORMATION ABOUT A YOUNG PERSON WHICH IS SUBJECT TO THE YOUTH CRIMINAL JUSTICE ACT.**

Information about a young person as defined in the Youth Criminal Justice Act is subject to protection, use and access restrictions set out in the Act to protect the secrecy of the young person. The penalty for violation may result in imprisonment for up to 2 years.

---

46
<table>
<thead>
<tr>
<th>Goal</th>
<th>Means of Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1</td>
<td></td>
</tr>
<tr>
<td>Goal 2</td>
<td></td>
</tr>
<tr>
<td>Goal 3</td>
<td></td>
</tr>
<tr>
<td>Goal 4</td>
<td></td>
</tr>
</tbody>
</table>

Summary: Please indicate any additional actions relevant to the terms of the sentence.
Appendix B: RNR Model Application Checklist

<table>
<thead>
<tr>
<th>RNR MODEL APPLICATION CHECKLIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agency has a structured risk assessment tool</td>
</tr>
<tr>
<td>2. Risk assessments are conducted outside of the agency</td>
</tr>
<tr>
<td>3. Agency conducts risk assessments upon intake</td>
</tr>
<tr>
<td>4. Agency staff members are trained in RNR-based service delivery</td>
</tr>
<tr>
<td>5. Agency staff members as trained in scoring risk assessments</td>
</tr>
<tr>
<td>6. High risk clients are kept separate from low risk clients</td>
</tr>
<tr>
<td>7. Services are allotted based on level of risk</td>
</tr>
<tr>
<td>8. Programming is cognitive behaviourally based</td>
</tr>
<tr>
<td>9. Programming is tailored to each client’s criminogenic needs</td>
</tr>
<tr>
<td>10. Client strengths are taken into account in treatment</td>
</tr>
<tr>
<td>11. Client progress is monitored throughout their incarceration</td>
</tr>
<tr>
<td>12. Treatment is continued in the community following release</td>
</tr>
</tbody>
</table>

**SCORING**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>Agency adheres to few principles of the RNR model</td>
</tr>
<tr>
<td>5 – 8</td>
<td>Agency adheres to some principles of the RNR model</td>
</tr>
<tr>
<td>9 – 12</td>
<td>Agency adherers to most principles of the RNR model</td>
</tr>
</tbody>
</table>
Appendix C: Table of RNR Checklist Responses

*Participant Responses to Statements Related to Each RNR Principle*

<table>
<thead>
<tr>
<th>Risk</th>
<th>Needs</th>
<th>Responsivity</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4</td>
<td>1/3</td>
<td>2/3</td>
<td>0/2</td>
</tr>
</tbody>
</table>