

The Risk Need Responsivity Model of Offender Rehabilitation: Is There Really a Need For a Paradigm Shift?

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Abstract

The current paper critically reviews the Risk-Need-Responsivity (RNR) and Good Lives Model (GLM) approaches to correctional treatment. Research, or the lack thereof, is discussed in terms of whether there is a need for a new model of offender rehabilitation. We argue that although there is a wealth of research in support of RNR approaches, there is presently very little available research demonstrating the efficacy of the GLM in terms of the impact that programs based on this model of rehabilitation have on observed rates of recidivism among offender populations. Additionally, the emphasis of the GLM approach on the principles and techniques of positive psychology is untested in the area of forensic psychology. Evidence with reference to the assessment and treatment of sexual offenders is discussed as this is a particular focus of the GLM approach. We conclude, in agreement with the developers of the GLM approach, that the RNR model needs to be adapted in order to incorporate recent research related to the factors associated with recidivism among sexual offenders. However, we argue that the GLM is largely an empirically untested model, and further offers little in terms of adding to or replacing the RNR model.

We recognize that a revised version of the RNR based approach is necessary, incorporating an integrated approach to treatment, and we introduce and briefly describe the RNR-I (Integrated), a model developed by the authors and supported by a variety of empirical research, including a number of outcome studies produced by our team and others.

Keywords

Sexual offenders; sexual offender treatment; sexual offender treatment models; good lives model, risk, needs, and responsivity; RNR, GLM

The Risk, Need and Responsivity (RNR) model (Andrews & Bonta, 2010) has been the prominent approach to the treatment of offenders in Canada, as well as other parts of the world (e.g., the U.K, New Zealand, and Australia) for three decades. The RNR approach and the theoretical model on which it is based have resulted in measurable gains in terms of the reliable assessment of offenders, as well as significant reductions in rates of recidivism among offenders treated in programs that have adopted this perspective (see Andrews & Bonta, 2010 for a summary). Treatment approaches consistent with the RNR principles have been demonstrated to lead to reductions in sexual offense recidivism (Hanson, Bourgon, Helmus & Hodgins, 2009), violent recidivism (Dowden & Andrews, 2000), and general recidivism (Andrews, Zinger et al., 1990). However, in the past decade this approach to correctional programming has been criticized (e.g., Laws & Ward, 2011; Ward & Stewart, 2003) as being too focused on risk management.

Ward and his colleagues (2003; Laws & Ward, 2011) have argued that the primary focus of RNR based approaches to treatment has been on the reduction of various deficits present in the individual, and that the RNR model pays insufficient attention to the person and the idiosyncratic goals that he/she may wish to address. They argue that these agentive needs must become a focus of contemporary treatment programs. The model proposed by Ward and his colleagues is influenced heavily by developments in the area of positive psychology, as opposed to a cognitive-behavioral/social learning framework, which has been the basis of RNR oriented programs. The purpose of this paper is to provide a brief outline of

both the RNR approach and the theory of offending on which it is based, as well as a discussion of the Good Lives Model of treatment which has been advocated by Ward and his colleagues. Laws and Ward (2011) state that the Good Lives Model (GLM) they advocate represents a new theory of rehabilitation, the principles of which can be applied in a myriad of ways. Whether the model translates into genuinely new approaches to treatment in practice has not been addressed in detail to this point.

■ Risk, Need and Responsivity

The RNR model is not a theory of intervention in itself, rather the RNR perspective represents principles of effective correctional intervention (Andrews & Bonta, 2010), within which a wide variety of therapeutic interventions can be used. Andrews and Bonta argue that a number of factors need to be considered in any comprehensive theory of criminal behavior, including biological/neurological issues, inheritance, temperament, and social and cultural factors, making note of the fact that criminal behavior is multi-factorial. From this general outline (which these authors label as the Psychology of Criminal Conduct), Andrews and Bonta have delineated three principles of effective corrections, termed Risk, Need and Responsivity. These principles have resulted in several decades of research that has revolutionized the practice of assessment and treatment of offender populations, and in which factors associated with RNR are clear, concise and empirically verifiable. We will return to the issue of empirical support when discussing the GLM.

Risk: With reference to the concept of risk, Andrews and Bonta (2010) argue that treatment should be

reserved for higher risk groups of offenders, as assessed by actuarial assessment instruments. There are now many decades of research demonstrating that actuarially assessed risk is superior to unstructured clinical judgment (e.g., Hanson & Morton-Bourgon, 2009).

Need: With reference to the concept of need, Andrews and Bonta (2010) are referring to criminogenic needs, established by the empirical literature as associated with recidivism in criminal populations. They identify eight central risk/need factors (the "Big Eight") for the development and maintenance of criminal behavior:

1. History of antisocial behavior characterized by early involvement in a number and variety of antisocial activities and settings. This is considered to be a strength when absent.
2. Antisocial Personality Pattern, characterized by impulsive, adventurous, pleasure-seeking, and aggressive behaviors, and callous disregard for others. Associated risks consist of weak self-control, anger-management, and problem solving skills. One target of treatment, therefore, is to enhance these skills.
3. Antisocial cognition, including attitudes, values, beliefs, and a personal identity favorable to crime.
4. Antisocial associates and relative isolation from prosocial individuals, in which the quality of relationships and the influence that associates have on the individual (e.g., favorable/unfavorable to crime) are important.
5. Problematic circumstances of home (family/marital)
6. Problematic circumstances at school or work
7. Few if any positive leisure activities
8. Substance abuse

Thus, the RNR Model considers personal, interpersonal, and social factors as being involved in the acquisition and maintenance of criminal behavior (Ogloff & Davis, 2004). Further, Andrews and Bonta (2010) argue that treatment should focus on criminogenic needs. Non-criminogenic needs such as low self-esteem and personal distress are viewed as tertiary and should not be the focus of treatment except as they are relevant to the third principle of effective correctional treatment; that is the *Responsivity* Principle.

The **Responsivity** Principle consists of two components: general and specific responsivity. The general responsivity principle states that effective interventions tend to be based on cognitive, behavioral, and social learning theories (Smith, Gendreau, & Swartz, 2009), while the specific responsivity principle suggests that the treatment offered is to be matched not only to criminogenic need but also to those attributes and circumstances of cases that render them likely to profit from that treatment (Andrews, et al., 1990).

Support for the RNR Approach

Research indicates that treatment services designed in accordance with these principles are more effective than those that are not, and that the treatment

effect is linearly related to the number of principles to which the treatment model adheres. Andrews, Zinger et al. (1990) conducted a meta-analysis of 80 studies examining the effectiveness of correctional programming. They found that treatments coded as appropriate (i.e., designed and delivered according to RNR principles) were associated with larger effect sizes, whereas treatments coded as inappropriate or associated with criminal sanctions were both associated with negative effects.

Dowden and Andrews (1999) performed a meta-analysis on 25 studies of treatment for female offenders, and found that the delivery of *any* treatment programming yielded a significantly stronger effect than criminal sanctions alone. They also found that treatment services adhering to all of the RNR principles were related to the greatest reductions in recidivism, while treatment rated as inappropriate had the weakest effects. Effect sizes were also larger when needs related to associates and peers, attitudes, self-control, and family and family process were targeted, than when they were not. Thus, this meta-analysis suggests that the majority of criminogenic needs identified for men are also applicable for female offenders. Dowden and Andrews also found that targeting vague personal/emotional issues and other non-RNR based treatment targets were associated with no reduction in recidivism. In fact, non-criminogenically focused family interventions were associated with an increase in recidivism.

Dowden and Andrews (2000) conducted a meta-analysis of 35 studies of violent offenders and again found that programs adhering to RNR principles were more effective than those which did not. Specifically, they found that criminal sanctions alone, in the absence of treatment programming, yielded no effect on recidivism, while *any* human service delivery resulted in a significant positive effect. Programs that targeted criminogenic needs were associated with a moderate effect size, while those which did not produced no significant reduction in recidivism. When examining results according to the degree of adherence to the RNR principles, those programs deemed inappropriate were associated with no effect on recidivism, while those that adhered to all three principles produced the largest effect sizes. They found that greater effect sizes were achieved through systematic targeting of criminogenic needs, while iatrogenic results were obtained when non-criminogenic needs were targeted.

More recently, Hanson, et al. (2009) coded 23 studies of sexual offender treatment outcome for adherence to the RNR principles. In addition to the criminogenic needs for general recidivism described above, Hanson et al. considered criminogenic needs specific for sexual recidivism to be deviant sexual interests, sexual preoccupation, attitudes tolerant of sexual crime, and intimacy deficits (e.g., conflicts with lovers, emotional congruence with children). Non-criminogenic needs were considered to be factors such as internalizing psychological problems (e.g., depression, anxiety), denial, low victim empathy, and social skills deficits. Hanson et al. reported that for sexual recidivism,

programs were more effective if they targeted criminogenic needs (need principle) and were delivered in a manner that was likely to engage the offenders (responsivity principle). They also reported that sexual offender treatment programs that adhere to RNR principles resulted in greater reductions in recidivism, and that this effect was linearly related to the number of RNR principles incorporated into the treatment program. In fact, programs that adhered to none of the principles resulted in a negative treatment effect. This meta-analysis indicates that the RNR approach to program development and delivery applies equally to sexual offenders as it does to other types of offenders.

Relapse Prevention (RP) approaches to sexual offender treatment remain popular within the field. The 2009 survey of North American programs conducted by the Safer Society Foundation (McGrath, Cumming, Burchard, Zeoli & Ellerby, 2010) found that over 65% of programs reported the use of a Relapse Prevention Model. This is likely an under-estimate, however, given that the survey differentiated between RP and cognitive-behavioral approaches. Given that RP tends to be a cognitive-behavioral approach in practice (Andrews & Bonta, 2010), this distinction may have been problematic for survey respondents. Initially developed for substance abusing clients, the RP model has been adopted for use with sexual offenders. This perspective assumes that relapse is predictable and that if clients pay attention to so-called high-risk situations they can dramatically reduce their risk of recidivism. High risk situations are typically those that would be considered criminogenic needs within Andrews & Bonta's (2010) model (e.g., alcohol or drug abuse, criminal associates).

Dowden, Antonowitz, and Andrews (2003) conducted a meta-analysis of treatment programs which employed an RP approach in the delivery of treatment. They coded 24 studies, seven of which involved sex offender treatment, and found a moderate overall effect size for RP programs. When coding programs for the presence of various aspects of the RP approach to treatment (i.e., offense chain, relapse rehearsal, identification of high risk situations, coping with failure situations, etc.), Dowden et al. found that the development of the offense chain, training significant others to help, and relapse rehearsal were associated with treatment effectiveness, while booster sessions and coping with failure situations were not. Overall, the greater the number of RP components employed in treatment, the stronger the treatment effect ($r = .38, p < .01$). These authors also examined the contribution of RNR principles to treatment effectiveness. They found that RP programs adhering to all three RNR principles had the greatest impact, while those that adhered to none of the principles had no impact on recidivism.

Thus, taken together, these meta-analyses indicate that: 1) adherence to RNR principles in the development of correctional treatment programs leads to greater reductions in recidivism; 2) programs that address non-criminogenic needs tend to be either less effective or ineffective in reducing recidivism, or may even be associated with increased

rates of recidivism; 3) RP approaches, delivered within the RNR framework, are effective in reducing recidivism; and 4) these results apply to general recidivism, violent recidivism, and sexual recidivism, as well as to female offenders.

Criticism of RNR by Ward et al.

As noted above, the RNR approach to treatment has been criticized over the past 10 years, in particular by Ward and his colleagues (Laws & Ward, 2011; Ward, Mann & Gannon, 2007; Ward & Stewart, 2003). These authors point to a number of concerns with what they term the "risk-need model" (Ward & Stewart, 2003). They argue that, due to the primary focus of treatment on individual risk, the risk-need model views individuals as "disembodied bearers of risk rather than as integrated agents" (p. 354). Ward and his colleagues argue that by addressing only criminogenic needs offenders are left with gaps in their lives. What the RNR approach neglects is "the need to understand the primary human goods associated with the commission of an offense and the need to ensure that these goods are met in more socially acceptable and individually satisfying ways" (pp. 254 – 255). That is, Ward and colleagues argue, the personal needs of the offender are not considered as relevant targets in the RNR model.

Ward and Stewart (2003) argue that the risk-need model couches its approach to treatment in negative terms. That is, the focus is often on the elimination of negative attitudes, the reduction of cognitive distortions, and the extinction of deviant sexual interests. Ward and Stewart (2003) propose that, in contrast, the Good Lives Model (GLM) promotes the enhancement of strengths, skills and abilities rather than the suppression of negative behavior, in an attempt to promote a "good life."

Ward and Stewart (2003) also note that the risk-need model does not address the role of personal identity in the change process. That is, Laws and Ward (2011) note that offenders who desist tend to adopt a personal identity inconsistent with offending. Rather than targeting individual risk factors, which they argue is the focus of the risk-need perspective, the GLM advocates that change results from a "holistic reconstruction of the 'self'" (Laws & Ward, 2011, p. 189).

Critiques of the RNR approach also emphasize that the model concentrates on the causes of offending (e.g., criminogenic needs), as opposed to acknowledging the role of human agency. The GLM sees people as practical decision-makers who formulate plans and intentionally modify their environments and themselves to achieve goals. Thus, from this perspective, correctional rehabilitation should be focused on helping offenders to "acquire core competencies constituting valued activities such as being intimate, managing stress and so on" (Laws & Ward, 2011, p. 176). In this regard, proponents of the GLM argue that the role of responsibility is not sufficiently addressed in the RNR model. They (Ward & Stewart, 2003) claim that with the focus of RNR on criminogenic needs, important issues that may impact on the ability to participate in treatment and motivation for treatment are neglected.

■ Good Lives-Desistance Model

The most current version of Ward's model incorporates theory related to the GLM, desistance theory, and positive psychology, and has been presented by Laws and Ward (2011; Ward & Laws, 2010) as a Good Live-Desistance approach. This model is derived from an integration of Ward's Good Lives Model and research regarding desistance of offenders from crime (e.g., Maruna, 2001; Sampson & Laub, 2005). In brief, the research concerning desistance from offending indicates that the majority of men who become involved with criminal justice systems in their teens and early 20s do not continue to commit crime. Sampson and Laub make the argument that desistance is the norm and that only a minority of offenders continue to re-offend at a high rate across their lifespan. Ward and Laws argue that the same applies to sexual offenders. In their review of the literature, Ward and Laws (2010) identify 12 influences that contribute to the desistance of offenders: 1) aging, 2) marriage, 3) work and job stability, 4) military service, 5) juvenile detention, 6) prison, 7) education, 8) cognitive transformation (i.e., changes in how the person views himself), 9) the Pygmalion effect (i.e., the high expectations of others lead to greater self-belief), 10) "knifing off" (i.e., cutting off bonds with a criminal past), 11) spirituality, and 12) fear of serious assault or death. Ward and Laws (2010) list a 13th factor, which is sickness and incapacitation, noting that a criminal lifestyle is associated with unhealthy and dangerous behaviors (e.g., smoking, substance use, violence) and that some criminals may desist simply because they are unable to continue with this lifestyle.

The GLM is based on the notion that humans are practical decision makers who formulate plans and intentionally modify themselves and their environments in order to achieve goals (Ward & Laws, 2010). The environment in which people function includes social, cultural, biological, and physical materials that provide the resources necessary to implement their plans. The GLM asserts that the purpose of correctional rehabilitation ought to be helping offenders acquire the core competencies they require in order to engage in valued activities such as being intimate, managing stress, and so on, and more effectively coordinate and adjust their goals depending on prevailing contingencies. Laws and Ward (2011; Ward & Laws, 2010) argue that the GLM takes an agency centred approach to rehabilitation. That is, it is concerned with the ability of individuals to select goals, formulate plans, and act freely in the implementation of those plans. Ward and Laws argue that the GLM is founded on the ethical concepts of human dignity and rights. Human dignity, they claim, is the acknowledgement of the capacity of human beings to act in pursuit of their own freely chosen goals. By human rights they refer to ensuring that the resources required for people to make their own decisions are available and that they are not unjustifiably restricted from living the life they choose. Ward and Laws (2010) acknowledge that offenders face legitimate restrictions on their freedom of movement and other rights; however, they argue that the majority

of human goods, such as core freedom and well-being, should be guaranteed by the fact that offenders possess universal human rights that are protected.

Another assumption of the Good Lives model, rarely stated overtly, is that "most [sexual offenders], apart from their sexual deviance, are not criminals" (Laws & Ward, 2011, p. 4). This assumption, of course, greatly affects the perspective that GLM proponents take on the matter of offender rehabilitation, as it leads to the additional assumption that "They hunger for the same things that we all do; a good education, a decent job, good friends, homeownership, family ties, children, being loved by someone and a stable life" (p. 4). Thus, their approach may not adequately account for highly criminalized individuals who do not share these goals.

Ward and colleagues (Ward & Stewart, 2003; Ward & Marshall, 2004; Laws & Ward, 2011) claim that, rather than addressing criminogenic needs, the focus of treatment should be on the enhancement of offenders' abilities to obtain Primary Human Goods. These goods, as described by Ward and Maruna (2007), have their origins in human nature and have evolved in order to help people establish strong social networks, survive, and reproduce. They argue that people derive a sense of who they are and what matters from the things they do and that, therefore, during rehabilitation the goal should be to provide offenders with an opportunity to acquire a more adaptive personal identity.

Yates and Willis (2011) describe eleven Primary Human Goods:

1. Life (including healthy living and optimal physical functioning, sexual satisfaction)
2. Knowledge
3. Excellence in work (including mastery experiences)
4. Excellence in play (including mastery experiences)
5. Excellence in agency (i.e., autonomy and self-directedness)
6. Inner peace (i.e., freedom from emotional turmoil and stress)
7. Relatedness (including intimate, romantic and family relationships)
8. Community
9. Spirituality (in the broad sense of finding meaning and purpose in life)
10. Happiness
11. Creativity

For each of these primary goods the authors identify secondary goods, which provide the means of acquiring the primary good. For example, for the primary good of Knowledge the secondary goods may include attending school, participating in training or belonging to a discussion group. For the primary good of Excellence in Work the secondary good may be engaging in an apprenticeship or training. Thus, from the GLM perspective offending may result when a person attempts to acquire a primary good by means of an antisocial or inappropriate secondary good. For example, someone

may try to acquire the good of Relatedness through sexual activity with a child.

From the GLM perspective criminogenic needs are internal or external obstacles that frustrate and block the acquisition of primary human goods (Ward & Marshall, 2004). That is, crime occurs when the individual lacks the ability to obtain a good in a prosocial manner and is unable to think about his or her life in a reflective manner. From this perspective, criminogenic needs reflect a deficiency in agency and conditions that support agency.

Laws and Ward (2011) identify two routes to offending. The first is the direct route, in which offending is a primary focus in the individual's life plan. That is, the person may intentionally seek certain types of goods through criminal activity. For example, an offender may lack the relevant competencies and understanding to obtain the good of intimacy with an adult. Thus, for this person offending may represent a striving for the fundamental good of intimacy which he intentionally seeks through criminal activity. Along the indirect route to offending the pursuit of a good increases the pressure to offend. For example, a conflict between the goods of relatedness and autonomy may lead to the break-up of relationship, which leads to loneliness/distress, which leads to alcohol use, which eventually results in offending.

From the GLM perspective there should be a direct relationship between goods promotion and risk management, in which rehabilitation consists of a holistic reconstruction of the self. For instance, Ward and Laws (2011) argue that a focus on the promotion of goods is likely to automatically eliminate or modify risk factors. Thus, in the GLM intervention is an activity that adds to an individual's repertoire of personal functioning rather than simply removing or managing a problem. This assumption of the model is critical and will be discussed in more detail below. For the moment, suffice it to say that this view is in keeping with humanistic traditions but may be at variance with cognitive-behavioral orientations where the focus is on the modelling of appropriate skills that are directly addressed in treatment.

Laws and Ward (2011) also indicate that, from a GLM perspective, therapy should be tailored to match the individual client's life plan and his or her risk factors (Ward & Brown, 2004). The GLM also focuses on approach goals rather than avoidance of risk factors. The view of the offender is that he may lack many of the essential skills/abilities required to achieve a fulfilling life, and that criminal behavior results from an attempt to achieve desired goods. Alternatively, criminal behavior may arise from an attempt to relieve a sense of incompetence, conflict, or dissatisfaction that arises from not acquiring valued human goods.

An Analysis of the GLM-Desistance Perspective

Laws and Ward (2011) claim that the absence of certain goods is more strongly related to offending than the absence of other goods. These include: 1) Self-efficacy/sense of agency; 2) Inner peace; 3) Personal dignity/social esteem; 4) Generative roles

and relationships (work, leisure); and 5) Social relatedness (associates). However, they offer no data to support this claim. In addition, the first three of these goods are similar to factors identified as non-criminogenic in extant research. For example, personal dignity is similar to self-esteem, which research previously cited indicates is non-criminogenic (e.g., Hanson & Morton-Bourgon, 2005).

Laws and Ward (2011) indicate (p. 202) that the GLM has empirical support; however, they fail to offer any citations to support this claim. Although there appears to be evidence supporting some of the principles of positive psychology this cannot be taken as evidence that such approaches are effective with offenders. For example, Deci and Ryan (2000) summarize research which indicates that in the general population self-determination is positively correlated with personal well-being. However, there is no evidence to indicate that these research findings can be applied to sexual offender populations (Andrews et al. 2011), and, in fact, the meta-analyses summarized above suggest that they cannot. That is while positive psychological approaches may be relevant for the general population, it is less apparent that they are relevant for clinical populations, and even less so for sexual offender populations. For example, the meta-analyses summarized above found that treatment addressing non-criminogenic needs, such as self-esteem, low self-worth, or vague feelings of personal distress, was not associated with any treatment effect.

Studying the GLM

In terms of support for the GLM, Ward and colleagues have described case examples to illustrate the application of their principles to interventions with offenders; however, these do not tell us whether or not these interventions are effective in reducing recidivism or more effective in addressing criminogenic needs than other approaches. A central tenet of the GLM is that the model is compatible with RNR based perspectives (See Ward & Maruna, 2007 for a discussion). Nonetheless, we are not aware of any large scale investigations involving offender populations that have compared and contrasted these two approaches in terms of the direct impact that each might have on recidivism.

In terms of case studies intended to demonstrate the effectiveness of the GLM, Whitehead, Ward, and Collie (2007) describe the case of Mr. C, described as a gang member with a long criminal history of violence, including sexual violence. It was noted that he had engaged in RNR based interventions during previous sentences, but that he remained in the pre-contemplation stage of change and held rigid antisocial attitudes and continued drug use at those times. Mr. C. was provided treatment according to the GLM, and his outcome 14 months following release was discussed. He had enrolled in university but dropped out due to "transportation difficulties," but had made arrangements to re-enroll. Whitehead et al. also noted that he disclosed two post-treatment violent incidents. "The first involved a retaliatory action after being pushed to the ground at a party. ... The second

relapse occurred in response to his partner being insulted and offended. Mr. C's reaction included 'smashing' the victim and entering an emotional state synonymous with the abstinence violation effect" (p. 593). Whitehead et al. noted that he had remained "conviction free except for a minor driving charge" (p. 594).

Two studies addressing the effectiveness of GLM approaches to treatment in contrast to "treatment as usual" approaches have been conducted to date, although neither involved investigation of the direct impact of treatment on recidivism rates. The first of these was conducted by Harkins, Flak, Beech, and Woodhams (2012). This study compared 76 men who participated in community sexual offender treatment structured on a GLM model to 701 who participated in a relapse prevention RNR oriented program. Harkins et al. compared the groups on a psychometric assessment battery administered pre- and post-treatment that consisted of measures that previous research had demonstrated to be associated with recidivism (Beech, 1998; Beech, Friendship, Erickson, & Hanson, 2002). Harkins et al. assessed program effectiveness by examining attrition rates, the facilitator's perception of the program and offender's motivation, and the participant's perception of the program, as well as pre-post changes on the psychometric battery. It was found that attrition rates did not differ significantly between the GLM and the RP oriented programs. There were also no differences in rates of change on psychometric measures. Overall, the facilitators liked the GLM-based module better than the RP based, but 63.7% did not think it would be appropriate for high-risk/unmotivated clients. Regarding the clients' ratings of the extent to which they improved their understanding of their offending, 80% of RP group rated their understanding as improved compared to 46% of the GLM participants.

In contrast, when rating the extent to which clients had developed a better understanding of the positive aspects of themselves, 61% of the GLM participants indicated that they had a better understanding of themselves compared to 20% of RP participants. Participants were also asked to rate the extent to which they had altered their thoughts and attitudes so that they might be better able to manage their behavior. For the RP-based module 80% thought that they had, compared to 27% for the GLM module.

In summary, the GLM module led to offenders who feel better about themselves and their future; however, the results of interviews indicated that they had less awareness of risk factors and self-management strategies. Furthermore, there were no differences overall in terms of attrition or change on risk factors.

The second study comparing the GLM to a standard RNR/RP approach was conducted by Barnett, Manderville-Norden, and Rakestrow (2013). This study was conducted in follow-up to the Harkins et al. (2012) study described above, after the GLM component of the program was redesigned based on the findings of the former study. Barnett et al. examined psychometric testing results from two samples of offenders who participated in commu-

nity based sexual offender treatment programs that included either an RP module or a GLM module. In total, 321 men participated in the RP programs and 202 in the GLM. It was noted that, on average, men participating in the RP program scored significantly more deviantly on the measures at pre-treatment than the men in the GLM program. Results indicated that there was no significant difference overall in the amount of change achieved on the measures between the two groups. In addition, there was no systematic difference in the number of men who achieved clinically significant change on the measures. However, it was noted that for those who had pre-treatment functional scores and attended the GLM module tended to remain functional at a higher rate than those who attended the RP module. It was noted that neither the GLM nor the RP approaches effected change in the majority of those requiring change (i.e., the majority of both groups did not achieve "treated status" on the measures). In addition, attrition rates were not different between program approaches.

A final article addressing the application of the GLM, although not a treatment evaluation, is a study reported by Willis and Ward (2011) assessing the extent to which attainment of Goods impacts on adjustment to the community following release in a sample of 16 treated child molesters. Study participants were contacted in the community one, three, and six months post-release and interviewed regarding their attainment of Goods and their adjustment to the community. The researchers also assessed the participants' re-entry experiences, and in particular their experiences related to accommodation, employment, and social support.

Overall, Goods fulfillment ratings indicated the partial or complete fulfillment of goods among the subjects. They also noted that the acquisition of the good of Independence (autonomy) was strongly affected by the offender's ability to find employment and permanent accommodation and the goods of Achievement (excellence in play and work) and Belonging (relatedness) were least fulfilled among participants at one month post-release. The offenders reported that difficulty finding employment was a barrier towards achievement, and that they indicated that joining cultural, sporting or other groups to fulfil the good of belonging were long-term goals, but that other goals such as securing permanent housing and employment took precedence.

When correlating the mean Goods rating with the Re-entry Experience rating, it was found that a higher Goods score (greater acquisition of Goods) was positively related to Re-entry Experiences. It was also found that dynamic risk ratings were negatively associated with the mean Goods achievement. In other words, offenders with higher dynamic risk had lower achievement of Goods upon release.

Evaluating the Evidence for GLM

Evidence that the GLM approach is more effective than the approach taken by RNR/RP is lacking, based on the empirical research reviewed above. For instance, the case study of Mr. C. does not support the claim that the GLM approach is more

effective, or as effective as the case study appears to imply. While Mr. C. was not arrested for a serious offense in 14 months following release, he reported having assaulted at least one person (he “smashed” a man who was disrespectful toward his partner), and becoming involved in a fight with another. However, Whitehead et al. (2007) interpreted these incidents as relapses with which Mr. C. had successfully coped. Mr. C. also attempted to attend university, but withdrew and had not yet re-enrolled. In contrast to the positive evaluation provided by Whitehead et al. (2007), a cynic might say that Mr. C. tried, but failed to attain prosocial goals and that he had in fact re-offended, at least with respect to violence. Further, as reported, the incidents suggest that the client still exhibited a number of significant cognitive distortions that may have not been adequately addressed in treatment.

The Harkins et al. (2012) and Barnett et al. (2013) papers demonstrate that a GLM oriented program can lead to changes on psychometric measures. The observed changes on psychometric instruments are, however, the same as those achieved in a comparable RNR/RP program. This later finding is important, as the GLM is held out as a model which would *improve* treatment outcome over the typical RNR oriented approach (e.g., Laws & Ward, 2011, p. 202). Harkins et al. reported that offenders completing the GLM program were less likely to report feeling they understood their offending and their risk factors than those who completed the RNR/RP based program, although they reported feeling better about themselves and their futures. Nevertheless, “feeling better” about oneself (i.e., increased self-esteem) has been demonstrated in meta-analyses to be unrelated to recidivism (Hanson & Morton-Bourgon, 2005; Andrews & Dowden, 2006). Thus, these evaluations suggest that overall the GLM program may not have met the objectives of preparing sexual offenders to manage their own risk in the community.

Finally, examining the results of the Willis and Ward (2011) paper, this study provides support for RNR risk factors as much as it does for the GLM. For instance, the offenders who were assessed most poorly on the re-entry rating were also those presenting with the highest dynamic risk as assessed by the Stable-2007 (Fernandez, Harris, Hanson, & Sparks, 2012), illustrating the validity of the risk-need principles of RNR. Conversely, offenders reporting the most satisfactory re-entry were also those most able to achieve employment and stable housing, which, while related to GLM Primary Goods, are also two of the Big Eight risk factors central to RNR. Thus, while these findings can be taken as support for the GLM, they are equally supportive of the RNR approach.

A further criticism of the GLM is related to its approach to treatment. Although not explicitly stated, it appears that Ward and colleagues (Ward & Stewart, 2003) are advocating for a humanistic approach to treatment (e.g., Rogers, 1951). The issue here is that there is extensive meta-analytic support for the assertion that cognitive behavioral approaches to treatment are the most appropriate for offender populations. The non-directive, unconditional-

ly accepting approach to treatment advocated by the Humanistic approaches can be detrimental in working with offenders, for which a concrete, directive and structured approach is preferred (Andrews & Bonta, 2010).

In summary, while some of the assertions of the GLM have support, the extant research in support of the model is scant, and does not provide evidence of the greater effectiveness of the GLM as Ward and colleagues claim. At best, the model provides change equal to as that achieved via an RNR approach; however, this change has yet to be shown to be associated with reduced recidivism. In contrast, the RNR approach has been shown to be related to reduced rates of both violent and sexual recidivism, and is supported by a mature research literature as reviewed in several meta-analytic reports referenced above.

■ GLM vs. RNR

When comparing RNR and GLM approaches, it is critical to determine whether or not the GLM adds anything new to the offender rehabilitation literature or its models. In the preceding pages we examined the primary assertions of both of the models. In the current section we will provide a direct comparison of the claims.

The GLM proposes that criminal behavior arises from an attempt to relieve a sense of incompetence, conflict, or dissatisfaction that arises from not acquiring valued human goods, while, in their RNR model, Andrews and Bonta (2010) argue that crime results when the personal, interpersonal, and community supports for behavior are favorable to crime. If we examine these statements closely it is apparent that the claims of both models are similar, though the assumptions underlying the models (i.e., humanistic in the case of the GLM versus cognitive-behavioral in the case of RNR) may be at odds with one another.

Andrews and Bonta (2010) focus on the Big Eight risk factors, addressing such needs as lack of education and employment and lack of supportive, rewarding, and prosocial familial and marital relationships. The GLM identifies eleven “primary goods,” which upon examination have a great deal of inverse overlap with the Big Eight. For example, the Primary Good of Knowledge has its RNR counterpart in “Problems Related to Work/Schooling,” and Excellence in Play and Work have their RNR counterparts in “Employment/Schooling” and “Problematic use of Leisure Time.” Similarly, the GLM Inner Peace primary good is inversely related to the RNR factors of Antisocial Attitudes and Antisocial Personality Pattern. On the surface at least, it appears that GLM Primary Human Goods are inverse restatements of the Big Eight risk factors, viewed from the lens of humanistic psychology.

Indeed, it may be said that the RNR does use different terminology than the GLM, and that the language of RNR is focused more on what we may call deficits, as opposed to the language of positive psychology used by GLM. However, RNR is not a treatment model and does not address or prescribe how practitioners must or should apply the three

principles. Its concepts, although perhaps framed in terms of deficits, nonetheless address the same or similar concepts as the GLM, and in this regard GLM offers very little that is new, even if couched in different terminology. In fact, regardless of language, the clear goal of RNR is not simply to avoid deficits but to eliminate them, as in the “N” and second “R” of the RNR model.

In fact, in terms of approaches to rehabilitation, both models discuss the importance of acquiring skills, although Ward et al. assert otherwise for the RNR approaches. The GLM asserts that by acquiring the skills to appropriately obtain desired Goods, an individual’s risk for re-offense is reduced (Laws & Ward, 2011). While the designers and proponents of the GLM present the RNR approach as focused on managing deficits and risk factors (Laws & Ward, 2011), the RNR approaches this, in fact, by working to change, and not simply repress, antisocial attitudes and by addressing personality and behavioral deficits, thereby developing the necessary skills to obtain prosocial employment and associates (Andrews & Bonta, 2010). As Wormith et al. (2012) state, some of the professed shortcomings of RNR and alleged differences between RNR and GLM are illusory and mostly semantic.

As noted, Laws and Ward (2011; Ward & Laws, 2010) have recently added the consideration of desistance to their model. They argue (Laws & Ward, 2011) that rehabilitation should capitalize on desistance processes by providing the skills to enable clients to be able to choose to remain crime free. However, looking at the desistance levers identified by Laws and Ward (2011), to a large extent these appear to be related to Andrews and Bonta’s (2010) Big Eight risk factors. Laws and Ward identify factors such as marriage, work and job stability, education, cognitive transformation (i.e., changes in how the person views himself) and the Pygmalion effect (i.e., the high expectations of others leads to greater self-belief) among the desistance levers identified in the research. Marriage, work stability and education are directly listed among the Big Eight risk factors.

The need to use approach goals and positive language as suggested by proponents of the GLM (Ward & Laws, 2010) is a contribution; however, it is simply a reminder of what a good clinician should be doing. It is true that the field of sexual offender treatment is too often focused on the negative; however, this is not a natural result of RNR approaches. Rather it is a by-product of early views of sexual offenders and offending (e.g., Salter, 1988).

Ward and Stewart (2003) claim that their model is “theoretically and empirically guided” (p. 222). However, we believe that the proposed model is not empirically supported at present, as described above. Further, we believe that the authors of the GLM pay insufficient attention to the relevant empirical literature. There is mounting evidence, for example, that many offenders have a history of serious mental illness. Similarly, it is becoming increasingly clear that many higher risk offenders have a history of trauma stemming from an early age (Abracen & Looman, 2006; Looman & Abracen, 2012). These data are in keeping with a large

number of publications (e.g., Adams & Ferrandino, 2008; Lamb, Weinberger, & Gross, 2004) and meta-analytic studies (e.g., Douglas, Guy, & Hart, 2009) that have demonstrated the very high rates of serious mental illness in offender populations and the relationship between these conditions and recidivism. We question whether asking such clients about “inner peace” will make much sense to such client groups and contribute to a feeling of clinical rapport. Our task might be best described as helping such clients make progress with reference to one or more concrete therapeutic goals (e.g., decreasing their use of alcohol and/or drugs).

This criticism can also be leveled against the RNR perspective. For instance, Andrews and Bonta (2010) pay no attention to issues associated with trauma. Further, they argue that there is no research showing a link between mental illness and recidivism in spite of the fact that even a very cursory review of the literature (see above) demonstrates that this is contradicted by the findings of more recent research.

■ Conclusions

The GLM is increasingly viewed as an alternative to the RNR approach. However, a close inspection of the relevant research suggests that many of the assumptions associated with the GLM have already been incorporated into the model established by Andrews and Bonta (2010). Further, there is now a mature literature providing empirical support for RNR based approaches to rehabilitation. The approach advocated by Andrews and Bonta has resulted in reliable reductions in recidivism among offender populations as indicated in the numerous meta-analyses that have been published to date, indicating the efficacy of these approaches with groups of general offenders, sexual offenders, and female offenders. Further, although Ward and his colleagues have argued that the RNR model focuses on deficit reduction, in practice both the GLM and RNR based approaches help clients establish relevant skills to live in a more prosocial manner. One fundamental difference between the approaches, however, is that the RNR approach employs a cognitive-behavioral orientation whereas it is not clear what orientation the GLM approach advocates. When one reads Ward et al.'s writings regarding the GLM, one gets the impression that these authors may be advocating a more humanistic orientation to treatment. Although this approach may seem a pleasant counterpoint to some of the confrontational approaches that have sometimes been used with offender populations in the past, such approaches have nonetheless not been subjected to rigorous long-term evaluation studies. Further, from our perspective, cognitive-behavioral approaches to treatment (such as RNR and RP based techniques) need not be confrontational, or rigidly delivered. Issues associated with the therapeutic alliance and motivational interviewing should be considered central to all approaches to working with offenders (e.g., Miller & Rollnick, 2012, Marshall, Marshall, Serran & O'Brien, 2011).

Further, we agree with the perspective taken by Wormith, et al. (2012); the RNR model is both

more parsimonious than the GLM and has decades of research in support of its efficacy. We should be wary of abandoning a model that has resulted in such significant improvements in the lives of the clients with whom we work. In the end, perhaps the most humane perspective is one that achieves the goals that the RNR approach has demonstrated - that is, allowing clients to live more productive lives while at the same time ensuring the safety of the citizens whom we in corrections have a mandate to protect.

■ Afterword

We believe that the RNR model needs to take into account some of the recent empirical literature regarding the therapeutic alliance and the changing needs of offender populations (Abracen & Looman, 2012), including prior trauma and other adverse developmental experiences, as well as issues of mental health and mental disorders. Indeed, we believe that such changes can be incorporated into a revised RNR based perspective, which we (the authors) have called RNR-I, in which the “I” denotes a more integrated approach to Andrews and Bonta's (2010) RNR model. Ironically, the general outline of this model is based on an earlier version of some of the work that Ward and Beech had published (Beech & Ward, 2004).

We have included quite a number of new elements to this model, which specifically discusses issues associated with complex trauma and mental illness, and believe that it is necessary to provide a model that directly lists factors that must be addressed by clinicians working in the field. Further, we believe that every element included in the model has been subjected to empirical scrutiny. The model is also in keeping with a harm reduction perspective (e.g., Marlatt, Larimer, & Witkiewitz, 2012). In these ways the model is very different than the perspective adopted by Ward and his colleagues.

Another feature which we believe critical is an understanding of how various risk factors work together to increase a client's risk of offending. One difficulty with the RNR perspective is that risk factors identified appear to operate in virtual isolation of one another. It is likely not the intent of Andrews and Bonta (2010) to have communicated this idea, but they nevertheless can be faulted for not encouraging more research into the ways in which risk factors interact to increase risk of recidivism. The RNR-I addresses the ways in which high-risk behaviors interact with one another and interfere with the client's ability to achieve gains with respect to desired outcomes. That said, our approach focuses on domains that the research has shown to be related to reduced rates of recidivism, and does not address domains that have not been empirically linked with recidivism, such as inner peace.

By limiting ourselves to a focus on issues that have been associated with reduced rates of recidivism, we believe that this model is heuristic and potentially more relevant to clinicians than the GLM approach or the current RNR model. The RNR-I model, though based in part on the RNR perspective, is far more inclusive than the approach advocated by Andrews and Bonta (2010).

The RNR-I is based on several decades of experience working with sexual offenders and what they have told us are issues of concern for them, and is supported by a large number of studies conducted both by our team and others, and is amenable to empirical scrutiny in which the model and approach can be compared to other approaches to treatment. In fact, we have already subjected our model to a variety of outcome studies (See Abracen, Looman, & Langton, 2008; Abracen, Looman, Ferguson, Harkins, Mailloux, & Serin, 2011), all of which have demonstrated that the RNR-I approach appears to be useful in reducing offenders' risk of sexual recidivism. However, a further description of the RNR-I is well beyond the scope of this article, and will be further described in additional papers to be published.

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