RNR and GLM:
Shall (or should) ever the twain meet?

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University of Saskatchewan
Saskatoon, Saskatchewan, Canada

The 2nd Annual IACFP Edwin I. Megargee Lecture presentation at the International Community Corrections Association (ICCA) Conference

Boston, Massachusetts
November 8, 2015
RNR and GLM:  
Shall (or should) ever the twain meet?  
(with apologies to RK)

The Ballad of East and West
Oh, East is East and West is West and never the twain shall meet.  
Til Earth and Sky stand presently at God’s great Judgment Seat;  
But there is neither East nor West, Border, nor Breed, nor Birth,  
When two strong men stand face to face, though they come from  
the ends of the earth.                                                   (Kipling, 1889)
Overview

Clinicians’ perspectives of these two approaches are varied, and in our view, are replete with misperceptions.

On the one hand, there is the belief that the GLM approach is complementary to the RNR approach, and that the addition of the GLM to the treatment of sexual offenders holds the potential to improve risk-based intervention.

On the other hand, it has been argued that GLM neglects to sufficiently account for risk and criminogenic needs and runs the risk of treatment resulting in “happy but dangerous” individuals.
Overview (cont.)

This workshop will focus on the similarities, differences, and misunderstandings of each approach.

and

they may also see some room for a “rapprochement.”

However, much of the RNR vs GLM debate looks like …

(kids in a sandbox)
Risk/Need/Responsivity (RNR) and the Good Lives Model (GLM): Two Sides of the Same Coin or Different Currencies?

Scientific Poll:

Who uses GLM in their practice with offenders?

Who uses RNR in their practice with offenders?

Who uses both GLM and RNR in their practice with offenders?
Recent GLM Assertions from Willis and Ward (2013)

Deferece to RNR

“It is fair to say that great strides have been made in identifying changeable (i.e., dynamic) risk factors associated with reoffending (Andrews & Bonta, 2006; Hanson et al, 2007) and the efficacy of programs that target these factors (i.e. criminogenic needs) and conform to other principles of effective rehabilitation (see Andrews and Bonta, 2006) has been demonstrated in meta-analyses … (p.305)”

Recent GLM Assertions from Willis and Ward (2013)

Deference to RNR

“The Risk, Need, and Responsivity model (RNR: Andrews & Bonta, 2006; Bonta & Andrews, 2010) provides the backbone of effective offender rehabilitation …” (p. 305)

Recent GLM Assertions from Willis and Ward (2013)

Deference to RNR

“Meta-analyses have consistently shown that rehabilitation programs conforming to each of the RNR principles are effective in reducing recidivism (e.g., Hanson et al, 2009; Landenbrug & Lipsey, 2005).” (p. 306)

Recent GLM Assertions from Willis and Ward (2013)

Yet there is a big “BUT…”

“However, a major problem associated with an emphasis on risk reduction is the difficulty in motivating and engaging participants in the rehabilitative process …” (p. 305)

“RNR represents a necessary, but not sufficient, model for effective offender rehabilitation.” (p. 306)
Recent GLM Assertions: also from Gannon & Ward (2014)

Yet there is a big “BUT…”

“While it is apparent that offenders respond positively to interventions that focus on reducing dynamic risk factors, there are significant limitations to this method…

… Simply addressing risk factors is unlikely to encourage individuals who have committed crime to adopt new, socially adaptive, ways of thinking about themselves and their lives.” (p. 314)

## Similarities and Differences between RNR and GLM: Real and Imagined (by both Camps)

### A. Overview Comparisons

<table>
<thead>
<tr>
<th><strong>RNR</strong></th>
<th><strong>GLM</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Neutral perspective of humankind: (0) Learning and social learning theory</td>
<td>Positive perspective of humankind: (+) Comparable to strain and frustration-aggression</td>
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</table>
### Three Theoretical Perspectives on Human Nature and the Theories of Crime that are Guided by Them

(Bartol & Bartol, 2011)

<table>
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<tr>
<th>Valence</th>
<th>Perspective of Behavior</th>
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<td>Conformity perspective</td>
<td>Basically good. Strongly influenced by values of society</td>
<td>(General) Strain theory (Merton) Frustration-Aggression Theory (Agnew)</td>
<td>Rogerian; Humanistic; GLM</td>
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<td>Learning Perspective</td>
<td>Born neutral, blank slate (tabula rasa). Behavior learned thru social interactions with other people</td>
<td>Learning Theory; Social Learning Theory (Bandura)</td>
<td>Differential Association; Behavioral and CBT; PIC-R RNR,</td>
</tr>
<tr>
<td>(-) Negative</td>
<td>Nonconformist perspective</td>
<td>Basically undisciplined, ties to social order are weak. Innate tendencies must be controlled by society</td>
<td>Evolutionary; Biological; (Darwin) (Freud) (Hirschi &amp; Gottfredson)</td>
<td>Social control theories; containment and suppression; moral reconation</td>
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### Similarities and Differences between RNR and GLM: Real and Imagined (by both Camps)

#### A. Overview Comparisons (cont.)

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</tr>
<tr>
<td>2. Negative orientation to offender client and task; Demoralizing</td>
<td>Positive orientation to offender client and task; Invigorating</td>
</tr>
<tr>
<td>3. Risk based (suppress)</td>
<td>Strengths based (build)</td>
</tr>
<tr>
<td>4. Criminogenic needs targeted</td>
<td>Primary needs targeted</td>
</tr>
</tbody>
</table>
“We argue that the narrow focus of pure RNR-based programmes, which translates to an almost exclusive focus on individual deficits (e.g. poor emotional regulation, poor problem solving skills) offers minimal appeal to the population they intend to engage.” (p. 306).

Recent GLM Assertions from Willis and Ward (2013)

“The GLMs focus on goods fulfillment necessitates a much broader focus than what is typical of RNR-based programmes....

Finding employment represents a common re-entry concern and, depending on the individual, employment might help satisfy several primary goods, including excellence at work, autonomy, happiness and creativity. …

Findings support the importance of working towards pro-social approach goals that relate to the GLM primary goods - in this case, excellence in work.” (p. 311)

<table>
<thead>
<tr>
<th>Risk/Need Area</th>
<th>Risk/Need-based Activity (eliminate/decrease)</th>
<th>Strength-based Activity (improve/increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of Antisocial Behavior</td>
<td>Suppression and incarceration</td>
<td>Diversion and alternative measures</td>
</tr>
<tr>
<td>(number &amp; variety of antisocial activities overtime &amp; situations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Antisocial Cognition</td>
<td>Decrease antisocial cognitions</td>
<td>Increase prosocial cognitions</td>
</tr>
<tr>
<td>(attitudes, values, beliefs, rationalizations, self-identity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Antisocial Associates</td>
<td>Decrease antisocial associates</td>
<td>Increase prosocial associates</td>
</tr>
<tr>
<td>(peers, friends, acquaintances, social support for crime)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Antisocial Personality Pattern</td>
<td>Decrease antisocial lifestyle and behavioral pattern</td>
<td>Increase prosocial lifestyle and behavioral pattern</td>
</tr>
<tr>
<td>(impulsive, anger, psychopathy, low self-control &amp; self-efficacy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Family/Marital Circumstances</td>
<td>Decrease conflict</td>
<td>Acquire or improve positive family and marital relations</td>
</tr>
<tr>
<td>(caring, respect, interest)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment/Education</td>
<td>Decrease truancy and absenteeism</td>
<td>Acquire or Improve education and employment</td>
</tr>
<tr>
<td>(participation, peers, authority)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Leisure/Recreation</td>
<td>Decrease antisocial leisure and recreational activities</td>
<td>Acquire or Improve prosocial leisure and recreation</td>
</tr>
<tr>
<td>(level of satisfaction and involvement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Substance Abuse</td>
<td>Decrease usage</td>
<td>Increase alternatives via 2, 3, 5, 6, 7</td>
</tr>
<tr>
<td>(problems associated with alcohol and drug use)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Also enshrined in the *Level of Service/Case Management Inventory* (LS/CMI; Andrews, Bonta & Wormith, 2004)
## Similarities and Differences between RNR and GLM: Real and Imagined (by both Camps)

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<table>
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<tr>
<th>RNR</th>
<th>GLM</th>
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</thead>
<tbody>
<tr>
<td><strong>5. Objective:</strong> Management of risk</td>
<td><strong>Objective:</strong> Life enhancement</td>
</tr>
<tr>
<td><strong>6. Well being is ‘discretionary’</strong></td>
<td><strong>Well being is essential</strong></td>
</tr>
<tr>
<td><strong>7. Criminals are different from noncriminals in many ways (eg. cognitions, psychopathy)</strong></td>
<td><strong>Criminals are fundamentally the same as noncriminals; universal underlying values.</strong></td>
</tr>
<tr>
<td><strong>8. A moving target</strong> Hey, this isn’t what you used to say!</td>
<td><strong>A moving target</strong> Hey, this isn’t want you used to say!</td>
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## B. Core Components

<table>
<thead>
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<tbody>
<tr>
<td><strong>9. Basic principles</strong></td>
<td></td>
</tr>
<tr>
<td>Risk</td>
<td></td>
</tr>
<tr>
<td>Need</td>
<td></td>
</tr>
<tr>
<td>Responsivity</td>
<td></td>
</tr>
<tr>
<td><strong>Basic concepts</strong></td>
<td></td>
</tr>
<tr>
<td>Wellbeing: a universal goal</td>
<td></td>
</tr>
<tr>
<td>Categorical Needs: lead to wellbeing</td>
<td></td>
</tr>
<tr>
<td>Instrumental Needs: emerge to fulfill categorical needs</td>
<td></td>
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</tbody>
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The Expanded Risk-Need-Responsivity (RNR) Model
i.e. The RTHC-RNR-ASBP-DRS-ACCC Model

List of Principles

**Overarching principles**
1. Respect for the person
2. Theory
3. Human service
4. Crime prevention

**RNR**
5. Risk
6. Need
7. Responsivity
   a. General
   b. Specific

**Program Delivery**
12. Dosage

**Staff Practices**
13. Relationship skills
14. Structuring Skills

**Organizational**
15. Agency management
16. Community-based
17. Continuity of service
18. Community linkages

**Structure Assessment**
8. Assess RNR
9. Strengths
10. Breadth
11. **Professional discretion**

*Andrews, Bonta & Hoge, 1990*
*Bonta & Andrews, 2007*
The Risk and Need Principle Apply to Sex Offender Half-way House Treatment
(Lovins, Lowenkamp & Latessa, 2009)
## B. Core Components (cont.)

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<tr>
<td></td>
<td><strong>Needs:</strong></td>
</tr>
<tr>
<td>10. Needs:</td>
<td>Categorical (primary) needs: relatedness, competency, autonomy</td>
</tr>
<tr>
<td>Criminogenic (dynamic risks)</td>
<td>Instrumental (secondary) needs are created to serve primary needs. Needs lead to seeking secondary and primary goods</td>
</tr>
<tr>
<td>noncriminogenic (dynamic, but not risks per se)</td>
<td></td>
</tr>
<tr>
<td>“Instrumental” and “third Party defined”</td>
<td></td>
</tr>
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<td>“Not needs, but symptoms, maladaptive functioning.”</td>
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11. The Central 8 Risk/Need Factors
- Criminal history (static)
- Education/Employment
- Marital/Family
- Leisure/Recreation
- Companions
- Criminal (prosocial) attitudes
- Substance abuse
- Antisocial personality/pattern

The 11 Primary Human Goods (2011):
- Life (including healthy living & functioning)
- Knowledge (feeling well informed)
- Excellence in play (hobbled and recreation)
- Excellence in work (including mastery experiences)
- Excellence in agency (i.e., autonomy and self-directedness)
- Inner peace (i.e., freedom from emotional turmoil and stress)
- Relatedness (aka Friendship) including intimate, romantic, and family relationships
- Community
- Spirituality (in the broad sense of finding meaning and purpose in life),
- Pleasure (aka Happiness)
- Creativity (expression in alternate forms)
C. Detailed Components (cont.)

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Non-hierarchical Medicine Wheel: Integrated and Bidirectional Linkage between Four Domains (and Needs) of Life
D. Underlying Bases, Etiology and Evidence

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| 13. Etiology: Bandura  
*Adolescent aggression* (1959) with Walters  
*Aggression: A social learning analysis* (1973) | Etiology: Deci  
*Intrinsic motivation* (1975)  
*The psychology of self determination* (1980) |
| 14. Psychometric  
Assessment oriented, actuarial, quantitative Is essential  
(LS/CMI) | Clinical judgment or structured professional judgment (SPJ)  
Actuarial is ‘discretionary’  
(GLM mapping and analysis) |
A Better Partial Model of Offender Risk/Need Assessment

Overall Risk (Final)

Clinical Discretion (Override)

Overall Risk (Initial)

Risk Factors (Static)

Need Factors (Dynamic)

Criminogenic Needs

Protective Factors (Strengths)

Client Responsivity

Service Provider Characteristics

Client Characteristics

Type of Treatment
## D. Underlying Bases, Etiology and Evidence

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<tr>
<td>15. Empirically driven, evidence-based, numerous meta-analyses</td>
<td>Empirically, a work in progress</td>
</tr>
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General Recidivism: Mean ES by RNR Adherence  K = 374

Mean Effect Size

0.30
0.25
0.20
0.15
0.10
0.05
0.00
-0.05

-0.02 0.02 0.18 0.26

Number of Principles (Andrews)
Effectiveness of Sexual Offender Treatment Based on Adherence to Risk, Need and Responsivity (Hanson et al., 2006)
Mean ES by Criminogenic minus Non-Criminogenic Need

Number of Targeted Criminogenic Needs Minus NonCriminogenic Needs (Andrews)
1. Scoones, Willis, & Grace (2012) (GLM-based) release planning for sexual offenders (New Zealand)

Rated release planning provided incremental predictive validity beyond static (STATIC-99) and dynamic risk factors to predict sexual offenders (sexual) recidivism.

**However, Release Planning scale:**
- Accommodation (0-3)
- Social support (0-4)
- Employment (0-1)
- GLM secondary goods (0-1)
- Motivation (0-1)
Things to Watch Out for as GLM Outcome Studies Begin to Emerge

Evaluation of community based sex offender treatment using GLM (UK)

Note: Both groups received Phase 1 Core module (144 hours), but not attended by low risk. Research compared phase 2, GLM to RP (36 hours)

<table>
<thead>
<tr>
<th></th>
<th>RP</th>
<th>GLM</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Interviews</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Attrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1%</td>
<td>2%</td>
<td>no difference</td>
</tr>
<tr>
<td><strong>3. Treatment change:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosocial attitudes</td>
<td>70%</td>
<td>69%</td>
</tr>
<tr>
<td>Socio-affective functioning</td>
<td>60%</td>
<td>66%</td>
</tr>
<tr>
<td>Relapse skills</td>
<td>67%</td>
<td>72%</td>
</tr>
<tr>
<td>Post-treatment ‘treatment profile’</td>
<td>53%</td>
<td>55%</td>
</tr>
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### E. Implications (cont.)

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<tr>
<td>16. Increased wellbeing does not necessarily reduce criminal behaviour</td>
<td><strong>Increased wellbeing reduces criminal behaviour</strong></td>
</tr>
<tr>
<td>17. Agency determination:</td>
<td><strong>Self-determination</strong></td>
</tr>
<tr>
<td>Agency- and community/public safety-centred.</td>
<td>Humane, ethical and client-centered</td>
</tr>
<tr>
<td>Ignores motivation or applies motivation as an add-on (see Ogloff)</td>
<td>Instils motivation naturally</td>
</tr>
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</table>
Recent GLM Assertions from Willis and Ward (2013)

“The GLM capitalizes on this research (MI, therapist characteristics, approach goals) by providing a practice framework in which each of these techniques can be naturally intertwined rather than grafted on to core treatment by the use of additional modules such as motivational interviewing.” (p. 306).

Elements and Priorities in Offender Assessment and Rehabilitation

Assessment

Risk Factors
- Static Factors
- Dynamic Factors / Criminogenic Needs

Responsivity Factors (Non-Criminogenic Needs)
- Responsivity Impediments
- Responsivity Enhancements

Rehabilitation
- Responsivity Impediments
- Dynamic Factors
- Responsivity Enhancements

Stages of Change*
- Pre-Contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse Prevention

*Prochaska, DiClemente, & Norcross, 1992
### E. Implications (cont.)

**RNR**

| 16 | Increased wellbeing does not necessarily reduce criminal behaviour |
| 17 | Agency determination: Agency- and community/public safety-centred. Ignores motivation or applies motivation as an add-on (see Ogloff) |
| 18 | Appeals to external motivation (contingencies) |

**GLM**

<p>| Increased wellbeing reduces criminal behaviour |
| Self-determination Humane, ethical and client-centered Instills motivation naturally |
| Appeals to intrinsic motivation (relatedness, autonomy, competency) |</p>
<table>
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<tr>
<td>19.</td>
<td>Reductionistic, piecemeal, disconnected</td>
<td>Comprehensive, integrated, all inclusive</td>
</tr>
<tr>
<td></td>
<td>Parsimonious, clear and efficient</td>
<td>Excessive, convoluted and unnecessary</td>
</tr>
<tr>
<td>20.</td>
<td>Is applicable exclusively to criminal and antisocial behaviour.</td>
<td>Is applicable to all aspects of life.</td>
</tr>
<tr>
<td></td>
<td>Conversely, ignores wellbeing, focuses on criminogenic needs</td>
<td>Conversely, ignores criminogenic needs, focuses on noncriminogenic</td>
</tr>
<tr>
<td></td>
<td>exclusively (eg substance abuse, antisocial attitudes, family/</td>
<td>needs (eg. psychological distress, anxiety, self-esteem)</td>
</tr>
<tr>
<td></td>
<td>marital)</td>
<td></td>
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Prisoners’ Post-Release Success with Increased and Decreased Self-Esteem

(Wormith, 1984)
**F. Application Comparisons (cont.)**

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| 19. Reductionistic, piecemeal, disconnected  
Parsimonious, clear and efficient | Comprehensive, integrated, all inclusive  
Excessive, convoluted and unnecessary |
| 20. Is applicable exclusively to criminal and antisocial behaviour.  
Conversely, ignores wellbeing, focuses on criminogenic needs exclusively (e.g., substance abuse, antisocial attitudes, family/marital) | Is applicable to all aspects of life.  
Conversely, ignores criminogenic needs, focuses on noncriminogenic needs (e.g., psychological distress, anxiety, self-esteem) |
| 21. Rigid: one size fits all  
Manualized application  
Ignores individual differences  
Reduces role of service provider to a technician | Flexible: Individually addressed  
Sensitive to individual differences  
Clinician friendly (particularly to sexual offender therapists) |
| 22. RNR is not designed for sexual offenders, ignores the unique circumstances of sexual offenders | GLM is particularly suited for sexual offenders |
Hanson Meta on Effective Correctional Treatment for Sex Offenders Supports RNR

Testimonial
“Programs that adhered to RNR principles showed the largest reductions in sexual and general recidivism… the authors believe that the RNR principles should be a major consideration in the design and implementation of treatment programs for sexual offenders.”

(Hanson, Bourgon, Helmus & Hodgson, 2009)
The Principles of Effective Correctional Treatment also Apply to Sexual Offenders: A Meta-analysis (k = 23)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Sexual Recidivism</th>
<th>Any Recidivism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odds R</td>
<td>95% CI</td>
</tr>
<tr>
<td><strong>High Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.48</td>
<td>.21 to 1.11</td>
</tr>
<tr>
<td>No</td>
<td>.72</td>
<td>.53 to .97</td>
</tr>
<tr>
<td><strong>Crim. Need</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.45</td>
<td>.27 to .75</td>
</tr>
<tr>
<td>No</td>
<td>.86</td>
<td>.60 to 1.21</td>
</tr>
<tr>
<td><strong>Responsivity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.57</td>
<td>.40 to .80</td>
</tr>
<tr>
<td>No</td>
<td>1.05</td>
<td>.69 to 1.60</td>
</tr>
<tr>
<td><strong>Total RNR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1.17</td>
<td>.77 to 1.77</td>
</tr>
<tr>
<td>One</td>
<td>.64</td>
<td>.42 to .92</td>
</tr>
<tr>
<td>Two</td>
<td>.63</td>
<td>.38 to 1.08</td>
</tr>
<tr>
<td>All Three</td>
<td>.21</td>
<td>.07 to .64</td>
</tr>
</tbody>
</table>

(Hanson, Bourgon, Helmus & Hodgson, 2009)
G. Concluding comparisons

<table>
<thead>
<tr>
<th>RNR</th>
<th>GLM</th>
</tr>
</thead>
</table>
+ Addresses responsivity (2003),  
+ criminogenic needs (2007),  
+ incorporates self-regulation,  
+ desistance (2010) |
Recent GLM Assertions from Willis and Ward (2013)

Desistence Theory, GLM and RNR

GLM claims that the evidence for desistence theory is tantamount to support for GLM, implying that RNR has no such claim.
Recent GLM Assertions from Willis and Ward (2013)

Desistence Theory, GLM and RNR

GLM claims that the evidence for desistence theory is tantamount to support for GLM, implying that RNR has no such claim.

“Strength-oriented rehabilitation frameworks such as the GLM, and intervention programmes derived from them, are ideally placed to reinforce desistence processes because of their sensitivity to offender commitments and social ecology.” (p 314)
Recent GLM Assertions from Willis and Ward (2013)
Desistence Theory, GLM and RNR

Note, re. desistence:

There is a difference between:
• naturally occurring events in the community that impact the likelihood of recidivism (traditional desistence) and planned and
• systematically constructed events in the community that impact the likelihood of recidivism (social engineering).

Recent GLM Assertions from Willis and Ward (2013)

Desistence Theory, GLM and RNR

GLM claims that the evidence for desistence theory is tantamount to support for GLM, implying that RNR has no such claim.

1. RNR includes PIC-R where C refers to the broad community and the kinds or reinforcement both extrinsic and intrinsic, which can be generated in the community, both naturally and by design.

Note, one of the goals of client advocacy is to change the likelihood of contingencies in the community that encourage (reinforce) prosocial behavior.

Recent GLM Assertions from Willis and Ward (2013)

Desistence Theory, GLM and RNR

GLM claims that the evidence for desistence theory is tantamount to support for GLM, implying that RNR has no such claim.

2. Secondly the expanded 17-principle RNR model, at the organizational level, calls for:
   - Community-based initiatives,
   - Continuity of Service, and
   - Community Linkages
**G. Concluding comparisons (cont.)**

<table>
<thead>
<tr>
<th>RNR</th>
<th>GLM</th>
</tr>
</thead>
</table>
| 23. Continues to evolve:  
More comprehensive.  
Gone from 4 principles (1990) to 18 principles (2002) including strengths, therapeutic relationship | Continues to evolve:  
More comprehensive with GLM-C (2007)  
| 24. RNR is just RNR | GLM is RNR-Plus  
(new improved) |
“Integrated appropriately, the GLM incorporates each of the RNR principles, thus it can be argued that the large body of empirical literature supporting the RNR also supports the main basis comprising the GLM. (p 309) … Accordingly, any programme appropriately implementing the GLM should have at least equal efficacy as a strictly RNR-based programme.” (p. 310)

### RNR


24. RNR is just RNR

25. Parsimonious, elegant (Schematic of model)

### GLM


GLM is RNR Plus (new improved)

Unnecessarily complex. Confusing (Schematic of model)
The Good Lives Etiological Theory

The Good Lives Etiological Theory (detail)

Figure 1.1: Direct Route to Offending

- Good: Relatedness
  - Goal: Intimate relationship
  - Capacity
    - Internal Obstacles:
      - Distrustful of adults
      - Children are accepting
      - Homosexual/paedophilic preference
    - External Obstacles:
      - Poor relationships with others
      - Friends and family reject homosexuality
  - Means: Sexual contact with male children

DIRECT ROUTE

OFFENCE

The Good Lives Etiological Theory (detail)

Figure 1.2: Indirect Route to Offending

Good: Inner Peace
Goal: Emotional well-being

Capacity
Internal Obstacles:
- Problem solving deficits
- Depression
External Obstacles:
- Poor parental modelling
- No friends

Means:
Suppression & Avoidance
Alcohol/drug use

OFFENCE

Ripple/spiral effect:
- Continued depression
- Relationships problems
- Poor work performance
- Financial problems

INDIRECT ROUTE

Relation to the Principles of Effective Correctional Treatment
At the End of the Day?

We have:

Two different paradigms, models and practices with different roots, perspectives and terminology are converging (to some extent).
At the End of the Day?
There is an implicit understanding of RNR vs Expanded RNR

“We argue that the narrow focus on pure RNR-based programmes, which translate to an almost exclusive focus on individual deficits (e.g., poor emotional regulation, poor problem solving skills), offers minimal appeal to the population the intend to engage. “ (pp. 306)

“Accordingly, any programme appropriately implementing the GLM should have at least equal efficacy as a strictly RNR-based programme.” (p. 310)

“…evidence is accumulating that specific programmes derived from GLM address limitations of pure risk management or deficits-based approaches.” (P. 314)

At the End of the Day?

We have:
Two different paradigms, models and practices with different roots, perspectives and terminology are converging (to some extent).

“It should be noted that empirically identified criminogenic needs are conceptualized in the GLM as internal and external obstacles that *interfere with* the acquisition of primary goods.”
(Purvis, Ward & Gillis, 2011)

* …. *frustrate and block* ….  (Ward, Mann & Gannon, 2007)
Kudos to GLM

We appreciate: GLM supports its clinicians and service providers

“GLMs conceptualization of mankind is essentially a positive one… This may be the single most valuable contribution of GLM, the potential to invigorate clinicians who otherwise must toil in a pessimistic culture.…

GLM offers a safe, respectful, and honorable camp from which the clinician may operate.”

(AB&W, 2011, p. 749)
Kudos to GLM

But our accolades were rejected and we were admonished for not giving sex offender practitioners credit for their professionalism.

“We also take exception to Andrews et al.’s conceptualization of the GLM as a tool to comfort clinicians delivering sexual offender treatment within the current climate and the derogation of clinicians implicit in this view.”

“We also believe that Andrews et al. do a disservice to clinicians by suggesting that they are unable to integrate the multiple perspectives and methods in the area of treatment that are currently available.”

(WY&W, 2011, p. 108)
Don’t look a gift horse in the mouth
Kudos to GLM:  
For its contribution to practitioner self-care

Note:
There have been great strides made in clinical psychology and by the American Psychological Association (APA) in self-care initiatives over the last decade:

- specifically, the use of state and local Colleague Assistance Programs (CAPs) to provide support.
Kudos to GLM:
For its contribution to practitioner self-care

Note:
Celebrated case in Canada, Dr. John Bradford, world renowned forensic psychiatrist and sex offender expert, recently and bravely went public with diagnosis of severe PTSD
For Personal Well Being, Reduced Substance Abuse and for Crime Prevention

“Successful interventions are not those that make a person’s life more miserable, but rather those that offer a more rewarding alternative.”

(Wm. Miller & Carroll, 2006)
Is a “Rapprochement” Possible?

Rap-proche-ment
\rap-.rosh-'ma\ n. [fr. rapprocher to bring together, re + approcher to approach] : establishment, or state, of cordial relations.
Is a “Rapprochement” Possible?

Rap-proche-ment
\.rap-.rosh-’ma\ n. [fr. *rapprocher* to bring together, re + *approcher* to approach] : establishment, or state, of cordial relations.

Let’s ask the real experts!