Implementing RNR Treatment: The Impact on Treatment and Probation Compliance

Kaitlyn M. Pederson, PhD Student
Holly A. Miller, PhD
Sam Houston University

A common myth towards individuals who sexually offend is that they are all at a high risk for re-offending. This belief, however, is misguided. Instead, sexual recidivism among males is low, ranging from 5% to 15%, and for females, it is even lower (1% to 3%). Moreover, it is also important to recognize that individuals who have sexually offended are not a homogeneous group of offenders and instead differ on various factors including risk. An individual's risk-level, based on a risk assessment, predicts their likelihood for re-offending. Application of risk has also been extended to assist correctional intervention of criminal behavior through the risk-need-responsivity (RNR) model. According to this model, an individual's risk level and the amount or intensity of treatment and supervision administered should align (risk principle). Furthermore, an individual's criminogenic needs (need principle) should be identified and an appropriate response (responsivity principle) should be formulated. When the RNR principles are omitted, individuals may be adversely affected. The following study is intended to contribute to the empirical research examining the RNR model's application to individuals who have sexually offended. Using a sample of probationers from a southern suburban county, participants in a Sex Offender Treatment Program (SOTP) that adhere to the RNR principles are compared to a SOTP that disregards this model on outcomes of treatment and probation compliance.

Participants were obtained from an original sample containing all probationers who began supervision in 2014. All individuals who were not assessed on risk, were not assigned to treatment, or did not have at least six-months of treatment were removed. The final sample (N = 78) contained all probationers assigned to a SOTP in 2014. The majority of participants are male (96.2%), White (78.2%), and non-Hispanic (70.5%). For the independent variable, subjects were identified as either receiving treatment from an SOTP that adheres to the RNR principles (n = 41) or a control group (n = 37). These individuals were then compared on treatment and supervision compliance. Compliance with the group SOTP was measured by means of three variables: attendance, presenting homework, and an overall progress score, over a six-month period. SOTP attendance is measured by the percentage of hours attended out of possible number of hours to attend (24hrs, 100%) within a six-month period. This variable was dichotomized into less than 100% (0) and 100% (1) attendance. Presenting homework was measured similarly, but continuously, by a percentage. This percentage was calculated by the number of times homework was presented out of the number of opportunities to present homework within a six-month period. Finally, overall progress was calculated by taking an average of treatment progression scores over a six-month span. The higher the progress score, the more improvement is being made within the SOTP. Supervision compliance was operationalized using four variables from 2014 - 2018: number of failed polygraphs, number of positive urinalyses, total amount of delinquent fees, and termination due to incarceration. All variables were dichotomized into has or does not have.

The current analysis uses a series of chi-square tests of independence and independent t-tests in order to compare supervision and treatment compliance among RNR SOTP and non-RNR SOTP participants. Results indicate programs that adhere to the RNR principles have participants that are more treatment compliant compared to individuals in a treatment program that does not implement this model. Moreover, two out of four supervision compliance variables are in the expected direction. None, however, are statistically significant. Overall, these results provide

additional support for implementing the RNR principles during treatment for individuals who have sexually offended. Additionally, a discussion pertaining to the need of expanding the RNR model beyond treatment will be offered.

Kaitlyn M. Pederson is a second year Ph.D. doctoral student at Sam Houston State University. Before joining Sam Houston State in 2018, she obtained her B.S. in Psychology, minor in Sociology, and an A.A. in Criminal Justice from Idaho State University (2016). Two years later, she received her M.A. in Criminal Justice and Criminology from Boise State University (2018). Pederson's research interests include mental health-related issues within the criminal justice system, individuals who sexually offend, and corrections.

Dr. Holly A. Miller is a Professor in the College of Criminal Justice at Sam Houston State University. She obtained her Ph.D. in Forensic Clinical Psychology from Florida State University in 1999. Her primary area of research, teaching, and practice is the assessment, treatment, and supervision of individuals who have sexually offended. Dr. Miller is part of several collaborations with treatment providers and community supervision agencies to improve the effectiveness of the criminal justice response to sexual offending. She has published two forensic assessment measures that are used across the United States, the Miller Forensic Assessment of Symptoms Test (M-FAST) and the Inventory of Offender Risk, Needs, and Strengths (IORNS). Dr. Miller has published over 50 peer-reviewed manuscripts in the areas of risk assessment, males and females who sexually offend, and the relationship between pornography use and sexual aggression. She has published works in such journals as *Criminal Justice and Behavior, Sexual Abuse, Violence and Victims*, and the *Journal of Interpersonal Violence*.