

# The Fundamental ‘What Works’ Principle: Responsivity

By George Braucht

*Whoever acquires knowledge and does not practice it resembles him who ploughs his land and leaves it unsown.*

Sa'di, from Gulistan

This issue of *Corrections Today* may trigger reflections on your professional development goals. All juvenile and criminal justice professionals want to change individuals' behavior to improve public safety and reduce recidivism. Almost two decades ago, Gendreau and others<sup>1</sup> established three core “What Works” principles.

- **Risk**, or who to target with what level of intervention intensity.
- **Need**, or what criminogenic factors to target.
- **Responsivity**, or how to engage in and individualize behavior change strategies.

Although responsivity has received the least attention, a substantial body of research shows that influence on another person derives principally from the quality of the relationship with her or him — that is, from the working alliance. Providing interventions that correspond to risk levels and that focus on criminogenic needs using gold standard, evidence-based practices may fail to produce sustainable changes in criminal behavior because responsivity, or how services are delivered to meet an individual's characteristics, receives inadequate attention.

Supervision and other interactions are the cornerstone of managing offender behavior. However, only limited research on supervision quantities (e.g., frequency, number of contacts) has been conducted thus far, and almost no research has examined qualitative aspects including responsivity and its association with outcomes. A few studies have examined approximations of responsivity, such as, police, correctional, and probation and parole officers' orientations and attitudes toward their jobs.<sup>2</sup> The traditional debate focuses on where officers fall on the work orientation continuum between law enforcers (surveillance, control or punishment) and social workers (assistance, service or rehabilitation). Conflicts that result from managing competing concerns for community safety versus offender rehabilitation and the potential incompatibility of control and assistance roles are posited as resulting in cognitive dissonance, stress and high burnout rates. The prevailing resolution suggests that “successful” officers effectively blend or combine<sup>3</sup> aspects of each orientation into their jobs and receive supervisor support for that blended role. Success in this regard is typically defined by process measures (e.g., task competence, employment evaluations, employee satisfaction, etc.) but not by outcome, i.e., reduced recidivism.

Taxman's 2002 review of supervision effectiveness concludes that adjusting supervision quantities (increasing the number of contacts,

reducing caseload sizes, etc.) does not improve outcomes.<sup>4</sup> However, she proposes that the qualitative nature of the supervision contact is a key element and that “clinical” approaches are more likely to lead to reduced recidivism.

Four decades of research on psychotherapy and counseling consistently highlight four factors that account for change. Asay and Lambert (1999)<sup>5</sup> ascribe 40 percent of client improvement to client factors i.e., what the client brings to the process including internal, external and indigenous resources; 30 percent to the helping relationship; 15 percent to placebo, hope and expectancy factors; and 15 percent to model or technique. Moreover, Wampold's (2001)<sup>6</sup> meta-analysis attributes 87 percent of change to “extratherapeutic” factors, leaving only 13 percent attributable to the intervention. Thus, of the factors that change agents can influence, the quality of the relationship has twice the effect (30 percent) of the specific techniques or models used (15 percent). In addition, alliance-based improvements in outcomes occur across diverse domains, including psychiatric, community mental health, private practice, substance abuse, medical, employee assistance and criminal justice settings. Skeem and her colleagues (2007)<sup>7</sup> assert that alliance research results “suggest that it would be a mistake to define evidence-based practices solely as technical procedures, without including the process of care.”

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**Working within the client's experience and frame of reference, providing choices, and consistently monitoring the alliance and outcomes are the hallmarks of responsivity.**

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A responsive intervention hinges on change agents listening to and expressing an understanding of the client's goals, means or methods, theory of change, and view of the relationship's quality. Working within the client's experience and frame of reference, providing choices, and consistently monitoring the alliance and outcomes are the hallmarks of responsiveness. Duncan, Miller and Sparks (2004)<sup>8</sup> present the unequivocal research and practice-based evidence that shows how alliance and outcome-informed services produce substantial improvements in both client retention and outcomes. Clinicians find the Outcome Rating Scale and the Session Rating Scale very feasible, five minutes each to administer and interpret valid, reliable measures.

Skeem and her colleagues (2007)<sup>9</sup> argue that blending care with control in mandated juvenile and criminal justice probation services requires a dual-role alliance measure. They developed the Dual-Role Relationships Inventory (DRI-R) specifically for criminal justice settings. This reliable and valid instrument includes caring/fairness, trust, and authoritative (not authoritarian) dimensions. The DRI-R has shown significant correlations with predicting violations, revocations and new arrests for probationers with co-occurring disorders. Studies currently under way may show the DRI-R's utility with juvenile and other adult offender populations. Nonetheless, Skeem's state-of-the-art research supports the past 40 years of consistent research results: Responsivity has twice the impact on change and positive outcomes than does intervention type or model.

## ENDNOTES

<sup>1</sup> Andrews, D.A. and J. Bonta. 2007. *The psychology of criminal conduct, 4th edition*. Cincinnati: Anderson.

<sup>2</sup> Engel, R.S. and R.E. Worden. 2003. Police officer attitudes, behavior and supervisory influences: An analysis of problem solving. *Criminology*, 41 (1):131-166;

Fulton, B., A. Stichman, L. Travis and E. Latessa. 1997. Moderating probation and parole officer attitudes to achieve desired outcomes. *The Prison Journal*, 77(3): 295-312;

Paparozzi, M. and P. Gendreau. 2005. An intensive supervision program that worked: Service delivery, professional orientation, and organizational supportiveness. *The Prison Journal*, 85(4): 445-466; and

Whitehead, J.T. and C.A. Lindquist. 1992. Determinants of probation and parole officer professional orientation. *Journal of Criminal Justice*, 20(1):13-24.

<sup>3</sup> Bogue, B., J. Diebel and T. O'Conner. 2008. Combining officer supervision skills. *Perspectives*, 32(2):30-45.

<sup>4</sup> Taxman, F.S. 2002. Supervision: Exploring the dimensions of effectiveness. *Federal Probation*, 66(2):14-27.

<sup>5</sup> Asay, T.P., M.J. Lambert. 1999. The empirical case for the common factors in therapy: Quantitative findings. In *The heart and soul of change: What works in therapy*. Eds. M.A. Hubble, B.L. Duncan and S.D. Miller, 33-56. Washington, D.C.: American Psychological Association.

<sup>6</sup> Wampold, B.E. 2001. *The great psychotherapy debate: Models, methods and findings*. Hillsdale, NJ: Erlbaum.

<sup>7</sup> Skeem, J.L., J.E. Loudon, D. Polaschek and J. Camp. 2007. Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*, 19(4):397-410.

<sup>8</sup> Duncan, B.L., S.D. Miller and J.A. Sparks. 2004. *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy, revised edition*. San Francisco: Jossey-Bass. See [www.talkingcure.com](http://www.talkingcure.com) for more information.

<sup>9</sup> Skeem, J.L., J.E. Loudon, D. Polaschek and J. Camp. 2007.

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George S. Braucht, MS, is a member of ACA's Corrections Compendium Editorial Advisory Board. He also serves on the ACA Research Council and the following ACA committees: Children's Initiatives, Community Corrections, Disproportionate Minority Confinement, Probation and Parole, and Resolutions and Policy Development.