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RISK ASSESSMENT VERSUS RESILIENCE REINFORCEMENT: CONTRADICTION OR SIMILAR FOUNDATIONS FOR THE SOCIAL REHABILITATION PROCESS?

S u m m a r y: The main purpose of this article is to present two frameworks significant for contemporary theory and practice of social rehabilitation and to find the answer for the question asked in the title. The Risk-Need-Responsivity Model is discussed first in order to emphasise the implications for the social-rehabilitation practice. Then the resilience framework is discussed to show a broader context of this concept and to stress how important it is to break free from the risk perspective.

Key words: RNR Model, risk assessment, risk factors, protective factors, resilience, protective processes and mechanisms

Introduction

With regard to effective prophylaxis, prevention and social rehabilitation, the basic question “what works and who does it work for” should be answered. Several years of both Polish and foreign research demonstrate quite clearly that when it comes to social rehabilitation there can be no question of creating a single, 100% effective solution. This should not, however, become an excuse for conducting ineffective activities. On the contrary, it should be an impulse to build evidence-based to break free formatted practice. The research findings of recent decades support the belief that the effectiveness of the process of social rehabilitation

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is not only dependent on the perpetrator, it is not even a resultant of the relationship between an educator and a student or only an effect of well selected prevention and social rehabilitation strategies. Its effectiveness is affected by the interaction between internal factors on the part of the perpetrator and external factors, including institutional but also environmental factors². This is a significant qualitative change in thinking of “improving the guilty one”, as it takes on the burden of full responsibility for the success of this process by educators and prison inmates, allowing for looking at the process from an interactive perspective. It is therefore difficult to look for simple justifications in contemporary social rehabilitation terms, as in the works of Cesare Lombroso and Guglielmo Ferrero. The development of the rehabilitation pedagogy has led theoreticians and practitioners to focus their attention on multi-factorial theories that help perceive a man in a multidimensional manner, not only as a free man, subject to the negative influence of innate or environmental factors, which means “sentenced to failure”, but also as an active subject that has the resources necessary to initiate, continue and keep a positive change in his biography³. Among the numerous theoretical concepts, two of them will be presented in more detail in this article, namely the RNR Model and the resilience concept.

The RNR (Risk-Need-Responsivity) model is the result of research that was carried out as part of the development of the ‘What Works’ movement. It was established in response to the criticism of Robert Martinson, who in his work ‘What Works – Questions and Answers about Prison Reform’ compiled 231 empirical reports from 1945–1967 on social rehabilitation programmes applied to perpetrators of various crimes. Due to the results of the meta-analysis, the author drew the conclusions that “nothing works in correction”⁴. James Bonta and Donald A. Andrews – two Canadian researchers – are considered to be the fathers of the RNR Model. They believe that people are different and that their behaviour is the

² See, for example: Tony Ward, Andrew Day, Kevin Howells, Astrid Birgden, “The Multifactor Offender Readiness Model”, *Aggression and Violent Behaviour* 9 (6), 2004, 645–673; Maciej Muskała, “Znaczenie gotowości do zmiany w procesie resocjalizacji”, *Studia Edukacyjne* 31 (2014), 219–231; Jana Chojecka, “Kształtowanie gotowości do zmiany jako element działań preparacyjnych w procesie resocjalizacji”, *Studia Edukacyjne* 42 (2016), 357–379.

³ See, for example: James Bonta, Donald A. Andrews, *The Psychology of Criminal Conduct* (New Providence: Anderson Publishing, 2010); Urie Bronfenbrenner, *The Ecology of Human Development. Experiments by Nature and Design* (Massachusetts–London: Harvard University Press, 1979); Michael Rutter, “Psychosocial Resilience and Protective Mechanisms”, *American Journal of Orthopsychiatry* 57 (3), 1987, 316–331; Ann S. Masten, *Ordinary Magic. Resilience in Development* (New York: Guilford Press, 2014); Robert Jessor, “Problem Behavior Theory: A Half-Century Research”. In: *The Developmental Science of Adolescence. History Through Autobiography*, eds. Richard M. Lerner, Ann C. Petersen et al. (New York: Wiley, 2014), 239–256.

⁴ Compare Mariusz Sztuka, “Efektywność oddziaływań w zorientowanym korekcyjnie modelu instytucji penitencjarnej. Doświadczenia amerykańskie”, *Czasopismo Prawa Karnego i Nauk Penalnych* 1 (2007), 313.

result of many variables⁵. The basis for the creation of the Model is the psychology of criminal behaviour which, based on empirical enquiries, provides an opportunity to predict and influence people's criminal behaviour⁶. "The psychology of criminal conduct (PCC) seeks a rational and empirical understanding of variation in the occurrence of criminal acts and, in particular, a rational empirical understanding of individual differences in criminal activity"⁷. Due to the research, it becomes possible to determine the entire spectrum of possible behaviours and the influence of various variables on this differentiation.

The first generation of the research known as 'clinical assessment' or 'professionals assessment' was based on the experience and knowledge of professionals understood as, on the one hand, the social rehabilitation system staff (probation officers, educators in prisons), and on the other hand as 'clinical' professionals (psychologists, psychiatrists and social workers)⁸. They defined who and to what extent should be supervised, what is the risk of relapse and what impact should be applied on the individual. Criticism of such a 'professional' diagnosis resulted from the fact that experts having different knowledge and experience interpreted the data differently and the tools used for 'risk measurement' were not consistent. For this reason, the research has become so important that it helped identify factors correlated with repeat offence. These can now be called static risk factors, which may not be changed even by undertaking the most sophisticated social rehabilitation measures, for example age, gender or age at the time of committing the act⁹. These factors, placed on a quantitative scale, were summed up in terms of the higher the score, the higher the risk of repeat offence. The tools developed during this period (Salient Factor Score in the US and Statistical Information on Recidivism Scale in Canada) proved to be more relevant and useful than predictions made based on professional opinions. However, James Bonta and Donald A. Andrews noted some disadvantages of these tools. On the one hand, it is lack of a theoretical background. The researchers write that "the items that create these instruments are chosen simply because they are easily available and show an association with recidivism. The items are not chosen because they are theoretically relevant. Thus, the majority of the items are criminal history items – the type of information that correctional systems are quite efficient at collecting and distributing"¹⁰. On the other hand, the researchers point out that the second-generation tools only consider factors concerning the criminal past or other behaviours that have already taken place, which makes them unmodifiable, thus

⁵ Compare Bonta, Andrews, *The Psychology of Criminal...*, 5.

⁶ Compare *ibidem*, 4.

⁷ *Ibidem*, 7.

⁸ Compare J. Bonta, D.A. Andrews, *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation* (Public Safety Canada, Carleton University: Ottawa, 2007), 3.

⁹ Sztuka, "Efektywność oddziaływań...", 315.

¹⁰ Bonta, Andrews, *Risk-Need-Responsivity Model...*, 3.

assuming that there are no perpetrators who could make a change for the better. The only change that can be observed regards an increase in the risk factors, possibly remaining at the same level¹¹.

Since the second-generation tools did not provide a clear answer as to the manner in which social rehabilitation impacts should be carried out to modify the risk of repeating an offence, the researchers focused their efforts on identifying dynamic factors correlated with crime. This has led to the creation of a third-generation tools that combine both static risk factors and individual criminogenic characteristics. With respect to dynamic risk factors, educators are given clear guidance as to what should be rehabilitated, and they can monitor the effectiveness of the strategies applied¹². James Bonta and Donald A. Andrews suggest that the last years have been the time of development of the fourth-generation analyses. "These new risk assessment instruments integrate systematic intervention and monitoring with the assessment of a broader range of offender risk factors heretofore not measured and other personal factors important to treatment"¹³. The third- and fourth-generation tools could not have been developed if they had not been based on the RNR model. It defines three main principles for undertaking social rehabilitation activities – risk, need and responsivity.

The first one, risk, assumes that illegal behaviour may be predicted and that social rehabilitation activities should be adapted to the risk level of a perpetrator¹⁴. As Barbara Stańdo-Kawecka stresses, the intensity of social rehabilitation programmes should be adjusted to the level of risk of repeat offence, as when affecting a low-risk entity we can obtain counterproductive effects; moreover, we should avoid joining perpetrators of different risk levels¹⁵. James Bonta and Donald A. Andrews say that if one of the purposes of the social rehabilitation process is to reduce the recidivism rate, it is necessary to ensure that reliable methods (i.e. appropriate diagnostic tools in particular) are available to differentiate between low and high risk perpetrators so as to ensure that each perpetrator receives an appropriate level of impact¹⁶.

The principle of needs refers to the hypothesis that the social rehabilitation actions should focus on the removal of criminogenic needs, defined as "dynamic risk factors that are directly linked to criminal behaviour. Criminogenic needs can come and go unlike static risk factors that can only change in one direction

¹¹ Compare *ibidem*, 4.

¹² Compare *ibidem*.

¹³ *Ibidem*.

¹⁴ Compare Veerle Poels, *Risk Assessment of Recidivism of Violent and Sexual Female Offenders* (Department of Corrections, Psychological Service Rotorua, 2005), 22.

¹⁵ Compare Barbara Stańdo-Kawecka, "O koncepcji resocjalizacji w polskiej literaturze naukowej polemicznie", *Probacja* 1 (2010), 117.

¹⁶ Bonta, Andrews, *Risk-Need-Responsivity Model...*, 5.

(increase risk) and are immutable to treatment intervention”¹⁷. The most important criminogenic needs include: antisocial attitudes, antisocial peer/referential group, antisocial past behaviour and antisocial personality (e.g. psychopathy, impulsiveness, inability to solve problems, low self-control), as well as difficult home situations (e.g. low parental control, neglect and violence), a difficult school or professional situation (low level of education, unstable professional situation), inability to use free time and dependence on various substances (including mainly drugs and alcohol)¹⁸. Non-criminogenic needs, even if satisfied, do not reduce the risk of repeat offence, as they are not closely linked to risk. However, when designing social rehabilitation programmes, it is worth to refer to such needs of the perpetrator as well, as the discomfort experienced involves the physical and mental energy of the offender in its reduction, weakening the forces required for the social rehabilitation. Researchers demonstrate that offenders face more problems and have more criminogenic needs than average people, and the more they appear, the more likely the offenders are to repeat an offence¹⁹.

The principle of responsivity is defined as “maximising the offender’s ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender”²⁰. There are two types of responsivity distinguished: the general one concerns what is considered to be effective in social rehabilitation, therefore it refers to scientific evidence-based practice; the specific one applies to interactions adapted to the characteristics and capabilities of the perpetrator and circumstances, such as age, gender, background, cognitive abilities, learning style or motivation²¹.

In the following years, James Bonta and Donald A. Andrews added twelve additional principles to the key three principles of the RNR Model. Compliance with these principles increases the effectiveness of social rehabilitation measures²². The accusations appearing in the literature regarding discontinuation of individualisation in favour of risk management – focusing too much on negative factors in the diagnostic process, on detachment and the process of diagnostics and social rehabilitation from the social context of the perpetrator and depriving guardians or prison educators of their competences – are effectively rejected by

¹⁷ Ibidem.

¹⁸ Compare Poels, *Risk Assessment of Recidivism...*, 26 and Bonta, Andrews, *Risk-Need-Responsivity Model...*, 5–6.

¹⁹ Compare *The Impact of Corrections on Re-offending: A Review of ‘What Works’*, eds. Gemma Harper, Chloe Chitty (London: Home Office, 2005), IX.

²⁰ Bonta, Andrews, *Risk-Need-Responsivity Model...*, 1.

²¹ Compare Mary McMurrin, “Theories of Change”. In: *The Cambridge Handbook of Forensic Psychology*, eds. Jennifer M. Brow, Elisabeth A. Campbell (Cambridge: Cambridge University Press, 2010), 119.

²² Compare Bonta, Andrews, *The Psychology of Criminal...*, 46–47.

the authors thanks to these principles²³. It should be remembered, however, that the intentions of the authors of the Model and the presented hypotheses are one thing, and the implementation of the Model in the social rehabilitation practice another; sometimes it comes down to the simplification of the Model or to its first principle, expecting a social rehabilitation miracle based on the diagnosis made. For this reason it is important to pay attention to proper training and supervision of the social rehabilitation work, as well as to continuous improvement and adaptation of diagnostic procedures and impacts²⁴.

The emphasis on adaptation of the proposed impacts for criminogenic needs, bearing in mind the general and specific responsivity principle, may increase the effectiveness of the social rehabilitation process. As the results of Jana Chojecka's research prove, it happens in practice that female offenders are subjected to intense interactions, although not necessarily in the areas that require it. Free time is spent, and the periodic evaluation of offenders can show that they are attending various programmes, but what effect will they have in terms of reducing the risk of repeat offence if they do not address the risk factors in their lives?²⁵

Even if, as some people want to believe²⁶, risk factors correlated with crime may not be understood as the cause of crime, the interaction of these factors with vulnerability and protection factors may be regarded as a source of behaviours that are non-consistent with standards²⁷. If this is the case, then it is worth focusing on the theory developed by Norman. Garmezy and Michael Rutter in the 1980s. This refers to resilience, the phenomenon of resistance, which can be defined as a set of characteristics, properties of an individual – a person is or is not mentally resilient or as a process in which risk factors, vulnerability and protective factors interact²⁸. The latter – a process-oriented understanding of resilience – is a definition closer to the educators, as it assumes two important issues. First of all, it is not only the individual who, born with certain aptitudes, develops them in life experience, but the burden of responsibility is shared by all educational institutions. Secondly, resistance, understood as a process, is a dynamic factor, thus variable in the course of an individual's life, and modifiable so that it is assumed that this process may be supported at every stage of life by equipping the individual and individual's environment with the skills they need to properly adapt.

²³ Compare Dobrochna Wójcik, "Stosowanie w postępowaniu karnym narzędzi diagnostyczno-prognostycznych służących oszacowaniu ryzyka powrotności do przestępstwa", *Prawo w Działaniu. Sprawy Karne* 16 (2013), 90–91.

²⁴ Compare 15 principle, Bonta, Andrews, *The Psychology of Criminal...*, 47.

²⁵ Compare Jana Chojecka, *Kobieta w więzieniu i jej resocjalizacja – zamierzenia a rzeczywistość* (Poznań: Uniwersytetu Adama Mickiewicza w Poznaniu, 2012), 218–251.

²⁶ Compare Wójcik, "Stosowanie w postępowaniu...", 90.

²⁷ Compare Jessor, "Problem Behavior Theory...", 239–256.

²⁸ Compare Anna Borucka, "Koncepcja *resilience*. Podstawowe założenia i nurty badań". In: *Resilience*, ed. Wioletta Junik (Warszawa: Parpa Media, 2011), 12.

The differentiation made between the two concepts appearing in the literature on the subject seems to be of significant importance, not only theoretically but also practically. 'Resilience', understood as a process, activates the necessary resources of an individual to deal with sudden, difficult situations, and is dynamic, i.e. changeable in time, depending on the situation²⁹. As Michael Rutter suggests, in certain situations the process of resilience may be triggered and the individual may continue with the normal course of life despite the difficulties encountered³⁰, while under other circumstances these processes will not be initiated and the individual will react to the risk factors inappropriately. "If circumstances change, resilience alters"³¹.

'Resiliency', understood as a feature of an individual, is a relatively constant disposition, which demonstrates cognitive flexibility, tolerance to frustrations, and ability to cope with emotions. These trigger the process of resilience, and thus prompt the individual to search for resources required to cope with the difficulties encountered³². In the standardisation studies on the resilience measurement scale (SPP-25) carried out by Nina Ogińska-Bulik and Zbigniew Juczyński, the measurement of absolute stability proves that resistance understood as a feature of an individual demonstrates high constancy (0.85 after 4 weeks in the test-retest study)³³, however when understood as a process in the studies on the adaptation of the BRCS tool³⁴, it does not show such a high constancy (0.584 after 6 weeks in the test-retest study), which seems to confirm the variability of resilience.

Michael Rutter's research proves that individuals who have coped well with difficulties did not have a single, effective method of doing so, but they understood different strategies and could use them flexibly³⁵. Therefore, it is important to establish the mechanisms and processes of resilience in order to understand "why and how some individuals manage to maintain high self-esteem and self-efficacy in spite of facing the same adversities that lead other people to give up and lose hope"³⁶. The shift from the perspective of "risk factors" to "processes of overcoming risk situations" is not only a semantic move, as the focus is shifted to protective mechanisms, particularly since risk factors and protective factors

²⁹ Compare Anna Piórowska et al., *The Brief Resilience Coping Scale – polska adaptacja Krótkiej Skali Prężności Zaradczej*, <http://cejsh.icm.edu.pl/cejsh/element/bwmeta1.element.desklight-03594bc7-9cb9-462e-aa8e-03f31b24e84f> (access: 20.02.2020), 217.

³⁰ Michael Rutter, "Annual Research Review: Resilience-clinical Implications", *The Journal of Child Psychology and Psychiatry* 54:4 (2013), 482.

³¹ Rutter, "Psychosocial Resilience...", 317.

³² Compare Piórowska et al., *The Brief...*, 317.

³³ Compare Nina Ogińska-Bulik, Zbigniew Juczyński, "Skala Pomiaru Prężności – SPP-25", *Nowiny Psychologiczne* 3 (2008), 44.

³⁴ Compare Piórowska et al., *The Brief...*, 221.

³⁵ Michael Rutter, "Resilience Concepts and Findings: Implications for Family Therapy", *Journal of Family Therapy* 21 (2012), 130.

³⁶ Rutter, "Psychosocial Resilience...", 317.

can be viewed from a continuum perspective. Examples may be shown by referring to factors correlated with criminal behaviour, and so the family situation. If it is poor and the relationship is disturbed, the family does not fulfil its functions – then a risk factor is referred to; and if the situation is good, the family is functional, and the relationship is healthy – it is a protective factor. Similarly, with regard to the use of psychoactive substances, including alcohol, then addiction is a risk factor, and its absence – a protective factor. Therefore, just listing the factors is not sufficient, “it is not enough, for example, to say that academic success or self-efficacy are protective (although they are), we must go on to ask how those qualities developed and how they changed the life course”³⁷.

In the 1980s, studying the process of resilience, Norman Garmezy created three models to capture the relationship between risk and adaptation; these are risk balancing, risk reduction and risk resistance models³⁸. In the first, risk balancing model, the influence of risk factors may be balanced or compensated for by adaptive factors (internal protective factors). Consequently, in the course of preventive and social rehabilitation measures, already existing protective factors in an individual’s life may be implemented or developed to enhance the process of adaptation. For the risk reduction model, attention is paid to the interaction between the risk and protection factors. The latter may counterbalance the negative impact of risk factors on the individual’s behaviour. During preventive and social rehabilitation actions, it is advisable to carry out parallel actions aimed at risk factors and resource development. The last, risk resistance model implies that human exposure to risk factors may result in the development of defensive mechanisms, which in the course of subsequent experience will act as a natural protective barrier against the negative influences of risk factors. Such past experiences affect cognitive processes and future behavioural responses, which may improve preparation for new life tasks. When dosing a risk, however, it should be considered that sensitivity to risk factors is individual, and thus the same dose in one person may cause a defensive reaction of the body, in another person it may cause a mild course infection, and in a third person it may result in death³⁹.

Due to the research on the process of resilience, Ann S. Masten concludes that the mechanisms that are natural for the development of every human being – regardless of whether and to what extent risk factors are experienced – supports the positive adaptation of the individual. These mechanisms are formed in the

³⁷ Ibidem, 319.

³⁸ Compare Norman Garmezy, Ann S. Masten, Auke Tellegen, “The Study of Stress and Competence in Children: A Building Block for Developmental Psychopathology”, *Child Development* 55 (1984), 102–103.

³⁹ Compare Krzysztof Ostaszewski, “Czynniki ryzyka i czynniki chroniące w zachowaniach ryzykownych dzieci i młodzieży”. In: *Czynniki chroniące młodzież 15-letnią przed podejmowaniem zachowań ryzykownych. Raport z badań HBSC 2006*, eds. Joanna Mazur et al. (Warszawa: Instytut Psychiatrii i Neurologii w Warszawie, 2008), 19–44.

course of internal interactions (genetic and biological, but also mental) of the individual's predisposition to the characteristics of the living environment, but also result from the fact that the individual is part of a larger system. Masten lists among these mechanisms a system of attachment (to parents, relatives, friends, peers), self-regulation, learning and information processing and motivation and reward. In the process of resilience, systems in which the process of socialisation and upbringing takes place, including family, peer, school, local environment and culture and religion, are also extremely important. There are the mechanisms that can influence positive adaptation or act as a weakening agent for the individual by initiation of dis-adaptation processes⁴⁰. Since resilience is a dynamic process, it is worth noting the mechanisms that mediate positive adaptation, including those that reduce the impact of risk factors by weakening the risk itself or by weakening exposure, reduce the likelihood of a negative chain reaction, support self-efficacy and self-confidence and open up to new opportunities⁴¹.

To assess mental resistance, various tools are used, e.g. the Ego Resiliency Scale (ER89) by Jack Block and Adam M. Kremen, that measures resilience understood as the characteristic of the individual⁴², the Resilience Scale by Gail M. Wagmild – a tool consisting of 25 items used to assess resistance among teenagers (12/13 years old) and adults⁴³, the Connor-Davidson Resilience Scale by Kathryn M. Connor and Jonathan R.T. Davidson, that has been translated into many languages (including Polish) and has three versions: full 25-item⁴⁴, 10-item⁴⁵ and 2-item⁴⁶. Protective factors in four subscales are measured by the Baruth Protective Factors Inventory automated reporting tool, adaptable personality assessment, environment support, risk quantity and compensation assessment⁴⁷. Further tools are applied to diagnose resistances under Polish conditions. The Scale for measuring resilience SPP-25 of Nina Ogińska-Bulik and Zbigniew Juczyński, in five subscales – “perseverance and determination in action, openness to new

⁴⁰ Compare Masten, *Ordinary Magic...*, 147–173.

⁴¹ Rutter, “Psychosocial Resilience...”, 325–329; Borucka, “Koncepcja *resilience...*”, 18–19.

⁴² Polish adaptation: Łukasz D. Kaczmarek, “Skala Sprężystości Psychicznej – polska adaptacja Ego Resiliency Scale”, *Czasopismo Psychologiczne* 2 (2011), Vol. 17, 263–266.

⁴³ See more <https://www.resiliencecenter.com/products/resilience-scales-and-tools-for-research/the-original-resilience-scale/> (access: 26.02.2020).

⁴⁴ Compare Kathryn M. Connor, Jonathan R.T. Davidson, “Development of a New Resilience Scale: The Connor-Davidson Resilience Scale (CD-RISC)”, *Depression and Anxiety* 18 (2003), 71–82.

⁴⁵ Compare Laura Campbell-Sills, Murray B. Stein, “Psychometric Analysis and Refinement of the Connor-Davidson Resilience Scale (CD-RISC): Validation of a 10-item Measure of Resilience”, *Journal of Traumatic Stress* 20 (2007), 1019–1028.

⁴⁶ Compare Sandeep Vaishnavi et al., “An Abbreviated Version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC 2: Psychometric Properties and Application in Psychopharmacological Trials”, *Psychiatry Research* 152 (2007), 293–297.

⁴⁷ Compare Katey E. Baruth, Jane J. Carrol, “A Formal Assessment of Resilience: The Baruth Protective Factors Inventory”, *The Journal of Individual Psychology* 3 (2002), Vol. 58, 235–244.

experiences and a sense of humour; personal competence to cope and tolerance of negative emotions; tolerance for failure and treating life as a challenge; an optimistic attitude to life; and the ability to mobilise in difficult situations” enables the analysis of resilience understood as personality traits and a self-regulation mechanism⁴⁸. The KOP-26 Resilience Assessment Questionnaire is another tool that has three subscales: family relationships, personal and social competences, and it measures resilience understood as “personality property and the result of the effects of resistance processes occurring in the environment that may be described by the individual’s personal and social competences and individual’s family relations”⁴⁹.

The Polish adaptation of the Short Countermeasure of Resilience provides another tool for measuring resistance understood as a process. The scale consists of 4 items and the results are distributed on the Likert scale between 1 and 5 – the higher the score, the greater the resilience of the studied person. The tool is used for self-reporting and refers to the individual’s ability to cope with difficult situations. The adaptation authors emphasise that they have decided to standardise BRCS due to the process-related nature of the resilience, however after closer analysis of the factors it is difficult not to impress that they are closer to the concept of ego-resilience⁵⁰.

The search for the optimal tool that would allow to capture not only the protective factors occurring in the life of the individual, their interactions, but also the protective mechanisms fostering the process of resilience seem to be an indispensable part of further work on the phenomenon of resistance, and although the KOP-26 tool “exceeds it (res. JC) understood only in terms of properties and approaches the characteristics of process-related effects”⁵¹, as well as “demonstrates the importance of family relationships, which are not considered by the tools described above”⁵², it requires further in-depth analyses.

There is also another issue that needs to be mentioned. In order to improve the process of resilience, ‘sensitivity to risk’ must be taken into account. It is an individual property that has its origins in the genetic equipment of the individual, but also in past experience⁵³. This sensitivity determines the harmfulness of risk factors; it is also associated with periodically greater sensitivity of the individual to the negative effects of risk factors, when “the developing organism is more or less susceptible to the consequences of trauma”⁵⁴. The transition period between

⁴⁸ Compare Ogińska-Bulik, Juczyński, “Skala pomiaru...”, 52.

⁴⁹ Krzysztof Gąsior et al., “Kwestionariusz Oceny Prężności (KOP-26). Konstrukcja i właściwości psychometryczne narzędzia”, *Polskie Forum Psychologiczne* 1 (2016), Vol. 21, 90.

⁵⁰ Piórowska et al., *The Brief...*, 219.

⁵¹ Gąsior et al., “Kwestionariusz Oceny...”, 88.

⁵² Ibidem, 86.

⁵³ Compare Rutter, “Resilience Concepts...”, 124–126.

⁵⁴ Masten, *Ordinary Magic...*, 130.

successive phases in an individual's development is sometimes understood as sensitive or critical, and at these moments "external stimulation must be particularly cautious, as it carries the risk of disrupting the development rhythm of the individual"⁵⁵. It is therefore always worth "assessing individual needs in relation to particular circumstances, rather than assume that all risk and protective factors have similar effects in all conditions in all people"⁵⁶.

Although studies on the phenomenon of resistance do not lead to a clear preventive and social rehabilitation programme, they undoubtedly provide tips on dynamic factors for positive adaptation. Masten outlined a framework programme for development of mental resilience consisting of five elements (the Five Ms): missions, models, measurements, methods and multifaceted/multidisciplinary approaches to the resilience building process⁵⁷. The first element is to encourage the construction of positive goals, whereby prevention and social rehabilitation efforts will be targeted at supporting development, improving resources rather than reducing risks and addressing pathologies. This will give allies (teachers, parents, but also young people or adults, including offenders) who will support and build positive change⁵⁸. Searching for effective methods of weakening risk factors and eliminating problem behaviours, it is worth creating intervention models in which – apart from actions targeted at dysfunctions – there will also be those that will support protective factors and mechanisms, broadening access to resources and mobilising adaptation systems. While conducting a diagnostic process, it would be necessary to search for both resources, factors and protective mechanisms, as well as risks, owing to which the obtained diagnosis would be multidimensional and the designed actions would be more adjusted to the needs and capabilities of an individual. Among the methods Masten lists, those which are focused on risk and their purpose is to prevent or reduce the existing negative influences of risk factors, as well as those focused on resources which aim to increase access to them by introducing them to the environment of people at risk, but also by providing knowledge and skills to use the existing resources. The last group of methods consists of those designed to mobilise adaptive systems. Therefore, basic systems such as family, school, peer group or local environment should be supported in an effective role play for the proper development of individuals, as well as individual adaptation systems, including through the development of self-regulatory skills, self-efficiency, commitment and cognitive empowerment. It

⁵⁵ Compare Anna Brzezińska, *Spoleczna psychologia rozwoju* (Warszawa: Scholar, 2004), 134–137.

⁵⁶ Rutter, "Annual Research Review...", 476.

⁵⁷ Compare Masten, *Ordinary Magic...*, 264.

⁵⁸ When working with involuntary clients, it is easier to stimulate prosocial skills than to overcome, for example, aggressive behaviours or addiction. That is why in some Polish prisons a social rehabilitation programme named 'Stop violence. Second chance' (Stop przemocy. Druga szansa) is called a 'Family agreement' (Porozumienie z rodzina) or 'Learning to speak the language of the giraffe' (Naucz się języka żyrafy).

is necessary for this task to involve representatives of many institutions and carry out activities in many areas and at various levels (prophylaxis, prevention and social rehabilitation)⁵⁹.

Many risk factors and mechanisms affect social maladjustment. Risk indicators “show statistically significant association with psychopathology, not because they represent a risk process as such, but because they predispose to other experiences that actually mediate the risk”⁶⁰. As such, firstly risk and protection factors should not be analysed individually, as they may have little impact on an individual’s life, yet their accumulation and interaction may have a negative/positive impact on adaptation processes. Secondly, since adaptation as well as maladaptation is caused by many different factors, they cannot be viewed deterministically – occurrence in an individual’s life does not mean that a maladaptation/adaptation will occur, but only increases the probability. Even with a negative accumulation of risk factors, positive adaptation is still possible “and the onus in on the clinician to identify and foster the processes that might lead to success”⁶¹.

So what is the answer to the question posed in the title? Are risk assessment and strengthening of resilience the same concepts that form the basis of social rehabilitation? It seems that the starting point for the two concepts is similar, as the goal is to identify risk factors that may interfere with the proper development of the individual leading to various disorders. The concept of resilience does not negate the need to study risk and protective factors since, as Michael Rutter emphasises, the understanding of this phenomenon must be based on the results of research into these factors, but it is important not to forget the search for mechanisms that mediate risk and protective processes⁶². It seems that research on the phenomenon of resilience focuses more on searching for individual resources – both internal and external – on strengthening them, building objectives for positive adaptation and proper development, while activities based on the RNR Model concentrate more on preventing pathologies, weakening risk factors in order to reduce the likelihood of repeated crime. Undoubtedly, both approaches are suitable for social rehabilitation.

A focus on risk, as Ingrid Schoon stressed, may be useful for several reasons: firstly, to anticipate the consequences and estimate the likelihood of repeat offence; secondly, to provide clear and reliable information to authorities on factors that negatively affect the development of the individuals so that they can take action (at many levels) to eliminate these obstacles. Furthermore, the focus on risk helps identify populations of specific risks so that more targeted prevention and social rehabilitation measures can be implemented. However, “a focus

⁵⁹ Masten, *Ordinary Magic...*, 264–281.

⁶⁰ Rutter, “Resilience Concepts...”, 120.

⁶¹ Rutter, “Annual Research Review...”, 484.

⁶² Compare: *ibidem*, 474.

on resilience and resources, on the other hand, aims to understand adaptive development in spite of risk exposure and to maximise wellness even before maladjustment has occurred⁶³.

It can therefore be argued that research on resilience provides an opportunity to take a step forward towards identifying and strengthening mechanisms for proper adaptation, while remaining in the perspective of searching for risk factors reduces social rehabilitation activity only to compensate for and reduce deficiencies.

Szacowanie ryzyka *versus* wzmacnianie rezyliencji – przeciwstawne czy tożsame podstawy procesu resocjalizacji?

Streszczenie: Celem niniejszego artykułu jest przybliżenie dwóch koncepcji, które we współczesnej myśli resocjalizacyjnej zajmują ważne miejsce, i zastanowienie się, czy stanowią one tożsame podstawy procesu resocjalizacji. W pierwszej części zaprezentowano model Risk-Need-Responsivity (RNR), którego założenia bywają sprowadzane do zarządzania ryzykiem. Autorka przybliżyła szerszy kontekst tego modelu i wskazała jego implikacje dla praktyki resocjalizacyjnej. W drugiej części analizie poddano koncepcję rezyliencji, która bywa rozumiana jako właściwość człowieka umożliwiającą prawidłową adaptację mimo napotykanym trudności. Celem było ukazanie szerszego kontekstu badań nad procesami i mechanizmami chroniącymi oraz podkreślenie doniosłej roli pozytywnie sformułowanych celów profilaktycznych i resocjalizacyjnych.

Słowa kluczowe: model RNR, szacowanie ryzyka, czynniki ryzyka, czynniki chroniące, rezyliencja, procesy i mechanizmy chroniące

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⁶³ Ingrid Schoon, *Risk and Resilience: Adaptations in Changing Times* (Cambridge: Cambridge University Press, 2006), 158.

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