CONTINUING EDUCATION CREDIT FOR THIS MONTH’S BULLETIN

Training Description

The assessment of violence, sex offender, and general recidivism risk has become routine practice in mental health and criminal justice systems around the globe. With so many studies being published each year on these important topics, staying up-to-date on the research literature can be a challenge. The Global Institute of Forensic Research Executive Bulletin is a monthly resource that provides one-page summaries of all articles published on these important topics, as well as exclusive interviews and quarterly trainings. The present reading is the April 2014 Edition, which features summaries of seven articles as well as an exclusive interview with Dr. Annelies Vredeveldt.

Editor Biography

Jay P. Singh, PhD is the Editor-in-Chief of the GIFR Executive Bulletin and received his doctorate in psychiatry from the University of Oxford. He is currently Professor of Epidemiology and Violence Risk Assessment at Molde University College and formerly served as Senior Clinical Researcher in Forensic Psychiatry and Psychology for the Department of Justice of Switzerland in Zurich as well as research fellow of the Mental Health Law and Policy Department at the University of South Florida. He has published over 40 peer-reviewed articles and book chapters on forensic risk assessment.

Learning Objectives

This training is designed to help you:

1. Identify key strengths and limitations of available tools for violence, sex offender, and general recidivism risk assessment as discussed in peer-reviewed articles published in February 2014.

2. Discuss key clinical implications of the February 2014 risk assessment research literature such that findings may be applied in practice.

3. Learn how to effectively both defend and question the practical utility of risk assessment when applied in legal settings in accordance with research findings from peer-reviewed articles published in February 2014.

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EXECUTIVE SUMMARY

Epperson and Ralston constructed and cross-validated the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II) with 1,202 juvenile sexual offenders in Utah. The JSORRAT-II is a 12-item actuarial instrument designed to aid in the prediction of juvenile sexual recidivism. Total scores are used to classify a juvenile offender’s risk level, with higher scores indicating higher risk. The study authors followed the sample from the time of conviction until age 18 to see who was charged with a new sexual offense. The article included two studies:

(1) The first study constructed the JSORRAT-II using case files of 636 juvenile sexual offenders. This study established an excellent level of predictive validity for JSORRAT-II assessments.

(2) The second study established an excellent level of inter-rater reliability and a good level of predictive validity for JSORRAT-II assessments using case files of 566 juvenile sexual offenders reviewed by research assistants. Observed decreases in the accuracy of JSORRAT-II assessments were not due to differences in index offenses.

The authors advised caution in interpreting their findings because the samples were exclusively from Utah and primarily Caucasian, limiting generalizability, and the studies did not differentiate between charges incurred inside or outside of secure settings.

CLINICAL IMPLICATIONS

(1) The JSORRAT-II produces valid and reliable assessments of juvenile sexual recidivism risk.

(2) The predictive validity of the JSORRAT-II varies between good and excellent when it comes to assessing juvenile sexual recidivism risk.

(3) The JSORRAT-II may not be generalizable across racially/ethnically diverse populations.

RELEVANT LEGAL QUESTIONS

(1) “Is it true that the JSORRAT-II has been found to produce reliable assessments of juvenile sexual recidivism risk?”

(2) “Is it true that JSORRAT-II assessments between good to excellent accuracy in predicting juvenile sexual recidivism risk?”

(3) “Is it true that JSORRAT-II assessments have demonstrated inconsistent levels of accuracy across samples?”

(4) “Is it true that the accuracy of JSORRAT-II assessments has not been investigated among racially/ethnically diverse populations?”
EXECUTIVE SUMMARY

Hecker provided a critical commentary on a recent paper by Fanniff and Letourneau (2012), which investigated the reliability and validity of Scale I of the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II). The J-SOAP-II is a 28-item structured professional judgment instrument designed to aid in the identification of risk factors associated with sexual recidivism in boys aged 12 to 18 who have either been adjudicated for a sexual offense or have a history of sexually problematic behavior. Scale I of the instrument includes eight items that concern sexual drive and preoccupation. The author made three principal arguments:

(1) Scale I of the J-SOAP-II is a reliable measure for assessing factors associated with sexual recidivism in juvenile sex offenders.

(2) Research on Scale I of the J-SOAP-II is inconclusive but tends to suggest validity in predicting sexual recidivism risk in juvenile sex offenders.

(3) The predictive validity of risk assessment tools should be studied using samples from the population for which they are intended to be used in practice.

CLINICAL IMPLICATIONS

(1) Scale I of the J-SOAP-II is reliably able to identify factors associated with sexual recidivism in juvenile sex offenders.

(2) Caution is warranted when making predictions about sexual recidivism risk in juvenile sex offenders using Scale I of the J-SOAP-II.

RELEVANT LEGAL QUESTIONS

(1) “Is it true that Scale I of the J-SOAP-II can reliably identify factors associated with sexual recidivism in juvenile sex offenders?”

(2) “Is it true that multiple studies have found Scale I of the J-SOAP-II to have predictive validity for assessing sexual recidivism risk in juvenile sex offenders?”

(3) “Is it true that research on the predictive validity of Scale I of the J-SOAP-II has been inconclusive?”

(4) “Is it true that Scale I of the J-SOAP-II has been studied using samples that differ from the population for which it was intended?”
EXECUTIVE SUMMARY

Judge and colleagues investigated clinical perceptions of structured professional judgment (SPJ) risk assessment tools by 31 criminal justice workers who had referred an offender to the Sex Offender Liaison Service (SOLS) in Scotland. The SOLS uses SPJ methods to assess the risk of sexual recidivism for convicted sex offenders in any setting and provides risk management guidance to referrers. The study authors analyzed questionnaire and interview data to see how referrers viewed the use of SPJ tools as used by the SOLS. There were three principal findings:

(1) SPJ risk assessments were judged to be useful in developing risk management plans for sex offenders.

(2) SPJ risk assessments were judged to provide useful information about sex offenders’ personalities.

(3) Referrers were satisfied with the information provided by SPJ risk assessments.

The authors advised caution in interpreting their findings because their sample may not be generalizable outside of Scotland, and the interviewer was a SOLS representative, which may have led participants to respond less critically to questions.

CLINICAL IMPLICATIONS

(1) SPJ risk assessments may be useful in developing risk management plans for sex offenders.

(2) SPJ risk assessments may provide insight into the personalities of sex offenders.

RELEVANT LEGAL QUESTIONS

(1) “Is it true that SPJ risk assessments can help tailor risk management plans for individual sex offenders?”

(2) “Is it true that criminal justice professionals find SPJ risk assessments useful in managing the recidivism risk of individual sex offenders?”

(3) “Is it true that evidence of satisfaction with SPJ risk assessments in Scottish sex offender services may not be reliable?”

EXECUTIVE SUMMARY

Lanterman and colleagues investigated obstacles to the implementation of the Registrant Risk Assessment Scale (RRAS) by 21 prosecutors and four public defenders who were involved in sex offender registration and notification cases in New Jersey. The RRAS is a 13-item actuarial instrument designed to aid in predicting sexual recidivism risk in adult sex offenders and determining the extent of any necessary community notification. Total scores on the instrument are used to classify offenders into one of three risk categories (Low, Moderate, High). There were two principal findings:

1. Within and between counties in New Jersey, discrepancies existed between RRAS total scores and risk classifications as determined by prosecutors and public defenders. This may be attributable to prosecutors and public defenders deviating (either intentionally or unintentionally) from RRAS scoring procedures.

2. Prosecutors and public defenders reported that aspects of the RRAS manual were unclear, leading to misinterpretation or misapplication of scoring procedures.

The authors advised caution in interpreting their findings because the study did not include an analysis of offender records, and data were not collected from judges or private defense attorneys, limiting generalizability.

CLINICAL IMPLICATIONS

1. Discrepancies in RRAS interpretation and scoring procedures may lead to incorrect classification of sex offender risk level.

2. Inconsistent classification of sex offender risk level on the RRAS may be leading to unnecessary registration and community notification.

3. Risk assessment manuals should specify clear scoring procedures to avoid ambiguity.

4. Prosecutors and public defenders using the RRAS should receive regular training on scoring procedures.

RELEVANT LEGAL QUESTIONS

1. “Is it true that following RRAS scoring procedures can result in accurate classifications of recidivism risk for sex offenders?”

2. “Is it true that following RRAS scoring procedures can result in useful guidance concerning the necessary extent of sex offender registration and community notification?”

3. “Is it true that prosecutors and public defenders do not score RRAS assessments consistently?”

4. “Is it true that the RRAS rating for my client may have been different if the tool had been administered in another county?”

EXECUTIVE SUMMARY

Large and colleagues provided a critical commentary on a recent paper by Allnutt and colleagues (2013), which investigated the utility of risk assessment in managing violence risk. The authors made four principal arguments:

(1) There is no research evidence that risk assessments actually prevent violence, and they might actually increase the likelihood of violence.

(2) Violence risk assessments are too frequently incorrect to be useful in practice.

(3) Because of the imprecise nature of violence risk assessments, their use as part of the clinical decision making process may result in the misallocation of therapeutic resources.

(4) Violence risk assessments may discourage treating individuals classified at “low risk”.

CLINICAL IMPLICATIONS

(1) Caution is warranted when using risk assessments for the purpose of clinical decision-making.

(2) Caution is warranted when using risk level classifications to allocate therapeutic resources.

(3) Not treating individuals who are classified as “low risk” is potentially harmful.

RELEVANT LEGAL QUESTIONS

(1) “Is it true that the use of violence risk assessment tools is widely accepted in the field of forensic mental health?”

(2) “Is it true that there is no evidence that risk assessments actually result in the prevention of future violence?”

(3) “Is it true that risk assessments might actually result in an increased likelihood of future violence?”

(4) “Is it true that risk assessments might result in my client not being allocated the resources they need to be rehabilitated?”
**EXECUTIVE SUMMARY**

Shepherd and colleagues investigated the predictive validity of the Structured Assessment of Violent Risk in Youth (SAVRY) in 175 male juvenile offenders detained in Australia. The SAVRY is a 24-item structured professional judgment instrument designed to aid in the prediction of violent recidivism risk in young offenders. Total scores on the instrument are used to aid clinical judgment when classifying offenders into one of three risk categories (Low, Moderate, High). The study authors followed the sample for six to 18 months after release to see who was charged with a new general or violent offense. There were four principal findings:

1. SAVRY assessments conducted by trained researchers produced excellent levels of inter-rater reliability.
2. SAVRY assessments of general and violent recidivism risk produced good levels of predictive validity.
3. SAVRY assessments of general recidivism risk produced a poor level of predictive validity for offenders without an English-speaking background, but excellent levels for English-speaking and aboriginal offenders.
4. SAVRY assessments of violent recidivism risk produced a poor level of predictive validity for offenders without an English-speaking background, an good level for English-speaking offenders, and an excellent level for aboriginal offenders.

The authors advised caution in interpreting their findings because results may not be generalizable outside of Australia and the sample included young adults aged 18-20 years.

**CLINICAL IMPLICATIONS**

1. The SAVRY produces valid and reliable assessments of general and violent recidivism risk for juvenile offenders in Australia.
2. Juvenile offender ethnicity may be an important factor to consider when administering the SAVRY.
3. Caution is warranted when using the SAVRY with culturally diverse juvenile offenders without an English-speaking background.

**RELEVANT LEGAL QUESTIONS**

1. “Is it true that SAVRY assessments have good accuracy in predicting recidivism risk for juvenile offenders?”
2. “Is it true that SAVRY assessments may be particularly accurate in predicting recidivism risk among aboriginal juvenile offenders in Australia?”
3. “Is it true that SAVRY assessments may be less accurate in predicting general and violent recidivism risk for juvenile offenders without an English-speaking background?”

EXECUTIVE SUMMARY

Wakeling and Barnett conducted a narrative review of sexual and violent recidivism risk assessment during sex offender treatment. The review included examples from over 25 published studies identifying the benefits and limitations of risk assessment tools, with emphasis on four studies conducted in the United Kingdom between 2011 and 2013 that examined the predictive validity of sexual and violent recidivism risk assessments. There were three principal findings:

(1) Dynamic risk factors predicted sexual and violent recidivism risk better than static risk factors.

(2) Pre-treatment risk assessments predicted sexual and violent recidivism risk better than post-treatment risk assessments.

(3) Sex offenders who demonstrated positive attitudinal or behavioral change over the course of treatment were less likely to recidivate.

The authors advised caution in interpreting their findings because of the relatively short follow-up periods of many of the included studies, the use of a variety of risk assessments tools, and use of different techniques for assessing attitudinal and behavioral change during treatment.

CLINICAL IMPLICATIONS

(1) Risk assessment tools that include dynamic risk factors may be more useful in predicting sexual and violent recidivism risk in sex offenders compared to tools that include mostly static risk factors.

(2) Pre-treatment risk assessments should be given more weight in determining the course and duration of sex offender treatment compared to assessments conducted during or after the completion of treatment.

(3) Assessing attitudinal and behavioral change during treatment may be useful to practitioners when assessing the likelihood of sexual and violent recidivism.

RELEVANT LEGAL QUESTIONS

(1) “Is it true that dynamic risk factors have been shown to accurately predict sexual and violent recidivism risk in sex offenders?”

(2) “Is it true that pre-treatment risk assessments have been shown to accurately predict recidivism in sex offenders?”

(3) “Is it true that static risk factors may not consistently predict sexual and violent recidivism risk among sex offenders as well as other information?”

(4) “Is it true that post-treatment risk assessments have not been shown to uniformly predict whether a sex offender will recidivate?”
Annelies Vredeveldt, PhD is Research Fellow at the VU University Amsterdam, and serves as Vice President of the European Association of Psychology and Law’s Student Section. She obtained her doctorate at the University of York, for which she was awarded the Dissertation Awards from the American Psychology-Law Society and the British Social Psychology Section. Dr. Vredeveldt has received a research grant for her research with the South African Police Services at the University of Cape Town, and a prestigious Branco Weiss Fellowship for her current research at the VU University Amsterdam.
CONTINUING EDUCATION QUIZ

INSTRUCTIONS
First, identify whether the statements below are true or false, and complete the evaluation form on the following two pages. Second, save this PDF onto your computer. Third, send an e-mail to services@gifrinc.com with a subject line of “April 2014 CE Quiz” and your PDF attached. A representative from the Global Institute of Forensic Research will grade your quiz and respond to your e-mail with a Continuing Education Certificate within one calendar week, provided a passing grade of 70% or higher was achieved.

QUESTION 1
There is currently uncertainty as to whether assessing sexual drive and preoccupation in juvenile sexual offenders validly predicts sexual recidivism.

QUESTION 2
Prosecutors and public defenders administer the Registrant Risk Assessment Scale (RRAS) consistently.

QUESTION 3
Structured Assessment of Violence Risk in Youth (SAVRY) assessments may be particularly accurate in predicting violent recidivism risk among Aboriginal juvenile offenders in Australia.

QUESTION 4
Post-treatment risk assessments should be given more weight in determining the course and duration of sex offender treatment compared to assessments conducted during or after the completion of treatment.

QUESTION 5
In the field of eyewitness memory, "estimator variables" refer to eyewitness characteristics not under control of the justice system.

QUESTION 6
Letting eyewitnesses talk to each other may increase the accuracy of their testimonies.
### CONTINUING EDUCATION EVALUATION FORM

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<tr>
<th>The Following Learning Objectives Were Met</th>
<th>Strongly Disagree</th>
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<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>1 Identify key strengths and limitations of available tools for violence, sex offender, and general recidivism risk assessment as discussed in peer-reviewed articles published in August 2014.</td>
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<td>2 Discuss key clinical implications of the August 2014 risk assessment research literature such that findings may be applied in practice.</td>
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<td>3 Learn how to effectively both defend and question the practical utility of risk assessment when applied in legal settings in accordance with research findings from peer-reviewed articles published in August 2014.</td>
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<td>Accuracy and utility of content were discussed</td>
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<th>Level of Learning</th>
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<td>Information could be applied to my practice (if applicable)</td>
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Please confirm that you have read and understand each of the following…

I confirm that I am an individual subscriber (or my institution has a group subscription) to the Executive Bulletin.

To receive CE credit for this month’s Executive Bulletin, a passing grade of 70% or higher must be achieved on the quiz and submitted electronically with a completed Evaluation Form to services@gifrinc.com.

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Your Profession (check all that apply)

- Psychologist
- Nurse
- Masters Level Licensed Therapist
- Social Worker
- University Faculty
- Administrator
- Student
- Other Specify:

Years in Your Profession

- Student
- <1-5
- 6-10
- 11-20
- 20+

What was your overall impression of this month’s GIFR Executive Bulletin? What went well? What could have been improved?

What did you learn in this month’s GIFR Executive Bulletin that was new or different? How and/or will this information change how you practice (if applicable)?

Additional Comments or Suggestions for Future Editions of the GIFR Executive Bulletin?
Contact the GIFR Continuing Education Administrator at services@gifrinc.com