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CONTINUING EDUCATION CREDIT FOR THIS MONTH'S BULLETIN

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Level: Introductory

Accreditation: APA, CPA, ANCC, NBCC

Training Style: Reading

Category: Risk Assessment & Management

■ 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 2015 Edition, which features summaries of 10 articles as well as an exclusive interview with Dr. Zachary Hamilton and a training on common statistical misconceptions in violence risk assessment with Dr. Jay P. Singh.

■ 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 2015.
- 2** Discuss key clinical implications of the February 2015 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 2015.

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EXECUTIVE SUMMARY

Brown and Singh conducted a narrative review of different types of risk and protective factors and the three main approaches to forensic risk assessment - unstructured clinical judgment, actuarial assessment, and structured professional judgment (SPJ). Risk factors refer to characteristics that increase the likelihood of antisocial behavior, whereas protective factors are characteristics that decrease the likelihood of such behavior. Unstructured clinical judgment refers to reliance on a clinician's experience and knowledge of an offender to make a risk classification. Actuarial assessment refers to the objective use of a mathematical algorithm to estimate a group-based recidivism rate within a given time period. SPJ refers to the use of empirically- and/or theoretically-based risk and protective factors to guide clinical decision making in making a categorical risk classification. There were five principal points:

- (1)** Risk and protective factors may be static (unchanging), stable dynamic (infrequently changing), or acute dynamic (frequently changing).
- (2)** Risk and protective factors may be identified through one of three methods: empirical (based on a statistical association), theoretical (based on relevance to a theoretical framework), or clinical (based on usefulness in therapy).
- (3)** Unstructured clinical judgments are flexible and inexpensive, but they are inherently subjective and produce poor levels of reliability and validity.
- (4)** Actuarial risk assessment tools (e.g., Static-99R) aim to be objective and typically produce accurate and reliable estimates of recidivism rates; however, they are of limited utility in tailoring risk management plans to individual offenders due to their group-based nature.
- (5)** SPJ risk assessment tools (e.g., HCR-20) aim to incorporate clinical judgment into an evidence-based framework to produce offender-specific risk classifications; however, they re-introduce the subjectivity characteristic of unstructured clinical judgments and can be time-intensive to administer.

CLINICAL IMPLICATIONS

- (1)** Unstructured clinical judgments are the least accurate and reliable way to determine an offender's risk level.
- (2)** Practitioners administering risk assessment tools should consider their population, setting, and outcome of interest before selecting which instrument is most appropriate for a given offender.
- (3)** Actuarial and SPJ risk assessment tools take different approaches to the case formulation process but produce similar levels of predictive validity.

RELEVANT LEGAL QUESTIONS

- (1)** "Can you please explain why you did not administer a risk assessment tool when evaluating my client's risk of recidivism?"
- (2)** "Does the risk assessment tool you administered to my client capture both static, historical factors as well as dynamic, changeable factors that could be addressed using evidence-based interventions?"
- (3)** "Is it true that actuarial and SPJ risk assessment tools produce similar levels of accuracy?"

Chenane, J. L., Brennan, P. K., Steiner, B. M., & Ellison, J. M. (2015). Racial and ethnic differences in the predictive validity of the Level of Service Inventory-Revised among prison inmates. *Criminal Justice and Behavior*, 42(3), 286-303. <http://tinyurl.com/kujpqs2>

QUALITY RATING ★ ★ ★ ☆

EXECUTIVE SUMMARY

Chenane and colleagues investigated the predictive validity of the Level of Service Inventory-Revised (LSI-R) in 2,778 White, Black, and Hispanic male prisoners in a Midwestern state. The LSI-R is a 54-item actuarial instrument designed to aid in the prediction of general recidivism risk in adult offenders. Total scores on the instrument are used to classify offenders into one of the five risk categories (Low, Low-Medium, Medium, Medium-High, High), each of which has an estimated recidivism rate. The study authors followed the sample for their first two years of imprisonment to see who engaged in violent or non-violent institutional misconduct. There were three principal findings:

- (1)** LSI-R total scores were significant predictors of the prevalence of both violent and non-violent institutional misconduct in White prisoners such that higher total scores were associated with increased prevalences. However, this was not the case for Black or Hispanic prisoners.
- (2)** LSI-R total scores were significant predictors of the incidence of both violent and non-violent institutional misconduct in White, Black, and Hispanic prisoners such that higher total scores were associated with increased incidences.
- (3)** Although LSI-R total scores were statistically significantly related to both the prevalence and incidence of violent and non-violent institutional misconduct, the effect sizes were so small as to suggest poor levels of predictive validity across races.

The authors advised caution in interpreting their findings because the sample consisted of prisoners incarcerated in a single Midwestern state, limiting generalizability. In addition, changes in LSI-R scores over time were not investigated.

CLINICAL IMPLICATIONS

- (1)** The LSI-R may not produce highly accurate assessments of the prevalence or incidence of violent or non-violent institutional misconduct in White, Black, or Hispanic offenders.
- (2)** The LSI-R may produce more accurate assessments of the likelihood that White prisoners will engage in acts of violent or non-violent institutional misconduct compared to their Black or Hispanic peers.
- (3)** The LSI-R may produce similarly accurate assessments of the incidence of violent or non-violent institutional misconduct in White, Black, and Hispanic prisoners.

RELEVANT LEGAL QUESTIONS

- (1)** “Is it true that my client’s LSI-R score may not be particularly predictive of his likelihood of engaging in institutional misconduct, as he is Hispanic?”
- (2)** “Is it true that the defendant’s racial background is unlikely to have influenced the accuracy of his LSI-R’s assessment when it comes to the frequency of his institutional infractions?”

Jones, E., Harkins, L., & Beech, A. R. (2015). The development of a new risk model: The Threat Matrix. *Legal and Criminological Psychology*, 20(1), 165-175. <http://tinyurl.com/jwxykug>

QUALITY RATING ★ ☆ ☆ ☆

EXECUTIVE SUMMARY

Jones and colleagues conducted a narrative review on the Threat Matrix, a newly developed 10-item actuarial instrument designed to identify individuals at risk of sexual offending who have not previously been convicted of such a crime. Threat Matrix assessments involve using total scores to classify individuals into one of four risk categories (Low, Medium, High, Very High), and then using the nature and anticipated legal penalty of the predicted sexual offense to classify individuals into one of three severity categories (Standard, Medium, High). These risk and potential harm assessments are then plotted on a matrix that is used to determine the overall threat level (Low, Medium, High). The authors came to three principal conclusions:

- (1)** Because of its use of historical risk factors, the Threat Matrix can be automated to quickly conduct threat assessments using information routinely gathered in electronic police records.
- (2)** The Threat Matrix should be used as a screening tool to identify individuals who warrant a more comprehensive threat assessment that incorporates dynamic risk factors.
- (3)** The predictive validity of the Threat Matrix has not been empirically established, but preliminary analyses suggest that unstructured clinical judgments of threat levels are similar to those made using the Threat Matrix.

CLINICAL IMPLICATIONS

- (1)** If automated, the Threat Matrix may be a useful screening tool for police departments to identify individuals at higher risk of sexual offending.
- (2)** The allocation of risk management resources should not be based on Threat Matrix findings alone, as the instrument is meant to be a preliminary screening instrument.
- (3)** Although there is some evidence of convergent validity between Threat Matrix findings and the unstructured clinical judgments of practitioners, the Threat Matrix should be used with caution until its accuracy and reliability has been established by peer-reviewed research.

RELEVANT LEGAL QUESTIONS

- (1)** “Was the Threat Matrix administered by hand or was it automated using electronic records?”
- (2)** “Were risk management decisions made based on the Threat Matrix alone, or were additional instruments administered once my client was judged to be at high risk of sexual offending?”
- (3)** “Is it true that the accuracy and reliability of the Threat Matrix has not - as of April 2015 - been established through peer-reviewed research?”

Jones, N. J., Brown, S. L., Robinson, D., & Frey, D. (2015). Incorporating strengths into quantitative assessments of criminal risk for adult offenders: The Service Planning Instrument. *Criminal Justice and Behavior*, 42(3), 321-338. <http://tinyurl.com/p5g2kzx>

QUALITY RATING ★ ★ ★ ☆

EXECUTIVE SUMMARY

Jones and colleagues investigated the predictive validity of the Service Planning Instrument (SPIn) Pre-Screen in 3,656 adult offenders serving community sentences in Canada. The SPIn Pre-Screen is a 35-item structured professional judgment instrument designed to aid in the prediction of general recidivism risk across 11 domains (criminal history, response to supervision, violence, substance abuse, social influences, family, employment, attitudes, social skills, stability, mental health) in adult offenders either in custody or under community supervision. Total scores on the instrument are used to classify offenders into one of three risk categories (Low, Moderate, High) as well as one of three strength categories (Low, Moderate, High). The study authors followed the sample for 18 months to see who was rearrested for any offense. There were four principal findings:

- (1)** SPIn Pre-Screen assessments produced excellent levels of predictive validity, regardless of offender sex or ethnicity.
- (2)** SPIn Pre-Screen assessments judged male offenders to have higher risk levels than female offenders. However, both male and female offenders were judged to have a similar level of strengths.
- (3)** SPIn Pre-Screen assessments judged Aboriginal offenders to have higher risk levels and lower strength levels than non-Aboriginal offenders.
- (4)** SPIn Pre-Screen strength scores had a protective effect, such that high risk offenders who were judged to also have more strengths were less likely to recidivate than high risk offenders with fewer strengths.

The authors advised caution in interpreting their findings because the SPIn Pre-Screen was not explicitly developed for female offenders, who may have different pathways to crime than male offenders.

CLINICAL IMPLICATIONS

- (1)** The SPIn Pre-Screen produces accurate predictions of general recidivism risk across sex and ethnicities.
- (2)** The SPIn Pre-Screen can detect differences in risk levels but not strength levels across genders.
- (3)** By taking into consideration not just risk factors but also protective factors, the SPIn Pre-Screen can identify mediators that reduce recidivism risk in otherwise high risk offenders.

RELEVANT LEGAL QUESTIONS

- (1)** “Is it true that the SPIn Pre-Screen has been found to produce accurate assessments of recidivism risk, regardless of the offender’s sex or ethnicity?”
- (2)** “Is it true that SPIn Pre-Screen risk and strength scores are sensitive to differences between Aboriginal and non-Aboriginal offenders?”
- (3)** “Can you please describe to the Court how my client’s protective factors as identified using the SPIn Pre-Screen may reduce his otherwise high risk of recidivism?”

EXECUTIVE SUMMARY

Livingston and colleagues investigated the relationships between risk assessment tools, service delivery, and adverse outcomes (i.e., treatment noncompliance, negative psychiatric events, criminal justice contact, and violent behavior) among 250 adult offenders who were mandated to forensic mental health treatment and released on probation in 2011 in British Columbia, Canada. Risk assessment tools that were administered included the Short-Term Assessment of Risk and Treatability (START), the Historical, Clinical, Risk Management-20 (HCR-20), the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Violence Risk Appraisal Guide (VRAG). The START and HCR-20 are structured professional judgment instruments designed to aid in the prediction of violence risk in forensic and civil psychiatric populations. Total scores on the instruments are used to aid clinical judgment when classifying individuals into risk categories. The LSI-R:SV and VRAG are actuarial instruments designed to aid in the prediction of general and violent recidivism risk, respectively. Total scores on the instruments are used to classify individuals into several risk categories, each of which has an estimated recidivism rate. The Camberwell Assessment of Need-Forensic Short Version (CANFOR-S) was also administered as a measure of psychosocial service needs. The study authors conducted all assessments using file reviews and tracked service delivery, treatment compliance, and adverse outcomes for an average of nine months. There were four principal findings:

- (1)** START, HCR-20, and CANFOR-S assessments significantly predicted treatment noncompliance, negative psychiatric events, criminal justice contact, and violent behavior.
- (2)** LSI-R:SV assessments significantly predicted treatment noncompliance, criminal justice contact, and violent behavior but not negative psychiatric events.
- (3)** VRAG assessments significantly predicted negative psychiatric events and violent behavior but not treatment noncompliance or criminal justice contact.
- (4)** The more dynamic risk factors identified for probationers using risk assessment tools, the higher the perceived level of psychosocial services needed. Static risk factors did not have this same effect.

CLINICAL IMPLICATIONS

- (1)** Risk assessment tools following the structured professional judgment approach may be more useful than those following the actuarial approach in predicting treatment noncompliance, negative psychiatric events, criminal justice contact, and violent behavior in probationers.
- (2)** Caution is warranted when using the LSI-R:SV to assess the risk of negative psychiatric events such as self-harm or emergency hospitalizations in probationers.
- (3)** Caution is warranted when using the VRAG to assess the risk of treatment noncompliance or criminal justice contact such as new charges or police apprehension in probationers.
- (4)** An offender's history does not impact their perceived psychosocial service needs as much as their current risk profile.

RELEVANT LEGAL QUESTIONS

- (1)** "Can you please describe to the Court my client's perceived psychosocial service needs as assessed by the CANFOR-S? Is it true that these needs may help predict his likelihood of recidivating?"
- (2)** "Is it true that actuarial risk assessment tools such as the VRAG may not be able to predict my client's likelihood of complying with treatment as well as structured professional judgment tools such as the HCR-20 or START?"

The authors advised caution in interpreting their findings because risk assessments were conducted without offender interviews, and file reviews were often based on incomplete records.

Peterson-Badali, M., Skilling, T., & Haqanee, Z. (2015). Examining implementation of risk assessment in case management for youth in the justice system. *Criminal Justice and Behavior*, 42(3), 304-320. <http://tinyurl.com/ke6gmsc>

QUALITY RATING ★ ★ ★ ☆

EXECUTIVE SUMMARY

Peterson-Badali and colleagues investigated the inter-rater reliability and predictive validity of the Youth Level of Service/Case Management Inventory (YLS/CMI) in 148 adolescents who received court-mandated forensic assessments in Canada. The YLS/CMI is a 42-item actuarial instrument used to aid in the prediction of general recidivism risk in juvenile offenders. Total scores on the instrument's eight domains (criminal history, family, education/employment, peer affiliations, substance use, leisure, personality, antisocial attitudes) are used to classify individuals into one of four risk categories (Low, Moderate, High, Very High), each of which has an estimated recidivism rate. The study authors followed the sample for approximately three years to see who was convicted of any new offense. There were four principal findings:

- (1)** YLS/CMI assessments produced excellent levels of inter-rater reliability when administered by two trained clinicians.
- (2)** YLS/CMI peer affiliations, leisure, antisocial attitudes, and criminal history domains produced excellent levels of predictive validity, whereas the education/employment, substance use, and personality domains produced good levels and the family domain scores produced fair levels.
- (3)** Adolescents with higher YLS/CMI scores were more often flagged by clinicians and had their criminogenic needs matched with treatments more often than adolescents with lower YLS/CMI scores.
- (4)** Adolescents were more likely to recidivate when YLS/CMI assessments were not used to inform treatment recommendations compared to when treatment recommendations matched YLS/CMI identified needs.

CLINICAL IMPLICATIONS

- (1)** The YLS/CMI is reliable and valid for predicting general recidivism in adolescents in Canada.
- (2)** The YLS/CMI may be a useful tool to measure risk principle adherence, such that adolescents with greater risk are more frequently recommended to treatment.
- (3)** Matching risk management strategies with criminogenic needs identified using the YLS/CMI can reduce recidivism rates in adolescent offenders.

RELEVANT LEGAL QUESTIONS

- (1)** "Is it true that the YLS/CMI will have produced an accurate and reliable estimate of my client's recidivism risk?"
- (2)** "Is it true that my client may be less likely to recidivate if his risk management plan is tailored to his unique criminogenic needs as identified by the YLS/CMI?"

The authors advised caution in interpreting their findings because of the relatively small sample that was composed of adolescents with mostly serious charges. In addition, the YLS/CMI assessments may have lacked generalizability, because they were completed by trained clinicians rather than probation officers, who will most likely be using the instrument in practice.

Scott, K., Heslop, L., Kelly, T., & Wiggins, K. (2015). Intervening to prevent repeat offending among moderate- to high-risk domestic violence offenders: A second-responder program for men. *International Journal of Offender Therapy and Comparative Criminology*, 59(3), 273-294. <http://tinyurl.com/ovxq29q>

QUALITY RATING ★ ★ ★ ☆

EXECUTIVE SUMMARY

Scott and colleagues investigated whether an intervention program for moderate to high risk men on bail for charges of domestic violence affected further police involvement among 80 alleged batterers in Ontario, Canada. The men in the sample were judged to be at moderate to high risk by the Domestic Violence Supplementary Report (DVSR) and were divided into two groups: 40 men attending the intervention program and 40 men receiving no structured intervention. The intervention program was designed to identify and reduce the presence of dynamic risk factors identified using the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER). The B-SAFER is a 10-item structured professional judgment instrument designed to aid in the prediction of domestic violence recidivism risk. Total scores on the instrument are used to aid clinical judgment when classifying suspected offenders into one of three risk categories (Low, Moderate, High). The study authors followed the sample for up to two years to see who had further police involvement of any nature and who was charged with a new offense. There were three principal findings:

- (1)** Intervention group participants were less likely than non-intervention group participants to have had contact with the police for any reason including domestic violence.
- (2)** At one-year follow-up, 29% of the intervention group and 66% of the non-intervention group were charged with a new domestic violence-related offense, whereas 46% of the intervention group and 85% of the non-intervention group were charged with a new non-domestic violence-related offense.
- (3)** Between one-year and two-years follow-up, 12% of the intervention group and 42% of the non-intervention group were charged with a new domestic violence-related offense, whereas 25% of the intervention group and 53% of the non-intervention group were charged with a new non-domestic violence-related offense.

CLINICAL IMPLICATIONS

- (1)** B-SAFER assessments may be useful for identifying dynamic treatment targets that can be addressed using evidence-based interventions shown to reduce domestic violence recidivism risk in men.
- (2)** Intervention programs designed to address dynamic risk factors associated with domestic violence in male offenders may reduce both domestic violence and general recidivism risk.
- (3)** Intervention programs designed to address dynamic risk factors associated with domestic violence in male offenders can be considered a time- and cost-savings measure, as fewer police and legal resources will be used on program participants.

RELEVANT LEGAL QUESTIONS

- (1)** “Is it true that interventions designed to reduce an offender’s dynamic risk factors as identified by the B-SAFER may result in a significant decrease in domestic violence recidivism risk?”
- (2)** “My client has participated in an intervention program aimed at addressing risk factors associated with domestic violence. Is it true that he may be as much as half as likely to recidivate now?”

The authors advised caution in interpreting their findings because participants were booked in a single police department and were not randomly assigned to the intervention and non-intervention groups.

Viglione, J., Rudes, D. S., & Taxman, F. S. (2015). Misalignment in supervision: Implementing risk/needs assessment instruments in probation. *Criminal Justice and Behavior*, 42(3), 263-285. <http://tinyurl.com/oe2zubj>

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Viglione and colleagues investigated whether probation officers (POs) in the United States use validated risk/needs assessment (RNA) tools to evaluate the recidivism risk level of their probationers, the degree to which risk/needs assessments are used to inform case management, and the way in which risk/needs assessments are referenced when communicating with probationers. The authors collected qualitative data from 42 POs at two sites in a mid-Atlantic state using observational and interview methods. Both sites implemented an RNA tool in 2006 as mandated by the state, and training was provided to POs on how to administer the instrument and interpret its results. There were three principal findings:

- (1)** All 42 POs reported administering RNA tools with their probationers, although only 3% of documented interactions between POs and their probationers included a reference to such tools.
- (2)** RNA tools were used to inform case management plans in less than 2% of cases, and only 7% of documented interactions between POs and their probationers in which case management plans were being developed included reference to such tools.
- (3)** POs expressed skepticism over the practical utility of RNA tools, including their predictive validity and how they could be used to inform the development of case management plans.

The authors advised caution in interpreting their results because they did not observe all POs from one of the two sites. In addition, some interactions between POs and their probationers were not included, as the authors did not observe the interactions in their entirety.

CLINICAL IMPLICATIONS

- (1)** Although POs in the United States report frequently administering RNA tools with their probationers, this does not appear to be the case in practice.
- (2)** Because POs most often rely on their own judgment when making risk classifications, the validity and reliability of their case management and supervision decisions can be presumed to be low.
- (3)** Education on the evidence-based usefulness of RNA tools when administered by POs is necessary to improve understanding, trust, and uptake.

RELEVANT LEGAL QUESTIONS

- (1)** “Can you please describe how you matched the findings of the risk assessment tool you administered to my client with evidence-based interventions tailored to his needs?”
- (2)** “Can you please describe any specific instances in which you discussed the findings of the risk assessment tool with my client, and how you communicated those findings in the context of developing a case management plan?”
- (3)** “Do you believe that risk assessment tools can help to develop effective case management plans above and beyond what you could do alone?”

Webster, C. D., & Bélisle, E. (2014). How literature can add value to structured professional judgments of violence risks: An illustrative rare risk example inspired by Alice Munro's *Child's Play*. *Archives of Forensic Psychology*, 1(1), 14-26.

QUALITY RATING ★ ☆ ☆ ☆

EXECUTIVE SUMMARY

Webster and Bélisle provided a critical commentary on the usefulness of reading fiction as part of clinical training in the use of risk assessment tools such as the Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV). The START:AV is a 24-item structured professional judgment (SPJ) instrument designed to aid in the prediction of short-term risk for violence, self-harm, suicide, substance abuse, victimization, self-neglect, and unauthorized leave risk in adolescents in civil and forensic psychiatric settings. Total strength and vulnerability scores on the instrument are used to aid clinical judgment when classifying individuals into one of three risk categories (Low, Medium, High). The authors reviewed Alice Munro's short story, *Child's Play*, in which two young girls drown an intellectually-disabled peer at a summer camp. The story is used to discuss the importance of considering case-specific predictors of violence in addition to evidence-based risk and protective factors. The START:AV gives practitioners administering the instrument the option to identify such idiosyncratic factors. The authors made three principal arguments:

- (1) Fictional stories such as Alice Munro's *Child's Play* may aid those who administer risk assessment tools to practice their clinical formulation skills.
- (2) Inclusion of optional case-specific risk and/or protective factors may increase the predictive validity of the START:AV and help practitioners develop a clearer risk formulation.
- (3) START:AV assessments are more useful in practice than those produced by other risk assessment tools developed for adolescents, as the START:AV asks practitioners to anticipate the context, likely victim, and severity of future misbehavior.

CLINICAL IMPLICATIONS

- (1) The incorporation of case-specific information in the risk assessment process may aid in the development of responsive risk management plans that target an individual patient's criminogenic needs.
- (2) There may be a role for fictional accounts of antisocial behavior in helping those who administer risk assessment tools to practice their clinical formulation skills, although such accounts are not a replacement for real-world case studies.

RELEVANT LEGAL QUESTIONS

- (1) "I note that you did not include any case-specific protective factors for my client. Were such unique factors not present in her records or evidenced during your interview with her?"
- (2) "Can you please describe specific situations in which the defendant may be most likely to engage in future acts of violence? How did you use evidence-based methods to identify these scenarios?"

The authors clarified that case-specific risk and protective factors should only be identified when there is research evidence to support their empirical association with misbehavior and when they are not captured by existing START:AV items.

Zeng, G., Chu, C. M., & Lee, Y. (2015). Assessing protective factors of youth who sexually offended in Singapore: Preliminary evidence on the utility of the DASH-13 and the SAPROF. *Sexual Abuse: A Journal of Research and Treatment*, 27(1), 91-108. <http://tinyurl.com/k3bbnd5>

QUALITY RATING ★ ★ ★ ☆

EXECUTIVE SUMMARY

Zeng and colleagues investigated the predictive validity and incremental validity of the Desistance for Adolescents who Sexually Harm-13 (DASH-13), the Structural Assessment of Protective Factors for Violent Risk (SAPROF), and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) in 97 male juvenile sex offenders in Singapore. All three are structured professional judgment instruments designed to aid in the prediction of sexual recidivism risk in adolescents. Total scores on all three instruments are used to aid clinical judgment when classifying adolescents into risk levels (Low, Moderate, High). The DASH-13 is comprised of items measuring sexual and general risk domains. The SAPROF is comprised of items measuring internal, motivational, and external risk domains. The ERASOR is comprised of items measuring sexual interests, attitudes and behaviors; sexual assault history; psychosocial functioning, family/environmental functioning; and treatment risk domains. The study authors followed the sample for an average of 1,637 days to see who was charged with a new sexual or non-sexual offense, and who desisted from sexual or non-sexual offending. There were four principal findings:

- (1)** DASH-13, SAPROF, and ERASOR assessments produced fair to good levels of inter-rater reliability.
- (2)** ERASOR assessments of both sexual and non-sexual recidivism produced good levels of predictive validity.
- (3)** SAPROF and DASH-13 assessments did not significantly predict sexual or non-sexual recidivism risk above and beyond the ERASOR alone.
- (4)** DASH-13 assessments of sexual desistance produced fair levels of predictive validity, whereas SAPROF assessments produced poor levels. Assessments of non-sexual desistance using both instruments produced good levels of predictive validity.

CLINICAL IMPLICATIONS

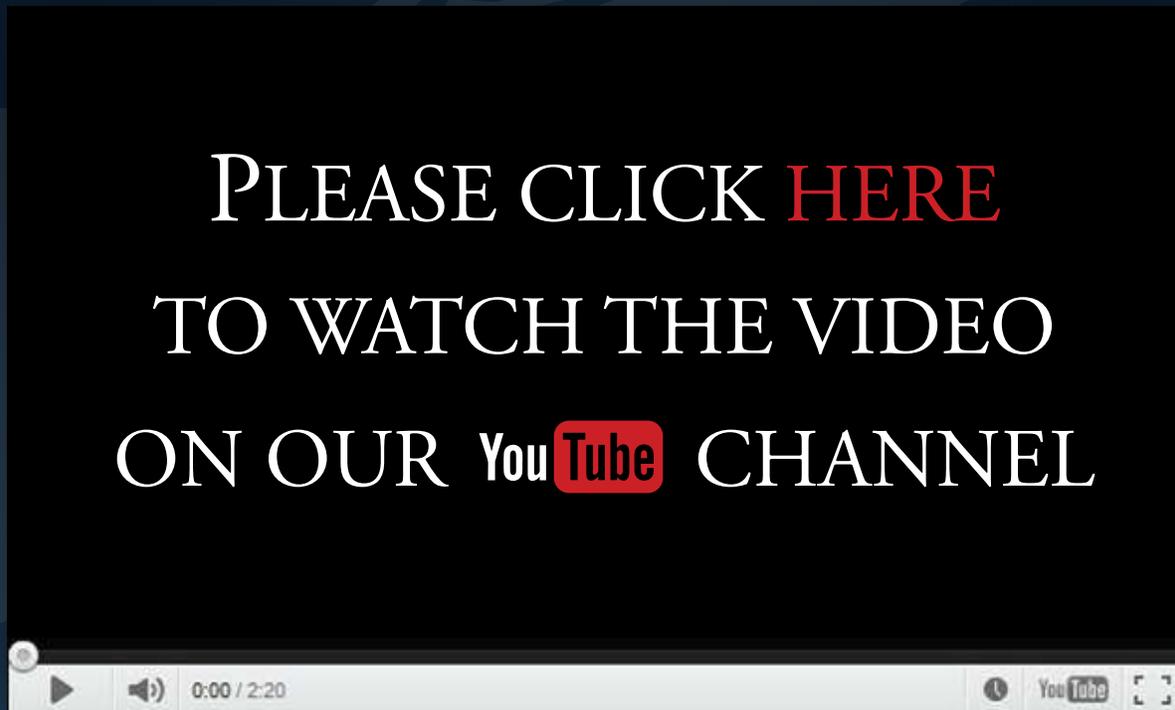
- (1)** The DASH-13, SAPROF, and ERASOR produce reasonably reliable assessments of recidivism risk in adolescent male sex offenders.
- (2)** Using the SAPROF or DASH-13 to supplement the ERASOR may not improve the accuracy of sexual or non-sexual recidivism risk assessments.
- (3)** Caution is warranted when using the SAPROF to predict desistance from sexual offending in adolescent males.

RELEVANT LEGAL QUESTIONS

- (1)** “Can you please explain why you administered both the ERASOR and DASH-13 to my client, when there is evidence to suggest that DASH-13 assessments do not increase the accuracy of ERASOR findings?”
- (2)** “Is it true that peer-reviewed research has found SAPROF assessments to be poor predictors of desistance from future sexual offending in individuals similar to my client?”

The authors advised caution in interpreting their findings because reliance on criminal registers to identify new offenses may have underestimated incidents of recidivism. In addition, analyses did not take into consideration risk management interventions that the participants received. Finally, the DASH-13 and SAPROF may not have been sensitive to the likelihood of non-sexual desistance, as neither instrument was designed to address non-violent outcomes.

EXCLUSIVE INTERVIEW



EXCLUSIVE INTERVIEW WITH DR. ZACHARY HAMILTON

Zachary Hamilton, PhD is Assistant Professor of Criminal Justice and Criminology as well as Director of the Washington State Institute of Criminal Justice (WSICJ) at Washington State University. His recent work centers on the creation, development, and implementation of the STRONG risk assessment tool. Paired with an automated software platform, the STRONG system will be utilized to assess offender needs as well as risks for prison infractions, general recidivism, and specific recidivism types. In addition to the STRONG, Dr. Hamilton is extending the use of established methodologies, both updating and exploring the reformulation of Washington's youth risk and needs assessment tool – the PACT. Aside from risk assessment, his work has focused on policy and applied research, examining the effects of substance abuse and mental health programming as well as housing programs for reentering offenders. Finally, Dr. Hamilton has received a grant from the Laura and John Arnold Foundation to examine Washington State's Swift and Certain policy for community corrections. Modeled after Hawaii's Hope Project, this study will be the first systematic analyses of a statewide implementation of the now popular deterrence-based strategy.

QUARTERLY TRAINING

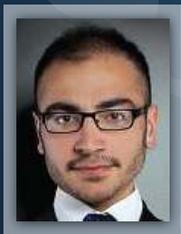
PLEASE CLICK [HERE](#)
TO WATCH THE VIDEO
ON OUR  CHANNEL



LEARNING OBJECTIVES:

This training is designed to help you:

- 1 Identify the difference between discrimination and calibration performance indicators.
- 2 Explore the key statistical methods of regression, receiver operating characteristic (ROC) curve analysis, and contingency table analysis.
- 3 Discuss statistical misconceptions underlying currently perceived strengths and limitations of risk assessment tools.



EXCLUSIVE TRAINING WITH DR. JAY P. SINGH

Jay P. Singh, PhD is Professor of Health Sciences at Molde University College, Norway. A former Postdoctoral Fellow in the Mental Health Law and Policy Department at the University of South Florida, he completed his graduate studies at the University of Oxford. Dr. Singh's primary research interest is forensic risk assessment, the attempt to predict the likelihood of future criminal behavior in order to identify those at greatest need of intervention. The widespread, often legally-required use of structured risk assessment tools to aid in this pursuit necessitates the regular and high-quality review of the evidence base concerning their ability to accurately identify individuals who will go on to commit crimes. Towards this end, Dr. Singh's recent research has used systematic review and meta-analytic methodology to explore a number of major issues concerning the utility of forensic risk assessment tools. Dr. Singh has been the recipient of numerous awards and recognition from organizations including the American Psychology-Law Society, the American Institute for the Advancement of Forensic Studies, the Royal College of Psychiatrists, the European Congress on Violence in Clinical Psychiatry, the Society for Research in Child Development, and the Society for Research in Adolescence.

CONTINUING EDUCATION QUIZ

Full Name

Today's Date

License Number (if applicable)

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 2015 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

The Threat Matrix is a comprehensive threat assessment tool comprised of both static and dynamic risk factors for sexual offending.

TRUE

FALSE

QUESTION 2

The Level of Service Inventory-Revised (LSI-R) produces more accurate assessments of the likelihood and frequency of institutional infractions for Black prisoners than White or Hispanic prisoners.

TRUE

FALSE

QUESTION 3

The majority of probation officers use the findings of risk/needs assessment tools to assist them in developing case management plans.

TRUE

FALSE

QUESTION 4

Caution is warranted when using the Structured Assessment of Protective Factors (SAPROF) to predict desistance from sexual offending in adolescent males.

TRUE

FALSE

QUESTION 5

The new Static Risk and Offender Needs Guide-Revised (STRONG-R) captures follows both the Risk and Criminogenic Needs principles of the Risk-Needs-Responsivity Model.

TRUE

FALSE

QUESTION 6

Washington State's Positive Achievement Change Tool (PACT) was last updated in 1998.

TRUE

FALSE

QUESTION 7

If a violence risk assessment tool produces an Area Under the Curve (AUC) of 0.70, this means that the instrument is accurate in 70% of cases.

TRUE

FALSE

QUESTION 8

It can be assumed that two risk assessment tools that produce the same Area Under the Curve (AUC) are just as useful in identifying "High Risk" patients who will go on to be violent.

TRUE

FALSE

QUESTION 9

Although calibration performance indicators are more reflective of a risk assessment tool's usefulness in clinical practice, discrimination performance indicators are more often reported in risk assessment research.

TRUE

FALSE

QUESTION 10

Actuarial risk assessment tools were designed to produce a probabilistic estimate of an individual's violence risk.

TRUE

FALSE

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.

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| <input type="checkbox"/> Nurse | <input type="checkbox"/> Administrator |
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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

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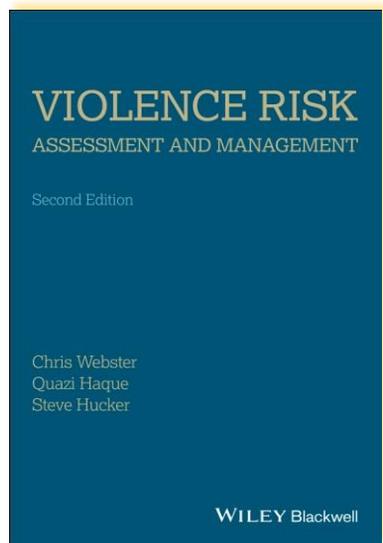
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About the authors

Christopher D. Webster is Professor Emeritus of Psychiatry at the University of Toronto, Canada, as well as Professor Emeritus of Psychology at Simon Fraser University.

Quazi Haque is Executive Medical Director for Partnerships in Care, one of the largest providers of mental health services in the UK.

Stephen J. Hucker is Professor of Psychiatry in the Division of Forensic Psychiatry, University of Toronto. His clinical practice has covered most areas of forensic psychiatry over the years but his current work involves court testimony and assessment and treatment of high risk offenders.



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