

Psychological Risk Assessments For Conditional Release Decisions:
Suggested Guidelines

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The opinions expressed in this paper do not necessarily reflect the opinions of the Correctional Service of Canada.

EXECUTIVE SUMMARY

This is the final report of the Risk Assessment Project Committee, which was formed in the spring of 2002 to generate best practice guidelines surrounding psychological risk assessment writing by CSC psychologists in the Pacific Region. The primary objective was to answer the practitioner-relevant question of what characterizes "good" (helpful, effective) psychological risk assessments (specifically those written to aid conditional release decision-makers), and what distinguishes these from less helpful assessments. The related aims were to enhance and systematize assessment practice across the region, and to aid in the future training of new and existing psychological staff.

To answer our questions of interest, we adopted a qualitative, discovery-oriented approach emphasizing knowledge generation and the discovery of new ideas, as opposed to testing pre-determined hypotheses. To this end, a research team consisting of four clinical psychologists collected three sets of raw data.

- First, we consulted with principal consumers of risk assessments (i.e., NPB members; parole officers; and community/institutional psychologists), both in group and individual formats, surrounding the question of what they viewed as the key components of "good" risk assessments, and what they regarded as helpful and not helpful. Their responses were recorded in writing, and later collated and refined by the research team.
- Second, we reviewed over 60 special case audit reports (at the NPB offices) which were written in the wake of past high profile release failures. Any noted deficiencies or recommendations pertaining to psychological risk assessment reports were recorded.

- Third, each member of the research team independently reviewed a sample of risk assessment reports which had previously been flagged by NPB members as "good" vs. "less helpful." In reviewing these assessments, each research team member provided a written summary of the strengths and weaknesses of each report. This individual feedback was pooled, discussed, and refined by the team.

These three sets of raw data were then collated by the team to generate composite summaries, and to extract concrete suggestions. A provisional set of practitioner-relevant guidelines was arrived at through a process of pulling together and expanding upon the emergent common themes.

It should be highlighted that the consumer groups whom we consulted -- including the NPB members and parole officers -- expressed generally positive feedback about the current quality of risk assessments in the Pacific Region. As a result, our findings should be read in the spirit of enhancing and developing a skill that, in general, is already being performed well in our region.

The guide is presented in three sections. The first section is entitled *Procedure and Content: Do's and Don'ts*. It includes relatively content-based and specific suggestions about the procedure of writing risk assessments. A list of the main points, which are expanded upon at length in the text, is as follows:

- Psychologists should not write risk assessments on offenders for whom they have previously provided significant therapy or treatment.
- Target the referral question(s).
- Determine if a full risk assessment, or if only an update, is required.

- Review the complete file.
- Obtain informed consent for the offender's participation in the assessment process.
- How to handle assessments without consent.
- Be sensitive to the offender's cultural beliefs and values.
- How to approach the Social and Criminal Background/History section.
- Include the offender's perspective of his criminal behaviour, with some critical analysis.
- If the offender has failed (reoffended, been suspended or revoked) on his last conditional release (or previous releases), discuss and evaluate what went wrong.
- When discussing treatment gains, provide examples of how the offender seems to have benefited from treatment or not.
- Provide a clear picture of the offender's release plan and its viability.
- Provide an overall estimate of risk level.
- Analyze the offender's crime cycle, and provide specific indicators of elevated risk factors.
- Take an explicit stand on whether you believe an offender's risk is manageable in the community.
- Recommendations should focus on risk management.
- Compare your conclusions/recommendations with previous assessors' opinions, and explain significant discrepancies.
- Consult collateral sources.

- After the assessment is completed, make yourself available to review the report with the offender.

The second section is entitled *Report Preparation and Style: Do's and Don'ts*. This section provides tips related to how to communicate information effectively in psychological reports. A list of the main points is as follows:

- Good reports should flow.
- Use simple, straightforward language.
- Keep the report a reasonable length by balancing detail with succinctness.
- Clearly identify the source of information.
- Be careful if you cut-and-paste from previous reports.
- Back up clinical observations with specific examples.

The third section entitled *Assessment Attitude* provides suggestions on how to approach the practice of risk assessment on a more general level. It offers reminders of the subtle ways in which even the most experienced assessors can get "off track" by not recognizing their own biases, mind-set, and self-defined "role." This section is essentially a category system which outlines general attitudes that different psychologists might bring to different aspects of the assessment process, and it describes the possible impacts and/or pitfalls that these various attitudes may have on the final product. Our discussion is organized around the following five categories of "assessment attitude":

- A. *The importance of risk assessment to the assessor: Indifferent, interested, or consumed.* This continuum reflects the priority that the psychologist accords to the task of risk assessment, or the assessment of a particular case, in relationship to the rest of his/her workload.

- B. *Analysis of information: Cynical, skeptical, or gullible.* This aspect reflects the assessor's attitude and approach towards information gathered from the offender, the file, and from collateral sources.
- C. *View of the offender: Negative, balanced, or positive.* This dimension reflects how the assessor approaches and portrays the offender as a person, and more specifically whether a negative, positive, or balanced portrait is presented of the offender's history, functioning, and level of risk.
- D. *Professional Courtesy: Dismissive, respectful, or avoidant.* This continuum reflects the assessor's attitude towards other professionals who have been involved with a case.
- E. *Self-Presentation: Overconfident, confident, or insecure.* This aspect relates to how assessors present themselves to the reader, how they frame their conclusions, how they acknowledge (or do not acknowledge) the limitations of their risk assessment, and how their style of self-presentation either enhances or reduces their credibility.

Finally, this report concludes with an appendix that presents the guidelines in a checklist format. This *Risk Assessment Checklist* will allow psychologists to review their assessments to see how their work compares to the suggested guidelines. Supervisors are also encouraged to consider reviewing assessments using the checklist and discussing related issues with the psychologists whom they supervise.

INTRODUCTION

In psychological risk assessment practice, it is almost axiomatic that practitioners are able to identify particular assessments as good, effective, and successful, and to distinguish these from less helpful assessments. In collegial discussions, it is common to hear practitioners and consumers of reports referring to particular risk assessments as "very good" ones. One hears that a particular report "really captures" an offender, that it really "hones in" on what is important, or alternatively that it does not.

At the same time, practitioners entering into the field of criminal risk assessment -- as they review correctional file material and examine the multitude of prior risk assessments written about federally-incarcerated inmates over the years -- quickly become aware of the wide variety of approaches to risk assessment that have been used over time. Especially prior to the 1990s, different mental health professionals brought different styles, points of emphasis, and theoretical orientations to the task. Ultimately the field of risk assessment was roundly criticized for its over-reliance on unstructured and subjective clinical judgement, and the general inability of professionals to reliably predict future violence (e.g., see Monahan, 1981).

In the last decade or so, more standardized, consistent approaches have been developed which better elucidate how to approach and structure risk assessments, and how to gather and convey risk-relevant information (e.g., see Borum, 1996; Borum & Otto, 2000; Cooper & Yuille, 2002; Douglas & Webster, 1999; Eaves et al., 2000; Ogloff, 1995a, 1995b; Leis et al., 1995a, 1995b; Rogers, 2000; Serin, 1995). These advances have come with the development, validation, and widening acceptance of empirically-derived and empirically-supported measures linked with violent and/or

sexual recidivism (e.g., Hanson, 1997; Hanson & Thornton, 1999, 2000; Harris et al., 1993; Webster et al., 1994, 1997a; Quinsey et al., 1995, 1998), the rise of clinical assessment tools (e.g., the Psychopathy Checklist-Revised [PCL-R], Hare, 1991; the Psychopathy Checklist-Screening Version [PCL: SV], Hart, Cox, & Hare, 1995) found to be strongly associated with criminal conduct including violent recidivism (Hare, 1996; Harris et al., 1991; Hart et al., 1992; Hart & Hare, 1997; Serin, 1996), and more recently with the development of structured clinical judgement risk guidelines (e.g., Boer et al., 1997a, 1997b; Kropp et al., 1995; Kropp & Hart, 1997, 2000; Webster, 1997; Webster, et al., 1997a, 1997b) and schemes focusing on the assessment of dynamic risk factors (e.g., Andrews & Bonta, 1996; Hanson & Harris, 2000; Wong & Gordon, 1999; Wong, Olver, & Nicholaichuk, 1999).

The Risk Assessment Project Committee was formed in 2002 in order to generate best practice guidelines for psychological risk assessment writing by CSC psychologists in the Pacific Region. The central aim was to generate answers to the question of what characterizes "good" (helpful, effective) psychological risk assessments (specifically those written to aid conditional release decision-makers), and what distinguishes these from less helpful assessments. From a practical standpoint, the related objectives were to enhance the quality of risk assessments across the region, to better systematize assessment practice, and to aid in training of new (and existing) psychological staff.

For our present purposes, it seemed most appropriate to canvass and interview the consumers of CSC psychological risk assessment reports to enhance our understanding of how our psychological reports are found to be helpful to decision-makers (e.g., National Parole Board members) and other key users (e.g., institutional and community parole

officers and psychologists). As well, we were interested in reviewing investigations and inquiries written in the wake of high profile release failures to determine how psychological risk assessments might have better assisted decision-makers or community parole supervisors. In addition, we asked the NPB members to provide a sample of reports that they considered to be especially good, and another set which they regarded as less helpful, as a way of gaining further insight into what characterizes "good" assessments from their point of view. We wanted to combine all of these data with our own practical and theoretical knowledge of the task. The principal aim was to generate a comprehensive list of practitioner-relevant guidelines or "how to" suggestions surrounding risk assessment.

Preliminary Questionnaire

As an initial step, a brief, confidential questionnaire on a variety of issues related to risk assessment was distributed to 22 CSC psychologists in the Pacific region.

The majority of respondents expressed confidence in their ability to perform risk assessments. However, a substantial minority did not, especially regarding referral questions related to unescorted temporary absences or detention cases. Although respondents strongly endorsed the importance of identifying community risk management strategies and signs of elevated risk in their reports (and to a slightly lesser extent, the importance of identifying static risk levels), they expressed somewhat less certainty about their ability to perform these tasks.

When asked what additional help they would like, many respondents indicated a preference for collegial feedback and support, access to a "how-to" manual on risk

assessment, and feedback from the National Parole Board, rather than an increase in explicit supervision, direction, or advice.

The majority of respondents indicated that they enjoyed writing risk assessments, but many also felt that they lacked sufficient time for the task. They strongly indicated that the presence of a comprehensive social history already on file would save valuable time. The majority also indicated a preference for assessments written in simple language, but there was no obvious consensus as to how long assessments should be. Respondents also lacked consensus on the question of who constitutes the primary audience for their assessments. They also indicated that, in some cases, the referral questions were unclear.

Development of Guidelines

The research team consisted of four clinical CSC psychologists with extensive experience in the practice of forensic risk assessment. In order to develop the guidelines, the general strategy was an inductive, qualitative, discovery-oriented approach emphasizing knowledge generation and new discovery, rather than hypothesis-testing (cf. Mahrer, 1988). In the past, this strategy has been used extensively in the psychotherapy process research field to study how therapists facilitate significant, positive changes in psychotherapy sessions (Greenberg, 1984; Mahrer et al., 1986a, 1986b, 1994, 1996, 1999), including how to determine if a psychotherapy session is a good one (Mahrer et al., 1992). This method is readily applicable to our present question of what comprises good risk assessments.

The raw data set consisted of:

1. Written records of the team's consultations with principal consumers of risk assessments (e.g., NPB members; parole officers; psychologists). We conducted group and/or individual consultations with key consumers including 7 members of the National Parole Board; 23 community and institutional parole officers; and 30 community and institutional psychologists across the Pacific region. The approach was to ask open-ended questions about what they like and do not like about risk assessments. We inquired about what helps them, what they value, and what they do not. Responses were recorded in writing, and later collated, discussed, and refined.
2. Data gained from reviews of inquiries and investigations of high profile release failures. We also reviewed over 60 special case audit reports at the National Parole Board offices regarding high profile release failures. Recommendations about quality and usefulness of psychological risk assessment reports were recorded, including any noted deficiencies.
3. Information gained by reviewing a sample of risk assessment reports flagged as "good" vs. "less helpful" by National Parole Board members. At our request, NPB members nominated reports that they viewed as "good" and others that they viewed as less helpful. The four authors, three of whom were blind to whether these assessments had been flagged as "good" vs. "less helpful," and blind to any identifying information about the assessor or the offender in question, independently reviewed these reports and provided written summaries of what they regarded as helpful and not helpful about each assessment.

These three sets of raw data were collated by the team to generate composite summaries, and to extract concrete suggestions. We were struck by the common themes

that emerged, and by the considerable degree of agreement about which elements of risk assessments were seen as helpful and not helpful. A provisional set of practitioner-relevant guidelines was then generated through a process of pulling together and expanding upon the emergent common themes.

In the spring of 2003, a draft document was circulated to psychologists in the Pacific Region. This draft was subsequently presented at the Regional Psychology Meeting in December 2003. Some changes and additions were incorporated into this final draft on the basis of the feedback received.

How to Use this Guide

Risk assessment is a skill which demands the exercise of sound, independent professional judgement. We hope that experienced professionals will approach these guidelines with an open mind and make note of where and when their typical practice is consistent with the suggested model. For the more inexperienced practitioner, we wish to clearly state that this guide and suggested model is not a substitute for supervisory oversight, collegial feedback, and sound clinical judgement. We suggest that assessors with limited experience consider completing assessments according to the model under appropriate supervision at least until a level of significant skill and confidence have been attained. Of course, it is our hope that the majority of our suggestions will be useful enough that assessors will see fit to incorporate them into their own standard practice.

At the end of this document, *Appendix A* presents the guidelines in a checklist format. Assessors are encouraged to review their recent assessments using the Risk Assessment Checklist to see how their work compares to the suggested guidelines.

Supervisors are also encouraged to consider reviewing assessments using the checklist and discussing related issues with the psychologists whom they supervise.

Finally, it is important to highlight that the consumers whom we consulted -- including the NPB members, and parole officers -- expressed generally complimentary feedback about the current quality of risk assessment writing in the Pacific Region.

Therefore, this guide should be read in the spirit of enhancing and developing a skill that in general is already being performed well.

GUIDELINES

1. Procedure and Content: Do's and Don'ts

This first section includes somewhat prescriptive statements about what helps and what doesn't help when conducting risk assessments. These hints and directions are relatively content-based and specific, and somewhat overlapping.

a) Psychologists should not write risk assessments on offenders for whom they have previously provided significant therapy or treatment.

To the extent that a psychologist has treated an offender in the past, the psychologist's ability to be objective is diminished. From an ethical standpoint, practitioners are on "shaky ground" if they attempt to write a risk assessment on an offender for whom they have previously provided any significant counselling or treatment. Indeed, the more therapeutic contacts you have previously had with the individual, the more in danger you are of entering the process contaminated with preconceived notions about the person, and a 'therapeutic bias' to find evidence of positive change. While the treatment psychologist is a good source of collateral information for the assessing psychologist, he/she is not in a good position to write the risk assessment.

This issue was raised by NPB members, and has also been an explicit recommendation in different investigations/inquiries done in the wake of high profile community release failures. For example, one inquiry noted that an institutional psychologist wrote a highly negative intake assessment about an offender, subsequently conducted individual therapy with him, and then did a follow-up risk assessment highlighting many positive changes. The offender was granted release, and reoffended violently in short order.

Some prior contact with the offender does not necessarily preclude the psychologist from doing a risk assessment. For example, if a psychologist has previously seen an offender for short-term crisis intervention, segregation review(s), or has had some other isolated contact(s) in the remote or even recent past, he/she may feel comfortable and justified in accepting a risk assessment referral. In such cases, the psychologist should acknowledge previous contacts with an offender in his/her assessment. If psychologists are unsure if it is appropriate to accept a particular referral, they are best to consult with their supervisor and/or colleagues, and to direct referrals elsewhere when necessary.

If a referral to another psychologist isn't possible, clearly note the limitations of your risk assessment. There may be situations when it is not feasible to refer elsewhere. In situations like this, clearly outline your prior contacts and/or therapeutic relationship with the offender, and state the consequent limitations of your assessment.

"Treatment summaries" should not be confused with risk assessments. Psychologists who write a "treatment summary" after significant period of treatment/therapeutic work with an offender should clearly label it as such, and make it plain that it is not a risk assessment. Some clarification is required here. A distinction needs to be made

between individual therapy or maintenance group treatment situations involving a single therapist/facilitator/psychologist (where progress reports should clearly be labelled as "treatment summaries") vs. programmatic/team-based treatment in which a supervising psychologist (who is not the primary facilitator) oversees the final post-program report and includes a risk assessment section. Reports of this latter kind can be regarded as risk assessments.

b) Target the referral question(s).

Seek clarification from the referral agent when necessary. The main focus of a risk assessment should be on answering the referral question(s). To help keep reports focused, and down to a reasonable length, it is important to be clear from the beginning what the specific referral question(s) are. Prior to starting an assessment, therefore, the psychologist should ensure that he/she clearly understands and accepts the referral question(s). If you do not understand a referral question, or believe that the referral question is not an appropriate or answerable one, then seek clarification at the outset.

Be aware of relevant legislation. When referral questions ask about the applicability of risk management strategies such as Detention or Statutory Release with Residency, psychologists should be familiar with the specific legal/risk criteria used to make these decisions (see http://www.npb-cnrc.gc.ca/infocntr/policym/polman_e.htm)

c) Determine if a full risk assessment, or if only an update, is required.

Typically, the NPB requires a new psychological risk assessment every two years, or after the offender completes a high or moderate intensity program. In addition, a new psychological risk assessment is required if the NPB requests one (with written rationale provided), or if an assessment referral is made subsequent to violent institutional

behaviour on the part of the offender in question. No psychological assessment is typically necessary (the exception being offenders with indeterminate sentences) if a current psychiatric report is available which is relevant for an upcoming NPB review.

If the offender has not participated in intensive programming, and the intake psychological assessment (or last risk assessment completed) is over two years old, then a psychological update is usually sufficient. In such cases, in addition to attempting to interview the offender and consult collateral(s), the source report (the intake or last psychological assessment) should be reviewed, plus all intervening file material. Unless there is evidence of significant change on the part of the offender, and/or unless there appear to be significant error(s) in the original psychological assessment or scoring of risk measures, it is not necessary here to conduct a full review of the offender's institutional files. In writing an update report, the author should clearly identify the previous psychological assessment as the source document, and explicate that the present report is an update to be read in conjunction with that original report. The update assessment should focus on important case developments since the last assessment, highlight the current risk-relevant issues, and describe risk management and treatment considerations pertinent to the case.

d) Review the complete file.

Review all correctional files (including the Security Intelligence file). With the probable exception of psychological updates (as described above), a thorough file review is important. Indeed, a comprehensive file review is important for scoring risk measures, and for reducing the chance of missing key risk-relevant aspects of the case. Over-

reliance on the offender's uncorroborated self-report reduces the credibility and effectiveness of risk assessments.

Investigations conducted in the wake of high profile release failures have dealt specifically with the issue of file review. In one investigation, an institutional psychologist's report was criticized for relying extensively upon the offender's uncorroborated self-report, because, according to the psychologist, there was little file information available for review. In fact, the inquiry board determined that much relevant file information was actually accessible but missed by the psychologist. In another investigation, it was concluded that an offender who had re-offended sexually in the community had been engaging in inappropriate sexual behaviour in the institution prior to release; however, this information was missed by the psychologist's risk assessment because the Security Intelligence (formerly known as IPSO) file, where the behaviour had been documented, was not reviewed.

Review original reports. Assessors should review original reports (e.g., police reports; court documents). It is not uncommon to find that second-hand summarized accounts of the inmate's history, crimes, and/or institutional behaviour mutate significantly over time, and become inaccurate. Points of confusion may be clarified by returning to original source documents in the files.

e) Obtain informed consent for the inmate's participation in the assessment process.

In addition to obtaining written consent, the psychologist should ensure at the outset of the assessment interview that the offender understands that information obtained via interviews and/or testing is not confidential and could be included in the final report. The offender should be made aware of the probable report distribution (e.g., that copies will

go to the National Parole Board, to the parole officer, and to the inmate), and more generally that the risk assessment will become a permanent part of his correctional file and may be considered in future decision-making.

f) How to handle assessments without consent.

Psychologists are occasionally faced with the situation of having to provide a risk assessment on an offender who refuses to consent to the assessment interview. CSC Commissioner's Directive 803 stipulates that, consent notwithstanding, risk assessments will be completed in the interest of public safety. In cases of non-consent, reasonable steps should be taken to inform inmates of the nature of the assessment, its likely distribution, and the implications of attending or not attending an interview.

Furthermore, to be consistent with the College of Psychologists of British Columbia Code of Conduct (paragraphs 11.26 and 11.27), non-consent risk assessments should be clearly labelled as such with the consequent limitations clearly stated, and care taken to limit appropriately the nature and extent of conclusions or recommendations. For instance, it is unacceptable to do diagnostic evaluations without an offender's consent. Even when an inmate is interviewed, formal diagnostic statements should typically be avoided (i.e., for reports that are entered into the Offender Management System) due to ethical considerations regarding confidentiality. If you are uncertain about how to proceed with completing a non-consent assessment, seek guidance from a supervisor or colleague with experience in this area. Additionally, a section on non-consent assessment will be available in the on-line Psychological Services Manual.

g) Be sensitive to the offender's cultural beliefs and values.

CSC Commissioner's Directive 840 (Psychological Services) states that assessments will be culturally sensitive. In order to satisfy this directive, and more generally to meet the ethical responsibilities of psychological practice, CSC psychologists should seek opportunities to attend workshops regarding culturally-relevant issues, and strive to be aware of, open to, and sensitive to the cultural values and beliefs of all offenders. For example, Aboriginal inmates who are working with Native Spiritual Advisors or Elders should be offered the opportunity to have Elder-assisted assessments. In this process, the Elder may participate in the psychological interview, and be consulted about relevant issues. In addition, efforts should be made to consult with other Native personnel, and collateral sources connected with the case.

h) Social and Criminal Background/History.

Tell a coherent story. A good social/criminal history section gives the reader a "feel" for the individual, and tells a coherent story. It helps the reader better understand where the person came from, what important events occurred in his life, and in particular what factors (i.e., risk-relevant factors) appear to have contributed to or have been implicated in prior criminal offending. A good social/criminal history does not lose sight of social/historical variables and factors that are empirically known to be relevant to re-offense risk. It also includes any mental health issues that may be relevant to the case.

Corroborate the offender's self-report with external sources, if possible. Attempts should be made to corroborate the offender's self-report with collateral sources (e.g., information from community assessments; police reports; court documentation; and prior professional reports). Noteworthy discrepancies or inconsistencies across data sources should be pointed out with an attempt to explain and reconcile them. If collateral

information is not available, and/or the offender's self-report is being relied upon heavily, then the assessor should make this clear to the reader.

Choose a format that fits your own style. A good social/criminal history section can be written in a number of different ways, and to a large extent reflects the style of the individual assessor. Some consumers highlighted, however, that they preferred a social history section that is presented chronologically (rather than broken down in subsections such as family, school, substance abuse, etc.). Consumers said that this format provides a more integrated and informative picture of the offender's past history as it relates to past dysfunctional patterns, and the onset of criminal behaviour. The key point here is that effective social histories give the reader a good sense of the person, and include a focus on risk-relevant factors.

How much or how little information to include should be gauged on a case-by-case basis. Based on consumer feedback, there is no "hard-and-fast" rule about how much social history is ideal or preferred. In cases where extensive file information is already available, it is suggested that the psychologist provide a brief synopsis of relevant information, and direct the reader to existing reports for additional details. The challenge is to provide sufficient information to allow the reader to see the logic behind your conclusions (which typically requires the inclusion of some social history background) without "reinventing the wheel."

i) Include the offender's perspective of his criminal behaviour, with some critical analysis.

Make reference to what the inmate says *now* about his crime(s). In the context of describing the offender's index offense(s) and past criminal history, include the offender's

own account(s) and views on his criminal behaviour. Include his current account, rather than relying solely on what he has been quoted as saying before. Do not simply cut-and-paste from previous reports.

Compare the offender's account with other information available. The inmate's self-report should be not be uncritically accepted by the assessor, especially if there is contradictory file information. A critical comparative analysis of the inmate's account is important. For example, it is helpful to decision-makers if the psychologist outlines how the inmate's current account compares to the 'official' information available (e.g., police reports, court information, witness statements, medical reports), and how it compares to what the inmate has been quoted as saying in the past. Explain and try to resolve significant discrepancies.

j) If the offender has failed (reoffended, been suspended or revoked) on his last conditional release (or previous releases), discuss and evaluate what went wrong.

The offender's "relapse cycle" in the community may or may not coincide closely with his previously identified "crime cycle". In hindsight, there may be a close fit between what the inmate's crime cycle was believed to be (e.g., as described in prior treatment reports, assessments, or other file information), and how his behaviour deteriorated in the community during his last release. Alternatively, it is not uncommon that an inmate's decline in the community departs to some degree with his known "crime cycle." In any event, for decision-makers it is helpful if the psychological assessment includes a discussion and analysis of what transpired in the community during the offender's last (failed) release, and what factors appeared to have led up to and contributed to his reoffending or suspension/revocation. For your analysis, the offender's

own view of why he did not succeed during his last release is another important aspect to include.

If the offender had been previously viewed as a treatment success, but then failed in the community upon release, consider the implications for future risk management. In some cases, an offender may fail in the community despite having been previously viewed as having made solid treatment gains. In such cases, it is important for the psychologist to attempt to unravel what transpired in the community, how the offender "fell short," and how this may bear upon his future risk predictions and manageability. For example, while in the community last time, did the offender use his risk management skills? If not, why not? Did the offender's apparent remorse and insight into his crime cycle prior to release turn out to be superficial, deceptive, or otherwise deficient? If so, what could help reduce the likelihood of similar community deterioration in the future? More generally, what implications does this have for future risk/manageability level, the ability to detect further treatment gains, and/or the ability for future community caseworkers to detect/monitor risk factor elevations upon subsequent release(s)?

k) When discussing treatment gains, provide examples of how the offender seems to have benefited from treatment or not.

Outline relevant risk factors. Describe the particular dynamic risk factors, learned in institutional treatment, that the inmate monitors (or should be monitoring).

Address the offender's *demonstrated* level of understanding/internalization of his crime cycle. Do not simply list the programs that an inmate has taken while in prison, and assume that this speaks to the question of treatment gains. Rather, it is more helpful to describe, in concrete terms, the offender's understanding and use of appropriate risk

management skills. Describe the extent to which the inmate appears to comprehend his risk factors and crime cycle, and the extent to which he can explain specific methods that he would use to control and manage his risk factors in the community.

Address whether the offender's interview presentation fits well with institutional behaviour. Going beyond the interview situation, if there is sufficient information available to comment, evaluate whether the inmate's past and recent behaviour (e.g., as described on file, and/or by collateral sources) demonstrates that he possesses the ability and/or motivation to effectively monitor/manage his risk factors in the institution. Does his day-to-day behaviour suggest positive change, or does it suggest superficial understanding of his crime cycle or insufficient motivation?

l) Provide a clear picture of the offender's release plan and its viability.

Is the offender's release plan workable from a risk management standpoint? For example, it would likely be problematic if an incest offender informs you that his proposed release plan is to live with his new girlfriend and her two children. As another example, it would be troubling if an inmate with a long history of spousal abuse and alcohol problems wants to live with his ex-wife upon release even though she continues to express fears for her own personal safety and a reluctance to reconcile with him. Whatever the particulars, the assessor should clearly state what constitutes an appropriate release plan, keeping in mind access to potential victims and destabilizers.

Is there social support in the community where he is proposing to go? From a risk management standpoint, available sources of pro-social support can be an important piece of an offender's reintegration plan. It is helpful to outline how social support

considerations, or other relevant factors, would suggest for or warrant release to a particular destination.

Address the viability of the offender completing outstanding programming needs at the community level. If there is outstanding (institutional) programming on the inmate's correctional plan, discuss the offender's potential readiness to complete this treatment at the community level, if appropriate programs are available.

Assess the offender's amenability to community supervision/treatment recommendations. It is important to consider the inmate's level of motivation, and likelihood of compliance with treatment and community supervision recommendations. His current presentation should be considered, in addition to his past track record on community supervision. Any mental health issues related to risk, if present, should also be described.

m) Provide an overall estimate of risk level.

There is ongoing debate about how to best approach risk prediction. Some risk assessment authorities argue that a strictly actuarial approach is best because clinical judgement is unreliable, and when you try to adjust actuarial results by using clinical information you are merely "muddying the waters." Other authorities counter that actuarial measures may miss particular risk relevant information in individual cases, either because of very low base rates, or because the relevant information cannot easily be captured in an actuarial formula. While a purely clinical approach is clearly unadvisable, the current literature does not argue convincingly for the superiority of a strictly actuarial approach either.

In our opinion, effective risk predictions must maintain a focus on risk-relevant factors. This means utilizing appropriate actuarial risk measures to anchor static risk estimates, and recognizing that, over the long term, actuarial measures will yield the most accurate risk predictions. Having said that, assessors are encouraged to go beyond actuarial scores to give an overall statement of the offender's current risk level, based on an integration of the available actuarial and clinical data, and supported by analysis/discussion of the unique risk factors and risk manageability considerations pertinent to the case. Here are some specific suggestions on the topic of arriving at risk estimates.

Anchor your risk estimate with actuarial risk measures. An estimate of the offender's risk to re-offend -- for example, *high*, *moderate*, or *low* -- based on actuarial or other empirically-based risk assessment measures is helpful to decision-makers. Ensure that the risk measures that you choose are appropriate and validated for the particular offender being assessed.

Provide an introduction of each risk measure before reporting the scores/results. In using actuarial and/or risk instruments (e.g., PCL-R, VRAG, HCR-20, Static-99, SVR-20, etc), provide a brief introduction explaining the instrument, and what it attempts to measure.

Use the PCL-R, as appropriate, as a risk measure. It is useful to report the PCL-R results as indicating *high* risk (reflecting scores of 30+), *moderate* risk (scores of 20-29), or *low* risk (scores of 0-19). Having said that, in conveying PCL-R total score results, only the broad risk categories of *high*, *moderate* or *low* should be reported (not percentile ranks or raw scores). The same sort of broad categories (high vs. moderate vs. low) may

also be reported for the factor 1 or factor 2 scores. Indeed, consumers such as the NPB stated that they appreciate a breakdown of the PCL-R results according to factor 1 and factor 2 ratings, in addition to the total score.

Do not make diagnostic statements based on the PCL-R. Avoid making reference to the inmate being above or below the "cut-off" for psychopathy. Even if the inmate scores in the high range on the PCL-R, do not make diagnostic statements. As well, statements that an offender displays certain characteristics of psychopathy, even if the total score is below the cut-off, may be misinterpreted and misrepresented by subsequent users of your report. Note that psychopathy is not a disorder in DSM-IV. Also note that recent court rulings have clarified that PCL-R based diagnostic references should always be avoided (for more information, see Pinkney v. Canada, 1998-02-26; Pinkney v. Canada, 2001-09-26; Metcalfe v. Canada, 2001-04-26 at <http://decisions.fct-cf.gc.ca/fct/search.html>).

If your actuarial/risk results differ from previous assessors', acknowledge and attempt to reconcile these discrepancies. Where applicable, risk assessments should include discussion of previous actuarial/risk results on file, and acknowledge any significant differences between yours and previous assessors'. Give the reader a sense of why these discrepancies may exist. For example, perhaps your information base was more comprehensive and/or different than a previous assessor's. Perhaps the offender failed on release after the previous assessment, receiving new charges and convictions, which in turn affected the PCL-R, VRAG, and/or other risk measures. As an added suggestion, if your scores are highly discrepant from previous assessors' scores, consider consulting a colleague to discuss and verify your findings. On this general issue, it is also important to make sure that your raw score sheets for the PCL-R (and other risk measures) are

placed on the psychology file so that future assessors have access to prior scores for comparison purposes.

If actuarial/risk ratings (e.g., PCL-R, VRAG, Static-99) appear in previous psychological report(s) from the offender's same incarceration, it is typically not necessary to formally rescore them. It is not necessary to "reinvent the wheel" if a previous psychologist has, in your view, correctly scored actuarial measures in a particular case. Where previous actuarial results exist from the same sentence and incarceration, it is suggested that you do an informal rescoring of the measures using your current information base, and if your results are not significantly different, then you may report the original scores as still being valid and correct.

To inform your risk estimate and your consideration of risk manageability issues, consider using structured clinical judgement instrument(s). A variety of structured clinical judgement instruments are now available which address risk factors connected with violent, sexually violent, and domestically violent recidivism (e.g., HCR-20; SVR-20; SARA). To help identify key factors related to risk manageability, and to help arrive at risk estimates in a particular case, it may be helpful to consider (in conjunction with actuarial results) the dynamic or clinical factors included in these structured clinical judgement measures.

Personality testing is of limited value in estimating risk. Personality testing (e.g., MMPI-2, MCMI-III, PAI, etc.) is of no direct significant value in estimating risk. Personality/psychological test results, however, may provide useful information in the search for understanding of the person, and how his/her personality and/or mental health issues may interact with static risk. In this way, psychological testing may be helpful in

understanding the nature of offending, the cycle of offending, offer insight into why the individual has behaved criminally in the way that he/she has, and also offer insight into risk management issues. Test results may also corroborate clinical impressions about the offender's personality style, emotional functioning, and level of openness. If you use personality testing, attempt to directly relate the test results to risk management concerns including the offender's crime cycle and offense history.

n) Analyze the offender's crime cycle, and provide specific indicators of elevated risk factors.

Describe behavioural signs of escalating risk. Across consumer groups -- from the NPB, to institutional staff, to community caseworkers -- this issue came up repeatedly in our consultations. To aid in risk management, consumers greatly welcome the inclusion of specific indications ("stop signs") that an offender is "slipping," and that his risk factor levels are rising. The challenge is to provide caseworkers with specific enough information that they can spot behavioural signs of increasing risk so that appropriate intervention and support can be provided. Generalities, like saying that elevated stress or alcohol use would be signs of elevated risk, are less helpful than more specific precursors. Given your knowledge of the case, for example, if he did become stressed, what specifically would you expect to observe in his life and behaviour? If he were on the edge of relapsing with alcohol, what changes would you be likely to see? If/when a mental disorder has been linked to violence in the offender's past, it would be important to provide concrete signs of what deterioration in the future, if it occurred, would likely look like.

If risk factor levels increase, what potential interventions would be helpful for reducing/managing risk? In a particular case, if risk level elevates, what may be the best ways to intervene? What programs might be useful? What other strategies might be helpful?

o) Take a stand on whether you believe an offender's risk is manageable in the community.

If you have a high level of confidence in a positive or negative direction regarding an offender's manageability in the community, then say so. Take a stand about what you believe is manageable from a risk standpoint (in terms of the type of release being proposed). It may also be helpful to discuss, keeping in mind the key dynamic factors relevant to the case, the conditions under which you believe that risk would likely remain manageable for this particular offender in the future in the community. Consumers of our reports, including the NPB and parole officers, clearly stated that they welcome opinions regarding an inmate's manageability in the community, accompanied by a well-explained rationale.

Don't make "if, then" statements without addressing the likelihood of the "if". Don't state that risk will be manageable if the offender abstains from alcohol without commenting, given your knowledge of the offender's history and current presentation, on the likelihood that he will actually abstain from alcohol. While it is of course impossible to foresee all aspects of an offender's future, our point here is that in cases where you have reason for concern based on the offender's past or recent behaviour (e.g., about the probability of alcohol relapse) these concerns should be noted. As another example, don't say that the offender's risk will remain manageable if his intimate relationship remains

stable, without discussing the probability (if you have reason for worry) that his relationship will actually stay that way. In both of these examples, you should also explain the likely consequences of the offender not abstaining in the first case and what may happen if his relationship destabilizes in the second.

Convey your understanding that you are not the decision-maker, but are a consultant to the decision-maker. Avoid overstepping statements like the offender "should be released" or "should be detained." It is more effective and appropriate to suggest, for example, that the inmate's "risk level appears to be manageable in the community," or that the inmate "presents as a likely candidate for detention." These statements better convey your appreciation of your role as an aid to the decision-making process.

Even if you believe that an inmate's risk is not manageable in the community, offer risk management strategies that would be important if/when he is released. It is important to appreciate that, even if you do not think that risk is manageable for an offender, he may still be released anyway (e.g., due to legal or other considerations). This means that community parole officers will be faced with managing a difficult case, and could benefit from your insights and recommendations about risk management concerns and strategies. Appreciate that you may not know what supports are available in the community.

p) Recommendations should focus on risk management.

Tie recommendations specifically to managing risk. Recommendations surrounding additional treatment needs, any proposed conditions in the community (e.g., abstinence from intoxicants; no unsupervised contact with children), or other risk management suggestions (e.g., closely monitor intimate relationships; urinalysis testing) should all

flow logically from your prior discussion of risk-relevant issues. The focus should be on how risk can be managed by addressing dynamic factors relevant to the case.

Be specific about who would mostly likely be at risk of being victimized in the community. If the inmate were to re-offend, given your knowledge of his past pattern of offending, it is helpful to clarify which victim type(s) might potentially be at risk upon release.

To enhance risk monitoring in the community, significant others in the offender's life may be a helpful resource. Significant others in the offender's life (e.g., family members, friends, or other positive sources of social support) are often in a good position to recognize behavioural changes in the offender. In your report, consider including suggestions about how significant others in the offender's life, if they were found to be willing, might be productively engaged to aid in risk management and support.

Treatment recommendations should flow from risk factors that require further attention. If you believe that the offender requires additional treatment to address risk factors (mental health related or otherwise) that remain problematic, then these treatment need(s) should be stated. Be cautious about identifying specific programs. It is better to focus on the particular risk factor(s) that require attention, whether or not there is a specific program currently that fits that need.

If you recommend individual counselling in the community or in an institution, be specific about the suggested goals. Community and institutional psychologists both welcome specific suggestions regarding treatment targets.

q) Compare your conclusions/recommendations with previous assessors' opinions, and explain significant discrepancies.

Put your report in context. Integrate what has been written and recommended by past assessors, and discuss how that fits or does not fit with your conclusions and recommendations. If your conclusions and recommendations echo those of previous professionals, this is helpful to note. On the other hand, if your conclusions and recommendations contradict those of previous psychological/psychiatric reports, then the rationale for your current conclusions should be clearly explained.

r) Consult collateral sources.

As alluded to earlier, your information base can be enhanced by consulting collateral sources. Appropriate collaterals may include the inmate's parole officer, treatment facilitator(s), spiritual advisor, correctional officer(s), and/or other staff members who have relevant information about the case.

s) After the assessment is completed, make yourself available to review the report with the offender.

Some assessors, at the outset of the interview, explicitly convey that they would be ready and willing to discuss the finished report with the inmate if he requested it. Other psychologists, prior to inputting their risk assessment reports into OMS, routinely invite offenders to read a draft -- in order to allow them to respond to the findings, and to give them an opportunity to point out any factual errors (which may then be corrected before the final draft is inputted into the system). Other psychologists choose not to do this, or are not in a position to do so routinely. In any case, it remains important to make yourself available to review your completed report with the inmate. It may also be a good idea to inform the offender that he could write an addendum (that you would place

on the psychology file) if he wished to comment or express particular disagreements regarding the content or conclusions of your report.

2. Report Preparation and Style: Do's and Don'ts

This second section focuses more on tips related to style and how to communicate information in your report.

a) Good reports should flow.

Be logically consistent. Readers appreciate reports where the writer connects his/her thoughts well, and the ideas flow together. Good reports paint a clear picture of the offender in question, and do not require the reader to decipher half-implied, partly-stated conclusions. Good reports don't contain surprises in the conclusions and recommendations sections. Rather, conclusions and recommendations should logically follow from the material presented earlier in the report. Good reports don't contain internal contradictions that are left unreconciled or not discussed at the end.

Take care to proofread, correct spelling and grammatical errors, and organize your main points. A writer's credibility is enhanced if he/she takes care to proofread, and to clean up spelling errors and awkward grammar. If the reader is repeatedly tripping over careless mistakes, the flow of the report is impeded, and the credibility of the assessor is seriously compromised. This latter point is worth emphasizing further. Indeed, if an assessor is careless enough not to catch and correct most of his/her own grammatical mistakes and typographical errors, and/or if the assessor does not take the time to logically organize paragraphs, subsections, and conclusions of the report, this raises legitimate questions in the reader's mind about how thoroughly and seriously the assessor has approached the entire task.

b) Use simple, straightforward language.

Risk assessments are more effective if they are easily understood by a broad audience which includes the offender as well as decision-makers and other readers. If we find ourselves resorting heavily to psychobabble, jargon, or obscure metaphors which are understandable to only a select few (typically other professionals, if we are lucky) we should be aware that we are likely coming across to readers as distant, self-important "show-offs" trying to prove how knowledgeable we are. If you catch yourself writing in this fashion, this could be a signal to step back, and challenge yourself to state your ideas simply, with a straightforward focus on risk-relevant matters.

c) Keep the report a reasonable length by balancing detail with succinctness.

Your focus should be on answering the referral question(s), and aiding the decision-maker -- not on capturing, processing, and synthesizing every last bit of information relevant to the case. So decide what is useful information and what is not, and organize your report succinctly around that. Remember that your assessment is not the only report on file, and not the only one considered by decision-makers. Some people's styles will lead to longer reports. Many assessors, as they gain experience, will tend to write shorter reports than they did when they began writing risk assessments. If you focus on risk-relevant matters, the report's length should take care of itself. The more succinctly you can do your job -- without sacrificing thoroughness and quality -- the better.

d) Clearly identify the source of information.

The reader should be able to tell where particular pieces of information come from -- e.g., from file documents, inmate's self-report, or some other source. To the extent that a point of information is particularly important, be explicit about the source. If you end up

having to defend your report in court, you will be glad that you did, as it can considerably enhance your credibility and comfort level as a witness.

e) Be careful if you cut-and-paste from previous reports.

Readers can tell when psychologists extensively cut-and-paste, and don't like it. In our consultations with consumers of psychological risk assessments, this point came up a number of times. In general, cutting-and-pasting from previous reports is viewed negatively, and as reflecting a lack of thoroughness and a lazy approach to the task.

Don't "reinvent the wheel." If important information is available in a previous report, then it makes sense to refer to it and summarize it, rather than reworking it in its entirety. Once again, the issue of being succinct without compromising thoroughness is key.

In some circumstances, cutting-and-pasting can be appropriate and/or effective. Certain quotes from previous reports (e.g., an inmate's previous quotes, or insightful and well-worded psychological evaluations of crime cycle) may be invaluable, and important to cite verbatim in your report. In addition, some pieces of information (e.g., official versions of criminal offenses) are at times best presented in a cut-and-paste format or should be carefully summarized. Rewording the facts can lead to inaccuracies which may persist and mutate over time in the file as your report is used by subsequent authors.

f) Back up clinical observations with specific examples.

Give some explanation of your clinical observations, especially ones that are noticeably negative or positive. The more "loaded" the descriptor that you choose to use, the more important it becomes to back it up with example(s) and context. For example, in stating that the inmate comes across as "deceptive" or "manipulative" or "hostile," describe what led you to that conclusion. Perhaps he consistently attempted to cast

himself in the best possible light when talking about his past crimes and recent institutional charges; or perhaps his current self-report largely contradicted past things that he has been quoted as saying on file; or maybe he angrily threatened to leave the interview room when you said that you thought his release plans were unrealistic.

3. Assessment Attitude

This third section of the guide includes more general suggestions on how to approach the practice of risk assessment, and reminders of the subtle ways in which even the most experienced assessors can get "off track" by not recognizing their own biases, mind-set, tone, and self-defined "role".

As psychologists gain experience in writing risk assessments, and their ability to focus on risk-relevant concerns becomes more natural, the issue of *assessment attitude* becomes an increasingly important aspect of the process. A psychologist's *assessment attitude* influences every aspect of the assessment process, from the initial file review, to the content and conduct of the interview, to the scoring of instruments, to the information included in the report and the weight placed on that information, all the way to the conclusions concerning risk level and risk management. Whether we realize it or not, the "role" (stance, personal stamp, biases) that we adopt (intentionally or not) as assessors is revealed to the reader through our final product, in ways that either enhance our credibility and effectiveness, or do not.

As with the "Do's and Don'ts" sections, the following observations were drawn from our discussions with psychologists, parole officers, NPB members; analyses of NPB case audit reports; and the authors' analyses of NPB nominated "good" and "less helpful" reports. We have tried to synthesize this data into a description of some general attitudes

one might bring to different aspects of the assessment process, and the possible impacts of these attitudes on the final product.

A. The importance of risk assessment to the assessor:

Indifferent, interested, or consumed.

This aspect reflects the priority accorded to the task of risk assessment, or assessment of a particular case, in relationship to the rest of the psychologist's workload.

Indifferent assessors view the assessment task as an unwanted chore which interferes with other, more important duties. In interviews, these assessors ask a minimum of questions, do not dig for detail, and tend to operate with assumptions rather than draw out information. They rarely contact collateral sources, and expend little effort ensuring that they have accessed all relevant file information. As a result, indifferent assessors may produce minimally researched, poorly written, cursory assessments which provide little useful insight or thoughtful analysis. At its extreme, the indifferent attitude reflects an assembly-line approach to risk assessment, in which the importance of the goal -- informing decision-makers on matters crucial to public safety -- is lost.

At the other end of this continuum is the **consumed** assessor, who views risk assessment (or assessment of a particular high-profile or "bizarre" case) as far more important than other duties. Consumed assessors spend long periods interviewing the subject, to the detriment of other clinical or institutional duties and concerns, and in certain cases, may unwittingly provide the subject with a counter-productive sense of "specialness" related to his offense. They may spend long periods researching hypotheses only tangentially related to risk. Consumed assessors may produce meticulously researched, strongly argued, exhaustively detailed reports, but the

credibility of those reports is undermined by the reader's impression that the assessor has some undeclared personal stake in the case. As well, the time required to complete such assessments may create a burden for the assessor's colleagues. The consumed attitude reflects a self-focused approach to risk assessment in which the assessor's need to demonstrate his or her "special knowledge" can overtake all other considerations.

In the middle of the continuum is the **interested** assessor. Interested assessors view risk assessment as one of the most important aspects of their work, and recognize that each assessment deserves substantial attention and effort, regardless of the presence or absence of media attention, bizarre elements, or personal significance. In interviews, the interested assessor digs for detail, and draws out information from the offender rather than assuming that he/she knows what the offender is talking about or how he thinks. Interested assessors read all available file information, and make attempts to speak with collateral sources. They strive to produce well-researched, succinct, thoughtfully argued reports which aid decision makers. The interested assessor views each assessment case individually, with its own combination of more or less challenging elements, but as one of many cases that will be encountered across a career.

B. Analysis of Information: Cynical, skeptical, or gullible.

This aspect reflects the assessor's attitude towards information gathered from the offender, the file, and from collateral sources.

Cynical assessors arrive at their conclusions quickly in the assessment process. In interviews, they are likely only to ask questions which confirm their initial impressions or their assumptions about what the offender "probably" means, or of how offenders in general think. Cynical assessors put little or no weight on the offender's statements,

especially if those statements contradict their initial impressions. If collateral sources provide views of the offender which do not match with their own, cynical assessors are likely to discount or distort those views.

Gullible assessors uncritically accept information from one source, and do not attempt to evaluate it in the light of other data. This is most likely to be noted and criticized when the prized source is the offender's statements in the interview, but the same approach can also apply to file information or collateral sources.

Skeptical assessors approach all data with a critical, comparative eye. They approach each aspect of the assessment with the belief that there is always new information to be obtained, but always consider new data in the light of what is already known, or said, about an offender. They are prepared for the possibility that at any point in the assessment process, they could encounter information which would change their view of the case. In interviews, they are not afraid to ask "the next stupid question"; they are willing to appear naive or even stupid, in order to draw out information, rather than just confirm their assumptions. For example, skeptical assessors will probe for, and report, concrete behavioural data rather than settle for vague descriptions of substance abuse (e.g., "I drank a lot of beer"-- how much do you mean by "a lot"?) or family dysfunction (e.g., "major difficulties at home" -- what does "major" mean?).

C. View of the offender: Negative, balanced, or positive.

Negative assessors focus on an offender's weaknesses and may marshal evidence to condemn him. They focus mainly on past episodes of bad behaviour, neglect areas of good functioning, and fail to acknowledge positive changes that may have occurred during incarceration. In interviews, negative assessors may adopt a confrontational,

punitive stance, or attempt to "trap" the offender into making self-damaging statements. They may rely on loaded adjectives (e.g., "brutal", "hostile") to characterize an offender and his actions, rather than describe his behaviour. Their reports emphasise the danger posed by the offender, but neglect to address management strategies useful for managing that risk. They may "write off" the offender by applying labels such as "untreatable." Such reports appear biased, lack credibility, and are not useful to decision-makers.

Positive assessors focus on an offender's strengths, and champion his cause. They may soft-pedal an offender's criminal history, treat him as a victim of the system, or provide overly optimistic estimates of his change during incarceration. In the absence of any meaningful intervention, positive assessors may focus on "burn out" or other red-herring variables to provide a rationale for lowered risk. In interviews, they may collude with the offender by failing to challenge an unrealistically optimistic or self-serving viewpoint. They may attempt to "sell" the offender to decision-makers, while not providing a realistic picture of risk or how to manage it. Positive assessors tend to produce reports that appeared biased, that lack credibility, and are not useful to decision-makers.

Balanced assessors consider an offender's strengths and weaknesses, and provide a realistic portrait of both. They point out areas of poor and good functioning. They acknowledge static risk factors, but also indicate if an offender has protective factors in his history or present circumstances which may mitigate against risk. Their reports are focused on the offender's risk-relevant factors and risk management skills. In interviews, balanced assessors probe for concrete evidence of the offender's ability to identify, understand, and manage his risk factors, and these assessors pass on their observations to

decision-makers in a clear and succinct manner. When balanced assessors experience strong positive or negative reactions to an offender or aspects of his case, they seek and heed professional guidance from colleagues and/or supervisors. Balanced assessors strive to produce reports that are fair, credible, and informative to decision-makers.

D. *Professional courtesy: Dismissive, respectful, or avoidant.*

This aspect reflects the assessor's attitude towards other professionals who have been involved with a case.

Dismissive assessors ignore or denigrate other professional opinions and observations which do not match with their own. They may adopt a high-handed tone, and focus on aspects of the case which others have "failed to consider." They may devalue the input of treatment providers by not fully acknowledging their perspectives. Dismissive assessors place their self-image at the centre of the assessment process, and as a result, undermine their credibility.

Avoidant assessors do not question or usefully incorporate the opinions of other professionals. They may regurgitate such opinions in their own reports, giving the impression that they have no perspective of their own. If they do not agree with the opinions of other professionals, avoidant assessors may act as though those opinions do not exist, rather than providing well-reasoned, dissenting arguments, or explanations of how and why the risk picture may have changed. Thus, they leave decision-makers with the arduous task of choosing whom to believe.

Respectful assessors acknowledge the views and skills of other professionals who are or have been involved with the case, while at the same time preserving their right to their own point of view. When there is a disagreement in findings or perspectives, respectful

assessors provide a clear rationale for the discrepancy without casting doubt on the credibility of others. At the same time, they acknowledge when other professionals may have made specific errors, or may have not been aware of certain information. Before they do so, however, they always verify their own conclusions with experienced colleagues, and if possible, with the other professionals involved. Respectful assessors state their own opinions clearly, while acknowledging that there is always room for argument or doubt. By doing so, they enhance their own credibility and the credibility of their profession, and aid decision-makers.

E. *Self-Presentation: Overconfident, confident, or insecure.*

Overconfident assessors state their conclusions in a manner that does not make allowances for the subjective and probabilistic nature of risk assessment. They may make blanket, unfalsifiable statements concerning an offender's risk, treatability, or degree of change. Their reports can appear to dictate decisions to the decision-makers, and, as such, have reduced credibility and utility.

Insecure assessors frame their conclusions in such a way as to avoid taking a stand on risk management. They may rely on jargon, circumlocution, or vague statements concerning the offender's "prognosis" to avoid voicing a clear, accountable opinion. As such, their reports lack credibility and serve to annoy, rather than inform, decision makers.

Confident assessors state their conclusions clearly and firmly, while acknowledging the limitations of risk assessment. They take a clear, accountable stance on the offender's manageability, but also take into account the possibility of alternative arrangements,

compromise solutions, or future changes in the status of the case. By doing so, they enhance their credibility, and aid decision-makers.

A final note.

We acknowledge that the vast majority of assessors (ourselves included) strive to be interested, skeptical, balanced, respectful, and confident in their attitudes towards risk assessment. And fortunately, feedback that we have received from our consumers indicates that CSC psychologists in the Pacific Region are generally perceived as being so. However, it must be emphasized that even the most experienced assessors may lose track of their *assessment attitude* from time to time. A central aspect of professional responsibility is the ability to recognize those instances and seek collegial feedback and guidance, and to respond promptly and appropriately, when issues related to this are raised by others. Maintaining a productive assessment attitude over long periods requires vigilance, self-awareness, and openness to criticism.

Lastly, we considered including a sample assessment report in this document. However, we ultimately decided against this as we felt that a single sample would be too reflective of the personal style of one assessor. Instead, we suggest that less experienced risk assessment writers, in addition to considering the guidelines outlined above, review reports written by their supervisors and colleagues as a means to developing their own style and approach. More generally, we strongly suggest that all assessors, at whatever level of development, continue to share their own reports and review the reports of others as part of their standard practice.

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APPENDIX A: Risk Assessment Checklist

This checklist is intended as a tool for assessors to evaluate their own assessments against the model of risk assessment suggested in the guide. It may also be used as an aid for supervisory or collegial review; however, it is not intended as a substitute for discussion.

A. Procedure and Content: DO's and DON'Ts.

1. Treatment-assessment role conflict.

- | | | | |
|---|---|---|-----|
| a) Have you provided therapy or treatment to this offender in the past? | Y | N | n/a |
| b) If yes, have you discussed possible conflicts with a supervisor or senior colleague? | Y | N | n/a |
| c) Have you acknowledged previous contacts in your report? | Y | N | n/a |

2. Referral questions.

- | | | | |
|--|---|---|-----|
| a) Are the referral question(s) clear and appropriate? | Y | N | n/a |
| b) If not, have you clarified the issues with the referral agent? | Y | N | n/a |
| c) Does the report target the referral question(s)? | Y | N | n/a |
| d) Have you reviewed legislation relevant to the referral question(s)? | Y | N | n/a |

3. Accessing the file.

- | | | | |
|--|---|---|-----|
| a) Did you determine if a full assessment, or an update, was required? | Y | N | n/a |
| b) Unless you are doing a brief update, have you reviewed the complete file? | Y | N | n/a |
| c) Have you reviewed the original reports (e.g., police reports)? | Y | N | n/a |

4. Cultural sensitivity.

- | | | | |
|--|---|---|-----|
| a) If the offender is eligible for an Elder-assisted assessment, has one been offered? | Y | N | n/a |
| b) Have you consulted culturally-relevant collateral sources? | Y | N | n/a |

5. Informed consent, and non-consent assessments.

- | | | | |
|--|---|---|-----|
| a) Was the offender informed about the limits of confidentiality, probable report distribution, and was informed consent obtained? | Y | N | n/a |
| b) If the offender refused to participate, were the implications of refusing to be interviewed communicated to the offender? | Y | N | n/a |
| c) If the report was written without interview, are the limitations of the assessment clearly stated? | Y | N | n/a |

6. Social and criminal history.

- | | | | |
|---|---|---|-----|
| a) Have you told a coherent story? | Y | N | n/a |
| b) Have you accessed collateral sources, and file information, in addition to the inmate's self-report? | Y | N | n/a |
| c) Is the level of detail appropriate to the case? | Y | N | n/a |

7. Inmate's perspective.

- | | | | |
|--|---|---|-----|
| a) Have you included information on what the offender thinks <i>now</i> of his crimes? | Y | N | n/a |
| b) Have you compared his perspective with other available information? | Y | N | n/a |

8. Previous releases.

- | | | | |
|---|---|---|-----|
| a) Have you discussed what went wrong in the community? | Y | N | n/a |
| b) Have you assessed the fit between the offender's known 'crime cycle' and his previous failure(s) on conditional release? | Y | N | n/a |
| c) If the offender appeared to be a treatment success but re-offended, have you discussed the implications of this for risk management? | Y | N | n/a |

9. Treatment gains.

- | | | | |
|---|---|---|-----|
| a) Have you provided examples of how the offender appears to have benefitted from treatment? | Y | N | n/a |
| b) Have you clearly outlined the relevant risk factors? | Y | N | n/a |
| c) Have you assessed the inmate's demonstrated understanding of his risk/crime cycle? | Y | N | n/a |
| d) Have you assessed the fit between the offender's interview presentation and his overall institutional behaviour? | Y | N | n/a |

10. Release plans.

- | | | | |
|--|---|---|-----|
| a) Have you addressed the offender's release plan and its viability? | Y | N | n/a |
| b) Have you assessed the availability of community supports? | Y | N | n/a |
| c) Have you assessed the viability of community-based treatment? | Y | N | n/a |
| d) Have you assessed the offender's amenability to supervision and release conditions? | Y | N | n/a |

11. Estimating risk.

- | | | | |
|--|---|---|-----|
| a) Is your static risk estimate anchored with actuarial measures? | Y | N | n/a |
| b) Are risk measures properly chosen and introduced? | Y | N | n/a |
| c) Has the PCL-R been used as a risk measure, not for diagnosis? | Y | N | n/a |
| d) Are PCL-R and other risk findings properly expressed? | Y | N | n/a |
| e) Have discrepancies between present and previous findings been addressed? | Y | N | n/a |
| f) If previous actuarial scores from the current sentence are available, and still correct and valid, did you refer back to them, rather than formally rescoreing? | Y | N | n/a |
| g) If personality testing has been used, have the findings been tied to risk management? | Y | N | n/a |
| h) Is your overall risk estimate focused on empirically-based variables, and/or have you included a structured clinical judgement approach? | Y | N | n/a |

12. Crime Cycle.

- a) Have you analyzed the offender's crime cycle, and provided specific indicators of elevated risk? **Y N n/a**
- b) Have you described risk indicators as specifically as possible? **Y N n/a**
- c) Have you suggested potential interventions to reduce or manage increased risk? **Y N n/a**

13. Stand on risk management.

- a) Have you taken an explicit stand on the offender's manageability in the community, or explained why you can't? **Y N n/a**
- b) Have you addressed the likelihood of "if", for any "if...then" statements? **Y N n/a**
- c) Is your opinion expressed appropriately? **Y N n/a**
- d) If you oppose release, have you adequately discussed risk management strategies in the event of a release? **Y N n/a**

14. Recommendations.

- a) Are your recommendations tied to managing risk? **Y N n/a**
- b) Have you been specific concerning who potential victims might be? **Y N n/a**
- c) Have you identified significant others who may aid in risk management, and suggested how this might take place? **Y N n/a**
- d) Do treatment recommendations flow from risk factors? **Y N n/a**
- e) If you have recommended individual counselling, have you suggested specific goals? **Y N n/a**

15. Discrepancies.

- a) Have you acknowledged and explained discrepancies with past reports? **Y N n/a**
- b) Have you discussed your opinion in the light of other opinions? **Y N n/a**

16. Collateral sources.

- a) List the collateral sources with whom you have consulted:

- b) Is this sufficient? **Y N n/a**

17. Availability.

- a) Are you available to discuss the report with the offender? **Y N n/a**

General comments on procedure and content issues:

C. Assessment Attitude

1. Importance of risk assessment.

Indifferent Interested Consumed
_____ (place a mark along the continuum)

2. Analysis of information.

Cynical Skeptical Gullible

3. View of Offender.

Negative Balanced Positive

4. Professional courtesy.

Dismissive Respectful Avoidant

5. Self-presentation.

Overconfident Confident Insecure

General comments on the "Assessment Attitude" reflected in the report:
