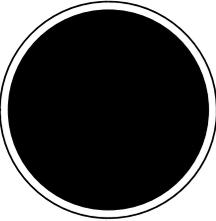


PSYCHOLOGICAL TESTING AND ASSESSMENT

<div style="border: 1px solid black; padding: 5px; width: 80%; margin: auto;">GOALS</div>	<div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px; text-align: center;">Will understand what a psychological evaluation is</div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px; text-align: center;">Will understand what a Sex Offender Risk Assessment is and how it differs from other Assessments</div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px; text-align: center;">Will be able to ask the evaluator for specific information to perform tasks (i.e. probation/parole officer, treatment provider officer of court)</div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px; text-align: center;">Will be able to assist the evaluator in obtaining information for the SCRA</div>
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<div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> Testing suggests the administration of specific tests used in an assessment </div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> Assessment is the process of answering the referral question(s) </div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> Evaluation is the process of assigning a value to an attribute. </div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> All three of these terms are used interchangeably. I will be generally referring to assessment in todays discussion. </div>	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> TESTING – ASSESSMENT - EVALUATION </div>
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- Testing represents a sample of behavior in a standardized task that addresses a specific referral question
- Assessments are objective – Roles of Provider v Assessment
- The Assessment is only as good as the referral questions.
 - E.g. If you are interested to find if someone broke their leg you would not x-ray the wrist.
 - If you want good assessments, you need to carefully identify what you want to find out.



Functions of Assessment

as good as the sources of information that are provided.

Assessments are used to make decisions regarding LRP (least Restrictive Placements)

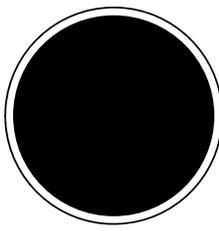
Assessments are designed to identify critical issues and suggest treatment options.

Assessments provide a framework for judging progress and treatment effectiveness.

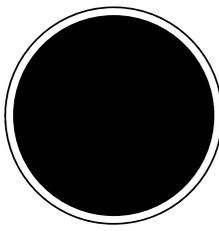


 Diagnostic testing MMPI –RT PAI- Wechsler tests	 Psycho-Educational Testing WRAT- WIAT
 Vocational Testing Strong-Campbell WRll	 Forensic Tests RISTI – PCL-R VRAG SORAG

- Use of tests to establish an educational/vocational plan or placement
- Assessment of SLD (specific Learning disability)
- DID testing (Determination of Intellectual Disability)
- Testing for Gifted and Talented

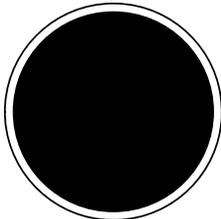


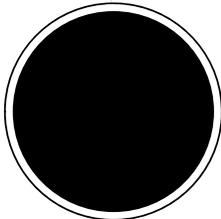
- All forensic assessments are designed to answer specific questions the court is interested in
 - E.g. Competency/ Fitness to proceed
 - Sanity or state of mind at the time of the offense
- Death Penalty Assessments.
- Risk Assessments. Most of this presentation will be regarding risk assessments.
- A special subset is the Chapter 55 assessment for juvenile to transfer to adult jurisdiction.
- Child custody
- Lawsuits



- This is a type of psychological assessment.
- The ultimate aim of this process varies with the audience.
 - E.g. Attorneys will request a risk assessment either as a mitigation strategy or to support their sentencing recommendations.
 - Judges want sex offender risk assessments to help inform their sentencing or trial recommendations. (Chapter 55)
 - Juvenile Probation officers and Sex Offender Treatment Providers need information to address critical factors in treatment.
- Most Sex Offenders do not re-offend

	Clinical Judgement
	Actuarial
	Quasi-actuarial
	Fourth generation

	<ul style="list-style-type: none">• The use of clinical judgement alone has a negative correlation with outcome.• That is you guess more often wrong than chance or the base rate.• Clinical judgements tend to be biased by race and gender and other extraneous factors• Clinical judgements tend to rate individuals as higher risk.• Clinical judgements do not meet the Dusky standard for rules of evidence.<ul style="list-style-type: none">• E.g. it must have a known error rate generally accepted practice etc.
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	<ul style="list-style-type: none">• Actuarial tools make predictions based on the measured relationship between the outcome and other objectively measured variables.• There are a wide variety of tools the most widely used is the Static-99R.• Others widely used are the SORAG and VRAG.• Strengths – They improve prediction of arrest for additional sexual offenses• Weaknesses – modest predictive validity• Focus predominately on Unchanging (i.e. Static Factors)• Communicating the results is difficult and often misleading.• Has limited generalizability to non- Caucasian male offenders preferably from Canada
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[Redacted Title]

- Generalizability to non-male Caucasian populations is not established.
- In most cases each static factor is given equal importance, yet we know some factors are more predictive than others.
 - E.G. for Static 99-R age at release is given same importance as male victim yet male victim is found to correlate more with risk of re-offense and is more clinically satisfying.
- Generally, most instruments ignore protective factors. For example Hanson et al report that risk of recidivism reduces by 50% for every five years an offender is in the community for without an additional charge.

[Redacted Title]

- Most used for Juvenile's
- Exception is PCL-R which is predictive for criminal behavior but less useful for risk for sexual re-offense
- They are guides such as the J-Soap-II and ERASOR.
- When these instruments are studied, they generally find weak or inconsistent results
- Two possible explanation
 - The moving target theory - Adolescents is a time of rapid change and predicting behavior beyond age 25 for any attribute is unreliable.
 - Base rate - Adolescents typically don't re-offend. 90% typically do not have another offense so it is statistically difficult to predict a low frequency outcome.

[Redacted Title]

- Bonta 1996
 - 1st gen - clinical assessment
 - 2nd gen - actuarial assessment
 - 3rd gen - Static and Dynamic factors used
 - 4th gen - Incorporate wide range of dynamic factors including monitoring and case management strategies. This is seen in the STATIC 99-R model.

- A fourth gen assessment using an RNR conceptual framework
- Assumptions
 - Nancy Calleja (2014) Best Practices Model for Juvenile Offenders
 - Adolescents with offending behaviors often have multiple treatment needs
 - Adolescent treatment must take developmental issues into account and be developmentally sensitive
 - Cognitive-behavioral treatment programs should be modified to ensure they are developmentally appropriate
 - Social connectiveness should be encouraged.

WHAT IS THE CONCERN WITH PROBATION?

Community safety – (Containment model)

Successful completion of probation

Prevention of later criminal involvement

Risk is relative term.

Higher service level reserved for highest risk

Evidence that providing too much service to low risk increases risk

E.G. Placing low risk sex offenders with high risk sex offenders and providing the same intensity of services can result in elevation of risk for low risk offenders

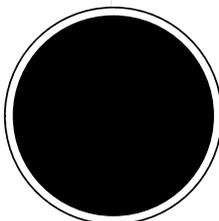
RISK ASSESSMENTS USING AN RNR FRAMEWORK

Central Eight Criminogenic Needs

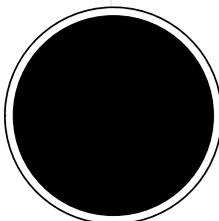
Andrews, Bonta & Wormith, (2006) identified what are referred to as the "central eight" criminogenic needs.

- 1) Antisocial attitudes/orientation
- 2) Antisocial peers
- 3) Antisocial personality
- 4) Antisocial behavior patterns
- 5) Absence of pro-social leisure/recreation activities
- 6) Dysfunctional family
- 7) Employment issues
- 8) Substance abuse problems

Really more identification of risk than need



- Types of liars
 - Liars
 - Damn Liars
 - Insert your favorite occupation but for our purposes
 - Statisticians
- How do you feel about these statements
 - The defendant presents with a 12% risk for a sexual re-offense in the next seven years
 - The defendant presents with a 1 in 8 chance for a sexual re-offense in the next seven years.
 - Individuals with similar experiences present an 88% chance there will be no additional arrests for a sexual offense in the next seven years.



- The Sex Offender Risk Assessment (SORA) is a type of psychological evaluation that communicates to its audience risk for re-offense defined by additional adjudication for a sexual offense.
- It is not a measure of deviancy though that maybe part of the assessment
- It is not a measure of risk for other crimes though that may be part of the assessment
- Since risk is dynamic a SORA assessment provides risk usually within a six-month period despite providing 5 year and 7-year predictions.

<div data-bbox="142 369 341 516" data-label="Section-Header"> <p>SOCIAL HISTORY INFORMATION</p> </div>	<ul style="list-style-type: none"> • The most important assessment tool for any evaluation is a complete social history. • Social History will emphasize different attributes at different ages <ul style="list-style-type: none"> • E.g. Marital and vocational histories are generally limited for adolescents and generally don't help to differentiate one adolescent from another yet for adults they may be critical factors. • School adjustment tends to become less important as we age • Social history information is often limited to the subject and is therefore suspect • Just because it is in a report does not make it a social history fact.
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<div data-bbox="142 976 341 1123" data-label="Section-Header"> <p>IMPORTANT INFORMATION IN A SOCIAL HISTORY</p> </div>	<ul style="list-style-type: none"> • Family composition – can be challenging but I most keep it to whom the subject was raised. <ul style="list-style-type: none"> • Stability • Traumas • Current relationships with family • Special circumstances i.e. foster care placement(s)
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<div data-bbox="142 1583 341 1730" data-label="Section-Header"> <p>SOCIAL HISTORY CONTINUED</p> </div>	<ul style="list-style-type: none"> • Pregnancy L&D and development - often do not have this information but in some cases, it is critical like in IDD assessments. • School adjustment – Classroom setting (i.e. Special ed 504 accommodations) pay special attention to AEP placement, suspensions and detentions. Can be used to suggest Antisocial Personality • Grades – deterioration in grades is predictive of other issues but also may be the effect of other issues. For example at age 13-14 if you see a rapid deterioration in grades generally investigate drug use at this age. • Peer relationships. Addressing criminogenic need for antisocial peers. • Extracurricular activities – Especially football since it is associated with TBI
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SOCIAL HISTORY III

- Health history
 - Hospitalization - operations
 - Medication history and current with adherence tendencies.
 - ER contact information - Is this the family doctor or do they have a lot of injuries
- Legal History
 - Chronological history of legal involvement from age 12 to current date
 - Ever successfully completed probation?
 - Placement history

SOCIAL HISTORY INFORMATION

- Work history
 - Longest period of employment/unemployment
 - Ever terminated for cause
 - Hx of violence at work
 - Number of jobs and what type of work

- Must be included for sex offenders
 - Use two sources of information, the defendant and the family. Their stories will generally diverge
 - Assess family orientation to sexuality
 - How was sexual information provided to the subject. At what age? What prompted the discussion?
 - Assess family response to current offense

[Redacted]

- When did subject enter puberty
- How did they learn of sexuality
- What is the state of the current knowledge
- Age of first exposure to sexuality.
- First sexual experience
- Number of sexual partners.
- Sexual Offense history (should already have this from collateral sources)

[Redacted]

- PCL-R
 - Widely used but generally not all that helpful.
 - Lower scores are generally obtained by sex offenders.
- RSTI – Risk, Sophistication, Treatment Amenability Inventory - Widely used in juvenile transfer cases
- SAVRY – Structured Assessment of Violence Risk in Youth
- SORAG and V-RAG-
-

[Redacted]

- Often part of assessment since they address many questions that are important to providers
- Can the defendant benefit from a traditional program or will accommodations be necessary
- If accommodations are necessary what are the accommodations and extent to which they are necessary.
- Usually use screeners such as the WASI-II or my favorite the Reynolds (RAIT)

[Redacted Title]

- Used extensively with adolescent but not much with adults
- Addresses reading skills which are necessary to participate in most traditional treatment programs
- Also academic achievement is a protective factor for most adolescents.

[Redacted Title]

- Usually the MMPI or PAI – PIY for adolescents
- To assess other treatment needs
- May include measures of substance abuse, depression, anxiety and autism screeners.

[Redacted Title]

- Usually a one- or two-page report that just uses an actuarial assessment providing a low medium and high, risk value.
- It does not provide a rationale beyond the risk score for the assessment of risk.
- It provides the reader with no idea regarding interventions.
- It provides no information regarding relative risk.

- Will have social history information that comes from more than one source.
- It will look at the defendant's adjustment in a wide variety of settings. (i.e. school, social, recreational, spiritual)
- It will have at least two descriptions of the offense. (This is often difficult since many risk assessments are done pre-adjudication and attorneys will not want their clients providing any information regarding the alleged offense.) But it will include a summary of the police report. Again often difficult to obtain.
- It will provide information regarding treatment challenges

- Will use all of the information from the better report but will also be informed by criminogenic risk.
- It will identify community risk elements and community protective factors.
- It will identify and recommend community monitoring and targeted interventions. I. E. anger management, substance abuse treatment, support for vocation/educational goals etc.
- It will identify if necessary, any sex offender treatment needs. For example, it will identify if the individual can benefit from group therapy and any vulnerabilities that may occur.
- It will identify the role of the family in treatment and risk

- Ask for what you want. What is helpful for you as a provider
- Facilitate sources of information
 - HIPPA - Forensic assessments are an exception to HIPPA requirements
 - If it is in your file, it is part of your record. If you have school records and MH/MR records in your file and you have a release to the evaluator, you don't need an additional release of information to provide that information to the evaluator.
 - The police report is essential to the assessment as is any previous history of criminal activity.

Question Number	Risk Factor	Codes	Score
1	Age at release	Aged 18 to 34.9	1
		Aged 35 to 39.9	0
		Aged 40 to 59.9	-1
2	Ever lived with	Aged 60 or older	-3
		Ever lived with lover for at least two years? Yes/No	0 1
3	Index non-sexual violence - Any Convictions	No	0
		Yes	1



4	Prior non-sexual violence - Any Convictions	No
5	Prior sex Offenses	Yes
		Charges
6	Prior sentencing dates (excluding index)	0
		1-2
		3-5
		6+
7	Any convictions for non-contact sex offenses	3 or less
		4 or more
8	Any Unrelated Victims	No
		Yes
9	Any Stranger Victims	No
		Yes
10	Any Male Victims	No
		Yes



- 2003 Andrew, J.R. and Hanson, R.K. "Sex Offender Recidivism: A simple Question." Public Safety and Emergency Preparedness Canada.
- 2018 Harris, A.J. Risk Assessment: New Developments to Think about! Presentation The Texas Council on Sex Offender Treatment 26th Annual Conference Galveston Texas
- 2014 Knighton, J.C., Murrie D.C., Boccaccini M.T. and Turner D.B.. "How Likely is "likely to Reoffend" in Sex Offender Civil Commitment Trials?" Law and Human Behavior Vol 38 No. 3 293-304
- Boccaccini, M.T., Rice, A. K., Helmus, L. M., Harris, P. B., & Murrie, D. C. (2017). Field validity of Static-99/R scores in a state-wide sample of 34,687 convicted sexual offenders. Psychological Assessment, 29, 611-623. doi: 10.1037/pas0000377
