

Crime Scene

Psychology Behind Bars and in Front of the Bench



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SECTION EXECUTIVE:

- CHAIR**
 HOWARD BARBAREE, PH.D.
 HBARBAREE@WAYPOINTCENTRE.CA
- PAST CHAIR**
 MARK OLVER, PH.D.
 MARK.OLVER@USASK.CA
- SECRETARY/TREASURER**
 KARL HANSON, PH.D.
 KARL.HANSON@PS.GC.CA
- MANAGING EDITOR, CRIME SCENE**
 AINSLIE HEASMAN, PH.D.
 AINSLIE.HEASMAN@CAMH.CA
- REVIEW EDITOR, CRIME SCENE**
 LEAH TODD, B.A.
 LEAHMTODD@GMAIL.COM
- STUDENT REPRESENTATIVE**
 LETICIA GUTIERREZ, M.A.
 LETICIA.GUTIERREZ@PS-SP.GC.CA
- STUDENT REPRESENTATIVE**
 FIONA DYSHNIKU, B.A.
 DYSHNIK@UWINDSOR.CA
- DIRECTOR-AT-LARGE, NAACJ**
 J. STEPHEN WORMITH, PH.D.
 S.WORMITH@USASK.CA
- DIRECTOR-AT-LARGE, CLINICAL & TRAINING**
 MICHAEL SHEPPARD, PH.D., C.PSYCH
 MICHAEL.D.SHEPPARD@CSC-SCC.GC.CA
- DIRECTOR-AT-LARGE, POLICE PSYCHOLOGY**
 DOROTHY COTTON, PH.D.
 COTTONDH@CSC-SCC.GC.CA
- DIRECTOR-AT-LARGE, PSYCHOLOGY IN THE COURTS**
 LINA GUZZO, PH.D., C.PSYCH
 LINA.GUZZO@ONTARIO.CA
- DIRECTOR-AT-LARGE, CONFERENCE PROGRAMME**
 JOANNA HESSEN-KAYFITZ, M.A.
 HESSEN@UWINDSOR.CA
- DIRECTOR-AT-LARGE, WED COORDINATOR**
 JOSEPH CAMILLERI, PH.D.
 JCAMILLERI@WSC.MA.EDU
- MEMBERSHIP COORDINATOR**
 NATALIE JONES, M.A.
 NATALIE_CARLETON@HOTMAIL.COM

The views expressed within are those of the submission authors and do not necessarily reflect those of the Section collectively.

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EDITOR'S NOTE, Ainslie Heasman, Ph.D.

As I pondered what to write for my editor's note (as I do every issue), I learned of the untimely death of Tim Bosma. For those who are unfamiliar, he was recently kidnapped from Ancaster, ON and murdered. I had seen so many of the posters lining the shops and streets while he was missing (as I live a short distance away), and I think we all held out hope that he might still be alive. Upon hearing of his death, I admit to a mixture of sadness and anger. Anger not only at those individuals involved, but (irrational) anger at 'criminals' and criminality. There are likely moments for all of us when we ask ourselves why (or how) we do what we do — certainly other people ask us this all the time. We are only human and thus will (and should) feel emotional reactions to our work. I feel fortunate to have colleagues, listserves, and *Crime Scene* as ways to stay connected, grounded, and reminded of the important work we all do. As always, I commend each and every one of you for the work you do (or the training and schooling you are involved in, in order to do this work.) I hope you enjoy the several wonderful pieces of work in this edition from our talented colleagues.

VIEW FROM THE TOP: CHAIR'S COMMENTS, Howard Barbaree, Ph.D.

As you will all know, Prime Minister Stephen Harper's Government has been promoting a "tough on crime" agenda that has had and will have a significant impact on the way Canada's criminal justice system deals with offenders. These government initiatives will change the criminal justice context within which Psychologists work, influencing our ability to use psychological knowledge to benefit offenders in the system and the society into which these offenders are released. The Criminal Justice Psychology Section of the CPA has taken an active interest in commenting on the government's proposed legislation. In January of 2012, our section's Task Force on Correctional and Forensic Psychology made a thoughtful and informative submission to the Senate Standing Committee on Legal and Constitutional Affairs, providing evidence-based commentary on Bill C-10, *The Safe Streets and Communities Act*. This submission was critical of the introduction of mandatory minimum sentences (they are expensive, they do not reduce crime, they are unjust), the emphasis on incarceration (which doesn't work), and the lack of support for correctional treatment (which does work). Despite widespread criticism including that from CPA, Bill C-10 was passed in the House of Commons and received Royal Assent in March of 2012.

Now, the government is proposing significant changes to the Mental Disorder Provisions of the Criminal Code (Part XX.1 CCC), that part of the Criminal Code that governs how persons found Not Criminally Responsible on Account of Mental Disorder (NCR) are managed in the system. These proposed changes are complex, and will likely have major impacts on the costs and effectiveness of the forensic mental health system in Canada. This article is meant to describe the changes to this legislation the government is proposing. The Executive of our section is considering various responses to these proposals, including a written submission to the Senate Standing Committee.

When I began work on my regular submission to *Crime Scene* with the intent of describing the government's proposals, I came upon an article entitled "Not Criminally Responsible Reform Act" in *Litigation Notes: Legal Decisions and Developments in Canada* (Volume 8, Issue 1- January 2013) a regular publication of BERSANAS JACOBSEN CHOUEST THOMSON BLACKBURN LLP. Jamie Thomson and Janice Blackburn regularly provide legal services to various forensic hospitals in Ontario, including the Centre for Addiction and Mental Health and Waypoint Centre for Mental Health Care. Their article provides an authoritative and succinct account of the government's proposals and they have kindly given me permission to reprint this article here in its entirety:

"Not Criminally Responsible Reform Act"

On February 8th the Government of Canada tabled Bill C-54 in the House of Commons, being "an Act to amend the Criminal Code and the National Defence Act (Mental Disorder)". The Government states that the purpose of the Act is to "...ensure that public safety comes first in the decision-making process with respect to accused persons found Not Criminally Responsible on Account of Mental Disorder ("NCR") and enhance the safety of victims and promote greater victim involvement in the Criminal Code Mental Disorder regime".

This legislation is consistent with the Law and Order agenda pursued by the government of Prime Minister Stephen Harper and may be in response to a number of high profile cases which have shocked the public, such as the case of Allan Schoenborn, the B.C. father found not criminally responsible for killing his three children, Vincent Li, who killed a fellow passenger on a Greyhound bus, and Guy Turcotte, the Quebec doctor found not criminally responsible for killing his two children.

Currently, if an accused is found Not Criminally Responsible of a criminal offence, by reason of mental disorder, the Court can either make a disposition with respect to the accused or refer the matter to a provincial review board to make the disposition. The dispositions that the Court or Board can make are set out in section 672.54 of the Criminal Code which currently reads:

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"Where a court or Review Board makes a disposition under subsection 672.45(2) or section 672.47 or 672.83, it shall, taking into consideration the need to protect the public from dangerous persons, the mental condition of the accused, the reintegration of the accused into society and the other needs of the accused, make one of the following dispositions that is the least onerous and least restrictive to the accused:

- a. where a verdict of not criminally responsible on account of mental disorder has been rendered in respect of the accused and, in the opinion of the court or Review Board, the accused is not a significant threat to the safety of the public, by order, direct that the accused be discharged absolutely;
- b. by order, direct that the accused be discharged subject to such conditions as the court or Review Board considers appropriate; or
- c. by order, direct that the accused be detained in custody in a hospital, subject to such conditions as the court or Review Board considers appropriate."

The introductory paragraph has now been replaced by the following (sub-paragraphs (a), (b) and (c) are unchanged):

"When a court or Review Board makes a disposition under subsection 672.45(2), section 672.47, subsection 672.64(3) or section 672.83 or 672.84, it shall, taking into account the safety of the public which is the paramount consideration, the mental condition of the accused, the reintegration of the accused into society and the other needs of the accused, make one of the following dispositions that is necessary and appropriate in the circumstances:"

As can be seen the differences between the previous section and new section are the following:

1. The words "taking into consideration the need to protect the public from dangerous persons" has been replaced by "taking into account the safety of the public, which is the paramount consideration". This codifies existing law, since the Supreme Court of Canada has already ruled that the safety of the public is the paramount consideration in making a disposition. (*Pinet v. St. Thomas Psychiatric Hospital*, 204 SCC 21, at par. 19)
2. The requirement to make a disposition that is "the least onerous and least restrictive to the accused" has been replaced by "that is necessary and appropriate in the circumstances".
3. There is a provision for dispositions to be made pursuant to two new sections, being 672.64(3) and 672.84(5). This is discussed further below.

Section 672.64 is a new section dealing with "high-risk" accused.

Section 672.64(1) reads:

"On application made by the prosecutor before any disposition to discharge an accused absolutely, the court may, at the conclusion of a hearing, find the accused to be a high-risk accused if the accused has been found not criminally responsible on account of mental disorder for a serious personal injury offence, as defined in subsection 672.81(1.3), the accused was 18 years of age or more at the time of the commission of the offence and

- a. the court is satisfied that there is a substantial likelihood that the accused will use violence that could endanger the life or safety of another person; or
- b. the court is of the opinion that the acts that constitute the offence were of such a brutal nature as to indicate a risk of grave physical harm to another person."

It is unclear whether this section is intended to be retroactive. On the subject of the Bill as a whole, the Prime Minister stated: "There's been some confusion on the issue of retroactivity. Just so we're clear, those who remain in detention, will be subject to these new provisions when they're passed into law."

Certainly the introductory words of the section which read "On application made by the prosecutor before any disposition to discharge the accused absolutely..." [our emphasis], imply that an accused can be found high-risk at any time, not just at the time of the original NCR finding. However, it is only the court and not a review board that can make the finding. This means that even in cases where the review board has jurisdiction over an accused, the prosecutor would have to make an application to a superior court for a high-risk designation to be made.

VIEW FROM THE TOP: CHAIR'S COMMENTS, Con't

Once an accused has been designated high-risk, section 672.64(3) provides that the only disposition that a court can make is a detention order under s. 672.54(c). However, the detention order cannot be subject to any condition that would permit the accused to be absent from the hospital unless:

- a. it is appropriate, in the opinion of the person in charge of the hospital, for the accused to be absent from the hospital for medical reasons or for any purpose that is necessary for the accused's treatment, if the accused is escorted by a person who is authorized by the person in charge of the hospital; and
- b. a structured plan has been prepared to address any risk related to the accused's absence and, as a result, that absence will not present an undue risk to the public."

Currently the Criminal Code requires that a hearing be held annually to review a disposition. In the case of a high-risk accused, the review board cannot grant a conditional discharge or an absolute discharge and is very limited in terms of the privileges that it can grant. Bill C-54, however, permits the review board to extend the time for holding a hearing in respect of a high-risk accused to a maximum of 36 months after making or reviewing a disposition. This can be done either with the consent of the accused, if represented by counsel, and the Crown prosecutor or if the review board is satisfied that the accused's condition is not likely to improve and that detention remains necessary for the period of the extension.

If the review board holds a hearing in respect of a high-risk accused and is satisfied on the basis of the evidence that there is not a substantial likelihood that the accused will use violence that could endanger the life or safety of another person, it can refer its finding for review to the superior court of criminal jurisdiction. The superior court can then revoke the high-risk designation and the accused then becomes eligible to receive a conditional discharge and eventually an absolute discharge. If the superior court does not revoke the designation, the matter is sent back to the review board for a hearing to review the conditions of detention (672.84(5)).

Bill C-54 also provides a definition of "significant threat to the safety of the public" which was previously left undefined. It is now stated to mean "a risk of serious physical or psychological harm to members of the public – including any victim of or witness to the offence, or any person under the age of 18 years – resulting from conduct that is criminal in nature but not necessarily violent". This essentially codifies the law that has been developed by the Courts. The leading case of *Winko v. British Columbia (Forensic Psychiatric Institute)* defined a significant threat to the safety of the public as meaning "a real risk of physical or psychological harm to members of the public that is serious in the sense of going beyond the merely trivial or annoying. The conduct giving rise to the harm must be criminal in nature" (at pars. 57 and 62).

Bill C-54 also enhances the rights of victims. Victims already have the right to be present at a hearing at which a court or review board is going to make or review a disposition and to present a victim impact statement. Bill C-54 extends this right to hearings where a high-risk designation is under consideration. The legislation also mandates the court or review board to consider including a clause in a disposition which prohibits contact with a victim. Such clauses are already routinely included in dispositions, at least by the Ontario Review Board." (end of reprinted document)

These changes will have major impacts on the forensic mental health system and the role, obligations and requirements of Psychologists in the system. Our section Executive will be discussing how we might or should respond. If you have any suggestions, opinions, or if you wish to volunteer to assist with a response, please let me know.

COLUMN: Canadian Committee of Police Psychologists (CCOPP) STORIES, by Dorothy Cotton, Ph.D., Director-At-Large, Police Psychology

When I am pontificating with younger members of the profession (which is pretty well everyone, compared to me), one of the things I always try to stress is that just because you learned something in grad school doesn't mean that you are going to do that exactly the way you were taught for the rest of your life. Things change. We talk about evidence-based practice—and evidence changes. There are lots of things that we have done in the past that sure seemed like a good idea at the time, but later research and investigation has shown to be ineffective. There's phrenology, insulin shock therapy, separating out all the "alters" in a person with a dissociative disorder, using the Bender Gestalt Test to estimate IQ....and more recently, one practice that might also fit the above bill is the practice of Critical Incident Stress Debriefing (CISD). If you work in with a police service or in a prison, I'll bet your organization has a CISD or CISM (M for Management) team and that whenever some horribly dreadful thing happens, you are all asked to disappear into a secret room to follow a strict procedure of telling what happened and where you were and how it unfolded and how you felt and stuff like that. The theory was that this would decrease the likelihood of people getting PTSD. Sounds like a good plan to me.

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Alas, as it turns out, it doesn't work.

The observation that exposure to significant trauma and experiences which are outside the normal realm of human experience may cause psychological disturbance is not new. References in this area date back to the mid-1800s. Terms such as battle fatigue, shell shock and battle neurosis date from the early 20th century and were used to describe soldiers who displayed significant psychological disturbance following exposure to war.

However, it was during the 1970s and 1980s that the concept of severe psychological effects from the experience of trauma became widely developed. In part, this resulted from the presence of post-traumatic stress disorder (PTSD) in veterans of the Vietnam War. However, at the same time, the general notion began to be applied to people experiencing other kinds of traumas, including natural disasters, rape and sexual assault, and exposure to other horrible things—as well as being applied to the people who respond to such disasters. The vast literature on PTSD reflects a general belief that PTSD can result either from prolonged exposure to highly stressful events and situations (such as being in the field of battle and being witness to pervasive atrocities) to specific individual instances of serious psychological magnitude (such as sexual or physical assault), to witnessing or responding to serious single traumatic events (such as the Oklahoma City bombing or Hurricane Katrina). Using the “what's-good-for-the-goose-must-be-good-for-the-gander” approach, interventions for people involved in critical incidents were expanded and widely adopted among first responders. The term “critical incident” is most commonly associated with the work of Jeffrey Mitchell. We often talk about the “Mitchell Model” when we talk about CISM.

Most first responder-type organizations have adopted this model and its use is pervasive. This would be a good thing if it really achieved its purpose. However, the research about the effectiveness of critical incident stress management (Mitchell Model) is “problematic.” (This is a polite word we use in evaluating research when we really mean “it stinks.”) This field of study does not easily lend itself to rigorous data collection in that the events themselves are unpredictable and the assignment of affected individuals to ‘no treatment’ control groups can be viewed to be unethical. Needless to say you also cannot assign people ahead of time so you know who will have a critical incident and who will not. (“Hey Ted—we want to see if you will fall apart when you see body parts strewn on the road so for now, you will be assigned to all the really gory stuff, OK?”). In the case of research about CISM, we note that most of early studies of the Mitchell Model were conducted by the same individuals who developed the techniques. Thus, there is that whole “bias” thing to be considered. Not surprisingly, they do provide some evidence for the effectiveness of critical incident stress programs. For example, a review by Flannery and Everly (2004) of 20 papers that evaluated specific CISM programs indicated that generally, findings were positive and supportive of the model.

However, as time has gone on, other reviews completed by independent researchers describe much more equivocal findings. Many researchers have found no evidence that debriefings reduced general psychological morbidity, depression or anxiety or that there was either no effect or a slight negative effect on the presence of PTSD symptoms post debriefing or that these techniques had no clear positive or negative effects compared to other interventions, although participants did seem to evaluate them positively or that it was not possible to draw firm conclusions in regard to the benefit or harm of CISM .

There have been concerns raised that in psychologically vulnerable individuals, parts of the process may actually be harmful and may amount to re-victimization. There is concern that those with highest symptom levels who may, therefore, on the surface appear to be most in need of the debriefing services, may also be the individuals most likely to suffer paradoxical reactions (that means they get worse rather than better). The process also does not seem to be effective in identifying people who might be at greatest risk for developing PTSD—which presumably was the original intent. Finally, in situations in which people may be later required to testify about the events surrounding a critical event, the retelling and comparing of notes in a debriefing can cause significant difficulties. Participants can be influenced, both consciously and unconsciously, to alter their stories.

In some ways, these results are not terribly surprising. As we know, it is not like a critical incident in and of itself is the major cause of PTSD; the vast majority of people who are exposed to critical incidents do NOT go on to develop PTSD, so obviously there is a little more to it than just a single icky incident—or even a long series of semi-icky incidents.

Currently, the jury appears to be out on the subject of the efficacy of standardized critical incident stress interventions. On the one hand, there does not appear to be compelling evidence for their efficacy; on the other hand there is also an absence of compelling evidence that they are unilaterally harmful. As noted, one of the driving forces behind the provision of critical incident services is that it provides visible evidence that the employer is actively invested in the welfare of employees. It seems clear that debriefed parties seem to appreciate the gesture. Client satisfaction is typically high. However, the evidence that individuals experiencing the highest level of psychological stress and, therefore, who may be most vulnerable, are the least likely to benefit from these procedures and indeed may suffer some harm because of them, is sobering.

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In view of these concerns, a number of national and international organizations—including the Canadian Psychological Association, the National Institute of Mental Health in the US (NIMH, 2002), the United Kingdom's Department of Health Clinical Practice Guidelines (Department of Health, 2001), and the World Health Organization (WHO, 2004) have issued statements advising against the use of single-session psychological debriefings.

Err..so now what? Do you just ignore critical incidents? Pat people on the head and say “there there there?”

Well, there are a bunch of options—too many to describe here. But I will tell you my favourite—just because it makes sense and reflects the things we DO know about PTSD: it's

Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Post-traumatic Stress Disorder—and Psychological First Aid¹

This 192 page report is a comprehensive guideline “developed in accord with National Health and Medical Research Council guideline development requirements, by a working party comprising key trauma experts from throughout Australia and around the world. Of particular interest is the section on Early Interventions (pp. 103ff) which includes the following recommendations (p. XIX):

5.1 For adults exposed to trauma, structured psychological interventions such as psychological debriefing should not be offered on a routine basis.

5.2 For adults exposed to trauma, clinicians should implement psychological first aid in which survivors of potentially traumatic events are supported, immediate needs met, and monitored over time. Psychological first aid includes provision of information, comfort, emotional and instrumental support to those seeking help. Psychological first aid should be provided in a stepwise fashion tailored to the person's needs.

5.3 Adults exposed to trauma who wish to discuss the experience, and demonstrate a capacity to tolerate associated distress, should be supported in doing so. In doing this, the practitioner should keep in mind the potential adverse effects of excessive ventilation in those who are very distressed.

5.4 For adults who develop an extreme level of distress or are at risk of harm to self or others, immediate psychiatric intervention should be provided.

Essentially, the Australian Guidelines suggest that rather than utilizing a shotgun/one-size-fits-all CISM model, the employer would be advised to develop a means for identifying and monitoring those few individuals who are at significant risk.

If you are a person who provides CISM type services, you might want to make sure you are up on the literature in this area. Am I suggesting no one should be doing anything vaguely resembling CISM these days? Nope. But what I am saying is...whatever you do, think about the evidence. If you can still justify it, and it still makes sense in your setting, go for it! But if you are ever called on to justify why you are doing whatever you are doing, my guess is that an answer that says “we have always done it this way and I haven't looked at the literature in recent decades” is not going to cut it.

¹This comprehensive “best practice” document is available online at:

<http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/mh13.pdf>

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COLUMN: TRAINING IN CRIMINAL JUSTICE PSYCHOLOGY, by Michael Sheppard, Ph.D., Director-at-Large, Clinical & Training

In Western Canada, at least, it seems the “holy trinity” (my term) of formal measures in violence risk assessment are the PCL-R (Hare, 1991, 2003), the VRAG (Quinsey, et al., 1998), and the HCR-20 (Webster, et al., 1995, 1997). This battery includes 52 items, 42 of which are relatively static. The PCL-R is a personality measure that happens also to be such a good indicator of violence potential that its score is an item on the other two measures. The VRAG and the HCR-20 were specifically designed to help estimate violence risk.

I try to be careful with my conclusions when I use this triad of measures because, although high scores on the PCL-R are associated with increased violence risk, the construct measured by this checklist is not clear (what is clear is that it’s something dangerous). Norms describing the relation between PCL-R total scores and violence are not part of its technical manual. As well, although VRAG scores are robust violence predictors, the measure itself doesn’t identify treatment targets. And as for the HCR-20, norms exist but will not be released. One consequence of this is that two clinicians can develop the same profile and arrive at different conclusions as to what it means with respect to the individual’s violence risk.

OK so I’ve taken some shots at some of our most tried and true measures of violence risk. I’m not the first. To be fair, I have to comment that the research supporting the validity of these measures is sound. High scorers on the PCL-R differ from low scorers on a wide variety of outcome criteria, including violent recidivism. High VRAG scorers are more likely to reoffend violently than low scorers, whether or not they are forensic psychiatric patients as the normative sample was. Individuals whose cases include more variables that are part of the HCR-20 tend to reoffend violently more often (is this another way of saying high scorers tend to reoffend violently more than low scorers?) This measure has the added benefit of helping structure case formulation and risk management, which the other two measures do not do.

Case formulation is a critical factor in communicating risk estimates for violence or other crime. For a formulation to be valid and useful, it should include clinically rich and meaningful dynamic descriptions of the individual in question. This is especially true in Dangerous Offender assessments, Pre-Sentence Reports, or intake risk assessments. The consumers of the report want to know “what’s going on with this offender?” This question seems to break down, in the language of Risk Needs and Responsivity, to three questions: “How bad is it” (risk), “what’s the problem” (needs), and “what’s the best way to make it better” (responsivity).

I believe these questions, especially the last one, need more information than is available in the violence risk battery we use most often. Information related to responsivity or strengths is largely absent in the item sets, despite the fact that this sort of information completes a balanced risk profile.

Back to the comment I made earlier about taking care with conclusions derived from the triad of measures I’m discussing. The reason I’m careful with my conclusions is that, of the 52 items that comprise this battery, only 10 can really be thought of as dynamic (the five C and five R items of the HCR-20). Responsivity and strengths are neglected. Basically, my concern is that the content domain of these measures is too limited. I have to go well beyond the content and structure of the measures to develop my case formulation. This is especially true when I’m doing a risk assessment update. Doing a risk assessment update using only the PCL-R and VRAG is unlikely to show any changes regardless of how much treatment progress an offender might have made. Adding the HCR-20’s five items about current functioning and five items about risk management seems weak given what’s at stake.

Describing an offender as “impulsive,” having “negative attitudes,” “lacking insight,” “currently manifesting active symptoms of a major mental illness,” or being “unresponsive to treatment” to a greater or lesser extent is obviously important information to include, but to me it seems insufficient to create a rich case formulation. And it doesn’t have to be that way. The manual for the HCR-20 includes good examples of what the authors mean by each item, and including this information in a report adds clinical richness to the report. The same is true for the PCL-R; the technical manual includes clinically rich descriptions of the items. Too often, I read risk assessment reports that simply list the PCL-R factor percentiles and total score, briefly describe the recidivism rates of the VRAG normative sample members with similar scores, list relevant HCR-20 dynamic items, and then state a conclusion about risk. A clear formulation about why the offender is violent, whether there are any relevant strengths and what treatment providers need to consider to help maximize correctional treatment for him are often absent. So part of my problem seems to be how the measures are often used and part of my problem seems to be their limited content domain.

COLUMN: TRAINING IN CRIMINAL JUSTICE PSYCHOLOGY, Con't

At the same time, I can't ignore the research base of these measures. It's large, compelling, and I use this battery myself. I suppose what I'd like to see is a violence risk battery (or measure) that builds on current knowledge and includes more clinically rich dynamic items. Including items related to responsivity and possible strengths would be a good start in balancing our risk profiles. I would like to see risk measures that include most, if not all, of the information that would be included in the case formulation. I don't mean idiosyncratic information, but descriptions of clinically relevant information that help treatment providers (or judges or juries) understand the dynamics of a specific offender's criminal behaviour. Our research includes just such descriptors.

Until our assessment technology catches up with our clinical knowledge, we'll have to make up the difference in the case conceptualization section of our reports.

RECENTLY DEFENDED DISSERTATIONS AND THESES

Assessing Risk for Intimate Partner Violence: A Cross-Validation of the ODARA and DVRAG within a Sample of Incarcerated Offenders (Master's Thesis)

By: Andrew L. Gray
Carleton University, Ottawa, Ontario

This study was a cross-validation of the Ontario Domestic Assault Risk Assessment (ODARA) and the Domestic Violence Risk Appraisal Guide (DVRAG) in a sample of 94 offenders under federal jurisdiction in the Ontario region. Also included were the Psychopathy Checklist-Revised (PCL-R), the Statistical Information on Recidivism-Revised 1 (SIR-R1), and the Spousal Assault Risk Assessment (SARA). In a retrospective-prospective study design, offenders were followed for an average of 65.04 months yielding a base rate of 12.8% for intimate partner violence (IPV) recidivism. Statistical analyses revealed that the DVRAG and ODARA displayed high inter-rater reliability and that the two measures along with Factor 1 of the PCL-R generated the largest AUC values for IPV recidivism (AUC = .713, .712, and .685, respectively) relative to the PCL-R, SARA, and SIR-R1. Meta-analyses incorporating the current results are presented, as are discussions concerning the implications of utilizing these risk assessment measures with federal IPV offenders.

For more information: algray@sfu.ca

An Examination of the Abilities, Risks, and Needs of Adolescents and Young Adults with Fetal Alcohol Spectrum Disorder (FASD) in the Criminal Justice System

By: Kaitlyn E. McLachlan
Simon Fraser University

Fetal alcohol spectrum disorder (FASD) comprises the continuum of permanent deficits caused by alcohol consumption during pregnancy, which may include brain injury, neurobehavioural impairment, growth restriction, and physical birth defects. Individuals with FASD experience numerous adverse outcomes, including high rates of involvement with the criminal justice system. This dissertation examined the psycholegal abilities, justice-system experiences, and risks associated with prospective offending in 50 youth with FASD. The reliability and predictive validity of three commonly used youth risk assessment tools were also examined. Results were contrasted with a second group of 50 justice-involved youth without prenatal alcohol exposure (PAE). Participants included 100 justice-involved youth aged 12 to 23. Participants completed a battery of measures including Grisso's Miranda Instruments, the Understanding Police Interrogation Questionnaire, the Fitness Interview Test-Revised, the Wechsler Abbreviated Scales of Intelligence, and the Wide Range Achievement Test-4th Ed. Rating scales including the Structured Assessment of Violence Risk in Youth, the Youth Level of Service/Case Management Inventory, and the Psychopathy Checklist—Youth Version, were also completed. Youth with FASD demonstrated substantially more impairment in psycholegal abilities relevant to police interrogation and adjudication than participants in the comparison group. Intellectual ability and reading comprehension emerged as robust independent predictors of psycholegal abilities, though the FASD diagnosis also served as an independent predictor of youths' understanding and communication skills on the FIT-R. The two groups showed many similarities in legal experiences, including high rates of self-reported false confessions. Overall, the two groups demonstrated lengthy and serious offense histories. Youth with FASD showed earlier contact with the justice system and a higher volume of past offending, while comparison youth tended to be charged with fewer, but more serious offences. Youth with FASD recidivated earlier in the 3-month follow-up period and accrued more charges. They earned significantly higher continuous scores across risk assessment tools, and substantially more youth in the FASD group were rated as high or very high risk to reoffend. The risk assessment tools performed reasonably well in predicting general recidivism in youth with FASD. These findings are discussed in the context of current legal policy, clinical practice, and future intervention planning.

For more information: kaitlyn7@ualberta.ca

RECENTLY DEFENDED DISSERTATIONS AND THESES Con't

Hurting the Healers: Stalking in the Mental Health Professions

By: Jennifer E. Storey
Simon Fraser University

A growing body of research suggests that mental health professionals (MHPs) are more likely to be victims of stalking than are members of the general public, yet less likely to report their victimization to police. The present study attempted to increase the evidence base on stalking of MHPs by surveying the experiences of Registered Clinical Counsellors in British Columbia, Canada. All members of the provincial professional association for Registered Clinical Counsellors were contacted, and $N = 346$ completed an on-line survey (response rate = 17%). The survey included questions to determine the prevalence and nature of stalking victimization, focusing on stalking that occurred in the context of the respondents' work as MHPs; the impact of the stalking and the strategies respondents used to cope with it; and respondents' knowledge of and attitudes toward stalking. Results indicated that many respondents had experienced individual stalking-related behaviours. The lifetime prevalence of stalking victimization perpetrated by clients was 7% (SE = 1%), a rate consistent with that found in other types of MHPs and in other countries. The characteristics of stalking perpetrators were similar to those reported in previous research. Victims often had problems coping with victimization due to limited knowledge about the phenomenon of stalking, engaging in behaviour that is generally considered ineffective or even counter-productive when responding to stalking, and inadequate access to external resources. Overall, about half of respondents were unaware that MHPs were at increased risk for stalking victimization and many endorsed the view that stalking victimization is caused by poor clinical skills. The implications of these findings for the prevention of and responses to the stalking victimization of MHPs by clients are discussed.

For more information: jstorey@sfu.ca

RECENT PUBLICATIONS

Babchishin, K.M., Hanson, R.K., & Helmus, L. (2012). Communicating risk for sex offenders: Risk ratios for Static-2002R. *Sexual Offender Treatment, 12*(2), 1-12.

Aim/Background. Actuarial risk tools are commonly used in corrections and forensic mental health settings. Given their widespread use, it is important that evaluators and decision-makers understand how scores on these tools relate to recidivism risk. Relative risk is one useful metric for communicating an offender's risk of reoffending. *Methods.* In the current study, risk ratios were computed for Static-2002R scores using 3 Canadian samples ($N = 1,452$ sex offenders). *Results.* Each increase in Static-2002R score was associated with a stable and consistent increase in relative risk (as measured by an odds ratio or hazard ratio of approximately 1.4) and this increase was stable across time. Hazard ratios from Cox regression were used to calculate risk ratios that can be reported for Static-2002R. *Conclusion.* We recommend that evaluators and treatment providers consider risk ratios as a useful, non-arbitrary metric for quantifying and communicating risk information.

Hanson, R.K., Babchishin, K.M., Helmus, L., & Thornton, D. (in press). Quantifying the relative risk of sex offenders: Risk ratios for Static-99R. *Sexual Abuse: A Journal of Research and Treatment*. Advanced online publication, December, 2012, doi:10.1177/1079063212469060

Given the widespread use of empirical actuarial risk tools in corrections and forensic mental health, it is important that evaluators and decision-makers understand how scores relate to recidivism risk. In the current study, we found strong evidence for a relative risk interpretation of Static-99R scores using 8 samples from Canada, United Kingdom, and Western Europe ($N = 4,037$ sex offenders). Each increase in Static-99R score was associated with a stable and consistent increase in relative risk (as measured by an odds ratio or hazard ratio of approximately 1.4). Hazard ratios from Cox regression were used to calculate risk ratios that can be reported for Static-99R. We recommend that evaluators consider risk ratios as a useful, non-arbitrary metric for quantifying and communicating risk information. To avoid misinterpretation, however, risk ratios should be presented with recidivism base rates.

Hanson, R.K., Sheahan, C.L., & VanZuylen, H. (in press). Static-99 and RRASOR predict recidivism among developmentally delayed sexual offenders: A cumulative meta-analysis. *Sexual Offender Treatment*.

This cumulative meta-analysis examined the predictive validity of actuarial risk measures (RRASOR, Static-99, Static-99R) with developmentally delayed sexual offenders. In Study 1, a meta-analytic average was calculated from four studies using the RRASOR or Static-99. Based on a fixed-effect model, both measures were significantly related to the risk of sexual recidivism. Study 2 examined five actuarial risk measures (RRASOR, Static-99, Static-99R, Static-2002, Static-2002R) with 52 developmentally delayed sex offenders, finding good predictive accuracy for all measures ($0.80 < d < 1.15$). When the effect sizes from all previous findings were combined in Study 3, the average effect size for the RRASOR was moderate ($d = 0.56$, 95% CI of 0.08 to 1.04, $k = 4$, $N = 280$) and large for the Static-99R ($d = 1.04$, 95% CI of 0.39 to 1.69, $k = 2$, $N = 66$) and Static-99 ($d = 0.77$, 95% CI of 0.45 to 1.09, $k = 4$, $N = 160$). Given the consistency of the current results with the findings with non-DD sexual offenders, we recommend the use of the Static-99/R and Static-2002/R with developmentally delayed sexual offenders.

RECENT PUBLICATIONS Con't

Hanson, R.K., & Yates, P.M. (2013). Psychological treatment of sex offenders. *Current Psychiatry Reports*, 15, 348-356. DOI: 10.1007/s11920-012-0348-x

This paper reviews the research evidence, practice guidelines and accreditation standards for the psychological treatment of individuals who commit sexually motivated crimes. Overall, the sexual offender treatment outcome research is not well-developed, which limits strong conclusions. There is, however, strong research evidence concerning the effectiveness of interventions for general (non-sexual) offenders. Given the considerable overlap in risk factors for sexual and general offending, the “what works” principles for general offenders provide useful guidelines for sexual offender treatment. Specifically, the intensity of treatment should be proportional to the offender’s risk level (Risk Principle), treatment should focus on characteristics associated with recidivism risk (i.e., criminogenic needs; Need Principle), and be tailored to the learning style and abilities of clients (Responsivity Principle). Examples of promising new approaches to sexual offender treatment are provided.

Hart, S.D., & Cook, A.N. (2012). Current issues in the assessment and diagnosis of psychopathy (psychopathic personality disorder). *Neuropsychiatry*, 2 (6), 497-508. DOI 10.2217/npv.12.61

Few mental disorders are the source of as much fascination on one hand and confusion on the other hand as psychopathy, also known as psychopathic, antisocial or dissocial personality disorder. This review focuses first on conceptual issues, clarifying the nature of psychopathic personality disorder. It then focuses on operational issues, reviewing some of the most commonly used procedures for measuring features of the disorder in adult clinical–forensic settings. It concludes by discussing a ‘hot topic’ in the field: the nature of the association between antisocial behavior and psychopathic personality disorder.

Nesca, M. & Dalby, J. T. (2013) Forensic interviewing in criminal court matters. Springfield, Ill.: C. C. Thomas.

Mills, J. F., & Gray, A. L. (in press). Two-Tiered Violence Risk Estimates: A validation study of an integrated-actuarial risk assessment instrument. *Psychological Services*.

This study is an initial validation study of the Two-Tiered Violence Risk Estimates instrument (TTV), a violence risk appraisal instrument designed to support an integrated-actuarial approach to violence risk assessment. The TTV was scored retrospectively from file information on a sample of violent offenders. Construct validity was examined by comparing the TTV with instruments that have shown utility to predict violence that were prospectively scored: The Historical-Clinical-Risk Management-20 (HCR-20) and Lifestyle Criminality Screening Form (LCSF). Predictive validity was examined through a long-term follow-up of 12.4 years with a sample of 78 incarcerated offenders. Results show the TTV to be highly correlated with the HCR-20 and LCSF. The base rate for violence over the follow-up period was 47.4%, and the TTV was equally predictive of violent recidivism relative to the HCR-20 and LCSF. Discussion centers on the advantages of an integrated-actuarial approach to the assessment of violence risk.

Price, S.A., Hanson, R.K., & Tagliani, L. (2013). Screening procedures in the United Kingdom for positions of trust with children. *Journal of Sexual Aggression*. 19(1). doi:10.1080/13552600.2012.744856

Child services organisations need policies that minimise the risk of sexual abuse of the children in their care. In particular, managers (and the public) are justifiably concerned when abuse is perpetrated by individuals who should not have been working with children in the first place. Unfortunately, there has been relatively little work on determining unacceptable risk for sexually abusive behaviour in child service organisations. The purpose of this paper is to describe the contexts in which screening procedures are appropriate, review the academic literature on screening procedures and present the results of a pilot survey of current screening practices in the United Kingdom. We comment on the effectiveness of screening measures available for use by organisations and provide suggestions for improvement. Specifically, we recommend that screening procedures consider risk factors associated with the onset and persistence of child sexual abuse perpetration.

Rice, Marnie E., Harris, Grant T., & Lang, C. (n press). Validation of and Revision to the VRAG and SORAG: The *Violence Risk Appraisal Guide- Revised (VRAG-R)*. Psychological Assessment.

The Violence Risk Appraisal Guide (VRAG) was developed in the early 1990s and approximately 60 replications around the world have shown its utility for the appraisal of violence risk among correctional and psychiatric populations. At the same time, authorities (e.g., Dawes, Faust, & Meehl, 1989) have argued that tools should be periodically evaluated to see if they need to be revised. In the present study, we evaluated the accuracy of the VRAG in a sample of 1261 offenders, fewer than half of whom were participants in the development sample, then developed and validated a revised and easier-to-score instrument (the VRAG-R). We examined the accuracy of both instruments over fixed durations of opportunity ranging from 6 months to 49 years, as well as examined outcome measures pertaining to the overall number, severity, and imminence of violent recidivism. Both instruments were found to predict dichotomous violent recidivism overall and at various fixed follow-ups with high levels of predictive accuracy (ROC areas of approximately .75), and to significantly predict other violent outcomes.

SPECIAL FEATURE: Searching for Changed Dynamic Risk Factors that Relate to Recidivism.... Still Looking: Implications for Idiographic Assessment

Daryl G. Kroner
Southern Illinois University Carbondale

Jeremy F. Mills
Carleton University

A basic assumption of dynamic risk assessments is that reduced risk factors will decrease the likelihood of future negative outcomes. The purpose of this paper is to test that assumption and apply the results to conducting idiographic risk assessments.

To adequately address this dynamic assessment question a degree of methodological rigor is needed. At the core of this question is the search for mechanisms that change the individual. The past research has been inconsistent. Some studies do find changes result in reductions in crime (Asford, Wong, & Sternbach, 2008; Brown, Amand, & Zamble, 2007; Vose, Lowenkamp, Smith, & Cullen, 2009), whereas other studies do not (Polaschek & Dixon, 2001; Sullivan et al., 2007). Complicating the picture are results that find an increase in crime-causing areas (i.e., more antisocial attitudes) are related to a decrease in future recidivism (Wilkinson, 2005). This inconsistent link may be due to a lack of malleability in an instrument to detect change. Hanson, Harris, Scott, and Helmus (2007) found that initially proposed acute (i.e., very changeable) risk areas 'were more "stable" than originally intended (p. 23). Others suggested that too few assessment points are gathered to capture dynamic change (Douglas & Skeem, 2005) (See Serin, Lloyd, Helmus, Derkzen, & Luong [in press] for an excellent structured review of the within person treatment literature).

There are four conditions necessary to increase the confidence that a change linked to an outcome is reflective of a mechanism.

1. The measurement of change needs to have a gradient relationship with the outcome (Kazdin, 2006).
2. The presence of a temporal sequencing of the measures is necessary (Kraemer et al., 1997; Wu & Zumbo, 2008).
3. The proposed mechanism of change is theoretically relevant to the outcome (Kazdin, 2006). For the present paper it is well established that antisocial attitudes contribute to crime (Andrews et al., 1990; Gendreau, Little, & Goggin, 1996; Harris, Rice, & Quinsey, 1993; Mills, Kroner, & Hemmati, 2004; Simourd, 2004; Walters, 2005).
4. Interventions need to have the ability to influence the mechanism (Kazdin, 2007).

Relevance Mechanisms of Change for Assessment

Mechanism of change research has direct implications for the use of dynamic variables in risk assessments. The use of dynamic variables can provide intervention targets for a client, determine levels of intervention, and risk management strategies, including re-entry planning (Dvoskin & Heilbrun, 2001). Implicit in the use of dynamic variables is the need to account for potential changes over time.

Prior to dynamic variables having a strong role in risk assessments, two things need to be in place. First is an assumption regarding the purposes of forensic assessments; that is, a central purpose of an assessment is to reduce the likelihood of future violence or crime. If this is not assumed, the main product of the risk assessment would be providing a one-time probability (or similar judgment), absent of dynamic, crime-causing areas. But these dynamic, crime causing areas provide a way (i.e., focusing on malleable areas) of reducing future violence or crime. Several authors have repeatedly suggested that one purpose of risk assessment should be to reduce the likelihood of future violence (Douglas & Kropp, 2002; Hart, 1998, 1999; Skeem & Monahan, 2011).

Second, there needs to be evidence that dynamic areas do change as a result of intervention and that this change reduces the likelihood of future negative outcomes. Kraemer et al. (1997) refers to this as a *causal risk* factor, which when changed has the ability to influence the probabilistic nature of the outcome. Conducting mechanism of change research can indicate which dynamic risk factors are truly causal risk factors. The resultant research of designs that include within, temporal, and outcome components would highlight only those risk factors that have shown to be causal risk factors. This cadre of within person changed risk factors related to an outcome, in addition to using a specific range of a reliable change scores for a client could signal a strong likelihood that a specific client would benefit from a specific type of intervention. Such information would allow for the assessor to draw a more idiographic conclusion (Heilbrun, Marczyk, DeMatteo, & Mack-Allen, 2006).

Intervention: Counter-Point Program

Counter Point is a 25 session (approximately 2 hours per session), structured intervention for addressing antisocial attitudes (Graham & Van Deiten, 1998). The program was delivered in the community to released Federal offenders in Canada. Counter Point used cognitive behavioural principles of intervention to provide offenders with the skills to identify, challenge, and promote engagement in altering antisocial attitudes. The core of the programme included six modules; Setting the context for change; Identifying support for change; Identifying pro-criminal attitudes, values and beliefs; Altering pro-criminal sentiments; Pro-social problem-solving; and Maintaining Change. Program integrity was maintained through ongoing process evaluations, and standardized manuals. The Counter Point program had multiple accreditation evaluations from a panel of international experts (see <http://www.csc-scc.gc.ca/text/prgrm/st-eng.shtml>).

SPECIAL FEATURE: Searching for Changed Dynamic Risk Factors Con't

Study 1

Prior to demonstrating a within change scores related to outcome, a between group analysis was conducted. If there is limited support for between group results, then there would be less grounds for examining within results. With a total sample of 662, a control group ($n = 331$, selected by one-to-one matching on risk and number of previous completed programs, initial $n \sim 4,000$) was compared to the intervention group ($n = 331$). Figure 1 presents the resulted for binary recidivism (follow-up mean time = 888 days, SD = 769, overall baserate = 48%, control group base rate = 60%, intervention group base rate = 37%) and multiple count recidivism.¹

Prior to the regression analyses, propensity scores and length of follow-up were calculated and entered into the regression models. A propensity score is an unbiased estimate of being assigned to a treatment group rather than a control group. Using observed covariates (i.e., race), propensity scores attempt to undo the potential biased assignment to the treatment group, giving an unbiased estimate of the treatment outcome (Braitman & Rosenbaum, 2002).

The odds ratio of program participation (1 = program, 2 = control group) had a strong impact on recidivism in both the logistic and negative binomial model results. After statistically controlling for propensity scores and days of opportunity, individuals in the program participation group were 53% less likely to be convicted of a new offence (logistic model) than the control group. After statistically controlling for propensity scores and days of opportunity, individuals in the program participation group were 70% less likely to be convicted of multiple offences (negative binomial model) than the control group². These results are similar to the odds ratios of other quality community intervention programmes (57%, Lowenkamp, Hubbard, Makarios, & Latessa, 2009; 61%, Hollin et al., 2008).

Figure 1
Mosaic Presentation of Comparison Between Treatment and Control Groups for Binary (Figure 1a) and Count Recidivism Outcomes (Figure 1b).

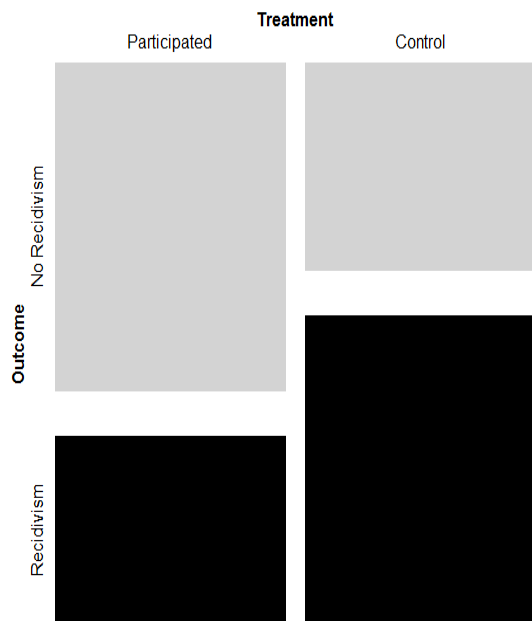


Figure 1a

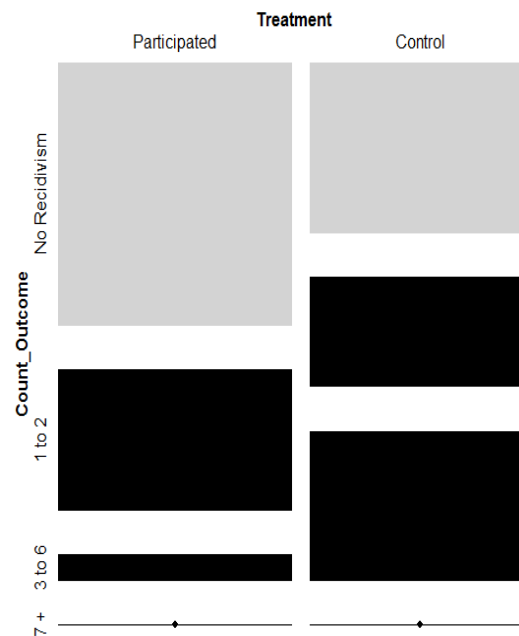


Figure 1b

SPECIAL FEATURE: Searching for Changed Dynamic Risk Factors Con't

Study 2

Within Group Analyses (N = 182). To answer the research questions of how much idiographic change occurred and which mechanisms of change are related to reductions in recidivism two steps occurred with the intervention group. First, dropouts were excluded because of no post-testing data (n = 115). Second, some of the initial cases referred for participation in Counter Point were assessed as not dysfunctional (described below) and were removed from the intervention group (n = 34).¹

Measures

Measures of Criminal Attitudes and Associates (MCAA, Mills & Kroner, 2001). Part B of the MCAA consists of four scales; Entitlement, Antisocial Intent, Violence, and Antisocial Associates.

Criminal Sentiments Scale – Modified (CSS-M, Simourd, 1997). The CSS-M comprises three scales: Attitude towards Law, Courts, Police, Tolerance for Law Violations, and Identification with Criminal Others.

Pride in Delinquency (PID; Shields & Whitehall, 1991). The PID scale is a brief 10-item self-report instrument that assess the use of neutralization in applying traditional moral constraints to criminal acts.

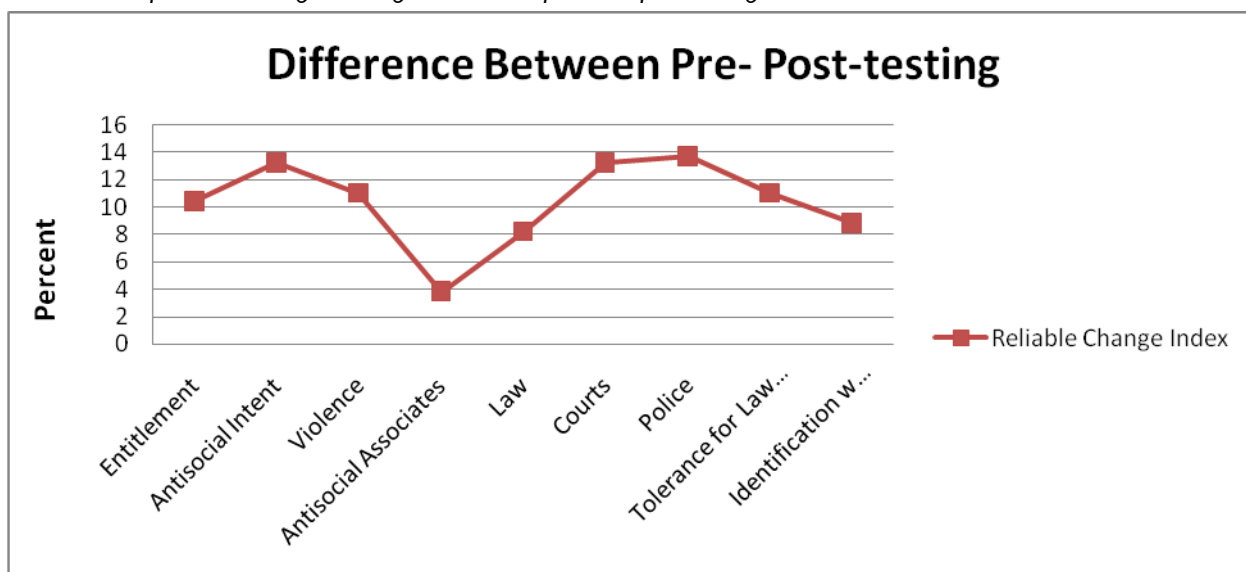
Statistical Information on Recidivism – Revised (Nafekh & Motiuk, 2002). The SIR-R1 is based on the General Statistical Information on Recidivism Scale (Nuffield, 1982), a standardized measure to predict recidivism.

Reliable Change Indexes. The Reliable of Change Index was used to assess the change beyond what could be attributed to measurement variability or error (Christensen & Mendoza, 1986). If the Reliable Change Index is 1.96 or greater, the difference between pre- and post-scores is considered to be indicative of statistically significant (95% confidence interval) and meaningful change (Wise, 2004). An assumption made by Jacobson, et al. (1984) is that all the pre-testing scores would be in a dysfunctional range. Given the heterogeneity of offenders and multiple referral criteria to Counter Point and that the current pre-test instruments were not part of the offender selection criteria, it is likely that not all of the referred offenders would be dysfunctional in the areas measured by the self-report instruments (Nunes, Babchishin, & Cortoni, 2011). Thus, using the PID's most positive scores (criterion for not dysfunctional), 15% of the sample were considered not dysfunctional and removed from the Reliable Change Index analyses.

Results and Discussion

Figure 2 contains the Reliable Change Index score results. For the MCAA the proportion of the sample that demonstrated reliable change ranged from 13.2% (Intent) to 3.8% (Associates). For the CSS-M, the range was from 13.7% (Attitudes Toward Police) to 8.2% (Attitudes Toward Law).

Figure 2
Percent of sample that had significant gains between pre- and post-testing on each scale.



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To assess the relationship between mechanisms of change and reductions in recidivism zero ordered correlations were calculated. Only the MCAA Associates scale had a significant correlation with binary recidivism ($r = -.16, p > .05$), but a correlation of .00 with the count recidivism outcome. All the other change scores had near zero correlations. The Associates scale was then entered as a covariate into a logistic regression with the SIR-R1 covariate to determine if the treatment reduction in attitudes toward associates would account for additional variance in the prediction of recidivism. The results did show that Associates score was statistically significant ($B = -.33, SE = .15, p = .03, Exp(B) = .72 [CI, .52 \text{ to } .95]$). Thus, one change scale (Associates) with one outcome (binary recidivism) was associated with a reduction in recidivism.

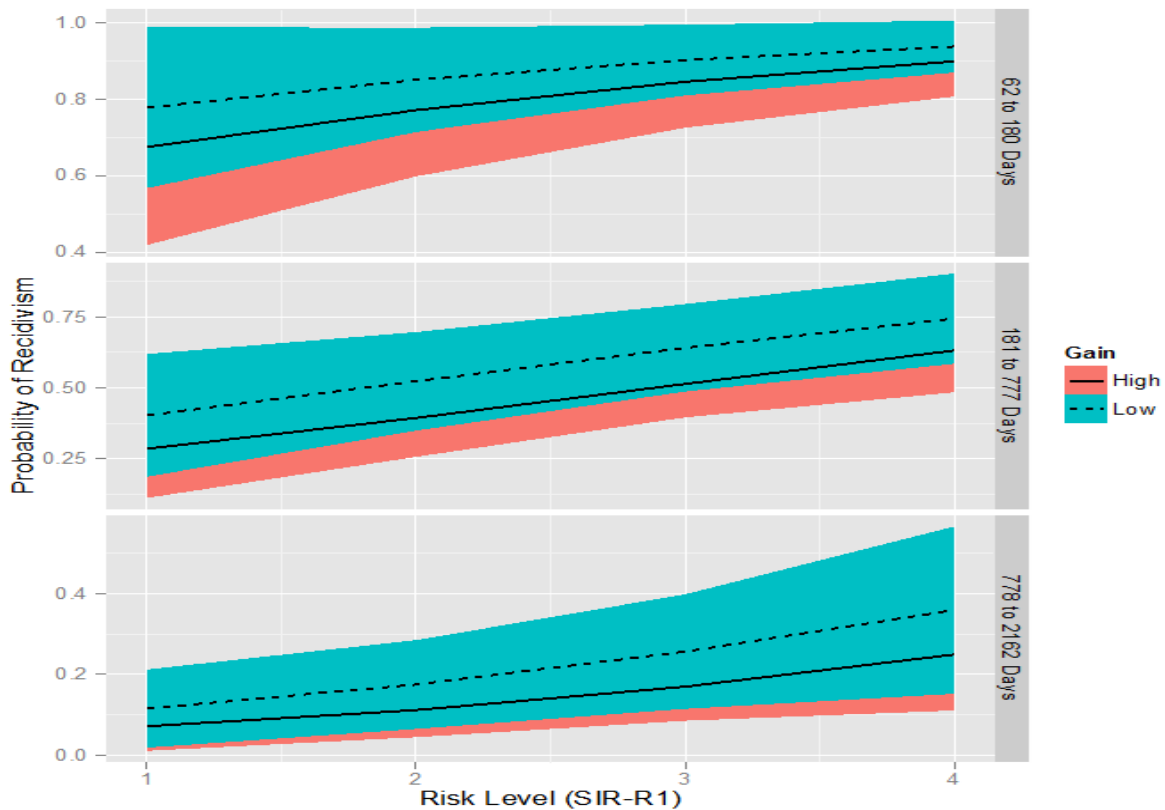
Associates have long been considered to be one of the main predictors of criminal behaviour (Sutherland, 1939). When change impacts a social dimension, such as associates, this may be sufficient to reduce future recidivism, which concurs with other within outcome research (Family Dissention, Wormith [1984]; Identification with Criminal Others, Ashford, et al. [2008]).

None of the more relevant intervention targets demonstrated a change to outcome relationship. What makes these results disappointing is that the treatment content, measurement (MCAA & CSS-M developed or normed with Federal offenders), and delivery met theoretical and evidenced-based standards for effective correctional intervention. With regard to treatment delivery issues, Counter Point was well resourced and was delivered in an optimal context. Resources included two facilitators in each treatment session, regular training and supervision for the facilitators, detailed treatment manuals, and a limit of between 8 to 12 offenders in each group. It is this level and type of resources that have previously been shown to be indicative of treatment success (Andrews & Dowden, 2005; Lowenkamp, Latessa, & Smith, 2006).

In an attempt to examine if there are “pockets” in the data set that showed differences between the high gain associate group and low gain associate group, the data were categorized along risk level and length of follow-up (Figure 3). At the various risk levels and length of follow-up, the high gain associates group was not different than the low gain associates group on the probability of future recidivism. The high gain and low gain group 95% confidence intervals substantially overlapped. Each variable (risk level, follow-up time, gain level) was re-categorized according to multiple different groupings. This did not change the non-overlap of the high gain and low gain groups.

Figure 3

Probability of recidivism across risk level, length of follow-up, and pre- post-intervention gains (with coloured 95% confidence intervals).



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Implications for Dynamic Idiographic Risk Assessment

1. Although elevated antisocial attitudes contributes to crime, idiographic reductions in antisocial attitudes may not signal the reduction of future criminal activity.
2. There is a hint that reductions in antisocial associates may be related to reduction in future criminal activity.
3. A demonstrated idiographic behavioural change within the social dimension is the most promising dynamic risk variable to include in dynamic risk assessments (Mills, Kroner, & Morgan, 2011).
4. Measuring the context in which risk occurs may assist in a more idiographic assessment (Kroner, Gray, & Goodrich, 2013).

Notes

¹Data for the current analyses are posted at: https://sites.google.com/a/siu.edu/corrections-and-research_lab/Downloads

²Propensity scores, logistic regression, and negative binomial regression analyses were conducted in R-based programmes.

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KUDOS and MEMBERS ON THE MOVE

Thomas Dalby will be receiving the 2013 CPA Award for Distinguished Contributions to Psychology as a Profession. He will be speaking at CPA in Quebec City in June entitled - "A century after 'On the Witness Stand': Forensic Psychology in Canada".

After 21 years in the Research Branch at the Correctional Service of Canada, Brian Grant has decided to leave the Federal Government to pursue his research and academic interests. Brian was the Director General for Research at the Correctional Service since 2007, and was the Director of the Addictions Research Centre prior to that. He started his career in corrections in 1974 as a student working with Professor Don Andrews at St. Patrick's College (Carleton University). Brian plans to spend more time collaborating with other researchers and publishing his research. He will continue to focus on operational issues in corrections, as well as, research on program outcomes and assessment.

NAACCJPC-3, by Jim Cheston, Ph.D.

N3? So what is N3 you may be asking, and how soon is it coming? N3 is a new acronym that has surfaced, for the third North American Correctional and Criminal Justice Psychology Conference; **NACCJPC3**. I am not sure who might be considered the originator of the term N3, though it seems to me I first heard it mentioned by the originator of the NACCJPC, Dr. Jeremy Mills. At the time Dr. Daryl Kroner was also present, so it may have been Jeremy or Daryl. Regardless, N3 certainly rolls off the tongue with much greater ease than does NACCJPC3! For those more verbally fluent of us who now feel comfortable with "NAdoubleC,JPC" and want to add 3 to it, go for it...

Although it may seem like a long way off, in that it will be held in conjunction with the **2015** CPA annual convention in **Ottawa**, it will be here sooner than we think! Soon enough, I dare say, that it is not too early to start thinking about and making plans to attend. As those of us who have attended conferences N1 and N2 know, these are conferences that anyone with an interest in Forensic and Criminal Justice Psychology will want to be sure to attend. I have written before about the exceptional quality of these conferences and have since heard unsolicited statements that have supported this view. From an email a colleague sent to a group of psychologists of which I was a member, I have extracted the following:

"NACCJPC is one of the best conferences I have attended... Of all the conferences I have attended in my professional career, I have gotten the most from the NACCJPC"

The Steering Committee is currently in the process of identifying the Keynote Speakers to be invited to N3 in Ottawa in 2015. You can count on these invited speakers providing just as compelling and varied a collection of presentations, and at the same exceptional level, as has been the case for N1 in 2007 and N2 in 2011. As this conference has become a most notable international venue for the presentation of correctional and forensic research, we can also expect that once again we will be treated to world class presentations on research findings and intervention advances from around the globe.

It also needs to be mentioned that all this will take place in Canada's beautiful national capital, Ottawa – in June, so we can enjoy the many attractions of this tourist destination city in the perfect weather of early summer.

So, the reasons for starting to **plan to attend NACCJPC3 in Ottawa in 2015** are many. In these days of fiscal restraint and consequent limits to funds for attending conferences and professional development, N3 is the conference that offers the greatest return for the money spent in terms of forensic research and practice, in opportunities to network with national and international colleagues, and for the added benefit of spending time in the beautiful, historic and friendly city of Ottawa in the summer. Start planning now to attend N3 in 2015!

STUDENTS' WATER COOLER, by Fiona Dyshniku, B.A.

With internship applications looming in the distance, closer for some than others, a few of you may be wondering whether it is breadth of experience or specialization, the exclusive focus on a particular area, that will make you a more suitable candidate. No doubt, you have heard that it is important to find your niche, but it is equally important to develop and maintain competence in a broad number of areas. When I embarked on my first round of clinical practicum applications earlier this year, I was convinced that I had to choose between the general and the specialized path. A few months later however, I discovered that I do not have to choose between the two, that there is a way of balancing both area specialization and well-roundedness, which I will share with you.

STUDENTS' WATER COOLER Con't

As a graduate student looking for a first-time clinical practicum, it is easy to understand the eagerness with which I approached potential forensic sites a few months ago. I was hungering for a taste of clinical forensic work and quickly dismissed placements in non-forensic settings as less-than ideal. I had waited too many years for this moment and was not going to let anyone convince me otherwise, or so I thought. By November, I had compiled a list of forensic hospitals and correctional centers and began sending emails to site supervisors inquiring about MA-level practicum opportunities. My pursuit of a forensic practicum was driven not only by my desire to "get my feet wet", but also by my eagerness to network with renowned professionals in the field, learn from them, and collaborate with them on research projects.

Two highly respected individuals in the field however emphasized the very unique challenges of working with a forensic population (e.g. high rates of comorbidity, involvement with the criminal justice system, complex trauma, etc). Furthermore, they underscored the need to have some general clinical experience prior to working in a forensic setting. Specifically, one of them recommended that I gain experience working with clients/patients in the context of schizophrenia, as well as substance dependence and/or mood disorders, as a first step to developing competence in my work with forensic populations. After reflecting on this advice, it became clear to me that I was not yet optimally prepared to work with forensic clients. Moreover, I realized that I could not possibly benefit maximally from my placement if I am overwhelmed by the novelty of information and the demands of working with such a complex clientele. Ultimately, the foundations of client contact, assessment, and treatment have to be mastered to an appreciable extent before one is ready to build on them by taking on more challenging work.

Being as yet unprepared to engage in clinical forensic work was not the only reason that prevented me from pursuing forensic practica. Other relevant considerations centered on licensing requirements and the necessity of demonstrating competence in working with adults suffering from a variety of mental health conditions outside the forensic system. At least in my case, I have to meet clinical psychology practice standards (e.g. psychodiagnostics, psychological assessment, psychotherapy, etc.), as well as a few more forensic-specific requirements (e.g. knowledge of the criminal justice system, risk assessment, etc.), before declaring competence in forensic/correctional psychology. Evidently, specializing can make it difficult to obtain an unlimited license to practice.

Lastly, given that in more recent years the number of applicants has tended to exceed the number of internship placements available, there is the very real danger that seeking only specialized placements would limit my chances of matching to an internship site. There may be a few forensic internships available, and perhaps a few more placements with forensic rotations embedded, but in all likelihood, the majority of sites are not specific to forensic clinical psychology. It is reasonable to assume that the remaining sites will value candidates with a broad level of competence and breadth of experience over those candidates who have consistently and exclusively worked with one type of population. Therefore, specializing will unfortunately reduce your chances of matching to an internship site.

All of these considerations are not meant to dissuade you from finding your niche. Nor are they meant to encourage an exclusively wide-net approach to your practicum selection. Instead, there is a way of reconciling both specialization and breadth of experience that was inherent in the advice I received from the two forensic-site supervisors. The idea is that you should strive to gain diverse clinical experiences in the first few years, and then progress to more niche-type practica in the last year or two prior to applying for your internship. This will ensure that you have some solid grounding in clinical work before taking on the challenges of a forensic clientele. I also encourage you to seek the advice of mentors or other prominent individuals in the field. Ask them about the kind of decisions they faced when they were at your stage of clinical training, what they found challenging, and whether they would have done anything differently.

JOURNAL INFORMATION

The Open Access Journal of Forensic Psychology is a professional, peer-reviewed journal created by and for forensic psychologists. Our mission is to link the science and practice of forensic psychology by making research and applications directly available to all forensic psychologists. *OAJFP* is free to anyone with Internet access; no charge to readers, no charge to authors. Come join us at <http://www.forensicpsychologyunbound.ws>

UPCOMING CONFERENCES

CPA 74th Annual Convention: CJP Section Highlights
By: Joanna Hessen-Kayfitz, M.A.

Hello everyone! It is hard to believe that another year has passed and that our next CPA convention in Quebec City, Quebec is going to be upon us soon! As you plan out your itinerary for each of the conference days, please be sure to earmark a few important events that you won't want to miss. The first is our Section Business meeting, which will be held on Thursday, June 13th at 3pm. Among other business, we will have a chance to formally welcome our newest Executive member (and my fellow University of Windsor colleague), Fiona Dyshniku, who has recently joined as a Co-Student Representative. Immediately afterwards at 4pm is our Section Keynote. This year, our Don Andrews Career Contribution Award recipient, Dr. William Marshall, Emeritus Professor from Queen's University, will be speaking about RNR's Third Pillar: Responsibility Revisited. Right after this, please join us for some light refreshments at our Section Reception at 5pm, which will be held right at the Convention hotel, room 1816. Students and junior professionals, this is a great way to network and meet people in the field. If you are interested in our Section or are a new member, we welcome you to come by and say hello!

On Friday from 3pm to 5pm, our Section Poster Session is another important event not to be missed. Students at both the undergraduate and graduate level will be competing for coveted cash awards at the Student Poster Competition.

Overall, this year's convention has seen an above-average number of submissions across the board, and boasts a great selection of presentations, all set against the backdrop of the chic, elegant, old-world charm of Quebec City. Indeed, we are fortunate to be located within about a five-minute walk from the French quarter and all of the attractions therein.

See you all in June!



Registration is now OPEN!

June 19th - 21st, 2013

Forensic and Clinical Applications of the Hare Psychopathy Checklist-Revised

PCL-R training including a special event celebrating 30 years of Psychopathy Research in Penetanguishene

Presented by:

**Robert D. Hare, Ph.D. Emeritus Professor of Psychology,
University of British Columbia**

**Adelle Forth, Ph.D., Associate Professor of Psychology,
Carleton University**



For further information and registration visit www.waypointcentre.ca

Event Coordinator: Tammy Lorette

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UPCOMING CONFERENCES

35th Annual Guelph Sexuality Conference

June 6-7, 2013 Guelph, Ontario
www.guelphsexualityconference.ca

Stockholm Criminology Symposium

June 10-12, 2013 Stockholm, Sweden
<http://criminologysymposium.com/>

Canadian Psychological Association 74th Annual Convention

June 13-15, 2013 Quebec City, Quebec
www.cpa.ca

American Psychological Association 121st Annual Convention

July 31-Aug 4, 2013 Honolulu, Hawaii
www.apa.org

25th Annual Crimes Against Children Conference

August 12-15, 2013 Dallas, Texas
www.cacconference.org

European Association of Psychology & Law Conference

September 2-6, 2013 Coventry City, England
http://www.eapl.eu/index.php?option=com_content&view=article&id=49&Itemid=53

39th Annual Meeting of the Society for Police and Criminal Psychology

September 25-28, 2013 Ottawa, Ontario
<http://psychweb.cisat.jmu.edu/spcp/conference.html>

34th Canadian Congress on Criminal Justice

October 2-5, 2013 Vancouver, British Columbia
<http://www.ccja-acjp.ca/en/>

8th European Congress on Violence in Clinical Psychiatry

October 23-25, 2013 Ghent, Belgium
<http://www.oudconsultancy.nl/GhentSite/ecvcp/Invitation.html>

International Congress of Applied Psychology (Psychology and Law Stream available)

July 8-13, 2014 Paris, France
<http://www.icap2014.com/>