



Crime Scene

Fall 2016

Psychology Behind Bars and in Front
of the Bench



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Criminal Justice Section of the
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Association

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Word from the Chair

By Jim Cheston, Ph.D., C.Psych.

By the time you read this, the summer of 2016 may well be gently fading into your memory, softened by the cool temperatures and changing colours of autumn. The last time I wrote in *Crime Scene* it was spring, anticipating the CPA convention in Victoria in early summer. Who would have guessed that summer would be so hot, humid and free from precipitation in central Canada? Of course, you may have experienced similar or different weather to that, depending on where you were in this amazing vast country of ours this summer.

The weather in Victoria was spectacular for the CPA convention in early June, including the gentle coastal showers one evening, as were the convention activities. As usual, there was a multitude of interesting paper and poster presentations, symposia and roundtable conversations on the many different aspects of psychological service in criminal justice.

At the annual general meeting of the CJP Section Dr. Patrick Baillie provided a summary of a roundtable conversation held in Ottawa by the Justice Minister in May. Dr. Baillie reported that the federal government had been messaging that they wanted to look at ways to improve the Canadian justice system by looking at empirically supported strategies. This approach was clearly appreciated by most of the attendees of our annual general meeting.

Among the business items addressed at our annual meeting, it was decided to establish a fund to finance upcoming NACCJP Conferences, and separate funds to support student presentations at conventions and conferences. In addition, the survey about psychologists performing Fitness to Stand Trial assessments was launched just before the convention. The survey continues to be available under the CPA Bulletins section on the homepage of the CPA website. For those who have not yet completed this survey, be sure to check it out:

<http://cpa.ca/bulletins/#TrialAssessment>

Your support in completing the survey will enable the Section to make further progress in advocacy on this important professional issue.

Looking to the future, our next opportunity to gather at the CPA annual convention will be in Toronto, June 8 - 10, 2017. In 2018 the CPA will be hosting the International Congress of Applied Psychology in Montreal. The event we are all most looking forward to attending will be the following year, when the **4th North American Correctional & Criminal Justice Psychology Conference (NACCJPC4, or N4) will be held in Halifax, N.S. in 2019**. The Steering Committee for N4 is busily working to create a conference in 2019 to rival the successes of the first three. Those who have attended the NACCJP Conferences so far know that to date it seems these conferences seem to be getting better all the time!

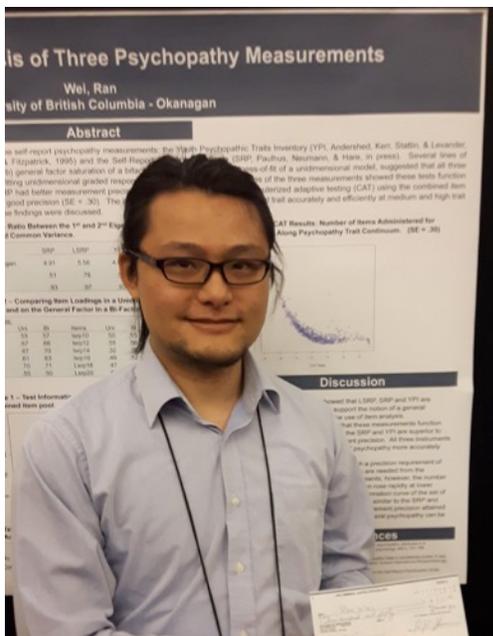
CJS Poster Winners

Graduate Student Poster Winner: Ran Wei, University of British Columbia, Okanagan

An item response analysis of psychopathy measurements: Combining YPI, SRP and LSRP in simulated computerized adaptive testing (CAT)

Wei, R., & O'Connor, B.

An item response analysis was conducted on a combined item pool of three self-report psychopathy measurements: the Youth Psychopathic Traits Inventory (YPI; Andershed, Kerr, Stattin, & Levander, 2002), Levenson's Self-Report Psychopathy Scale (LSRP; Levenson, Kiehl, & Fitzpatrick, 1995) and the Self-Report Psychopathy Scale (SRP; Paulhus, Neumann, & Hare, in press). Several lines of evidence, including a) the ratio between the first and the second eigenvalues, b) general factor saturation of a bifactor model, and c) the goodness-of-fit of a unidimensional model, suggested that all three measurements and the combined item pool are sufficiently unidimensional for fitting unidimensional graded response models. Test information curves of the three measurements showed these tests function in a very similar way along the latent trait continuum; however, YPI and the SRP had better measurement precision than the LSRP. Simulated computerized adaptive testing (CAT) using the combined item pool administered 24 items on average in order to measure the latent trait with good precision ($SE < .30$). The item pool was able to measure the latent trait accurately and efficiently at medium and high trait levels, but it performed poorly at low trait levels ($\theta < -1$). Implications of these findings were discussed.



Bio

Ran Wei is a doctoral experimental psychology student at University of British Columbia – Okanagan under the supervision of Dr. Brian O'Connor. Ran completed his Master's Degree in applied psychology at University of New Brunswick – Saint John focusing on research related to risk assessment/recidivism prediction of mentally ill offenders. His research at UBC-Okanagan is mostly related to deception detection and psychopathy assessments. He is also interested in quantitative methods in psychology, specifically in item response theory, multi-level modeling, and Bayesian statistics.

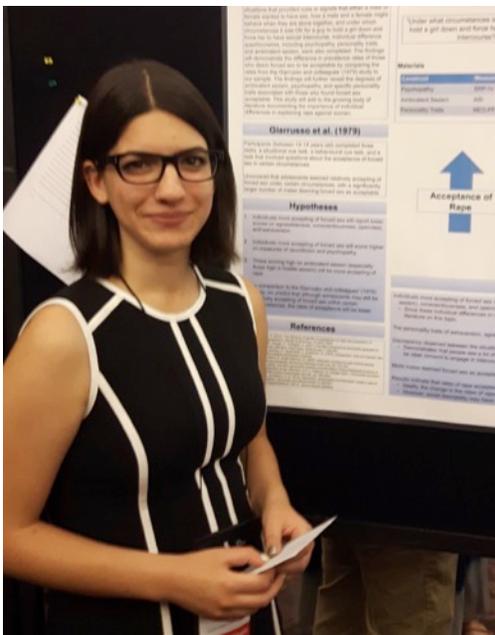
CJS Poster Winners

Undergraduate Student Poster Winner: Iman Zahirfar, University of British Columbia, Okanagan

Individual Differences and the Acceptance of Forced Sex

Zahirfar, I., Mundy, C., & Cioe, J.

Sexual assault is a widespread phenomenon. The most common and damaging form of sexual assault is rape and it has been observed to occur in approximately 1 in 17 Canadian women at some point in their lives (Rape Victims Support Network, 2014). The present study replicates and extends research by Giarrusso and colleagues (1979) by examining the individual differences present in those who find forced sex in certain circumstances acceptable. Participants completed a questionnaire about various situations that provided cues or signals that either a male or female wanted to have sex, how a male and a female might behave when they are alone together, and under which circumstances it was OK for a guy to hold a girl down and force her to have sexual intercourse. Individual difference questionnaires, including psychopathy, personality traits, and ambivalent sexism, were also completed. The findings will demonstrate the difference in prevalence rates of those who deem forced sex to be acceptable by comparing the rates from the Giarrusso and colleagues' (1979) study to our sample. The findings will further reveal the degrees of ambivalent sexism, psychopathy, and specific personality traits associated with those who found forced sex acceptable. This study will add to the growing body of literature documenting the importance of individual differences in explaining rape against women.



Bio

Iman Zahirfar is currently completing her honours thesis, which looks at victim blaming, at the University of British Columbia Okanagan under the supervision of Dr. Jan Cioe. In the future, Iman wishes to complete her Ph.D. in Psychological Sciences and focus her research on the topic of sexual assault and other aspects related to it.

New implementation of Reasoning & Rehabilitation 2

By

**Shari A. McKee,
Ph.D., C.Psych.**

The Brébeuf Program for Regional Forensics at the Waypoint Centre for Mental Health Care will soon have a new group intervention for patients under the auspices of the Ontario Review Board.

Reasoning and Rehabilitation 2 - Mental Health (R&R2- MH; Young & Ross, 2007) was developed from the *Reasoning and Rehabilitation* (Ross & Fabiano, 1985) program previously validated and used in correctional facilities to foster prosocial competence. R&R2-MH is a manualized intervention designed for mentally ill offenders who have a history of antisocial and violent behavior. It includes five core modules (Neurocognitive, Problem Solving, Emotional Control, Social Skills, & Critical Reasoning), each containing a number of individual sessions and specific skills. The content is intentionally engaging with the addition of video clips, exercises and games that demonstrate relevant skills. There are also three booster sessions, which can be run as a follow-up to reinforce and consolidate skills learned in the main R&R2 program. Booster sessions are recommended to run 6-12 months after the completion of the main program. The curriculum has been changed from the original R&R program to reflect the Responsivity principle for participants with mental illness. For example, the total number of sessions has been reduced from 36 to 16 in order to increase the likelihood that the program will be attended to completion. In addition, there are training techniques in the Neurocognitive Module that target attentional, memory and cognitive characteristics that can be associated with mental illness. These sessions help prepare participants to improve attention, impulse control, memory and constructive planning so that they can engage more meaningfully in the group.

R&R2-MH also introduces a novel coaching role to the program. These coaches, called PALs (Participants Aid for Learning), are individuals chosen by the participants to help them get the most out of the program. PALs could be primary nurses, psychologists or other members of the clinical team, volunteers, friends or family members. The PAL's role is to meet individually with the participant after each group session and ask the participant to review that week's skills, discuss how the skills can be applied in the participant's own life, and encourage the participant to complete their homework assignment. The PALs do not teach the skills or do the assignments.

In a number of studies, R&R2-MH has been shown to reduce violent attitudes, anger and disruptive behaviors, and to improve rational problem solving (e.g., Rees-Jones, Gudjonsson, & Young, 2012; Young, Chick & Gudjonsson, 2010). R&R2-MH is feasible to run with offenders with

intellectual disability (Waugh, Gudjonsson, Rees-Jones, & Young, 2014). There is also a 15-session version of R&R2 designed for participants with ADHD, which has been shown to reduce symptoms of ADHD and comorbid problems (Emilsson et al., 2011).

Formal training with the program developer is required for anyone wishing to implement the R&R2-MH program. The program manual, PALs guide, and participant workbooks must be purchased prior to training. Four Waypoint staff (a psychologist, a psychometrist, an addiction counselor, and the program director) attended a three-day training workshop with Dr. Susan Young to become certified to run the group. The training was highly engaging and Dr. Young modeled how to run the group effectively and incorporate the exercises and games. Our intention is to start the program in the fall of 2016 and evaluate the outcomes of attendance, disruptive behaviours on the program, privilege levels, and tribunal dispositions.

Dr. Shari McKee is a psychologist in the Research & Academics Division and Georgianwood Program for Concurrent Disorders at Waypoint Centre for Mental Health Care, Penetanguishene. She received the 2016 CPA Distinguished Practitioner Award.

References

- Emilsson, B., Gudjonsson, G., Sigurdsson, J. F., Baldursson, G., Einarsson, E., Olafsdottir, H., & Young, S. (2011). Cognitive behaviour therapy in medication-treated adults with ADHD and persistent symptoms: A randomized controlled trial. *BMC Psychiatry, 11*, 1-10.
- Rees-Jones, A., Gudjonsson, G., & Young, S. (2012). A multi-site controlled trial of a cognitive skills program for mentally disordered offenders. *BMC Psychiatry, 12*, 1-11.
- Ross, R. & Fabiano, E. (1985). *Time to think: A cognitive model of delinquency prevention and offender rehabilitation*. Johnson City, TN: Institute of Social Sciences and Arts. Order from cognitivecentre@gmail.com.
- Waugh, A., Gudjonsson, G., Rees-Jones, A., & Young, S. (2014). A feasibility study of the Reasoning and Rehabilitation Mental Health Programme (R&R2MH) in male offenders with intellectual disability. *Criminal Behaviour and Mental Health, 24*, 222-224.
- Young, S., Chick, K., & Gudjonsson, G. (2010). A preliminary evaluation of reasoning and rehabilitation 2 in mentally disordered offenders (R&R2MH) across two secure forensic settings in the United Kingdom. *The Journal of Forensic Psychiatry & Psychology, 21*, 336-340.
- Young, S., & Ross, R. R. (2007). *R&R2 for youths and adults with mental health problems: A prosocial competence training program*. Ottawa, ON: Cognitive Centre of Canada.

References

Q-sorts: Stepping outside of the box of offender risk assessment technology

By Michael Sheppard, Ph.D.
C.Psych.

Canadian forensic psychologists are world leaders in the development of risk assessment measures and correctional interventions. The amount of progress in the area of risk assessment over the past 30 years is remarkable (see, e.g., Andrews, Bonta, & Wormith, 2006; Hanson, 2005), having taken us from unstructured professional judgment, to measures addressing historical variables, to the current status of numerous measures addressing historical and dynamic variables as well as strengths or protective factors.

Part I: Limitations of current risk assessment technology

Formal risk assessment technology has enabled forensic clinicians to make reliable and valid assessments of recidivism risk and, when assessments include dynamic items, they can inform treatment to reduce this risk. There are many recidivism risk measures and most of the best have been developed in Canada. To date, comparison studies tend to find that actuarial, clinical-actuarial, and structured professional judgment (SPJ) are valid methods of risk assessment, with no risk measure or approach clearly superior to others (e.g.,

Hanson & Morton-Bourgon, 2009; Singh, Grann, & Fazel, 2011; Yang, Wong, & Coid, 2010) aside from the superiority of structured approaches over unstructured professional judgment (Dawes, Faust, & Meehl, 1989). As well, existing risk assessment technology seems to have plateaued at between about AUC 0.7 and 0.8 (Yang & Mulvey, 2007). The “coffee can” studies of Kroner, Mills, Reddon, and John, (2005) and Buttars, Huss, and Brack (2015) showed that the items across measures are somewhat interchangeable. Although Buttars, Huss, and Brack found that some of their “coffee can” measures outperformed existing established measures, they did not exceed the AUC findings typical of current risk assessment technology.

One reason for the similarity, and possibly also the plateau, among risk measures may be that current measures include complex risk-specific information condensed into relatively small item sets (typically ranging between 10 and 30 items). The improved ease of use comes at the cost of information. For example, the common risk marker “problematic marriage or family life” includes a variety of different relationship issues described in more detail in different technical manuals. The problem of collapsed information seems similar to difficulty with personality disorder criteria sets in DSM-5 (American Psychiatric Association, 2013). Personality disorder criteria have relatively few items considering what they are describing (see, e.g., Westen & Shedler, 1999a). This is despite the fact that the text elaborations of the criteria are clinically rich, as is the literature describing personality disorders. As with reading the descriptions of personality disorders in DSM-5, reading the item descriptions in the technical manuals of established risk measures typically reveals clinically rich, nuanced information. This

information is collapsed into the item and lost on the scoring sheet and sometimes also the case formulation. Another possible reason for the plateau may be that the scoring systems for most measures have a restricted range for the items (usually 0 to 2). This limited range, although obvious with binary options (e.g., "ever convicted of a sexual offence"), likely improves reliability. However, it may also obscure the extent to which a specific variable (or small set of variables) matters in an individual case. Potential solutions to these problems include increasing the item set to include descriptions of risk markers in narrative format, in order to maintain clinically relevant information in the item descriptions, and increasing the scoring range of items to highlight the items that matter most in a specific case.

Part II: Current psychological assessment measures tend to focus on criminogenic variables or neglect them

Current risk assessment technology tends to fall into three main categories: General risk (e.g., the LSI family of measures mostly authored by Andrews and Bonta); violence risk (e.g., the Violence Risk Scale, Wong & Gordon, 2006; or the versions of the HCR-20 mostly authored by Douglas, Webster, and Hart); and sexual violence risk (e.g., the Static family of measures developed by Hanson and colleagues; the Violence Risk Scale-Sex Offender version by Olver, Wong, Nicholaichuk, & Gordon, 2007). There are a small number of measures devoted to stalking (e.g., the SAM; Kropp, Hart, Lyon, & Storey, 2011), domestic violence (e.g., the DVRAG; Hilton, Harris, Rice, Houghton, & Eke, 2008) and terrorism (e.g., the VERA; Beardsley & Beech, 2013). Relatively few risk measures also address relative strengths or protective factors (e.g., the START; Webster, Nicholls, Demesrais, Martin, & Brink, 2006). Although some measures predict risk outside of their stated purpose (e.g., the Static 99 outcomes show it also predicts violent recidivism), no risk measures also measure other constructs such as personality or relationship style. Some include aspects of psychopathy as measured by the Psychopathy Checklist-Revised (Hare,

2003) (e.g., the revised VRAG, Quinsey, Harris, Rice, & Cormier, 2006; the HCR-20V3, Douglas, Hart, Webster, & Belfrage, 2013). Non-risk-related measures (e.g., the PAI; Morey, 2007) tend not to speak to risk, although sometimes they come with correctional norms helpful in describing how an individual is likely to behave during incarceration. Consequently, in conducting psychological risk assessment measures either focus on risk-related variables at the cost of other psychologically relevant variables, or on other psychologically relevant variables at the cost of risk-related variables. Current practice is to include additional measures (e.g., broad spectrum personality inventories such as the PAI) into a risk assessment. An alternative solution is to develop a measure that integrates risk-relevant information with non-criminal psychological information and also strengths to describe offenders more comprehensively.

Part III: The Correctional Q-Sort

The Correctional Q-Sort is method of offender assessment under development designed to address the problems described above and create a more comprehensive assessment of justice-involved individuals. It is based on the Shedler-Westen Assessment Procedure (SWAP; Westen & Shedler, 1999a; Westen & Shedler, 1999b; Westen, Waller, Shedler, & Blagov, 2014). The SWAP is a 200-item Q-sort comprised of clinically rich, narrative items descriptive of personality disorder and psychological health. Although the SWAP includes a valid measure of psychopathy, and has been used in forensic contexts (e.g., see Blagov, et al., 2011; Marin-Avellan, McGauley, Campbell, & Fonagy, 2005; Porcerelli, Cogan, & Hibbard, 2004), its item set was not designed for recidivism risk assessment.

In a Q-sort, items descriptive of a set of constructs are ranked in a forced distribution according to how characteristic or relevant they are of an individual case. A limited number of items is rated highly characteristic or relevant, and a specified number of items is rated uncharacteristic or irrelevant. In the case of the Correctional Q-Sort and the SWAP, items

are rated by a clinician. Q-sorts have had much empirical success in personality research (e.g., see Block; 1978; Westen & Shedler, 1999a). Westen and Shedler (1999a) comment that Q-sorts minimize measurement error through the use of their forced distributions (i.e., they avoid floor- and ceiling effects and also tendencies to provide moderate ratings) and also create a common language for description.

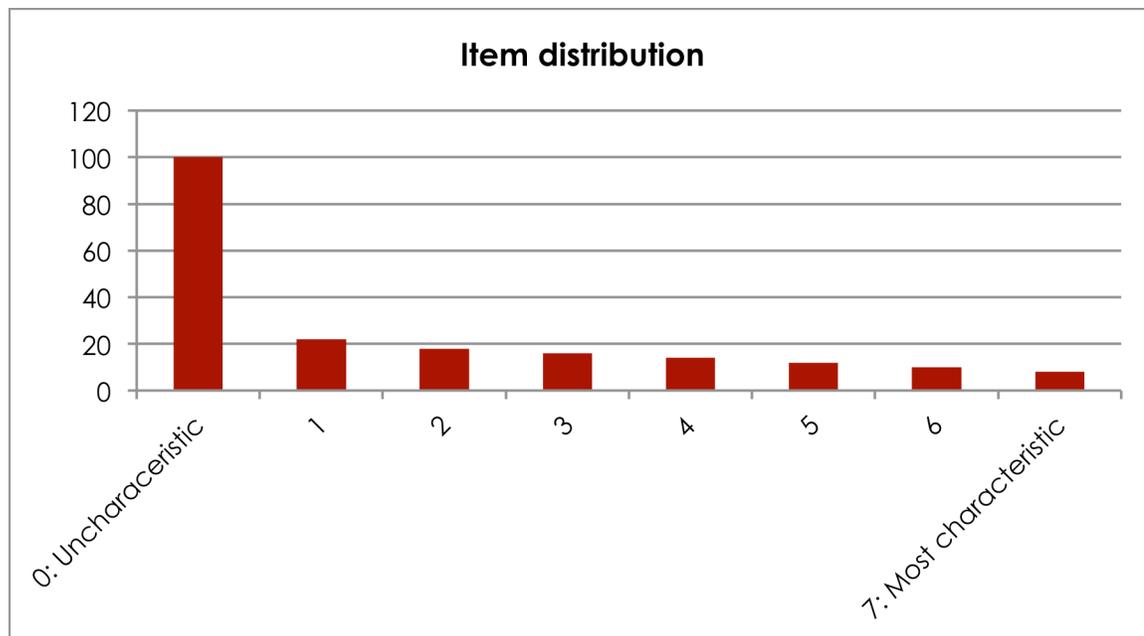
Q-sorts produce idiographic data. That is, they describe what is characteristic (or not) of the individual in question. This is especially useful when there is a base for comparison. Q-sorts can be used to create empirical composites or prototypes (e.g., describing what is most characteristic about a subtype of violent or sexual offender). Individual profiles can be compared with empirically-derived profiles to provide more information. For example, an individual's profile might be highly correlated with an empirically derived profile describing violent psychopathic offenders, which would inform the degree to which he or she shares characteristics with this population.

The Correctional Q-sort addresses part of the issue described in Part I (above) because it includes 200 items developed from the technical manuals of established measures and literature describing offenders (including risk-neutral psychopathology and protective factors). Its item set does not re-invent the wheel; it puts well-established wheels onto a bigger cart. The Correctional Q-Sort includes variables related to general recidivism, violent recidivism (including domestic violence), and sexual recidivism described in narrative format (e.g., "Is generally irritable, easily insulted or offended; seems to 'collect injustices';" "Tends to be indifferent to or resent imposed supervision conditions, may see them as irrelevant or unfairly restricting his or her life;"). It also addresses the issue described in Part II (above) because it includes items developed from versions of DSM and clinical literature describing personality pathology and psychopathology as well as responsivity-related variables (e.g., "Tends not to express

anger immediately, instead letting it build up; expression of anger is usually either minimal or disproportionate to what prompts it;" "Seems to perceive real emotional expression (in self or others) as a sign of weakness or vulnerability; appears to be ashamed of his or her own emotions"). Many of these items are risk-neutral, increasing the range of risk the Q-sort can describe. The item set also includes protective items (e.g., developed from the SAPROF; de Vogel, de Vries Robbé, de Ruiter, & Bouman, 2011, as well as Coupland, 2015). Examples include "Tends to meet emotional needs through positive channels (e.g., prefers to satisfy a high need for stimulation through sports rather than drugs;" or "Associates with prosocial individuals in the community (e.g., family, band, church, etc.) whose prosocial attitudes significantly influence him or her." Because items are rated according to their characteristic-ness or relevance, they can be re-rated if things change (e.g., because of treatment).

Items from the Correctional Q-Sort are scored on the same eight-point continuum used with the SWAP, where a score of zero indicates the item is irrelevant or uncharacteristic and a score of seven indicates that the item is highly relevant or characteristic. One hundred items are rated zero

and eight items are rated seven (see Table 1 for the distribution). Research on the reliability and validity of the SWAP has found that the item set and range of ratings is not too cumbersome to be used relatively quickly and alphas for its scales show good inter-rater reliability (e.g., Shedler & Westen, 1999a, 1999b). Assuming the item set for the Correctional Q-Sort is good, it is reasonable to expect relatively quick administration time and good inter-rater reliability (see below).



(Very) early findings

With the earlier 100-item version of the Correctional Q-Sort, Sheppard and Dassinger (2013) asked three experienced forensic psychologists to develop theoretical profiles for a high risk primary psychopath violent offender, a high risk secondary psychopath violent offender, a high risk mentally disordered violent offender, a high risk narcissistic sex offender, a high risk interpersonally inadequate sex offender, and a low risk/high functioning offender. Preliminary data were promising, given the sample size, as alphas ranged from 0.76 (mentally disordered violent offender) to 0.92 (low risk/high functioning offender) correlations between offender categories are presented in Table 1.

Table 1. Correlations between theoretical prototypes with the 100-item Correctional Q-Sort

	PP VO	SP VO	MD VO	N SO	SI SO
SP VO	0.45				
MD VO	0.00	0.43			
N SO	0.43	0.04	-0.26		
SI SO	-0.24	-0.06	-0.17	0.57	
LR/HF	-0.24	-0.27	-0.35	-0.25	-0.07

Adapted from Sheppard & Dassinger (2013). NOTE: PP VO= primary psychopathic violent offender, SP VO= secondary psychopathic violent offender, MD VO= mentally disordered violent offender, N SO= narcissistic sexual offender, SI SO= socially inadequate sexual offender, LR/HF= low risk/high functioning

Current directions

As mentioned previously, the item set for the 200-item Correctional Q-Sort was developed

using the technical manuals of commonly used forensic and risk assessment measures (e.g., PCL-R, HCR-20, VRS, LSI, etc.) as well as descriptions of personality disorder and other psychopathology criteria from DSM-5, the clinical literature describing personality and psychopathology, and clinical observations of offenders. Its item domains are described in Table 2.

Table 2. Item domains for the 200-item Correctional Q-Sort¹

Major area	Sub-area (sub-sub-area)
Interpersonal antagonism	Belligerence, aggressive narcissism, paranoia, deceitfulness, predatory behaviour
Interpersonal inadequacy	Loneliness-alienation, obsession, social anxiety-avoidance, under-assertiveness
Intimate relationships	Aggressive, passive-dependent
Affective deficit	Limited affect, limited attachments
Affective dysregulation	Anger-irritability, impulsivity, polarized affect, dysregulated affect
General criminogenic needs	Criminal orientation, criminal lifestyle (irresponsibility, antisociality, substance use), criminal peers
Sex offender	Sexual deviancy, sexual compulsivity/preoccupation, sex as coping, sex offender type, offence planning
Violent offender	Pro-violence attitude, violent behaviour, weapons use, violent subculture
Mental health	Cognitive impairment, psychotic symptoms, mood symptoms, anxiety symptoms, trauma symptoms, transdiagnostic symptoms (neurovegetative, cognitive, affective expression, affective inhibition), other personality (schizotypal, schizoid, histrionic, obsessive compulsive)
Protective/healthy	Emotion regulation, positive interpersonal behaviour/relationships, risk management, goals
Attitude toward treatment	No sub-headings
Ineffective coping	No sub-headings
Risk and pathology neutral items	Interpersonal, identity, attitudes and values

One benefit to having 200 items across a wide variety of domains drawn from a broad literature base is that any individual's profile will be clinically rich, including both risk-relevant material (as indicated) and risk-neutral information that can inform treatment responsivity and/or context for the risk-related items. Another is that, with the distribution of the Correctional Q-sort, items identified as characteristic can be transferred into a narrative format creating the basis for a case formulation describing risk-relevant items, relevant psychopathology or risk-neutral items, and/or relevant protective items not possible with any single current forensic measure.

In forensic assessment contexts, the Q-sort method could be a bridge

¹ If you are interested in helping with the beta testing of the current version of the Correctional Q-Sort, please contact Michael Sheppard at m.sheppard.psych@gmail.com

between the actuarial/ clinical-actuarial and structured professional judgment camps. It provides a solid structure for professional judgments. Profiles can be compared statistically with empirically derived profiles, providing further information. As Westen and Weinberger (2005) remind us, Meehl didn't believe that clinical opinions were irrelevant; he believed that experts have expert knowledge. This knowledge can be harnessed and expressed through a clear and common structure such as a Q-sort.

- American Psychiatric Association. *Diagnostic and Statistical Manual for Mental Disorders, 5th Ed.* Washington, DC: American Psychiatric Press.
- Andrews, D. A., Bonta, J. & Wormith, J. S. (2006). The recent past and near future of risk assessment. *Crime and Delinquency, 52*, 7-27. DOI: [10.1177/0011128705281756](https://doi.org/10.1177/0011128705281756)
- Beardsley, N. L., & Beech, A. R. (2013). Applying the violent extremist risk assessment (VERA) to a sample of terrorist case studies. *Journal of Aggression, Conflict, and Peace Research, 5*, 4-15. DOI: [10.1108/175965913112090713](https://doi.org/10.1108/175965913112090713)
- Blagov, P., Patrick, C. P., Lillienfeld, S. O., Powers, A. D., Phifer, J. E., Venables, N., Hudak, M., Herres, D. J., Lieb, K., Garvin Leigh, S. C., & Cooper, G. (2011). Personality constellations of incarcerated psychopathic men. *Personality Disorders: Theory, Research, and Treatment, 2*, 293-315. DOI: [10.1037/a0023908](https://doi.org/10.1037/a0023908)
- Block, J. (1978). *The Q-Sort Method in Personality Assessment and Psychiatric Research.* Palo Alto, CA: Consulting Psychologists Press.
- Buttars, A., Huss, M. T., & Brack, C. (2015). Sex offender risk assessment: A reexamination of the coffee can study. *International Journal of Law and Psychiatry, 42-43*, 31-36. DOI: [10.1016/j.ijlp.2015.08.004](https://doi.org/10.1016/j.ijlp.2015.08.004)
- Coupland, R. B. A. (2015). An Examination of Dynamic Risk, Protective Factors, and Treatment-Related Change in Violent Offenders. Unpublished doctoral dissertation. University of Saskatchewan, Saskatoon, SK.
- Dawes, R. M., Faust, D., & Meehl, P. E. (1989). Clinical versus actuarial judgment. *Science, 243*, 1668-1674.
- de Vogel, V., de Vries Robbé, M., de Ruiter, C., & Bouman, Y. H. A. (2011). Assessing protective factors in forensic psychiatric practice. Introducing the SAPROF. *International Journal of Forensic Mental Health, 10*, 171-177. DOI: [10.1080/14999013.2011.600230](https://doi.org/10.1080/14999013.2011.600230)
- Douglas, K. S., Hart, S. D., Groscup, J. L., & Litwak, T. R. (2014). Assessing violence risk. In I.B. Weiner & R.K. Otto (Eds.). *The Handbook of Forensic Psychology.* Hoboken, NJ: John Wiley & Sons.
- Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR-20 (Version 3): Assessing risk of violence – User guide.* Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University
- Hanson, K. R. (2005). Twenty years of progress in violence risk assessment. *Journal of Interpersonal Violence, 20*, 212-217. DOI: [10.1177/0886260504267740](https://doi.org/10.1177/0886260504267740)
- Hanson, K. R., & Morton-Bourgon, K. E. (2009). The accuracy of risk assessments for sexual offenders: A meta-analysis of 118 prediction studies. *Psychological Assessment, 21*, 1-21. DOI: [10.1037/a0014421](https://doi.org/10.1037/a0014421)
- Hare, R. D. (2003). *Psychopathy Checklist-Revised 2nd Ed.* Toronto, ON: Multi-Health Systems.
- Hilton, N. Z., Harris, G. T., Rice, M. E., Houghton, R. E., & Eke, A. W. (2008). An in-depth actuarial assessment for wife assault recidivism: The Domestic Violence

- Risk Appraisal Guide. *Law and Human Behavior*, 32, 150-163. DOI: [10.1007/s10979-007-9088-6](https://doi.org/10.1007/s10979-007-9088-6)
- Kroner, D. G., Mills, J. F., & Reddon, J. R. (2005). A coffee can, factor analysis, and the prediction of antisocial behaviour: The structure of criminal risk. *International Journal of Law and Psychiatry*, 28, 360-374. DOI: [10.1016/j.ijlp.2004.01.011](https://doi.org/10.1016/j.ijlp.2004.01.011)
- Kropp, R. P., Hart, S. D., Lyon, D. R., & Storey, J. E. (2011). The Development and Validation of the Guidelines for Stalking Assessment and Management. *Behavioral Sciences and the Law*, 29, 302-316. DOI: [10.1002/bsl.978](https://doi.org/10.1002/bsl.978)
- Marin-Avallen, L., McGauley, G., Campbell, C., & Fonagy, P. (2005). Using the SWAP-200 in a personality-disordered forensic population; is it valid, reliable and useful? *Journal of Criminal Behavior and Mental Health*, 15, (No 1), 28-45. DOI: [10.1002/cbm.35](https://doi.org/10.1002/cbm.35)
- Morey, L. C. (2007). *The Personality Assessment Inventory 2nd Ed.* Lutz, FL: PAR.
- Olver, M. E., Wong, S. C. P., Nicholaichuk, T. & Gordon, A. (2007). The Validity and Reliability of the Violence Risk Scale- Sexual Offender Version: Assessing Sex Offender Risk and Evaluating Therapeutic Change. *Psychological Assessment*, 19, 318-329. DOI: [10.1037/1040-3590.19.3.318](https://doi.org/10.1037/1040-3590.19.3.318)
- Porcerelli, J. H., Cogan, R., & Hibbard, S. (2004). Personality characteristics of partner violent men: A Q-sort approach. *Journal of Personality Disorders*, 18, 151-162.
- Sheppard, M. D., & Dassinger, C. (2013). The Correctional Q-Sort: Preliminary Findings. Symposium presented at the Pacific Forensic Psychiatry Conference, Vancouver, BC, March 20-22.
- Singh, J. P., Grann, M. & Fazel, S. (2011). A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants. *Clinical Psychology Review*, 31, 499-513. DOI: [10.1016/j.cpr.2010.11.009](https://doi.org/10.1016/j.cpr.2010.11.009)
- Webster, C. L., Nicholls, T. L., Martin, M., Desmarais, S. L., & Brink, J. (2006). Short-Term Assessment of Risk and Treatability (START): The Case for a New Structured Professional Judgment Scheme. *Behavioral Sciences and the Law*, 24, 747-766. DOI: [10.1002/bsl.737](https://doi.org/10.1002/bsl.737)
- Westen, D. & Shedler, J. (1999a). Revising and assessing Axis II, part I: Developing a clinically and empirically valid assessment method. *American Journal of Psychiatry*, 156, 258-272. DOI: [10.1176/ajp.156.2.258](https://doi.org/10.1176/ajp.156.2.258)
- Westen, D. & Shedler, J. (1999b). Revising and assessing Axis II, part II: Toward an empirically based and clinically useful classification of personality disorders. *American Journal of Psychiatry*, 156, 273-285. DOI: [10.1176/ajp.156.2.273](https://doi.org/10.1176/ajp.156.2.273)
- Westen, D., Waller, N. G., Shedler, J., & Blagov, P. S. (2014). Dimensions of personality and personality pathology: Factor structure of the Shedler–Westen Assessment Procedure-II (SWAP-II). *Journal of Personality Disorders*, 28, 281-318. DOI: [10.1521/pepi.2012.26.059](https://doi.org/10.1521/pepi.2012.26.059)
- Westen, D. & Weinberger, J. (2005). In praise of clinical judgment: Meehl's forgotten legacy. *Journal of Clinical Psychology*, 61, 1257-1276. DOI: [10.1002/jclp.20181](https://doi.org/10.1002/jclp.20181).
- Wong, S. C. P. & Gordon, A. (2006). The validity and reliability of the violence risk scale: A treatment-friendly violence risk assessment tool. *Psychology, Public Policy, and the Law*, 12, 279-309. DOI: [10.1037/1076-8971.12.3.279](https://doi.org/10.1037/1076-8971.12.3.279)
- Yang, S. & Mulvey, E. P. (2007). Violence risk: Re-defining variables from the first-person perspective. *Aggression and Violent Behaviour*, 17, 198-207. DOI: [10.1016/j.avb.2012.02.001](https://doi.org/10.1016/j.avb.2012.02.001)
- Yang, S., Wong, S. C. P., & Coid, J. (2010). The efficacy of violence prediction: A meta-analytic comparison of nine risk assessment tools. *Psychological Bulletin*, 136, 740-767. DOI: [10.1037/a0020473](https://doi.org/10.1037/a0020473)

A contemporary discussion about Aboriginal sexual offenders and risk assessment

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¹ The term Aboriginal does not adequately capture the diversity and richness found in the Indigenous population in Canada. It is further acknowledged that Aboriginal is not a term chosen by Indigenous people. This term is used all-inclusively to aid in the ease of writing, but with recognition that it is not sufficient in its description of Indigenous culture and experience.

Risk Assessment for Aboriginal Sexual Offenders

The majority of research regarding use of risk instruments with Aboriginal¹ offenders has focused on predicting violent and general recidivism. Evidence shows that risk factors for violent and general recidivism are highly similar between Aboriginal and non-Aboriginal offenders (Babchishin, Helmus, & Blais, 2012). However, less research concerns the similarity between risk factors for sexual recidivism in Aboriginal and non-Aboriginal sexual offenders. Many widely used risk instruments with good predictive validity exist for sexual recidivism, and although the measures were not specifically validated for use with Aboriginal offenders, Aboriginal offenders were sometimes included in the samples used to develop the measures. Thus, there are concerns regarding the predictive validity of these measures on an Aboriginal population (Wormith, Hogg, & Guzzo, 2015).

Both ethical and utilitarian reasons exist that necessitate further investigation into risk factors for sexual recidivism with Aboriginal sexual offenders. The most commonly cited concern is their disproportionately high representation in the criminal justice system. Aboriginal adults represent about 3% of the Canadian adult population, but account for 25% of admissions to provincial and territorial correctional services, and 22% of admissions to federal correctional services in 2014-2015 (Statistics Canada, 2015). Of these, 18% were men incarcerated for sexual offences (Statistics Canada, 2015). Despite efforts by Correctional Services Canada (CSC), these numbers continue to increase, even with the decrease in rates of incarceration for other cultural groups.

Recidivism rates among Aboriginal offenders are higher than among non-Aboriginal offenders, with low risk Aboriginal offenders recidivating at a higher rate than high-risk non-Aboriginal offenders (Public Safety Canada, 2014). Aboriginal sex offenders also exhibit more risk factors or score higher on those risk factors than non-Aboriginal offenders (Babchishin et al., 2012). The history of colonization in Canada and ongoing issues of marginalization and discrimination against Aboriginal people heighten the necessity of addressing potential differential risk factors for Aboriginal offenders. This ensures that any unique needs of Aboriginal offenders are best served. It is critical to ensure that risk instruments empirically validated using a largely non-Aboriginal sample are predictive in Aboriginal sexual offenders as well. This article provides an overview of the legal and empirical work on risk assessment and Aboriginal sex offenders, in light of the attention stemming from recent court judgments.

Background

The Canadian judicial process is endorsed by the dominant culture, and a government that participated in systemic discrimination against people of Indigenous ancestry. Thus, there are many criticisms concerning the use of actuarial risk instruments with Aboriginal offenders. Martel, Brassard, and Jaccoud (2011) state that it is false to suggest that risk assessment instruments can be universally applied, especially because of the limited population segment they have been validated on. They argue that Aboriginal offenders are likely to score higher on certain risk factors because they relate back to the marginalization still heavily prevalent due to colonization. This cannot be disputed empirically; Aboriginal offenders do score higher on these items. This further ignites controversy because many of these aggravating risk factors are arguably beyond their control, as they were born into marginalized circumstances and endure intergenerational trauma. Gutierrez, Wilson, Rugge, and Bonta (2013) contend that by addressing the economic and social concerns, the higher risk status in these areas could be dealt with. Regardless of cultural bias concerns, many risk assessments have still demonstrated predictive validity with Aboriginal offenders.

Four court judgments are central in considering risk assessment for Aboriginal sex offenders. First, *R v Gladue* (1999) highlights the importance of considering systemic and background factors that may influence an Aboriginal offender to commit crimes under provision s. 718.2 (e) of the Criminal Code of Canada, which states that courts need to consider non-custodial options, “with particular attention to the circumstances of Aboriginal offenders” (*Criminal Code*, 1985). The case concerned Jamie Tanis Gladue, a female Aboriginal offender, and set a precedent that cultural factors unique to Aboriginal people of Canada need to be considered in sentencing. It can be deduced from this provision that considering cultural factors is also important in assessment and treatment of Aboriginal offenders.

The second court judgment, *Ewert v Canada* (2015) found that research regarding risk instrument use with Aboriginal sex offenders was insufficient, and despite knowledge of these concerns, these instruments were used to assess Jeffery Ewert. Furthermore, the court concluded that use of risk assessment instruments violated Ewert’s Charter rights, and did not consider the special needs of Aboriginal offenders. The judge enjoined the use of assessment instruments with Aboriginal offenders until sufficient evidence supported their reliability, and prohibited assessment results from guiding decisions regarding Jeffery Ewert (*Ewert v Canada*, 2015). Several of the risk assessment instruments in question are specifically used to assess sexual recidivism risk, such as the Violence Risk Scale-Sex Offender version (VRS-SO; Wong, Olver, Nicholaichuk, & Gordon, 2003), Static-99 (Hanson & Thornton, 1999), and the Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Rice, Harris, 1995). In addition, two other instruments were scrutinized: the Psychopathy Checklist-Revised (PCL-R; Hare, 2003), and the Violence Risk Appraisal Guide (VRAG; Harris, Rice, & Quinsey, 1993). One study conducted by Olver, Neumann, Wong, and Hare (2013) provided evidence for the predictive validity of the PCL-R with Aboriginal offenders, and was presented in court, but the judge was not convinced by the results (*Ewert v Canada*, 2015).

The third and fourth rulings, *R. v Awasis* (2016) and *R. v Haley* (2016), concern dangerous offender applications for two Aboriginal offenders. Both of these cases referenced the *Ewert* ruling and determined Judge Phelan's evaluation of actuarial instruments to be inconsistent with the current empirical evidence. An appeal of the *Ewert* ruling also found that enjoining the use of risk instruments with Aboriginal offenders did not necessarily follow upon consideration of the current empirical evidence, and concluded that the Federal court erred on several counts regarding its initial ruling (*Ewert v Canada*, 2016a). A remedies hearing was also held prior to these two rulings in April 2016 to address what future research was necessary to assess the predictive validity of actuarial risk instruments with Aboriginal offenders (*Ewert v Canada*, 2016b).

A Brief Overview of the Empirical Literature

To determine the validity of actuarial instruments for use with Aboriginal offenders, the similarity in risk factors between Aboriginal and non-Aboriginal offenders must be examined. Gutierrez, Wilson, Ruge, and Bonta (2013) investigated the predictive ability of the 'Central Eight' risk/need factors in Aboriginal offenders. These eight factors are derived from Andrews and Bonta's General Personality and Cognitive Social Learning Model (2010). The higher risk factors are: antisocial personality pattern, pro-criminal attitudes, pro-criminal associates, and criminal history; with moderate risk factors including employment, family, substance abuse, and leisure/recreation (Andrews & Bonta, 2010). Many of these factors have demonstrated predictive validity with sex offenders as well, but no measures separated ethnicity in that sample (Hanson & Morton-Bourgon, 2005). Gutierrez et al. (2013) found that seven of the central eight showed predictive validity for Aboriginal offenders in violent recidivism (which included sexual recidivism). The best predictors according to this meta-analysis are criminal history, antisocial personality pattern, and pro-criminal attitudes. The authors state that the significant variability and wide confidence intervals between studies are causes for further investigation.

Aboriginal offenders and non-Aboriginal offenders also appear to differ in several areas in terms of risk factors for sexual recidivism. Aboriginal sex offenders have more female victims, less child victims, less sexual deviance, are more likely to be perpetrators of rape than incest, have longer criminal histories, and are younger than non-Aboriginal sex offenders (Ellerby & MacPherson, 2002; Olver & Wong, 2006). Aboriginal offenders exhibit more risk factors associated with general criminality, but less related to sexual recidivism (Babchishin et al., 2012). However, they show higher rates of recidivism in all areas (Rojas & Gretton, 2007. Babchishin et al. (2012) posit that these variances in recidivism rates could be accounted for by higher risk ratings given to Aboriginals, and these differences may disappear once this was accounted for.

Many argue that a specific risk instrument must be developed for use with Aboriginal offenders. No studies to date show that there are specific factors unique to Aboriginal identity that would improve predictive validity if incorporated into risk measures (Gutierrez et al., 2013). However, this does not mean that these factors do not exist, especially as there is still little research

that addresses use of risk assessment for Aboriginal sex offenders.

Långström (2004) showed concern regarding the use of risk assessment on ethnically diverse sex offenders. Långström demonstrated that while the Rapid Risk Assessment of Sexual Offence Recidivism (RRASOR; Hanson, 1997), and Static-99 (Hanson & Thornton, 1999, 2000) were equally predictive of sexual recidivism for European sex offenders, it showed no association between sexual offences with African Asian sex offenders. Thus, it may not generalize across offender ethnicity or migration status. He suggests that the causal chains involved in offending may vary across ethnicity. Though this study sample does not contain Aboriginal sex offenders, many of Långström's speculations regarding the origins of offending behaviour in African Asian sex offenders may be relevant with Aboriginal sex offenders as well. Acculturation problems (especially when Aboriginal individuals move from reserves to urban areas) and traumatization may be more relevant than ethnic status (Långström, 2004).

Babchishin et al. (2012) conducted a study on five independent samples of Aboriginal and non-Aboriginal sex offenders using Static-99R and Static-2002R data. They concluded that the Static-99R was equally predictive for Aboriginal and non-Aboriginal sexual offenders, but that the Static-2002R had lower predictive validity for Aboriginal offenders than non-Aboriginal offenders, especially in two items: stranger victims and community supervision violations. They posited that the increase in general criminality items on the Static-2002R might have led to this result, and subsequently created subscales for the Static-99R and Static 2002R to represent sexual deviance and general criminality, as these are the two content areas measured. After finding that the sexual deviance subscales from each measure had higher correlations than general criminality subscales, they determined that the differences in predictive validity likely originated from the antisociality domain. They emphasize that construct validity of some items needs to be reexamined for Aboriginal offenders, as it is possible that these items are measuring cultural marginalization, and poverty rather than general criminality. Echoing Mann, Hanson, and Thornton (2010), propensities may be expressed differently in Aboriginal sex offenders because of these economic and social differences.

Wilson and Gutierrez (2014) investigated the predictive ability of the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) with 16 Aboriginal and non-Aboriginal offender samples. Each of the subscales for the LS/CMI was significantly predictive of violent recidivism (which included sexual recidivism), but showed great variability. However, it did not predict as well for violent recidivism as for general recidivism. Thus, the LS/CMI does indeed predict recidivism for Aboriginal offenders, but with less accuracy than non-Aboriginal offenders. They concluded that the LS/CMI can be utilized with most Aboriginal offenders, but that there may be issues with under-classifying low risk Aboriginal offenders. This under-classification may be due to a number of reasons, including discrimination within the justice system, the LS/CMI failing to account for experiences that are unique to Aboriginal people, and other cultural factors. Wilson and Gutierrez state that these findings call for the need to understand these unique factors and how they may contribute to higher observed recidivism rates among Aboriginal

offenders. They maintain that the LS/CMI can be used responsibly as long as information about low-scoring Aboriginal offenders is properly disseminated.

Wormith, Hogg, and Guzzo (2015) investigated the predictive validity of the LS/CMI in Aboriginal offenders. This study also combined sexual recidivism into violent recidivism and found that the LS/CMI had lower predictive validity for Aboriginal offenders on violent recidivism, with certain domains examined to predict violent recidivism varying with those offenders as well. Wormith et al. (2015) established through their data that the LS/CMI had lower predictive validity for violent recidivism in Aboriginal offenders than non-Aboriginal offenders. However, the predictive validity of the instrument is still high enough to support its use with Aboriginal offenders. The two studies above are among many that provide evidence for the predictive ability of the Level of Service Inventory (LSI) assessments with Aboriginal offenders (Bonta, 1989; Gossner & Wormith, 2007; Tanasichuk, Wormith, & Guzzo, 2009).

Nafekh and Motiuk (2002) examined the psychometric properties of the Statistical Information on Recidivism-Revised 1 (SIR-R1). The SIR-R1 was not administered to Aboriginal offenders because previous studies had found it was not predictive for this group. After developing a proxy measure (SIR-Proxy), which was highly correlated to the SIR-R1, they found that the SIR-Proxy had very good predictive validity for recidivism with Aboriginal offenders. No speculations were made as to why these results occurred and they conclude, rather curiously, that the effect sizes were poor. Rugge (2006) also draws attention to these inconsistencies in her report on Aboriginal recidivism prediction. Furthermore, in the Appendix for the Nafekh and Motiuk (2002) study, they write that although the SIR-R1 is not suitable for use with Aboriginal offenders, it can be used with other minority offenders. This is contrary to Långström's findings about certain risk assessment (Långström, 2004).

Helmus, Babchishin, and Blais (2012) also investigated the predictive ability of dynamic risk factor assessment, namely the STABLE-2007, for Aboriginal sex offenders. Previous research had established that key dynamic risk factors for Aboriginal offenders are sexual deviance, intimacy deficits, and emotional congruence with children (Hanson & Morton-Bourgon, 2005; Mann, Hanson, & Thornton, 2010). In accordance with other research, Aboriginal sex offenders were younger, had more adult victims, had more contact offences, and caused more victim injury than their non-Aboriginal counterparts (Helmus et al., 2012). However, the items that Aboriginal offenders scored higher on were poorer predictors of recidivism. The researchers repeat speculation from the Babchishin et al. (2012) study, stating that certain risk factors evaluated in the STABLE-2007 may indicate different constructs for Aboriginal offenders than for non-Aboriginal offenders, such as cultural marginalization and poverty. Furthermore, they posit that the propensities in psychologically meaningful risk factors, as discussed by Mann et al. (2010) may differ based on culture, social, and economic status. However, they did find evidence suggesting that relationship stability, sexual self-regulation, and social influences predict recidivism with similar accuracy for Aboriginal and non-Aboriginal sex offenders.

Olver, Sowden, Kingston, Nicholaichuk, Gordon, Christofferson, and Wong

(2016) investigated the predictive validity of the Violent Risk Scale—Sexual Offender version (VRS-SO) scores for Aboriginal and non-Aboriginal sexual offenders. They also included the Static-99R as a comparison measure. This study was particularly important given that it was undertaken shortly after the *Ewert v Canada* ruling (2015), and the authors directly address this. They tackled several concerns raised by the case in their analyses, such as the predictive validity of risk instruments for Aboriginal offenders, varying normative scores between Aboriginal and non-Aboriginal offenders, and the potential for the instruments to miscalculate risk levels of Aboriginal offenders. They found that both the Static-99R and the VRS-SO scores were significant predictors of recidivism with Aboriginal and non-Aboriginal sex offenders, and that there was weak evidence that the predictive ability of the instruments was better for non-Aboriginal offenders. In addition, though Aboriginal offenders had higher risk ratings on both instruments than non-Aboriginal offenders, differences pertained more to criminal history than dynamic factors. The authors note that dynamic change scores demonstrating treatment improvements yielded no differences between groups, with each group showing progress in treatment. Finally, the evidence suggested that the tools captured treatment changes and risk reduction in both Aboriginal and non-Aboriginal groups, and that there are variables unique to Aboriginal offenders that require further investigation.

Evidence supports using the current risk assessment tools with Aboriginal sex offenders, and does not uphold the assertion that the instruments are negatively biased towards Aboriginal offenders. Yet there is no question that further research is required and caveats apply to conclusions drawn from this collection of studies. First, this conclusion cannot be generalized to the STABLE-2007, or dynamic risk factors encompassed in that measure, as the items were not found to have adequate predictive ability with Aboriginal sexual offenders. Second, some of the studies have overlapping samples, so effect sizes may appear larger than is accurate, and results must be interpreted with caution. A third limitation is that many authors of these studies developed the risk assessments in question. Gutierrez et al. (2013) mention that predictive validity is found to be consistently higher in studies where a developer of the instrument is involved as an author. This is an important consideration because there is potential for authors to be biased towards their own measures, but is not meant to suggest that such bias occurred in these studies. It is merely important to note given the contentious nature of this issue. Finally, some of the studies do not separate sexual from violent recidivism, making it difficult to establish the predictive ability of certain risk assessments solely for sexual recidivism in Aboriginal offenders.

Revisiting Issues Raised in the Recent Court Decisions

Returning to one of the central court judgments, it is unfortunate that certain matters were not given more consideration in the original ruling (*Ewert v Canada*, 2015). First, one of the experts who testified (Dr. Rice) was taken to task for not disclosing her affiliation as a co-author of one of the measures in question. However, the judge placed a great deal of weight on the testimony of the other expert in the case (Dr. Hart) who is a co-author of several risk assessment tools that utilize structured professional judgment (SPJ) and advocates their use to assess Aboriginal offenders in his testimony. It was

notable that this expert had not been compelled to disclose any conflict of interest. Thus, in all legal cases where expert testimony is called on, conflicts of interest should be clearly disclosed to prevent bias. Second, empirical evidence needs to form the foundation of expert testimony regarding risk assessment. The only empirical evidence cited regarding the use of risk assessments for Aboriginal offenders was a study authored by Olver, Neumann, Wong, and Hare (2013) that examined the predictive validity of the PCL-R and an unpublished dissertation by Dempsey (2002) that examined multiple risk measures. Given that the court requires the best evidence, it is puzzling that little weight was given to the breadth of empirical evidence. All but two of the studies surveyed in this paper were published at the time of this court judgment, and yet only two were featured to refute the utility of risk assessments. If Aboriginal offenders are not being assessed using measures that have received adequate empirical scrutiny, there is a potential to do harm in their sentencing, treatment, and rehabilitation. Thus, in terms of reducing bias in court, it is essential that courts consider scrutinizing any conflicts of interest and ensure that the breadth of relevant empirical evidence is exhausted.

Another area of concern is the apparent discrepancies in dynamic factors used to predict recidivism for Aboriginal and non-Aboriginal offenders. Babchishin et al. (2012) point out the possibility that underlying propensities are not being measured properly in the STABLE-2007, and this may account for these discrepancies. Regardless, a thorough examination of the construct validity of dynamic risk factors for Aboriginal offenders is warranted. Future revisions or iterations of risk assessment also must be validated using an Aboriginal population. Olver et al. (2016) emphasizes that Aboriginal offenders were included in empirical samples when many risk assessments were developed and normed, but it may be useful to separately examine the validity of the measures with Aboriginal offenders within a sample. Furthermore, replication studies are necessary to provide stronger support for the use of risk assessments with Aboriginal offenders. Preferably, these studies would be conducted with unique samples and involve independent examination (i.e., conducted by researchers who are not affiliated with the development of the measure). Although no additional risk factors have yet been identified that are unique to people of Aboriginal ancestry, further investigation on this topic is justified.

Following the *R. v Ewert* case (2015), Judge Phelan ordered a remedies hearing in 2016 to discuss a research agenda for evaluating the predictive validity of actuarial risk instruments with Aboriginal offenders. Dr. Olver provided an affidavit identifying his post-trial research concerning the validity of the Static-99R and VRS-SO for use with Aboriginal offenders (Olver, aff.8, March 23, 2016). He addressed some of the concerns raised in Dr. Hart's testimony. In reply to Dr. Hart's opinion that the PCL-R should not be scored or interpreted for Aboriginal persons, Dr. Olver stated that research is sufficient at this point to warrant the use of the PCL-R on Aboriginal offenders pending further research. He stated that the PCL-R can be responsibly administered to make recommendations for risk management in conjunction with other forensic assessment tools and with consideration of unique cultural factors. Dr. Olver also highlighted that post-trial research supports the predictive

properties VRS-SO and Static-99R when used to empirically measure both risk changes and predict violent and sexual recidivism with Aboriginal offenders.

In his testimony, Dr. Hart suggested that SPJs are not susceptible to the same biases as actuarial instruments, and thus need not endure the same rigorous evaluation as actuarial instruments (*Ewert v Canada*, 2016b). However, Dr. Olver emphasized in his affidavit that no research has evaluated the predictive ability of SPJs with Aboriginal persons, and believes they need to be scrutinized irrespective of their assessments not being delivered in a numeric form. Dr. Olver stated that without rigorous research, it is impossible to know if SPJ risk categories for Aboriginal offenders are comparable to risk categories seen with non-Aboriginal offenders, and to know whether these tools unduly classify Aboriginal offenders as higher risk. In fact, the majority of the research uses a Caucasian sample with little cultural or ethnic diversity, and cultural bias has not been examined.

Finally, in response to Dr. Hart's assertions that the use of recidivism estimates for Aboriginal offenders is problematic (e.g., inability of actuarial tests to incorporate new information when offenders change), Dr. Olver stated that posing the issue of recidivism estimates as unique to Aboriginal peoples disregards the fact that this is a concern with various cultural/ethnic groups. He also mentioned that Dr. Hart's comments do not consider offender change captured in dynamic actuarial risk instruments. Dr. Olver reiterated that professional judgment must always be used to identify factors not captured in the ratings, and advocates for the importance of communicating risk in a clear and balanced manner to decision makers in order to provide a comprehensive and contextualized characterization of the offender.

The Gladue provision, though initially intended for use in sentencing decisions, also allows for consideration of unique factors that may have impacted the criminal behaviour of Aboriginal offenders. In conjunction with this provision, CSC has undertaken many initiatives that embrace its spirit, including restorative justice approaches, and providing cultural programming for offenders (Correctional Services Canada, 2012). It seems then, that the most effective place to address issues such as cultural marginalization, poverty, and the inter-generational trauma that uniquely affects Aboriginal offenders is through treatment, and is thus more appropriate as a responsibility issue (Harris, Cousineau, Page, Sonnichsen, & Varrette, 2011).

Two rulings following the *Ewert* case have found that prohibiting the use of actuarial risk instruments with Aboriginal offenders is unnecessary. In the case of *R. v Awasis* (2016), the court addressed the use of actuarial risk instruments in determining an offender's eligibility for dangerous offender designation. The context of the *Awasis* case varies from the original *Ewert* ruling because actuarial tools were used as part of a comprehensive review of Mr. Awasis' risk level, and did not unduly influence assessment of his overall risk (*R v Awasis*, 2016). Thus, Mr. Awasis was considered in terms of his psychological make-up, his background, and his future prospects. Dr. Schweighofer, an expert witness, stated that he knew of no one in the field whom shared Dr. Hart's view that actuarial instruments have been insufficiently tested for use with Aboriginal offenders. Schweighofer further stated that while tools do not predict risk

flawlessly for any offender, they predict better than chance and better than other methods for both Aboriginal and non-Aboriginal offenders (*R v. Awasis*, 2016). This was supported by PCL-R scores, which were found to predict risk for Aboriginal and non-Aboriginal offenders nearly identically in the Olver et al. study (2013).

The case of *R v Haley* (2016) also concerned an application for dangerous offender status, and the court considered the original *Ewert* ruling and Dr. Hart's testimony regarding the use of actuarial instruments. The court reached the same conclusions as the *Awasis* ruling in regards to the use of actuarial assessment. Namely, that the risk instruments in question were used as one part of a comprehensive assessment based on all available information, and that Dr. Piché's expert opinion (who was the evaluator in the *Haley* case) would not be altered by eliminating reliance on the risk instruments.

The CSC later appealed the original *Ewert* ruling (*R. v Ewert*, 2015) and the court acknowledged that a balance of probabilities was not established to ascertain that the scores and conclusions of actuarial risk instruments were unreliable when administered to Aboriginal offenders. The court instead relied on Dr. Hart's testimony that evidence was merely lacking regarding the reliability of these tools when used with Aboriginal offenders. This reliance on the absence of evidence did not thus accurately support *Ewert's* claim that his Charter rights were violated with the use of the tools.

The original *Ewert* ruling meant that the risk assessment instruments mentioned in the case were only to be used with utmost caution for Aboriginal offenders in Canada, and the current empirical evidence on the matter was not adequately considered. Failure of the justice system to use risk assessment on Aboriginal offenders, especially considering the lack of empirical evidence supporting that decision, should be considered a step backwards as it does a disservice to Aboriginal offenders, denying them equal access to evidence-based practices.

Conclusion

It is encouraging that the breadth of research supporting actuarial risk instruments use with Aboriginal offenders has been addressed by the Canadian justice system in the *Awasis* and *Haley* rulings. Further research is no doubt required, especially concerning dynamic risk factors and the inability of dynamic instruments to accurately measure risk in Aboriginal offenders. Recidivism base rates vary between Aboriginal and non-Aboriginal offenders, and variables unique to Aboriginal offenders may influence these base rates. Thus, ensuring that valid risk assessments are used with Aboriginal sex offenders is imperative, and a moratorium on risk assessment use would further disadvantage rehabilitation and community integration efforts. The *Ewert* case and subsequent legal ramifications remain an important call for further research to be conducted concerning actuarial risk instrument use with Aboriginal offenders.

- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct*. New Providence, New Jersey: Anderson.
- Babchishin, K. M., Blais, J., & Helmus, L. (2012). Do static risk factors predict differently for aboriginal sex offenders? A multi-site comparison using the original and revised Static-99 and Static-2002 scales. *Canadian Journal of Criminology and Criminal Justice*, 52, 1-43. doi: 10.31138/cjccj.2010.E.40
- Bonta, J. (1989). Native inmates: Institutional response, risk, and needs. *Canadian Journal of Criminology*, 31, 49-62.
- Correctional Service Canada. (2012). *Strategic Plan for Aboriginal Corrections*. Retrieved from <http://www.csc-scc.gc.ca/aboriginal/002003-1001-eng.shtml>.
- Criminal Code, R. S. C., 1985, c. C-46 s. 718.2 (e).
- Dempsey, C. (2002). *A comparison of risk assessment instruments with community based sexual offenders*. (Unpublished master's dissertation). University of Leicester, Leicester.
- Ellerby, L. A. & MacPherson, P. (2003). *Exploring the profiles of Aboriginal sexual offenders: Contrasting Aboriginal and non-Aboriginal sexual offenders to determine unique client characteristics and potential implications for sex offender assessment and treatment strategies*. (R-122). Ottawa, Canada: Correctional Service Canada.
- Ewert v Canada*, FC 1093 (2015)
- Ewert v Canada*, FCA 203 (2016a)
- Ewert v Canada*, Ct file no. T-1350-05 (2016b)
- Gossner, D. & Wormith, J. S. (2007). The prediction of recidivism among young offenders in Saskatchewan. *Canadian Journal of Police & Security Services*, 5, 70-82.
- Gutierrez, L., Wilson, H. A., Rugge, T., & Bonta, J. (2013). The prediction of recidivism with Aboriginal offenders: A theoretically-informed meta-analysis. *Canadian Journal of Criminology and Criminal Justice*, 55, 55-99. doi:10.1353/ccj.2013.0006
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). *Predictors of sexual recidivism: An updated meta-analysis*. Ottawa, Canada: Public Safety Canada.
- Hanson, R. K., & Morton-Bourgon, K. E. (2009). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 118 prediction studies. *Psychological Assessment*, 21, 1-21.
- Harris, A. J. R., Cousineau, C., Page, C. A., Sonnichsen, P., & Varrette, S. (2011). Recidivism risk assessment for Aboriginal males: A brief review of the scientific literature. Research 239. Ottawa: Correctional Service Canada.
- Helmus, L., Babchishin, K. M., & Blais, J. (2012). Predictive accuracy of dynamic risk factors for Aboriginal and non-Aboriginal sex offenders: An exploratory comparison using STABLE-2007. *International Journal of Offender Therapy and Comparative Criminology*, 56, 856-876. doi: 10.1177/0306624X11414693
- Helmus, L., Thornton, D., Hanson, R. K., & Babchishin, K. M. (2012). Improving the predictive accuracy of Static-99 and Static-2002 with older sex offenders: Revised age weights. *Sexual Abuse: A Journal of Research and Treatment*, 24, 64-101. doi:10.1177/1079063211409951
- Långström, N. (2004). Accuracy of actuarial procedures for assessment of sexual offender recidivism risk may vary across ethnicity. *Sexual Abuse: A Journal of Research and Treatment*, 16, 107-120. doi: 10.1023/B:SEBU.0000023060.61402.07
- Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual

- recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment*, 22, 191-217. doi: 10.1177 /1079063210366039
- Martel, J., Brassard, R., & Jaccoud, M. (2011). When two worlds collide: Aboriginal risk management in Canadian corrections. *British Journal of Criminology*, 51, 235-255. doi: 10.1093/bjc/azr003
- Nafekh, M. & Motiuk, L. L. (2002). *The Statistical Information on Recidivism – Revised 1 (SIR-R1) Scale: A psychometric examination (R-126)*. Ottawa, Canada: Correctional Service of Canada
- Olver, M. E., Neumann, C. S., Wong, S. C. P., & Hare, R. D. (2013). The structural and predictive properties of the Psychopathy Checklist-Revised in Canadian Aboriginal and non-Aboriginal offenders. *Psychological Assessment*, 25, 167-179. doi: 10.1037/10029840
- Olver, M. E., Sowden, J. N., Kingston, D. A., Nicholaichuk, T. P., Gordon, A., Christofferson, S. M. B., & Wong, S. C. P. (2016). Predictive accuracy of VRS-SO risk and change scores in treated Canadian Aboriginal and non-Aboriginal sexual offenders. *Sexual Abuse: A Journal of Treatment and Research*, 28. doi:10.1177/1079063216649594 [Advanced online publication]
- Public Safety Canada (2014). *Corrections and Conditional Release Statistical Overview: 2013 annual report* (Cat. No.: PS1-3/2013E-PDF). Ottawa, Canada: Author.
- Regina v Awasis*, BCPC 219. (2016)
- Regina v Gladue*, SCR 688. (1999)
- Regina v Haley*, BCSC 1144. (2016)
- Rojas, E. Y., & Gretton, H. M. (2007). Background, offence characteristics, and criminal outcomes of Aboriginal youth who sexually offend: A closer look at Aboriginal youth intervention needs. *Sexual Abuse: A Journal of Research and Treatment*, 19, 257-283. doi:10.1177/107906320701900306
- Rugge, T. (2006). *Risk assessment of male Aboriginal offenders: A 2006 perspective*. Ottawa, Canada: Public Safety Canada.
- Statistics Canada. (2015). *Adult correctional statistics in Canada: 2014/2015* (Catalogue no. 85-002-X). Ottawa, Canada: Author.
- Tanasichuk, C. L., Wormith, J. S., & Guzzo, L. (2009). *The predictive validity of the Level of Service Inventory: Ontario Revision (LSI-OR) with Aboriginal offenders*. Toronto, Canada: Ministry of Community Safety and Correctional Services.
- Wilson, H., & Gutierrez, L. (2014). Does one size fit all? A meta-analysis examining the predictive ability of the Level of Service Inventory (LSI) with Aboriginal offenders. *Criminal Justice and Behaviour*, 41, 196-219. doi:10.1177/0093854813500958
- Wormith, J. S., Hogg, S. M., & Guzzo, L. (2015). The predictive validity of the LS/CMI with Aboriginal offenders in Canada. *Criminal Justice and Behaviour*, 42, 481-508. doi: 10.1177/0093854814552843

Examining the Relationships between Forensic Practice Knowledge, Correctional Orientation and Engagement in Core Correctional Practices among Corrections Officers

By Christina M. Jones
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Dissertation Defended August 2015

One goal of the criminal justice system is to reduce reoffending through offender rehabilitation initiatives. Owing to their frequency of contact, Corrections Officers (COs) have maximal opportunity to role-model pro-social behaviour, thereby furthering rehabilitative outcomes for offenders. In Saskatchewan, efforts to maximize the rehabilitative potential of the CO-offender interaction have included a commitment to renaming COs as Corrections Workers (CWs) and training them in Core Correctional Practices (i.e., respectful rule and boundary enforcement, positive reinforcement, anti-criminal modeling, and teaching concrete problem solving skills). Yet one potential barrier to COs adopting this additional, and sometimes contradictory job

requirement, is that previous research has generally found low support for rehabilitation and high support for punishment (known together as Correctional Orientation) amongst COs. A previously unexamined potential explanation for CO punitive attitudes was that these frontline workers lack knowledge of basic forensic practice research findings, which describe elements that lead to offender change. Therefore, the purpose of this three-study mixed-methods project was to examine the nature of the relationships between four constructs of interest: Forensic Practice Knowledge, Support for Rehabilitation, Support for Punishment, and engagement in Core Correctional Practices.

Study 1 involved the development and pilot of a new measure of Correctional Orientation on an undergraduate sample ($N = 148$) and confirmed that Support for Rehabilitation and Support for Punishment are distinct yet strongly negatively correlated attitudes ($r = -.633$). In Study 2, CWs ($N = 227$) employed in the four provincial adult correctional facilities in Saskatchewan were administered the newly developed scale of Correctional Orientation, a measure of Forensic Practice Knowledge, consisting of a true/false test of basic research relevant to the rehabilitation of offenders, and a self-report measure of on-the-job behaviours reflective of Core Correctional Practices.

Statistical analyses confirmed a robust positive, predictive relationship between Forensic Practice Knowledge and Support for Rehabilitation, and negative predictive relationship between Forensic Practice Knowledge and Support for Punishment. Likewise, although Forensic Practice Knowledge was significantly positively correlated with Core Correctional Practices, Support for Rehabilitation and Support for Punishment (combined) were better predictors of engagement in Core Correctional Practices. Support for Rehabilitation was a better predictor of engagement in Core Correctional Practices than Support for Punishment.

Finally, in Study 3, eight CWs varying in their survey responses were interviewed. Utilizing thematic analysis, three broad models emerged, which described: 1) Reasons CWs may support rehabilitation, not support punishment and engage in Core Correctional Practices; 2) Reasons CWs may support punishment and not support rehabilitation; and 3) Reasons CWs may not engage in Core Correctional Practices. Additional themes describing how interviewees responded to Forensic Practice research were also generated.

In the discussion, the findings of all three studies were combined to generate a comprehensive thematic model of the sources of information CWs draw upon to support their correctional orientation. Main themes included: empathy, the crimes and institutional behaviours of individual offenders, beliefs about treatment efficacy, and beliefs about the role of the CW. Additionally the combined results suggested that increasing Forensic Practice Knowledge is more likely to increase Support for Rehabilitation than decrease Support for Punishment, and that CWs can increase their Support for Rehabilitation without a comparable decrease in their Support for Punishment and vice versa.

Finally, salient negative job-related experiences of CWs are likely to increase Support for Punishment. In particular, interviewees felt that the largest obstacle to their engagement in Core Correctional Practices were the current features of the institutional settings, which generated a cynical, burnt-out, and punitive staff culture whereby peer pressure was employed to maintain prescribed modes of interaction. The overall findings were used to generate comprehensive recommendations for reducing stress and burnout, education and training targets, and hiring criteria, which could screen out problematic applicants.

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thesis or dissertation?

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to *Crime Scene*.

Recent Publications

The August 2016 issue of *Psychological Services* (volume 13, issue 3) featured a special section on “Correctional and Criminal Justice Psychology.” Three articles based on material originally presented at the third North American Correctional and Criminal Justice Psychology in Ottawa in 2015 are included in this issue. You can access this special issue by clicking on the link below:

<http://psycnet.apa.org/index.cfm?fa=browsePA.volumes&jcode=ser>

Hilton, N. Z., Simpson, A., & Ham, E. (2016). The increasing influence of risk assessment on forensic patient review board decisions. *Psychological Services*, 13, 223-231. doi:10.1037/ser0000068

Previous studies of decisions about forensic patients' placement in secure hospitals indicate some changes over time in the use of empirically supported risk factors. Our aim was to investigate whether, in more recent cases, risk assessment instruments were cited by a forensic patient review board or by the clinicians who made recommendations to the board and whether there was evidence of an association between risk assessment results and either dispositions or recommendations. Among review board hearings held in 2009-2012 pertaining to 63 different maximum security patients found not criminally responsible on account of mental disorder in Ontario, Canada, dispositions were most strongly associated with psychiatrists' testimony, consistent with previous studies. However, dispositions were associated with the scores on the Violence Risk Appraisal Guide (VRAG), such that transferred patients had a lower risk of violent recidivism than detained patients. An association between clinical opinions and risk assessment results was also evident and significantly larger than in previous research. There was no evidence that risk assessment was cited selectively in higher risk cases or when scores were concordant with the review board decision. This research may provide a baseline for studies of the effect of 2014 legislation introducing a high-risk designation for forensic patients in Canada. We recommend further efforts to measure the effect of nonpharmacological treatment participation and in-hospital security decisions on forensic decision-making.

Cook, A. N., Moulden, H. M., Mamak, M., Lalani, S., Messina, K., & Chaimowitz, G. (2016). Validating the Hamilton Anatomy of Risk Management – Forensic Version and the Aggressive Incidents Scale. *Assessment*. Online First Jul 15, 2016. doi: 10.1177/1073191116653828

The Hamilton Anatomy of Risk Management–Forensic Version (HARM-FV) is a structured professional judgment tool of violence risk developed for use in forensic inpatient psychiatric settings. The HARM-FV is used with the Aggressive Incidents Scale (AIS), which provides a standardized method of recording aggressive incidents. We report the findings of the concurrent validity of the HARM-FV and the AIS with widely used measures of violence risk and aggressive acts, the Historical, Clinical, Risk Management–20, Version 3 (HCR-20V3) and a modified version of the Overt Aggression Scale. We also present findings on the predictive validity of the HARM-FV in the short term (1-month follow-up periods) for varying severities of aggressive acts. The results indicated strong support for the concurrent validity of the HARM-FV and AIS and promising support for the predictive accuracy of the tool for inpatient aggression. This article provides support for the continued clinical use of the HARM-FV within an inpatient forensic setting and highlights areas for further research.

Connolly, D. A., Gordon, H. M., Woiwod, D. M., & Price, H. L. (2016). What children recall about a repeated event when one instance is different from the others. *Developmental Psychology*, 52(7), 1038-1051.

<http://dx.doi.org/10.1037/dev0000137>

This research examined whether a memorable and unexpected change (deviation details) presented during 1 instance of a repeated event facilitated children's memory for that instance and whether a repeated event facilitated children's memory for deviation details. In Experiments 1 and 2, 8-year-olds ($N = 167$) watched 1 or 4 live magic shows. Children were interviewed about the last or only show, which did or did not contain deviation details. Children reported more accurate information about the instance when deviation details were presented than when they were not, but repeated experience did not improve memory for deviation details. In Experiment 3, children ($N = 145$; 6- to 11-year-olds) participated in 4 magic shows and answered questions about each one. Deviation details were manipulated such that they caused a change in how the show was experienced (continuous) or had no such effect on the rest of the show (discrete). Younger, but not older, children's recall of all instances improved when a continuous deviation occurred compared to no deviation. Implications for how deviation details are represented in memory, as well as forensic applications of the findings, are discussed.

Recent
Publications

Hanson, R. K., Babchishin, K. M., Helmus, L. M., Thornton, D., & Phenix, A. (2016). Communicating the results of criterion referenced prediction measures: Risk categories for the Static-99R and Static-2002R sexual offender risk assessment tools. *Psychological Assessment*. Advance online publication (Sept 12, 2016). doi:10.1037/pas0000371

This article describes principles for developing risk category labels for criterion referenced prediction measures, and demonstrates their utility by creating new risk categories for the Static-99R and Static-2002R sexual offender risk assessment tools. Currently, risk assessments in corrections and forensic mental health are typically summarized in 1 of 3 words: low, moderate, or high. Although these risk labels have strong influence on decision makers, they are interpreted differently across settings, even among trained professionals. The current article provides a framework for standardizing risk communication by matching (a) the information contained in risk tools to (b) a broadly applicable classification of "riskiness" that is independent of any particular offender risk scale. We found that the new, common STATIC risk categories not only increase concordance of risk classification (from 51% to 72%)—they also allow evaluators to make the same inferences for offenders in the same category regardless of which instrument was used to assign category membership. More generally, we argue that the risk categories should be linked to the decisions at hand, and that risk communication can be improved by grounding these risk categories in evidence-based definitions.

Hanson, R. K. (in press, 2016-05). Assessing the calibration of actuarial risk scales: A primer on the E/O index. *Criminal Justice and Behavior*.

Assessing the predictive accuracy of risk assessment scales requires consideration of both discrimination and calibration. Discrimination refers to the magnitude of the differences between recidivists and non-recidivists; calibration refers to the credibility of the recidivism rates associated with test scores or categories (i.e., correspondence between the scale's recidivism estimates and observed recidivism rates in validation studies). Calibration studies are rare in offender risk assessment research. Furthermore, there is little guidance and no conventions for effect size statistics in this area. The purpose of this article is to explain one promising effect size statistic for calibration (the E/O index) and provide an illustrative example of how it can be calculated and interpreted in risk scale validation studies. Briefly, the E/O index is the ratio of the expected number of recidivists to the observed number of recidivists. Guidance is provided for calculating the E/O index with fixed follow-up data as well as from survival data. This paper also discusses alternative approaches to examining calibration, and provides references to other studies using the E/O index to assess the calibration of offender risk scales.

Lehmann, R. J. B., Thornton, D., Helmus, L. M., & Hanson, R. K. (2016). Developing non-arbitrary metrics for risk communication: Norms for the Risk Matrix 2000. *Criminal Justice and Behavior*. Advance online publication. doi:10.1177/0093854816651656

Nominal risk categories for actuarial risk assessment information should be grounded in non-arbitrary, evidence-based criteria. The current study presents numeric indicators for interpreting one such tool, the Risk Matrix 2000, which is widely used to assess the recidivism risk of sexual offenders. Percentiles, risk ratios, and 5-year recidivism rates are presented based on an aggregated sample ($N = 3,144$) from four settings: England and Wales, Scotland, Germany, and Canada. The Risk Matrix 2000 Sex, Violence, and Combined scales showed moderate accuracy in assessing the risk of sexual, non-sexual violent, and violent recidivism, respectively. Although there were some differences across samples in the distributions of risk categories, relative increases in recidivism for ascending risk categories were remarkably consistent. Options for presenting percentiles, risk ratios, and absolute recidivism estimates in applied evaluations are offered, with discussion of the advantages, disadvantages, and limitations of these risk communication metrics.

Gutierrez, L., Helmus, L. M., & Hanson, R. K. (2016, in press). What we know and don't know about risk assessment with offenders of Indigenous heritage. *Journal of Threat Assessment and Management*.

The over-representation of Indigenous offenders in the Canadian criminal justice system highlights the need for research on the applicability of risk assessment for this group. Given that most decisions throughout an offender's progression through the criminal justice system are guided by the outcomes of risk assessment, it is essential that risk assessments be structured, objective, reliable and transparent. Furthermore, it is imperative that these risk assessments be empirically validated in order to defend their use with a diverse offender population. Meta-analyses and large-sample studies have demonstrated that the major risk factors and commonly used risk assessment scales predict recidivism for Indigenous offenders, but the predictive accuracy is weaker for Indigenous compared to non-Indigenous offenders. Given the consequences of risk assessment for offenders and matters of public safety, the reasons for these differences remain an important topic of research. Despite the evidence gaps, the available research supports the use of empirically validated structured risk assessments with offenders of Indigenous heritage, until there is more research done to better understand differences in predictive accuracy.

Recent
Publications

Recent Publications

Lee, S. C., Restrepo, A., Satariano, A., & Hanson, R. K. (2016). *The predictive validity of Static-99R for sexual offenders in California: 2016 update*. Sacramento, CA: SARATSO (State Authorized Risk Assessment Tool for Sex Offenders) Review Committee. Available from www.saratso.org

[no abstract]

Livingston, J. D., Crocker, A. G., Nicholls, T. L., & Seto, M. C. (2016). Forensic Mental Health Tribunals: A Qualitative Study of Participants' Experiences and Views. *Psychology, Public Policy, and Law*, 22, 173-184.

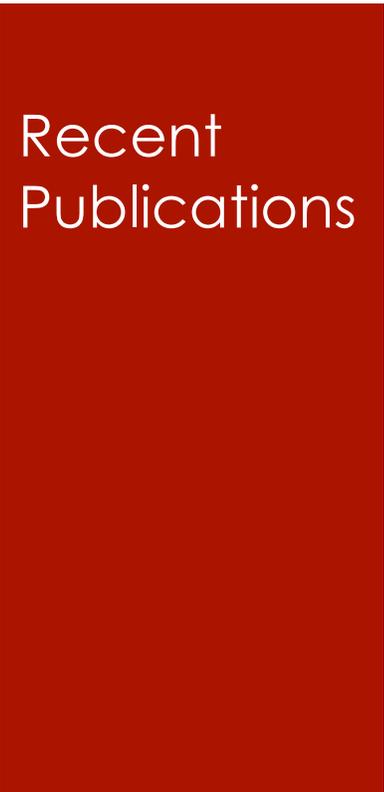
Decisions pertaining to the liberty of people adjudicated "not criminally responsible on account of mental disorder" (NCRMD) principally rest with forensic mental health tribunals, called Criminal Code Review Boards (RBs) in Canada. Using qualitative description, individual interviews examined how RB processes were perceived by 26 people found NCRMD, 13 family members, and 16 professionals in 3 provinces. Thematic analysis produced 5 themes: involvement of people in RB hearings (constrained voice), treatment of people during RB hearings (respectful process), diverse interests and agendas (balancing interests), RB decision-making ([un]expected outcomes), and time spent under the RBs' jurisdiction (feeling stuck). Although, people found NCRMD and others were generally perceived to be treated respectfully and fairly during RB hearings, the participants also identified opportunities for strengthening procedural justice. Further work is needed to understand the influence that RB hearings and perceived procedural justice exert on the recovery and re-entry of persons found NCRMD.

Livingston, J. D. (2016). What Does Success Look Like in the Forensic Mental Health System? Perspectives of Service Users and Service Providers. *International Journal of Offender Therapy and Comparative Criminology*, [PUBLISHED AHEAD OF PRINT] doi: 10.1177/0306624X16639973

Outcomes research in forensic mental health (FMH) has concentrated on reoffending as the principal indicator of success. Defining success in one-dimensional, negative terms can create a distorted view of the diverse objectives of the FMH system. This qualitative study examined the complexity of success from the perspectives of people in the FMH system. Interviews were conducted with 18 forensic service users and 10 forensic service providers. Data were analyzed inductively using thematic analysis to identify predominant themes. The participants conceptualized success as a dynamic process materializing across six different domains in the context of the FMH system: (a) normal life, (b) independent life, (c) compliant life, (d) healthy life, (e) meaningful life, and (f) progressing life. The results indicate that people who provide or use FMH services emphasize a broad range of processes and outcomes, apart from public safety, when they think about success.

Morgan, R. D., Gendreau, P., Smith, P., Gray, A. L., Labrecque, R. M., MacLean, N., Van Horn, S. A., Bolanos, A. D., Batastini, A. B., & Mills, J. F. (2016). Quantitative synthesis of the effects of administrative segregation on inmates' well-being. *Psychology, Public Policy, and Law*. Advance online publication. doi:10.1037/law0000089

There is a widely held belief that the use of administrative segregation (AS) produces debilitating psychological effects; however, there are also those who assert that AS is an effective strategy for reducing prison antisocial behavior and prison violence. Given these conflicting opinions it is not surprising that the use of segregation in corrections has become a hotly debated and litigated issue. To clarify the competing perspectives, two independent meta-analytic reviews, in an unplanned systematic replication, were undertaken to determine what effect AS has on inmate's physical and mental health functioning, as well as behavioral outcomes (e.g., recidivism). Collectively, the findings from these two meta-analytic reviews indicated that the adverse effects resulting from AS on overlapping outcomes ranged from $d = 0.06 - 0.55$ (i.e., small to moderate) for the time periods observed by the included studies. Moderator analyses from both investigations further reveal considerably smaller effect sizes among studies with stronger research designs compared to those with weaker designs. These results do not support the popular contention that AS is responsible for producing lasting emotional damage, nor do they indicate that AS is an effective suppressor of unwanted antisocial or criminal behavior. Rather, these findings tentatively suggest that AS may not produce any more of an iatrogenic effect than routine incarceration. Coding for these meta-analyses also revealed serious methodological gaps in the current literature. Recommendations for future research that will provide a much better understanding of the effects of AS are offered.



Storey, J. E. (2016). Hurting the Healers: Stalking and Stalking-Related Behavior Perpetrated Against Counselors. *Professional Psychology: Research and Practice*, 47, 261-270. <http://dx.doi.org/10.1037/pro0000084>

The increased risk of stalking faced by mental health professionals (MHPs) raises many important questions for practitioners. For instance, what factors place MHPs at greater risk of being stalked, and what perceptions do MHPs have about stalking? The present study investigates these and other understudied questions pertaining to stalking and stalking-related behavior perpetrated toward MHPs in the context of their work, by surveying a sample of 346 registered clinical counselors in British Columbia, Canada. Results indicated that many respondents had experienced individual stalking-related behaviors, and 7% (n = 23) had been stalked by a client. Work-related stalking and stalking-related behavior was perpetrated by clients, coworkers, and the acquaintances of clients. Respondents treating clients for forensic, substance abuse, and sexuality issues as well as for sexual abuse were at greater risk of being victimized. However, respondents treating clients out of their residence were not at greater risk. Less than half (47%) of respondents were aware of their heightened risk of being stalked, and many (50%) endorsed the view that poor clinical skill can increase stalking victimization. The majority of respondents reported that they would call police or terminate therapy in the event that they were being stalked by a client and three-quarters wanted to receive training on stalking. Findings suggest the need and desire for training that raises the awareness and abilities of MHPs to manage stalking behavior, but that also challenges unfounded and potentially harmful beliefs that some MHPs hold about their victimized colleagues.

Zinger, I. (2016). Human Rights and Federal Corrections: A Commentary on a Decade of Tough on Crime Policies in Canada. *Canadian Journal of Criminology and Criminal Justice*, 58(4), 609-627.

DOI: <http://dx.doi.org/10.3138/cjccj.2016.E06>

The present commentary documents how correctional authorities can capitalize on law-and-order politics, find new ways to advance their own agenda, and enjoy a certain degree of immunity from public scrutiny. It examines the impact on federal corrections of a decade of tough on crime policies in Canada, reviews correctional and conditional release statistics, and analyses trends that shaped federal corrections over that period. It also highlights how law-and-order politics can influence the internal culture of correctional authorities and human rights compliance.

Recent
Publications

Upcoming Webinar

Forensic Grand Rounds

By Andrew Haag, Ph.D. R.Psych.

At Alberta Hospital Edmonton, the Forensic Rounds Committee runs Forensic Grand Rounds on the second Wednesday of every month from 9 to 10 AM MST. The rounds cover many topics pertaining to forensic psychology and have involved speakers from all over the world. The committee is dedicated to the delivery of high quality research and forensic discourse. The intended audience is mental health professionals interested in forensics. To attend these rounds, all you need is a computer and a reliable Internet connection. If this sounds like something you would be interested in, **you can be added to the Forensic Grand Rounds distribution list by emailing ahe.schedule@gmail.com and requesting to be added to the email list for Forensic Rounds.** Additionally, upon request, you can be provided with a link so that you will have access to a continually updated calendar of events pertaining to the Forensic Rounds.

A major upcoming webinar will be on **November 10** at a special time (**12:00 to 14:30 MST**). This webinar will include a panel discussing the Ewert v. Canada decision and research relevant to this decision. The panel will consist of (1) Dr. Stephen Hart, (2) Dr. Karl Hanson/Dr. Maaïke Helmus/Leticia Gutierrez, (3) Dr. Mark Olver, and (4) Dr. Daryl Kroner. This will be a follow up to last year's webinar with the same panel exploring the implications of the Ewert v. Canada decision. The webinar will be a rare opportunity for an audience to hear a panel of experts weigh in on one particular issue and respond to each other and to the audience. **The major issue at hand is cross-cultural risk assessment particularly as it pertains to indigenous persons.** What is the best way to approach cross-cultural risk assessment? What research or how much research is required before one can say that an instrument generalizes to any one culture? What are the implications of the Ewert decision for forensic psychology/psychiatry? Most importantly, how can the field of cross-cultural risk assessment move forward in the future? The panel will all have a chance to voice their views about the Ewert v. Canada decision and the appeal to that decision. Individuals are encouraged to view this webinar in groups as this webinar will be well attended. Viewing the webinar in groups will help to ensure that everyone will be able to view the webinar without bandwidth issues.

AHE Forensic Grand Rounds

Ewert v. Canada: Past Experience and Future Direction

A virtual round table with:

Dr. Stephen Hart, Dr. Karl Hanson/Dr. Maaike Helmus/
Leticia Gutierrez, Dr. Mark Olver, & Dr. Daryl Kroner

Moderated by: Dr. Andrew Haag

Thursday, November 10, 2016

12:00 to 14:30 MST

Alberta Hospital: TBD

Webinar link: <https://connect.srv.ualberta.ca/r58xr301r0h/>

A year after the original *Ewert* virtual round table and a court appeal, the expert panel is being given a chance to revisit the issues of the *Ewert v. Canada* court decisions. What are the implications of the *Ewert* decisions for forensic psychology/psychiatry? What is the current state of the cross-cultural risk assessment literature? Most importantly, how can the field of cross-cultural risk assessment move forward in the future?



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Pre-doctoral Internship Profile

Cops, Corrections, and the Justice System: New and Diverse Training Experiences in Clinical Forensic Psychology in Saskatoon, Saskatchewan

TWO New Residency Positions in Forensic Psychology!

Situated on the banks of the South Saskatchewan River, Saskatoon is the largest city in Saskatchewan with a population of approximately 275,000. Home to the only Canadian university with colleges in five major life and health sciences (the University of Saskatchewan; U of S), as well as the main teaching and tertiary health service agency in the province (the Saskatoon Health Region; SHR), Saskatoon is considered to be the medical, educational, and scientific centre for the northern two-thirds of the province. The community is also rich in diversity and offers a greater variety of cultural activities and urban amenities than similarly sized cities in more densely populated regions in Canada.

The Saskatoon Health Region's psychology residency program is a 12-month pre-doctoral internship administered through the Department of Clinical Health Psychology at Royal University Hospital. Developed in 1980, the residency program was among the first to be accredited by the Canadian Psychology Association. The program has since maintained accreditation and was most recently awarded reaccreditation status until the end of August 2017.

As with all programs, changes have occurred over time. However, core features of the SHR residency program have remained the same. These include adherence to a scientist-practitioner model of training, generalist training in adult and child practice, didactic seminars, dedicated research time, and supervision of graduate students in clinical psychology. These elements have provided a strong foundation upon which to build, which most recently has included the development of clinical forensic positions. **Beginning in the 2016-2017 training year, the SHR residency program will have five residency positions, two of which are dedicated forensic positions.** Clinical forensic psychology residents are expected to complete at least **two major rotations** in forensic settings. These rotations are quite diverse and

Dedicated
residency
positions in
forensic
psychology!

include opportunities to provide psychological assessment, treatment, and consultation services to adult and youth offenders residing in federal, provincial, and youth facilities, as well as community settings, and as part of multidisciplinary teams involving psychologists, psychiatrists, psychiatric nurses, social workers, parole officers, probation officers, justice community support workers, police officers, and public prosecutors. Opportunities to provide specialized services to specific offender groups such as violent offenders, sexual offenders, and mentally disordered offenders are also available. These may include specialized assessments, individualized treatment, and/or co-facilitation of group-based programs. Brief descriptions of the forensic rotations, training sites, and possible training experiences are offered below.

Major Rotations:

1) The Serious Violent Offender Response (SVOR) is an innovative, multidisciplinary, evidence-based community response designed to reduce the threat posed by high-risk offenders in the province of Saskatchewan. The response was formally implemented in May 2013 and is currently operational in two geographic regions of the province, one urban (Saskatoon) and one rural (North Battleford). The SVOR has two very unique elements: (1) a newly created daily living support program for offenders with mental health concerns operated by the Canadian Mental Health Association - SK Division; and (2) the involvement of a Clinical Psychologist of Policing based at the Saskatoon Police Service.

Training experience: Under the supervision of the Clinical Psychologist of Policing, residents would have opportunity to train and work within an interprofessional framework including a community-based forensic service delivery team comprised of municipal and federal police services, justice community support workers, adult probation officers, public prosecutions, and directors within the Ministry of Justice, all associated with the SVOR.

Admission criteria for the SVOR are as follows: a) eighteen years of age and over, serving an adult community sentence or be under bail supervision; b) have either a serious violence offense as an index offense or a history of violent offending; and c) an evaluation to indicate they are "High" or "Very High" risk to reoffend. Any individual with an 810 Supervision Order is also eligible as are any offenders who have committed kidnapping or sexual offenses involving child victims. The resident would have opportunity to participate in SVOR admission, discharge, and case management processes. In addition to professional consultation, residents would participate in direct service delivery and have opportunity to conduct a range of psychological assessments (e.g., mental health, cognitive functioning, and risk assessments) and to provide individual treatment. The clientele are most typically high risk-need cases with complex clinical presentations and comorbid mental health conditions.

There may also be opportunities for residents to engage in applied research. The Saskatoon Police Service is in the process of establishing a Predictive Analytics Lab in partnership with the University of Saskatchewan and the Saskatchewan Ministry of Justice, which stands to offer some very unique research opportunities that may be of interest to some residents.

2) The Regional Psychiatric Centre (Prairies; RPC) is a fully accredited (CCHSA), forensic mental health facility owned and operated by the Correctional Service of Canada (CSC) on land belonging to the U of S. The RPC admits male and female offenders from federal penitentiaries, Saskatchewan courts (on remand), and occasionally, Saskatchewan Correctional Centers. A few patients are certified under the Mental Health Act of Saskatchewan; but most admissions are non-emergent and voluntary. Admitted offenders typically have acute and/or chronic mental disorders as well as dual diagnoses. Offenders with cognitive impairments, neurological impairments, and severe personality-disorders, with significant behavioral dysregulation or impairment, including chronic or persistent self-harming, are common. As such, many patients at the RPC are seen as "high needs" and/or "high risk."

In addition to mental health treatment and psychosocial rehabilitation programs, RPC provides structured CSC-developed programs that target criminogenic factors such as substance abuse, violent behavior, and sexual offending. Mental health and/or cognitive impairments may reduce the potential to benefit from structured programs in the regular penitentiaries and access to these programs at RPC represents an important component of treatment and rehabilitation. CSC's structured programs and RPC's mental health programs are both based on cognitive-behavioral and relapse prevention principles.

Training Experience: The RPC is a teaching hospital that offers clinical placements to students in psychology, psychiatry, nursing, and social work. Interdisciplinary treatment and assessment services are provided in the context of a maximum security environment. The Psychology Resident is oriented to the facility by the rotation coordinator and supervisor(s). His/her training experiences are identified and planned. A breadth of experiences is encouraged and efforts are directed toward same. Residents are primarily involved in the provision of comprehensive treatment services to admissions from federal institutions in the Prairie Provinces. Experience will also be gained in clinical and psychological assessments as well as Parole Board of Canada psychological risk assessments, which focus on risk for future violence and recommendations for risk management.

Opportunities to
engage in
applied research
in the **Predictive
Analytics Lab**

A resident's experience

While some of the SHR forensic rotations are new, the RPC is an established training site. A recent psychology resident, Ula Khayyat-Abuaita, describes her experience as follows:

“Despite my training background in forensics and familiarity with correctional settings, RPC offered me a unique experience that has not been like any other. It is best to experience working at RPC first hand, but here is my attempt to describe what it is like to work there. I decided to jump in with both feet and learn as much as possible during my rotation, and I was certainly provided with every opportunity to do so. I worked with high-needs and many high-risk offenders, which requires great flexibility and tenacity. Everyday I walked into RPC, I did not know how my day would turn out. I had to be prepared to deal with any crisis that may come up or just have a “normal day,” and I found something to enjoy in any circumstance. I enjoyed providing individual therapy sessions, conducting psychodiagnostic and risk assessments, facilitating group therapy, attending meetings with treatment teams, and yes... I also enjoyed dealing with crises as they come up! I was thrilled for having the opportunity to complete my forensic rotation as part of the pre-doctoral residency at RPC, and I would not have changed a thing about it... except maybe make it last longer.”

3) Saskatchewan Hospital, or SHNB, is Saskatchewan's only provincial psychiatric rehabilitation hospital. Located in North Battleford, the hospital is an accessible travel destination, situated 139 km east of the Alberta/Saskatchewan border city of Lloydminster, and 138 km, northwest from the city of Saskatoon. The hospital's residential structure includes an admissions unit, three general rehabilitation units, a transitional unit, two residential units (one on campus and one located in the community), as well as a forensic unit. This structure allows for a stepwise return to the community, though where placement in the community is not feasible or readily available, patients may reside at SHNB indefinitely.

The Forensic Unit at SHNB is a 24-bed secure inpatient unit that admits individuals remanded for assessment, serving prisoners requiring mental health treatment, and individuals under the auspices of the Saskatchewan Criminal Review Board (i.e., individuals who have been found Unfit to Stand Trial or Not Criminally Responsible Due to Mental Disorder or NCRMD). The Forensic Services program is part of Saskatchewan's health care system; however, it also has close ties to the judicial and correctional systems. Patients accessing this service are individuals who have come into conflict with the law and have mental health issues.

Training Experience: **This rotation will be offered to residents for the first time in the 2017-2018 training year.** The rotation will focus primarily on court-ordered assessment of individuals who have come into contact

with the law and have (suspected) mental health difficulties. There will also be opportunities to provide short-term individual therapy, and risk assessments on those found Unfit to Stand Trial or NCRMD. Residents will also have the opportunity to attend Criminal Review Board hearings and court appearances. Residents will be exposed to various referral questions that are unique to this area, such as multidisciplinary team assessments of criminal responsibility and fitness to stand trial, risk of future offending, mental health issues, and suitability for treatment while a serving prisoner or under the auspices of the Criminal Review Board. A rotation of this type also permits residents to learn how specific factors, such as involuntary committal, major mental illness, poor insight, or reluctance to participate in treatment, can impact on treatment and assessment.

Minor Rotations:

1) The Young Offender (YO) Team is composed of five psychologists and two social workers under the umbrella of the Child and Youth Program, SHR. The YO team provides specialized forensic mental health services to adjudicated youth (male and female) between the ages of 12 and 18 years and their families. Saskatoon has one secure custody facility and one open custody facility for youth. YO team members work with young people who are in both facilities and in the community and attempt to follow the youths as they transition from one facility/location to another.

Training Experience: Residents will have the opportunity to conduct assessment, consultation, and treatment in collaboration with team members and under the supervision of two or three doctoral psychologists. Assessments include court-mandated reports designed to assist in sentencing and disposition. These reports may address a variety of questions including risk for general, violent, and sexual reoffending; mental health issues; or queries regarding learning problems. Non-court mandated assessments might include mental health, self-harm, suicide, vocational, and/or general psychological assessments. Treatment is usually conducted individually depending on client need and staff availability. Some treatment groups are also available (e.g., sexual offending, substance abuse). Therapy approaches differ somewhat among staff members, but generally follow a skill-based, cognitive-behavioral, approach with an emphasis on safety planning. As YO Team clients can be difficult to engage, part of treatment usually involves finding ways to develop working relationships to foster motivation to change.

2) The Child and Youth Rural Consultation Program provides assessment, treatment, and consultation services to clients, families, and mental health staff from rural communities (Saskatoon, Heartland, and Prairie North Health Regions). The clinical population includes children and youth 0 to 18 years with a wide range of presenting clinical disorders, including some forensic issues. Residents will be provided the opportunity to learn consultation strategies useful in assisting front-line staff to work with children and youth within the home, academic, and community settings. Use of direct and indirect (phone and Telehealth) assessment and

consultation strategies will be explored as part of timely and effective clinical consultative service provision.

Training Experience: As part of the 2016-2017 training year, the SVOR and the Child and Youth Rural Consultation Program, SHR are partnering together to create a 6-month rotation. This allows the resident to have the SVOR clinical forensic training experiences described above in combination with the assessment and consultation experiences with child and rural clientele who are *at-risk* and/or have already displayed a wide variety of forensic behaviors (e.g., fire setting, violence towards children and/or animals, sexually intrusive and/or other violent behaviors). When available, the resident can be involved in rural cases identified as part of the Violence Threat Risk Assessment (VTRA) Stage 2 protocol. This partnership illustrates the potential for forensic rotations and supervisors to be responsive to individual training needs and offer diverse training opportunities. **Note: The rural consultation rotation will not be offered for the 2017/2018 training year, but will be offered in the 2018/2019 year.**

Summary and Conclusions

In conclusion, the rotations offered through the forensic track of the SHR residency offer a wide spectrum of diverse forensic training experiences and opportunities that can be tailored to meet individual training interests and needs. Such experiences are also complemented and supported by a well-established and highly regarded residency training program. The integration of forensic training opportunities within a generalist training model stands to benefit the practice of all clinicians including those looking for training in the provision of service to traditionally underserved populations and integrated care, as well as those looking to specialize in clinical forensic psychology!

For additional information about the forensic track, individual rotations, and/or the Saskatoon Health Region's psychology residency program in general, please contact the Training Director, Dr. Rupal Bonli at (306) 655-2348 or Rupal.Bonli@saskatoonhealthregion.ca.

A complete residency brochure is also available at:

https://www.saskatoonhealthregion.ca/locations_services/Services/cdm/Pages/Programs/SHR-Psychology-Residency-Program.aspx

The deadline to submit your residency applications for the 2017-2018 training year is November 15th, 2016.

For more information, contact Training Director, Dr. Rupal Bonli at (306) 655-2348

or

Rupal.Bonli@saskatoonhealthregion.ca

Conference Overview: The Canadian Domestic Homicide Prevention Conference

By N. Zoe Hilton, Ph.D., C.Psych.

Save the Date
October 18-19,
2017

London ON

Convention
Centre

300 York Street,
London, ON

Save the date for the **Canadian Domestic Homicide Prevention Conference, October 18-19, 2017 at the London, Ontario**, Convention Centre. This conference is an event hosted by the *Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP)*, a five-year project funded by the Social Sciences Humanities Research Council (SSHRC). The project's co-directors are Dr. Peter Jaffe of Western University and Dr. Myrna Dawson of the University of Guelph. The project was created to conduct research on domestic homicides in Canada; to identify protocols and strategies that will reduce risk; and to share this knowledge with the wider community.

The conference will focus on:

- Working with Aboriginal; rural, remote & northern; immigrant & refugee populations; and children exposed to domestic violence
- Emerging trends in Canadian domestic homicides
- Domestic homicide reviews in Canada
- Risk assessment, risk management & safety planning

The conference will bring together researchers, policy makers and practitioners working with children and adults to prevent and address domestic violence and domestic homicide. There will be 4 plenary sessions, 60 workshops, and a poster session. **The call for submissions will go out in January 2017.** For more information or to join the email list for updates, go to: <http://www.cdhpi.ca/canadian-domestic-homicide-prevention-conference>

Upcoming Conferences

35th Annual Research and Treatment Conference, Association for the Treatment of Sexual Abusers

November 2-5, 2016, Orlando, Florida

<https://www.atsa.com/conference>

10th European Congress on Violence in Clinical Psychiatry

October 26-28, 2016, Dublin, Ireland

http://www.oudconsultancy.nl/dublin_10_ECVCP/index.html

American Society of Criminology 72nd Annual Meeting

November 16-19, 2016, New Orleans, LA

<https://www.asc41.com/>

American Correctional Association Winter Conference

January 20-25, 2017, San Antonio, TX

https://www.aca.org/aca_prod_imis/aca_conference/

31st Annual San Diego International Conference on Child and Family Maltreatment

January 31- February 3, 2017, San Diego, California

<http://www.sandiegoconference.org/>

American Psychology-Law Society Conference

March 16-18, 2017, Seattle, Washington

<http://ap-ls.wildapricot.org/APLS2017>

33rd Annual Symposium In Forensic Psychology

April 6-9, 2017, San Diego, California

<http://www.forensicpsychology.org/>

Canadian Psychological Association Annual Convention

June 8-10, 2017, Toronto, Ontario

<http://cpa.ca/Convention/>

16th International Association of Forensic Mental Health Service

June 13-15, 2017, Split, Croatia

<http://www.iafmhs.org/2017-Conference>

American Psychological Association Annual Convention

August 3-6, 2017, Washington, DC

<http://www.apa.org/convention/index.aspx>

28th Annual Crimes Against Children Conference

August 7-10, 2017, Dallas, Texas

<http://www.cacconference.org/>



New Orleans, LA



Toronto, ON



Split, Croatia