The Science of Dangerousness Prediction

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Roadmap

- Literature review
- Qualifications
- Court\Legal requirements
- 3 approaches to predicting violence
- Clinical assessment
- Checklist of strongest predictors
- Tools

Examine the Evidence

Consult The Literature

3

Evidence Pyramid

Systematic Reviews and Meta-analyses
Randomized Controlled Double Blind Studies
Cohort Studies
Case Control Studies
Case Series
Case Reports
Ideas, Editorials, Opinions
Animal research
In vitro ('test tube') research

slide provided by Dr. Sandra Arnold, Associate Professor of Pediatrics, University of Tennessee Health Science Center

Practice Guidelines
Forensic Evaluations

- Psychiatry
  - AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW
    - ETHICS GUIDELINES FOR THE PRACTICE OF FORENSIC PSYCHIATRY
- Psychology
  - Specialty Guidelines for Forensic Psychologists
    - American Psychology-Law Society
    - American Psychological Association
    - Endorsed by the American Academy of Forensic Psychology

Forensic Qualifications

- Possess an advanced degree in an appropriate field such as the social, medical, or behavioral sciences (Ph.D., D.Ed. or M.D. or equivalent ;)
- Be registered with at least one body that regulates the assessment and diagnosis of mental disorder (e.g., psychological or psychiatric association);
- Not evaluate their own patients(Vergare, Binder et al. 2006);

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Forensic Qualifications

- Have ample experience with forensic populations;
- Limit the use of the testing instruments to those populations in which it has been validated.
- Insure that they have adequate experience and training in the use of the specific testing instrument employed.
- Realize that there is no method for a **definite** prediction of violence. Any method employed will result in an estimate of probability that comes with some error.

Dangerousness Prediction

- Expert opinions regarding whether or not, as a result of a mental disorder, the respondent represents a substantial danger of physical harm to others.

  - How Valid are these opinions?

  - What is the best, most reliable way to come to an opinion?

Expert Testimony
On Dangerousness in Forensic Commitments

- Not Guilty by Reason of Insanity Extension
  – PC 1026 et. seq.
- Mentally Disordered Offenders
  – PC 2960 et. seq.
- Developmental Disability Commitments
  – WIC 6500 et. seq.
- Murphy Conservatorships
  – WIC 5008 (h)(1)(B)

How can you predict dangerousness?

- Three major approaches to dangerousness prediction
  – Clinical Judgment
  – Actuarial Testing Tools
  – Structured Clinical Prediction Techniques

Actuarial Predictors
Static vs. Dynamic

- Static prediction tools measure client characteristics that can not change
  – Age
  – Gender
  – History of violence
  – Maladjustment as a child

Actuarial Predictors
Static vs. Dynamic

- Dynamic prediction tools measure client characteristics that can change over time
  – Response to treatment
  – Social support
  – Insight
  – Adherence to medication
  – Environment

Clinical Judgment

- Plethora of studies conducted in this area since the 1960s

- Professional judgment is no better than that of a lay person
  - Not withstanding the experience
    - Forensic or otherwise
  - Not withstanding the training

Clinical vs. Actuarial

- In general there appears to be an agreement that some degree of structure is required when conducting a risk assessment

- Quinsey argues for a strict actuarial assessment

- Most others agree that some clinical judgment is needed

Structured Clinical Prediction Techniques

- Checklists, items and questions that help the clinician collect and organize information on an examinee

- Usually a combination of actuarial testing tools and professional judgment

- Provides organization while still allowing for clinical judgment and intuition

Clinical Assessment

- clinical interview w patient

- speak to treatment team, especially doc and social worker

- obtain clinical history

- look at hospital records

Clinical Assessment

- look at criminal history

- look at other expert reports, etc.

- Determine whether your client meets the criteria as mentally disordered and dangerous as result of the mental disorder.

Actuarial Predictors
Strong Positive

- Psychopathy Checklist-Revised
  - Score predicts violence even if threshold for psychopathy is not met
  - Antisocial behavior more predictive of risk than emotional detachment
- A diagnosis of antisocial personality disorder
- Substance/alcohol abuse
  - especially poly-substance abuse
- Anger as measured by the Novaco Anger Scale

Actuarial Predictors
Positive

- Childhood attributes
  - Separation from parents prior to age 16
  - Aggressive childhood behaviors
  - Physical abuse prior to age 16
- Male gender
- Youth
- Prior violent convictions
- Failure on prior conditional release(s)
- Violence in hospital vs. rule breaking

Actuarial Predictors
Not Useful

- Schizophrenia/Major Mental Illness without substance abuse
  - It's not the mental illness that makes a person dangerous
  - It's not the symptoms of mental illness that makes a person dangerous

Actuarial Predictors
Schizophrenia/Major Mental Illness

- Early starters
  - Alcohol or drug abuse disorders
  - Antisocial personality disorder
  - High scores on the PCL-R
  - Unstable work histories
  - History of separation bio parents prior to 16
  - History of social welfare
  - More prior violent offenses

Actuarial Testing Tools

- Research-based variables

- Test is scored using a numerical system

- Test results are interpreted using a set of predetermined rules

- Eliminates the need for intuitive, subjective test interpretation

The Tools

- PCL-R
  – Psychopathy Checklist Revised

- VRAG
  – Violence Risk Appraisal Guide

- HCR-20
  – Historical, Clinical and Risk Management Scheme

PCL-R

- 20-item symptom rating scale
- Adult males, females and adolescents
- Mentally disordered offenders
- Violent crime ranged from conviction of homicide to trespassing

PCL-R

- Glibness/superficial charm
- Grandiose sense of self-worth
- Need for stimulation/proneness to boredom
- Pathological lying
- Cunning/manipulative
- Lack of remorse or guilt
- Shallow affect
- Callous/lack of empathy
- Parasitic lifestyle
- Poor behavioral controls

PCL-R

- Promiscuous sexual behavior
- Early behavior problems
- Lack of realistic, long-term goals
- Impulsivity
- Irresponsibility
- Failure to accept resonsibility for actions
- Many short-term marital relationships
- Juvenile delinquency
- Revocation of conditional release
- Criminal versatility

VRAG

- 12-item actuarial scale, includes PCL-R score
- Adult males only
- Mentally disordered offenders
- Risk of violent (non-sexual) acts
- Data derived from Oak Ridge Division of Penetanguishene in Ontario, Canada.

VRAG

- Lived w/bio parents to age 16
- Elementary school maladjustment
- History of alcohol problems
- Marital status at, or prior to, index offense
- Criminal history score for nonviolent offenses prior to index offense
- Failure on prior conditional release

VRAG

- Age at index offense
- Victim injury
- Any female victim
- Meets DSM criteria for any personality disorder
- Meets DSM criteria for schizophrenia
- PCL score

HCR-20

- Structured clinical guide consisting of 20 items
  - Includes PCL-SV
- Adult males and females
- Mentally disordered offenders
- All acts of "violence" ranging in severity from homicide to pushing

HCR-20

- Historical scale
  - Previous violence
  - Young age at first violent incident
  - Relationship instability
  - Employment problems
  - Major mental illness
  - Psychopathy
  - Early maladjustment
  - Personality disorder
  - Prior supervision failure

HCR-20

- Clinical Scale
  - Lack of insight
  - Negative attitudes
  - Active symptoms of major mental illness
  - Impulsivity
  - Unresponsive to treatment

HCR-20

- Risk Management Scale
  - Plans lack feasibility
  - Exposure to destabilizers
  - Lack of personal support
  - Noncompliance with remediation attempts
  - Stress

Take Home Points

- Careful consideration beyond the obvious
- Incorporate the use/knowledge the actuarial standards
- Integrate a thorough clinical assessment into your opinion