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Integration of Structured Risk Assessment into Clinical Practice

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Presentation Overview

- Introduction
- Overview of risk assessment approaches
- Selecting a risk assessment tool
- Using risk assessment to inform clinical practice
- Case application

Introduction

Risk Assessment

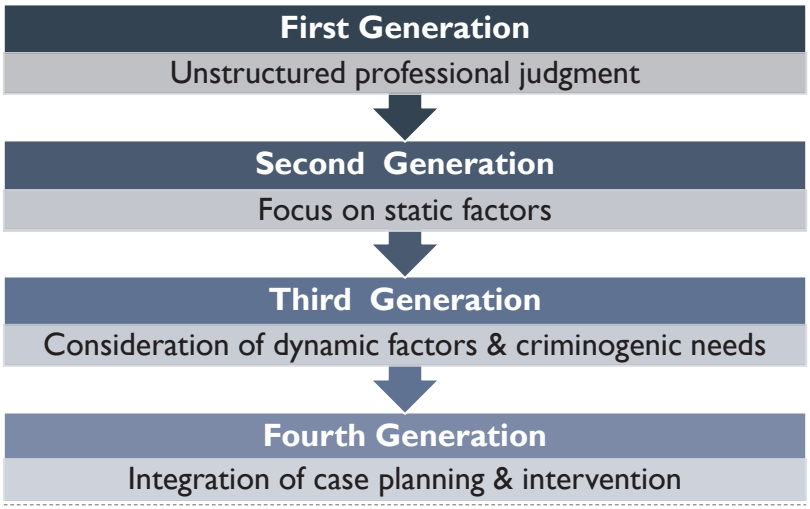
- Process of evaluating and managing likelihood of future offending
  - Incompletely understood
  - Probabilities change across time
  - Interaction between characteristics & situations
- Can be:
  - Unstructured
  - Structured
    - Mechanical
    - Allow for professional judgment

Process of Risk Assessment

Adapted from Health Level Seven (2010)

Overview of Risk Assessment Approaches

Evolution of Risk Assessment



- *Monahan (1981); Bonta et al (2006)*

1st Generation

- Unstructured professional judgment
- Advantages
  - Convenient, flexible
  - Inexpensive
  - Widely accepted
  - Able to inform treatment and management

1st Generation

- Unstructured professional judgment
- Disadvantages
  - Training and expertise
  - Lack of transparency
  - Highly susceptible to biases
  - Lack of consistency
  - Accuracy no better than chance

"Flipping Coins in the Courtroom"

- *Ennis & Litwack (1974)*

2nd Generation

- Empirically-based, comprised of static risk factors
- Advantages
  - Transparent and objective
  - Good reliability and predictive accuracy
  - (Relatively) quick and easy

2nd Generation

- Empirically-based, comprised of static risk factors
- Disadvantages
  - Atheoretical
  - Do not allow for change over time
  - Limited identification of treatment targets
  - Limited integration of intervention
  - Decisions based on group norms

3rd Generation

- Empirically-based and include wider variety of factors
  - Dynamic risk factors, criminogenic needs
- Advantages
  - Transparent
  - Sensitive to change over time
  - Good reliability and predictive accuracy
  - Theoretically sound
  - Identification of treatment targets

3rd Generation

- Empirically-based and include wider variety of factors
  - Dynamic risk factors, criminogenic needs
- Disadvantages
  - Repeated administration required to detect change
  - Potentially shorter shelf life
  - More time consuming
  - Decisions based on group norms
  - Limited integration of intervention

4th Generation

- Integration of risk management, treatment targets and modalities, and assessment of progress
- Advantages
  - Transparent
  - Sensitive to change over time
  - Good reliability and predictive accuracy
  - Theoretically sound
  - Allow for clinical judgment
  - Incorporates intervention

4th Generation

- Integration of risk management, treatment targets and modalities, and assessment of progress
- Disadvantages
  - Repeated administration required to detect change
  - Potentially shorter shelf life
  - More time consuming
  - More training and expertise
  - Smaller research base

Risk Assessment in the U.S.

- Hundreds of different risk assessment tools available
- Rise in use of structured risk assessment in U.S.
- Varying in:
  - Evidence
  - Intended population
  - Intended outcome
  - Content
  - Approach
  - Length
  - Cost

Selecting a Risk Assessment Tool

Selecting a Risk Assessment Tool

- Answer the following questions:
  1. What is the evidence?
  2. What is your outcome of interest?
  3. What is your population?
  4. What is your setting?

Desmarais & Singh (2013)

1. What is the evidence?

- No one instrument produces *most* accurate assessments
- Some evidence of superiority as a function of:
  - Outcome
  - Population
  - Implementation

See Desmarais & Singh (2014) and Skeem & Monahan (2011) for an overview

Additional Considerations

- Generalizability of research studies to use in practice
  - Research assistants ≠ professionals
  - Time
  - Resources
  - Training
- Allegiance effects
  - Better performance in studies conducted by tool author

Desmarais & Singh (2013)

2. What is your outcome of interest?

- Some instruments perform better in assessing likelihood of particular outcomes
  - General vs specific form of violence
  - Context or setting of violence
  - Timing of violence
- Some instruments more/less relevant to clinical practice
  - Prediction vs management
  - Item content and composition

Important Considerations

- 'Violence' is not one behavior
  - Frequency
  - Severity
    - Physical vs nonphysical
    - Sexual vs nonsexual
    - Weapon?
  - Setting
    - Institution vs community
    - Private vs public
  - Timeframe
    - Imminent vs short-term vs long-term
  - Target(s)

Important Considerations

- Types of factors:
  - Static vs. dynamic factors
    - Historical vs. static factors
    - Stable vs. acute dynamic factors
  - Distal vs. proximal factors
  - Risk vs. protective factors

Protective Factors

- Any characteristics that reduce the risk of adverse outcome
  - More than the absence of a risk factor
- 4 reasons to integrate into risk assessment:
  1. Balanced view of offender
  2. Predictive validity
  3. Therapeutic alliance
  4. Professional mandate

Rogers (2000); de Ruiter & Nicholls (2011); Desmarais et al. (2012)

3. What is your population?

- Some instruments developed for specific populations
- Some instruments perform better for some subgroups
- Limited evidence of predictive validity for other subgroups

Desmarais & Singh (2013)

4. What is your setting?

- Information available
- Time available to complete a risk assessment
- Staff resources, training and background
- Cost

Desmarais & Singh (2013)

Using Risk Assessment to Inform Clinical Practice

Risk Assessment → Risk Reduction

- Accurate and reliable assessments do not reduce violence
- Must be:
  - implemented with fidelity
  - communicated to others
  - integrated into comprehensive case plan
  - reviewed and amended over time

Successful Implementation

- Steps to successful implementation in practice:
  1. Prepare
  2. Establish stakeholder and staff buy-in
  3. Select and prepare the risk assessment tool
  4. Prepare policies and essential documents
  5. Training
  6. Implement pilot test
  7. Full implementation
  8. Ongoing tasks for sustainability

Vincent, Guy, & Grisso (2012)

Communication

"Improper risk communication can render a risk assessment that was otherwise well-conducted completely useless or even worse, if it gives consumers the wrong impression."

Heilbrun, Dvoskin, Hart & McNiel (1999, p. 94)

Communicating Assessment Results

- Completing the form and/or report ≠ communication
- Recommended practices
  - Be explicit
  - Know your target audience
  - Qualify limitations of assessment
  - Contextualize the risk
  - Describe plausible scenarios and contingencies

Case Conceptualization

- Identify those factors to relevant to *this* person's functioning and outcomes
  - What is the "root cause" of the behavior?
  - Are there "gateway" factors?
  - Do factors cluster together representing an underlying vulnerability or strength?
- Consider both positive and negative formulations
  - What do things like when they are going well?
  - What do things like look when they are going poorly?

Douglas et al. (2013); Hart & Logan (2011); Hart, Kropp, & Laws (2003)

Scenario Planning

- Consider plausible scenarios or trajectories that might happen *during* the assessment timeframe
- Scenarios may include:
  - Repeat scenario or a flat trajectory
  - Twist scenario or sideways trajectory
  - Escalating or improving scenario
    - Doom (worst case) scenario
    - Optimistic (best case) scenario

Hart & Logan (2011); Hart, Sturmey, Logan, & McMurran (2011) Schoemaker (1995)

Additional Considerations

- You should answer the following questions:
  - Nature
    - What is the outcome of concern?
  - Target
    - Who is likely to be hurt?
  - Severity
    - What is the likely injury or harm to self or others?
  - Timeline:
    - When might this occur?
  - Frequency
    - How often is it likely to occur?
  - Context
    - What might trigger it? What might prevent it?
  - Likelihood
    - How likely is it that this will happen?

Integration into Treatment Planning

- Risk-Need-Responsivity Model
  - Best practice for assessing and treating offenders
  - Framework for linking risk assessment with clinical practice and prioritizing treatment
- Reduced violence with adherence to:
  1. Risk principle
  2. Need principle
  3. Responsivity principle

Andrews & Dowden (2006); Andrews & Bonta (2010); Lowenkamp et al. (2006)

Risk Principle

- Match level of risk
  - Higher risk → more resources
  - Lower risk → fewer resources
- Over-intervening → increase adverse outcomes
  - Increase risk factors
  - Reducing protective factors

Need Principle

- Target individual risk factors relevant to risk of adverse outcomes
- Examples
  - Substance use
  - Mood
  - Attitudes

Responsivity Principle

- Take into account factors that can affect treatment outcomes
  - Examples
    - Intellectual functioning
    - Maturity
    - Mental health symptoms
    - Learning style
    - Motivation
- Build upon individual strengths

Risk Management & Treatment Plan

- Consider all components of the risk assessment
  - Draw from case conceptualization and scenario planning
- Identify and balance short-term and long-term goals
  - Yours, the system's and your client's
- Use a stepwise, integrated approach that targets and prioritizes individual risks and needs
  - Step 1 – Stability
  - Step 2 – Improve functioning and reduce risk

Additional Considerations

- Given his/her level of functioning (cognitive and mental health), maturity, and motivation:
  - What structures and supports need to be in place?
  - What are the urgent/critical issues?
  - What do we work on now to provide the foundation for future progress?
  - How do we measure:
    - improvements or success?
    - setbacks or failure?

Review and Amendment

- Both the assessment and risk management/treatment plan have a shelf-life
- Identify and implement mechanism and timeline for review
  - Modify as necessary
- Not necessary to start from scratch
  - What has changed (for better or worse)?
  - What is the same?
  - What do we need to do differently?

Broken Leg Dilemma

- Life events and circumstances change limiting applicability of risk assessment and plan
  - Examples
    - Physical incapacity
    - Setting
    - Interpersonal relationships
    - Employment
    - Intervention

Buchanan, Binder, Norko & Swartz (2012)

Case Application

Short-Term Assessment of Risk and Treatability (START)

- Structured professional judgment scheme
- 20 dynamic items
  - Each rated for current strength and vulnerability
  - Relevance to individual client (currently and historically)
- Assess short-term risk of:
  - Externalized aggression (violence)
  - Internalized aggression (suicide, self-harm)
  - Related high-risk behaviors (self-neglect, substance abuse, victimization, unauthorized absence, other)

Status of START

- Used in diverse settings
  - Psychiatric (civil and forensic), corrections, VA
  - Institution and community
- Adolescent version to be published Summer 2014
- Recognized as:
  - Best practice for assessment and management of violence and related risks (UK Department of Health, 2007)
  - Promising practice for assessment of inpatient aggression (Daffern, 2007)
  - Leading practice in mental health services (Accreditation Canada, 2011)
- Translated into 8 different languages
- Implemented in more than a dozen countries

Item Example: 2. Relationship

- Key Features:
  - Interest in building and sustaining close bonds with others
  - Demonstrated capacity to do so.

STRENGTHS				VULNERABILITIES			
Key Item O	2 Maximally Present	1 Moderately Present	0 Minimally Present	0 Minimally Present	1 Moderately Present	2 Maximally Present	Critical Item O

Empathetic. Considerate. Reciprocal. Values and builds friendships and close relationships. Gets along with others. Able to feel close to others. Satisfied with interpersonal relationships. Gauges how actions affect others. Forms therapeutic alliances.

Superficial. Unreliable. Aloof. Inconsiderate. Takes advantage of others. Manipulates. Provokes. Objectifies others. Derives little satisfaction from interpersonal relationships. Deceptive. Unfriendly. Unable to sustain relationships. Lacks empathy. Does not form therapeutic alliances. Is taken advantage of in abusive relationships.

Item Example: 8. Substance Abuse

- Key features:
  - Use of illegal substance(s), alcohol, prescribed medications, or over the counter drugs

STRENGTHS				VULNERABILITIES			
Key Item O	2 Maximally Present	1 Moderately Present	0 Minimally Present	0 Minimally Present	1 Moderately Present	2 Maximally Present	Critical Item O

Abstains. Drinks in moderation. Restricts intake. Remains responsible. Respects pertinent laws. Protects others from ill effects (i.e., is aware of the consequences of irresponsible use). Accepting of treatment (if needed).

Adverse effects on self or others when under influence. Uses illegal substances. Indiscriminate in intake. Takes prescription/non-prescription drugs improperly. Denies need for treatment (if indicated). Use is out of control. Intoxicated. Dependent.

Summary Sheet

- Completing START involves integrating
  - **past** and **current** evidence
  - to estimate and manage **future** risks
- Work:
  - Top to bottom
  - Left to right

BC Mental Health & Addiction Services — St. Joseph's Healthcare Hamilton, Forensic Services, Centre for Mountain

Name: (Last, First, Middle)

Record #:

Male ☐ Female ☐ D.O.B.:

START Summary Sheet ©

Diagnoses: DSM-IV-TR ☐ ICD-10 ☐ 1 2 3 4

STATUS: ☐ HOSPITAL ☐ COMMUNITY ☐ CORRECTIONS ☐ OTHER

PURPOSE: ☐ REFERRAL ☐ ADMISSION ☐ REVIEW ☐ OTHER

START Time Frame:

Key Item	Strengths 2	1	0	START Items	Vulnerabilities 0	1	2	Critical Item
O	☐	☐	☐	1. Social Skills	☐	☐	☐	O
O	☐	☐	☐	2. Relationships (TA Y/N)*	☐	☐	☐	O
O	☐	☐	☐	3. Occupation	☐	☐	☐	O
O	☐	☐	☐	4. Recreation/	☐	☐	☐	O
O	☐	☐	☐	5. Self-Care	☐	☐	☐	O
O	☐	☐	☐	6. Mental State	☐	☐	☐	O
O	☐	☐	☐	7. Emotional State	☐	☐	☐	O
O	☐	☐	☐	8. Substance Use	☐	☐	☐	O
O	☐	☐	☐	9. Impulse Control	☐	☐	☐	O
O	☐	☐	☐	10. External Triggers	☐	☐	☐	O
O	☐	☐	☐	11. Social Support (PPS Y/N)*	☐	☐	☐	O
O	☐	☐	☐	12. Material Resources	☐	☐	☐	O
O	☐	☐	☐	13. Attitudes	☐	☐	☐	O
O	☐	☐	☐	14. Med. Adherence (N/A ☐)*	☐	☐	☐	O
O	☐	☐	☐	15. Rule Adherence	☐	☐	☐	O
O	☐	☐	☐	16. Conduct	☐	☐	☐	O
O	☐	☐	☐	17. Insight	☐	☐	☐	O
O	☐	☐	☐	18. Plans	☐	☐	☐	O
O	☐	☐	☐	19. Coping	☐	☐	☐	O
O	☐	☐	☐	20. Treatability	☐	☐	☐	O
O	☐	☐	☐	21. Case Specific Item:	☐	☐	☐	O
O	☐	☐	☐	22. Case Specific Item:	☐	☐	☐	O

SIGNATURE RISK SIGNS

SPECIFIC RISK ESTIMATES

Hx*	Risks	T.H.R.E.A.T.		Low	Mod	High
O	Violence	No ☐	Yes ☐	☐	☐	☐
O	Self-Harm	No ☐	Yes ☐	☐	☐	☐
O	Suicide	No ☐	Yes ☐	☐	☐	☐
O	Unauthorized Leave			☐	☐	☐
O	Substance Abuse			☐	☐	☐
O	Self-Neglect			☐	☐	☐
O	Being Victimized			☐	☐	☐
O	Case Specific Risk:			☐	☐	☐

CURRENT MANAGEMENT MEASURES

Current Management Plan:

Health Concerns/Medical Tests:

Risk Formulation: what factors/predict-explain/which person/will carry out/what act/when?

COMPLETED BY: DATE:

*TA - Therapeutic Alliance *PPS - Positive Peer Support *N/A – Not Applicable *Hx - Historical Version 1.1 Consultation Edition © 2009

Case Study 1

- Mr. Bloggs

Case Study 2

- Mr. Rabot

Thank you!

- Contact information:

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