Speaker: Alright, homestretch everybody, homestretch. Hanging in there, well done. We wanted to end off by doing a couple of things. One is Steve is going to show you an example of a report but I also wanted to talk a little bit about our recommendations for evaluating Version 3. This is for, obviously, anybody who’s interested in thinking about research studies. I know that there are people here who are embarking upon research studies, I know that there are some students in the room as well. That may be of interest to some people, then Steve will talk a little bit about a recommended report format and then we’ll make sure we leave some time at the end for general Q and A as well. Feel free to ask any questions, clearly, of me and of Steve as we work through these various aspects. We talk about this a little bit in the manual, as well, but with the introduction of some new features in Version 3 it also brings up the opportunity for new and different types of evaluations of the SPJ model. You can see the first point that we make here: presence, relevance, summary risk ratings. What I’m talking about here is clearly it will be important to evaluate the reliability of these things and it will be important to evaluate the predictive validity. These are really the most common types of research paradigms and designs that you see out there in the research on risk assessment. In fact, if you look across since 1993 or 1994 in the last 20 years there has probably been about 500 or 600 studies on risk assessment published. Almost all of them are just on that very first word there, the presence of the risk factors, whether they’re put together in an SPJ sort of way or an actuarial sort of way. There is less research on relevance ratings. The RSVP has relevance ratings in it and now the HCR-20 Version 3. There is some research with the RSVP that showing that the relevance ratings themselves are related to violence. With Version 3 there was some research that one of my previous undergraduate honors students did, now he’s a graduate student, looking at the relationship between relevance ratings and violence and showing an association, if not on par then a little bit stronger, with violence than presence ratings. We think that those relevance ratings might, and again this is a hypothesis, help to isolate the areas of risk that are most important for a given individual. That could enhance the quality of the judgment in terms of its association with violence. Then of course the summary risk ratings, it will always be important for us to evaluate those just in terms of our ability to use the Version 3 to identify people who are at higher risk or lower risk under the SPJ approach. But that interjection of relevance ratings does add a new opportunity for
evaluation and ultimately it will be important to evaluate how those function. We also have the indicators now and because those are intended for guidance it’s a little bit tricky to know exactly how you might want to evaluate them. They’re not intended to be, as we mentioned, a comprehensive set of markers for a construct. It still could make some sense to look at the extent to which those judgments perhaps result in more comprehensive risk management planning or result in more informed formulations. Those could get worked into some of the other types of outcomes that we could see in evaluation studies. Violence is always an obvious outcome in evaluation studies, right? So too is the quality of the management, the extent to which the risk management plans actually link on to, or take into account the most important risk factors. You can take the treatment plans, the management plans, that are derived and you can use those as an outcome as well. There has been some research looking at, in a training context, if you have people go through a training, such as you did today, does that have any influence on the quality of risk management planning. With a before and after sort of design. Dale McNeil from the Langley Porter Institute in San Francisco showed that with pre and post training on the HCR-20 after the training it enhances the quality of the risk management plans that are derived in terms of being able to identify important areas for risk management. Similar sorts of things could be done with the indicators. I could see for experimental reasons, for research purposes, having a look at if the indicators themselves are associated with violence. I wouldn’t get too hung up, or put too much into, that basket about whether or not that would indicate that the HCR-20 V3 is a success or a failure. There intended there really to get you thinking about the ways in which the risk factors may manifest. In terms of formulation, this is where things can get really quite interesting. In terms of evaluating the reliability and validity of formulations, again there could be ways to do that and that would be clearly giving people a set of facts or giving them cases similar to the ones that you went through or even more realistic complex cases. Have two people sit in, interview the same individual, review their files, go away make formulations, and then come back and see if they’re comparable to one another. Then we can get some sense of degree of reliability of formulations and that could be useful on a basic level in terms of establishing some sort of reliability for them. Bear in mind that I don’t think it’s necessary that two people necessarily have the identical formulation. You may have one person who wants to use a social learning theory and you may have another person who wants to use a different theoretical approach, those aren’t necessarily wrong. What both of them ought to cover though are what are the most important risk factors. They ought to be able to integrate what are the most important risk factors
that were developed or identified through the previous steps. Similarly with scenario planning, how can you go about evaluating scenario planning? Well, if you had your own cases you come up with scenarios you can’t then very well step back and say I’m going to actually see if he burns down the house. If he burns down the house I guess that means that my scenario was right. Check, it’s valid. Sometimes the research evaluation component doesn’t really map onto clinical reality all that well. That would have to be done in more of a retrospective sort of fashion. Say there were 100 people who were released, or discharged from a forensic psychiatric setting, you could go back and try to construct scenarios by examining their case files, interview notes, and so forth. Then go back and try to identify, for those people who did have another event, did that the way that that event unfold match to any degree any of the scenarios that were put into place. That’s presuming that they didn’t have a high degree of intervention the sorts of violence that you were concerned about. It’s going to take different sorts of research paradigms, research designs, and different ways of thinking about what does validity mean other than just is there a violent incident at the end of the day. It’s more about trying to represent just the process or the mechanisms that we think are important for violence and are those the ones that actually come to fruition. Similarly with risk management, I kind of touched on this already, if the goal of the SPJ approach is to be able to ultimately reduce risk through risk management, one of the outcomes should actually be not the presence of violence, but the absence of violence. We’re almost getting into an intervention type of research paradigm. It would be easy to foresee research projects looking at the application of a SPJ approach as almost like an intervention type of study. The challenges that come up there would be having an agency allow you to use SPJ and risk management with some people and not others. That raises some ethical issues about withholding services to certain people. The comparison group would have to be a treatment as usual. If there were an agency that had certain policies in place that didn’t necessary follow an SPJ or similar type of approach then you could make the argument that you’re not actually depriving anybody of anything. It’s just treatment as usual in the comparison group and the application of SPJ in another group and ultimately can we see any benefits in terms of increased access to services and hopefully ultimately lower recidivism rates. The other way that risk management could be evaluated in a research paradigm is, again, looking at it as an outcome. Through the use of an SPJ approach, the HCR-20 V3, do we actually see that people are receiving risk management strategies that more likely target their most important risk factors, as identified through previous steps like relevance and formulation and are the people who are identified as higher risk actually receiving a
greater intensity of intervention. That kind of match between the assessment side of things and the management side of things are we able to bring that into better equilibrium through the use of SPJ. There was some research that has started in that regard or has been published. This is a colleague of ours and actually a coauthor on Version 3, Henrik Belfrage in Sweden, worked with the police in Stockholm using the Be Safer which is like a shorter version of the SARA. So, with every domestic violence case over a certain period of time the police used the Be Safer and then they used that to formulate their plans and help put risk management plans in place. What they observed was that for those people who were identified as higher risk when they also implemented a higher level or higher intensity of risk management services it cut the recidivism of domestic violence quite considerably compared to people who were high risk and had lower intensity services. We also saw a bit of a boomerang effect those people that were low risk and high high intensity services actually had higher recidivism. That’s something that has been observed in past years by other researchers using the Risk need responsivity model. People may be familiar with Andrews and Bonta and colleagues, showing that if you give too high a level of intervention to people who are lower risk you can actually elevate their risk for violence. Something similar could really be done using the SPJ approach using the HCR-20 V3. The last two I have here implementation; this is a question that we get quite frequently and maybe some of you are wondering about it yourself in terms of the places that you work at, such as hospitals, prisons, forensic outpatient clinics, and so forth, how do we put this thing, how do we put Version 3 into place? We’ve seen Version 2 implemented really quite successfully in a number of places in the US, in Europe, and Canada. Other risk assessment and risk management approaches have been implemented quite successfully. But, nobody is really studied why. In what circumstances and what situations does it work better, the implementation, versus not working as well? We’ve also seen places where it may be implemented but not really used. There is not really buy in by the clinicians and amongst the staff and what we’ve seen is a really good combination of management who’s really in favor of it and really takes the time to try to make it help people do their jobs. To actually make it easier for you to do your job as opposed to just slapping 12 pages of more paperwork on your desk and saying here’s some more paperwork for you to do. There is really kind of a grassroots buy in and that’s when we’ve seen it be successful and that kind of grassroots approach has really been a part of the SPJ model all along. When the HCR-20 was first developed, and same with the SARA, they were both developed around the same time, as Randy Kropp likes to point out that the SARA was published first by a couple of months. They
were developed around the same time Chris Webster was really influential in both and he took the time to interview and talk to practicing forensic clinicians, some 30 or 40 of them. He sat down and talked to them, what do you think is important in terms of a risk assessment manual, what’s important in terms of the factors that it contains, how it helps you make decisions and so forth. I think that grassroots sort of bottom up approach was really one of the reasons that the SPJ model was successful. It’s intended to help professionals do their job, not to just add paperwork or add bureaucracy to their jobs. I think in part of that message is communicated when a system is thinking about adopting it, then we can really see that it can be done effectively. The last one Cross-cutting Topics this is just something that I always think is important to look at regardless of what the research question or what evaluation question is in terms of risk assessment or management and that is does it work comparably well for example, men and women, for people from different ethnic groups, for people who have faced different challenge, people from the United States versus Europe and so forth. Looking at these kind of cross-cutting issues regardless of what the research question is whether it’s reliability, validity, risk reduction, dynamic risk and so forth is always going to be an important component of the evaluation. In the year since Version 1 was published and Version 2 back in the 1990s up until now there has been, as I mentioned yesterday, some 200 or so studies on the HCR-20 and 90% of them are on do the risk factors predict violence. Hopefully, if we can kind of talk about some of these other ways of evaluating the SPJ approach we’ll see a number of those studies more quickly develop and address some of the other aspects of the SPJ. There were a lot of things that people were asking questions about as well in terms of scenario planning and risk formulation. One of the important things really is trying to communicate that this is not because we think that you are not able to do things. It’s just kind of an important adjunct to your practice. It gives you ideas. It’s a lens through which to look at risk relevant materials. You do these sorts of things regardless anyways, right? This is a method just to make sure that you’re able to, kind of confirm, that you’ve gone through all of the steps and maybe there are always things that any of us could miss in any given case. This is a method to help ensure that things don’t slide by. It’s also a method to make sure that everybody can speak the same language. So that say shift from shift or month from month that everybody knows that the methodology was the same and when certain terminology is used it means the same thing. Part of it is a communication instrument amongst a treatment team. It can also be done, depending on the approach that is taken in a given setting; it can be done as a team. That doesn’t mean that everybody has to do all parts of it. In fact, we’ve seen it used quite successfully where some of the
team members might be responsible for say, gathering information about a person’s psycho-social history and that’s just some of the risk factors. Other people might be responsible for the items that have more to do with mental illnesses said psychiatrist, psychologist, maybe a social worker is responsible for looking at discharge planning and services in the community and so forth. Then people can come together and compare notes. In a way it’s used sometimes to divvy up the work. It’s not duplicating work it’s specifying, depending on the areas of professional expertise, what information can be looked at. Anybody have questions?

Dangerous in what context? If the question is does a person pose a risk in the community you need to think about different scenarios in the community under which a person may be more or less risky, right? So, that could kind of promote or allow an opportunity to bring that sort of thinking into a communication into a board. Risk doesn’t happen in a vacuum right? There’s going to be certain context scenarios that a person may face in the community where you have more concerns and where you may have fewer concerns. Communicating your concerns about risk in the community in that way could actually be received quite well by the board, depending on the board. I’ve seen it received well by the board in British Columbia, by the court in Sweden, when they have people coming up. I had an appointment at a Sweetish forensic hospital and university and by implementing the HCR-20 to help educate the court the court actually started asking more informative useful questions to the physicians and the treatment teams when they came forward to the court because they would be talking about under this given scenario I would have certain concerns about risks but not under this particular living arrangement or whatever the cases may be. We feel that that’s really quite well managed. It actually can really help the court pinpoint its areas of inquiry and not just think about risk or dangerousness in this amorphous vacuum post discharge.

I’ll go through an example for you for a sexually violent predator statues which are often very similar. Really it’s just a simple decision, commit or not commit. On the other hand what you have to have are certain kinds of risks. There aren’t just risks for any sex crimes. There are risks for crimes against people. In some jurisdictions it’s further limited to crimes against people that seem to be predatory. So, only predatory sexual offenses occur, it differs from state to state. It’s risk for predatory sexual violence, but it has to be risk due to mental disorder. They have to have a mental abnormality which is typically defined as some congenital or acquired abnormality that impairs somebody’s emotional or emotional control beyond that found in the ordinary or typical criminal to the extent that
they pose the risk to safety if not confined to a secure institution. Now, you tell me how you answer that legal question without a scenario, without a formulation. Usually what the courts are saying is only certain kinds of risks; the risk has to be to a certain level or a certain kind of risk, in order to be detained. To be really talking about this, if your guy is at risk for institutional violence, then that doesn’t count. If you’re worried about risk for institutional violence then you should let him go, don’t you think? That’s the only thing that is relevant here, risk for institutional violence. My guess is, and I’m not familiar with the New York law, but my guess is it’s only a certain level of violence that counts. If you were just intimidating people or scaring them because your behavior they perceived as being vaguely threatening that probably wouldn’t count. There are some kinds of substantial harm that there has to be. What you would call minor violent or other people even call trivial violence, wouldn’t count. It has to be some kind of substantial violence. I bet it has to be on the account of mental disorder. It’s really unconstitutional, based on my understanding of the US constitution which is limited, but it’s unconstitutional to take away somebody’s constitutional rights and freedoms on the basis of status. So it’s not merely the status of being a mental disorder it has to be dangerous due to mental disorder. Does that make sense? You need a formulation and scenarios for that. If you’re going to answer the legal question. If you don’t you’re going to end up doing is saying he have a high score on the Static-99 or he gets a high score on the VRAG thinking that that’s relevant to the legal question and it’s not. It does not answer the legal question at all. That’s why we actually have to go through this. What I find is it’s actually helpful to walk people through that process. Say what this helps me think about is the type of harm that we’re dealing with of the kind that is legally relevant. Is the degree of risk consistent with what the law requires? Are the causes legally relevant? Unless I think about this in a holistic way I’m not actually going to be able to address the question. In fact my testimony should be excluded because it is not relevant to a legal issue. It’s that simple. A good lawyer should be able to get me excluded.

What you could do is there are some risk factors having to do with treatment responsiveness, so H10, C5, and R4. If you were using the HCR-20 in a repeated sort of way every 6 months or 12 months or whatever the case may be and the person was going to CBT or some other type of treatment and you think they’re actually getting better to the extent that you would be lowering the ratings on say the C and the R scores over time. If you’re taking any kinds of notes for yourself or keeping documentations or records for yourself I mean that would be the perfect place to record their progress in treatment over time. Which then therefore leads to a reduction in your rating of those risk factors. We didn’t fold in
those more specific types of performance and different types of treatment, but in terms of folding it into an HCR-20 assessment; you should be able to do that rating of those risk factors. There’s also, in the worksheet, there is space to record previous response to treatment. That’s a perfect thing to be thinking about in a repeated risk management context.

Audience Question: “Now, I’m happy that the scores are gone. I’m trying to think about how it would go now. Why didn’t you use a score? Dr. A uses the VRAG and there is a score, so why isn’t there a score with your method. You tell them about the SPJ approach you do all this thing explaining and so forth and they say Dr. that’s nice but I’ve seen you using an MPI and I saw you pull an IQ score, are you trying to say that intelligence is easily quantifiable but the risk is that complicated? And going down the line. Ultimately risk, as you’ve said, is not the ultimate opinion per say it’s a pedal of opinion to the decision maker. I’m just trying to think through that. “

Speaker: A couple of things about that. One of them is when we diagnose; the process of diagnoses is much different than prognoses. Diagnoses are trying to figure out what the current state of nature is. Prognoses are trying to figure out what the world is going to be like in the future. Those are two completely different things. It is possible in theory to measure things that currently exist. It is, of course, impossible to measure things that don’t exist. Risk does not exist physically. It’s not a property of the physical world. It’s a potential. Risk is all about thinking about what might happen. What you could say is we can’t actually measure it precisely it doesn’t exist. I’m not trying to get here all postmodern on you, or anything like that, but you’ve got to remember this. This is the way that big scientists think about it people like you know, physicists the ones who can’t make eye contact and all of that kind of stuff. What they would say is that one of the leading views of probability theory is that probabilities are not objective realities they are subjective realities. They’re perceptions. That’s the subjectivist perspective. That’s like the Bayesian perspective is subjectivist. It’s you trying to figure out what you know about the world, not the truth about the world, what you know about the world. We are constantly revising our understanding of the world and what this means for the future and all of that kind of stuff. This is a really important thing to try to get through to people is that we don’t measure risk, we try to understand risk. We can call it a risk assessment, but as long as you’re understanding that what
you’re saying is we’re assessing things to try to understand potentials for the future. That is far different than. That is far different than what Kevin has to say.

I’m going to be non-metaphysical as well, but don’t get too caught up with the fact that we’ve reverted, or gone from ‘0’, ‘1’, ‘2’, to ‘No’, ‘Possible’, ‘Yes’. In my mind they’re the same thing. There was some concern that some people had that using a 2 instead of a yes would raise problems. Don’t get too worried about the fact that we use ‘No’, ‘Possible’, ‘Yes’ and the VRAG uses numbers or the Cobra uses numbers. You just have to look at what each of those things are doing. They’re both marking the presence of risk factors, right. The way that the VRAG or the Cobra or the Static-99 do it are they do it numerically. The VRAG will weight things for you and the Cobra will weight things for you as well. The risk factors come pre-weighted no matter what the person look like. With the SPJ approach you actually get to do the weighting depending on the individual. They’re both marking and weighting systems. They both mark the presence of risk factors and they both allow for weighting. Actuarial gives you a prepackaged weight that applies to everybody, SPJ allows you to determine the importance, or relevance in this case, of the risk factor. They’re just both marking and weighting systems.

That’s one of the key things that I would get to. The other thing that I would get to is always thinking about what those numbers add up to mean. Actuarial try to turn those into a probabilistic risk statement about the future and they try to apply it to individuals. There are some grave philosophical problems with that. There are always problems moving from the group level to the individual level. What’s the average IQ in the room? We can actually estimate that pretty easily at the group level because we know that most people who have advanced graduate degrees average IQs are going to be around 120 so that’s going to be the average IQ in the room. What’s the IQ of each individual person in the room? I’m pretty sure it’s not 120, because you’re not all exactly 120. There is some variation around that. We’re really good at characterizing groups and not very good at characterizing individuals within groups. Jumping back and forth from groups to individuals is really difficult. To try to infer the group IQ from the IQ of one person, that’s pretty difficult. To try to infer the IQ of one person from the mean IQ in the group, that’s pretty difficult. They’re different levels of analysis. They’re different things, groups and individuals. We skipped the groups; we’re going straight to the individuals. That’s why we’re not doing measurements the same way. This is not a norm referenced test. This is not a criterion referenced test. This is a way of trying to structure your analysis of a case. That’s all it is. It’s an analytic device, or procedure. That happens to fit the definition of a test according to the APA, which
is simply an evaluative device and procedure. So, it’s a test, but it’s not a quantitative test. It’s not a norm referenced or criterion referenced test. That’s very important for us to understand.