

Offender Mental Health and Risk Assessment



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Objectives...

- ◆ Why we do assessment
- ◆ Current roles we play
- ◆ Current instruments
- ◆ Current process and reporting
- ◆ Measuring program success
- ◆ Future directions: Integrating motivational theory and techniques
- ◆ Limitations and Conclusions



Why Do We Do Assessment?

Mental Health Perspective

- What are the bio-psycho-social characteristics of the offender that contribute to their maladaptive behavior?
- What are the interventions needed to help reduce this behavior?

Criminal Justice Perspective


- What are the criminogenic risk factors that need to be addressed in order to reduce offending behavior?
- How can I help the offender address these risk factors?



Why Do We Do Assessment?

Synthesizing the Two Perspectives

Many times these two perspectives are not congruent and can sometimes result in a “turf-war” if roles are not clearly defined



Current Roles We Play

Mental Health Professional

- Objectively evaluates offender's bio-psycho-social characteristics
- Uses standardized mental health measures to help evaluate offender
- Develops offender re-entry plan implemented by case manager

Criminal Justice Professional

- Holds offender's case
- Ensures the offender is following the terms of the sentence, the re-entry plan, and the rules of the program



Current Instruments

- Uses multiple points of data (i.e. different tests) in order to ensure the “clearest” picture of the offender as possible
- Uses a semi-structured interview format to ensure that all information needed for scoring ancillary instruments are obtained and that information obtained is consistent across offenders in the program
- Instruments are standardized and accepted within the practitioner community and measure the many needs of the offender



Current Instruments: Intellectual Functioning

- ◆ Shipley Institute of Living Scale – *General screening instrument completed prior to administering further assessments*
- ◆ Kaufman Brief Intelligence Test (K-BIT) – *Instrument administered if Shipley identifies low functioning in verbal and abstract intelligence prior to completing further assessments*
- ◆ Wechsler Adult Intelligence Scale (WAIS) – *Instrument administered to identify profoundly low or high functioning in verbal and abstract intelligence prior to completing further assessments*



Current Instruments:

Clinical Psychopathology and Personality

- ◆ Personality Assessment Inventory (PAI) – *Assesses for multiple clinical mental health, personality, substance abuse, aggression, and interpersonal issues*
- ◆ Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) – *Assesses for similar clinical mental health, personality, substance, abuse, aggression, and interpersonal issues; provides Megargee Code Type to predict offender behavior*



Current Instruments: Malingering Symptoms

- ◆ Miller Forensic Assessment of Symptoms Test (M-FAST) – *Screeners for possible malingering of symptoms*
- ◆ Structured Interview of Reported Symptoms (SIRS) – *Test for probability of malingering psychological symptoms*
- ◆ Test of Memory Malingering (TOMM) – *Test for probability of malingering memory problems*



Current Instruments: Semi-Structured Clinical Interview

Adapted from:

Violent Offenders: Appraising and Managing Risk
(1998) by Vernon L. Quinsey, Grant T. Harris,
Marnie E. Rice, and Catherine A. Cormier,
American Psychological Association

Hare PCL-R Interview and Information Schedule
(1991) by Robert D. Hare, Multi-Health Systems,
Inc.



Current Instruments: Level of Service, Psychopathy

- ◆ Level of Service Inventory – Revised (LSI-R) – *Assesses and organizes information about offender’s criminogenic risk, needs, and provides an estimate for re-offense*
- ◆ Hare Psychopathy Checklist – Revised (Edition 1 and 2) (PCL-R) – *Assesses the offender for the probability that the offender meets criteria to be defined as a psychopath; provides information on two factors and four facets of the offender’s personality / psychopathy style*



Current Instruments: Violence Risk (Non-Sexual)

- ◆ Violence Risk Appraisal Guide (VRAG) – *Provides a prediction for violent re-offense within 7 years and 10 years*
- ◆ Historical-Clinical-Risk-20 (HCR-20) – *Provides a structured method of assembling information to make a violent risk prediction*
- ◆ Spousal Assault Risk Assessment Guide (SARA) - *Provides an estimate of risk for violent spousal abuse re-offense*



Current Instruments: Sexual Violence Risk

- ◆ Sex Offender Risk Appraisal Guide (SORAG) – *Provides an estimate for violent sexual re-offense within 7 years and 10 years*
- ◆ Sexual-Violence-Risk-20 (SVR-20) – *Provides a structured method of assembling information to make a sexual violence risk prediction*
- ◆ STATIC-99 – *An amalgamation of two other sexual violence risk predictors; provides a measure of risk for violent sexual re-offense (Note there are coding rules for STATIC-2003 also available)*



Current Process: Conducted After Release from Prison

Minimum Assessment

- ◆ For offenders not on the Re-Entry Program
- ◆ Abbreviated testing
- ◆ Abbreviated substance abuse and sex offending (as needed) interview
- ◆ Clinical Staffing
- ◆ Treatment Recommendations made to Case Manager
- ◆ Interviewer schedules clinical treatment, case manager schedules other interventions

Full Assessment

- ◆ For offenders on the Re-Entry Court Program or if clinically necessary
- ◆ Extensive testing
- ◆ Extensive bio-psycho-social interview, including substance abuse and sexual offending (as needed)
- ◆ Re-Entry Court staffing; treatment recommendations made to case manager
- ◆ Clinical treatment and other interventions scheduled in court when plan is introduced to client



Current Reporting of Testing and Assessment Information

- ◆ Uses mental health and risk assessments to make an objective clinical recommendation as to the services and treatment an offender needs to address their problems
- ◆ Cross checks the presentation made by the offender with collateral information to ensure level of truthfulness



Current Reporting of Testing and Assessment Information

- ◆ Written for the judge / case manager in an easy to read and brief report format in both a “Plan Outline” and a report



Evaluating Program Success

- ◆ The problem of creating a definition of success is that there is no single definition that everyone agrees upon
- ◆ We define success as when an offender completes Re-Entry Court and does not have another arrest or charge for a misdemeanor or felony within three years from release
- ◆ But, there are other ways of looking at success especially as related to each individual's case and their motivation to change



Other Ways of Defining Success?

- ◆ For Example: Is an offender successful if he only commits a few technical violations compared to when he usually commits a new offense while under supervision? If we choose this logic, how do we measure it?
- ◆ How does the offender define success for himself? Can he be successful on the program and not successful if he does not reach his goals while on the program? Which is more important to measure?

Future Directions:

Integrating Motivational Theory and Techniques in Assessment and Case Management

- ◆ Other than the requirements created by the court, the offender develops his own plan for changing his behavior
- ◆ The case manager becomes the true holder of the case; the mental health evaluator simply provides information for the case manager about their client
- ◆ The case manager works with the offender utilizing motivational techniques to bring the offender to (hopefully) a “Stage of Action for Change” regarding their risks / needs of re-offense



Future Directions:

Integrating Motivational Theory and Techniques in Assessment and Case Management

- ◆ There is a system-wide change beginning in how offenders are treated; rather than simply assigning classes, the offender will recognize that he needs to attend and participate in those classes
- ◆ Utilizing the programs developed by T³ Associates from Canada, our case managers, mental health therapists, and probation officers have been trained in motivational intervention techniques



Future Directions:

Integrating Motivational Theory and Techniques in Assessment and Case Management

- ◆ Our case management process will change to adapt to this different way of approaching the offender
- ◆ For the first time in the United States, facilitators have been trained to implement the F.O.R.: A Change (Focusing On Resettlement) program developed by T³ Associates and utilized extensively in the United Kingdom, Her Majesty's Prison Service
- ◆ F.O.R.: A Change will help offenders see where they need to make a change, to develop, and seek out their own programming needs





Limitations Of Our Testing and Assessment Process

- ◆ The assessment protocol is not being conducted prior to release from prison
- ◆ The evaluator is “prescribing” programs without the offender having innate buy-in to that plan of action
- ◆ The case manager does not truly act motivationally with the offender and relies on the evaluator to make the recommendations as to programs, therefore, the case manager does not have buy-in to the plan of action



Limitations Of Our Testing and Assessment Process

- ◆ The language of psychology can get lost on the case manager and judge; reports need to be written more for the lay person
- ◆ Can become very time and resource intensive



Conclusions

- ◆ Mental health testing and assessment helps to present a clearer picture of the offender and their needs to the judge / case manager
- ◆ Assessment can be integrated with a system-wide change for working with offenders motivationally



Conclusions

- ◆ Defining and measuring success seems to be a nebulous question that alludes us as practitioners; although the true measure might simply be whether or not they returned to prison and why they did or did not
- ◆ Assessment helps protect society by providing a picture of the offender and information regarding re-offense risk in many areas to judges and case managers



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