HOW DO PROFESSIONALS ASSESS RISK? AN UPDATED SURVEY OF PRACTICES

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Credit

- Kelley, S.M., Ambroziak, G., Barahal, R.M., & Thornton, D.
- Thank you to Gina Ambroziak and Kurt Southworth for help with SurveyGizmo and statistical analysis!

Background

- Risk assessment should be informed by research
- Clinicians and evaluators will need to periodically revise their assessment methodology in light of new research findings and best practice guidelines
- Adopting new methodologies can be difficult:
  - Learning new measures takes time and effort
  - Keeping up to date with research is time-consuming and potentially expensive
  - Instruments used in forensic settings must meet legal standards for admissibility (Daubert; Frye)
  - Employment context may limit this
- Surveys allow us to compare our methods with overall trends

Background

- Kelley, S.M., Barahal, R. M., Thornton, D., & Ambroziak, G. (2017). How do professionals assess sexual recidivism risk? An international survey of practices. The Forum Newsletter of the Association for the Treatment of Sexual Abusers, 29(1), 1-13.
  - In 2013, surveyed predominately ATSA members on use of static actuarial measures, mechanical dynamic measures, and Structured Professional Judgment (SPJ) measures
  - N = 158 participants
  - Mostly from United States (n = 109)
  - Included participants who completed sexual risk assessments for the court (n = 73) and well as SVP evaluators (n = 56)

2013 Survey Results - Limitations

- ATSA-list participants may represent a subgroup who keep up to date with research
  - What are other professionals doing?
- There have been notable advances since 2013 so the data may already be stale:
  - 2015 Static-99R norms paper
  - 2016 Static-99R coding manual
  - 2014 ATSA Practice Guidelines for the Assessment, Treatment, and Supervision of Individuals with Intellectual Disabilities and Problematic Sexual Behaviors
  - Increased research related to protective factors
  - Research advancement in combining static and dynamic measures to estimate risk
- Numerous questions we wished we had asked
  - How are they choosing a Static-99R reference group? What norms are they using?
  - Are participants' selection limited by institutional requirements?
  - Is there are difference when people work alone in private practice versus with groups?

2017 Survey

- Electronic survey sent out to members of
  - ATSA
  - SOCCPN (Sex Offender Civil Commitment Program Network)
  - AP-LS (American Psychology and Law Society / Division 41 of APA)
  - IATSA (International Association for the Treatment of Sexual Abusers)
- It's clear some participants forwarded emails and other professional groups are included
- 34 questions about risk assessment practices
- Responses March 16 – May 2, 2017
- Data collection is ongoing
- Preliminary data (N = 145)

2017 Survey

- Have risk assessment usage changed since 2013?
- Is risk assessment usage changing with empirical advances? For example:
  - Are evaluators using the most current norms?
  - Is the usage for older static instruments declining while newer instruments is increasing?

Old Instruments	New Instruments
Static-99 & Static-2002	Static-99R
RRASOR	Static-2002R
MnSOST-R	MnSOST-III
RM-2000	VRS-SO Static

- What influences evaluators' choice of instruments?

2017 SURVEY RESULTS

Participants (N = 145)

- Role
  - Treatment Provider = 32 (22.1%)
  - Evaluator = 103 (71.0%)
  - Researcher = 3 (2.1%)
  - Other = 7 (4.8%)
- Degree
  - Ph.D. / Psy.D. = 113 (77.9%)
  - LCSW / MSW = 6 (4.1%)
  - Masters Level = 18 (12.4%)
  - Bachelors Level = 3 (2.1%)
  - Other = 5 (3.4%)
- Years of Experience
  - Range = 0.5 – 40
  - M = 12.9 (SD = 8.8)
  - Median = 11
  - 63.4% ≥ 10 years

Client Population

Age

- Adults
  - 137 (94.5%)
- Adolescents
  - 42 (29.0%)
- Children
  - 6 (4.1%)

Status

- Incarcerated = 48 (33.1%)
- Any SVP / SDP = 63 (43.4%)
  - Committed = 55 (37.9%)
  - Post-Probable Cause = 41 (28.3%)
- P & P = 58 (40.0%)
- Outpatient = 33 (22.8%)
- Court System / Charged = 92 (63.4%)

EXCLUSIONS

No adult clients (N = 8)

OR

Not completing risk assessments for court (N = 18)

N = 119

Participants (N = 119)

- Role
  - Treatment Provider = 23 (19.3%)
  - Evaluator = 88 (73.9%)
  - Researcher = 2 (1.7%)
  - Other = 6 (5.0%)
- Degree
  - Ph.D. / Psy.D. = 93 (78.2%)
  - LCSW / MSW = 3 (2.5%)
  - Masters Level = 15 (12.6%)
  - Bachelors Level = 3 (2.5%)
  - Other = 5 (4.2%)
- Years of Experience
  - Range = 0.5 – 40
  - M = 13.2 (SD = 9.3)
  - Median = 12
  - 63.9% ≥ 10 years

Location of Practice

Country

- USA = 105 (88.2%)
- Canada = 9 (7.6%)
- Other = 5 (4.2%)

State

- 39 states represented
  - 14 states with 5 or more Pps
- Most Frequent States
  - New York = 13
  - Wisconsin = 11
  - California = 10
  - Washington = 10
  - Missouri = 9
  - Iowa = 9

Professional Membership

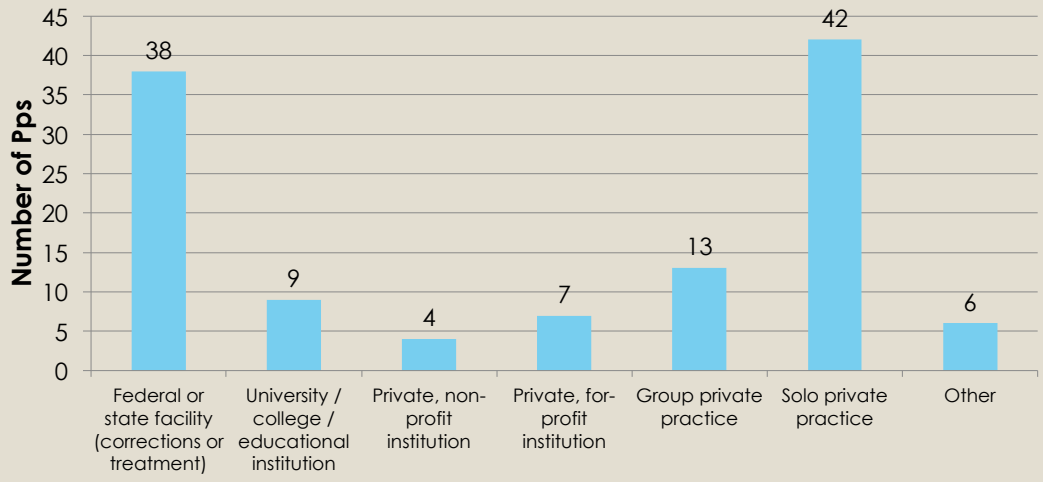
- ATSA = 78 (65.5%)
- IATSA = 4 (3.4%)
- AP-LS = 77 (64.7%)
- SOCCPN = 13 (10.9%)

- ATSA only = 32 (26.9%)
- AP-LS only = 35 (29.4%)
- SOCCPN only = 1 (0.8%)
- Mixed membership = 47 (39.5%)
- None = 4 (3.4%)

Client Population

- Incarcerated = 37 (31.1%)
- Any SVP / SDP = 59 (49.6%)
  - Committed = 52 (43.7%)
  - Post-Probable Cause = 39 (32.8%)
- P & P = 48 (40.3%)
- Outpatient = 26 (21.8%)
- Court System / Charged = 80 (67.2%)

Employment



Research & Training: keeping up to date

- Regularly read research articles = 104 (87.4%)
- National training and conferences = 87 (73.1%)
- Local training and conferences outside worksite = 85 (71.4%)
- Webinars = 73 (61.3%)
- Team meetings at worksite = 45 (37.8%)
- Presented at professional conferences = 47 (39.5%)
- In-house training by worksite = 42 (35.3%)
- Completed research / published articles = 34 (28.6%)
- Peer reviewer for journal = 27 (22.7%)
- Journal editorial board = 13 (10.9%)
- 73.1% of Pp rely on 4 or more of the methods to keep up to date
  - Range = 1 – 9
  - Median = 5

ATSA Conference Attendance

- Recently = 45 (37.8%)
  - 2016 = 21 (17.6%)
  - 2015 = 16 (13.4%)
  - 2014 = 8 (6.7%)
- Less Recently = 24 (20.2%)
  - Within the last 5 years = 14 (11.8%)
  - With the last 10 years = 8 (6.7%)
  - > 10 years ago = 2 (1.7%)
- Never = 50 (42.0%)

Assessment Methods

Methodology	Frequency	%
Independently choose & change from case to case	61	51.3
Independently choose & does not change from case to case	30	25.2
Chosen, but approved in advance & different methodologies for different cases	5	4.2
Chosen, but approved in advance & does not change from case to case	2	1.7
Fixed methodology by the institution or contract, but negotiable depending on the case	17	14.3
Fixed methodology by the institution or contract & non-negotiable	4	3.4
Total	119	100.0

Static Risk Assessment (N = 119)

Static Risk Instruments: Use

Instrument	Use in Past Year		Routine Use	
	Frequency	*%*	*Frequency*	*%*
Static-99	9	7.6	7	5.9
Static-99R	96*	80.7	98*	82.4
Static-2002	4	3.4	1	0.8
Static-2002R	36	30.3	23	19.3
VRS-SO Static	15	12.6	4	3.4
MnSOST-R	6	5.0	4	3.4
MnSOST-III	2	1.7	2	1.7
MATS-1	2	1.7	1	0.8
RRASOR	9	7.6	7	5.9
Risk Matrix 2000	9	7.6	5	4.2
SVR-20	32	26.9	17	14.3
CPORT	10	8.4	4	3.4

Static Risk Instruments: Routine Use

- Routine use of Static-99 and Static-99R
  - 4 (3.4%)
- Routine use of an **OLD** static instrument
  - Includes Static-99, Static-2002, Mn-SOST-R, RRASOR, Risk Matrix 2000
  - 19 (16.0%)
- Routine use a **NEW** static instrument
  - Includes Static-99R, Static-20002R, VRS-SO, Mn-SOST-III, MATS-1
  - 101 (84.9%)

1

Use of multiple static instruments in the same evaluation

- **33 (27.7%)**

2

Use of Static-99R and Static-2002R in the same evaluation

- **23 (19.3%)**

3

Use of an OLD and NEW in the same evaluation

- **9 (7.6%)**

4

Static instruments in same evaluation

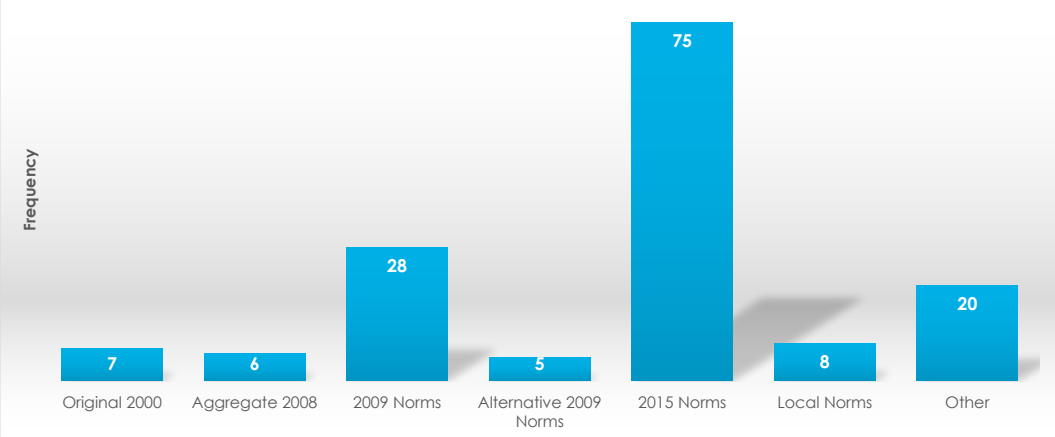
- **0 = 17 (14.3%)**
- **1 = 69 (58.0%)**
- **2 = 27 (22.7%)**
- **3 or 4 = 6 (5.1%)**

Static Risk Instruments: Use of Multiple

Static-99/R Coding Manual

- **2003 publication = 16 (13.4%)**
- **2016 publication = 85 (71.4 %)**
- **N/A = 18 (15.1%)**

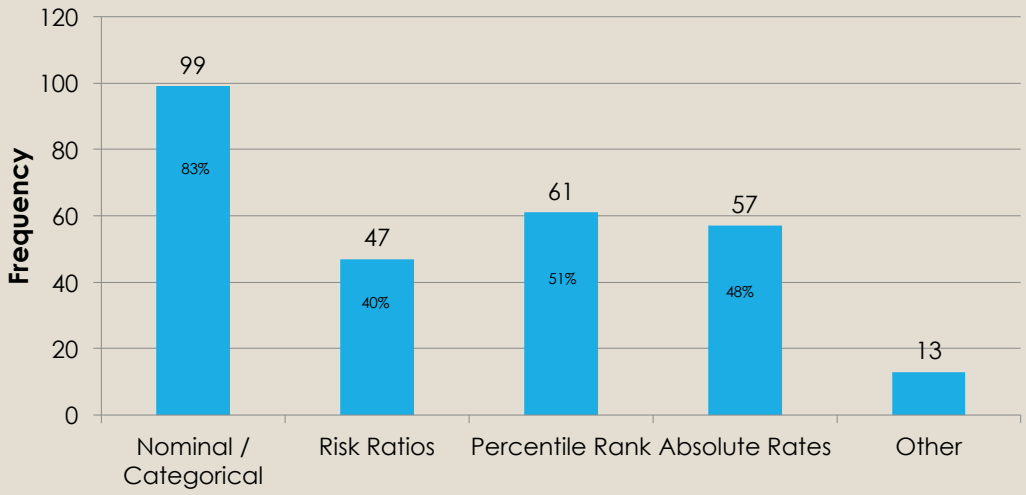
Static Risk Instruments: Use of Norms



Static-99R: Reference Groups

Selection of Reference Group	Frequency	%
"Matching" based on historical selection factors	14	11.8
"Matching" based on a current case formulation / clinical judgment of his external risk factors	21	17.6
"Matching" combined	**35**	**29.4%**
Use a mechanical measure of psychological risk	25	21.0
Only use the Routine/Complete group	30	25.2
Other	7	5.9
N/A	22	18.5
Total	119	100.0

Static Risk Communication



RRASOR Risk Communication

	Frequencies	% of RRASOR Users (n = 14*)	% of Entire Sample
Nominal/Categorical	7	50.0	5.9
Absolute Rates	2	14.3	1.7
Both Nominal & Absolute	5	35.7	4.2
Don't Use RRASOR	105	-	88.2
Total	119	100	100

***Note:** 9 ppl reported using RRASOR in past year and 7 reported using it routinely

Dynamic Risk Assessment (N = 119)

Dynamic Risk Instruments: Use

Instrument	Use in Past Year		Routine Use	
	Frequency	*%*	*Frequency*	*%*
STABLE-2007	60	50.4	50	42.0
SVR-20	27	22.7	20	16.8
VRS-SO	19	16.0	15	12.6
RSVP	19	16.0	15	12.6
SOTIPS	12	10.1	9	7.6
SRA-FV	11	9.2	10	8.4
ARMIDILO-S	7	5.9	5	4.2
MIDSA	4	3.4	1	0.8
SARN	2	1.7	2	1.7
None	25	21.0	26	21.8
Other	13	10.9	15	12.6

Dynamic Risk Assessment: Routine Use

- Mechanical Dynamic Risk Assessment
  - 72 (60.5%)
- SPJ Dynamic Risk Assessment
  - 35 (29.4%)
- ANY Dynamic Risk Assessment
  - 85 (71.4%)
- Less structured DRF consideration
  - 4 (3.4%)

Dynamic Risk Assessment: Use of Multiple

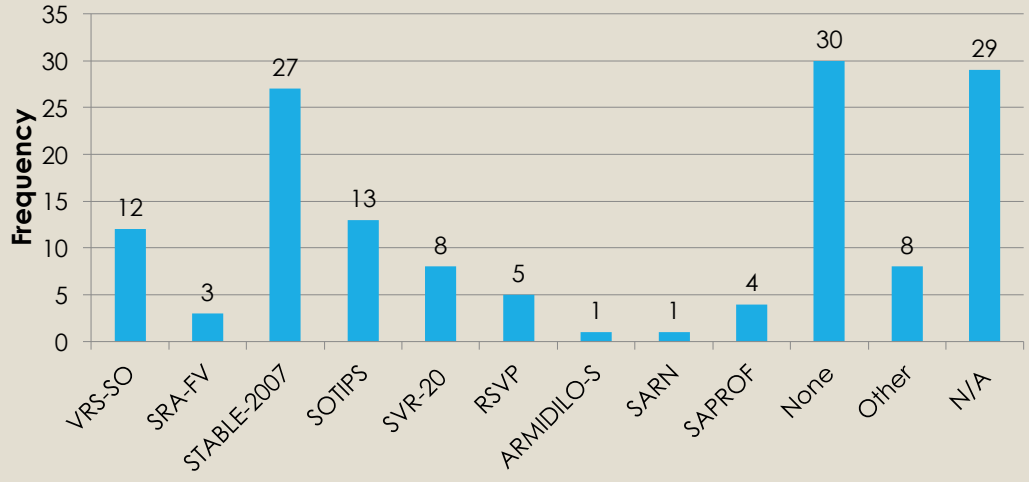
- Use of multiple DRF instruments in same evaluation
  - 18 (15.1%)
- Use of both MECHANICAL and SPJ in same evaluation
  - 9 (7.6%)

Dynamic Risk Assessment: Now & Then

- N = 96
- Additionally excludes:
  - N = 18 (not doing risk assessments in 2013)
  - N = 5 (could not recall)

Instrument	2017 Routine Use		Used in 2013		
	Frequency	*%*	*Frequency*	*%*	**% CHANGE**
VRS-SO	12	12.5	6	6.3	**6.3**
SRA-FV	9	9.4	10	10.4	**-1.0**
STABLE-2007	40	41.7	44	45.8	**-4.2**
SOTIPS	7	7.3	6	6.3	**1.0**
SVR-20	15	15.6	20	20.8	**-5.2**
RSVP	10	10.4	9	9.4	**1.0**
MIDSA	1	1.0	0	0.0	**1.0**
ARMIDILO-S	3	3.1	3	3.1	**0.0**
SARN	1	1.0	1	1.0	**0.0**
None	23	24.0	22	22.9	**1.0**
Other	12	12.5	8	8.3	**4.2**

Measuring Treatment Gains (N = 119)



VRS-SO Users (n = 19)

VRS-SO Calculator

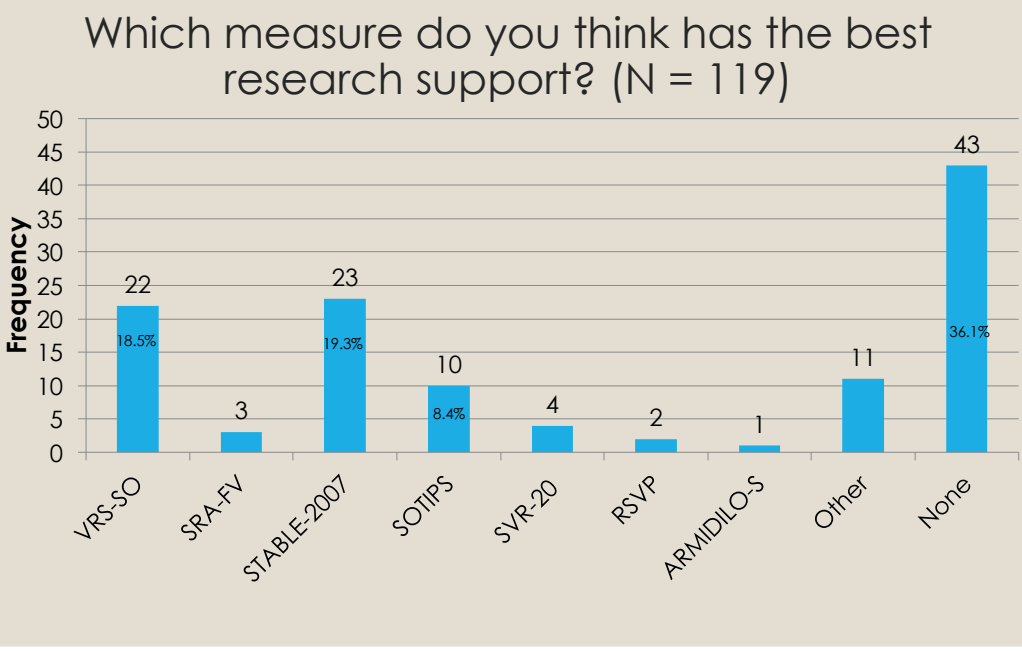
- **Yes = 10**
  - 52.6% of VRS-SO users
  - 8.4% of entire sample
- **No = 8**
  - 42.1% of VRS-SO users
- **Not aware of it = 1**
  - 5.3% of VRS-SO users

VRS-SO Norms

- **Yes = 17**
  - 89.5% of VRS-SO users
  - 14.3% of entire sample
- **No = 2**
  - 10.5% of VRS-SO users
- **Not aware of it = 0**

Dynamic Risk Assessment: Reasons Not Used

Why not using DRF	Frequency	%
Not enough research to support use	25	21.0
Available norms not large enough	11	9.2
Available norms not representative of relevant population	7	5.9
Too time consuming	1	0.8
Lack of training	6	5.0
Other	7	5.9
Not applicable	83	69.7



Protective Factors

Protective Factors

Instrument	Frequency	%
SAPROF	12	10.1
SAPROF-YV	3	2.5
SAVRY	8	6.7
START	2	1.7
DUNDRUM	0	-
IORNS	2	1.7
DASH-13	4	3.4
USE OF ANY PF SCALE	***26***	***21.8***
Qualitative Description	70	58.8
No Protective Factors Assessment	22	18.5
Other Protective Factor Assessment	11	9.2

Protective Factors: Now & Then

- N = 81
- Excludes:
  - N = 19 (not doing risk assessments in 2013)
  - N = 19 (could not recall)

Use of ANY PF Scale	2017		2013	
	Frequency	*%*	*Frequency*	*%*
Yes	18	22.2	17	21.0
No	63	77.8	64	79.0

Differences in Methods

- Professional memberships?
- Freedom to select methods?
- Type of employment?
- Involvement in research and training activities?

There were no statistically significant differences for the following:

1. Amount of freedom (low v. high) in choice of methodology and use of
   - Old static instruments (χ 2 (1) = 1.169, p = .280)
   - New static instruments (χ 2 (1) = 1.498, p = .221)
   - Any dynamic risk instruments (χ 2 (1) = 1.133, p = .287)
2. Amount of research & training* activities and use of
   - Old static instruments (χ 2 (2) = 4.528, p = .104)
   - New static instruments (χ 2 (2) = 0.176, p = .916)
   - Any dynamic risk instruments (χ 2 (2) = 4.470, p = .107)

*categorized as limited, moderate, and extensive

Does Professional Membership Make a Difference?

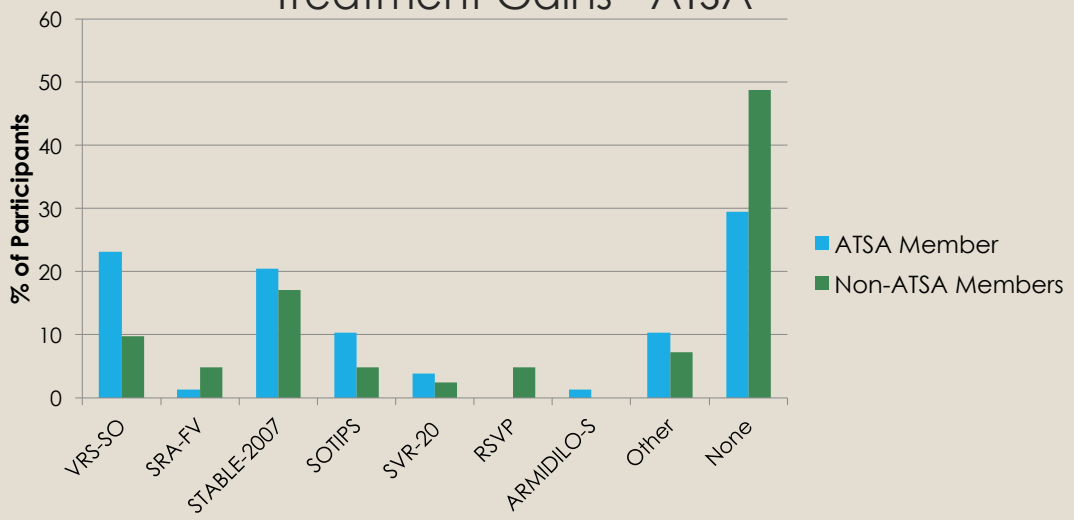
- ATSA members may have more specialized knowledge of sexual risk assessment than AP-LS only members
- Therefore, ATSA members might make more use of new static instruments and dynamic risk instruments

ATSA Member x NEW Static Instrument Use

ATSA Member	Not Using NEW Instrument		Using NEW Instrument	
	Frequency	*%*	*Frequency*	*%*
No	10	24.4	31	75.6
Yes	8	10.3	70	89.7
Total	18	15.1	101	84.9

$\chi 2\ (1) = 4.182,\ p = .041$

Best Research Support for Measuring Treatment Gains - ATSA



Membership x NEW Static Instrument Use

Membership	*Not Using NEW Instrument*		*Using NEW Instrument*	
	Frequency	*%*	*Frequency*	*%*
ATSA only	4	12.5	28	87.5
AP-LS only	10	28.6	25	71.4
Mixed Membership	4	8.5	43	91.5
Total	18	15.8	96	84.2

$\chi 2\ (2) = 6.434,\ p = .040$

Membership x Mechanical DRF Instrument

Membership	No Routine Use of Mechanical DRF Instrument		Routine Use of Mechanical DRF Instrument	
	Frequency	*%*	*Frequency*	*%*
ATSA only	10	31.3	22	68.8
AP-LS only	19	54.3	16	45.7
Mixed Membership	16	34.0	31	66.0
Total	45	39.5	69	60.5

$\chi 2\ (2) = 4.700,\ p = .095$

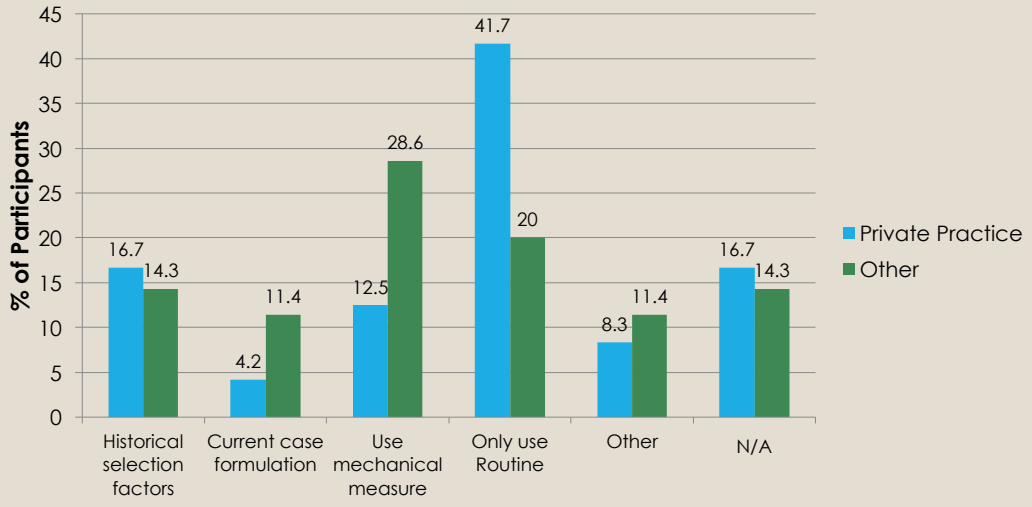
Does employment setting predict methodology?

Employment x Selection of Reference Groups

Employment	Matching		Use of Instrument		Routine Only	
	Frequency	*%*	*Frequency*	*%*	*Frequency*	*%*
Private Practice	13	31.0	9	21.4	20	47.6
Other	22	45.8	16	33.3	10	20.8
Total	35	38.9	25	27.8	30	33.3

$\chi 2\ (2) = 7.240,\ p = .027$

Employment & SVP Selection of Reference Groups



CLIENT POPULATION: SVP

N = 59

Employment in SVP (N = 59)

- Federal / State facility = 25 (42.4%)
- University = 5 (8.5%)
- Private, for-profit = 3 (5.1%)
- Group private practice = 5 (8.5%)
- Solo private practice = 19 (32.2%)
- Other = 2 (3.4%)

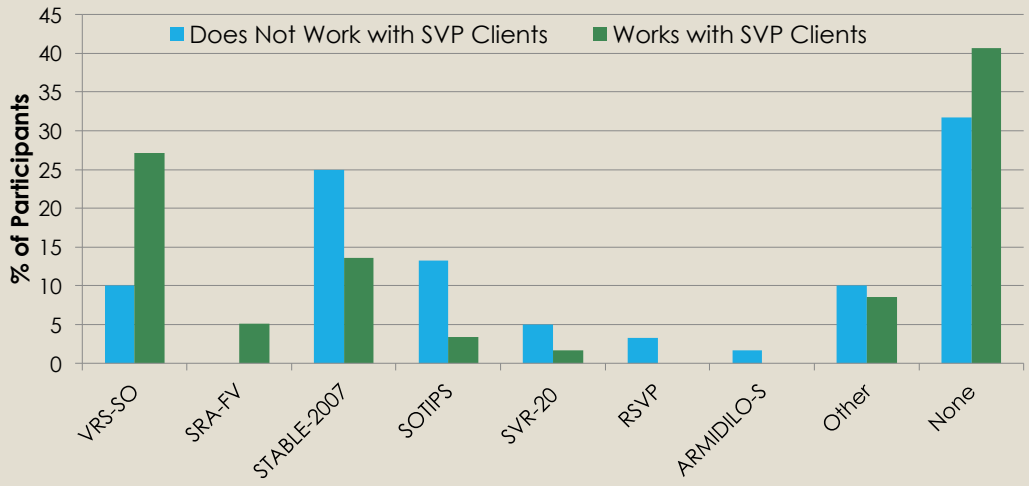
Static Risk Instruments in SVP: Routine Use

Instrument	Frequency	%
Static-99	2	3.4
Static-99R	52	88.1
Static-2002R	16	27.1
VRS-SO Static	3	5.1
MnSOST-R	0	-
MnSOST-III	1	1.7
MATS-1	1	1.7
RRASOR	2	3.4
Risk Matrix 2000	2	3.4
SVR-20	10	16.9
CPORT	3	5.1

Static Risk Instruments in SVP: Routine Use

- Static-99 & Static-99R = 2 (3.4%)
- Multiple Static Instruments = 21 (35.6%)
- OLD Static Instrument = 4 (6.8%)
- NEW Static Instrument = 53 (89.8%)
- OLD & NEW = 4 (6.8%)

Best Research Support for Measuring Tx Gains – SVP



Dynamic Risk Instrument in SVP: Routine Use

Instrument	Frequency	%
STABLE-2007	20	33.9
VRS-SO	11	18.6
SVR-20	8	13.6
SRA-FV	7	11.9
RSVP	5	8.5
SOTIPS	2	3.4
ARMIDILO-S	1	1.7
MIDSA	0	-
SARN	0	-
None	17	28.8
Other	5	8.5

Dynamic Instrument Choice in SVP: Routine Use

- Mechanical = 32 (54.2%)
- SPJ = 13 (22.0%)
- ANY DRF = 37 (62.7%)
- Less structured DRF consideration = 3 (5.1%)

Protective Factors in SVP: Routine Use

Instrument	Frequency	%
SAPROF	6	10.2
SAPROF-YV	1	1.7
SAVRY	3	5.1
START	0	-
DUNDRUM	0	-
IORNS	1	1.7
DASH-13	1	1.7
USE OF ANY SCALE	**11**	**18.6**
Qualitative Description	40	67.8
No Protective Factors Assessment	7	11.9
Other Protective Factor Assessment	6	10.2

SVP Work x OLD Static Instrument Use

Works with SVP Clients	Not Using OLD Instrument		Using OLD Instrument	
	Frequency	*%*	*Frequency*	*%*
No	45	75.0	15	25.0
Yes	55	93.2	4	6.8
Total	100	84.0	19	16.0

$\chi 2\ (1) = 7.361,\ p = .007$

SVP Work x Use of Any DRF Assessment

Works with SVP Clients	Not Using DRF Instrument		Using DRF Instrument	
	Frequency	*%*	*Frequency*	*%*
No	12	20.0	48	80.0
Yes	22	37.3	37	62.7
Total	34	28.6	85	71.4

$\chi 2\ (1) = 4.357,\ p = .037$

SVP Work x Absolute Recidivism Rates

Works with SVP Clients	Does Not Report Absolute Recidivism Rates		Reports Absolute Recidivism Rates	
	Frequency	*%*	*Frequency*	*%*
No	42	70.0	18	30.0
Yes	20	33.9	39	66.1
Total	62	52.1	57	47.9

$\chi 2\ (1) = 15.536,\ p < .001$

SUMMARY

Summary

- Have risk assessment usage changed since 2013?
- Is risk assessment usage changing with empirical advances?

- Static-99R and Stable-2007 continue to be the dominant instruments
- It's become increasingly rare to use older static instruments, especially among SVP evaluators
- Most evaluators have moved to using the updated norms and coding manual
- There is increased use of the VRS-SO, although most are not aware of the related research
- There have been no changes in use of the ARMIDILO-S or protective factors

Summary

- What are evaluators' choice of instruments influenced by?

- ATSA members and SVP evaluators are more likely to use newer static instruments
- Solo private practice more likely to only use Routine norms
- On the whole, SVP evaluators reports using a mechanical measure less frequently than other evaluators
  - However, more than half of SVP evaluators use a mechanical measure for DRFs
- Level of training activities and ability to choose methods have no sig effect

Limitations

- Mostly respondents from USA
- Unclear what legal question they must answer
- Would be helpful to know whether respondents complete "neutral" evaluations or predominately work for defense/prosecution
- Some respondents have completed the survey since May
- Incomplete data analysis - Stay tuned!