Diluting the Scientific Gains?

Revisiting Juvenile Risk Assessment Measures[1]

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In 1996, California passed Sexually Violent Predatory (SVP) legislation, allowing post-incarceration detainment of sexual offenders determined to be mentally ill and dangerous (SVP, Section 6600, California Welfare & Institutions Code). Sexually violent predatory sex offenders are atypical; some can be lethal. As a result of this legislation, California Department of Mental Health (DMH), established the Sexually Violent Predatory (SVP) Unit, and hired a cadre of 70 highly experienced forensic psychologists with a history of assessing and/or treating sex offenders.

DMH began consulting directly with the distinguished R. Karl Hanson, Ph.D., Department of the Solicitor General of Canada, in the area of risk assessment tools and risk assessment of sex offenders. Consultations centered on implementing risk assessment measures. Thus, trainings on risk assessment were to be of high quality, specialized and delivered by the most qualified in the field. Dr. Hanson was contracted to provide a series of trainings for those 70 specifically selected forensic psychologists hired to evaluate sexually violent predatory offenders to determine their risk level and possible recidivism, and to testify in criminal courts across the state on their findings and conclusions. Decisions were made as to whether the individual was to be released. Dr. Hanson was available for consultation on specific cases where we had questions related to the scoring and/or findings of the measures utilized.

The DMH posture was to implement risk assessment methods and measures anchored in the scientific method; no "guess estimates". We were trained and instructed to use *Rapid Risk Assessment for Sexual Offense Recidivism*, (*RRASOR*), later replaced by Static 99, and thereafter, other revised versions, along with other relevant measures. At that time, DMH regularly delivered to the cadre of selected forensic psychologists packets of peer reviewed research articles from scholarly journals specifically focused on risk assessment and testimony on such cases. Support was always available to discuss concerns on cases along with offering ongoing regular trainings in the area of risk measures and assessment. We were required to stay abreast of the research, findings of contemporary studies, and their implications. Experts from around the country were brought in to deliver highly specialized training on risk assessment. DMH was acutely aware of the importance of keeping their professionals apprised of court decisions related to this area of specialization of clinical practice.

We became highly specialized, knowledgeable regarding current studies, recognizing the importance of scientific method (empirical evidence), benefits of various risk tools (and weaknesses of others). We came to know the essential differences of validation, cross-validation studies, the predictive variable, predictive accuracy, as well as being aware of studies on denial, recidivism, and clinical judgement (it being no better than chance - guess estimates). We learned the importance of empirical evidence, versus the untested, the unreliable, and possible consequences of utilizing such unproven methods. In a word, we became experts, providing

expert witness testimony regarding the delicate demanding task of completing risk assessments throughout the state.

This rigorous and robust level of expertise sometimes seems lacking amongst professionals working with juvenile sex offenders. This can be witnessed at conferences, with some professionals fashioning and boasting themselves, as "specialized" and "experts" while blatantly imparting incomplete information on studies, measures, and the like. Concerning too is the inertia of knowledgeable professionals in the audience who do not challenge the ill-informed presenter, leaving attendees with diluted accuracies, falsehoods, regarding risk assessment (and clinical assessment) of juvenile sex offenders. Such presenters may toss caution in the wind by stating "juvenile sex offenders' recidivism is low" implying and/or seducing other professionals into thinking one does not have to be as vigilant in risk assessment. However, many of the sexually violent predatory sex offenders mentioned above, had their early beginnings in adolescence, if not younger. Fortunately, violent predatory sex offenders are anomalies, not your "typical sex offender" (Miccio-Fonseca & Rasmussen, 2014). This is all the more reason the person assessing risk in youthful offenders must be well skilled in risk assessment, avoiding recommending measures with only face validity (never empirically tested), or endorsing measures that have not been adequately validated or cross validated on sizeable samples.

Risk assessment is a serious business, not to be left to "guess estimates". Dr. Karl Hanson's meta-analyses involving samples of thousands of sex offenders has demonstrated that clinical judgment (guess estimates) is no better chance (Hanson & Morton-Bourgon, 2004). A "wrong guess" could result in more victims and/or a costly law suit (it just takes *one* to bring down a treatment program). It is essential to be confident that the measure one is using accurately assesses the level of risk to re-offend (recidivism).

The expected posture when assessing risk level for sexually abusive behaviors (whether by adults or juveniles), is to implement risk assessment methods and measures anchored in the scientific method. The scientific method assures objective approaches are employed, giving assessing professionals and court officers confidence in conclusions and findings. Dr. Prentky and his colleagues (2006) asserted researchers need to reject "bad science", referred to as "the intentional or uninformed distortions, misinterpretation, or selective reports of findings from scientific articles" (p. 358).

Sometimes conference presenters (or authors of books, or articles in blogs or newsletters) recommend utilizing measures not yet validated, or empirically shown to have inconsistent predictive validity by numerous studies. However, they have a responsibility to *adequately inform the User of the measures' limitations*. Neglecting to do so undermines the empirically based direction of the field, resulting in diluting the scientific method. Recommending use of a measure (whether for treatment or assessment) without fully informing potential users of its limitations, is a good example of "bad science" noted by Dr. Prentky. Just because a measure is authored, or promoted by a well-known professional *does not mean the measure meets the scientific Gold standard.*

An example of "good science" is when Drs. Robert Prentky and Sue Righthand, authors of *J-SOAP* and its revised version, *J-SOAP-II,* clearly stated the limitations (i.e., lacking definitive cut-off scores) and recommended it "not be used in isolation when assessing risk" (Prentky & Righthand, 2003, p. 4). Another example is when Fanniff and Letourneau (2012) found *J-SOAP-II* performed inconsistently in 9 studies examining its psychometric properties, with only the Impulsive, Antisocial Behavior scale demonstrating acceptable reliability and validity. These notable researchers urged caution using *J-SOAP-II* as an exclusive determination of sexual re-offense risk. "Good science" is also seen when researchers are conservative and do not overinflate their findings, even when the findings are innovative and appear to advance the measures being examined. For example, Viljoen, Gray, Shaffer, Latzman, Scalora, and Ullman (2017) examined dynamic changes measured by *J-SOAP-II* and *SAVRY* on adjudicated male adolescents, attending a non-secure residential cognitive-behavioral treatment program for sexual offending. They noted their findings support that Dynamic Risk Total Scores of *J-SOAP-II* and *SAVRY* "hold promise in measuring change," but were careful to state "further research is needed" (p. 342).

An example keeping with good ethical practice were steps Dr. Worling recently took regarding the *ERASOR* (*Estimate of Risk of Adolescent Sexual Offense Recidivism) (ERASOR, Version 2.0,* Worling & Curwen, 2001), a risk assessment tool mentioned frequently in the research. He informed the field that he was discontinuing using the *ERASOR,* since "the average degree of accuracy is poor for making forensic decisions"; and "several risk factors on the *ERASOR* that are NOT presently supported by current literature" (Worling, 2017, p. 3). Perplexing however, was Dr. Worling's premature introduction of his new tool, *Protective + Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR)* (Worling, 2017), a structured checklist. Unexpectedly, Worling did not provide a User's manual when he made *PROFESOR* available for use, nor specified the experience level, or training needed for administering and scoring. Also missing are operationally defined terms within this device, coupled with clear statements of the tool's limitations. Added to this list is the absence of *any* empirical evidence of validity, reliability, outcome studies, or accuracy. Introducing another tool without sufficient research might be viewed as taking one step forward, then two steps back, in the path of scientifically informed risk assessment.

Legislation enacted in California in 2006 as part the Sex Offender Punishment, Control, and Containment Act (SB (SB 1128) mandated individual sex offender risk assessment, including assessment of some juveniles adjudicated for sexual offenses. SB 1128 created the State Authorized Risk Assessment Tool for Sex Offenders (SARATSO) Review Committee, giving them authority to select mandated risk assessment tools for both adult and juvenile offenders (California. Penal Code § 290.04(b)–(c) (adults), (d)–(e) (juveniles).

SARATSO Committee "selected several mandated instruments to be used in the assessment of male adjudicated sex offenders; there are currently, however, no instruments selected for the assessment of female sex offenders" (Judicial Council of California/Administrative Office of the Courts, 2012, pp. 6-7).

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Although it was not yet cross-validated, "In 2008, SARATSO chose the JSORRAT-II as the static risk assessment instrument for juvenile male sex offenders" (Official publication of the California SARATSO Review and Training Committees, rev. January 3, 2017, p. 1). Six to eight years later, upon completion of *JSORRAT-II's* cross-validation studies, findings were published in scholarly peer review journals (Epperson & Ralston, 2014; Ralston, Epperson, & Edwards, 2016).

As previously noted, when recommending risk assessment measures, strengths and limitations must always be clearly stated. The SARATSO mandated tool *JSORRAT-II* is applicable to male juvenile ages 12 to 17.99 adjudicated in juvenile justice systems, focusing "exclusively on static risk indicators" (Ralston et al., 2016, p. 536). The tool was robustly constructed, showing good predictive validity in its validation (Epperson & Ralston, 2014), and a recent cross-validation study (Ralston et al., 2016), thus meeting the scientific standard. However, *JSORRAT-II* has not fared as well in independent studies, failing to predict sexual recidivism in two studies of adjudicated male adolescent sex offenders in residential care (i.e., Viljoen et al., 2008 [$N = 169$] and Rasmussen, 2017 [$N = 129$]). Viljoen et al.'s (2012) meta-analysis found it had modest predictive validity for a combined sample, consisting *JSORRAT-II's* validation and cross-validation studies, Viljoen et al.'s (2008) study, and two unpublished independent studies.

Another risk assessment tool that meets the scientific standard is *MEGA♪* (Miccio-Fonseca, 2012), which simultaneously assesses risk for coarse sexual improprieties and/or sexually abusive behaviors and protective factors, generating a computerized scored individualized comprehensive risk assessment report. Validation (N=1184) (Miccio-Fonseca, 2009, 2010) and cross-validation (N=1056) (Miccio-Fonseca, 2013, 2016a) samples were comparable (i.e., males, females, transgender, ages 4 to 19.99, adjudicated and non-adjudicated, including youth with low intellectual functioning) establishing a risk tool with broad applicability. Over a two-year follow-up, *Risk Scale* demonstrated significant predictive validity (Miccio-Fonseca, 2013), also seen in a second cross-validation study completed on 543 youth (Miccio-Fonseca, 2016b). Rightly, a criticism of *MEGA♪* is that it lacks "independent study". However, independent research takes time, as evidenced by the first published independent studies of the –*J-SOAP, occurring 7 years after* the tool was created (e.g., Martinez, Flores, & Rosenfeld, 2007). In the case of *MEGA♪* (which became available to the public at large in 2013), two independent studies have been completed thus far: Fagundes (2013), a descriptive study of risk level (of *MEGA♪* and *JSORRAT-II* and DSM-IV diagnosis), and Rasmussen (2017) (cited above). In Rasmussen's study, *MEGA♪* Risk Scale was predictive of sexual recidivism over a 6-year period (mean follow-up = 15.6 months).

Another measure that meets the scientific standard, though not a risk assessment tool, is *MIDSA,* a clinical tool authored by Dr. Raymond Knight, "designed specifically to identify important target domains for therapeutic intervention with individuals who have been sexually coercive" (Augur Enterprises, 2011, p. 5). *MIDSA* is a "computerized self- report inventory" (p. 1) designed as a "risk management instrument" (p. 5), applicable to males and females (however no lower age limit stated). *MIDSA* is a useful clinical assessment tool for planning and implementing treatment, and managing risk for sexually abusive behavior over time (Knight & Sims-Knight, 2014). Like *JSORRAT-II* and *MEGA♪*, independent studies need to be done.

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Serious researchers are working in earnest trying to perfect risk assessment measures that assist in making sound, reliable and valid, decisions with a level of accuracy that gives confidence in using the measure. Sticking with the scientific method advances the field. When utilizing any assessment measure, professionals would be well advised to search out information about its scientific basis. For example, one of the essential steps for creating a measure, is including and providing a User's Manual that gives the scientific basis of the measure, specifies the experience level and training needed, states the applicability and limitations of the measures, and describes scoring instructions. Likewise, when attending conferences, professionals need "to hold presenters' feet to the fire", expecting that the information presented will be clear, accurate, and well researched, not overinflating the empirical findings of any particular measure, but objectively presenting strengths and limitations of tools discussed. Presenting anything less is diluting the scientific method.

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[1]Publishers' Note: When originally published in *Perspectives* (August, 2017)*,* there were formatting errors in this feature article that were not the fault of the author (i.e., some references were inadvertently deleted and an edit submitted by the author was not incorporated). The Editor apologizes for these errors; this is the corrected feature article.