



HOPE Program



Risk Need Responsivity Principles Applied to the Assessment and Treatment of Adult Men with a Serious Mental Illness who have Committed Sexual Aggression

Drew A. Kingston, Ph.D. (PSY 30166)
 Mark E. Olver, Ph.D, RD Psych
 Shannon Smith, LCSW



UNIVERSITY OF
 SASKATCHEWAN

1

Outline/Goals

- ▶ Overview of treatment approaches
- ▶ Primary Question
 1. Is mental illness a criminogenic need
- ▶ Presentation of selected studies
- ▶ Recommended current best practices with MDSOs

2

2

Scope of Problem

- ▶ Significantly over-represented (Eher et al., 2019; Fazel et al., 2007)
- ▶ Significant variability
 - ▶ Psychosis → 4% to 67%
 - ▶ Mood/Anxiety → 10% to 73%
 - ▶ Substance and ASPD → up to 98%
- ▶ Variability due to:
 - ▶ Assessment and Definition of SMI
 - ▶ Sample composition (correctional, forensic, SVP)

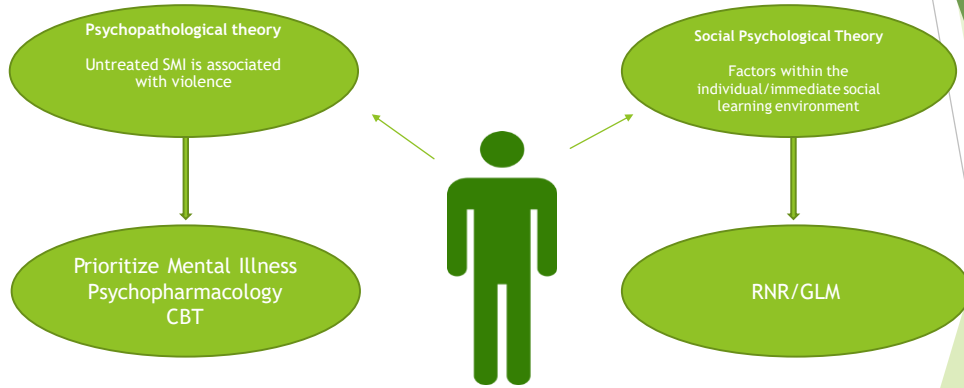
3

Is Mental Illness a Criminogenic Need?



4

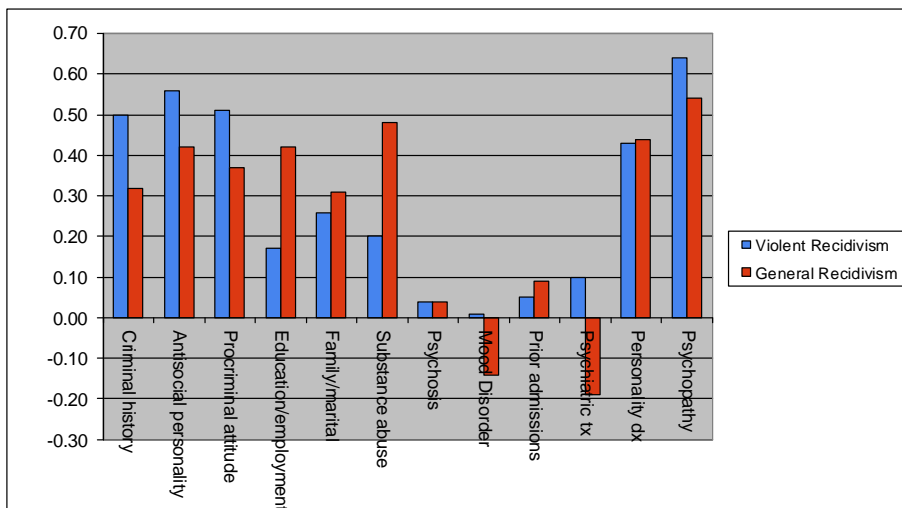
Hypotheses



- Literature appears mixed (HCR-20 vs. VRAG)
- Meta-analyses are important

5

5

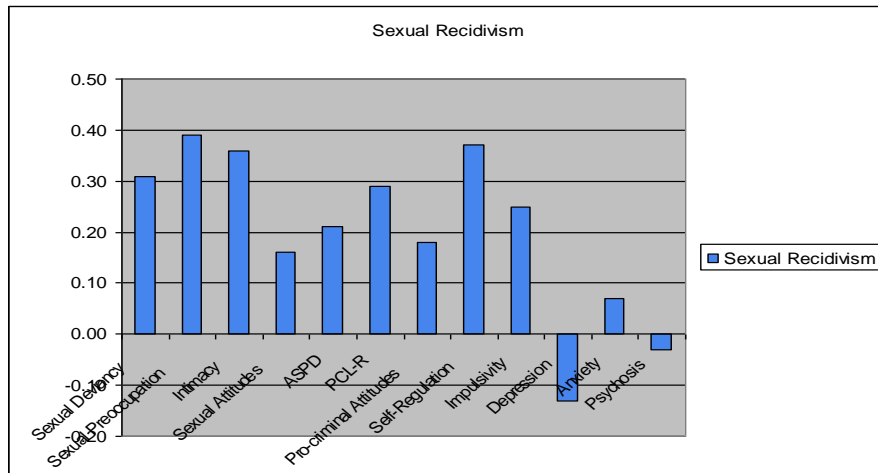


Bonta, Blais, & Wilson (2014). Theoretically Informed Meta-Analysis of the Risk for General and Violent Recidivism for Mentally Disordered Offenders; K = 126; effect size = Cohen's d)

6

SMI and Violence in Sexual Offenders

(Hanson & Morton-Bourgon, 2005; $K = 82$; effect size = Cohen's d)



7

7

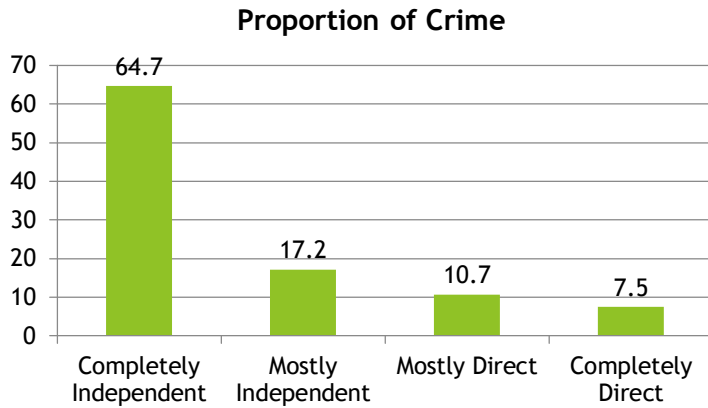
The Importance of Individual Differences

- ▶ Type of SMI (Douglas et al., 2009)
 - ▶ externalizing vs. internalizing
- ▶ Substance Abuse Comorbidity (Fazel et al., 2009)
- ▶ Age of onset
 - ▶ Early Start = Antisocial Characteristics
 - ▶ Late Start = Psychosis/SMI
- ▶ Sample composition (Douglas et al., 2009)
 - ▶ “psychosis is associated with a 49% to 68% increase in the odds of violence” (Douglas et al., 2009)
 - ▶ Forensic Psychiatric = 0.91
 - ▶ Correctional = 1.27
 - ▶ Community = 3.46

8

8

Direct vs. Indirect Effects (Peterson et al., 2014)



** Relationship between symptoms and crime varied across time within an offender

Serious Mental Illness and Recidivism

INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH 14: 10-22, 2015
 Copyright © International Association of Forensic Mental Health Services
 ISSN: 1499-9013 print / 1932-9903 online
 DOI: 10.1080/1499013.2014.974888



The Relationship between Mental Disorder and Recidivism in Sexual Offenders

Drew A. Kingston

Integrated Forensic Program, Royal Ottawa Health Care Group, Brockville, Ontario, Canada; Institute of Mental Health Research, University of Ottawa, Ottawa, Canada

Mark E. Olver

Department of Psychology, University of Saskatchewan, Saskatoon, Saskatchewan, Canada

Melissa Harris

Integrated Forensic Program, Royal Ottawa Health Care Group, Brockville, Ontario, Canada

Stephen C. P. Wong

School of Medicine, University of Nottingham, Nottingham, United Kingdom; Department of Psychology, University of Saskatchewan, Saskatoon, Saskatchewan, Canada

John M. Bradford

Integrated Forensic Program, Royal Ottawa Health Care Group, Brockville, Ontario, Canada; Institute of Mental Health Research, University of Ottawa, Ottawa, Canada

The importance of mental illness as a risk factor for violence has been debated with significant implications for mental health policy and clinical practice. In offender samples, mental health diagnoses tend to be unrelated to recidivism, although this effect has been questioned recently in sexual offenders. In the present, prospective investigation, the relevance of several mental health diagnoses and relevant co-morbidity is examined as predictors of various types of recidivism in two distinct samples of sexual offenders who were followed up to 27 years in the community. Results indicated that mental health diagnoses were not predictive of recidivism on their own or in multivariate categories, although comorbid substance-use disorders and some personality disorders showed some predictive validity. Results are discussed in the context of a social learning model of crime and in terms of the treatment of sexual offenders.

Keywords: sex offender, mental health, diagnoses, recidivism

Kingston et al. 2015

Study One

Sample

- ▶ 406 federal sexual offenders
- ▶ Admitted 1982-2008
- ▶ 34 years old
- ▶ 15.6 years follow-up (1-27 years)

Measures

- ▶ VRS:SO, Diagnosis, Recidivism
- ▶ NSMD (8%), SUD (52%), PD (74%), ASPD (47%), Paraphilia (24%)

Study Two

Sample

- ▶ 586 sexual offenders in outpatient mental health clinic
- ▶ Admitted 1982-1992
- ▶ 38 years old
- ▶ 9.9 years follow-up (1-20 years)

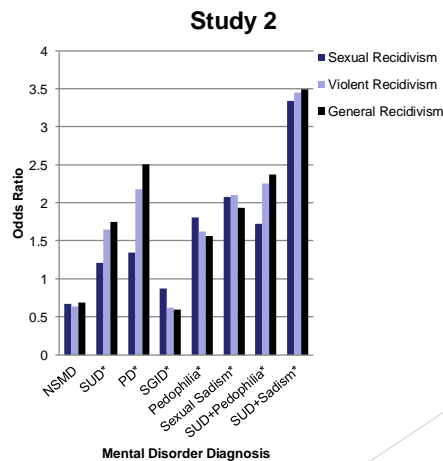
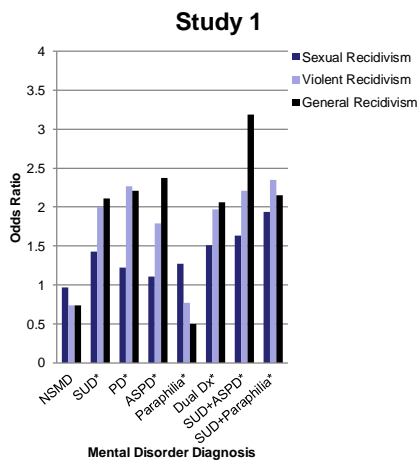
Measures

- ▶ Static-99, Diagnosis, Recidivism
- ▶ NSMD (23%), SUD (28%), PD (14%), SGID (81%), Pedophilia (42%), Sexual Sadism (9%)

11

Kingston et al. 2015

Recidivism Outcomes by Diagnosis



12

The relationship between mental illness and violence in a mentally disordered offender sample: evaluating criminogenic and psychopathological predictors

Drew A. Kingston^{a,b}, Mark E. Olver^c, Melissa Harris^a, Brad D. Booth^a, Sanjiv Gulati^a and Colin Cameron^a

^aIntegrated Forensic Program, Royal Ottawa Health Care Group, Brockville Mental Health Center, Brockville, Ontario, Canada; ^bInstitute of Mental Health Research, Ottawa, Ontario, Canada; ^cDepartment of Psychology, University of Saskatchewan, Saskatoon, Saskatchewan, Canada

ABSTRACT

The importance of mental illness as a risk factor for violence has been debated with significant implications for mental health policy and clinical practice. In offender samples, psychopathology tends to be unrelated to recidivism, although some researchers have noted that this relationship may be dependent upon certain moderating factors. In the present, prospective investigation, psychopathology is examined as predictors of recidivism in 121 provincially sentenced (i.e. less than 2 years) mentally disordered offenders. Results indicated that psychopathological predictors were generally poor predictors of recidivism in univariate and multivariate analyses. Consistent with our hypotheses, age of onset of criminal activity was a significant moderating factor on the relationship between mental illness and recidivism, although results were not in the expected direction for certain classes of mental illness. Results are discussed in the context of a social learning model of crime and in terms of the treatment of mentally disordered offenders.

ARTICLE HISTORY

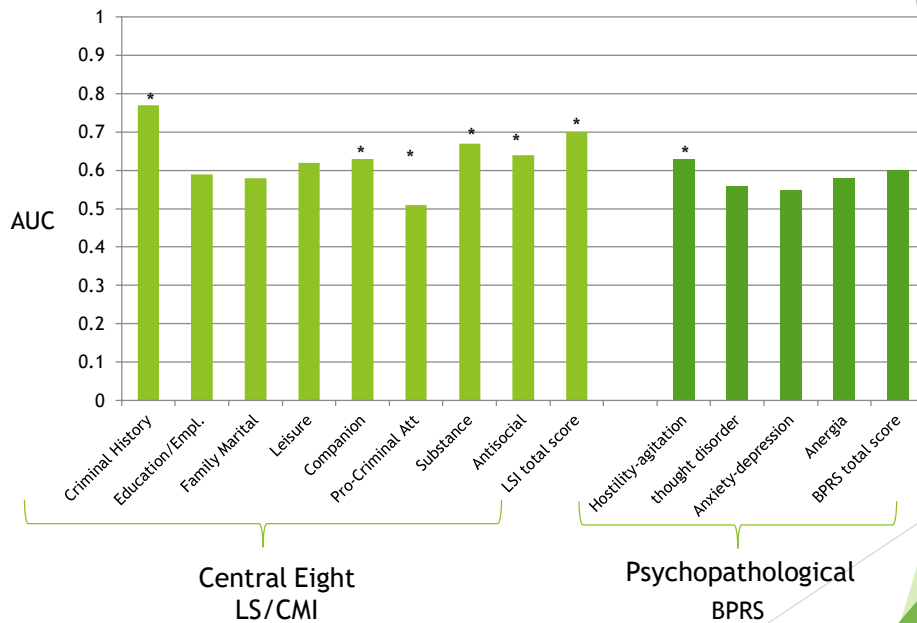
Received 19 October 2015
 Accepted 28 March 2016

KEYWORDS

Offender; mental health; diagnoses; recidivism

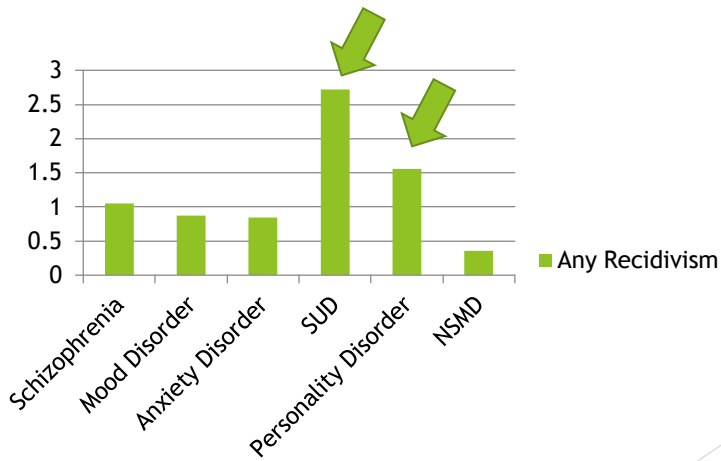
13

13



14

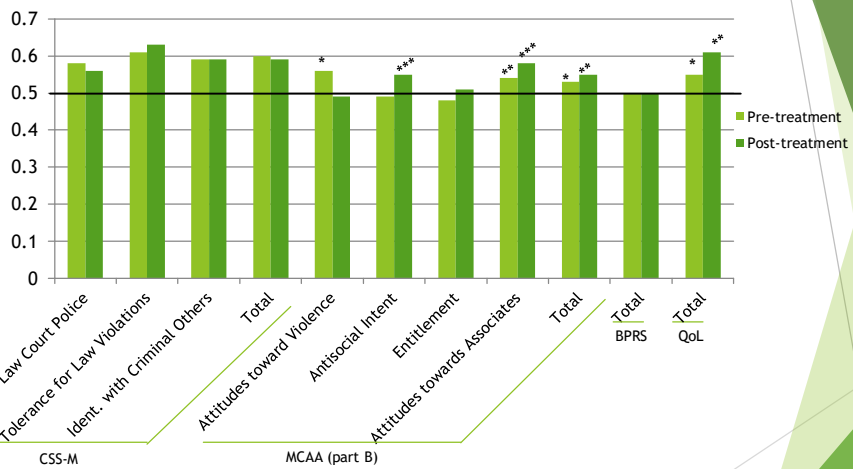
Risk Relevance of Diagnoses (odds ratios)



15

15

Risk Relevance of Antisocial Attitudes and Mental Health (AUC)



15

16



Assessment

17

17

Actuarial Assessments

Assessment for risk of sexual recidivism

- ▶ Static-99R/Static 2002 (Hanson & Thornton, 2000)
 - ▶ Development sample included psychiatric patients (Oak Ridge)
 - ▶ Subsequent studies supported predictive validity (e.g., Helmus, 2012)
 - ▶ Norms and calibration are needed
- ▶ STABLE 2007
 - ▶ Lower predictive accuracy than static tools (Craissati & Blundell, 2013)
 - ▶ Caution is warranted in using STABLE 2007 with MDSOs
- ▶ VRS:SO
 - ▶ Predicted sexual, violent, and general recidivism after controlling for diagnoses (Kingston, Olver, et al., 2015)
- ▶ SPJs have shown considerable range (AUCs ranged significantly from 0.52 to 0.83)

Assessment of risk for general recidivism

- ▶ LSI/CMI

18

18

DISCRIMINATION AND CALIBRATION PROPERTIES OF THE LEVEL OF SERVICE INVENTORY–ONTARIO REVISION IN A CORRECTIONAL MENTAL HEALTH SAMPLE

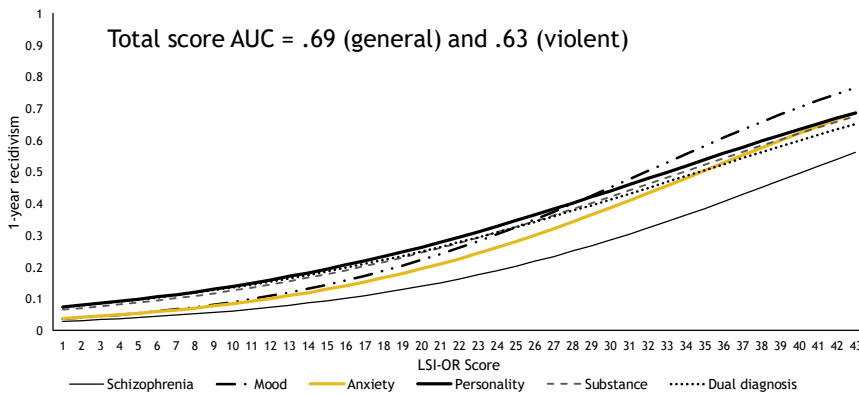
MARK E. OLVER
University of Saskatchewan
DREW A. KINGSTON 
HOPE program
The Royal's Institute of Mental Health Research

We examined the predictive properties of the Level of Service Inventory–Ontario Revision (LSI-OR) in a sample of 604 provincially incarcerated men with mental illness from a correctional mental health facility followed up nearly 2 years after release. Recidivism base rates and LSI-OR scores were relatively consistent across major mental disorder categories, but higher among individuals with personality disorder, substance use disorder, or dual diagnosis. LSI-OR scores predicted general and violent recidivism in the overall sample and among specific diagnostic groups. Calibration analyses were conducted to model 1-year recidivism estimates for the overall sample and among individual diagnostic groups associated with individual LSI-OR scores. Good correspondence was observed among the different diagnostic groups, with some difference in recidivism trajectories given the differences in base rate. The results support the predictive properties of the LSI-OR with correctional mental health samples and inform the recidivism estimates associated with LSI-OR scores in this population.

Keywords: LSI-OR; risk assessment; recidivism; criminogenic need; discrimination; calibration

▲ assessments of risk for future recidivism are an essential component of the administra-

LS/CMI - Calibration



Summary Remarks: Moving Forward



Evidence-Based Assessment and Treatment with MDSOs

- ▶ Mental illness **not typically** a criminogenic need
- ▶ Individualized psychosexual evaluation leading to comprehensive case formulation
 - ▶ Mental illness as an indirect, direct, or completely independent factor
- ▶ Assessing risk for sexual recidivism
 - ▶ Static-99R or Static 2002R generally shows good discrimination for sexual recidivism (Kelley & Thornton, 2015)
 - ▶ LS/CMI shows good discrimination for general recidivism (Olver & Kingston, in press)
 - ▶ Dynamic measures (e.g., STABLE 2007, VRS:SO) tend to show lower predictive accuracy so use with caution

21

21

Summary Remarks: Moving Forward

Evidence-Based Assessment and Treatment with MDSOs

- ▶ GPCSL/RNR principles are important treatment considerations
 - ▶ Change in mental health ≠ decreased recidivism
 - ▶ Change in criminogenic needs= decreased recidivism
- ▶ Responsivity for most
 - ▶ Indirect mechanisms (less likely to complete treatment; Olver et al., 2011)
- ▶ Programs should incorporate (and weigh heavily) criminal justice type interventions (RNR; Good Lives)

22

22

Questions

dkingston@hopeprogram.biz

Handouts: <https://www.hopeprogram.biz/>