

The utility of clinical and actuarial assessments for offenders in pre-release psychiatric decision-making (R-95, 2000)

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The purpose of this research was to determine the outcome of the release decisions among violent offenders and compare the efficacy of clinical and actuarial assessments in predicting general and violent recidivism. This study may be considered to be unique in a number of ways. These are:

- the clinicians were forensic psychiatrists with extensive experience working with offenders;
- their contact with the offenders was for risk assessment;
- they performed comprehensive assessments involving detailed case file information, actuarial scales, and semi-structured interviews;
- the assessments were part of operational practice with none of the promises of confidentiality inherent in research, and;
- all of the offenders referred for assessment were deemed potentially dangerous because of a violent index offence.

During 1989 to 1990, pre-release psychiatric assessments were completed on 260 violent federal offenders, the majority of which were non-sexual.

As of December 1997, this sample had been at risk for recidivism for up to seven or eight years. This study investigated three outcomes: (1) recidivism by type of outcome; (2) recidivism by type of release (parole versus statutory release; and (3) the unique and additive effects of clinical and actuarial risk assessment strategies in predicting recidivism. It was hypothesized that those released on parole would have lower recidivism rates and re-offend less seriously than those on statutory release. Furthermore, actuarial instruments were hypothesized to surpass clinical judgements in their utility for the prediction of recidivism.

Recidivism was examined in several ways. First, a measure of "overall" recidivism reflected whether an offender re-offended at all. Second, a measure of "first violent" reflected whether the first re-offence was violent. Third, a measure of "ever violent" reflected whether an offender at any time during the 8-year follow-up, committed a new violent offence. Overall, 55% of the study sample recidivated of which 18% committed a "first violent" offence, such as assault, weapons, robbery and threats.

The rate of violent recidivism doubled when violence was examined at any point within the follow-up period ("ever violent", 37%). Those who were on statutory release recidivated "overall" and "ever violently" more often than those released on parole. Moreover, survival analysis demonstrated that those on statutory release recidivated sooner than those on parole for measures of "overall", "first violent", and "ever violent" recidivism.

The additive effects of clinical and actuarial measures were partially supported.

Although actuarial risk assessments continue to outperform clinical assessments alone, this study highlights the importance of merging the two practices to improve accuracy. The authors suggest that future research should address the impact of clinical judgements on the prediction of violence when compared to fully validated actuarial instruments. ■