

How Do Experts Make Parole Recommendations and Are They Accurate?

Parole Board members and prison staff are not always in a position to judge adequately whether particular offenders are a safe release risk. In these cases, the Parole Board may seek the advice of experts, such as psychologists or psychiatrists, who are more familiar with the particular type of offender, the offender's type of behaviour or other factors that are particularly relevant to the case. These experts will then review the case and make a recommendation to the Parole Board as to whether, in their opinion, the offender should be released.

At this time, little systematic research has examined the factors considered by experts in making their recommendations and how correct their predictions about an offender's future behaviour turn out to be. A recent Canadian study looked at both these questions. Method The study reviewed the files of 69 randomly selected federal offenders who had been transferred to the Forensic Unit of the Calgary General Hospital. These offenders were to be examined clinically so that a recommendation could be made as to whether they should be released on parole. All had been sentenced for either a violent offence or a sex offence. The most common offence was murder (40.6%), followed by assault or manslaughter (18.8%). About 20% had committed a sex offence.

Each of these cases had been reviewed over a five-day period by a panel composed of one psychologist and two psychiatrists. The panel:

- conducted independent medical/ psychiatric and psychological examinations of each parole applicant;
- shared the results of their tests, observations and opinions, but not their recommendations;
- jointly interviewed the offender; and
- submitted separate reports with their own opinion on the causal and contributing factors to the offence and their independent recommendation for or against release on parole.

Since all 69 cases in this study had been examined by the panel of experts before the study was even planned, none of the variables that the panel considered in making their decision could be affected by the study. Information was gathered from the files of the 69 offenders, not from the offenders themselves. The information was classified into various groups: factors leading to the offence, recidivism factors, experts' recommendations, Parole Board decisions and success on parole. Results - Recidivism Factors The detailed review of the experts' written reports showed that each expert used, unfailingly, three demographic factors and 12 clinical factors to form their final recommendations in every case. These factors are listed in the table. Results - Efficacy of Recommendations Of the 69 cases, data were available for 62. In 47 cases, the panel was unanimous in its recommendations. It did not appear that either the experts or the Parole Board gave preference to any offence group in making their parole recommendations or decisions.

The Parole Board followed the recommendations of the expert panel in 61% of the cases. More specifically, it followed the panel's recommendations in 78% of cases where the panel recommended that parole be denied and in only 51% of cases where the panel recommended it be granted. While it may

seem that the Parole Board was more conservative in its decisions, the difference was not statistically significant.

All 26 offenders released after favourable recommendations from the expert panel were successful on parole. Of the four offenders who were released despite the panel's recommendations that parole be denied, three failed and one refused to be released. In all four of these cases, at least one of the recidivism risk factors used by the experts did not apply to the offender. Discussion The length of sentence remaining before the offender's date for release on mandatory supervision was the most complex demographic factor for the experts. In some cases, the offender was due to be released on mandatory supervision within the year, regardless of the experts' recommendations or the Parole Board's decision. In these cases, when the offender did not appear to be ready for release, the panel members were faced with a dilemma: should the offender be kept in prison until the last possible moment and then released on mandatory supervision for which he would likely be unprepared and so fail, or should the offender be released now, albeit prematurely, under close supervision which might improve the chance of successful reintegration? These situations accounted for 80% of the cases where the panel members' recommendations were not unanimous.

It may appear that the experts were correct in 100% of their recommendations, given that all 26 offenders recommended for release did not recidivate and that all four offenders who were not recommended for release failed when they were released. However, there is no way of knowing what the outcome would have been in the 13 cases where the experts recommended release but the Parole Board denied it. Similarly, there is no way to test whether those who were not recommended for release by the experts and were not released by the Board would actually have been successful if released.

While this study has shown that the recidivism risk factors used by the experts were useful, further study is required to determine how important each one is in predicting outcomes. Furthermore, the results of the study suggest that the highest rates for parole success come when both the Board and the experts are in agreement, and that when there is disagreement, it is best to deny parole.

Robert J. Brown and Kenneth P. O'Brien, "Expert Clinical Opinion in Parole Board Decisions: The Canadian Experience," *American Journal of Forensic Psychology*, 8, 3 (1990): 47-60.

(1) Only two causal factors were examined in the study: alcohol use and sexual impropriety. The results of the study suggested that, as clinical factors in predicting recidivism, they were not very helpful. We have therefore chosen not to report on them in this article.