Chapter 1 SAVRY

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Introduction

Assessments of dangerousness and risk for violence among adolescents are a critical and necessary part of practice in juvenile justice, psychiatric emergency services, civil psychiatric hospitals, and outpatient clinics (Borum, 2000). Each of these settings may have different policy requirements for the evaluations, the amount and quality of available information may vary, and the nature and exigency of the decisional thresholds may differ. Each of these factors can influence the way in which the risk assessment is conducted. However, regardless of context, it is generally helpful for the evaluator to have a systematic process or procedure to guide an assessment.

Since the mid-1980s considerable advances have been made both in research and practice related to assessing violence potential among adult psychiatric patients and criminal offenders (Borum, 1996, 2000; Borum, Swartz, & Swanson, 1996; Douglas, Cox, & Webster, 1999; McNiel et al., in press; Monahan & Steadman, 1994, 2001; Monahan, Steadman, Silver, et al., 2001; Otto, 2000). In contrast, the integration of science and practice specifically in youth violence has been notably lacking. Nevertheless, some of the progress made with adults may be applied to improve violence risk assessments for children and adolescents.

Since the 1980s, there have been two fundamental shifts in the way in which assessments of violence potential are conceptualized and conducted (Borum et al., 1996; Heilbrun, 1997; Litwack, Kirschner, & Wack, 1993; Melton, Petrila, Poythress, & Slobogin, 1997; Monahan, 1996; Webster, Douglas, Eaves, & Hart, 1997). First, the conceptual bases and assumptions underlying these assessments have shifted away from a violence prediction model to a more clinically relevant risk assessment/management model. To view the task of assessing violence potential, as prediction per se, implied that "dangerousness" was a dispositional and dichotomous construct that either did or did not reside within a given individual. Consequently, the degree of danger posed was seen as static and not subject to change. In the more contemporary conceptualization, however, dangerousness or "risk" as a construct is now predominantly viewed as contextual (highly dependent on situations and circumstances), dynamic (subject to change) and continuous (varying along a continuum of probability) (National Research Council, 1989). Simply stated, the task of the evaluator used to be to determine whether or not an individual was or was not a "dangerous person," whereas now the task is to determine the nature and degree of risk a given individual may pose for certain kinds of behaviors, in light of anticipated conditions and contexts.

Second, related to this conceptual shift, there were fundamental changes that developed in the procedures and practices for conducting assessments of violence risk. The first generation studies on predictive accuracy yielded rather pessimistic conclusions Nevertheless, mental health professionals continued to be confronted with the need to assess risk in clinical and forensic practice, and the courts continued to expect it. As a result, a second generation of practice technology emerged. The traditional approach to dangerousness assessment had been unstructured and purely "clinical"^ That is, the evaluator would routinely gather social, clinical and historical information, possibly, if conducted by a psychologist, in combination with some psychological testing such as the MMPI or Rorschach, and based on this general client data, make inferences about whether a person was dangerous. Seeing at least preliminary evidence that this approach would not be effective, scholars in the field began more systematic empirical investigations to identify specific risk factors that could be used to distinguish those who behaved violently from those who did not. It was hoped that a more empirically informed body of knowledge would lead to better predictive accuracy.

Subsequently, two assessment trends emerged. The first was the development of actuarial formulas as a method of assessing violence risk (Borum, 1996; Quinsey, et al., 1998). Over the years, there has been substantial debate in clinical psychology about the relative superiority of clinical judgment versus statistically derived formulas for a variety of different judgment tasks'\* (Dawes, Faust, & Meehl, 1989; Melton et al., 1997; Miller & Morris, 1988; Quinsey, Harris, Rice, & Cormier, 1998). The existing literature on the comparison of these two methods, across a number of decisional tasks, suggests that statistical formulas generally perform as well or better than clinical judgments (Borum, Otto, & Golding, 1993; Dawes et al., 1989; Garb, 1994; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Grove & Meehl, 1996; Meehl, 1970; Melton et al., 1997; Mossman, 1994; Quinsey et al., 1998). The superiority of the formulas is likely enhanced when they are properly and consistently applied, since in those circumstances the reliability would be very high. Based on existing evidence, some scholars have advocated that actuarial methods (statistical equations) are the preferred method for making decisions about likelihood of future violence (Dawes et al., 1989; Faust & Ziskin, 1988; Grove & Meehl, 1996; Quinsey et al., 1998). Others, however, believe that the statistical and practical limitations of the actuarial formulas at this time outweigh their potential benefit as the ultimate arbiter of risk judgments in individual cases (Melton et al., 1997; Otto, Borum, & Hart, 2000).

This position facilitated a second, alternative trend in assessment approaches: the use of structured professional judgment or guided clinical assessment. In this approach an evaluator conducts a systematic risk assessment by referring to a checklist of factors, each of which may have some form of coding criteria, that have a demonstrated relationship to violence recidivism based on the existing professional literature. Prior research suggests that one important reason for less than optimal predictive accuracy of clinical judgment is that evaluators fail to consider or properly weigh the relevant factors in their risk decisions (Cooper & Werner, 1990; Werner, Rose, Murdach, & Yesavage, 1989; Werner, Rose, & Yesavage, 1983).

The structured professional judgment approach helps to focus the evaluator on relevant data to gather during interviews and record reviews, so that the final judgment, although not statistical, is well informed by the best available research. Recent empirical studies indicate that risk ratings based on structured assessments perform better than unstructured clinical judgments, and may perform as well or better than some actuarial predictions (Dempster, 1998; Kropp, Hart, Webster, & Eaves, 1999; Hanson, 1998).

The Structured Assessment of Violence Risk in Youth (SAVRY) (Bartel, Borum, & Forth, 2000), is based on the structured professional judgment model. We believe the structured judgment model is best suited for risk assessment with adolescents as it is anchored in the empirical and professional literature, allows for appropriate consideration of developmental factors, and emphasizes the dynamic, and often contextual nature of risk. Actuarial models may be less well suited for child and adolescent populations in that they are typically designed to optimize predictions of long-term risk and, for that reason, tend to emphasize static and historical risk factors. Given the profound and pervasive changes that occur during adolescence, one may infer that the nature and degree of risk factors and of risk per se may not remain stable throughout the developmental period. To that extent, it may be more beneficial to focus on proximal and dynamic risk factors to evaluate risk for future violence Additionally, although the empirical literature on violence risk in adults often indicates that historical risk factors tend to be the best predictors of adult violence (particularly long-term) other research suggests that many dynamic risk factors tend to be equally if not more predictive of future violecen (both short and long term) with adolescents. Finally, whereas actuarial models are principally oriented toward optimizing the accuracy of predictions, the objective of the SAVRY is ultimately to assist in prevention and risk reduction.

Considerations When Conducting Violence Risk Assessments

Communicate Opinions about Risk in Clear and Specific Terms: In making risk appraisals it is important, not only to make a global judgment regarding risk of violence, but to communicate conclusions about the nature and degree of risk in more specific terms. Boer, Hart, Kropp, & Webster (1997) recommend that in communicating judgments about violence risk that several issues be addressed including:

• The likelihood that the person will commit a violent act if no efforts are made to manage his/her risk.

• The probable nature, frequency, and severity of any future violence.

• Who the likely victims of any future violent offending will be.

• The situations or contexts that might increase the person's risk for violence.

• The steps that could be taken to manage or reduce the person's risk for violence.

By incorporating these factors into one's risk communication, the evaluator provides more useful information than would be offered by a simple, conclusory statement on future risk. Such specifications will be particularly critical in developing plans to intervene or manage a person's risk.