

Offender Classification and Assessment

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Offender classification and assessment are two related but distinct processes in the operation of the prison system and community corrections. Both processes permeate the correctional processes from admission to the correctional system and incarceration through sentence completion, release, and postincarceration supervision (Austin, 2003).

Classification and assessment are typically performed by correctional counselors who have three goals in mind: (1) the public's need for protection and community safety; (2) the identification and matching of offender needs for treatment and management with correctional resources; and (3) the improvement of correctional operation and performance while reducing costs and recidivism (Lauren, 1997).

■ Classification

Classification in the prison systems refers to the procedure of placing prisoners in one of several custody levels (e.g., maximum, close, medium, and minimum) to match offender needs with correctional resources (e.g., the type of facility to which they will be assigned, and the level of supervision they will receive once they are there). Prison classification systems are intended to differentiate among prisoners who pose different security risks and/or have various management issues (Austin, 2003; Schmalleger & Smykla, 2001).

Subjective and Objective Classifications

Subjective classification, which relies mainly on the experience and judgment of prison administrators, was used by all of the state prison systems in the early period of the nation's corrections. Prison officials would decide where to house an inmate and under what type of supervision and security (Austin, 2003).

Even today, the subjective classification has not been entirely abandoned. For example, the use of *overrides* allows correctional staff to change the scored classification level according to the policies of the agency. The number of overrides accounts for 5 to 15% of all classified inmate cases, indicating that it is necessary to combine the objective and standard evaluations with the professional judgment of trained classification personnel.

Objective classification has the following core features (Austin, 2003):

1. Reliable and valid criteria that have been examined through empirical research are used to establish a prisoner's custody level.
2. Well-trained and specialized professional personnel perform classification duties, including recommendations that the custody level of an offender be increased, decreased, or maintained. They may also make suggestions about transfers.
3. Each classification decision and the considerations used to make each decision are documented and stored for analysis and examination.

Considerable changes in prison classification systems have taken place during the past three decades. The California Department of Corrections and the Federal Bureau of Prisons were the pioneers in using objective classification systems before 1980. Since then, virtually all 50 states as well as Puerto Rico and the Virgin Islands have fully implemented objective systems.

With the proliferation of the application of the objective classification systems in corrections, new research has been conducted that has helped to revise the first generation of prison classification systems by identifying their limitations (Austin, 2003; Andrews & Bonta, 2003).

External and Internal Classifications and Reclassification

All prisoners experience initial (external), internal, and reclassification processes. The initial classification is also called *external prison classification*, which places an offender entering the prison system at a facility classified at the custody level where the prisoner will remain. Most states designate prison facilities by custody levels such as maximum, close, medium, or minimum, but some states use a system of numbered levels—Level 1, 2, 3 or higher, with the level 1 facilities used for inmates who pose the least amount of danger to self and others (Gaines & Miller, 2003).

The typical external prison classification systems use scoring forms that evaluate the offender's current offense(s), prior criminal record and history, and other background attributes (e.g., age, medical ailments, mental disorders, and other dysfunctions). Although many factors used for classification (e.g., drug and alcohol use, history of infractions in corrections, sentence length, severity of the offense, and time left to serve) have little predictive capability for inmate risk, they are given primary consideration in the custody designation process (Andrews & Bonta, 2003; Austin, 2003).

Once a prisoner arrives at a facility, she or he will go through *internal classification*—a process that determines the unit and cell assignments and programs to match the prisoner's risk and needs with the security and treatment characteristics of the unit and programs.

After a designated period of time (e.g., annually), offenders may undergo *reclassification*, a review process within a prison system that updates and possibly revises the current classification levels of inmates. However, changes in the conditions of the offender may entail reclassification during other periods. Reclassification places greater emphasis on the prisoner's conduct during incarceration, such as degree of program participation, gang membership, history of violence, and recent disciplinary actions (Austin, 2003).

Classification in community corrections consists of identifying and selecting supervision strategies (e.g., levels of supervision) on the basis of assessing the risks and needs of the offenders.

■ Assessment

Assessment is a corrections process that is closely related to but distinct from correctional classification. Instruments for correctional assessment typically cover two areas: (1) risk, and (2) needs of the offender. The *risk* refers to the danger to self, others, and the community that is presented by the offender. The relevant factors include criminal history, current conviction(s) and violations, and dangerousness of the offense (e.g., violent crimes and sex offenses are considered more dangerous than nonviolent and nonsex offenses). The assessment of the offender's *needs* may include measurements related to education, employment, financial situation, interpersonal relationships, family/marital conditions, accommodation, leisure and recreation, companions, alcohol and drug abuse problems, suitability for treatment, mental health issues and attitudes toward crime, convention, sentence, and the criminal justice systems (Andrews & Bonta, 2003).

Assessment is closely associated with correctional classification in that the offender's scores on assessment tools often serve as one of the important bases for decisions in the initial and reclassification of the individual. In community corrections, the scores often determine which programs to place the offender in

and the intensiveness of the supervision. Assessing the offender's risk, needs, and responsivity (that is, the offender's ability, learning style, and readiness) for treatment allows correctional staff to use valuable correctional resources much more efficiently according to the supervision needs.

Assessment differs from classification, however, because it is frequently performed for offenders for purposes other than classification during the correctional process—the period that begins when entering corrections and concludes with postprison supervision in the community. The scores of the assessment do not always affect offenders' classification levels. For example, assessment scores may be used for identifying clients' mental health or physical health needs.

The Level of Service Inventory-Revised (LSI-R)

During the past 20 years, significant developments have occurred in the area of offender assessment. One of these is the **Level of Service Inventory-Revised (LSI-R)**—a theoretically based offender risk-needs assessment that has the most all-embracing research literature among offender assessment instruments (Andrews & Bonta, 2003). In addition, it appears to be the most frequently used instrument for classification and assessment in corrections both in the United States and Canada (Bonta, 2002). LSI-R is an actuarial (predictive) tool that was created and developed in Canadian forensic settings (Andrews & Bonta, 1995; Mihailides, Jude, & Van den Bossche, 2005).

LSI-R has 54 items for consideration. The items are divided into 10 subscales that assess the offender's criminal history, education/employment, finances, family/marital conditions, accommodation, leisure and recreation, companions, alcohol/drug problems, emotional/personal issues, and attitude/orientation (Andrews & Bonta, 2003). Despite its demonstrated use with general offending populations, the LSI-R was not developed for sexual offenders or mentally disordered offenders.

The total number of checked items on LSI-R provides a total score; the higher the score, the greater the risk of criminal behavior. Correctional authorities may use offenders' scores on LSI-R to categorize them at three risk levels. Each state may define its own cutoff scores for supervision. For example, some states may use the following cutoff scores:

29 or higher = maximum-risk level;

19–28 = medium risk; and

0–18 = minimum risk.

Static and Dynamic Risk Factors

The 10 subscales on the LSI-R include some major static and dynamic risk factors in relation to criminal behavior and recidivism (Andrews & Bonta, 2003).

Static risk factors designate variables or conditions that existed in an offender's past or are not responsive to correctional interventions. Examples of static risk factors include the perpetrator's age, number of past offenses committed, intellectual disabilities, favored choice of victim, age at first conviction, gender, race, social class of origin, criminal history, antisocial childhood modeling, and childhood trauma. Some static factors cannot be changed by correctional efforts but they can change naturally, such as age. Because the offender's score on static risk factors cannot be revised by active interventions, correctional staff typically focuses on the conditions, attributes, and attitudes of the offender that can be transformed.

Dynamic risk factors are conditions and attributes related to the offender that can be changed by programs, treatment, counseling, and other interventions. Examples include marital distress, skill deficits, substance abuse, pro-crime attitudes, companions, mental conflicts, low educational attainment, and antisocial supports and peer association. Because these factors are associated with recidivism and criminal behavior, they are referred to as criminogenic needs (Simourd & Malcolm, 1998; Simourd, 2004).

Three Generations of Risk Assessment

Some scholars believe that the instruments for correctional assessment in North America have gone through three generations.

1. The first-generation risk assessments are subjective clinical assessments based on the professional judgments of correctional authorities.
2. The second-generation risk assessments mainly involve the use of the static factors or items (with few dynamic factors) in appraising the offender's risk—for example, criminal history, age, gender, sentence length, and drug abuse history (Andrews & Bonta, 2003).
3. The third-generation risk assessments integrate substantial dynamic risk factors and allow correctional staff and practitioners to measure and apply them for correctional intervention and treatments and track changes in the offender's risk level (Walsh, 1997).

Dynamic risk assessments should be used in conjunction with a static risk measure because it provides a baseline risk appraisal of the stable factor of the client whereas the dynamic risk assessment can track changes in risk level over time (Walsh, 1997).

LSI-R's Strengths and Limitations

An offender's total LSI-R scores and scores on its 10 subscales (criminal history, education/employment, financial, family/marital conditions, accommodation, leisure and recreation, companions, alcohol/drug problem, emotional/personal, and attitude/orientation) not only serve as a basis for correctional classifications in many

correctional institutes of the United States and Canada but also provide useful information for case management in correctional counseling. For example, counselors can use the clients' scores on education/employment or other subcategories to decide how to connect available services and resources to meet the client's needs. In addition, the scores are a basis for community supervision for the offenders, determining whether the offender needs to receive an intensive level of supervision (e.g., mostly face-to-face contact per week), medium or minimum level supervision and how the contacts should be conducted (e.g., at the client's home, education or workplace, office contacts, contacts with the client's family member or employer).

Since its conception in 1995 (Andrews & Bonta, 1995), considerable research has been conducted on LSI-R. The studies have shown that this inventory has the power to predict recidivism and to differentiate among different types of criminals. For example, in the study by Simourd (2004), the LSI-R scores of 129 Canadian federally incarcerated offenders serving a mean sentence length of five years were compared to various recidivism criteria during a 15-month follow-up period. The results indicated the instrument had adequate reliability and predictive validity and was successful in distinguishing recidivists from offenders who did not commit new crimes during this period. Lowenkamp, Holsinger, and Latessa (2001) argued that although LSI-R failed to consider gender or physical and sexual abuse as risk factors by including such items in the inventory, their study indicated that the LSI-R is as valid (predictive) an instrument for their sample of male offenders as for their sample of female offenders. Additionally, their results show that a history of prior childhood abuse fails to enhance the prediction of recidivism for the offenders. Furthermore, the study by Hollin and Palmer (2003) revealed that scores on LSI-R assessments can differentiate between violent and nonviolent offenders. Using 251 male prisoners in six English prisons as the research participants who were assessed with LSI-R, they found that violent offenders, on the basis of either current or previous convictions, scored significantly higher than the nonviolent prisoners on the four LSI-R subscales of Criminal History, Companions, Education and Employment, and Alcohol and Drugs. In addition, those prisoners with a record of violent offenses also produced higher total LSI-R scores, indicating an overall higher risk of recidivism. Nee and Ellis (2005) suggested that LSI-R can also be used with juvenile offenders as a measure of the effectiveness of interventions with them.

Mihailides et al. (2005) argued that although the effectiveness of LSI-R as a risk assessment tool has been accepted in North America, correctional staff should take into consideration the cultural, forensic, and sociopolitical context in different countries when applying LSI-R. In their comparative study they used LSI-R data from 254 male and 77 female offenders from five prison locations in Australia and Canada to compare the Australian samples with the Canadian samples. They found that both male and female Australian offenders scored

higher on the LSI-R than Canadian prisoners. In particular, female Australian offenders scored notably higher on the LSI-R than Canadian females.

Furthermore, when using LSI-R to predict inmate aggression in a forensic psychiatric hospital, Daffern, Ogloff, Ferguson, and Thomson (2005) found only a weak association between the total score of the patients and their aggression. This is probably because the context is different from prisons and the LSI-R does not assess the mental disorders and recent hostility of the patients.

Although current assessment models such as LSI-R are somewhat effective in predicting the risk for offenders, it should be noted that most classification and assessment instruments were developed for the purpose of correctional management, not for correctional counseling.

These instruments have noticeably overlooked (or lack) items that assess the interaction between the mind and the situation. For example, there is a lack of a correctional instrument that measures offenders' distorted social cognitions in relation to their dysfunction (e.g., interpersonal and/or emotional conflicts, dysfunctions in legal, family, employment, education areas). Without any knowledge about the deficient social cognition of correctional clients, the information about needs and risk is incomplete, hampering a correctional staff's effort to engage in intervention and therapeutic treatment. This issue is important because a person's mind or cognitive structures of social entities (the self, others, social situations) and his or her interactions regulate activities (Fiske & Taylor, 1991), including criminal behavior. People suffer dysfunction in the legal, interpersonal, educational, employment, and other areas, not only because they encounter adversity and conflict but also because they are unable to overcome invalidation and frustration with their current cognition of the social reality. In other words, correctional counseling and treatment should focus on discerning how offenders perceive themselves and interactions with others and how they explain their conflicts, as well as their criteria for evaluating situations, and their experiences (Sun, 2005).

False Positive, False Negative, and Deception

The phrases **false positive** and **false negative** in correctional assessment were derived from early psychological research on visual perception. In the use of LSI-R as the instrument to predict offenders' risk and recidivism, false positive refers to cases when offenders have a low risk of reoffending but their scores on LSI-R put them in the high-risk category. In contrast, false negative designates the opposite situation: Offenders have a low score on the measurement when they are actually a high-risk offender. The two types of tendency exist in other assessment instruments for dividing offenders into low- and high-risk categories. For example, Campbell (2003) argued that the relevant ethical standards and practice guidelines obligate psychologists to discern the numerous limits and inaccuracies of their data and

EXHIBIT**2.1****Supervising Offenders in Canadian Community Corrections***—Stephen D. Howell***CONTEXT**

The Community Corrections Division of the British Columbia Ministry of Public Safety and Solicitor General manages nearly 14,000 sentenced offenders on any given day. About 350 Probation Officers work from some 52 offices. The offenders are all adults; probation services for youth were transferred to the Ministry of Children and Family Development in 1997. Probation orders make up the largest category of court orders administered, although this category disguises two quite unique groups of clients—those who are placed on an order as the primary disposition of the court, (7,400 clients) and those whose probation order is appended to a custody sentence (3,100 clients). In addition, we supervise 2,000 clients on conditional sentence orders (prison sentences served in the community) and 1,100 on peace bonds.

Regardless of the nature of the court order, British Columbia Community Corrections supervises orders based on the assessed risk of the individual offender. While the court order provides the legal mandate and structure of the intervention, the intensity and focus of the intervention will be determined by the assessment of risk and needs completed by the probation officer. Thus it may be possible that an offender who is on a probation order will receive more hours of service and a greater variety of interventions than another offender on a conditional sentence (a very serious sentence in the eyes of the court as it is tantamount to imprisonment) due to different assessments of risk and need.

In this article we will follow the process by which an offender's risk is managed by discussing the case of an imaginary offender—Mr. X. This thirty-year-old offender has been convicted of assault causing bodily harm and placed on a one-year conditional sentence.

RISK ASSESSMENT

A well-informed and thorough risk assessment is the foundation of all that follows. The various actuarial assessments in common use in Canada all address two distinct but interacting forms of risk—static and dynamic. Static factors are those which cannot be changed; they are in the past, such as the age of first conviction and the previous history of offending. Dynamic factors are those elements of the offender's current lifestyle and functioning which can be changed through intervention. Dynamic risk factors are also

known as “criminogenic needs,” or needs which are related to criminality, such as antisocial attitudes, substance misuse and poor educational or economic achievement.

The use of the term “needs” is sometimes misleading as it may support a belief that the priority in working with offenders is attending to the risk he or she presents, while meeting their needs is something which is “nice to do” but not critical to protecting the community. Not all needs which an offender might identify are criminogenic needs, but those which are form a significant part of the overall risk profile. The greatest opportunity to impact offending behavior in the long term lies in addressing these dynamic risk factors, or criminogenic needs.

Mr. X's static risk factors include a youth court record of offending beginning at age 14, numerous convictions for violent offenses, and previous noncompliance with community supervision. His dynamic factors or criminogenic needs include antisocial attitudes and associates, poor problem-solving skills, impulsivity and unstable family and social relationships.

EXTERNAL AND INTERNAL CONTROLS

Official responses to serious criminal behavior normally attempt to control the behavior through one or more mechanisms. External controls are restrictions or impediments placed on or around the offender to make it impossible or more difficult to commit criminal acts. Imprisonment is the ultimate external control as it severely limits the scope of potential criminal behavior. House arrest, curfews, loss of a driver's license, disbarment from certain occupations or activities, “no-go” zones, and surveillance by police or other agencies are all external efforts to preclude the offender from having the opportunity to commit certain offenses.

Internal controls are the mechanisms which offenders employ, or fail to employ, to regulate their own behavior. Most serious offenders have major deficits in their repertoire of experience, knowledge and skills which hamper them in regulating their behavior. These deficits are often of long standing and are not easily remedied, but any improvements made in the self-regulation function will have benefits long after official sanctions are completed and external controls have been removed.

Implicit in addressing internal controls is a philosophical stance that believes that offenders are capable of change and an interest and aptitude on the part of the probation officer in being an agent of change. Empirical evidence is clear that interventions based on this philosophical stance can reduce recidivism, but an intellectual grasp of this approach is not enough. Probation officers need a strong emotional affinity for this type of work, appropriate training, and leadership from their managers. As with any intervention in the human services field, interventions with offenders will not be successful in

every case. However, criminal justice responses which assume that no offenders can change will have no impact. Responses which assume that most offenders can change will have an impact, although it will vary from client to client.

Community corrections may be involved in applying external controls, or teaching internal controls, or both. Historically, the strength of probation officers has been in teaching and fostering internal controls, and this field of enterprise has the greatest potential to impact risk in the long term.

THE CASE PLAN

The case plan is an action plan which says what the probation officer and other service providers will do to manage and hopefully reduce the offender's risk to the public. Each case plan is specific to the offender it concerns and should be developed in collaboration with the offender. The case plan should also not be rushed. While there may be a need to immediately address some requirements of the court order or the offender's circumstances, a case plan is normally developed over several weeks. Case plans address both the *level* of intervention and the *nature* of that intervention. Empirical evidence tells us that offenders assessed as low risk (based on the combination of static and dynamic risk factors) require little intervention and, in fact, too much intervention can be counterproductive. These people normally have reasonable internal controls and the support and influence of noncriminal friends and family members. While some denunciatory or reparative sanctions may be required by the Court, any investment in behavior change interventions is a poor investment. As risk increases, the need for intervention increases, as does the impact of appropriate interventions. This is known as the "risk principle."

A common misconception among some practitioners in the years before good evidence was available was that probation officers should spend their time with low-risk offenders—to prevent them from getting worse. Time spent with high-risk offenders was a waste of time because they could not or would not change. We now know this to be mistaken.

While the risk principle tells us "how much" attention should be paid to offenders relative to their risk levels, the "needs principle" tells us what kind of intervention is appropriate for each offender. In short, the needs principle tells us that we should intervene to change those factors which have been assessed as criminogenic need factors (or dynamic risk factors). So in Mr. X's case, we should address attitudes and associates but we should not address substance abuse, because that is not assessed as relating to his offending.

A greatly simplified case plan for Mr. X might look like this. It incorporates monitoring external controls and helping to improve internal controls, with the emphasis on the latter.

Risk Factor	Intervention
Antisocial associates	Monitor condition that he does not associate with co-accused offenders, by self-report and checking with police, employer, and girlfriend. Encourage alternative activities and friendships with pro-social people.
Antisocial attitudes	Recognize and reinforce all pro-social statements. Confront and explore antisocial statements. Reinforce lessons from violence prevention program related to attitudes and beliefs about use of violence.
Problem solving, impulsivity	Use motivational interviewing to prepare him for violence prevention program. Subsequently lead him in practicing skills learned. Question him about potentially violent situations he encounters and how he deals with them, and roleplay how he might deal more effectively with them.
Poor social/family relationships	Current girlfriend seems to be a pro-social influence and this relationship should be encouraged. Maintain telephone contact with her and interview the couple together on occasion.

USING THE CASE PLAN TO MANAGE RISK

The use of risk assessment tools and templates for case plans may give the impression that managing risk is a fairly mechanical exercise—one that could be handled by an appropriately programmed computer. However, this is a human service enterprise, and its success depends equally on the quality of the interaction between the client and the probation officer and other service providers. Risk assessments and case plans provide structure and focus to the risk management process but if no change agent is able to interest, engage, and coach the offender in changing his behavior, then all the forms and documents are worthless. Conversely, a warm and friendly relationship between a client and a probation officer will have little or no impact if it does not deal with the client's criminogenic needs and help him develop internal controls.

While the process of assessing risk, developing a case plan, and implementing that case plan may appear to be sequential, a skilled probation officer is accomplishing many things at once. The relationship with Mr. X is being developed even in the early interviews which are focused on risk assessment and planning. Mr. X gradually accepts that his probation officer is genuinely interested in him, is honest and straightforward with him and that the officer has some knowledge and insight which may be helpful to him. In short, the probation officer is someone Mr. X is prepared to talk to about very personal issues and to look for help.

Mr. X's probation officer prepares a brief agenda or "lesson plan" for each interview. There are routine enquiries about his compliance with any of the

restrictions placed on his order (the external controls). Mr. X may not be completely truthful in his answers, but the probation officer is experienced in probing further when answers appear suspect, and she may also have information from collateral contacts to confirm or challenge the offender's account. In pre-evidence days, the interview often ended at this point—probation supervision was just about monitoring compliance with the court order, not about behavior change. Research indicates that the more focus there is on the conditions of the court order, the less effective the probation officer is.

But Mr. X's probation officer moves on to engage Mr. X about his criminogenic needs—usually picking one or two topics per session. Research also suggests that sessions are more effective when they focus on just one or two topics.

A referral has been made to the violence prevention program, and Mr. X is naturally reluctant about attending and talking in front of other people. The probation officer spends significant time preparing Mr. X to overcome his worries about the program and to benefit from this experience. After the program is completed, the probation officer frequently reviews the material from the program, and enquires about how Mr. X is applying it. Did he have a conflict with a co-worker? How did he handle it? How might he handle it better? Roleplays may be used in practicing the skills to avoid violence, and any new insight or skill which Mr. X demonstrates is warmly applauded. Virtually all probation officers in British Columbia are also facilitators of cognitive-behavioral programs, and have the skills and experience to use the material taught in those group programs in their one-to-one sessions with offenders.

CHANGING RISK LEVELS

Dynamic risk factors, by definition, are subject to change. As offenders work to improve their internal controls, their risk to reoffend will decrease and the case plan can be revised to decrease the amount of contact with the probation officer. In the ideal case, the amount of service provided decreases as the court order nears its end, so the client is "weaned off" the support and supervision and can function independently, or at least with help from community resources which are separate from the justice system.

Changing deeply ingrained attitudes, thinking processes, and habits is very difficult, and our approach assumes that some offenders will either refuse to engage in the change process, or will experience setbacks or relapses. Any change in the circumstances or functioning of the offender will trigger a reassessment of his risk level, and possibly a change in the case plan. For example, if Mr. X's girlfriend leaves him, if he loses his job or stops attending the violence prevention program, his risk of returning to criminal behavior will likely increase. He may be entering a "crime cycle." This means there is a pattern of events which in the past have led up to criminal behavior.

If Mr. X's risk has increased, the probation officer may change the case plan to require Mr. X to report more frequently or to attend some additional

programming, and the probation officer herself may increase the number of collateral contacts she makes to monitor Mr. X's behavior. In an extreme case, she may request the police to place Mr. X under surveillance to determine if he has returned to criminal activity. In British Columbia we are fortunate that, in cases of high-risk sex offenders at least, there is a police program to provide surveillance in any part of the province.

If Mr. X's risk has increased and he has actually violated a condition of his court order, the probation officer can have a new charge laid against him for violating the order. Bringing Mr. X back before the court provides an opportunity to increase the external controls necessary to protect the public. He may need to be in custody for a period of time in order to stabilize, or he may need a change in conditions on his order. If Mr. X has simply disappeared and is no longer involved with his probation officer or other professionals, it is critical that the probation officer act immediately to have a charge laid and a warrant issued for his arrest. It is not possible to accurately assess the offender's risk level if there is no communication with the offender, and an increased risk to the public must be assumed.

SUMMARY

Managing the risk that offenders present in the community means employing a combination of external and internal controls. External controls may be necessary in the early stages of supervision, to help stabilize the offender, and they may be necessary again if the offender's risk increases due to a change in circumstances, or because the offender is failing or refusing to engage with the probation officer in changing behavior. While the use of external controls will provide short-term protection for the public, only the development of internal controls will protect the public in the long term. The probation officer who is only interested in rigidly enforcing the conditions on court orders but cannot develop a genuine, helpful relationship with the offender, actually places public safety at risk. The probation officer who has warm and skillful relationships with offenders but declines to take enforcement action when risk levels are unknown or increasing, also jeopardizes public safety. Probation officers need to have a repertoire of interventions which respond to the changing circumstances and performance of offenders under their supervision, and the wisdom to apply the appropriate intervention at the right time.

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therefore the conclusions regarding the use of risk assessments with sex offenders. Both dangers exist. On the one hand, selecting low cutoff scores on a recidivism assessment instrument for sex offenders will maximize its sensitivity, thus resulting in a high frequency of false positive classifications. On the other hand, attempts at maximizing specificity (e.g., using too many items or too much specific information to determine recidivism) may create an undesirable frequency of false negative classifications, thus underestimating the client's potential for reoffending.

An additional problem related to the correctional clients' deception when responding to the LSI-R questions has not been given enough attention. Although the accuracy of some of their answers (such as criminal history and instances of prison aggression) can be verified in the official records, for other items of LSI-R (such as current drug or alcohol use), the offender may not always tell the truth. According to Benedict and Lanyon (1992), deliberate deception in self-presentation is always an issue in psychological assessment, with assessed clients perhaps faking good or faking bad. Their research on the content of such measures involved 305 incarcerated male offenders and 409 college students. The results showed that for both incarcerated offenders and college students, the faking-bad items involved the endorsement of psychiatric symptoms, whereas the faking-good items involved the endorsement of highly desirable characteristics and the denial of normal human frailties.

Other Tools for Classification and Assessment

Correctional counselors and therapists have applied other instruments or inventories to assess clients' issues of substance abuse, risk, and mental health areas. Some of the instruments are described below.

The survey by Juhnke, Vacc, Curtis, Coll, and Paredes (2003), who worked with chemical dependency counselors belonging to the National Board for Certified Counselors, identified the five most frequently used assessment instruments: (1) the Substance Abuse Subtle Screening Inventory (SASSI); (2) the Beck Depression Inventory; (3) the Minnesota Multiphasic Personality Inventory-2 (MMPI-2); (4) the Addictions Severity Index (ASI); and (5) the Michigan Alcoholism Screening Test (MAST).

Hart and Hare (1997) argued that psychopathy is an important factor in understanding and predicting criminal conduct. Hare's **Psychopathy Checklist-Revised** (PCL-R) is a useful instrument for assessing offenders' psychopathy. Items in the PCL-R include three categories: (1) interpersonal or affective defects (e.g., glibness or superficial charm, grandiose feelings of self-worth, conning or manipulative behavior, lack of remorse or guilt, shallow affects, callousness or lack of empathy); (2) social deviance (irresponsibility, parasitic lifestyle, impulsivity); and (3) additional items (e.g., unstable relationships, criminal versatility). They found that offenders achieve higher than average scores on the instrument.

The Lifestyle Criminality Screening Form was constructed to assess career or lifestyle criminality. It includes the subscales measuring the client's irresponsibility, self-indulgence, interpersonal intrusiveness, and social-rule breaking. The irresponsibility subscale includes items such as being irresponsible regarding obligations at school, work, and home. The self-indulgent activities include drug and alcohol abuse, sexual promiscuity, repeated gambling, the wearing of tattoos, and regularly encroaching on the rights and personal dignity of others. Such individuals begin at an early age to habitually violate the rules, norms, and customs of society (Walters, Revella, & Baltrusaitis, 1990).

Assessment Instruments for Juvenile Offenders

Consistency is lacking in selecting and implementing assessment instruments for juvenile offenders. Blanc (2002) noted that a survey of 300 juvenile justice agencies in the United States in 1996 revealed that only 20 agencies in six states affirmed an assessment program for juvenile delinquents. Although there is no standard assessment instrument for juvenile justice agencies, most agencies apply assessment instruments that evaluate some or most of the following categories of youth offenders: current and previous offending and problem behaviors (aggressive behavior, drug use, and sexual deviance), family relations and conflict, school performance, peer relations, routine activities, attitudes and values toward deviance and justice, social skills and interpersonal maturity, physical and mental health status. The purpose of the assessments involves several factors: (1) diagnosing "dangerousness" (an investigation of the criminal personality and the social adaptation of the offender); (2) anticipating the offender's potential for recidivism; (3) the possibility of social integration; and (4) developing a treatment plan.

According to Blanc (2002), the Youth Level of Service/Case Management Inventory (YLS/CMI) developed by Hoge and Andrews (1999) appears to be the most promising instrument for conducting assessments in the juvenile justice system today. It has been gradually implemented in the juvenile justice system of Ontario and other places in Canada. It is a revised version of LSI-R for adult offenders. In the YLS/CMI, eight categories of risk/needs are subdivided into 42 items to be rated:

1. Offense history (prior and current offense/dispositions);
2. Family circumstances/parenting;
3. Education/employment;
4. Peer relations;
5. Substance abuse;
6. Leisure and recreation;

7. Personality and behavior; and
8. Attitudes/orientation.

This instrument allows juvenile counselors not only to obtain a summary score for the youth but also to compare the score with a normative sample of adjudicated adolescents. In addition, the instrument includes evaluating the strengths of the youth and additional factors that are relevant for the adolescent for the choice of placement and developing and implementing a case management plan.

DSM-IV-TR

The fourth edition (with text revision) of the **Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)** published by the American Psychiatric Association in 2000, is indispensable for assessing offenders' psychological conditions and mental disorders in correctional settings. The newest version of the manual, the DSM-IV-TR, describes a multiaxial system with five axes:

- **Axis I:** Includes cognitive disorders, substance-related disorders, schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, eating disorders, sleep disorders, and adjustment disorders.
- **Axis II:** Includes antisocial personality disorder, obsessive-compulsive personality disorder, and mental retardation.
- **Axis III:** Assesses a client's general medical condition, such as diseases of the blood system, nervous system, circulatory system, respiratory system, and digestive system.
- **Axis IV:** Evaluates a client's problems with primary support group (e.g., family), social environment (lack or absence of social support, discrimination, adjustment to life-cycle such as retirement, education, occupation, housing, economic problems, problems with access to health care services), and interaction with the legal system.
- **Axis V:** Assesses the general functioning of a client on a scale from 0 to 100, with a high score indicating better functioning and a low score poor functioning. For example, a client with a score between 71 and 80 may have some temporary problems with no more than slight impairment in some of his or her life. In contrast, a client with a score between 41 and 50 may experience serious impairment in social, occupational, or school functioning (American Psychiatric Association, 2000).

Limits of the DSM System

Clark, Watson, and Reynolds (1995) made a detailed analysis of the DSM system. The major problem of the manual involves its descriptive approach to mental disorders, emphasizing observed or reported clinical features and symptoms

but giving no attention to their underlying causal mechanisms. For the most part, the disorders are not grouped in the manual according to their common causal factors or according to other theoretical grounds. The disorders are instead organized into major categories on the basis of shared symptoms. In order to understand the core of the disorder and to explain the observed variation of the symptoms among individuals with the same diagnosis, therapists must uncover causal mechanisms as the defining features of a disorder. For example, some antidepressant drugs have a similar treatment effect on several disorders (e.g., major depression, bulimia, panic disorder, obsessive-compulsive disorder, and attention-deficit disorder), suggesting that these disorders share a common pathophysiologic underlying cause and that grouping them together under the label of *affective disorder* in the manual is more appropriate. In addition, PTSD (posttraumatic stress disorder) and the adjustment disorders should be put together under a category of *stress disorders* or *trauma disorders* because stressful events may play a causal role in the development of these conditions.

The second problem is that most of the DSM diagnoses are based on satisfying a certain number of equally important criteria. Because a diagnosis depends upon passing several but not necessarily all of the required criteria, clients with the same diagnosis are likely to be different from one another even in their symptoms.

The third problem is that research shows nearly all of the Axis I DSM disorders have high concurrent and/or lifetime rates of comorbidity—the simultaneous occurrence of more than one disorder in the same individual. For example, anxiety and eating disorders, antisocial personality disorder and substance abuse, anxiety and depressive disorders tend to co-occur. Polcin (2000) observed that substance-abuse disorder is one of the mental disorders that occur frequently with other mental dysfunctions. Counseling professionals will inevitably work with clients who have comorbidity in substance-use disorders and other diagnoses. Statistics show that approximately 29% of clients with a current mental health problem also have a history of a substance-use disorder. Clients with a diagnosis of schizophrenia have a 47% lifetime history of substance abuse or dependence.

In short, it is common in clinical settings to find clients who are diagnosed to have both a mental disorder and other types of psychopathology.

SUMMARY

Offender classification and assessment are two related but distinct processes in correctional operations. Classification intends to match offender risk and needs with correctional resources by placing offenders at one of several custody or supervision levels. Subjective classification is based on the subjective judgment of prison officials whereas objective classification employs standard evaluation instruments that have been proved through research. Although assessment serves as a basis for classification decisions, it is frequently performed for offenders for purposes other than classification.

The Level of Service Inventory-Revised (LSI-R), one of the most frequently used correctional assessment instruments, measures both static and dynamic risk factors. Static factors designate conditions of the offender that have happened in the past and cannot be modified with correctional interventions. Dynamic risk factors are those conditions and attributes of the offender that can be changed by programs, treatment, and other interventions.

When the LSI-R is used as an instrument to predict offenders' risk and recidivism, false positives and negatives may occur. The false positive refers to those cases when offenders actually have a low risk for reoffending but their scores on the LSI-R put them in the high-risk category. The false negative may involve offenders who have a low score on the measurement when they actually are high-risk offenders.

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, a reference published by the American Psychiatric Association, is used by correctional counselors to assess offenders' psychological conditions and mental disorders in correctional settings.

KEY TERMS

Assessment

Classification

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)

Dynamic risk factors

False positive and false negative

Level of Service Inventory-Revised (LSI-R)

Objective classification

Psychopathy Checklist-Revised

Static risk factors

Subjective classification

DISCUSSION QUESTIONS

1. Describe the five types of classification.
2. In addition to the items listed in LSI-R, what other items do you think correctional assessment needs to include? Why?
3. When you use the LSI-R to assess an offender, how do you reduce the errors resulting from false positives and false negatives?

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