Criminogenic Needs of Sex Offenders with Major Mental Illness (SOMMI)

Symposium Chair: David Thornton, Ph.D.

The Risk-Need-Responsivity (RNR) model provides a framework for identifying higher risk offenders, identifying the criminogenic factors that contribute to recidivism, providing interventions that are proportional to the level of risk, and tailoring treatment interventions to meet the individualized needs of the consumer. There is a paucity of research supporting that existing risk measures can result in reliable and valid predictions of risk for SOMMI. The few existing studies raise serious concerns regarding the effectiveness of psychological risk instruments.

There are four potential issues in using structured assessments of criminogenic needs within the SOMMI population: (1) The inter-rater reliability within these instruments may be lower in SOMMI; (2) Norms are not currently available for SOMMI and it is not known what is an unusually high or unusually low level of criminogenic need for this population; (3) It is not clear whether SOMMI may have a unique set of criminogenic needs that differ from a non-mentally ill sex offender population; and (4) It is not known whether and how the presence of major mental illness symptoms may moderate or exacerbate independently existing criminogenic needs. The current symposium will present the results from a research study conducted at Sand Ridge designed to address these issues when evaluating SOMMI.

Can Existing Risk Instruments be used with SOMMI?

Laurie Guidry, Psy.D.

Sex Offenders with Major Mental Illness (SOMMI) are doubly stigmatized, as these individuals are members of two highly marginalized social groups. A central difficulty for those seeking to provide evidence-based risk management services for SOMMI is that their double minority status means that it is not clear how well research into persons with either major mental illness or persons with a history of sexual offending applies to them. Clinicians are left in the untenable position of having to choose between existing assessment tools despite validity concerns or using clinical judgment, which has been shown to have weak predictive accuracy. A review of research on existing static and structured psychological risk instruments with SOMMI will be provided. The specific
issues addressed by the Sand Ridge SOMMI study as well as the study’s methodology will be discussed.

Goals for the Paper:
1. Participants will have increased understanding of the research related to using static actuarial tools with SOMMI.
2. Participants will have increased understanding of the research related to using structured measures of psychological risk with SOMMI.
3. Participants will have increased awareness of different ways MMI can relate to sexual offending risk.

Hitting a Moving Target: Characterizing SOMMI

Letitia Johnson, Ph.D.
Ryan Mattek, Ph.D.

Previous research has suggested that evaluators have poor inter-rater reliability when using structured psychological instruments to assess Sex Offenders with Major Mental Illness (SOMMI; Sachsenmaier et al., 2011), which may explain why previous studies have found poor predictive validity with this population (Hanson et al., 2007; Craissati & Blundell, 2013). There are two likely difficulties in using psychological risk measures with SOMMI. First, scoring guidelines are often unclear regarding how to rate a psychological risk factor that appears to be affected by the person’s mental illness, which allows evaluators to make idiosyncratic judgments in scoring the item. Second, where the intensity of psychological risk factors changes profoundly depending on how well managed a person’s mental illness is, no single score can validly characterize the intensity of psychological risk factors. As an effort to better examine this issue, the Sand Ridge SOMMI study used a modified set of scoring instructions for the Structured Risk Assessment – Forensic Version (SRA-FV) and examined the inter-reliability between researchers on Sand Ridge cases. The current presentation will describe the modifications to the scoring instructions, reliability findings, and discuss reasons for any divergent ratings.

Goals for the Paper:
1. Participants will have increased awareness of coding issues with SOMMI.
2. Participants will be exposed to experimental modification in the scoring instructions of SRA-FV to address coding issues with SOMMI.
3. Participants will receive information on the inter-rater reliability of the SOMMI-modified SRA-FV.
Criminogenic Need Profiles of SOMMI

Sharon Kelley, Psy.D.
David Thornton, Ph.D.

Problems in the predictive accuracy of existing psychological risk instruments may suggest that SOMMI have differing criminogenic need profiles than non-mentally ill sex offenders. There is some evidence for major mental illness playing a causal role in sex offenses. Oftentimes sex offending behavior has emerged following the first psychotic episode, which occurs at a time when many patients are developing a sexual identity and establishing intimate sexual relationships. Psychotic symptoms may exacerbate risk by reducing effective self-regulation. Thus, an underlying aggressive or sexual urge that would normally be controlled may be expressed when a psychotic process impairs self-regulation. In some cases, however, psychotic symptoms may serve as a protective factor by reducing the patient’s ability to engage in organized and planned behavior or by preventing mobility (e.g., catatonic symptoms). The current presentation will present the results on the criminogenic need profiles from the current Sand Ridge SOMMI study. Specifically, the range of SRA-FV items within SOMMI will be explored as well as the influence of acute symptoms of major mental illness on the SRA-FV items and on the sex offenses in general.

Goals for the Paper:
1. Participants will have increased understanding of the criminogenic need profiles within a SOMMI sample.
2. Participants will have increased awareness of how acute symptoms of mental illness affect criminogenic need variables.
3. Participants will have increased understanding of additional criminogenic needs not captured by the SRA-FV.