This issue should be of interest to many forensic practitioners. The following synopses and comments regarding selected articles were prepared by Ira K. Packer, Ph.D.

Nicholson, RA and Norwood, S. The quality of forensic psychological assessments, reports and testimony: Acknowledging the Gap between promise and practice.

This article reviews a number of studies of the quality of forensic reports. Their conclusion is that although in many jurisdictions forensic reports are of higher quality than they were in the 1970’s and 1980’s, many continue to fall far short of the standards for the field. For example, in one study of competence to stand trial reports, “examiners typically did not provide a description of the defendant’s functional abilities relevant to the two statutory questions” (i.e., appreciate the nature of the charges and consult with attorney).

Comment: Data from Massachusetts indicate a much higher quality of reports (Packer and Leavitt, 1998, paper presented at the American Psychology-Law Society biennial convention, citing data from the original CQI process for forensic evaluations in 1995).


In this study of forensic patients in Sweden, psychopathy, as measured by the PCL-R was found to be significantly associated with violent recidivism over a five year period. Substance Abuse was also found to be significantly associated with violent recidivism for those patients with low psychopathy scores. By contrast, the VRAG (Violent Risk Appraisal Guide) did not turn out to be as useful a predictor of violent recidivism within this population.

Comment: This study is significant in that the PCL-R was found to be a good predictor of violent recidivism in a different sociocultural context (Sweden) than the one in which it was originally validated. It is also significant that the instrument was useful within a population of mentally ill offenders (with a modal diagnosis of schizophrenia). This is one further indication that we would be well-advised in Massachusetts to expand the use of the PCL in making discharge decisions for long-term forensic patients.

This article reports on a new model for development of actuarial risk assessment tool for acute psychiatric patients. Based on the data from the MacArthur Risk study, the authors developed a classification tree approach to prediction which enabled them to distinguish several groups with risk levels significantly higher or lower than the average for the sample. The classification tree is designed to more realistically mirror real-life thinking.

**Comment:** The Classification Tree model has significant promise in the development of an actuarial approach that may also be clinically useful. Future research will need to be focused on cross-validating this instrument. The authors offer the caveats that it is still unknown whether the results from this study (with acute civilly hospitalized patients) will generalize to other settings (such as community settings), other populations (such as forensic patients) and for longer periods of observation (greater than 20 days).

Kropp, PR and Hart, SD. *The Spousal Assault Risk Assessment (SARA) guide: Reliability and Validity in Adult Male Offenders*

The authors describe reliability and validity studies on this instrument, which is a guided clinical assessment tool (the authors explain that it is not technically a psychological test because it does not have a “fixed and explicit information-gathering procedure” but rather identifies risk factors which are to be assessed). The studies indicate good interrater reliability and moderate predictive ability.

Hanson, RK and Thornton, D. *Improving Risk Assessments for Sex Offenders: A Comparison of Three Actuarial Scales.*

The authors compared three actuarial instruments, the RRASOR, SACJ-Min and the Static-99. The Static-99 (which was developed incorporating items from the other two instruments) proved to have slightly better predictive ability (ROC area = .71 which is considered to be moderate predictive accuracy). The authors acknowledge that the Static-99 is not a comprehensive instrument, as it includes only static factors, not dynamic ones.

**Comment:** The items on the Static-99 include: male victim, never married, noncontact sex offenses, unrelated victims, stranger victims, prior sex offenses, current offenses include nonsexual violent offenses, prior nonsexual violent offenses, more than 4 previous convictions, and age between 18-25. As noted, these are all static factors and do not incorporate any changes in mental status, health, treatment effects, etc. As such, although this instrument may be helpful in establishing a baseline expected rate of sexual recidivism, it has limited utility in making discharge decisions.