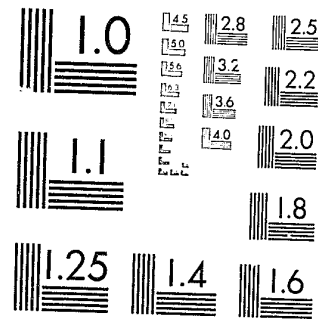




National Criminal Justice Reference Service



This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504.

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U. S. Department of Justice.

National Institute of Justice
United States Department of Justice
Washington, D. C. 20531

6-17-82

WORKING PAPERS IN FORENSIC PSYCHIATRY

TROPOLITAN TORONTO

FORENSIC SERVICE

METFORS

81780

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Suzanne Neuman

METFORS

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

NCJRS

DEC 17 1979

ACQUISITIONS

X
CONSTRUCTING INTERVIEW-BASED MODELS
FOR THE ASSESSMENT AND PREDICTION OF
DANGEROUS BEHAVIOUR:

3. PRELIMINARY ATTEMPT TO DEFINE AND TEST
CATEGORIES OF DANGEROUS BEHAVIOUR

J. Dacre & C.D. Webster

W.P. #5, 1978

This project was supported in part by Grant DM395, "The Assessment of Dangerousness", provided by the Ontario Ministry of Health and also in part by Contract No. 01GS 19200-8-0029, "The Mentally Disturbed Offender in the Criminal Justice System: An Analysis of Assessment Procedures", provided by the Department of Justice, Canada.

This manuscript comprises unpublished material, not in final form suitable for publication. Please do not quote from it or use it in any way without the written permission of the authors.

METFORS
999 Queen Street West
TORONTO, Ontario
M6J 1H4

Constructing Interview-Based
Models for the Assessment and Prediction of
Dangerous Behaviour:

3. Preliminary Attempt to Define and Test
Categories of Dangerous Behaviour

J. Dacre and C.D. Webster

Elsewhere we have outlined the difficulty of constructing an interview-based scheme for the evaluation and prediction of dangerous behaviour (Webster, Butler, Jensen, and Turrall, 1978, unpublished). In that article we suggested that any new classificatory scheme for the assessment of dangerous behaviour must meet certain criteria. Of particular importance to the present preliminary study are the first five of those points: 1) must be clinically practical; 2) must take account of existing clinical experience; 3) must have the potential to develop into a reasonably complex system; 4) must contain terms that are rigorously defined and clearly understood; and 5) must give the clinician an opportunity to indicate degree of the individual's strength or deficiency under each item.

The present study was undertaken in order to begin the development of a nosological scheme for the analysis of "dangerousness" among forensic patients. Our sole concern was to isolate some descriptive terms which might be of use to psychiatrists and other mental-health professionals. Essentially, the problem is one of creating a vocabulary which is at once sufficiently general that it admits of use by professionals possessing different backgrounds of training and experience, and yet which could, with refinement, yield

information sufficiently precise and specific to be of value in future research.

What then are the characteristics of "dangerousness" and how can those characteristics best be assessed and recorded? These questions cannot be answered without some model or theory of behaviour. Rather than attempt to create a new theory the present authors decided to attempt to use some of the ideas outlined recently by Megargee (1976). Megargee considers four main aspects: motivation, internal inhibitions, habit strength, and situational variables. This scheme accords weight to both personality structure (motivation, inhibitions, habit) and the social-physical environment (situation). It suggests that intention must be analysed and it recognizes that whether or not dangerous behaviour occurs will depend upon facilitating (e.g., alcohol, drugs) and inhibiting (e.g., taboos) factors. The present small study aimed simply to find out what kinds of profiles would develop with the use of some reasonably well-defined terms when applied by a forensic psychiatrist (J.D.) in the course of his routine examination of patients in the jail setting.

Before outlining the terms developed from Megargee (1976) and used in this study, it is worth noting what kinds of results could arise from an exploratory study such as this. One undesirable result would be the finding that, though considered generally dangerous, the bulk of individuals escaped specific classification (i.e., because the terms were held not to apply). Another result, also unwanted, would be the finding that most or all of the persons were considered to possess most or all of the specific characteristics (i.e., because the terms failed to discriminate among types of dangerous persons and situations). Presumably, a preferable outcome would

be one indicating a variety of different profiles provided that some of those profiles appear to group themselves together reasonably naturally (i.e., to avoid having to have a scheme so specific that a separate profile would be needed to describe each individual).

For the sake of simplicity we consider in detail here only one of Megargee's four main variables -- motivation. But for the sake of completeness, we give in Appendix A a full set of definitions covering all ten aspects of the personality and behaviour assessed. While this scheme was inspired by Megargee's (1976) paper, it should be noted that the present authors are responsible for the organization of the present outline (including the addition of a category not mentioned by Megargee -- psychiatric disorder).

Definition of Motivation

When the psychiatrist or other mental health professional examines the forensic patient, he has to ask himself the simple question: Why does he engage in these acts which are dangerous to himself or other persons? Or, perhaps better: What is the quality of his dangerous behaviour? Megargee (1976) follows (Buss, 1961) in distinguishing between angry aggression (AA) and instrumental aggression (IA). According to this view angry aggression is "motivated by a conscious or unconscious desire to harm the victim and is reinforced by the victim's pain" (Megargee, 1976, p. 7). Instrumental aggression is: "a means to some other end and is reinforced by the satisfaction of some other drive" (p. 7). Angry aggression might involve shooting a hated person whereas instrumental aggression would be said to occur when someone shoots

another in self-defense (or to fulfill a "contract"). It is important to note, as Megargee reminds us, that the types of motivation may be mixed as when an angry parent strikes his child partly to vent his own feeling and partly to socialize the child. The essential point concerning "angry aggression" and "instrumental aggression" is that it causes us to think about the ends of dangerous acts, about intention.

The other two terms entertained by Megargee and by us are hostility (HO) and anger (TA). Hostility is seen as "a relatively enduring characteristic or trait", whereas "anger or rage are transitory emotional states which are highly individualized and situation specific" (Megargee, 1976, p. 7). Presumably hostility is a quality, which like depression and anxiety, could be measured fairly easily and fairly accurately in the interview situation (cf. Waxer, 1977). Anger, or as we call it, transitory anger presents greater difficulties since the patient probably may act in a dangerous manner in his natural setting though give little hint of this in the formal interview. We follow Megargee when he suggests that:

The case history and interviews with family and friends are more useful (than psychometric tests at least so far as they have so far been developed) in gauging the incidence of transitory states of rage and anger as well as in determining the likelihood that the client will encounter situations or conditions likely to elicit instigation to aggression.

(Megargee, 1978, p. 8-9)

Recognizing that the present study would of necessity be weakened by the absence of inter-rater reliability data, we decided to see if the

four terms described above appear to be useful in assessing dangerous behaviour. This study would then be seen as a first step in the complicated task of creating a descriptive system to cover "dangerousness".

METHOD

The first author applied the four terms outlined above (as well as the other six listed in Appendix A) to all those patients he considered dangerous to others¹ as a result of assessment sessions conducted in the East and West Detention Centres and the Toronto Jail during the seven month period January, 1978 to July, 1978. The persons were referred to the first author by the prisons for a great variety of reasons. Many of the persons were being held in jail pending court action.

RESULTS

The main results are given in Table 1 in which we show that 32² persons were considered to be dangerous to others out of a total of 235 persons assessed during the study period. Sixteen different patterns of dangerousness are possible with four categories. It is important to note that even with the present small sample, 12 of those patterns emerged in this study. It is also important that the rater did not choose one or a few patterns to the exclusion of the others (i.e., that the scheme allowed him to make reasonably sophisticated discriminations). Two patterns were

1. We excluded "dangerous to self" for the sake of simplicity. There is, though, no apparent reason why these terms could not be applied to dangerous behaviour directed toward the self.
2. One patient was excluded because several categories were marked "unclear".

used six times (14 and 16), and one four times (5). There was, moreover, reasonably equal use of the four categories. This is clear from the bottom of Table 1, where we show that TA was the category used most often (2 times), and IA the least often (12 times).

Pattern 1 did not occur frequently (3 times). Of course, this pattern should not occur at all in a properly developed system, since, if the rater considers a person to be dangerous at a general level, there ought to be available at least one specific category to describe the individual properly. Even so, the fact that there were so few individuals in this group is encouraging.

Much of the potential power of the data in Table 1 is lost, since we have, for the sake of simplicity, combined categories dealing with the degree of dangerousness. The rater in this study actually recorded not just "dangerous" or "not dangerous", but dangerousness according to low, medium, and high.

In using this method of scoring, not previously mentioned, we again follow Megargee (1976), who correctly asserts:

predictors should refuse to allow themselves to be trapped into a dichotomous decision model. Instead, they should set cutting scores on both ends, predicting dangerous behaviour for those at one extreme, no dangerous behaviour for those at the other, and admitting they cannot predict for those in the middle.

(p. 18)

Within each of the groupings listed in Table 1, it is thus possible to indicate not only the type but the degree of dangerousness predicted. For example, when we consider the group possessing the greatest number of dangerousness characteristics (Pattern 16), we find that one individual received no "high" dangerous ratings in any of the four categories; two received one "high" rating; one received two high ratings; one received three high ratings, and the remaining case was considered highly dangerous in all four areas.

DISCUSSION

The results section comes to a close by pointing out how, even with the simple scheme outlined here (four categories, three levels of dangerousness), we have developed in preliminary form a system which has considerable potential. And we have not even done justice to the present data since we have here not taken into account the factors which may inhibit or facilitate dangerous behaviour (aggressive habits, internal controls, alcohol, drugs, socio-cultural environment and presence of psychiatric disturbance). When we consider, for example, the individual found to possess all four characteristics of dangerousness and all at a high level, we note that this person was thought to possess a low level of internal inhibitions and high levels of aggressive habits, socio-cultural enhancement and psychiatric disorder. This individual is presumably far more likely to present a future risk than an individual in say Category 5, showing medium dangerousness under transitory anger with a medium tendency for controls to be reduced under alcohol (and low ratings in all other aspects).

It may indeed be the case that psychiatrists and other mental health workers so frequently and apparently so correctly accused of over-predicting dangerousness (e.g., Kozol, Boucher, and Garfalo, 1972), are indeed unwise to allow themselves to "be trapped into a dichotomous decision model" especially one which does not allow them to indicate the type of dangerous behaviour likely to occur.

However this may be, we are of the firm opinion that the present system (which likely could have been built just as easily from Scott's (1977) excellent article on the topic), provides a most necessary starting place for psychiatrists and other mental health workers anxious to do a better job of predicting future dangerous behaviour. What is now needed is: 1) a set of minor revisions to the present model, including redefinitions of terms and the use of a 7-point scale instead of the three categories of low, medium and high; 2) a disciplined effort to attain inter-psychiatrist reliability using the system; 3) a follow-up study to find out the extent to which predictions were successful. Our guess is that such a study will show that we can predict some types of dangerousness quite well, others fairly well, and others not at all. Since the formulation of a dangerousness determination carries a heavy responsibility to court and client, it is imperative that we find out where we are right and where we are wrong and further, the types of dangerousness we can predict at present and the types which elude us for the moment.

REFERENCES

- Buss, A.H. Psychology of aggression. New York: Wiley, 1961.
- Kozul, H.L., Boucher, R.J., Garofalo, R.F. The diagnosis and treatment of dangerousness. Crime and Delinquency, 1972, 18, 371-392.
- Megargee, E.I. The prediction of dangerous behaviour. Criminal Justice and Behaviour, 1976, 3, 3-22.
- Scott, P.D. Assessing dangerousness in criminals. British Journal of Psychiatry, 1977, 131, 127-142.
- Waxer, P.H. Nonverbal cues for anxiety: An examination of emotional leakage. Journal of Abnormal Psychology, 1977, 86(3), 306-314.
- Webster, C.D., Butler, B.T., Jensen, F.A.S., and Turrall, G.M. Constructing interview-based models for the assessment and prediction of dangerous behaviour: 1 Notes on the dimensions of the problem and some suggested criteria against which new models might be evaluated. Working Paper No. 3, METFORS, 1978.

TABLE 1

Number of Cases According to
Pattern of Dangerousness

Pattern No.	Type of Dangerousness				Number of Cases
	AA	IA	HO	TA	
1	-	-	-	-	3
2	X	-	-	-	1
3	-	X	-	-	2
4	-	-	X	-	0
5	-	-	-	X	4
6	X	X	-	-	0
7	X	-	X	-	2
8	X	-	-	X	3
9	-	X	X	-	0
10	-	-	X	X	1
11	-	X	-	X	1
12	X	X	X	-	2
13	X	X	-	X	1
14	X	-	X	X	6
15	-	X	X	X	0
16	X	X	X	X	6
TOTAL	21	12	17	22	32

APPENDIX A

(A) Internal Inhibition (Controls)

Following Megargee (1976) there are "taboos against engaging in dangerous behaviour." The view is taken that "whenever the inhibitions against a response exceed the instigation the response will be suppressed or repressed."

(B) Controls Reduced Under Alcohol

Inhibitions can be influenced chemically. "The association between drinking and violence stem primarily from the fact that alcohol acts to anesthetize the brain areas that mediate inhibitions; chronic as well as acute brain syndromes can also lower inhibitions" (Megargee, 1976, page 8).

(C) Controls Reduced Under Drugs

Essentially the same view as under (B).

(D) Aggressive Habits

By this we mean "habit strength," the extent to which aggressive responses have been reinforced in the past. An appraisal of habit strength is particularly important when attempting to determine whether an individual will attempt to satisfy his or her needs for sex, power, mastery, wealth, and the like by means of instrumental aggression... (Megargee, 1976, page 9).

(E) Socio - Cultural Enhancement

It is likely that the possibility of dangerous behaviour may be enhanced or reduced by membership in a particular culture, sub-culture, or group.

(F) Presence of Psychiatric Disorder

It is also possible that the likelihood of dangerous behaviour may be increased or decreased by a psychiatric disorder.

END