

Inventory of Offender Risks, Needs, and Strengths (IORNS), by Holly A. Miller (Lutz, Florida: Professional Assessment Resources, 2006), introductory kit = 129 pp., manual + forms at \$136.00.

REVIEWED BY
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This review was sparked by the following query to a forensic psychology listserve from the clinical director of one state's sexually violent predator (SVP) program:

I received a report in which an examiner's only evaluation instrument of someone already declared to be an SVP was the "Inventory of Offender Risk, Needs and Strengths." I am not familiar with this instrument, although I see that it's published by Professional Assessment Resources (PAR). Does anyone have any articles on its psychometrics and/or usefulness?

For the purpose of this review, I am rephrasing that question as follows: "Is the IORNS appropriate for use in evaluating or re-evaluating a person facing civil commitment as a sexually violent predator?" Addressing the question requires brief summaries regarding civil commitment of sexually violent predators, risk assessment, risk management, and risk communication.

Civil commitment of sexually violent predators

In *Kansas v. Hendricks*, 521 U.S. 346 (1997), the United States Supreme Court ruled that it can be constitutional for states to civilly commit some sex offenders after they serve their criminal sentences. Several states have enacted laws and begun the civil commitment process, including a role for psychologists and psychiatrists to evaluate the Respondent prior to a court hearing.

The following summary of one state's SVP civil commitment statute is provided for context. Chapter 394 of the 2006 Florida Statutes (FS) includes a section relating to civil commitment of sexually violent predators (DeClue, 2005).

The law is concerned with “a small but extremely dangerous number of sexually violent predators” who are “likely to engage in criminal, sexually violent behavior” (FS 394.910).

“Sexually violent predator” is defined as “any person who (a) has been convicted of a sexually violent offense; and (b) suffers from a mental abnormality or personality disorder that makes the person likely to engage in acts of sexual violence if not confined in a secure facility for long-term control, care, and treatment” (FS 394.912(10)). The population affected by the law includes people who would otherwise be released from a prison or jail, a psychiatric hospital, or a juvenile commitment facility. “Likely to engage in acts of sexual violence” is defined as “the person’s propensity to commit acts of sexual violence is of such a degree as to pose a menace to the health and safety of others” (FS 394.912(4)).

Evaluators are given the task of gathering and analyzing data—including a direct examination of the person—to assist the trier of fact in determining whether the person meets criteria for civil commitment as a sexually violent predator. Either the Petitioner (the State) or the Respondent can elect to have the case decided by a jury rather than the trial judge. The burden of proof is on the State, which must show by clear and convincing evidence that the person meets the criteria for being a sexually violent predator. If the person meets criteria, he or she is confined indefinitely, with yearly reviews.

Assessment of risk for future sexual violence

Research in the 1990s often capitalized on readily-available data from files of people who had committed sex offenses, were later released, and had known records regarding whether they had been arrested and/or convicted of new sex offenses. Risk factors from these studies were simple, observable characteristics such as the number of prior sex offenses,

victim characteristics (e.g., relative, known non-relative, or stranger; gender), and offender characteristics (e.g., age at time of release). Even a short list of such simple characteristics significantly enhanced the accuracy of risk prediction (Hanson, 1997).

The risk factors identified in the 1990s research tended to be static (fixed), such as history of childhood maladjustment or number of prior offenses. *Static risk factors* “mark long-term propensities to engage in criminal behavior” but “cannot determine when offenses will occur, nor can they determine when offenders have substantially reduced their likelihood of re-offending (e.g., whether they benefited from treatment). For such assessments, dynamic risk factors are required. *Dynamic risk factors* are those that predict recidivism, have the potential of changing, and, when changed, are associated with corresponding increases or decreases in recidivism.” Dynamic risk factors can be further sub-divided into *stable* (relatively enduring) factors such as alcoholism and *acute* factors such as intoxication.

An example of an assessment instrument that includes static risk variables is the Static-99 (Hanson & Thornton, 2000). An instrument that includes dynamic risk variables is The Sex Offender Needs Assessment Rating (SONAR; Hanson & Harris, 2000). An instrument that includes both static and dynamic factors is the Sexual Violence Risk – 20 (SVR-20) (Boer, Hart, Kropp, & Webster, 1997). As we will see, the IORNS also includes both static and dynamic risk factors.

Risk management and containment

Risk assessment yields a prediction about how dangerous a person is, or, in other words, how likely he or she is to perform a type of action (e.g., sexual violence) in the future. In contrast, risk management and containment involve strategies to decrease the risk of future sexual violence or to

limit the person's opportunities to engage in sexual violence (LaFond, 2005). When applied broadly to society's needs, risk management involves careful consideration of what is known about what works and what does not, and which interventions would target the most dangerous offenders in the most cost-effective way.

Risk communication

State-of-the-art risk assessment is no guarantee of effective forensic psychological evaluation and consultation. As Mossman (1994) described, how a psychologist communicates data and opinions about risk is a crucial part of the work on a legal case. The psychologist's communication about risk must be relevant to the legal question in the given case, and it must include a clear description of any limitations on confidence and certainty.

What is the IORNS?

Here is an excerpt of how Miller (in press) describes the instrument:

The IORNS is a true/false self-report measure for the assessment of risk, dynamic needs, and protective strengths. The 130-item measure provides four indexes, six dynamic needs scales, two protective strength scales, and several subscales for detailed scale interpretation. The Static risk index (SRI) consists of 12 items that assess unchangeable/historical factors related to re-offense. For example, items include questions related to revocation of conditional release or probation, previous violence, and juvenile arrest.

The Dynamic Need Index (DNI; 79 items) is comprised of the six dynamic need scales: Criminal Orientation, Psychopathy, Intra/Interpersonal Problems, Alcohol/Drug Problems, Aggression, and Negative Social Influence. All of the dynamic need scales include two or more subscales with the exception of the Alcohol/Drug Problems scale. Criminal Orientation is comprised of the Pro-Criminal Attitudes and Irresponsibility subscales. Psychopathy includes three subscales: Manipulativeness, Impulsivity, and Angry Detachment. The

scale of Intra/Interpersonal Problems is comprised of Esteem Problems and Relational Problems. The Aggression scale includes the two subscales of Hostility and Aggressive Behaviors. Finally, the scale of Negative Social Influences is comprised of the Negative Friends and Negative Family subscales. Higher scores on the SRI, DNI, and dynamic need scales and subscales indicate a higher endorsement of items related to risk of recidivism.

The Protective Strength Index (PSI; 26 items) is the summation of the Personal Resources and Environmental Resources scales. The protective strength scale of Personal Resources is comprised of three subscales: Cognitive/Behavioral Regulation, Anger Regulation, and Education/Training. Higher scores on the protective strength scales and index indicate more strength or protective influence in that area.

The IORNS includes a fourth index, the Overall Risk Index (ORI), which takes into account the three focal areas assessed. The ORI is calculated by the following formula: SRI T score + DNI T score – PSI T score. The higher the ORI score, the higher the potential risk and treatment need. Additionally, the IORNS includes assessment of favorable impression and inconsistent response styles. The Favorable Impression (FIM) scale consists of 13 items that question about common minor transgressions. The Inconsistent Response Style (IRS) scale is comprised of 10 item pairs that were significantly related (e.g. $r > 0.45$) in the IORNS development sample.

What a great idea! Combine static risk factors, dynamic risk factors, and protective factors in one self-report instrument, administer it to groups of offenders (e.g., prior to release from prison, while on probation, etc.), collect data regarding new crimes and rule violations, and see how patterns of item responses predict various outcomes, including violence, sexual violence, any new criminal offense, revocation of conditional release, etc.

Are we there yet?

Is the IORNS ready for forensic evaluations in SVP cases? Miller, Davis, Torres, and Palac (manuscript in preparation) are gathering data on a sample of 110 adult male sex offenders participating in a mandated institutional treatment program.

Correlations with other assessment instruments, including the Personality Assessment Inventory (PAI; Morey, 1991), the Psychopathic Personality Inventory – Revised (PPI-R) (Lilienfeld and Widows, 2005), and the Psychopathy Checklist-Revised (PCL-R; Hare, 1991), generally support construct validity of IORNS indexes and scales.

In a subsample of 53 sexual offenders, the score on the Static-99 was moderately correlated with the IORNS ORI ($r = .31$, $p < .01$) and SRI ($r = .40$, $p < .01$), but was not significantly correlated with other IORNS indexes, scales, or subscales. These early findings are exactly what should be found if the IORNS is to add incrementally to risk assessments that utilize an existing risk-assessment instrument such as the Static-99. The IORNS DNI and PSI should not be correlated with the Static-99, and they are not.

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Miller and colleagues (manuscript in progress) have shown convergent validity for indexes and scales of the IORNS, but at present there is no research with sexual offenders that examines the predictive utility of the IORNS. There are presently no research studies that show that a score or pattern of scores on the IORNS is associated with one's future risk for sexual violence, or that any change in IORNS scores is associated with an increased or decreased risk for sexual violence.

The text of the IORNS manual concludes (Miller, 2006, p. 67): “Given its comprehensive assessment of static risk, dynamic risk/need, and protective strength variables and its existing body of reliability and validity data, the IORNS holds great promise as a useful tool for informing forensic professionals regarding issues relevant to treatment, management, and risk decisions.” I agree. But more germane to the question posed at the beginning of this review is the sentence just before that one in the manual: “Studies that examine predictive power of the IORNS are warranted in order to substantiate its use in the prediction of general, violent, and/or sexual re-offending.”

We close with consideration of possible current use of the IORNS in risk assessment, risk communication, and risk management.

The IORNS and SVP risk assessment

In an SVP trial, the question before a judge or jury is likely to be similar to the following: Does this person suffer from a mental abnormality or personality disorder that makes him or her likely to engage in future acts of sexual violence if he or she is not confined in a secure facility for control, care, and treatment? The IORNS is designed to collect data that could be relevant to a risk assessment, but at present there are no data showing how an evaluator could use scores on the IORNS to enhance the prediction of future sexual violence. I do not see how the IORNS could be considered acceptable for use in a current SVP evaluation, as part of an assessment related to either the initial civil commitment trial or a review hearing.

The IORNS and SVP risk communication

Consideration of how one would communicate inferences based on IORNS data to a judge or jury enhances understanding of whether the instrument could be used as

part of a risk assessment. Imagine that you recognized that there are no predictive validity data on the IORNS regarding increased risk for sexual offending, but you wanted to collect the data anyway because a) responses to IORNS items give the person's self-report in content areas considered to be of interest, b) the person's responses to the IORNS items, scales, and indexes could be compared to those of other sex offenders in a normative – even if not predictive – sense, and c) few or no predictive validity data are available for other sources of data (including clinical interview) regarding dynamic risk factors and protective factors. If one were to take this approach, one might want to say, "I did not use the IORNS as a test, but as a structured (or semi-structured) assessment tool. I used the IORNS items to guide a focused interview, and I relied on the person's spoken answers to the interview questions in assessing dynamic risk factors and protective factors."

Now imagine the cross examination. "What was the person's score on the IORNS Overall Risk Index? Is that or is that not in the "clinically significant range" as described on page 19 of the IORNS manual?" Similar questions might be posed regarding the Static Risk Index, the Dynamic Need Index, and so on. I anticipate that however an evaluator addressed such questions, use of the IORNS would be more of a distraction than a contribution to the overall assessment product.

The IORNS and risk management

At present, I believe that the IORNS could add utility to decision-making within a treatment or supervision program. A sex-offender treatment provider could utilize IORNS scores to form hypotheses about a sex offender's problems, needs, and progress in treatment, and could use that information in planning what interventions to try next. However, I do not believe that the IORNS should presently

be used for decision making (for example, deciding whether to progress to the next stage or phase of treatment), due to the lack of predictive validity data. Indeed, the IORNS is intended to be used for treatment and management purposes, not for risk prediction.*

The IORNS and research

The correlations between IORNS scores and similar constructs on other self-report instruments (PAI, PPI-R) are impressive. Even more impressive are correlations with similar constructs on instruments that do not utilize self report (PCL-R, Static-99, SONAR). The IORNS is a promising instrument and I hope that researchers include use of the IORNS in future research, including predictive validity studies.

Note * Holly Miller, personal communication, 12/1/06.

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