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Risk Assessment & Safety Plans

by Christopher Block, Ph.D.

Following a credible or established allegation of misconduct by a priest or religious, (arch)dioceses and religious congregations face the challenge of developing an appropriate safety plan.

The primary objectives of these plans are to minimize the possibility of recidivism and to maximize protection for the public from further harm.

Ideally, these plans are developed based on a person's specific situation. The importance of assessing risk for these plans cannot be overstated because the potential consequences of a new offense are so significant.

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Effective tools are available to undertake a risk assessment that can inform a safety plan. These tools estimate the likelihood that a man who has sexually offended in the past will engage in another sexual offense in the future. These risk assessment tools are widely used and research-based.

Components of a Risk Assessment

Risk assessments incorporate both qualitative and quantitative data to estimate the likelihood that someone who has committed sexual abuse previously will re-offend. They are undertaken by a qualified psychologist, and typically take 1-2 days.

The assessment classifies the person in question into one of several risk categories (e.g., low, moderate, high) that can be used as a basis for making recommendations on restrictions and other risk reduction strategies.

The components of a risk assessment are:

- Actuarial instruments.
- Interviews with the individual and, possibly, others.
- Review of the individual's file.
- Final report, with risk level and recommendations.

Actuarial Instruments

The use of actuarial instruments has been shown to be superior in predicting risk than clinical judgment alone.

Studies of persons who perpetrate sexual abuse have contributed greatly to our understanding of the characteristics of sex offenders and the motivations underlying their behavior. This research has led to the identification of risk factors associated with an increased likelihood of sexual re-offense and to the development of a number of objec-

tive instruments that have been shown to help predict offenders who are at an increased risk to reoffend.

These tools assess for the presence of static and dynamic risk factors. While a number of tests are available, two very effective instruments, the Static-99R and Stable-2007, assess a comprehensive range of historical factors and current psychosocial influences on an individual.

The Static-99R is based on actuarial tables of factors that predict the risk of reoffending. Static risk factors are historical and largely unchangeable (e.g., age, relationship of the perpetrator to the victim and gender of the victim, among others).

The Stable-2007 measures risk factors that can change. These dynamic risk factors are relatively enduring, but malleable to change over time, usually with therapeutic intervention. Examples include antisocial attitudes, impulsivity and level of empathy. An effective safety plan emphasizes dynamic factors and identifies possible ways of addressing them therapeutically to increase the individual's degree of self-control.

Each of the tools is scored individually and results in a score that determines the risk category (e.g., low, moderate, high) into which a client falls. Differences in the item content

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Case Study Father George

by Rev. David Songy, O.F.M.Cap., S.T.D., Psy.D.

Father Henry, a provincial for his community, called Saint Luke Institute recently. Ten years earlier, Father George had come to Saint Luke following an allegation that he had touched a 15-year-old girl inappropriately.

The clinical assessment indicated that Fr. George had mild depression and seemed to have narcissistic traits that may have contributed to the alleged misconduct and to difficulties in community life. He completed residential treatment and was discharged with a continuing care plan that included recommendations regarding outpatient treatment, ministry (none) and functioning in the residence. He participated in his Continuing Care workshops.

Actuarially based indicators of the level of risk to reoffend are more accurate than clinical judgment alone.

“I Need Advice!”

Fr. Henry said he was not calling about further assessment or treatment, but advice. Fr. George was having difficulty accepting that he could not engage in ministry. He was becoming more edgy, and members of the community were beginning to avoid him. Now Fr. George had made an official request to move to another house in a different city.

This house was next to the Order’s high school. The Order considered Fr. George’s past allegation credible and Fr. Henry and the priest-administrator of the school had concerns. Fr. Henry was seeking to understand the risks of a move.



Risk Assessment

The clinical director recommended a risk assessment:

- Actuarially based indicators of the level of risk to reoffend are more accurate than clinical judgment alone.
- Recommendations regarding placement and other factors for a safety plan would be provided.
- The information could better focus his current treatment program.
- There would be an opportunity for discussion between the two priests and the psychologist.

The clinical director added that a risk assessment provides very helpful information, but is not a guarantee of behavior. The Order needs to decide the amount of risk it is willing to assume.

They agreed the risk assessment would be performed at the provincial office, where official documents are kept and near Fr. George’s residence. The psychologist would review the relevant files, administer objective instruments that measure risk and interview Fr. George and Fr. Henry. Conclusions would be presented on the second day.

File Review

After obtaining Fr. George’s release to review his file, Dr. Jones reviewed

the personnel documents, and those referring to known offenses and legal consequences, previous assessment and therapy, the current safety plan and compliance reports from supervisors.

There were no indications of legal issues distinct from the original allegation. The files included residential treatment and continuing care summaries, but no treatment documentation for the previous five years. (Dr. Jones discovered that Fr. George had declined to sign an information release for his therapist. Billing information revealed that he had not seen a therapist in six months.)

Finally, Father’s safety plan had been written by the Review Board two years previously, but there were no compliance reports. He was listed as “moderate” risk, but it was not clear how the Board reached this conclusion.

Interviews

A provincial council member at the time of the original incident, Fr. Henry was aware of the situation. As provincial, he had reviewed the personnel file and conducted annual visitations. He found Fr. George to be frustrated; he would cooperate begrudgingly and was not in-

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Father George, *continued*

terested in speaking about his situation.

He was surprised that Fr. George had discontinued therapy. He had never insisted on a Release of Information since Fr. George was not returning to ministry. He also had thought it might be easier for Fr. George to engage in therapy if he felt freer to be open.

He was not aware that compliance reports were part of the safety plan and said that Fr. George's supervisor sees his role primarily as one of support. He had no specific concerns about Fr. George and boundaries. Fr. George did not strike him as someone who would reoffend, though he did have concerns about the proposed move.

Dr. Jones then met with Fr. George for several hours. He was experiencing a great deal of loneliness and some depressive symptoms more recently. He felt somewhat alienated from some community members, his family had been visiting him less and one of his sisters had died. He candidly discussed the original incident, though minimizing his responsibility.

He thought that a move would solve his boredom and frustration. He felt that the province was not supporting him and was surprised that no one challenged him when he stopped therapy.

He could articulate some of the relapse prevention principles he had learned in therapy and acknowledge some of his problematic personality tendencies. However, he seemed to overestimate his progress in regard to treatment issues.

Objective Tests

Two tests were administered. The Static-99R is based on actuarial tables of static

factors that predict the risk of reoffending, such as age, sexual partner history, number of admitted allegations, gender of and relationship to victims, etc. Fr. George scored a 2 (low/moderate).

The Stable-2007 measures risk factors that can change, but endure for several months up to a couple of years, such as coping skills, social integration and capacity for empathy. Fr. George scored a 5, moderate risk to reoffend.

Feedback Session

Dr. Jones summarized his findings and explained the test scores. Low-to-moderate risk meant that living near a high school would entail some risk, especially given the age of the alleged victim.

Dr. Jones offered ways to reduce risk at the current residence or a new setting that could be part of a safety plan:

1. Fr. George engages in weekly

ing to take responsibility for making sure he is prudent with any interpersonal interactions.

4. If living on a school campus, he is accompanied in any areas to which students have access.
5. A vacation protocol allows Fr. George to visit his family for two weeks annually while ensuring he is safe from potentially increased risk.
6. The safety plan is reviewed annually. Finally, Dr. Jones suggested that Fr. George re-engage in therapy with several goals: discussing his depression; speaking about his struggles with relationships, feeling empathy and identifying with peers; and gaining problem-solving and communication skills for community life. A Continuing Care workshop or other activity within a safe environment may help him feel that he could engage again in a program of growth with hope.

Components of a Risk Assessment

- Actuarial instruments that are more accurate than clinical judgment alone
- Interviews with the individual and, possibly, others
- Review of the individual's file
- Final report, with risk level and recommendations that can be part of a safety plan

therapy; basic progress is documented through attendance reports and inquiries during semi-annual visits with his provincial.

2. The supervisor writes compliance reports every six months and attends an annual workshop and/or receives training in this ministry.
3. When leaving his residence, Fr. George is accompanied by a person familiar with his history, who is will-

Final Reflections

Fr. George found he liked having different ways of working on issues and was willing to stay at his present residence. The assessment also triggered more interest to engage in therapy. Fr. Henry noted he also seemed more relaxed and more like a brother of the community.

Father David Songy is a psychologist and president of Saint Luke Institute.

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of the tools may result in different risk categories for the same individual. In those cases, the higher risk category is generally assigned.

Interviews and File Review

In addition to the actuarial tools, a comprehensive risk assessment involves a thorough file review of all relevant information concerning the allegations (e.g., legal documents, details of the allegations, etc.), an in-depth interview with the alleged perpetrator and, if possible, information from collateral sources. Data from these sources can

yield important information, especially with regard to dynamic risk factors that can affect a person's level of risk.

Final Report

The results of the risk assessment, including a rating of the likelihood of re-offending, specific needs an individual may have and suggestions on what kind(s) of ancillary support may be necessary, are incorporated into a detailed report. This data may then be used by the (arch)diocese or religious community to guide recommendations aimed at reducing the risk for re-offense

(e.g., restrictions on ministerial work, treatment, supervision) and develop or refine a safety plan.

Risk assessments are now accepted practice in the disposition of criminal sex abuse cases, and are recognized by the Church as a vital component in child protection efforts by helping prevent further acts of misbehavior.

Christopher Block, Ph.D., is a psychologist on the clinical staff of Saint Luke Center in Louisville, KY. To learn more about Saint Luke Institute risk assessments, visit sli.org/services/evaluation.

Narcissism & Leadership

Msr. Stephen J. Rossetti, Ph.D., D.Min., president emeritus of Saint Luke Institute, will lead a live webinar on "Why Leaders Fail: Narcissism vs. Service," Nov. 20, 2015.

This is the latest offering in the "Bridge to Christ" monthly webinar series, available online at sliconnect.org. SLIconnect is Saint Luke Institute's education resource for healthy life and ministry.

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For information about including Saint Luke Institute in your estate plan, please contact Rich Landfield at 301-422-5406 or richl@sli.org.

Preparing for the Year of Mercy

Pope Francis has called for the Catholic Church to celebrate an Extraordinary Year of Mercy, starting Dec. 8, 2015. In a recent webinar for sliconnect.org, Saint Luke Institute's online education resource, Fr. David Songy, O.F.M.Cap., president, outlined some practical ways we can live out the corporal and spiritual works of mercy, and offered spiritual exercises to help us grow in mercy.

Among the spiritual works of mercy, he suggested forgiving someone who slights you, recalling that God bears our own wrongs patiently. Forgive significant injury by another; God alone heals injury. Comfort a grieving person, as God comforts you. Pray for the soul of a person who has died, as God prays for you. Speak with someone who has doubts about the faith - don't just let it pass - as God counsels us.

More webinars on psychological and spiritual health are online at sliconnect.org.



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