

Management of the Mentally Abnormal Offender

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Discussions about the prediction of dangerousness, a legal or social construct, often extend beyond forensic psychiatry into the general practice of psychiatry. Dangerousness can drive the entrance to and exit from the mental health and forensic system. Better conceptualized as risk prediction, it has been seen as a core skill for forensic psychiatry and an increasing requirement for general psychiatrists. Yet, for all the expertise in and the usefulness of risk prediction, it is the daily management of the mentally abnormal offender that taxes the clinical skills of the forensic psychiatrist. This article will address what we know about this area and suggest a model for managing mentally abnormal offenders. [*Brief Treatment and Crisis Intervention* 8:15–26 (2008)]

KEY WORDS: risk prediction, risk management, dangerousness, offenders.

Forensic psychiatrists occupy a unique position in psychiatry, regularly offering up expert opinion to various courts, lawyers, and other bodies, with many of the assessments that inform their expert opinion taking place outside of the physician/patient relationship. That expert opinion often addresses specific legal questions such as fitness to stand trial, not criminally responsible (NCR) or not guilty by reason of insanity (NGRI),

and dangerousness. Dangerousness has long been thought to be an unhelpful concept in risk prediction as its basis is legal and social, rather than clinical (Grisso & Appelbaum, 1992). "Risk prediction" is viewed as a better term. Risk, the likelihood of an event occurring, requires a number of qualifiers before it can be measured and discussed. Qualifiers include the type of acts that may occur, the severity of the act, the likelihood of the act, the frequency of the risk, and who is at risk. The literature on risk assessment has grown to include a host of instruments such as the Psychopathy Checklist-Revised, Violence Risk Appraisal Guide (VRAG), Structured Assessment of Violence Risk in Youth, the Historical, Clinical, and Risk Management (HCR-20), Level of Service Inventory-Revised, and more recently the Short-Term Assessment of Risk and Treatability (START) (Andrews & Bonta, 1995; Bloom, Webster, Hucker, & DeFreitas, 2005; Hare, Clark,

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