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CURRENT ISSUES

Communicating Violence Risk Assessments

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Editor's note. "Current Issues" appears intermittently and features topics in psychology that are controversial. Articles that reflect different points of view are published; none are considered comprehensive treatments of the topic, as the section is designed to facilitate debate. Alan J. Tomkins served as action editor for the section in this issue, which examines recent advances in violence risk assessment, especially communications about risks of violence. Assessments of violence risk are required of most clinical psychologists. As research on violence begins to make possible more reliable estimates of risk, clinicians must have ways to use and communicate that information effectively. The three articles in this section identify and explore how we can begin to meet this challenge.

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Recent developments in the law have made the assessment of risk of violence a required professional ability for every clinical psychologist. About 30 years ago, laws controlling involuntary civil commitment evolved to require more than merely a finding of mental illness. They also required evidence that patients, if not committed, would be dangerous to themselves or to others. During that era, states also developed laws that made it mandatory for clinicians to report evidence if their child clients, the children of their adult clients, and disabled or older adults were in danger of abuse by their caretakers.

Clinicians' obligations to assess risk of violence were driven home perhaps most dramatically by the infamous "Tarasoff case" (*Tarasoff v. Regents of the University of California*, 1976). Together with subsequent cases across the states, *Tarasoff* required that clinicians take measures to protect third parties from their clients' potential for violence. This implied that clinicians should take reasonable steps to assess and be aware of their clients' potential for violence. Indeed, by 1978, Shah was able to describe no less than 15 legal and clinical contexts in which mental health professionals were expected to assess the risk of violence and would be potentially liable for failing to do so.

Spurred by these new laws, many researchers in the 1970s began to explore mental health professionals' abilities to assess violence risk. What they found was in stark contrast to society's apparent faith in clinicians' assessment skills. Summarizing those early studies, Monahan (1981) concluded that when clinicians predicted that a person would be violent,

available research indicated that they were accurate no more than one in three times.

Three things could have happened in the ensuing decade of the 1980s as a result of this discouraging news: Courts could have discontinued their reliance on clinicians' judgments about patients' potential for violence; clinicians could have heeded the news by avoiding roles requiring violence predictions; or researchers could have given up on the empirical questions of violence predictions. None of these things happened.

As for the courts, judgments about potential violence were too much a part of legal standards to relinquish the assistance of the clinician. Nowhere was the extent of this need more clearly expressed than in the U.S. Supreme Court's decision in *Barefoot v. Estelle* (1983), which addressed the reliability and admissibility of dangerousness prediction by clinicians in a capital sentencing case. The court reasoned that the need to assess future violence was inevitable. Someone ultimately must make the prediction (e.g., judges and juries), and whatever guidance clinicians could give them was important. So critical was this need that the court was willing to accept clinicians' violence predictions on almost any terms. After all, the court explained, mental health professionals' predictions were "not always wrong ... only most of the time" (p. 901).

Clinicians themselves continued to offer their assessments of risk of violence, but with varying degrees of certainty. Heeding the warnings manifested by research, many of them offered "best estimates" about patients' potential for violent behavior while being careful to inform the courts of the limits of their accuracy. Some were less cautious. But few believed that they had nothing to offer the courts.

Subsequent research has begun to show that these clinicians may have been right (see, e.g., Lidz, Mulvey, & Gardner, 1993). A “second generation” of violence risk studies during the 1980s and the present decade (Otto, 1992) has given rise to a new outlook. Ten years after his earlier conclusion, Monahan’s (1992) review of the new violence risk studies spoke much more optimistically about a growing scientific base of information on violence risk predictors (Hodgins, 1993; Monahan & Steadman, 1994), with the promise of significant breakthroughs by research in progress (Steadman et al., 1994). When properly translated, the results of the new generation of violence risk studies might soon provide mental health professionals with a more reliable scientific foundation for describing a person’s violence risk, thereby assisting society in deciding when those risks are sufficient to take action to protect the person and others.

We have not yet achieved this capacity. Yet the time is near enough that researchers and policy analysts in this field have begun to address questions beyond the potential accuracy of violence prediction. Many of these questions pertain to the development of technology that will translate research results so that they can guide clinicians when applying them to individual cases (e.g., Rice & Harris, 1995; Webster, Harris, Rice, Cormier, & Quinsey, 1994). What tools would facilitate clinicians’ use of new knowledge in the prediction of violent behavior? How can we best communicate our violence risk estimates in the courts? How do we ensure that new knowledge and methods will be incorporated into the clinical practice of risk assessment?

These are the questions addressed by the three articles in this special section. In the first article, Monahan and Steadman (1996) explore how best to convey violence risk estimates so that they can be understood and translated for decisions by courts, mental health service systems, and society in general. Their proposal likens the task of violence risk assessment to weather forecasting, especially when meteorologists seek to predict the “rare and severe event” that threatens damage to property and people.

Can the long experience, advanced technology, and practical orientation of meteorology provide us with a heuristic for anticipating how we can best communicate violence risk predictions, especially in legal settings? Monahan and Steadman (1996) propose that it can and that it should lead us to consider clinical and research alternatives to approaches that currently predominate. For example, current practice leads clinicians to think in terms of probabilities when considering estimates of the likelihood of future violence (Grisso & Appelbaum, 1992). Whatever value this may have for framing one’s logical processing of clinical information, is it necessarily the best way to communicate it to others? Should we consider categorical risk communications, as meteorology has done, rather than messages containing statements of absolute probability?

One of the features of weather communications, as described by Monahan and Steadman (1996), is to include instructions to the listener about how to respond to the danger represented by a category of severity of the predicted weather

conditions. In this approach, the prediction and the way it is communicated are more than a message about the odds of an event. The likelihood and the severity of the event are translated into a prescriptive statement about the action that the listener should take.

This presents a conceptual, practical, and ethical problem that is explored by Schopp (1996) in the second article in this collection. His concern arises from a fundamental difference between the social prescriptions that are relevant for responding to severe weather and those that are relevant for responding to serious threats of human violence. In the former, we are concerned about getting out of the way. In the latter, however, our social response is more likely to involve incapacitation or other legal intrusions that will directly affect the liberty of the person whom we are warned to fear.

The greater moral nature of the latter type of actions raises questions about psychologists’ role in offering their predictions. What are the proper limits of psychological expertise, in light of the prescriptive and moral nature of the outcomes of their predictions? Does the weather-forecasting analogy—with its prescriptions for action—provide adequate guidance when applied to violence forecasting? Or does it lead us into moral territory beyond the scientific expertise of psychology?

In coming years, when we have improved our capacities to predict future violence and have found proper ways to communicate those predictions, we will need to take further steps to deal with our newfound knowledge. Clinicians must then be enabled to use those advances and taught to use whatever is known about their effective communication. This is the focus of the third article by Borum (1996), a forensic clinical psychologist. He emphasizes that experimental variables that have predictive power in research must be translated into usable risk assessment technology. We will need to develop tools and techniques to meet the practical demands of clinicians and to guide their use of the new knowledge so that it clearly conveys relevant information to legal decision makers. Borum also explores how we can best teach and disseminate new knowledge and technology in risk assessment, so that their diffusion will contribute to standards and guidelines for clinical practice.

These three articles, therefore, are about the future. We are only now beginning to see the fruits of more than 25 years of research aimed at improving our capacities to make reliable and valid estimates of violence risk. With this knowledge will come increased obligations to use it effectively and responsibly. It is important that we begin to think through how we can best do that, before the time is suddenly on us. The articles in this *Current Issues* section identify part of the agenda for that process.

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