Name of Tool	Adult Asperger Assessment (AAA)
Category	Responsivity Issues (Awaiting Validation)
Author / Publisher	Baron-Cohen and Wheelwright updated by Bradley
Year	2000, 2011

Description

- Asperger's Syndrome is a 'pervasive development disorder' located at the high end of functioning of the autism spectrum. It involves significant difficulties in social interaction in addition to restricted and repetitive patterns of behaviours and interests (Fabian, 2011; Murphy, 2007).
- In order to deal with the number of adults with *suspected* Asperger syndrome, Baron-Cohen and colleagues (2005) developed the AAA instrument. The AAA links with two screening instruments: the Autism Spectrum Quotient (AQ) and the Empathy Quotient (EQ). The AQ is a 50-item screen identifying core autistic features in adults, across five different areas: social skill, attention switching, attention to detail, communication and imagination. The EQ consists of 60 items, 40 of which signify the degree of empathy alongside 20 filler questions. Individuals must complete these screening tests before then attending an interview carried out by a clinician (Baron-Cohen et al., 2005; Stoesz et al., 2011).
- In an effort to avoid 'false positives,' the CLASS criteria are more stringent and conservative than the internationally recommended guidelines in DSM-IV. Anyone meeting CLASS criteria would also meet DSM-IV criteria (Baron-Cohen et al., 2005).
- The AAA is an electronic tool able to be scored on the computer (Baron-Cohen et al., 2005).

Age Appropriateness

18+

Assessor Qualifications

A clinician with the relevant experience is required to carry out an interview with the patient.

During the interview a check for the presence of symptoms relevant to a diagnosis of Asperger Syndrome (AS) or High Functioning Autism (HFA) is conducted.

Tool Development

- The AAA was developed in the CLASS (Cambridge Lifespan Asperger Syndrome Service) clinic, which provides a specialist diagnostic evaluation.
- Kenny and Stansfield (2016) examined AAA results in adults with intellectual disabilities diagnosed with Asperger's syndrome. It was found that this population scored lower on the autism spectrum quotient and higher on the empathy quotient than those without intellectual disabilities.

- Murphy (2007) looked at the PCL-R profiles of 13 male patients with Asperger's syndrome in a high-security psychiatric care facility. It was found that those patients appeared to rate more highly on PCL-R items relating to interpersonal and affective features rather than social deviance.
- Baron-Cohen and colleagues (2005) applied both the AAA and the DSM-IV to 2 clinic patients. It was found that whilst 88% met DSM-IV criteria, only 82% met AAA criteria. Based on this, the authors recommend that clinicians adopt the AAA to maintain a stricter definition of Asperger Syndrome.

General Notes

- The AAA utilises self-reporting as part of the assessment, where the individual completes the AQ and EQ components of the instrument before attending a diagnostic interview with a clinician (Stoesz et al., 2011).
- Females, children and adults with considerable intellectual ability may be more difficult to diagnose with Asperger's disorder, as they tend to have greater abilities to hide their problems (Attwood, 2006).
- Individuals with Asperger's disorder tend to have problems with social interactions and understanding the emotions, reactions and experiences of other people (Barry-Walsh and Mullen, 2004).
- Another feature of the disorder may be abnormal, repetitive, narrow interests that translate into repetitive, focused and persistent behaviours. These features may lend themselves to criminal behaviour pertaining to the individual's' narrow interests (e.g. stalking, stealing and hoarding) and feeling the need to disregard social and legal rules. In particular, Asperger's disorder individuals who have offended possess characteristics that exacerbate their risk of sexual offending in certain contexts: poor empathy, failure to develop peer-appropriate relationships, deficits regarding stable emotional relationships, persistent preoccupation with parts/objects (Fabian, 2011; Haskins and Silva, 2006).

Name of Tool	Assessment of Risk Manageability for Individuals with Developmental and Intellectual Limitations who Offend – Sexually (ARMIDILO-S)
Category	Responsivity Issues (Awaiting Validation)
Author / Publisher	Boer and Colleagues
Year	2009

Description

- The ARMIDILO-S is a structured risk and management guideline instrument which assesses the risk of sexual recidivism in individuals diagnosed with intellectual and developmental disabilities. It is the first effort to view persons with IDPSB within the context and environment in which individuals are located (Blasingame et al., 2014; Lindsay et al., 2018).
- The tool is intended for males 18 and older who have engaged in sexual offending behaviour which may or may not have been adjudicated. It applies to individuals who have borderline intellectual functioning (i.e. IQ between 70 and 80 with adaptive functioning deficits) or are intellectually disabled (i.e. males with onset of cognitive impairment before the age of 18 reflected by an IQ score below 70 and have adaptive functioning deficits). There is currently no supporting evidence to suggest the ARMIDILO-S can be applied to other offending populations: non-ID, female, youth and forensic mental health (Boer et al., 2013).
- The ARMIDILO-S only uses dynamic risk factors. The tool consists of 30 stable and acute items. The stable items reflect the persistent characteristics of the individual. The acute items represent rapidly changing contextual factors that signal the onset of offending behaviours. The stable and acute items are further divided into four subscales relating to 'environmental' and 'client' related factors: 1) stable dynamic environmental subscales (e.g. attitudes towards ID intellectuals, etc.); 2) acute dynamic environment subscales (e.g. access to intoxicants, etc.); 3) stable dynamic client subscale (e.g. compliance with treatment and supervision, etc.; 4) acute dynamic client subscale (e.g. victim access, etc.) (Boer et al., 2013).
- Each item is considered as both a risk and a protective factor. Items are scored on a 5-point scale from -2 for reducing risk through to +2 for an increase in risk. Once scored, the tool generates four risk ratings which include: (1) Actuarial Risk Rating (i.e. ratings obtained from other standardised actuarial tools such as the RRASOR), (2) Risk Rating, (3) Protective Rating and (4) Adjusted Risk Rating (i.e. consideration for other three ratings). Overall, risk manageability is defined as the 'current dynamic risk manageability estimate,' which is the ability of the individual to manage their dynamic factors adjusted by the actuarial risk baseline and the individual's structured clinical risk estimate (Craig et al., 2008).

Age Appropriateness

18+

Assessor Qualifications

The ARMIDILO-S is designed to assist support workers, case managers, guardians, home providers, clinicians and program administrators in the identification and management of risk (Boer et al., 2013).

Assessors should have the relevant training and experience in administering and interpreting risk assessments in relation to individuals diagnosed with learning disabilities who are at risk of sexual violence.

Tool Development

- The original tool was developed in 2004 and expanded in 2013 by Boer and colleagues to include a greater range of issues (e.g. victim availability and access, staff attitudes towards individuals with ID). The rationale for the tool was to create an ID-specific instrument to meet the needs of these types of individuals. Moreover, it was felt that the inclusion of dynamic environmental and client variables would better inform the formulation of risk management plans for individuals (Boer et al., 2013).
- Blacker et al. (2011) assessed the predictive validity of the RRASOR, SVR-20, RM2000-V and ARMIDILO-S on 88 individuals, half of which had committed sexual offences and had borderline levels of intellectual functioning with an IQ of 70-80. The ARMIDILO-S was found to be the best predictor for offending in those with special needs, generating AUCs of .60 and .73 for the stable and acute scores of the instrument respectively. Having said that, this study did have missing information for the environmental variables, something which would have affected the validity of testing.
- A study by Lofthouse et al. (2013) administered the various risk assessment tools to sixty-four adult males who had ID and a history of sexual offending in a six year follow-up study. It was found that the ARMIDILO-S yielded the best prediction of sexual reoffending with an AUC of .92 compared to other established risk assessment tools which included the Static-99 (AUC = .74) and the VRAG (AUC = .58). The authors surmised that predictive value of the tool may be attributable to it specifically being designed for individuals with ID, as well as its inclusion of dynamic variables.
- A doctoral thesis by Cookman (2010) found that the ARMIDILO-S had significant correlations with the Stable 2007 and Acute 2009, suggesting concurrent validity is present.
- In an unpublished thesis by Sindall (2012), the ARMIDILO-S was used in a sample of 16 individuals with intellectual disabilities who had committed sexual offences. The AUC was found to be 0.83, with the risk total (0.83), stable items (0.837), client items (0.86) and stable client items (0.85) all showing good predictive accuracy.
- Lindsay et al. (2018) carried out a study applying the ARMIDILO-S to four individuals with intellectual developmental disabilities. For two of the participants, restrictive placements were avoided because of the data generated on protective factors.
- In their review of the literature, Pryboda and colleagues (2015) found that the ARMIDILO-S showed superior predictive accuracy of the RM2000 when applied to those with intellectual disabilities. The authors suggest this could be due to the ARMIDILO-S considering protective factors, meaning it can be used for short-term risk management planning and long-term risk predictions.

General Notes

- The tool is conceptualised as part of a comprehensive assessment approach. It is, hence, recommended that the ARMIDILO-S be used in conjunction with other actuarial and structured professional judgement measures. The authors advise that the appropriate caveats and caution is

applied if using the instrument on an individual who has committed non-sexual offences (Boer et al., 2013).

- The ARMIDILO-S is unique in that it examines both client and environmental dynamic variables (Lofthouse et al., 2013).
- A variation of the tool, the ARMIDILO-G, has been developed to assess general recidivism in those with ID. The ARMIDILO-G was found to have good predictive accuracy for a sample of 139 individuals with an intellectual disability and a history of offending in doctoral research by Frize (2015).
- Lindsay et al. (2018) recommend that protective factors are included in all risk assessments, maintaining that the protective scale can be a powerful support for the clinical case individuals with IDD who offend.
- For more information, please visit the following website: www.armidilo.net

Name of Tool	Dynamic Risk Assessment and Management System (DRAMS)
Category	Responsivity Issues (Awaiting Validation)
Author / Publisher	Lindsay and Colleagues
Year	2004

Description

- The DRAMS is a 10-item risk assessment tool composed of proximal/dynamic risk factors for use with those diagnosed with learning disabilities.
- It is used to assess the immediate risk of offending posed by the service user within secure settings. Given its dynamic nature, it should be completed at regular intervals.
- The tool can be completed with the client.
- It was originally designed to be used in conjunction with positive behavioural programmes implemented within secure settings. It assesses a number of proximal and dynamic risk variables, such as mood, self-regulation, anti-social behaviour and compliance with routine.
- Every item has been arranged along a continuum from no problem to serious problem. Furthermore, a 'traffic light analogy' replaces the traditional Likert scale with red for association with risk, amber for intermediate and green for least problematic (Gaskin, 2007).
- During periods where the DRAMS indicates low risk, normal day-to-day programmes in which the client engages can be implemented as usual. Conversely, if high dynamic risk is identified by the tool, such programmes can be suspended.

Age Appropriateness

No specific age range.

Assessor Qualifications

Assessors should have the relevant training and experience in administering and interpreting risk assessments in relation to individuals diagnosed with learning disabilities who have offended.

Tool Development

- The DRAMS was developed by staff from The State Hospital in Scotland to be an instrument that could be easily understood and hence used by clients with IDs. Factors were developed based on literature from proximal/dynamic risk (Gaskin, 2007).
- Although the measure was developed in relation to positive behavioural programmes, the measure can also be used with any therapeutic, educational, management or occupational regime, if deemed appropriate by clinicians (Lindsay et al., 2004).
- The DRAMS can be scored by item, category and as a total score. The tool was intended to be used as part of a comprehensive approach to risk assessment and is best used idiomatically with individual clients (Lindsay et al., 2004).

- Steptoe et al. (2008) – the DRAMS had moderate inter-rater reliability (rs = .46). The composite score achieved predictive accuracy in relation to violent incidents perpetrated in secure settings (AUC = .73).
- Lindsay et al. (2004) - initial validation of the measure demonstrated high reliability for the composite score and moderate to high reliability for nine of the ten items presented in the measure. One item ('therapeutic alliance') retained poor reliability scores.
- Lindsay and colleagues (2017) tested the predictive accuracy of the DRAMS in a sample of 30 male participants. AUCs ranged from .52-.87; although the total scores score generated an AUC of .86.

General Notes

- It appears that DRAMS is effective across a range of settings (Lindsay et al., 2017).

It is noteworthy that studies have found differences in the items that are statistically significant predictors of future incidents. For instance, Lindsay et al. (2017) found that substance abuse and clinical items were significant predictors, likely due to the sample involving participants in the community where there is less regulations in place than in secure facilities.

Name of Tool	Oxford Mental Illness and Violence Tool (OxMIV)
Category	Responsivity (Awaiting Validation)
Author / Publisher	Fazel, Wolf, Larsson, Lichtenstein, Mallett and Fanshawe
Year	2017

Description

- OxMIV predicts violent offending for individuals with schizophrenia-spectrum and bipolar disorders within the next 12 months (Fazel et al., 2017).
- The tool is designed to be used as an adjunct to clinical assessment. The prediction score can be used to identify those who are at low risk of violent offending. Individuals with a greater than 5% risk are categorised as 'increased risk' (Fazel et al., 2017).
- The sixteen variables included in the tool: sex, age, previous drug abuse, previous alcohol abuse, previous self-harm, highest education, parental drug or alcohol use, parental violent crime conviction (lifetime), sibling violent crime conviction (lifetime), current episode, recent antipsychotic treatment (within the last six months), recent antidepressant treatment (within the last six months), recent dependence treatment (within the last six months), personal income, benefit recipient (Fazel et al., 2017).
- To make the tool less time-consuming and complex, and also more reliable, OxMIV does not include information about risk factors that need to be collected from an interview, such as anger and victimisation issues and comorbid personality traits (Fazel et al., 2017).
- As the tool consists of mainly static factors, it should not be used to monitor within-individual change in risk over time; instead it should be used as a cross-sectional score at a particular time point (Fazel et al., 2017).

Age Appropriateness

16+

Assessor Qualifications

No specific training or qualifications are required to use the OxMIV. The determination of appropriate application and scoring to specific cases requires the judgement of a clinician (medical doctor, clinical psychologist or nurse). Since it relies on diagnostic and treatment information, it should not be administered by non-clinical staff (Fazel et al., 2017).

Tool Development

- The variables considered for inclusion in the OxMIV were drawn from the existing body of evidence relating to criminal history and sociodemographic and clinical factors (Bonta, Blais and Wilson, 2014; Witt, van Dorn and Fazel, 2013).
- Using a sample of 75 158 Swedish individuals with a severe mental illness (schizophrenia spectrum or bipolar disorder, the OxMIV was developed to predict violent offending within 1 year of

hospital discharge for inpatients or clinical contact with psychiatric services for outpatients. External validation carried out on 16 387 individuals showed good discrimination with a c-index (equivalent to an AUC score) of 0.89. Calibration was also good (Brier score = 0.013). For risk of violent offending at 1 year, the sensitivity was 62% and the specificity was 94% (Fazel et al., 2017).

- Fazel et al. (2017) found that the strongest predictors of reoffending were convictions for previous violent crime, gender, and age. The weakest predictors were personal income and benefit receipt.
- Negatsch and colleagues (2019) applied the OxMIV to 474 male patients in a hospital in Germany with schizophrenia-spectrum or bipolar disorder. These patients were classified into two groups: a violent group with 191 patients, where violence was defined as the aggressive behaviour of a patient that necessitated special observation; a non-violent group with 283 patients. The OxMIV score was significantly higher in the violent group compared to the non-violent one, showing the tool succeeded in predicting violent behaviour in male patients in imprisoned psychiatric settings. In particular, the items of 'previous violent crime,' 'previous drug abuse' and 'previous alcohol abuse' were all significant in predicting violent behaviour.

General Notes

- OxMIV can be used at any point in a patient's pathway. It cannot be used to detain individuals or extend their detention in the absence of other clinical factors and detailed assessment (Fazel et al., 2017).
- The sixteen items in the OxMIV are all of a retrospective nature and are not specifically designed for mapping an individual's treatment process (Negatsch et al., 2019).
- It is not recommended for use in forensic psychiatric patients and released prisoners, as baseline risks and effect of risk factors could be different. The population in which the tool was tested was individuals with diagnosed with schizophrenia spectrum or bipolar disorder (Fazel et al., 2017).
- OxMIV could be particularly useful for screening out low violent risk in general adult psychiatric services. The tool has a high negative predictive value (99.5%) – in other words, of 200 individuals identified as low risk by the tool, 199 did not offend violently within in 1 year.
- The tool is available in English, Greek, German, French and Chinese.
- The tool is freely available online: https://oxrisk.com/oxmiv/

Name of Tool	P-SCAN
Category	Responsivity Issues (Awaiting Validation)
Author / Publisher	Hare and Hervé
Year	1999

Description

- The P-SCAN is a structured assessment that screens for psychopathic traits in individuals aged 18 and above.
- It is a 90-item checklist that explores three key facets of psychopathy; (1) interpersonal, (2) affective and (3) lifestyle.
- Items are scored on a three-point Likert scale according to the extent to which the client exhibits particular traits.
- It is intended for use when it is not possible to conduct the full PCL:R or PCL:SV, taking around 10 to 15 minutes to complete. It does not, however, provide a clinical diagnosis
- It is available for use by non-clinicians within mental health and correctional settings.

Age Appropriateness

18+

Assessor Qualifications

It is designed for use by law enforcement, forensic and civil facilities, corrections, probations and any other places where determining the possible presence of psychopathic traits is of interest.

Tool Development

- Brackett, Jackson and Richards (2008) - large correlation was observed between the composite scores for the PCL:R and the P-SCAN (r = .49). Moderate to large coefficients obtained for the P-SCAN subscales in relation to the rater's experience with the construct of psychopathy.
- Warren, Chauhan and Murrie (2005) - the P-SCAN obtained high internal consistency ($\partial \geq .96$) in a sample of 115 females incarcerated in a maximum security prison. The inter-rater reliability of the P-SCAN varied: Total score was 0.40, Interpersonal Facet 0.51, Affect Facet 0.32 and Lifestyle Facert 0.24.
- Elwood, Poythress and Douglas (2004) found high internal consistency ($\partial \geq .90$) for the three subscales in the P-SCAN within a sample of university students.

General Notes

- The P-SCAN does not provide a clinical diagnosis of psychopathy (see Warren, Chauhan and Murrie 2005).

RATED page updated: August 2019

- Few validation studies on this tool at present.
- For more information, visit the following website: www.hare.org

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