

Compendium of Offender Assessments

5th Edition
August 2021

Assessment and Case Management Support Team
Corrective Services NSW
Department of Communities and Justice



Communities
& Justice



FOREWORD & ACKNOWLEDGEMENTS

Welcome to the fifth edition of the Corrective Services New South Wales (CSNSW) Compendium of Assessments.

Conducting psychometric assessments with offenders by a government department is not one to be taken lightly. The selection and accreditation of assessment tools requires a careful process of systematic investigation and research to ensure each instrument is fit for purpose and can withstand judicial scrutiny.

This accreditation process has been ongoing since 2008. An 'Accreditation Framework for Assessment Instruments' was developed and recently updated which lays out the criteria to be met for an assessment to be used within CSNSW. An Assessment Management Committee (AMC) oversees the accreditation process and is made up of senior psychologists and managers representing the major areas of the Offender Management and Programs Division.

The committee has, at this point, reviewed around 230 assessments and adopted 112 of these. In each case a thorough literature review is conducted by a nominated researcher for consideration by the AMC. Accredited tests are reviewed periodically to ensure they are still the best and most recent on the market.

This 5th edition is the result of the ongoing work of the AMC and lists the tests with the levels of accreditation and conditions for use. Those tests that were deemed not approved by the committee are listed on page 142.

The compendium is the culmination of around 13 years of continuous work by the AMC and the Assessment and Case Management Support Team (ACMST).

I would like to acknowledge the members of the AMC over the years particularly the members of the Clinical Governance Team and those who have a special interest in psychometrics.

I would also like to acknowledge those staff who have prepared literature reports for the AMC to consider. This includes: Daniel Stanton, Hans Ellfeldt, Danielle Matsuo, Cherice Cieplucha, Anna Woodrow, Fiona Innes, Henry Zugai, Andrew Kaw, Chris Blatch, Laura Howarth, Susan Vandenberg, Sheridan Walsh, Jason Borkowski, Hanaan Haddad, June Wong, Ross Feenan, Chelsey Dewson, Leatrice Todd, Maggie Cruickshank, Rebbekah Atkinson, Melissa Toh and Grace McGuire.

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If the reader has any questions or would like further information about this compendium please contact the ACMST on: assessments@dcj.nsw.gov.au.

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CSNSW
2021

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GUIDELINES

- Assessment Guidelines
- Tiered Assessments
- Levels of Accreditation

These guidelines should be read in conjunction with psychology procedures Annexure 2.8 Guidelines for use of Psychometric Tests and Other Assessments, *Accreditation Framework for Assessment Instruments* and Australian Psychological Society (APS) "Guidelines for the use of Psychological Tests".



ASSESSMENT GUIDELINES

The following outlines some information and policy guidelines for use by Psychologists and other staff conducting formal assessments with offenders and inmates. These guidelines are designed to reflect but not replace approved Offender Services and Programs (OS&P) procedures.

How to use this Compendium

This compendium is designed to be used as a reference guide for the assessments and tests that have been accredited for use with CSNSW offenders in custody and in the community. It can be used to assist CSNSW staff in their assessment/test selection. Test and practise notes are provided to outline the use, concerns and limitations about the assessment/ test.

When selecting assessments/tests, this compendium does not replace the need for the psychologist to read the test manual, review empirical research on the test or seek supervision.

On the left hand side of each page, a quick overview lists the relevant information about the tests. The remainder of the page provides a description including key areas measured, eligibility and exclusion criteria as well as practice notes to guide staff.

The Electronic Document and Records Management System (EDRMS) number listed on the bottom-left hand side of each assessment/ test page refers to a literature review. These reports can be found on CSNSW's EDRMS database and can be used by Psychologists or other interested individuals to gain a more in depth understanding of the assessment/test, to assist in justifying judicial scrutiny and/ or assist in assessment/ test selection.

The Compendium estimates an Administration Time based on either information from the publisher or CSNSW Psychologist's workload model. Under the workload model, different times are provided for different assessments and different psychologists.

Psychologists have the option to administer assessments that have yet to be accredited by the AMC. Such decisions regarding the use of

unaccredited assessments should be clinically determined via consultation with supervisors, relevant research and the psychological tests' manual and accompanying text. It is however highly advised that tests which have had their accreditation removed, are not used. If there is a clinical need to use such assessments, please consult with ACMST via Assessments@dcj.nsw.gov.au. Tests that were deemed not approved by the committee are listed on page 142.

Accreditation of tests

The AMC has selected a wide range of tests and assessments for use—based on the criteria set out in the *Accreditation Framework for Assessment Instruments* (found on the Assessments Intranet page). The criteria for accreditation involves having to meet the following items:

1. Assessments must be relevant to CSNSW goals,
2. Assessment must be appropriate to the offender population,
3. Assessments must be based on sound psychometric evidence,
4. Assessments must have supporting material for standardised administration, scoring and interpretation,
5. Assessments must be resource efficient.

In selecting each assessment in this compendium full literature searches were conducted and reports written. The AMC's decision determined if they met the criteria and what level of accreditation should be given to the assessment/ test.

Offender assessment is vital to the work of CSNSW, and accuracy in assessment and reporting is imperative. For this reason tests also had to meet additional criteria relating to reading ease, cultural sensitivity, use with all types of offenders, the number of items, whether collateral information was also required, time taken, etc.

In selecting the assessments the AMC has been mindful of the need for evidence based practices and the possibility that staff may need to provide expert opinion, even in courts of law. The AMC believed that tests chosen for use within CSNSW must have sound psychometric properties based on scientific reliability and validity of assessment materials.

ASSESSMENT GUIDELINES - continued

Anyone wishing to have an assessment reviewed for accreditation should refer to the *Framework* and submit a literature review to the AMC.

Test acquisition and purchasing

The Overview section of the Compendium includes a section for Location/ Ordering of each test. Some tests can be located in Offender Integrated Management System (OIMS), some tests are freely available on the internet, and some test forms/manuals are stored in EDRMS.

Other assessments may be ordered by using the Request for Test Materials form (D14/379194) located in the Assessments intranet page. Prior to ordering, psychologists should check to see if the test is located within the cluster, in which case it could be shared. The most recent test stocktake can be found at D16/445667. If it is determined that the purchase of a new test is warranted it can be ordered by sending the request form to Assessments@dcj.nsw.gov.au

Tests not accredited will not be purchased without a business case to the Manager, Assessment and Case Management.

Use of assessments

The following should be read in conjunction with psychology procedures *Annexure 2.8 Guidelines for use of Psychometric Tests and Other Assessments*.

Staff, and in particular psychologists using psychometric tests, are expected to use assessments in accordance with their written manuals, guidelines or training materials—whether sourced from the author, publisher or within CSNSW. Psychologists are also expected to use tests in accordance with the APS “Guidelines for the use of Psychological Tests” .

If no manuals are available, psychologists should seek supervision for test usage from a senior peer. All test users must administer, score and interpret assessments appropriately and accurately. Users must report assessment results accurately using language that the recipient will understand.

This Compendium broadly outlines which staff may use specific

assessments and is based on a general knowledge of staff skills and training. It is unethical for staff without appropriate qualifications or training to use assessments which require a higher level of knowledge and skill. Some tests may be administered by one staff member but scored and interpreted by another, e.g. some psychological tests require a psychologist to score them, but can be administered by a non-psychologist.

Where training is indicated for a particular test, this may be sought from existing CSNSW training courses (including e-learning) or may be requested and coordinated by the ACMST/Statewide Programs/ Statewide Services for test users. External training may also be attended, subject to the support of the relevant manager and the approval by the relevant Director, OS&P. Some assessment training may also be obtained through one to one tuition and supervision by a qualified person such as a senior peer. Assessments requiring training should not be administered until that training is completed.

Where more than one assessments are accredited that have similar functions or outcomes, staff members should choose appropriately and with supervision, e.g. some personality scales have subtle differences.

Staff should also be aware that there is now documented evidence that some offenders may already be “coached” in answering certain tests. This coaching may come from other offenders, or professionals with a vested interest in maintaining their client's innocence. Coaching refers to the provision of information to test subjects who are instructed to answer in certain ways which not only provides fake-good and fake-bad responses, but also to avoid the detection of doing so.

Test confidentiality

It is the ethical responsibility of staff administering assessments to indicate to the offender the limits on confidentiality that exist in the testing situation. Release of Information/Disclosure forms must be used when appropriate as these generally inform the offender how this information may be used. The release of certain test results may be exempt from Government Information (Public Access) legislation, however, this should not be

ASSESSMENT GUIDELINES - continued

assumed. From time to time psychological tests (not just the results of such tests) may also be subpoenaed by a court of law—this is looked at on a case by case basis.

Disclosures by offenders during an assessment that indicates they plan to escape, harm themselves or others may not be treated confidentially.

Test security and storage

It should be recognised that certain tests may suffer irreparable harm to their validity if their items, scoring keys or protocols, and other materials are publicly disclosed. Examples include tests such as Intelligence Quotient (IQ) tests, risk assessments or tests of cognitive function.

Access to psychological test materials (e.g. test booklets, protocols, administration manuals, scoring keys) should be granted only to qualified users. When not in use, such tests must be kept locked in a secure cabinet. The key to the test cabinet should remain with the most senior (or nominated) psychologist in the team, who is responsible for overseeing test security, maintenance, and lending.

When in use, psychology tests should not be left in a place where they may be subject to casual inspection.

The nominated psychologist is responsible for:

- Ensuring the test cabinet remains locked and secure,
- Ensuring restricted psychological tests are only used and or lent to appropriately qualified persons,
- Establishing whether the request to borrow and use a test is valid and appropriate,

A register of tests stored at each location is to be kept for each test cabinet and managed by the senior/ nominated psychologist. The register will also track borrowed test materials to other teams.

Transferring tests between locations

When transferring tests from location to location the preferred method is to personally accompany them. This may not always be practical so other

secure mail options should be explored.

Disposal and Management of old editions of Accredited Tests

Advice from CSNSW Assets staff have indicated that certain protocols are to be followed when tests are out of date or superseded by a new edition.

Outdated paper materials are to be shredded or placed in secure bins for disposal. If a location does not have access to those resources, paper materials can be sent to the Assessments Coordinator, ACMST.

Outdated materials such as manuals, stimulus material, scoring keys etc. should also be forwarded to the ACMST for appropriate disposal. Earlier edition manuals may be kept for reference. A limited number of outdated tests are held in the Henry Deane Building basement for posterity.

Replacing old editions with new editions

When a new edition of a test has been accredited, Psychologists can order the new edition and cease the administration of the older edition, pending any additional training requirements.

For any enquires related to assessments please contact Assessments@dcj.nsw.gov.au

Ross Feenan
Manager, Assessment and Case Management
August 2021

TIERED ASSESSMENTS

Assessments used by CSNSW with offenders are tiered from 1 (assessments for all offenders) to 5 (clinical assessments). Each tier contains a discrete set of assessments which increase in depth and specification. Each tier is also distinguished by the number of offenders who will receive these assessments, e.g. all offenders will undergo Tier 1 assessments, only sentenced offenders will undergo Tier 2 assessments, whilst only a small number of the Tier 5 clinical assessments will be administered.

Tier 1—All offenders/Intake assessment

Refers to the Intake type assessments such as the Inmate Identification and Observation screen, the ISQ-6 or the Intake Assessment Form (Community Corrections).

Tier 2—Risk/Need/Responsivity

All sentenced inmates and court ordered offenders will undergo Risk / Needs and Responsivity assessments to establish their risk of reoffending, criminogenic needs (LSI-R, TRAS, PARRCC2) and readiness for intervention (TRQ and Pre-Program Suitability Assessment process).

Tier 3—Criminogenic Needs/Domains

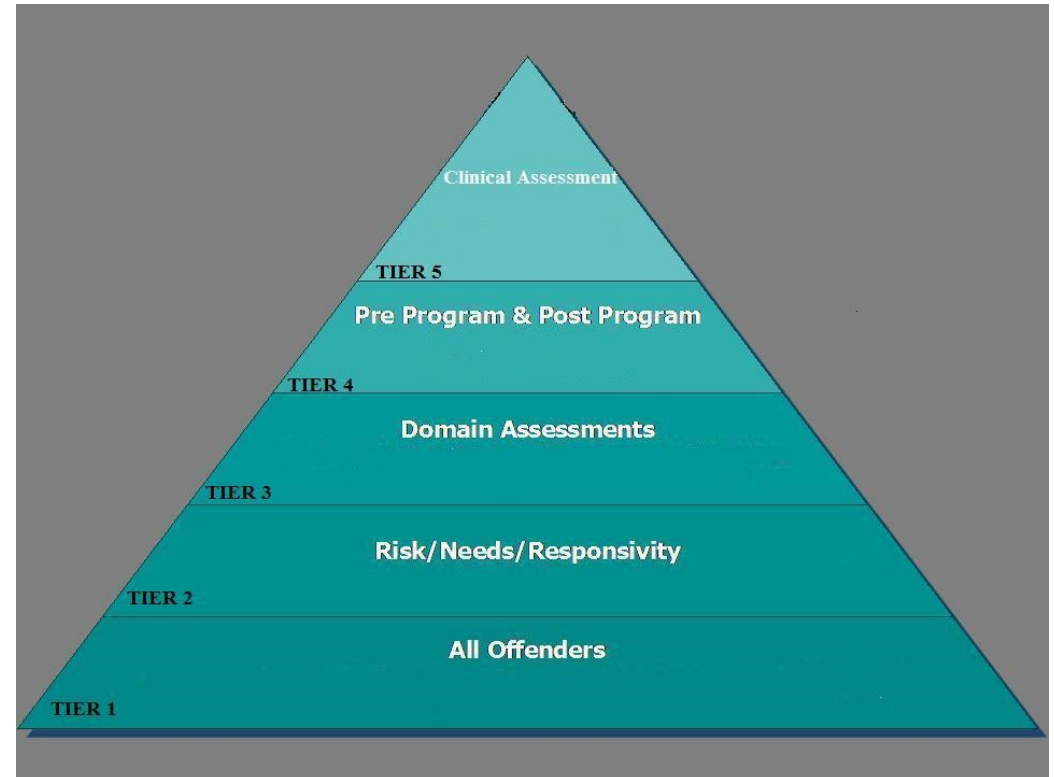
When a Tier 2 test reveals that a criminogenic need (e.g. Education, Criminal Thinking or Alcohol and Other Drugs; AOD) requires further investigation, a Tier 3 assessment can provide a more comprehensive assessment of the need. Tier 3 assessments also provide an in-depth examination of Offence-Related issues such as those to do with Violent Offending, Sex Offending, Gambling and the like.

Tier 4 –Pre and Post Program evaluations

This group of assessments is used to measure the outcomes of intervention programs. For example, a program may improve someone's attitudes, problem solving ability or feelings. Many Tier 3 assessments are also used as pre-post program assessments.

Tier 5—Clinical

There are numerous clinical assessments administered by Psychologists or other specialists. These include IQ tests, tests of memory, language, mood, personality and psychological disorders.



LEVELS OF ACCREDITATION

The following levels of accreditation are used by the Assessment Management Committee to determine the assessments use and circumstances.

Accredited

- Recommended by the AMC and approved for use in keeping with Compendium guidelines.
- Approved for use in general or with limits (noted in the Compendium of Assessments under Practice Notes).
- Requires review by AMC in 5 years or if new edition developed.

Provisional Accreditation – Operational

- Not yet accredited by the AMC. Seen by the AMC as promising. Further work required on the assessment or support material.
- May continue to be used in keeping with guidelines/ published manual.
- Reviewed by AMC required every 3 years for Accreditation status.

Provisional Accreditation – Research and Evaluation (R&E) Purposes

- Not yet accredited by the AMC.
- Assessment is used to assess effectiveness of a program and/or treatment pathway and not to determine an offender's place in a program or for a report.
- Has Research and Evaluation basis.
- Reviewed by AMC every 3 years.

Provisional Accreditation- for use by external providers

- Assessments used by external providers including private prisons.
- Reviewed by the AMC every 3 years.

Departmental Approval

- Tests currently in use, well known practices which do not need AMC review process. No review required by AMC
- Assessments approved for use by Provisional Psychologists under supervision. Is required for registration and may change according to Australian Health Practitioner Regulation Agency (AHPRA). These tests are found in the section titled AHPRA Approved Tests for Provisional Psychologists.

Pilot Only

- Under review by the AMC.
- May be used under controlled conditions.
- Proposer to relist for accreditation in 12 months.
- Review by AMC required every 12 months for Accreditation status.
- Should not be used beyond pilot period.

Not Approved – No further review

- The AMC considers the assessment does not merit further investigation being undertaken.
- Not to be used on offenders/inmates.
- Listed in Compendium of Assessments as Not Accredited.

RISK ASSESSMENTS

- Recidivism/ Impact
- Sexual Reoffending
- Violent Reoffending
- Violent Extremism
- Other Types of Offending

Assessment of risk is a core function of CSNSW. First and foremost is the risk the offender might pose to him or herself, thus the preservation of life becomes our most basic task. Secondly, is the risk posed by the offender to the community—it can be the likelihood of reoffending generally, or in a specific way. Risk assessments attempt to quantify particular types of risks so that supervision, services and programs can be prioritised appropriately.

This section is organised according to the type of reoffending. Within each category of reoffending the risk assessments listed as primary, secondary and tertiary. Primary assessments are CSNSW's prescribed and most common risk assessments within each reoffending type. Secondary assessments are risk assessments that can supplement primary assessments particularly for specific purposes and situations. CSNSW Approved assessments are operational assessments that are reliant on primary or secondary assessments and may add further information regarding risk or risk management.



MOST COMMONLY USED RISK ASSESSMENTS

Risk type	Primary	Secondary	CSNSW Approved
Recidivism/impact	<ul style="list-style-type: none"> • Custody TRAS 	<ul style="list-style-type: none"> • LSI-R 	<ul style="list-style-type: none"> • CIA
Sexual reoffending	<ul style="list-style-type: none"> • STATIC-99R • STABLE-2007 and ACUTE-2007 	<ul style="list-style-type: none"> • RSVP • SVR-20 • STATIC-2002R • VRS-SO • CPORT 	<ul style="list-style-type: none"> • SOSA
Violent reoffending	<ul style="list-style-type: none"> • VRS-2 	<ul style="list-style-type: none"> • VRS-SV • VRAG-R • HCR-20 V3 • FAM • ODARA • DVRAG • SARA-V3 • DASA • START • SAPROF-II 	
Violent Extremism	<ul style="list-style-type: none"> • TRAP-18 • VERA-2R 		



Custody Triage Risk Assessment Scale

Raudino, Corben, Galouzis, Mahajan & Howard (2019)

New

Overview

Number of items 6

Administration type *System generated*

Collateral Information *N/A*

Administration time *N/A*

Scoring *Algorithm*

Location/Ordering *N/A*

Used test storage *N/A*

Reassessment *Upon each entry into custody*

Tier *2—Risk*

Accreditation *Accredited*

Reading level *N/A*

User *All*

Training required *N/A*

For test review see *D17/819790*

Estimates the risk of recidivism

The Custody TRAS is an actuarial risk screening tool that uses readily available static variables from OIMS to generate an estimate of an imprisoned offender's risk of returning to custody with a new sentence within two years of their release into the community. It includes new sentences with or without breach of parole. The static variable that are used are those that have been identified as potential predictors of recidivism based on a review of existed research. The Custody TRAS it supersedes the Criminal Reimprisonment Estimate Scale.

The aim of the Custody TRAS is to provide an assessment of risk that can be used to triage allocation of offenders to more comprehensive assessment, case management, and/or intervention.

Key areas measured

- Demographics (including indigenous status)
- Criminogenic history
- Index episode characteristics

Eligibility and Exclusion

- All offenders in custody

Test Notes

- Based on a sample of offenders released from CSNSW
- Good predictive validity
- May not provide reliable estimates for first time offenders or offenders with no previous custodial history

Practice Notes

It is intended to be automatically calculated upon the offender's entry into custody. It is not to be used in any report to external statutory bodies and the outcome should not be entered into any Structured Case Note for the purpose of pre-sentence or pre-release consultations or reports.

Incorporated into CSNSW case management/ reform procedures, including Case Management Units (CMUs) and High Intensity Program Units (HIPUs). The Criminogenic Program Eligibility Overview also takes the Custody TRAS into account as a central part of its outcomes.

Level of Service Inventory—Revised

Andrews & Bonta (1995)

Overview

Number of items *54*

Administration type *Structured interview*

Collateral Information *Required*

Administration time *Up to 90 min*

Scoring *OIMS scored*

Location/Ordering *OIMS*

Used test storage *OIMS*

Reassessment *12 monthly in community*

Tier *2*

Accreditation *Accredited*

Reading level *N/A*

User *No restrictions*

Training required *Required*

For test review see *D13/046905*

Measures risk of reoffending and criminogenic needs

A 54-item actuarial assessment used to measure the likelihood of general reoffending and underlying criminogenic needs which contribute to reoffending. Provides a risk of reoffending raw score, a group risk level (from low to high risk), profile of needs and their severity and protective factors. The LSI-R is a standard risk needs tool used by CSNSW Community Corrections to measure risk and needs for all offenders and is based on the Risk, Needs and Responsivity (RNR) principles.

Key areas measured

- Education/Employment
- Alcohol and Drug usage and effects
- Criminal Attitudes
- Criminal Associates

Eligibility and Exclusion

- In the community—all offenders on an order or requiring a Pre-Sentence Report
- In custody—may be requested
- Should be used as part of a battery of assessments with Aboriginal females.

Test Notes

- Several types of collateral checks are required: Police Criminal History, depositions, file reviews, consultation with significant others
- Used LSI-R forms (e.g. evidence table or Intake Assessment Form) filed on Case History

Practice Notes

Users must be trained and accredited to use the LSI-R in CSNSW. Accreditation, once given, must be maintained by attending Community Corrections Refresher Course. Scoring Rules on OIMS and in the LSI-R Assessment and Scoring Guide must be adhered to. Procedures for administering LSI-R are found in Community and OS&P procedures or on the intranet.

NB; The LSI-R, Youth LSI or Youth Level of Service—Case Management Inventory are authorised for use at with 16-18 year olds. The LSI-R must be carefully scrutinised when used with Aboriginal female offenders because of the tendency to overestimate risk.

Overview

Number of items 16

Administration type *Collateral review only*

Collateral Information *Required*

Administration time *5-10 mins*

Scoring *OIMS scored*

Location/Ordering *OIMS*

Used test storage *OIMS*

Reassessment *12 monthly*

Tier 2

Accreditation *CSNSW Approved*

Reading level *N/A*

User *CCO Staff*

Training required *No*

Assists determine level of monitoring in the Community

The Community Impact Assessment supplements the TRAS and/or LSI-R by introducing a standardised method to assess the consequence of re-offence both to the community and the organisation. When combined with the LSI-R and other specialised tools, it forms a 3 x 3 Matrix to allow CSNSW to focus more attention on more serious, high risk offenders.

Key areas measured

- Supervision order
- Sex offending
- Violent offending
- Other factors

Eligibility and Exclusion

- In the community—all offenders on an order with an existing LSI-R

Test Notes

- TRAS/LSI-R (and Static99-R/SOSA if applicable) must be completed and approved prior to administration

Practice Notes

Scoring rules on OIMS and in the Community Impact Assessment and Scoring Guide must be adhered to. These are also located on the Assessments Intranet website.

Several types of collateral checks are required: Criminal History, Police Facts/Judge's Sentencing Remarks, depositions.

Overview

Number of items 10

Administration type *Collateral review*

Collateral Information Yes

Administration time *2-3 hours*

Scoring *OIMS scored*

Location/Ordering *OIMS;*
www.static99.org

Used test storage *OIMS*

Reassessment *Assessed once per booking*

Tier 2

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see D13/046919 &
D16/210629

Estimate of risk of sexual reoffending

The Static-99R is a ten-item static actuarial assessment instrument created by R. Karl Hanson, PhD, and David Thornton, PhD, for use with adult male sexual offenders who are at least 18 year of age at time of release to the community. It is the most widely used sex offender risk assessment instrument in the world, and is extensively used in the United States, Canada, the United Kingdom, Australia, and many European nations.

The tool was specifically envisaged to be able to predict long term potential (5 or 10 years) for sexual for sexual offenders based on objective, easily obtainable information such as official criminal record, victim characteristics and age.

Key areas measured

- Demographic information (age, relationship history)
- Criminal history information
- Victim type information

Eligibility and Exclusion

- Male adult sex offenders
- Not to be used with women
- Should not be used for offenders with no other sex offences except for prostitution, sex in public by consenting adults, possession of child pornography/indecent materials

Test Notes

- Official Criminal History is required to assist score the Static99-R
- Coding rules available
- Measures only the risk of recidivism, not needs

Practice Notes

Although the Static99-R is available on the internet CSNSW restricts its use to Psychologists because of the required training and knowledge of empirical actuarial risk assessment. Manually coded and results entered on OIMS.

After initial training, users are recommended to undergo booster training every 2 years.

Training is arranged via the Risk Assessment Training Strategy (RATS) group by contacting static99@justice.nsw.gov.au

Hanson & Harris (2007); Fernandez, Harris, Hanson & Sparks (2012, 2014); Fernandez, Gotch, Hanson & Harris (2015)

Overview

Number of items 13

Administration type *Structured interview*

Collateral Information Yes

Administration time *5-8 hours*

Scoring *Hand scored*

Location/Ordering *OIMS*

Used test storage *Psychology file*

Reassessment *Yearly*

Tier 3

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see D13/046931 & D16/210661

Measure of dynamic sex offending risk factors

The STABLE 2007 and ACUTE 2007 were designed to track changes in risk status over time by assessing changeable 'dynamic' risk factors. This comprehensive level of information allows the assessor to measure the impact of interventions and effectively manage changes to the offender's personal interpersonal and contextual environment that may impact on his risk of sexual recidivism.

The ACUTE-2007 is designed to supplement STATIC-99R and STABLE-2007, to assess recent, risk-relevant behaviour of sex offenders in the community. Furthermore, the STABLE-2007 score can be combined with the STATIC-99R score to provide a 'composite of assessment of risk/needs' (Brankley, Helmus & Hanson, 2017), which informs the SOSA.

Reference: Brankley, A.E, Helmus, L.M., & Hanson, R.K. (2017). *STABLE-2007 Evaluator Workbook - Revised 2017*. Ottawa, ON.

Key areas measured

- STABLE-2007: Significant social influences, intimacy deficits, self-regulation, and co-operation with supervision
- ACUTE-2007: Victim access, hostility, sexual preoccupation, rejection of supervision, emotional collapse, supports, & substance use

Eligibility and Exclusion

- Adult male offenders with 'Category A' sexual crimes (see STATIC-99R eligibility)

Test Notes

- Should not be used as a standalone measure but potentially can be used as an aide memoir upon clinician's discretion.
- Administered by semi-structured interview with extensive collateral material required

Practice Notes

Stable factors can be reassessed after every year while acute factors are more transient and require reassessment upon a monthly basis, or upon each contact or supervisory review.

Users should be trained in risk assessment of sexual offenders. Certified training can be provided by CSNSW.

Training is arranged via the RATS group by contacting static99@justice.nsw.gov.au

Overview

Number of items 22

Administration type *Structured Professional Judgement*

Collateral Information *Required*

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 3

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/046933 & D20/0851039*

Risk and case formulation for sexually violent offenders

The RSVP provides a set of guidelines for assessing risk of sexual violence. The RSVP guidelines specify how the risk assessment should be conducted, as well as which risk factors should be assessed. It is used to provide clear definitions of risk factors and develop risk scenarios to help inform management decisions.

RSVP Worksheets ensure comprehensive evaluations and help to manage liability by facilitating adherence to the guidelines, as well as accurate documentation of information. The RSVP also guides treatment and can be used with actuarial risk assessments to provide a comprehensive assessment.

Key areas measured

- Sexual violence
- Psychological Adjustment
- Mental Disorder
- Social Adjustment
- Manageability

Eligibility and Exclusion

- Adult male offenders with sexual crimes
- May be used with older male adolescents aged 16 and 17 and adult women with a degree of caution.
- Not be used with children aged 15 or under.

Test Notes

- Extensive collateral information is required
- Involves 6 systematic steps to administer and interpret
- Scenario based
- Should not be used as a stand-alone measure

Practice Notes

The assessment can be used by suitably qualified professionals with an expertise in conducting assessments and expertise in the study of sexual violence. Training in the RSVP is recommended to improve reliability and accuracy. Assessors should be supervised by relevant CSNSW supervisors.

New

Overview

Number of items 20

Administration type *Structured Professional Judgement*

Collateral Information *Required*

Administration time *Several hours*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 3

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/046913 & D20/0851040*

To assess presence or absence of sexual violence risk factors

The SVR-20 V2 is a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on sex offenders. The checklist was developed to improve the accuracy of assessments for the risk of future sexual violence.

The SVR-20 has been evaluated by a number of researchers in a variety of settings and remains the most validated structured clinical guide in the assessment of sexual offenders. The assessment has recently undergone some developments to reflect changes in the literature.

Key areas measured

- Psychological Adjustment
- Sexual Offences
- Future Plans

Eligibility and Exclusion

- Adult male offenders with sexual and violent crimes

Test Notes

- Should not be used as a stand-alone measure
- Administered by semi-structured interview with extensive collateral material required
- Measures risk and needs of target population

Practice Notes

The SVR-20 is currently used by staff in the Serious Offender Assessment Unit (SOAU), and Psychologists from the sex and violent offender treatment programs. It may be used by Psychologists outside specialist programs with appropriate supervision.

Assessors should be supervised by relevant CSNSW supervisors.

New

Overview

Number of items 14

Administration type *Collateral review*

Collateral Information *Required*

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering www.static99.org

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 3

Accreditation *Accredited*

Reading level *N/A*

User *See Practice Notes*

Training required *Yes*

For test review see *Approved by Director State-wide Programs D. Matsuo*

To evaluate the risk of sexual reoffending in adult male sex offenders

The Static-2002R is an actuarial risk tool that evaluates the risk of sexual reoffending in adult male sex offenders. In addition to assessing static risk factors, it also assesses some theoretical characteristics "presumed to be the cause of recidivism risk" (Phenix et al., 2008, pg. 1).

The Static-2002R is a revised version of the Static-2002, which itself was a revised version of the Static-99. The initial revision occurred in an attempt to make the scoring easier and simpler and to increase coherence and conceptual clarity. The Static-2002 was revised so that it would more accurately describe the risk of older offenders.

Key areas measured

- Age
- Persistence of sex offending
- Deviant sexual interests
- Relationship to victims
- General criminality

Eligibility and Exclusion

- Offenders identified as high risk sex offenders via the *Crimes (High Risk Offenders) Act 2006*
- Not to be used for whose only sexual offences involve indecency without a sexual motive and illegal behaviours between consenting parties or towards no specific victim

Test Notes

- Need demographic and victim information and official criminal history to score this tool
- Use of both the Static-2002R and the Static-99R can assist clinicians in making appropriate risk judgements, and is endorsed by developers in "high-stakes evaluations" (Phenix et al., 2016)

Practice Notes

Only to be used by Psychologists in the High Risk Offenders Team (HRO Team) and those who have obtained training. Static-99R training is insufficient. It should only be used to supplement the Static-99R and not to replace it.

Violence Risk Scale—Sexual Offending

Wong, Olver, Nicholaichuk, & Gordon (2003)

Overview

Measures risk of sexual reoffending

Number of items 24

Administration type *Semi-structured interview*

Collateral Information *Required*

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *Circumstances*

Tier 3

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/407838 & D20/0851041*

Stemming from several key theories of risk and change, the VRS-SO measures offenders' risk of sexual violence using both dynamic and static variables linked to sexual recidivism.

The VRS-SO determines treatment priorities based on highest risk, which factors to treat and, given the added advantage of the stages-of-change, how to treat.

Key areas measured

- Risk of sexual reoffending
- Sexual deviancy
- Sexual compulsivity
- Stage of change
- Change in risk as a result of treatment

Eligibility and Exclusion

- Can be used on male and female populations with a conviction of sexual violence
- Should not be used during active psychosis or intoxication

Test Notes

- Psychology and Case Files to be used for collateral information
- Only to be used with convicted offenders
- New VRS-SO user workbook can be found at <https://psynergy.ca/vrs-so>

Practice Notes

Use primarily within a treatment context; and can be used as a pre and post measure. As a risk assessment tool, it is to be used if all other assessment tools have been administered.

Training is arranged via the RATS group by contacting vrs@dcj.nsw.gov.au

Seto & Eke (2015); Eke & Seto (2016), Eke, Helmus & Seto (2018)

New

Overview

Number of items 7

Administration type *Checklist and interview*

Collateral Information Yes

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *Available [online](#)*

Used test storage *Psychology file*

Reassessment *N/A*

Tier 3

Accreditation *Provisional—Operational*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see: *D20/0851038*

Assesses the risk of offenders with prior child pornography convictions

The CPORT is an actuarial tool that assesses the risk of any type of sexual recidivism over a five-year fixed follow-up period in offenders with prior child pornography offence convictions. The higher the score the more likely the risk of sexual re-offence. Within CSNSW it should only be used to rank child pornography-only offenders' relative risk, compared with a mean score of 1.9.

Key areas measured

- Child pornography offending, % of male/female images
- Criminal and sexual offending history
- Interest in prepubescent or pubescent children
- Age at time police investigation commenced

Eligibility and Exclusion

- Offenders with current or prior child pornography convictions
- Male offenders over the age of 18
- Not to be administered when the offender is awaiting trial or on remand (must be convicted)
- Used only for screening purposes
- Not to be used on female offenders

Test Notes

- Correlates of Admission of Sexual Interest in Children is a suggested adjunct that can address potential false self-reporting regarding deviance
- Normed on prison population, no norms for Australia to date.
- Can be used in conjunction with STATIC-99R if offender eligible

Practice Notes

Until formal training has been rolled out across CSNSW, all use of the CPORT must be done under the close supervision of members of the RATS team. Appropriate uses are SOAU screenings, SOP suitability assessments, and pre-sentence consults. However, the recidivism estimates SHOULD NOT BE USED, and all offenders assessed using the CPORT should instead be compared to a mean of 1.9, and their relative risk reported only.

STABLE-2007 can be used as an aide-mémoire for assessing risk with child abuse material only offenders, and this would be the best measure to look at treatment targets. In cases where the CPORT can be used on offenders whom a STATIC-99R can also be scored, the STATIC-99R should be utilised as the primary risk assessment.

Sex Offender Supervision Assessment

CSNSW Offender Services & Programs (2019)

New

Overview

Number of items 2

Administration type *Decision matrix*

Collateral Information *N/A*

Administration time *60 mins*

Scoring *Hand scored*

Location/Ordering *D19/1052977*

Used test storage *Psychology file*

Reassessment *Circumstances*

Tier *1— supervision level*

Accreditation *Departmental Approval*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

To assist in the management of sentenced sex offenders living in the community

The SOSA is an organised risk management tool for sentenced offenders that was developed by CSNSW to assist in the management of sentenced sex offenders who reside in the community. It is a tool used to communicate a recommended level of supervision for Community Corrections' case management purposes. It allows for common language to be used between Community Corrections and CSNSW psychology.

Key areas measured

- Static actuarial, dynamic and immediate risk

Eligibility and Exclusion

- Sentence offenders who live in the community
- Offenders who have committed a sexual offence/s

Test Notes

- Provides three levels of recommended supervision. Aligned with the CIA supervision categories
- Does not predict risk of reoffending and is not a risk assessment tool
- Does not reflect intensity of therapeutic intervention or psychological treatment an offender may require.

Practice Notes

Psychologists who work for CSNSW managing CSNSW offenders must adhere to the SOSA Guidelines (D19/1052977). If a Psychologist is completing the SOSA and is unaware of the purpose of the tool and the research behind the tools used to inform the SOSA, they must complete the SOSA under supervision. This should also be made in the narrative summary/case note. It is also not to be used in any report to external statutory bodies and the outcome should not be entered into any Structured Case Note for the purpose of pre-sentence or pre-release consultations or reports.

Overview

Number of items	26
Administration type	<i>Semi-structured interview</i>
Collateral Information	<i>Required</i>
Administration time	<i>3-10 hours</i>
Scoring	<i>Hand scored</i>
Location/Ordering	<i>Complete order form D14/379194</i>
Used test storage	<i>Psychology file</i>
Reassessment	<i>2 yearly</i>
Tier	<i>3</i>
Accreditation	<i>Accredited</i>
Reading level	<i>N/A</i>
User	<i>Psychologists and HIPU SAPOs</i>
Training required	<i>Yes</i>
For test review see	<i>D13/046938</i>

Measures risk of violent reoffending

The VRS assesses the client's level of violence risk, identifies treatment targets linked to violence, and assesses the client's readiness for change, their post-treatment improvements on the treatment targets and post-treatment violence risk.

Developed on the theoretical basis of Psychology of Criminal Conduct and the RNR principles using a high risk correctional sample, the VRS was specifically developed to assess the risk of violence for forensic clients, in particular those who are undertaking treatment/offence specific programming and those who are being considered for release from custody to the community after a period of treatment.

Key areas measured

- Risk of violent and non-violent reoffending
- Static and dynamic risk factors
- Treatment targets including antisocial attitudes and beliefs
- Stages of change

Eligibility and Exclusion

- All violent adult male and female offenders, in custody and community, including psychiatric patients
- Can be used with offenders with DV only offences, but should be supplemented by DV specific risk assessment tool

Test Notes

- Can be scored on file information alone, however best practice is to rate variable on convergent information from file review and interview
- Contains both static and dynamic risk predictors
- Ratings and interpretations conducted manually

Practice Notes

Can be conducted by interview and collateral information, or collateral information alone.

Training is arranged via the RATS group by contacting VRS@dcj.nsw.gov.au

Overview

Number of items	6 static 5 dynamic
Administration type	Semi-structured interview
Collateral Information	Required
Administration time	30-60 mins
Scoring	Hand scored
Location/Ordering	16/8794
Used test storage	Psychology file
Reassessment	2 yearly
Tier	3
Accreditation	Accredited
Reading level	N/A
User	Psychologists
Training required	Yes
For test review see	D16/395119

Rapid screening for risk of violent reoffending

The VRS-SV was developed to address the needs of clinicians and practitioners who require a tool with static and dynamic variables similar to the VRS for brief screening of clients for clinical and research purposes.

Such screenings may include, but are not limited to, the selection of clients for additional more detailed assessments, for different intensities of treatment and so forth. The VRS-SV does not replace the VRS-2; it is a tool with properties similar to the VRS but requires less time to administer than the VRS.

Key areas measured

- Violent reconviction
- All reconvictions

Eligibility and Exclusion

- Where referral question relates only to risk of violent reoffending e.g. Extreme Threat Inmate assessments, interstate transfer
- Contains both static and dynamic risk predictors
- Ratings and interpretations conducted manually

Test Notes

Practice Notes

Generally individuals who have been trained to administer the VRS should also be able to administer the VRS-SV since all the variables and scoring criteria are the same as the corresponding variables in the VRS. Psychologists not yet trained in the VRS may only use the VRS-SV under supervision from a trained Senior Psychologist.

The VRS-SV should not be used to provide advice in relation to violence risk in formal court reports or State Parole Authority matters; or to identify treatment targets.

Overview

Number of items 12

Administration type *Individual*

Collateral Information Yes

Administration time 3 hours

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier 3

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see D16/395113 & D20/0878259

Measures risk of violent reoffending

The VRAG-R is designed to estimate the likelihood that a male offender will commit a new violent or sexual offense, the VRAG-R produces an estimated recidivism rate for different lengths of follow-up. Replication studies have established the VRAG scheme's ability to accurately predict violent recidivism in a variety of settings.

The static risk factors capture seven domains: living situation, school performance, substance use, marital status, criminal history, index offence characteristics, and antisocial personality.

Key areas measured

- Living situation
- School performance
- Substance use
- Marital status
- Criminal history
- Index offence
- Antisocial personality

Eligibility and Exclusion

- Male offenders who have committed serious violent and/ or sexual offences
- Male offenders who are 18 or older
- Can be used at pre-release stage

Test Notes

- No longer relies on full PCL-R administration
- Does not identify treatment targets
- For test and norms see: Harris, G. T., Rice, M. E., Quinsey, V. L., & Cormier, C. A. (2015). *Violent offenders: Appraising and managing risk.*

Practice Notes

Recommended that it is not administered on Aboriginal offenders as Aboriginal offenders have been found to have consistently higher total scores than offenders who do not identify as Aboriginal. There are also limited studies on Australian populations.

Training and experience is required to complete the items related to the PCL-R. Furthermore there is training available online.

New

Overview

Number of items *20*

Administration type *Structured Professional Judgement*

Collateral Information *Required*

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *6-12 monthly*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/039568 & D20/0878236*

Evaluate risk for violence

The HCR-20 V3 is a revised version of the HCR-20 V2. The revisions that have been made to reflect the ever growing literature on violence, violence risk assessment and violence risk management; and the feedback provided by evaluators.

The HCR-20 V3 is intended to be a comprehensive set of professional guidelines for the assessment of violence risk. Specifically it is intended to assess risk for interpersonal violence (“actual, attempted, or threatened infliction of bodily harm on another person”; pg36, Douglas et al., 2013). It “can be used to evaluate risk for violence when there is a legal or clinical need to do so” (pg35, Douglas et al., 2013).

Key areas measured

- Consists of 20 items separated into three domains – ten historical factors (past), five clinical factors (present), and five risk management factors (future).

Eligibility and Exclusion

- Men and women eligible
- 18 and older

Test Notes

- Comprised of 7 steps including: collecting information, identifying factors, assessing their relevance of the factors, developing case formulation, describing most likely scenarios of future violence, recommending strategies, and documentation

Practice Notes

Users should have training and experience in interviewing; the administration and interpretation of standardised tests; and the diagnosis of mental disorders. Users should be familiar with the professional and scientific literatures on the nature, causes, and management of violence.

Infrequent users should be supervised by another/Senior Psychologist. To complete the HCR-20, multiple sources of information in addition to interview and psychological/other testing is crucial.

**Pilot
Only**

Overview

Number of items	28 (including HCR-20 items)
Administration type	Structured Professional Judgement
Collateral Information	Yes
Administration time	Variable
Scoring	Hand scored
Location/Ordering	Available online
Used test storage	EDRMS 20/35348 & Psychology file
Reassessment	6-12 months, or circumstances
Tier	3
Accreditation	Pilot
Reading level	N/A
User	Psychologists
Training required	Yes
For test review see:	D20/0878229

Additional guidelines to the HCR-20 to assess risk of violence in women

The FAM was developed in addition to the HCR-20 V3 to provide a clinically relevant additional guide that comprehensively assesses the risk of violence in women. It can also provide concrete guidelines for risk management in women.

This tool is a "work in progress" as the evidence for predictive validity is not sufficient. However presently this is the only assessment in the compendium that considers gender-specific risk factors and can assess for violence risk in adult women.

Key areas measured

- Personality disorder
- Trauma
- Prostitution
- Parenting, pregnancy and relationships
- Suicidality/ self-harm
- Manipulative behaviour
- Low self-esteem

Eligibility and Exclusion

- At the time of print, the FAM is only to be administered to sentenced females in Dillwynia with a current violent conviction; a history of 2 or more violent convictions or with 3 or more violent institutional charges in custody. Plus has a minimum of 12 months left to serve; no appellants.

Test Notes

- To be administered with HCR-20 V3
- Conduct in compliance with pilot policy and procedure found in EDRMS container [20/35348](#)

Practice Notes

It is advised that this guide be only be conducted by Psychologists who have been trained in the HCR-20 V3. It should also be used with caution as its development and the research on this guide is in its infancy. No normative samples for Australian or Australian forensic populations.

A brief summary in EDRMS container [20/35348](#) has been developed to write the outcomes of the assessments.

New

Overview

Assesses the risk of a male offender assaulting his partner again

The ODARA is a coherent actuarial system that assesses the risk that a male offender will assault his partner again and compares his risk with other male offenders convicted of domestic violence. Scores are also associated with number and severity of new assaults and time until recidivism.

Number of items	13
Administration type	<i>Collateral review with/without interview</i>
Collateral Information	Yes
Administration time	<i>Variable</i>
Scoring	<i>Hand scored</i>
Location/Ordering	<i>Available online</i>
Used test storage	<i>Case File</i>
Reassessment	<i>If there are new DV charges</i>
Tier	3
Accreditation	<i>Accredited</i>
Reading level	<i>N/A</i>
User	<i>No restrictions if trained</i>
Training required	<i>Yes—see Practice Notes</i>
For test review see:	<i>D13/086474 & D20/0832492</i>

Key areas measured

- Offender, relationship (including children) and victim characteristics
- Violent, non-compliance and non-domestic criminal histories; and index offence
- Substance use
- Custodial sentences

Eligibility and Exclusion

- Male offenders with a history of having engaged in forceful physical contact with his current or former wife (including common-law wife).
- Excludes female offenders.

Test Notes

- Does not appear to predict lethal assaults
- Does not identify criminogenic needs
- May not predict female domestic violence reoffending with the same accuracy as male domestic violence reoffending

Practice Notes

The ODARA can assist with the development of case plans and in determining suitability for sentence types, programs and interventions. CSNSW users should contact RATS to obtain training license with Waypoint Centre and attain further information regarding where the completed test should be saved and how the outcome should be reported.

For a study on an Australian sample please see Lauria, I., McEwan, T. E., Luebbers, S., Simmons, M., & Ogloff, J. R. (2017). Evaluating the Ontario domestic assault risk assessment in an Australian frontline police setting. *Criminal justice and behavior*, 44(12), 1545-1558.

New

Overview

Number of items *14*

Administration type *Interview*

Collateral Information *Yes*

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *Circumstances*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see: *D20/0832426*

Assesses the risk of a male offender assaulting his partner again

DVRAG is an actuarial tool that includes factors contained in the ODARA as well as more detailed clinical and psychological information. Similar to the ODARA, it assesses the risk that a male offender will assault his partner again and compares his risk with other male offenders convicted of domestic violence.

Scores are also associated with number and severity of new assaults and time until recidivism.

Key areas measured

- Offender, relationship (including children), victim characteristics
- Violent, non-compliance and non-domestic criminal histories; and index offence
- Substance use
- Custodial sentences
- Psychopathy

Eligibility and Exclusion

- Offenders convicted of domestic violence
- Only for offenders being assessed by the HRO Team

Test Notes

- Includes score from PCL-R, and requires the user to have completed PCL-R training
- Victim statements required

Practice Notes

Risk levels and factors could contribute to case and management planning.

Limitations with cultural and linguistically diverse groups as PCL-R interview required; and no Australian normative data.

Limited to offenders assessed by the HRO Team.

New

Overview

Number of items 24

Administration type *Structured Professional Judgement*

Collateral Information Yes

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *Circumstances*

Tier 3

Accreditation *Provisional-Operational*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see: *D20/0832504*

Assesses risk of future intimate partner violence

The SARA-V3 is a structured professional judgement for comprehensive assessment and management of risk for intimate partner violence. It assesses risk of future intimate partner violence and provides guidelines for management of risk in individuals suspected of, or who are being treated for, spousal abuse. It does not predict severity or lethality of the violence; and estimate the specific likelihood or absolute probability that an offender will commit intimate partner violence.

Key areas measured

- Nature of intimate partner violence
- Perpetrator risk factors
- Victim vulnerability factors

Eligibility and Exclusion

- Offenders with known history or suspected history of intimate partner violence.
- Ages 18 and over
- Males and females regardless of sexual orientation or culture

Test Notes

- Should be re-administered if offender reoffends, has new convictions or at events that are likely to increase risk of violence (e.g. separation)

Practice Notes

Assessors should be trained in administration of this assessment and should be kept abreast with updates in research relating to intimate partner violence.

No Australian norms.

Dynamic Appraisal of Situational Aggression

Ogloff & Daffern (2006)

Overview

Number of items 7

Administration type *Observation checklist*

Collateral Information *Required*

Administration time *5 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Case File*

Reassessment *Within 24 hours*

Tier 2

Accreditation *Accredited*

Reading level *N/A*

User *Correctional Officers, Nursing Staff, OS&P*

Training required *Yes by PBDS*

For test review see *D13/407686 & D20/0878247*

To assess and manage risk of imminent aggression

The DASA is used to assist in the prediction and management of imminent aggression over the following 24 hours. It is used to assess a person's current situation, mental state and current ability to manage events or situations and to predict levels of aggression.

It may be administered at multiple intervals during a 24 hour period to identify changes in behaviour which may result in aggressive or violent behaviour.

Key areas measured

- Imminent aggressive behaviour
- Dual risk of self harm and harm to others

Eligibility and Exclusion

- Suitable for males and females
- Caution to be used when administering on personality disordered populations
- Not appropriate for use in Community Corrections

Test Notes

- Individually administered
- 7 items requiring evidence through observations and official records
- Additional gaol-based items included to distinguish from psychiatric facility. These items are not scored.

Practice Notes

Used by the Personality and Behavioural Disorders Services (PBDS) and staff in centres which manage PBDS offenders. Can be used by staff to measure change in behaviours, provided that the staff are trained.

Examples of locations it may be used include segregation units, High Risk Management Correctional Centre, Mum Shirl Unit, Mental Health units, Additional Support Units, Acute Crisis Management Units (ACMUs) and Multi Purpose Units where 24 hour monitoring is available.

Short—Term Assessment of Risk and Treatability

Webster, Martin, Brink, Nicholls & Desmaris (2009)

**Pilot
Only**

Overview

Number of items 20

Administration type *Structured Professional Judgement*

Collateral Information Yes

Administration time 30 mins

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *3 months or less*

Tier 3

Accreditation *Pilot*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see: D20/0878266

Dynamic assessment of risk of violence to self and others, and treatability

The START is a structured professional judgements that provides a framework for clinicians to assess and manage short-term (i.e. weeks to months) risk of violence to self and others, and treatability. It assists clinicians in evaluating the individual's risk in violence, self-harm, suicide, unauthorised leave, substance abuse, self-neglect and being victimised. It uses dynamic variables and focuses on the individual's strengths and vulnerabilities. It is also intended to inform clinical interventions and assist in treatment and risk management plans.

Key areas measured

- Mental state and impulse control
- Social skills and relationships
- Occupation, recreation and self-care
- Substance use
- External triggers
- Support and resources
- Compliance and coping

Eligibility and Exclusion

- Adult offenders with a history of violence and high static factors.
- When there are concerns of immediate risk of violence.
- Can be administered during pre sentence stage, pre-release stage, within 6 weeks of sentencing, and at release.

Test Notes

- Risk estimates should be used to predict outcomes for a maximum of 3 months
- Can be conducted weekly if required
- Should be used in conjunction with other assessment and observation tools

Practice Notes

Minimum one full day of introductory START training and users should be familiar with the HCR-20.

For training see <https://training.concept.paloaltou.edu/courses/Short-Term-Assessment-of-Risk-and-Treatability>

Overview

Number of items	17
Administration type	<i>Structured Professional Judgement</i>
Collateral Information	Yes
Administration time	1-2 hours
Scoring	<i>Hand scored</i>
Location/Ordering	<i>Complete order form D14/379194</i>
Used test storage	<i>Psychology file</i>
Reassessment	6-12 months
Tier	1
Accreditation	<i>Provisional—Operational</i>
Reading level	N/A
User	<i>Psychologists</i>
Training required	<i>Familiarity with SPJ tools</i>
For test review see	D13/633342 & D20/1145992

Review factors related to the reduction of future violent behaviour

The SAPROF-II is a violence risk assessment tool specifically developed for the assessment of protective factors for adult offenders. It is intended to be used in addition to risk-focused structured professional judgment assessment tools, such as the HCR-20 but can also be used together with actuarial tools such as the VRS.

The SAPROF-II provides an overall judgment of the level of available protection from possible future violence. The SAPROF-II is suitable for assessment of violent offenders and can be used for the purposes of treatment planning/ guiding.

Key areas measured

- Internal protective factors
- Motivational factors
- External protections

Eligibility and Exclusion

- Violent Offenders Therapeutic Program (VOTP) and RMP offenders only
- Caution if used with remandees, females or offenders with cognitive impairment.
- Not to be used in court reports

Test Notes

- 3 Subscales
- Structured Professional Judgement tool with final protection judgement and integrative final risk judgement
- Test should not be used in isolation
- Ties in with Good Lives Model (GLM)

Practice Notes

To be used only within VOTP and RMP and only after general and specific violence risk assessments have been administered (i.e. it should be used in conjunction with a risk assessment). Caution should be used with offenders on remand, females, sex offenders or offenders with cognitive impairment. Can be used in research.

Users should have training/knowledge of in at least one structured professional judgement tool and the theoretical perspectives of protective factors.

Terrorist Radicalisation Assessment Protocol

Meloy, Roshdi, Glaz-Ocik, & Hoffman, 2015

New

Overview

Number of items	18
Administration type	<i>Structured Professional Judgement</i>
Collateral Information	Yes
Administration time	<i>Variable</i>
Scoring	<i>Hand scored</i>
Location/Ordering	<i>CVE programs</i>
Used test storage	<i>Secure location determined by Mgr. CVE</i>
Reassessment	<i>User discretion</i>
Tier	3
Accreditation	<i>Accredited</i>
Reading level	<i>N/A</i>
User	<i>CVE Psychologists/Senior Psychologists</i>
Training required	Yes
For test review see:	D20/0832512

To assess the risk of individual or lone-actor terrorism

The TRAP-18 is a rationally derived investigative template for risk of individual terrorism. It can assist in identifying 8 proximal warning behaviours and 10 distal characteristics associated with intended or targeted violence within the context of violent extremism, politically motivated violence and terrorism. As such it can help conceptualise a person of concern, develop risk scenarios and assist with case management.

Key areas measured

- Proximal warning behaviours
- Psychodynamic, psychobiological and psychosocial characteristics
- Chronic **and** distal characteristics

Eligibility and Exclusion

- Sentenced offenders; specifically those being considered under the Terrorism High Risk Offenders Act/ are under an Extended Supervision Order

Test Notes

- Should be used in conjunction with the VERA-2R and as part of a holistic assessment protocol
- Should be conducted using secure technology, work locations and information management systems
- Not gender specific, or culturally or language sensitive

Practice Notes

Specifically for use by the Countering Violent Extremism (CVE) program and/ or individuals who have knowledge, understanding and experience in threat assessments and management and those who are familiar with the instrument, its proper use and how to interpret their findings within the context of available research. The understanding of specific issues related to the context of politically motivated violence, violent extremism and terrorism is also necessary.

It can be used to determine an offender's trajectory on the pathways to intended or targeted violence.

Violent Extremist Risk Assessment—Version 2 Revised

Pressman, Duits, Rinne & Flockton (2012)

Overview

Number of items 34

Administration type *Structured Clinical Judgement*

Collateral Information *Required*

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *CVE programs*

Used test storage *Secure location determined by Mgr. CVE*

Reassessment *As required/ every 12 months*

Tier 2 / 3

Accreditation *Accredited*

Reading level *N/A*

User *CVE programs*

Training required *Yes*

For test review see *D17/819786 & D20/0832530*

Assesses the risk of violent extremism and terrorism

The VERA was co-developed between Elaine Pressman (Canada) and John Flockton (CSNSW). The VERA-2R, is a structured professional judgement assessment tool that is designed to assess the risk of politically motivated violence, violent extremism and terrorism. It is comprised of 34 indicators that are separated into five domains; and 11 additional items to assist with case formulation.

The VERA-2R has been designed to provide a structured and empirically supported approach to the assessment of dynamic risk and protective factors. The outcomes of the assessment can help inform risk, treatment and risk management (including case management) within community or custody.

Key areas measured

- Beliefs, attitudes and ideology
- Social context and intention
- History, action and capability
- Commitment and motivation
- Protective/ risk mitigating indicators

Eligibility and Exclusion

- Male and female offenders identified as at risk of radicalisation
- Offenders identified as vulnerable to committing an act of, or have convictions for, politically motivated violence, violent extremism or terrorism.

Test Notes

- Can be applied to persons of different gender, age, race, religion and culture
- Cannot predict who in the general population will become a violent extremist
- Low base rates for convicted terrorists preclude references to standardised normative data, predictive validity and reliability

Practice Notes

Currently only used by CVE programs staff. Specific VERA-2R training is required in order to use this tool.

The understanding of specific issues related to the context of politically motivated violence, violent extremism and terrorism is also necessary. It is the Commonwealth Attorney General's mandated risk assessment regarding recent High Risk Terrorist Offenders legislation.

Has been translated into other languages, including Indonesian and Tagalog.

Stalking Risk Profile

Mackenzie, McEwan, Pathe, James, Ogloff & Mullen (2009)

New

Overview

Number of items *81 risk factors*

Administration type *Structured Professional Judgement*

Collateral Information *Yes*

Administration time *1-2 hours*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *EDRMS Psychology file*

Reassessment *User discretion*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Recommended*

For test review see: *D17/819773 & D20/0878244*

Assessment of risk for stalking

The SRP is a structured professional judgement tool that is intended to facilitate the assessment and management of stalking behaviours. It classifies stalking behaviour based on motivation and nature of the perpetrator-victim relationship. Furthermore it provides clinicians with direction for the treatment and management of stalking offenders.

Key areas measured

- Stalking Violence
- Persistence
- Recurrence
- Psychosocial Damage

Eligibility and Exclusion

- Offenders 18 and above
- Offenders with stalking charges or behaviours
- Offenders with known Apprehended Violence Orders or those with a domestic violence history

Test Notes

- It is designed to be incorporated into a clinical interview
- Psychologist is expected to classify the offender's stalking behaviour, rate the risk factors and identify management factors and strategies

Practice Notes

A measure of psychopathy (e.g. PCL-R) is required to rate item V5. If a current assessment of psychopathy is not available then it is necessary to administer one in conjunction with the SRP, or rate item as unknown or omit item at user's discretion.

Psychologists should be familiar with structured professional judgement tools.

Validated on Australian samples.

CRIMINOGENIC NEEDS AND OFFENCE RELATED ASSESSMENTS

- Alcohol, Drugs and Addictions
- Antisocial Attitudes / Associates
- Education / Employment
- Impulsivity
- Sex Offending
- Violence and Aggression

Criminogenic Needs are those factors which contribute to the reoffending of individuals. They are generally dynamic in nature and tests used to assess these factors are a combination of lifestyle and person-based.

Offence related assessments look at the thoughts, feelings and behaviours associated with the type of crime committed. For example, the M-SOGS looks at gambling history as well as thoughts and feelings associated with pathological gambling.

While the LSI-R is comprehensive, it is insufficient to fully investigate all aspects of the various criminogenic or offence-related factors, and therefore further investigation may be warranted.

In general this group of assessments are not risk assessments, but may determine the severity of a problem and which interventions and treatments may be best suited.



Alcohol, Smoking and Substance Involvement Screening Test—Version 3.0

World Health Organisation (2007)

Overview

Number of items *8 per drug*

Administration type *Interview*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering [*Assessments intranet site*](#)

Used test storage *Case File/ History*

Reassessment *12 monthly*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *No restrictions*

Training required *No*

For test review see *D13/076704*

Information about psychoactive substance use

Developed by the World Health Organisation primarily for the healthcare field to identify AOD dependency.

The ASSIST is concerned primarily with health and harm issues rather than crime directly, however, a great amount of research links drug and alcohol abuse with criminal behaviours.

The ASSIST can provide pre and post measures of substance use behaviours in community settings.

Key areas measured

- Use of tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (including ecstasy), inhalants, sedatives, hallucinogens, opioids and 'other drugs'

Eligibility and Exclusion

- Available for AOD program eligible inmates
- Available for Medium to High Risk offenders who score yes on LSI-R items 39, 40 or 41

Test Notes

- Test length varies considerably — depending on the range of substances the individual has taken over last 12 months/lifetime
- May be used with the SDS test

Practice Notes

The ASSIST was especially designed for use with non-professional staff in the range of primary health care settings and settings such as forensic environments.

The ASSIST has been designed with brief intervention in mind and has been linked to significantly decreased illicit substance use 3 months later.

Alcohol Use Disorder Identification Test

World Health Organisation (1992)

Overview

Number of items 12

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering [Assessments intranet site](#)

Used test storage *Case File/ History*

Reassessment *N/A*

Tier 3

Accreditation *Accredited*

Reading level *N/A if interviewed*

User *No restrictions*

Training required *No*

For test review see D13/127280

Level of risk of harmful drinking

Ten items covering alcohol consumption (items 1-3), drinking behaviour related to dependence (items 4-6), adverse psychological reactions (items 7-8) and alcohol-related problems (items 9-10).

The AUDIT is a screening instrument to identify individuals with alcohol related problems within an international context that measures three theoretical dimensions of *consumption*, *dependence* and *alcohol related problems*. Concerned primarily with health and harm issues rather than crime directly, however, may be a useful tool in determining level and type of intervention.

Key areas measured

- Consumption of alcohol
- Alcohol dependence and related problems

Eligibility and Exclusion

- Available for AOD program eligible inmates, particularly Intensive Drug and Alcohol Treatment Program (IDATP)
- Available for Medium to High Risk offenders who score yes on LSI-R items 39 or 41
- May be used with the SDS test
- Can be tested as a self report, or as an interview

Test Notes

Practice Notes

May be used for AOD reports or determining level and type of intervention.

Drug Taking Confidence Questionnaire

Annis & Martin (1985)

Overview

Number of items *50*

Administration type *Self report*

Collateral Information *N/A*

Administration time *15 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Case File/ History*

Reassessment *Pre and post program*

Tier *3*

Accreditation *Accredited*

Reading level *Unknown*

User *No restrictions*

Training required *No*

For test review see *D13/076789*

Measures offender's confidence to maintain drug-free lifestyle

The DTCQ, assesses anticipatory coping self-efficacy over eight categories of high-risk situations for substance use—including drugs and alcohol. Clients report, on a 6-point Likert scale, how confident they are that they could resist the urge to engage in the use of drugs or alcohol in 50 different situations. Responses range from “not at all confident” to “very confident”.

Eight subscale scores are obtained providing a profile of a client's anticipated coping self-efficacy across eight types of high-risk situations.

Key areas measured

- Unpleasant/pleasant emotions
- Physical discomfort
- Urges and temptations
- Conflict with others or social pressure to use
- Pleasant times with others

Eligibility and Exclusion

- Not restricted
- Can be used with offenders regardless of illicit substances and alcohol

Test Notes

- Useful for report submission
- May be used as pre and post test for offenders with AOD related crimes

Practice Notes

Can be administered by OS&P or CCO staff and may be used as a pre-post measure in programs or as part of a pre-sentence or pre-release report. Used for research purposes at the Compulsory Drug Treatment Correctional Centre (CDTCC) and IDATP. The DTCQ-8 (shorter version) may also be used in place of the DTCQ.

Severity of Dependence Scale

Gossip, Darke, Griffiths, Powis, Hall & Strang (1995)

Overview

Number of items *5*

Administration type *Interview*

Collateral Information *No*

Administration time *< 5 mins*

Scoring *OIMS scored*

Location/Ordering [Assessments intranet site](#)

Used test storage *Case File*

Reassessment *Not required*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *No restrictions*

Training required *No*

For test review see *D13/076747*

Screening measure of psychological aspects of dependence

Provides a very brief, simple measure of alcohol and other drug dependence experienced by users of different substances. All five of the items are explicitly concerned with impaired control over drug taking and with preoccupation and anxieties about drug use.

Key areas measured

- Drugs of choice
- Anxiety about stopping use
- Difficulty of stopping

Eligibility and Exclusion

- All offenders with "Some" or "Considerable" need for improvement on the Drug and Alcohol domain of the LSI-R

Test Notes

- The SDS test has been validated across many illegal substances including all illicit substances, alcohol and prescription medications

Practice Notes

Dependency of drug use can be measured using the SDS test. This test would be useful for Pre-Sentence reports as well as determining which program/intervention offenders are best placed into.

Modified South Oaks Gambling Screen

Lesieur & Blume (1993)

Overview

Number of items 28

Administration type *Interview or self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *OIMS scored*

Location/Ordering *OIMS*

Used test storage *OIMS*

Reassessment *N/A*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *No restrictions*

Training required *Intranet*

For test review see *D13/127286 &
D20/1145942*

Identify the extent of problem gambling

The M-SOGS is a CSNSW modification of the South Oaks Gambling Screen designed to identify whether an offender has a gambling problem and the extent of that problem. It emphasises the financial implications arising from excessive gambling and uses Diagnostic Statistical Manual (DSM) IV criteria such as preoccupation, development of tolerance, irritability, and gambling as an escape.

Based on the results, offenders are divided into three categories: no gambling problem, some gambling problem and severe/considerable gambling problem.

Key areas measured

- Gambling history
- Gambling habits

Eligibility and Exclusion

- Can be used for offenders with gambling or offence-related gambling issues, particularly those who are eligible for an addictions type program.
- Should be used for those who score 0 or 1 on item 21 of the LSI-R due to gambling problems.

Test Notes

- High correlation with DSM-V diagnostic criteria
- Widely used test by many organisations

Practice Notes

Guidelines for use can be found on the Assessments Intranet webpage.

Offenders who score "some" or "considerable" gambling problem could be referred to Gamblers Anonymous and considered for Case Management Interventions and Practice Guide for Interventions.

Measure of Criminal Attitudes and Associates

Mills & Kroner (1999)

Overview

Number of items *2 parts (A & B)*

Administration type *Self report*

Collateral Information *N/A*

Administration time *15-20mins*

Scoring *Hand scored*

Location/Ordering *OIMS*

Used test storage *Case File*

Reassessment *Within 20 weeks*

Tier *3*

Accreditation *Accredited*

Reading level *Grade 5*

User *No restrictions*

Training required *No*

For test review see *D13/565767 & D20/1145861*

Assessment of anti-social attitudes and companions

Under the RNR model of reducing reoffending two of the “Big 4” factors that contribute most to reoffending include an offender’s antisocial thinking and their antisocial associates.

The MCAA provides a measure of antisocial attitudes and looks at an offender’s associates who are central to identifying criminal thinking and behaviours. The MCAA is a two-part instrument. Part A is a self-report measure that quantifies the number of criminal associates a person reports to have. Part B is an attitude measure consisting of four scales.

Key areas measured

- Anti-social attitudes
- Criminal attitudes
- Treatment changes
- Program evaluation

Eligibility and Exclusion

- Not to be administered during intoxication, acute mental illness or while on remand
- Can be used if the LSI-R identifies that attitudes are a criminogenic need

Test Notes

- Individual or group administration
- Can be used for pre and post measures for treatment /program assessment

Practice Notes

The MCAA can be used by a range of staff with experience/expertise in assessing offenders. It could be used on offenders who are program eligible or who score in the moderate risk of reoffending or above, particularly those who score either 4/ 5 on the “Companions” domain of the LSI-R or 3/ 4 on the “Attitude/Orientation” domain.

The MCAA is no longer a pre-requisite assessment for the EQUIPS (Explore, Question, Understand, Investigate, Practice, Succeed) programs, but can still be used as part of Intensive Treatment Programs, ITP (Group Director OS&P Memo 2019/04).

Psychological Inventory of Criminal Thinking Styles: Version 4.0

Walters (2006)

New

Overview

Number of items	80
Administration type	Self report
Collateral Information	N/A
Administration time	15-30 mins
Scoring	Spreadsheet
Location/Ordering	Developer—G. Walters
Used test storage	Psychology/ CDTCC Treatment file
Reassessment	Nil specified
Tier	3
Accreditation	Accredited
Reading level	Grade 8.2-12.0
User	See Practice Notes
Training required	No
For test review see	D13/111355 & D21/1026599

Measures eight thinking styles that support a criminal lifestyle

The PICTS is a questionnaire that measures 8 thinking styles that are believed to support a criminal lifestyle. These thinking styles are: Mollification, Cut-Off, Entitlement, Power Orientation, Sentimentality, Super-Optimism, Cognitive Indolence and Discontinuity. The 3 thinking style scales that have the highest T scores are hypothesized to be most apt to influence the respondent's actions and decisions.

Proactive and Reactive composite scales indicates the presence and nature of a belief system supportive of a criminal lifestyle.

Key areas measured

- Criminal thinking styles
- Problem avoidance, interpersonal hostility, self-assertion/ deception, and denial of harm
- General content of thoughts
- Proactive and reactive thoughts
- Fear of change

Eligibility and Exclusion

- Medium-high risk male and female offenders
- 18 years old and over
- CDTCC participants; to develop treatment/ personal plans and as a pre and post treatment measure
- 6 Grade reading or comprehension level

Test Notes

- 4 Factor, 2 general content and 1 special scales are available to supplement interpretation
- Each item is scored on a 4-point Likert scale
- 2 validity scales
- Paraphrasing and explanation of questions permitted

Practice Notes

At a minimum, high school education is required to administer and score the PICTS. A professional with a minimum Master's level, is required to oversee the administration or scoring process. A professional with a minimum education level of a Master's degree in psychology or a related social science discipline is required to interpret the PICTS.

The PICTS can be administered individually or in a group setting; and caution is advised when using translated versions. It is recommended that it is not the only component used to assess treatment needs and that it is used in conjunction with other assessment instruments.

New

Overview

Number of items	35
Administration type	Self report
Collateral Information	N/A
Administration time	<15 mins
Scoring	Spreadsheet
Location/Ordering	Complete order form D14/379194
Used test storage	Psychology/ CDTCC Treatment file
Reassessment	Nil specified
Tier	3
Accreditation	Accredited
Reading level	Unknown
User	No restrictions
Training required	No
For test review see	D13/053399 & D21/1026674

Measures offenders' attitudes towards offending and perception of current problems

Crime-PICS II is the successor to the Crime-PICS. It is a questionnaire where 20 items measures the offender's attitudes, and another 15 items lists a number of common problem areas.

The Crime-PICS II provides 5 scores and a profile of the offender. The main score represents the offender's general attitude to offending at the point in time at which the test was administered. High scores indicate that the offender has attitudes which endorses involvement in crime or problems in many areas of the offender's life.

Key areas measured

- Current status and history of offending
- General attitude to offending
- Anticipation of reoffending
- Victim hurt denial
- Evaluation of crime as worthwhile
- Perception of current life patterns

Eligibility and Exclusion

- CDTCC participants; to develop treatment/ personal plans and as a pre and post treatment measure

Test Notes

- Scaled scores can be calculated
- Scores can be aggregated to evaluate general patterns of change
- Can be administered a number of times; and can monitor changes
- Individual or group administration
- Items can be paraphrased or explained

Practice Notes

It offers a standardised means of measuring changes in offenders' attitudes to offending. A reduction in raw scores is interpreted as an improvement in the offender's attitude or a reduction in the number of problems in the offender's life. It therefore can be used to assist in the development of treatment plans for offenders. With the exception of CDTCC, it is however highly advised that it not be used as a pre- or post-measure to evaluate interventions until further research has been conducted within CSNSW.

It can be used by any staff with experience or expertise in assessing offenders. Normative sample consisted of UK probation offenders.

Education and Employment Plan

Corrective Services NSW (2021)

Overview

Number of items *N/A*

Administration type *Interview*

Collateral Information *N/A*

Administration time *60 mins*

Scoring *Not scored*

Location/Ordering *EDRMS*

Used test storage *OIMS*

Reassessment *Yearly; see Practice Notes*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *ESCs or APOs*

Training required *N/A*

Full education and work history and goals

The EEP provides a comprehensive history of an inmate's schooling, education and employment interests and aspirations.

Key areas measured

- School history
- Work history
- Educational interests
- Career Interests

Eligibility and Exclusion

- All inmates—Remand and Sentenced are eligible

Test Notes

- The EEP is an internal CSNSW assessment and undergoes periodical internal review.

Practice Notes

D17/455837 Practice Note—Corrective Services Industries (CSI) Education—OIMS—Education and Employment Planning.

Should be readministered if the inmate is relocated to another centre or upon completion of a qualification.

Overview

Number of items *94*

Administration type *Checklist of observations*

Collateral Information *N/A*

Administration time *15-20 mins*

Scoring *Not scored*

Location/Ordering *OIMS*

Used test storage *OIMS*

Reassessment *1-6 monthly*

Tier *3*

Accreditation *Accredited*

Reading level *N/A*

User *Overseers*

Training required *Yes**

Identification of current employability skills

The WRA is conducted by Overseers on inmates as part of the Work Readiness Program in all correctional centres with CSI Business Units. The overseer observes and records 7 workplace skills aligned to the Core Skills for Work Developmental Framework which are relevant for an inmate's employability after release. The Overseer then motivates the inmate to develop their skills to improve employability.

The final OIMS report has been designed to act as a participation report for prospective employers after release.

Key areas measured

- Work with roles; rights; protocols
- Communicate for work
- Connect and work with others
- Recognise and utilise diverse perspectives
- Plan and organise
- Make decisions
- Identify and solve problems

Eligibility and Exclusion

- Sentenced inmates in the moderate to high risk groups of reoffending.
- Inmates employed in a CSI Business or Service Unit with at least 6 months to serve

Test Notes

- Skill areas are measured on a scale from Novice to Expert (1-5)
- Improvements are tracked during the work readiness program and captured in a participation report

Practice Notes

Overseers and Senior Overseers should refer to CSI policy and procedures regarding the use of the WRA.

Overseers conducting the WRA should have completed training in Motivational Interactions and the Work-Readiness e-learning module.

Overview

Number of items *30*

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 -20 mins*

Scoring *Hand scored*

Location/Ordering *Available online*

Used test storage *Psychology file; HIPUs
-Case Management file*

Reassessment *Post program*

Tier *3*

Accreditation *Accredited*

Reading level *6.2*

User *OS&P*

Training required *No*

For test review see *D13/111409 &
D20/0851035*

Assesses impulsiveness personality traits

Impulsivity is characterised by the inclination of an individual to initiate behaviour without adequate forethought as to the consequences of their actions or acting on the spur of the moment.

The BIS-11 examines several factors related to impulsivity including a person's ability: to control, to plan, to act rashly or premeditate, to anticipate the future consequences of actions and to follow through on a task.

Highly relevant for violent, sex and acquisitional offenders.

Key areas measured

- Attention
- Motor
- Self control
- Cognitive complexity
- Perseverance
- Cognitive instability

Eligibility and Exclusion

- Offenders in the moderate to high risk of reoffending groups
- Suitable for At Risk (of self harm/ suicide) Inmates

Test Notes

- Available in the public domain
- No scoring manual or scoring template exists
- Scored to yield a total score, 3 second order factors and 6 first order factors.

Practice Notes

Suitable for use by HIPUs and General Psychologists, may also be useful as a pre and post test measure. Interpretation of the BIS-11 however requires a Psychologist, as there are no guidelines for scoring available in the public domain.

Barratt Impulsiveness Scale-Brief retains the 3 factor structure and is being considered by the AMC at the time of print. Contact Assessments@dcj.nsw.gov.au for information on progress. See also www.impulsivity.org/measurement/bis11

Overview

Number of items 16

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Sex offender programs*

Used test storage *Psychology file*

Reassessment *Post program*

Tier 3

Accreditation *Provisional*

Reading level *Unknown*

User *Psychologists*

Training required *No*

For test review see *D13/079667 & D16/210675*

Measures the use of sex as a coping mechanism

Sexual offenders consistently report using sexual activities, both consenting and non-consenting, as a coping strategy to deal with stressful and problematic situations in their lives. Sex as a coping strategy has also been found to be predictive of sexual aggression.

The CUSI, was developed to assess the presence of and the degree to which sex has been used to deal with problematic situations.

Key areas measured

- Sexualised coping including sexual behaviour and fantasies

Eligibility and Exclusion

- Male sex offenders who have consented to participate in sex offending programs

Test Notes

- Has potential for research when used as pre/post measure

Practice Notes

No required qualifications for those administering the assessment, however, scoring and interpretation should be conducted by Psychologists experienced in working with Sex Offenders.

Being a self report test the CUSI is susceptible to a social desirability bias and is best conducted as part of a battery of tests. Results of the test can be incorporated into treatment.

Miller Social Intimacy Scale

Miller and Lefcourt (1982)

Overview

Number of items *17*

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *See EDRMS
16/58283*

Used test storage *Psychology file*

Reassessment *Post program*

Tier *4*

Accreditation *Accredited*

Reading level *Unknown*

User *Psychologists*

Training required *No*

For test review see *D13/054483*

Assesses intimacy in adult relationships

Sexual offenders' intimacy deficits and fear of intimacy in their close relationships are considered to be influential in the aetiology and maintenance of deviant sexual behaviour.

The MSIS measures intimacy, intimacy deficits and fear of intimacy, requiring respondents to assess the frequency of certain behaviours and evaluate the affect and emotion in their close relationships. The scale is used to measure intimacy within the context of either marriage or a friendship. It is usually administered prior to, and after, sex offender treatments.

Key areas measured

- Closeness between partners in adult relationships
- Cognitions and emotions experienced in relationships
- Disclosure in relationships

Eligibility and Exclusion

- Offenders targeted for sex offender treatment programs

Test Notes

- Available in the public domain
- 2 items reverse scored

Practice Notes

No required qualifications for those administering the assessment, however, scoring and interpretation should be conducted by Psychologists experienced in working with Sexual Offenders.

Can be used as a pre and post treatment measure for sex offender treatment.

UCLA Loneliness Scale (Version 3)

Russell (1996)

Overview

Number of items *20*

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *Available online*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier *5*

Accreditation *Accredited*

Reading level *Unknown*

User *Psychologists*

Training required *No*

For test review see *D13/122938*

Assesses subjective feelings of loneliness or social isolation

Loneliness is a universal emotional and psychological experience. It can be a normal experience that leads individuals to achieve deeper self-awareness/creativity, however, the experience of loneliness is often unpleasant and distressing, leading to various responses such as co-dependency, alcohol and drug misuse.

In CSNSW the UCLA (University of California, Los Angeles) Loneliness Scale is mainly used with sex offenders, as loneliness is considered to be a potential risk factor for this type of offender.

Key areas measured

- Loneliness

Eligibility and Exclusion

- Offenders with self-injurious behaviour
- Offenders in treatment for sexual crimes
- Administration with offenders with intellectual disability, may be difficult as some of the concepts may be difficult to understand

Test Notes

- Likert scaled self report test
- May need to reorient offender to time period just before offending

Practice Notes

For use as an assessment tool where loneliness is a risk factor for reoffending or for self-injurious behaviour by an offender in custody or the community.

May also be used for sex offenders in treatment or under supervision

Wilson Sex Fantasy Questionnaire

Wilson (1978)

Overview

Number of items 40

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Sex offender programs*

Used test storage *Psychology file*

Reassessment *Post program*

Tier 3

Accreditation *Accredited*

Reading level *Unknown*

User *Psychologists*

Training required *No*

For test review see D13/086308 & D20/0851044

Deviant Vs. non-deviant fantasies

Indicates the nature or type of sexual fantasies experienced by the individual and can be used to discriminate between deviant and non-deviant fantasies. It was developed for those who have committed a sexual offence and can be used to inform treatment decision and risk assessment.

Key areas measured

- Exploratory fantasy types
- Intimate fantasy types
- Impersonal fantasy types
- Sadomasochistic fantasy types

Eligibility and Exclusion

- Sex offenders who have consented to participate in sex offending programs

Test Notes

- Has potential for research as it is used as pre/post measure
- Has potential for measuring treatment progress
- Provides a way for respondents to express concerns about sexual fantasies without discussing them openly

Practice Notes

No required qualifications for those administering the assessment, however, scoring and interpretation should be conducted by Psychologists experienced in working with Sex Offenders.

Being a self report test the WSFQ is susceptible to a social desirability bias and is best conducted as part of a battery of tests.

New

Overview

Number of items *74*

Administration type *Self report*

Collateral Information *Recommended*

Administration time *20 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *2 weeks*

Tier *3*

Accreditation *Accredited*

Reading level *Year 5*

User *Psychologists*

Training required *No*

For test review see *D21/1026532*

Measures the severity of dysfunction for multiple different aspects of anger

The ADS is an inventory that measures clinically dysfunctional anger and the cognitions and motives associated with anger. The Reactivity/ Expression score reflects the tendency to externally express anger. The Anger-in Score reflects the tendency to internalise the anger response. The Vengeance score reflects the tendency to perceive injustices and take revenge following an anger response.

The ADS provides measures of rumination, social rejection, suspiciousness, resentment, brooding, vengeance, revenge and indirect aggression. Scores can be used to determine the level of treatment that is appropriate for the offender, and potential treatment targets. It can also measure treatment change.

Key areas measured

- Subscales: Provocations, Arousal, Cognitions, Motives, and Behaviours
- Higher order factors: Reactivity/ Expression, Anger-in, and Vengeance

Eligibility and Exclusion

- Offenders that appear to have distress or dysfunction related to anger
- 18 years old or older

Test Notes

- Has Positive Impressions Index to discern between true responses and socially desirable responding
- Normative values are provided for males and females, grouped by age range
- Individual or group administration

Practice Notes

Users should have experience in conducting assessments with offenders. For Provisional Psychologists with minimal experience it may be appropriate for a supervisor to cross-score the form to ensure accuracy.

The ADS was normed on multiple American samples. The majority were Caucasian, Hispanic or African American. No significant differences were found for ethnicity and so there are no separate normative values according to ethnicity. It however has American terms and so offenders may require definitions when taking the test.

Assessment and Classification of Function Plus

Daffern & Howells (2009); Klonsky (2007)

Overview

Number of items 16

Administration type *Semi-structured interview*

Collateral Information Yes

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *PBDS*

Used test storage *Psychology file; Case Notes*

Reassessment *Once per incident*

Tier 3

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *See Practice Notes*

For test review see *D13/111633 & D20/1145796*

Identifies potential functions of recent aggressive and self-harming behaviours

According to the authors aggressive behaviour can usefully be viewed as having some function for the individual. The ACF+ is a semi-structured interview that identifies potential functions of aggression in offenders who have recently acted aggressively.

Each function is reviewed to determine whether there is evidence for them contributing to the act or acts.

Key areas measured

- 16 functions of aggression including avoidance, force compliance, expression, acquire goods, enhance status
- No obvious functions

Eligibility and Exclusion

- Can be used in community or custodial settings
- Restricted to offenders who have recently committed an aggressive or violent act

Test Notes

- Semi-structured interview
- Available from the Personality and Behavioural Disorders Services Unit

Practice Notes

Collateral information should be sought, from files and Incident Reporting Module screens/reports.

May be used with offenders in mainstream or segregation or to develop management plans, as part of segregation reviews. Results of assessment should also be case noted and communicated to general staff who have responsibility for managing the offender.

A familiarisation package is available to Psychologists from the Coordinator, PBDS.

Novaco Anger Scale—Provocation Inventory

Raymond Novaco (2003)

Overview

Number of items *85*

Administration type *Self report*

Collateral Information *No*

Administration time *25 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Case Management/
Psychology file*

Reassessment *Post program*

Tier *3*

Accreditation *Accredited*

Reading level *Year 4*

User *See Practice Notes*

Training required *No*

For test review see *D13/111311 &
D20/0878254*

How individuals experience anger and provocation

The NAS-PI is a two-part test designed to assess anger as a problem of psychological functioning and physical health, as well as to provide an index of anger intensity and generality across a range of potentially provocative situations. It is intended to be used as a measurement tool for individual assessment, therapeutic change, outcome evaluation and research.

The Novaco Anger Scale (60 items) tells you how an individual experiences anger; and the Provocation Inventory (25 items) identifies the kinds of situations that induce anger in particular individuals.

Key areas measured

- General inclination towards anger
- Beliefs and attitudes about anger
- Anger arousal, behaviours and regulation
- Provocations causing anger reactions

Eligibility and Exclusion

- Offenders with anger-related offences
- Offenders presenting with violence or aggression
- Violence/ aggression program eligible offenders

Test Notes

- Has potential for research when used as pre/post measure
- Has potential for measuring treatment progress

Practice Notes

Not a diagnostic tool and therefore recommended to be used with other anger measures.

No specific training is required, however, the assessment can be used by suitably qualified professionals with an experience/expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors.

RESPONSIVITY ASSESSMENTS

- Client/ Worker Alliance & Social Climate
- Language and Literacy
- Malingering
- Problem Solving
- Social Desirability
- Treatment Readiness

Responsivity is the third of the RNR principles and assessments in this area examine aspects of the offender which may impede their successful progress in interventions.

Responsivity assessments ask the questions “How will the offender respond to this treatment/intervention?” and “How can we improve the likelihood that the offender will *respond* to the interventions provided?”

If the offender cannot read or write, he will not benefit from written homework. If the offender does not speak English to a sufficient level, he will not gain anything from group discussion. If the offender isn't ready to complete a program because he doesn't believe he will gain any benefit, we must demonstrate the value of programs and “sell” them.



Schalast, Redies, Collins, Stacy & Howells (2008)

Overview

Number of items 17

Administration type *Self report*

Collateral Information *N/A*

Administration time *5 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Program unit files*

Reassessment *Mid and end program*

Tier 4

Accreditation *Accredited*

Reading level *N/A*

User *Program staff*

Training required *N/A*

For test review see *D15/409281 & D20/1144574*

Social climate of residential therapeutic units

It is widely recognised that clinical/ rehabilitation settings plays a part in the effectiveness of interventions and intensive programs. The physical and social context in which the participant and the program coincide can impact on the quality of treatment as well as the client's ability to implement skills and make change.

The EssenCES is designed to measure features of the social climate in correctional settings and may be particularly useful for use in CSNSW residential/ therapeutic locations.

Key areas measured

- Supportiveness of therapeutic needs of the individual
- Experienced safety from aggression
- Cohesion and support provided

Eligibility and Exclusion

- Offenders and staff in ITP locations

Test Notes

- 17 item self report inventory
- 4 point Likert scale

Practice Notes

This assessment may be used with group participants and staff in intensive residential program locations.

Intervention Group Environment Scale

Wilson, Hanse, Tarakeshwar, Neufield, Kochman & Sikkema (2008)

Overview

Number of items 12

Administration type *Self report inventory*

Collateral Information *N/A*

Administration time *5 mins*

Scoring *Hand scored*

Location/Ordering *D16/501353*

Used test storage *Program unit files*

Reassessment *Post program or as required*

Tier 4

Accreditation *Provisional—R&E purposes only*

Reading level *Year 6*

User *All staff*

Training required *No*

For test review see *D15/409296 & D20/1144621*

Indication of an intervention group climate

The I-GES provides a 3 dimensional indicator designed to assess features of the social and functional environment of therapeutic groups which may be used to improve responsivity and therapeutic outcomes of any treatment group.

The assessment looks at aspects such as positive attachments between group members, perceptions of how the intervention is organised and managed by facilitators and any negative interactions which may be counterproductive within the group.

Could be useful for program research as well as a basis to improve responsivity.

Key areas measured

- Group cohesiveness
- Group implementation and preparedness
- Counterproductive activity

Eligibility and Exclusion

- Pre, mid and post programs
- Program participants, particularly intensive programs
- Case Management relationships in custody or the community
- Used only for R&E purposes

Test Notes

- Self reported questionnaires
- 5 point Likert style
- Form available at D16/501353

Practice Notes

Research only

This assessment may be used with group participants at the beginning, middle and end of the group, or periodically for open groups.

Provisionally accredited for R&E purposes. Contact Directors, Statewide Programs or Corrections Research Evaluation Statistics—or Manager, Assessment and Case Management - for further information.

Working Alliance Inventory—Short Revised

Hatcher & Gillaspay (2006)

Overview

Number of items 12

Administration type *Self report inventory*

Collateral Information *N/A*

Administration time *5 mins*

Scoring *Hand scored*

Location/Ordering *Available [online](#)*

Used test storage *Case Management file*

Reassessment *Post program or as required*

Tier 4

Accreditation *Accredited*

Reading level *Year 6*

User *All staff*

Training required *No*

For test review see *D15/409286 & D20/1144365*

Indication of therapeutic alliance in interventions

Originally developed in the 1980s, and updated in the 2000's, the WAI-SR is designed to measure features of the working relationship between a client and their case managers/ therapists/ facilitators. The WAI-SR can be administered to both groups to measure the quality and functioning of their working alliance.

This short assessment may be administered to examine and provide feedback on the relationship between the individual and therapist. Areas measured include bond (personal attachment between client and staff), goals (agreement on outcomes), and tasks (agreement on the activities of the intervention).

Key areas measured

- Client / staff bond
- Agreed goals
- Agreed tasks

Eligibility and Exclusion

- Pre, mid and post programs
- Program participants, particularly ITP
- Case Management relationships in custody or the community

Test Notes

- Self reported questionnaires
- 5 point Likert style
- Various forms available at <http://wai.proffhorvath.com/downloads>

Practice Notes

This assessment may be used, primarily with offenders undergoing ITP such as the IDATP, sex offender programs and VOTP—to examine the power of the therapeutic alliance between facilitator/therapist and participant.

The WAI-CM may also be useful for examining the therapeutic alliance of any case management relationship between an offender and a staff member/ case worker.

Education Intake Screening

Educational and Vocational Training - Corrective Services NSW (2021)

Overview

Number of items	<i>25 in two parts</i>
Administration type	<i>Supervised test</i>
Collateral Information	<i>N/A</i>
Administration time	<i>1 hour</i>
Scoring	<i>Vocational Indicator scored automatically</i>
Location/Ordering	<i>N/A</i>
Used test storage	<i>OIMS</i>
Reassessment	<i>12 months/ Completion of Foundation Skills prog</i>
Tier	<i>2</i>
Accreditation	<i>Accredited</i>
Reading level	<i>Measured by this assessment</i>
User	<i>APOs/ESCs</i>
Training required	<i>No</i>
For test review see	<i>D13/076412 & D16/210126</i>

Measures literacy and numeracy levels of offenders

Literacy skills are a requirement, not just for many programs and interventions, but for life. The EIS refers to one of two assessments used by CSI—Education to measure the numeracy and literacy of inmates. The Core Skills Assessment (CSA) measures numeracy and reading skills and is used in most cases. The “Vocational Indicator” is used as a standardised computer based test.

Key areas measured

CSA (using the Vocational Indicator)

- Reading.
- Numeracy.

Eligibility and Exclusion

- All inmates (remand and sentenced with 6 months or more) are eligible for the EIS

Test Notes

- The CSA is conducted under exam conditions
- The CSA can be administered to individuals or groups
- The higher the score the better the reading, writing and numeracy

Practice Notes

D17/536359 Practice Note—CSI Education—OIMS—Core Skills Assessment.

Australian Core Skills Framework LEVELS OF READING, WRITING AND NUMERACY ARE FOUND at D17/615521.

Miller Forensic Assessment of Symptoms Test

Miller (2005)

Overview

Number of items 25

Administration type *Individual interview*

Collateral Information *Required*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *2 / 5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *No*

For test review see *D15/409398 &
D21/0767670*

Probability of feigning a psychiatric illness

The M-FAST is a 25-item screening interview for adults that helps assess the likelihood that an individual is feigning psychiatric illness.

The M-FAST offers an objective indication of whether inmate is or is not malingering for follow up with further assessment if required.

Key areas measured

- Reported vs. Observed symptoms
- Extreme Symptomology
- Rare Combinations
- Unusual Hallucinations and Symptom Course
- Negative Image
- Suggestibility

Eligibility and Exclusion

- Any offenders who may be suspected of malingering psychopathology due to presentation and/or ulterior motive for assessment and case formulation
- Addresses high illiteracy rates

Test Notes

- Brief 25 item screening interview
- Total score provides estimate that the respondent is malingering
- Scale scores help to explain how he/she is attempting to malingering

Practice Notes

The M-FAST should be used to assess for only feigned psychopathology and can only be used for screening purposes. It may also be used with specific needs offenders

For a systematic review that suggests that the M-FAST has utility when applied to diverse cultures or translated into another language; see Nijdam-Jones, A., & Rosenfeld, B. (2017). Cross-Cultural Feigning Assessment: A Systematic Review of Feigning Instruments Used With Linguistically, Ethnically, and Culturally Diverse Samples. *Psychological Assessment*, 29(11), 1321–1336. <https://doi.org/10.1037/pas0000438>

Social Problem Solving Inventory—Revised

D’Zurilla, Nezu & Maydeu-Olivares (2007)

Overview

Number of items 52

Administration type *Self report*

Collateral Information *N/A*

Administration time *15-20 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *Post program*

Tier 2

Accreditation *Accredited*

Reading level *Year 4*

User *Psychologists*

Training required *No*

For test review see *D13/075846 &
D21/0767839*

Indicates offender’s problem solving abilities

Provides a global indicator of an offender’s problem solving abilities and style. The higher the score, the more constructive and effective problem solving methods are employed and the more solutions can be generated.

Can also determine an individual’s problem-solving strengths and weaknesses so that deficits can be addressed and treatment progress can be tracked.

Key areas measured

- Rational Problem Solving
- Problem definition and formulation
- Generation of alternatives
- Decision Making
- Solution implementation
- Impulsivity/Carelessness style
- Avoidance style

Eligibility and Exclusion

- Can be used with offenders who have been accepted into medium to high intensity programs such as sex offender programs and VOTP

Test Notes

- Short or Long version available

Practice Notes

No required qualifications for those administering the assessment, however, scoring and interpretation should be conducted by Psychologists.

Being a self report test the SPSI-R is susceptible to a social desirability bias and is best conducted as part of a battery of tests. Furthermore, it has been normed on a Spanish sample and a Chinese version of the scale demonstrated a structure that was consistent with the original SPSI-R.

Overview

Number of items 40

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 2

Accreditation *Accredited*

Reading level *Year 5*

User *Psychologists*

Training required *No*

For test review see *D13/075579*

Tendency towards socially desirable responding

The PDS (formerly known as the Balanced Inventory of Desirable Responding - BIDR) measures an individual's tendency to give socially desirable responses on self-report instruments. Two principal and relatively independent subscales are reported: Self-Deceptive Enhancement - the tendency to give honest but inflated self-descriptions and Impression Management - the tendency to give inflated self-descriptions.

The PDS assesses socially desirable responding either as a response set (related to situational demands) and/or a response style (a more stable, trait-like tendency).

Key areas measured

- Self Deceptive Enhancement
- Impression Management

Eligibility and Exclusion

- Offenders accepted into medium to high intensity programs such as sex offender programs and VOTP, who have undertaken one or more self report questionnaires investigating cognitive, affective, volitional, attitudinal and behavioural concepts and historical events

Test Notes

- Uses Likert scales
- Brief and easy to score

Practice Notes

No required qualifications for those administering the assessment, however, scoring and interpretation should be conducted by Psychologists.

Corrections Victoria Treatment Readiness Questionnaire

Casey, Day, Howells & Ward (2007)

Overview

Number of items 20

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *OIMS*

Location/Ordering *OIMS*

Used test storage *OIMS*

Reassessment *Post program*

Tier 2

Accreditation *Accredited*

Reading level *Year 7*

User *No restrictions*

Training required *Yes*

For test review see *D13/075637 & D20/1144508*

Indication of readiness to complete programs

The CVTRQ/TRQ is a 20 item self report assessment based upon the theoretical model of offender treatment readiness articulated by Ward, Day, Howells and Birgden (2004) to measure likelihood of successful intervention responses. The higher the score, the higher degree of readiness to participate and engage in treatment.

The TRQ is the tool used by CSNSW to estimate the level of program and other treatment readiness of individual offenders and to predict treatment engagement and successful outcome in terms of positive attitude and behavioural change.

Reference: Ward, T., Day, A., Howells, K., & Birgden, A. (2004). The multifactor offender readiness model. *Aggression and Violent Behavior, 9*, 645-673.

Key areas measured

- Attitudes and motivation towards treatment
- Emotional Reactions to the offending behaviour
- Offending Beliefs and responsibility taking
- Efficacy in terms of beliefs about the ability to change

Eligibility and Exclusion

- Medium-High risk offenders considered for intervention
- Inmates and community offenders eligible

Test Notes

- Likert Scale pen and paper instrument entered onto OIMS by staff administering it
- Cut-off point of 72—above which offenders score as “Program Ready” . Offenders scoring less than 72 deemed as requiring “Program Preparation”

Practice Notes

Optimal time for administration is prior to completing a case plan or suitability assessment. Brief e-learning training modules are available on the intranet under Assessments.

Offenders scoring less than 72/100 (those requiring “Program Preparation”) require specific intervention before acceptance into a program. This could be in any of the key areas measured. This intervention could be in the form of motivational interviewing etc.

MacArthur Perceived Coercion Scale

Gardner, W., Hoge, S. K., Bennett, N., Roth, L. H., Lidz, C. W., Monahan, J. & Mulvey, E. P. (1993)

New

Overview

Number of items 5

Administration type *Self report*

Collateral Information *N/A*

Administration time *5 mins*

Scoring *Hand scored*

Location/Ordering www.macarthur.virginia.edu/; or CDTCC staff

Used test storage *Psychology/ CDTCC Treatment file*

Reassessment *Post program*

Tier *4*

Accreditation *Accredited*

Reading level *Unknown*

User *OS&P & CCOs*

Training required *N/A*

For test review see D21/0959793

Assess individual's perception of coercion in being referred for treatment

The MPCS was initially designed to assess an individual's perception of degree of choice and control in being referred for mental health treatment. It is a subscale of the MacArthur Admission Experience Survey that can be administered to attain a measure of perceived coercion.

Since MPCS' initial development, it has been administered on its own and modified in research studies that have been conducted on offender populations. A modified MPCS was used by the Bureau of Crime Statistics and Research to evaluate the Compulsory Drug Treatment Program. It is this modified version of the MPCS that is being used in CDTCC.

Key areas measured

- Freedom
- Choice
- Idea
- Control
- Influence

Eligibility and Exclusion

- Offenders in CDTCC
- Offenders receiving mandated treatment

Test Notes

- Score ranges from 0-5; or 0-10 for the modified version that is used in CDTCC
- Can be administered individually or in a group setting
- True/ False items

Practice Notes

The MPCS can be used by a range of staff with experience/ expertise in assessing offenders.

Texas Christian University Correctional Residential Self Rating Form at Intake

Simpson & Knight (1998)

New

Overview

Number of items 94

Administration type *Self report*

Collateral Information *N/A*

Administration time *20 mins*

Scoring *Hand scored*

Location/Ordering *Online via ibr.tcu.edu*

Used test storage *Psychology/ CDTCC
Treatment file*

Reassessment *6 monthly*

Tier *2*

Accreditation *Accredited*

Reading level *Grade 6*

User *No restrictions*

Training required *Recommended; see
Practice Notes*

For test review see *D13/076510 &
D21/1026586*

Assesses psychosocial and motivational barriers related to drug-using behaviour change

The SRF provides a profile of psychosocial functioning associated with Severe Substance Use Disorder and responsivity needs. Such a profile provides information in regards to how the offender will respond to AOD treatment. Higher scores indicate more presence of the psychosocial and motivational barriers to changing AOD-related behaviours.

Key areas measured

- Psychological functioning
- Social functioning
- Motivation for treatment

Eligibility and Exclusion

- Offenders that appear to have a significant AOD problem
- Offenders requiring moderate to high intervention to address drug-related offending
- 18 year old or older

Test Notes

- Individual or group administration
- 7-point Likert scale
- CDTCC has computer scoring

Practice Notes

At a minimum, users should have tertiary qualifications in social/ human sciences that is appropriate in AOD treatment contexts. It is recommended that they are trained in the management of AOD problems.

The normative sample specifically consisted of people within the Southern State of Texas.

ATTITUDES/ BELIEFS

- Locus of Control
- Self Esteem

The instruments listed under this category assess an offender's perception or beliefs about his/ her feelings about him/ herself, events, the law, others (such as victims), or objects.

The MCAA may be found under the Criminogenic Needs section of this compendium.



Goodman, Leggett and Garrett Locus of Control

Goodman, Leggett & Garrett (2007)

Overview

Number of items *20*

Administration type *16 self report + 4 cartoon scenarios*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *See EDRMS 16/58272*

Used test storage *Case File/ History*

Reassessment *Post program*

Tier *4*

Accreditation *Accredited*

Reading level *Year 2*

User *ITP/ SDS Services*

Training required *No*

For test review see *D13/053404 & D20/1146115*

Individual’s perception about the underlying main causes of life events

Locus of control refers to an individual's perception about the underlying main causes of life events. Such beliefs about what causes one's actions guide what kind of attitudes and behaviours one adopts.

Locus of control has been linked to treatment outcomes for sex offenders and drug users as well as being a reliable indicator of treatment amenability in young offenders—shifting in the direction of internality reflecting positive treatment impact.

Locus of control measures are also used as a pre and post measure to assess treatment effectiveness.

Key areas measured

- Internal Locus of Control
- External Locus of Control

Eligibility and Exclusion

- Suitable as a pre and post measure for offenders in moderate-high intensity programs to assess treatment effectiveness

Test Notes

- Individual or Group
- Paper and Pencil Self-Report Questionnaire
- Verbal administration possible

Practice Notes

The G-LOC was selected by the AMC in favour of other locus of control measures particularly because it is more accessible to offenders with learning disabilities.

Use restricted to ITP, State-wide Disability Services (SDS Services) and Proactive Integrated Support Model (PRISM).

A knowledge of the concept of locus of control is required by staff conducting the assessment.

Social Self Esteem Inventory

Lawson, Marshall & McGrath (1979)

Overview

Number of items 30

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *Post program*

Tier *4*

Accreditation *Accredited*

Reading level *'Basic'*

User *Psychologists*

Training required *No*

For test review see *D13/053413 &
D20/1146151*

To assess self confidence in social situations

Whilst self esteem is not considered a criminogenic need for sexual offenders, it is thought to be related to their motivation and capacity to change. It may impact on their cognitions, ability to cope, empathy for others, and their ability to relate and communicate with others.

The SSEI is used to measure social self confidence. It is usually administered prior to, and after, sex offender treatments.

Key areas measured

- Perceived self confidence in social situations

Eligibility and Exclusion

- Target group is for sex offenders entering treatment

Test Notes

- Narrow focus on social self esteem.
- Does not assess global self esteem.
- Pre and Post test measure for intervention

Practice Notes

May be used as a responsivity measure prior to and after sex offender treatment.

Being a self reported test the SSEI is susceptible to a social desirability bias and is best conducted as part of a battery of tests. No required qualifications for those administering the assessment, however, scoring and interpretation should be conducted by Psychologists experienced in working with sex offenders.

CLINICAL / MENTAL DISORDERS

- General Diagnostic
- Mood
- Specific Diagnostic
- Trauma
- Suicide and Self Harm
- Recovery

The instruments in the Clinical/ Mental Disorders category comprise of general tools which explore an offender's experiences with a view towards the diagnosis of mental illnesses or disorders.

Also included are the various mood instruments that cover the areas of stress, anxiety, depression and other emotions. Anger instruments may be found under the risk or criminogenic needs section of this Compendium.

Finally, the assessments which provide a fuller investigation into specific disorders are included in this section. Typically for a forensic population these include Attention Deficit Hyperactivity Disorder, Asperger's, Post-Traumatic Stress Disorder (PTSD), etc.



Brief Symptom Inventory

Leonard & Derogatis (1993)

Overview

Number of items 53

Administration type *Self report*

Collateral Information *N/A*

Administration time *30 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier *5*

Accreditation *Accredited*

Reading level *Year 8*

User *Psychologists*

Training required *No*

For test review see *D13/127292 &
D20/1146055*

Screen for psychological symptoms and their intensity

The BSI instrument provides offender-reported information to help support clinical decision making and treatment in custody or the community.

The BSI assesses psychological problems and can provide objective support for care or management decisions. It provides a measure of progress during and after treatment to monitor change.

Key areas measured

- Somatisation
- Obsessive-Compulsive
- Interpersonal Sensitivity
- Depression
- Anxiety and Phobic Anxiety
- Hostility
- Paranoid Ideation
- Psychoticism

Eligibility and Exclusion

- Offenders and inmates referred for a psychological assessment

Test Notes

- Authors say 8-10 minutes administration time, however, this seems unlikely
- To be used in favour of the Symptom Checklist—Revised
- The shortened form of the BSI (the BSI-18) was not accredited by the AMC

Practice Notes

No specific training is required, however, the BSI can be used by suitably qualified professionals with an expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors.

Kessler Psychological Distress Scale

Kessler, Andrews, Colpe, Hiripi, Mrozek, Normand, Walters & Zaslavsky (1992)

Overview

Number of items 10

Administration type *Self report*

Collateral Information *N/A*

Administration time *<5 mins*

Scoring *Hand scored*

Location/Ordering *Available online*

Used test storage *Psychology file*

Reassessment *30 days*

Tier *1*

Accreditation *Accredited*

Reading level *N/A*

User *Justice Health & Psychologists*

Training required *Nil*

For test review see *D13/565967*

Screening tool to measure psychological distress

The K10 is a screening tool used to measure levels of non-specific psychological distress over the past 30 days in order to evaluate whether a client requires further assessment. It may be used to quantify the frequency and severity of anxiety and depression related symptoms and any early signs of mental disorders.

The K10 can also be used to evaluate and monitor effectiveness of treatment and guide referral judgements.

The K10 is also used by Justice Health with new reception inmates to detect early signs of mental illness.

Key areas measured

- Psychological distress related to stress, anxiety and depression
- Evaluate & monitor effectiveness of treatment
- Assist referral and triage processes
- Assist with at-risk inmates

Eligibility and Exclusion

- Any convicted offender over 18 requiring screening for mental health issues is eligible
- No exclusion criteria was found

Test Notes

- Used at intake screening
- Can be used to assist in determining if further referral to a Psychologist or mental health professional is required
- Assist with Risk Intervention Team (RIT) offender assessment

Practice Notes

Justice Health use the K10 in their intake screening form, it is also used by general practitioners in NSW to assess Medicare related mental health referrals to a Psychologist. Psychologists can use the K10 to assess mental distress during the past month; and subsets K5 and K6 may be used for monitoring. Furthermore, it may also be used by Provisional Psychologists to assist in their training for general registration.

MK-K5 uses language more acceptable to Aboriginal and Torres Strait Islander people and has been validated. See Brinckley, M. M., Calabria, B., Walker, J., Thurber, K. A., & Lovett, R. (2021). Reliability, validity, and clinical utility of a culturally modified Kessler scale (MK-K5) in the Aboriginal and Torres Strait Islander population. *BMC public health*, 21(1), 1-15.

MINI International Neuropsychiatric Interview 7.0.2

Sheehan, Lecrubier, Harnett-Sheehan, Amorim, Janavs, Weiller, Hergueta, Baker & Dunbar (2016)

Overview

Number of items *17 modules*

Administration type *Structured interview*

Collateral Information *N/A*

Administration time *15-30 mins*

Scoring *Hand scored*

Location/Ordering *See Practice Notes*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Provisional—R&E purposes only*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/752927 & D20/1060500*

Assessment of major psychiatric disorders

The MINI was designed as a brief structured diagnostic interview for the major psychiatric disorders in the DSM. The MINI 7.0.2 is mapped onto the diagnostic criteria in DSM V. It explores the 17 most common disorders in the mental health setting and have prevalence rates of 0.5% or higher in the general population in epidemiology studies. These disorders are reportedly the most important to identify in clinical and research studies.

Key areas measured

- Depression
- Suicidality
- Anxiety disorders
- Substance dependence/abuse
- Psychotic disorders
- Anorexia & Bulimia
- Antisocial personality disorder

Eligibility and Exclusion

- When assessing offenders for a major psychiatric disorder and for research that has licensing approval from the developers
- Used only for R&E purposes

Test Notes

- Provides screening question(s) that correspond to main disorder criteria
- Provision of diagnostic box(es) to assist with diagnoses
- Not designed to be used to replace a full medical and psychiatric evaluation
- Convention rules

Practice Notes

Research only

Prior to purchasing via form D14/379194 and administering the MINI 7.0.2 you must first have a completed, signed and fully executed license agreement-for-use. Licensing is done on a specific study or specific dissertation study or specific setting basis, and for a specific finite number of administrations in each case. Unlimited or open-ended licenses are not granted. Licensing details and costs are available at <https://harmresearch.org>. Training packages are also available and listed in the same website.

New

Overview

Number of items *10 modules*

Administration type *Interview*

Collateral Information *Yes*

Administration time *30-120 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *No*

For test review see: *D20/1060396*

A guide to assist in the diagnosing of DSM-5 disorders

The SCID-5-CV is a semi-structured interview guide that can assist in diagnosing major DSM-5 disorders. It assesses the presence or absence of symptoms and diagnoses is scored following DSM-5 diagnostic criteria. The manual uses a decision tree model to prompt the Psychologist to proceed to later questions if necessary criteria for diagnoses are not fully met. It can improve the interviewing skills of Psychologists and enhances the reliability and validity of DSM-5 diagnostic assessments.

It covers the DSM-5 diagnoses most commonly seen in clinical settings and screens for 17 additional DSM-5 disorders.

Key areas measured

- Mood and anxiety disorders
- Psychotic disorders
- Substance use disorders
- Obsessive-compulsive disorder
- PTSD
- Adult attention-deficit/hyperactivity disorder
- Adjustment disorder.

Eligibility and Exclusion

- Individuals with suspected mental health disorder
- Should not be used on individuals with moderate or severe intellectual disability or who are medically or psychiatrically unable to engage in the interview
- 18 and older

Test Notes

- Has an accompanying User's Guide
- Role-play and homework cases are available
- Organised into diagnostic modules

Practice Notes

It is highly recommended that the Psychologist is familiar with the DSM-5 classification and diagnostic criteria. Psychologists who do not have training in diagnosing disorders and expertise in clinical psychopathology would need supervision (including Provisional Psychologists).

It is currently available in languages other than English; specifically Chinese, Danish, Dutch, German Greek, Hungarian, Italian, Japanese, Korean, Norwegian, Polish, Portuguese, Romanian, Spanish and Turkish.

Beck Anxiety Inventory

Beck & Steer (1990)

Overview

Number of items 21

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 5

Accreditation *Accredited*

Reading level *Year 6*

User *Psychologists*

Training required *No*

For test review see *D13/135383*

Measures the severity of anxiety in offenders

The BAI was developed to address the need for an instrument that would reliably discriminate anxiety from depression while displaying convergent validity.

Because the items in the BAI describe the emotional, physiological, and cognitive symptoms of anxiety but not depression, it can discriminate anxiety from depression.

Key areas measured

- Emotional symptoms
- Physiological symptoms
- Cognitive symptoms

Eligibility and Exclusion

- Offenders and inmates deemed by a Psychologist to be suffering from anxiety

Test Notes

- Each item is a simple description of a symptom of anxiety in one of its four expressed aspects: (1) subjective (e.g., "unable to relax"), (2) neurophysiologic (e.g., "numbness or tingling"), (3) autonomic (e.g., "feeling hot") or (4) panic-related (e.g., "fear of losing control").

Practice Notes

No specific training is required, however, the assessment can be used by suitably qualified professionals with an expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors.

Note: Australian norms exist and are to be used for the BAI—see Crawford, J., Caley, C., Lovibond, P., Wilson, H. & Hartley, C. (2011) Percentile norms and accompanying interval estimates from an Australian general adult population sample. *Australian Psychologist*, 46, 3-14.

Beck Depression Inventory—II

Beck, Steer & Brown (1996)

Overview

Number of items 21

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *2 weeks*

Tier *5*

Accreditation *Accredited*

Reading level *Year 6*

User *Psychologists*

Training required *No*

For test review see *D13/123099*

Assesses offenders believed to be depressed

The BDI-II is a self-report instrument intended to assess the existence and severity of symptoms of depression as listed in the DSM-IV.

The revised edition includes items regarding severe depression, which may require hospitalisation. Items have been changed to indicate increases or decreases in sleep and appetite. Items labelled body image, work difficulty, weight loss, and somatic preoccupation were replaced with items labelled agitation, concentration difficulty and loss of energy, and many statements were reworded resulting in a substantial revision of the original BDI.

Key areas measured

- Emotional symptoms
- Physiological symptoms
- Cognitive symptoms

Eligibility and Exclusion

- Offenders and inmates deemed by a Psychologist to be experiencing symptoms of depression

Test Notes

- Not designed to be used for the actual diagnosis of depression
- Designed to assess the severity of depression in adolescents and adults
- This version of the test is specifically designed to address DSM-IV criteria for depression

Practice Notes

The AMC noted that although the DASS is a better screening tool, the BDI-II may be better for clinical use in some circumstances. Psychologists should seek permission from their Senior/Supervisor before administering the assessment. No specific training is required, however, the assessment can be used by suitably qualified professionals with an expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors. Prior to purchasing the BDI-II, stocks of the BDI and BDI-1A should be depleted.

Note: Australian norms exist and are to be used for the BDI—see Crawford, J., Caley, C., Lovibond, P., Wilson, H. & Hartley, C. (2011) Percentile norms and accompanying interval estimates from an Australian general adult population sample. *Australian Psychologist*, 46, 3-14.

Beck Hopelessness Scale

Beck (1988)

Overview

Number of items *20*

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier *5*

Accreditation *Accredited*

Reading level *Year 6*

User *Psychologists*

Training required *No*

For test review see *D13/123070*

Designed to measure negative attitudes about the future

The BHS is a scale used to measure an individual's expectations for their long range and short range future. It examines three major aspects of hopelessness: feelings about the future, loss of motivation and expectations.

There is a correlation between high scores on the test and thoughts of suicide and attempted suicide.

Key areas measured

- Feelings about the future
- Loss of motivation
- Expectations

Eligibility and Exclusion

- Offenders and inmates deemed by a Psychologist to be at risk of suicide

Test Notes

- Twenty True/False items
- Measures experiences/thoughts and feelings over past 7 days

Practice Notes

Accredited for use by General Psychologists for suicide prevention purposes in specialist at-risk and Mental Health units and when responding to referrals by RITs.

Other Psychologists benefit from consultation with Senior Psychologists on these assessments.

Depression, Anxiety and Stress Scale—21 Items

Lovibond & Lovibond (1995)

Overview

Number of items 21

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Available online*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 5

Accreditation *Accredited*

Reading level *Unknown*

User *Psychologists*

Training required *No*

For test review see D13/122735

Measure of emotional states

The DASS-21 is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. It was constructed not merely as another set of scales, but to further the process of defining, understanding, and measuring the ubiquitous and clinically significant emotional states usually described as depression, anxiety and stress.

The Depression scale assesses dysphoria, devaluation of life, self-deprecation, lack of interest and inertia. The Anxiety scale assesses autonomic arousal, muscle effects, situational anxiety, and affect. The Stress scale assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient.

Key areas measured

- Depression
- Anxiety
- Stress

Eligibility and Exclusion

- For use with offenders to clarify the locus of emotional disturbance

Test Notes

- 7 items per scale
- Uses 4-point severity/frequency scales over the past week

Practice Notes

Psychologists should use the DASS-21 in favour of the longer DASS-42 as the psychometric properties are similar. No required qualifications for those administering the assessment, however, scoring and interpretation should be conducted by Psychologists. It may also be used by Provisional Psychologists to assist in their training for general registration.

Note: Australian norms exist and are to be used for the DASS-21—see Crawford, J., Cayley, C., Lovibond, P. Wilson, H. & Hartley, C. (2011) Percentile norms and accompanying interval estimates from an Australian general adult population sample. *Australian Psychologist*, 46, 3-14.

Adult Asperger's Assessment

Baron-Cohen, Wheelwright, Robinson & Woodbury-Smith (2005)

Overview

Number of items *110 plus Interview*

Administration type *Self report & semi-structured interview*

Collateral Information *Yes*

Administration time *> 3 hours*

Scoring *Macro based
Excel document*

Location/Ordering *D21/0638645*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Provisional*

Reading level *Unknown*

User *Psychologists*

Training required *No*

For test review see *D13/633403*

Assess Asperger Syndrome and High Functioning Autism

Autism Spectrum Disorders (also known as Pervasive Developmental Disorders) are a group of biologically based behavioural syndromes of childhood onset that are characterised by qualitative impairments in social interaction, communication and repetitive/restricted interests, behaviours and activities. Asperger Syndrome is marked by impaired social interaction and obsessions or repetitive behaviour.

The AAA is a three-part diagnostic instrument designed to assess Asperger Syndrome and high functioning autism by examining the level of impairment in social interaction, repetitive behaviours, communication and imagination.

Key areas measured

- Social skills
- Attention
- Attention to detail
- Communication
- Fantasy/Imagination
- Obsessions

Eligibility and Exclusion

- Individuals with previous diagnosis or suspected Asperger's Syndrome
- Individuals showing current or post evidence of psychosis should be excluded from the AAA due to the propensity for false positives

Test Notes

- Pen and paper questionnaires including—50 item Autism Spectrum Quotient and Empathy Quotient
- One on one Clinical interview / checklist

Practice Notes

Collateral information is required for this assessment including, where possible, school and family information, psychiatric records. Offender completes part A (Autism Spectrum Quotient) and part B (Empathy Quotient) and is followed through an interview. May require several sessions to complete. SDS Services consultation is available for those completing this assessment.

A blank spreadsheet has been developed to record assessment responses. See D21/0638645.

Autism Diagnostic Observation Schedule—Second Edition

Lord, Rutter, DiLavore, Risi, Gotham, Bishop (2001)

Overview

Number of items *15 activities*

Administration type *Observation and interview*

Collateral Information *Yes*

Administration time *40-60 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D16/395083*

Diagnosing and assessing autism

The ADOS-2 is a semi-structured, standardised instrument for diagnosing and assessing autism. The protocol consists of a series of structured and semi-structured tasks that involve social interaction between the examiner and the subject. The examiner observes and identifies segments of the subject's behavior and assigns these to predetermined observational categories. Categorized observations are subsequently combined to produce quantitative scores for analysis.

Structured and semi-structured tasks that can inform diagnosis of Autism Spectrum Disorder, treatment planning and disability support.

Key areas measured

- Social interaction
- Communication
- Restricted and repetitive behaviours

Eligibility and Exclusion

- Offenders referred for Autism Spectrum Disorder only

Test Notes

- **MODULE 4 TO BE USED ONLY**
- 15 Activities with 32 accompanying items
- Developmental History is required as collateral information

Practice Notes

Limited use by SDS Services Psychologists only or in consultation with SDS Services Psychologists.

Purchase subject to approval of Chief Psychologist Specific Needs and/ or Manager Assessment and Case Management only

Beliefs About Voices Questionnaire—Revised

Chadwick, Lees & Birchwood (2000)

Overview

Number of items 35

Administration type *Self report*

Collateral Information *N/A*

Administration time *15 mins*

Scoring *Hand scored*

Location/Ordering *See EDRMS
16/58251*

Used test storage *Psychology file*

Reassessment *Post treatment*

Tier *5*

Accreditation *Accredited*

Reading level *Year 5*

User *Psychologists/ RITs*

Training required *No*

For test review see *D16/395103 &
D20/1060512*

Beliefs and reactions to auditory hallucinations

The BAVQ-R assesses cognitive, behavioural, and affective reactions to internal voices to provide a measure of how people understand and respond to their auditory hallucinations.

The BAVQ-R also provides measurement about the meaning associated with these auditory hallucinations. These meanings may be related to associated symptoms such as depression and anxiety and can inform a therapy plan

Key areas measured

- Malevolence
- Benevolence
- Omnipotence
- Emotional responses
- Behavioural responses

Eligibility and Exclusion

- May be most useful with inmates being managed by RITs or in the Mental Health Screening Unit
- Clinical population presenting with auditory hallucinations

Test Notes

- Pen and paper 4 point Likert scale
- If more than one voice the test focuses on the “dominant voice”

Practice Notes

Useful in evaluating Cognitive Behavioural Therapy outcomes and understanding the meaning and function of internal voices. Non-clinical Psychologists may seek supervision where required to interpret.

Must be familiar with research regarding its use with different cultures, if administered on culturally and linguistically diverse (CALD) offenders. There is also no research to date exploring the use of the BAVQ-R in forensic settings.

Clinician Administered PTSD Scale for DSM-5

Weathers, Blake, Schnurr, Kaloupek, Marx & Keane (2013)

New

Overview

Number of items 30

Administration type *Structured interview*

Collateral Information Yes

Administration time *45-60 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *When required*

Tier 5

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see *D13/753311 & D20/1060465*

Assist in the diagnosing of PTSD and in assessing PTSD symptoms

The CAPS-5 is a structured interview that can be used to make a diagnosis of PTSD and assess PTSD symptoms over the past week. Questions target the onset and duration of symptoms (including improvement), subjective distress, impact of symptoms on social and occupational functioning, response validity and dissociative type. It corresponds to the DSM-V diagnosis for PTSD and items are rated with a single severity score.

Key areas measured

- DSM-V PTSD symptoms

Eligibility and Exclusion

- Individuals who have experienced past significant events which are known to lead to PTSD
- Individuals displaying acute stress symptoms

Test Notes

- Assesses symptoms over the past week
- CAPS is reportedly the “gold standard” in PTSD assessment
- Requires identification of an index traumatic event
- Life Events Checklist for DSM-V is recommended in addition to the Criterion A inquiry

Practice Notes

The CAPS-5 has been translated into more than 10 languages and there is limited evidence of the validation of the CAPS-5 in the forensic population.

Eating Disorder Examination Questionnaire

Fairburn & Beglin (1994)

New

Overview

Number of items 28

Administration type *Self report*

Collateral Information *N/A*

Administration time *10-15 mins*

Scoring *Hand scored*

Location/Ordering *Available [online](#)*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 5

Accreditation *Accredited*

Reading level *Year 7*

User *Psychologists*

Training required *No*

For test review see: D20/1060278

Assess for symptomatology consistent with clinical eating disorders

The EDE-Q assesses eating disorder pathology including the range and severity of symptomatology, attitudes and behaviours in community and clinical populations. It can provide the Psychologist information regarding the frequency on key behavioural features of eating disorders and the severity of aspects of eating disorder psychopathology. It can inform assessment and treatment of DSM-V eating related disorders (including progress) and inform diagnosis of an eating disorder in line with the DSM-V.

Key areas measured

- Dietary restraint
- Eating concern
- Weight concern
- Shape concern

Eligibility and Exclusion

- Individuals with suspected/ diagnosed eating disorder or displays disordered eating
- Males and females aged 18 and older

Test Notes

- Focuses on the previous 28 days
- Forced choice rating scales
- Can align with the Eating Disorder Examination
- Some items can be distressing or upsetting

Practice Notes

Whilst the EDE-Q appears not to be validated within a forensic populations, it has been validated on an Australian sample and with ethnically and clinically diverse samples.

It has been formally translated into other languages including Dutch, German, Norwegian, Hebrew, Finnish, Portuguese, Italian, Chinese and Farsi.

Edinburgh Postnatal Depression Scale

Cox, Holden & Sagovsky (1987)

New

Overview

Number of items 10

Administration type Self report

Collateral Information Recommended

Administration time 5 mins

Scoring Hand scored

Location/Ordering Available online

Used test storage Psychology file

Reassessment 6 weeks

Tier 5

Accreditation Accredited

Reading level Unknown

User Psychologists

Training required No

For test review see: D20/1060331

Screens for postpartum depression in women

The EPDS is a screening tool for postpartum depression in females who have recently given birth or are pregnant. It helps to identify females who may benefit from follow up care (including further evaluation) and/or have an illness that may prevent them from engage in health-promoting behaviours. It is recommended that the tool is administered 6 and 12 days after birth. Cut off scores vary between gender, culture and pregnancy stages.

Key areas measured

- Depression
- Distress and discomfort
- Self-harm

Eligibility and Exclusion

- Females who have recently given birth or are pregnant

Test Notes

- High rate of false positives
- Focuses on the last 7 days
- Individual or group administration
- Can be administered orally if necessary
- Does not provide a differential diagnosis and should not be used as a diagnostic tool

Practice Notes

Has been validated on various samples and in over 60 languages; and translations are readily accessible. There is research on its use on Australian samples but no research in regards to its use in forensic populations.

It is highly recommended that Psychologists become familiar with the score method prior to administration as well as the relevant research on the cut off scores for the population that is being tested.

Impact of Events Scale—Revised

Weiss & Marmar. (1997)

Overview

Number of items 22

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *Available online*

Used test storage *Psychology file*

Reassessment *If required*

Tier *5*

Accreditation *Accredited*

Reading level *Year 8*

User *Psychologists*

Training required *No*

For test review see *D13/753543 & D20/1060449*

Assess current level of distress caused by specific traumas

The Impact of Event Scale (IES—1979) was the first instrument developed to measure PTSD symptoms following exposure to traumatic events and was one of the most widely used self report scales of trauma related symptoms.

The IES-R was revised in 2000 and brought into line with DSM-IV. Despite the release of DSM-V, this scale still aligns with symptom severity; and is a well-established scale and a reliable measure of the severity of the symptomatology attached to the responses to trauma. It is a short, easily administered self-report questionnaire designed to measure current subjective distress and PTSD symptoms in response to a specific traumatic event.

Key areas measured

- Specific life events
- Intrusion symptoms
- Avoidance symptoms
- Hyperarousal symptoms

Eligibility and Exclusion

- Individuals who have experienced RECENT traumatic events
- Individuals displaying acute stress symptoms

Test Notes

- Self report
- Not a diagnostic tool; it does not map onto the diagnostic criteria for PTSD in DSM-V

Practice Notes

May be used to assess the presence and intensity of reactions from a recent traumatic event—over the past week. May also be used in settling in of new inmates into custody.

Could also be used to guide treatment for PTSD where this is a responsivity issue, particularly as a pre and post test.

Available at www.clintools.com/victims/resources/assessment/ptsd/IES-R.pdf

Trauma Symptom Inventory—Second Edition

Briere (2011)

New

Overview

Number of items *136*

Administration type *Self report*

Collateral Information *N/A*

Administration time *20-30 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier *5*

Accreditation *Accredited*

Reading level *Year 5*

User *Psychologists*

Training required *No*

For test review see: *D20/1060112*

Assesses acute and chronic post-traumatic symptomatology

TSI-2 assesses a range of acute and chronic symptoms associated with traumatic events (e.g. assaults, accidents, abuse, medical trauma and losses). It aims to provide a comprehensive trauma symptom profile of the individual that has experienced trauma. Higher scores indicate a greater degree of symptomatology experienced by the individual

It can inform treatment and case management plans.

Key areas measured

- Self-Disturbance
- Post-traumatic Stress
- Externalization
- Somatization

Eligibility and Exclusion

- Ages 18 to 88
- Can be used on individuals who present with post-traumatic stress, insecure attachment, impaired self-reference, somatization and "acting out" behaviours

Test Notes

- 2 validity scales and 8 critical items that may warrant clinical follow up
- Can be administered individually or in a group setting
- Provides T-scores and percentile ranks
- Can be administered or alone or in a battery

Practice Notes

Normed and standardized on a United States population; U.S. Spanish and Swedish versions available. Furthermore no racial differences were found on the Atypical Response Scale.

Beck Scale for Suicide Ideation

Beck & Steer (1991)

Overview

Number of items 21

Administration type *Self report*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier 5

Accreditation *Accredited*

Reading level *Year 6*

User *Psychologists*

Training required *No*

For test review see D13/046941

Self report of offender's suicidal thoughts

The BSS is a self-report measure of the presence and severity of suicidal thoughts in both the general and clinical adolescent and adult population. It will help identify the current intensity of the offender's specific attitudes, behaviours and plans to commit suicide during the past week.

Key areas measured

- Detection and severity of suicidal ideation

Eligibility and Exclusion

- RIT and/or user discretion

Test Notes

- The BSS is the self-report version of the Scale for Suicide Ideation
- Items are rated on a 3 point scale

Practice Notes

The BSS should not be used in isolation and is best considered with other, similar scales such as the Beck Depression Inventory, BHS and the Depression and Anxiety Stress Scale.

Endorsement of any BSS items may reflect the presence of suicidal intention and should be investigated by the clinician. In custody, a Mandatory Notification Form should be raised and/or a referral should be made to the RIT.

Columbia—Suicide Severity Rating Scale

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, M & Mann (2009)

Overview

Number of items *Varies*

Administration type *Semi-structured interview*

Collateral Information *Not required*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *Available on EDRMS: 14/349663*

Used test storage *Case Management file*

Reassessment *As required*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *No restrictions*

Training required *See D14/056923*

For test review see *D13/407731 & D20/1060507*

Measures suicidal ideations and behaviours

The C-SSRS measures suicidal ideations and behaviours to assess the likelihood of future suicide attempts. It can be used for screening, monitoring and assessing suicide risk, providing clear definitions of a suicide attempt (compared to a non-suicidal or self harming behaviour), suicide abortion, suicide interruption, suicidal ideation and preparatory suicidal behaviours.

Multiple versions of the C-SSRS have been developed. These include, the "Lifetime/Recent", which gathers a lifetime history of suicidal ideation as well as current factors, "Since Last Visit", which assesses changes since administration of the Lifetime/Recent assessment, and "Risk Assessment", which provides a checklist of protective factors and risk factors. The "SAFE-T Protocol" version is a screening tool which includes protective factors.

Key areas measured

- Suicidal ideation
- Risk of suicide
- Provides protective factors checklist

Eligibility and Exclusion

- Suitable for male and female offenders suspected of being at-risk of self harm or suicide
- Behaviour Scale need only be administered if offender scores high on ideation

Test Notes

- See 14/349663 for blank forms of C-SSRS
- Can be used for RIT

Practice Notes

Can be used by any staff to determine whether risk intervention is required and to assist RITs the assessment of suicidal ideations. Use clinical discretion to determine the most appropriate version for use.

Special note: Training (D14/056923) is to be saved on local drive first, before operating. Not to be run off EDRMS.

Stages of Recovery Instrument

Andresen, Caputi & Oades (2006)

New

Overview

Number of items 50

Administration type *Self report*

Collateral Information *Not required*

Administration time *10-15 mins*

Scoring *Hand scored*

Location/Ordering *Available online from the University of Wollongong*

Used test storage *Psychology file*

Reassessment *As required/ per user discretion*

Tier 5

Accreditation *Provisional—R&E*

Reading level *N/A*

User *Psychologists*

Training required *No*

For test review see D21/0767754

Identifies stage of recovery during the experience of a serious mental disorder

The STORI identifies the current stage of recovery of adults experiencing or having been diagnosed with a serious mental disorder (e.g. schizophrenia or bipolar disorder). These stages include: Moratorium, Awareness, Preparation, Rebuilding and Growth. It is also comprised of ten themes that have items that map onto the stages of recovery.

It was developed to inform intervention and therapeutic efforts to facilitate improved recovery.

Key areas measured

- Stages of recovery

Eligibility and Exclusion

- Offenders who have been diagnosed with a serious mental disorder
- Offenders involved in therapeutic interventions for serious mental disorders

Test Notes

- Identified stage of recovery is the stage that receives the highest score
- Available in Spanish, French, Greek, Italian, Persian, Danish, Hungarian, German and Hindi

Practice Notes

Research only

Any staff can administer the assessment, but it must be scored and interpreted by a Psychologist.

An Australian sample was involved in the development of the STORI. There however was no reference to non-clinical, Australian-Aboriginal/ Indigenous or forensic populations in the development and validation of the STORI.

FUNCTIONING

- Daily Living

The assessment instruments in this section relate to the everyday functioning of an offender. It includes their quality of life and coping skills.



Coping Inventory for Stressful Situations

Endler & Parker (1994)

Overview

Measure of coping styles and skills

Number of items 48

Administration type *Self report*

Collateral Information *N/A*

Administration time *10 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *Post program*

Tier *5*

Accreditation *Accredited*

Reading level *Year 8*

User *Psychologists*

Training required *No*

For test review see *D13/054479 & D20/1146193*

The CISS measures three types of coping styles: task oriented, emotion-oriented and avoidance-oriented. It is used to determine the preferred coping style of an individual and contributes to the overall understanding of the relationship between that individual's coping style and his or her personality.

Results are useful for treatment and intervention planning, relapse prevention programs and as an indicator of survival after release.

Key areas measured

- Task-oriented coping
- Emotion-oriented coping
- Avoidance-oriented coping
- Distraction
- Social diversion

Eligibility and Exclusion

- Offenders considered for specialist programs
- Pre release instrument
- Pre and Post test for programs

Test Notes

- Likert scale
- Multi-dimensional approach to assessment coping

Practice Notes

No specific training is required, however, the assessment can be used by suitably qualified professionals with an expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors.

Limited research on Australian norms and on its validity on forensic populations.

Pilot
Only

Overview

Number of items *10 and Action Plan*

Administration type *Interview*

Collateral Information *N/A*

Administration time *10-30 mins*

Scoring *Hand scored; OIMS*

Location/Ordering *JMCC; OIMS*

Used test storage *EDRMS Case Management file; OIMS*

Reassessment *3 months and re-incarceration into JMCC*

Tier *1*

Accreditation *Pilot*

Reading level *Primary school*

User *SAPOs*

Training required *Y*

For test review see *D17/819792*

Identifies inmate's perceived areas of need and potential areas of intervention

The JOS focuses on developing the offender's self-reliance so that they no longer need the support of a professional service. It identifies the inmate's perceived areas of need across 10 domains and identified their level of insight into these domains. The JOS informs case planning and case management processes. It draws on the core principles of Participatory Action Research (O'Brien, 2001; Carr & Kemmis, 1986), empowerment, collaboration and integration.

References: O'Brien, R. (2001). An overview of the methodological approach of Action Research. In Roberto Richardson (ed.) *Theory and Practice of Action Research*, Joao Pessoa, Brazil: Universidade Federal da Paraiba (English version); Carr, W. and Kemmis, S. (1986) *Becoming critical: Education, knowledge and action research*. London: Falmer Press.

Key areas measured

- Accommodation
- Living skills and self-care
- Mental health and strong feelings
- Community, relationships, family
- Parenting and other caring
- Drugs and alcohol
- Positive use of time
- Crime free life

Eligibility and Exclusion

- Unsented inmates
- Inmates with sentences where earliest possible release date is ≤ 6 months
- Licensed **only** for the John Morony Correctional Centre (JMCC)

Test Notes

- Ten-point scales that reflect attitudes and behaviour typical of that specific point
- The 'Journey of Change' scale indicates the offenders' overall status
- Nil validity data available

Practice Notes

The JOS will be administered at the JMCC during the rolling orientation program and for the development of the inmate's Personal Pathways Plan. JMCC implement the JOS as per their contract for the operation of the centre. The JOS was approved as part of the JMCC bid proposal.

One day training workshop by a certified JOS trainer, is required. User guide is also available when required by Services and Programs Officers (SAPOs). License is also required for administration; and JMCC has the required licensure.

Overview

To assess satisfaction with one's life

Number of items 32

Administration type *Self report*

Collateral Information *N/A*

Administration time *5 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *Post program*

Tier *4*

Accreditation *Accredited*

Reading level *Year 6*

User *Psychologists*

Training required *No*

For test review see *D13/244650 &
D20/1146222*

Quality of life refers to a person's subjective evaluation of the degree to which their most important needs, goals and wishes are fulfilled. Assessing Quality of life issues can be crucial to the success of treatment. The QOLI can be useful in the development of case plans and treatment planning.

The QOLI works in line with the GLM, focusing on reducing reoffending by working towards more fulfilling and meaningful lives.

Key areas measured

- General happiness
- Life satisfaction
- Subjective well-being

Eligibility and Exclusion

- Use limited to offenders in, or preparing for, intensive therapeutic programs

Test Notes

- Individual or group administration
- Pen and Paper self report
- Used in therapeutic programs

Practice Notes

Can be administered in a group setting, although individually administered assessments can further enhance case formulation and planning as well as treatment planning.

To be administered by a Psychologist and scoring needs to be interpreted in conjunction with an understanding of individual items. Locally developed guidelines may be developed for offenders whose scores worsen over time.

Is used a part of (but not limited to) the CDTCC and IDATP.

NEUROPSYCHOLOGICAL

- Dementia Screen /
Acquired Brain Injury Screen
- Attention
- Intellectual Functioning
- Academic / Achievement
- Memory
- Language
- Visuospatial
- Executive Functioning

Neuropsychological assessment was traditionally carried out to assess the extent of impairment to a particular skill and to determine the area of the brain which may have been damaged following potential brain injury. The focus has now moved on to the assessment of cognition and behaviour, including examining the effects of any brain injury or neuropathological process that a person may have experienced.

Aspects of cognitive functioning that are assessed typically include orientation, new-learning/memory, intelligence, language, perception, and executive function. However, clinical neuropsychological assessment is more than this and also focuses on a person's psychological, personal, interpersonal and wider contextual circumstances.

In CSNSW there are 3 subcategories of neuropsychological assessments—based on those Psychologists authorised to administer them:

General Psychologists may administer the WASI-II, WRAT-IV, WAIS-IV and the RAVENS SPM. Generalist Psychologists may also administer a specialist or neuropsychological specific test at the request of the Neuropsychologist or specialist.

Specialist groups of Psychologists from the ACMUs, PBDS, SOAU, Mental Health Units, Statewide Disability Services, Additional Support Unit as well as Senior Psychologists in the community may also administer assessments such as RBANS, WMS, and TOMM. These tests can be administered by specifically trained Psychologists in consultation with Neuropsychologists.

Neuropsychologists may use any of the above tests as well as assessments such as TEA, CVLT, D&P and RAVLT. These tests are restricted to Neuropsychologists.



Acquired Brain Injury Questionnaire—Revised

CSNSW (2014)

Overview

Number of items 6

Administration type *Structured interview*

Collateral Information *Yes-Medical Records*

Administration time *5-10 mins*

Scoring *Interpreted by SDS Services*

Location/Ordering *SDS Services Intranet site*

Used test storage *Case Management file*

Reassessment *N/A*

Tier 5

Accreditation *Provisional*

Reading level *N/A*

User *All staff*

Training required *See SDS Services Practice Note D18/503474*

For test review see D13/633402

Brief screening type and severity of Brain Injury

Head Injuries and the resulting behavioural or cognitive difficulties are reported by a high proportion of offenders. There is also a relationship between the symptoms of brain injuries and offending, as well as the person's ability to respond to intervention and management.

The ABIQ is an interview-based instrument that captures the frequency and severity of lifetime head injury experiences. The ABIQ records the events which caused the injury and the severity of the person's injury.

Key areas measured

- Pre-screening of brain injuries
- Head Injury detail

Eligibility and Exclusion

- Offenders who have a suspected history of Acquired Brain Injury (ABI) or who have sustained an ABI
- May be triggered by the Question "have you ever had a brain injury"
- Upon referral request

Test Notes

- Test is available on SDS Services intranet site
- 6 questions completed by staff member and relayed to SDS Services upon completion

Practice Notes

Any staff may complete the ABIQ with the inmate/offender and send to SDS Services for interpretation by a suitably qualified Psychologist / Neuropsychologist. The ABIQ is available at D14/406351 and a Practice Note outlining instructions for completing the questionnaire can be found at D18/503474.

Addenbrooke's Cognitive Examination—III

Miosh et al I (2012)

Overview

Number of items *6 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *15 mins*

Scoring *Hand scored*

Location/Ordering *Available online*

Used test storage *Psychology file*

Reassessment *6 monthly*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

For test review see *D13/062044*

Brief screening for dementia

The ACE-III is a dementia screening tool that has replaced the Addenbrooke's Cognitive Examination—Revised (ACE-R). It was designed to provide a brief test sensitive to the early stages of dementia, and capable of differentiating subtypes of dementia including Alzheimer's disease, frontotemporal dementia, progressive supranuclear palsy and other parkinsonian syndromes.

With this updated version it is no longer possible to derive a Mini-Mental Status Examination (MMSE) score.

Key areas measured

- Attention and orientation
- Fluency
- Language
- Visuospatial
- Memory

Eligibility and Exclusion

- Offenders with suspected dementia
- Offenders under the direction of SDS Services

Test Notes

- Individual pen and paper test
- 3 parallel versions of the ACE-III
- Available at <http://www.neura.edu.au/frontier/research/test-downloads/>

Practice Notes

Replaces the MMSE and ACE-R. Not to be used as a substitute for a comprehensive dementia assessment.

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists, or Psychologists in consultation with SDS Services Neuropsychology.

Repeatable Battery for the Assessment of Neuropsychological Status

Randolph (1998)

Overview

Brief measure of cognitive status

Number of items *12 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *30 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *6 monthly*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/062058*

The RBANS is a brief test that helps determine the neuropsychological status of adults who have neurological injury or disease such as dementia, acquired head injury, and stroke. It examines multiple areas of cognitive functioning.

Key areas measured

Eligibility and Exclusion

Test Notes

- Immediate memory
- Visuo-spatial/constructional
- Language
- Attention
- Delayed memory
- Speed of information processing

- Offenders in custody and the community with suspected neurological injury or disease

- Individual test
- Contains 12 subtests

Practice Notes

This test can be administered by Psychologists with training and experience in the administration and interpretation of standardised clinical instruments, in consultation with SDS Services Neuropsychology.

Test of Everyday Attention

Robertson, Ward, Ridgeway & Nimmo-Smith (1994)

Overview

Number of items *8 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *60 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

Broad measure of attentiveness

The TEA gives a broad based measure of three important clinical and theoretical aspects of attention. It can be used to identify different patterns of attentional breakdown and has been validated successfully with patients with closed head injury, stroke, and Alzheimer's disease, and including those with low educational level.

Key areas measured

- Selective attention
- Sustained attention
- Attention switching

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Subtests use everyday skills including - searching maps, elevator counting , looking through a telephone directory & listening to lottery results

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Raven's Standard Progressive Matrices

Raven (1998)

Overview

Estimate of fluid intellectual capacity

Number of items *60*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *20-45 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *Via parallel forms*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/062080 & D20/0977682*

The SPM is a nonverbal assessment tool designed to measure an individual's ability to perceive and think clearly, make meaning out of confusion, and formulate new concepts when faced with novel information. It has been used world-wide for more than 70 years.

Key areas measured

- Visual abstract concept formation
- Novel reasoning
- Estimated IQ

Eligibility and Exclusion

- Only CALD offenders whose primary languages is not English or hearing impairment that prevents the use of the WASI or other Wechsler tests

Test Notes

- 60 items divided into 5 sets of 12
- Can be administered to groups or individuals

Practice Notes

May be administered, scored and interpreted by General Psychologists with training and experience in the administration and interpretation of standardised clinical instruments; only where a WASI-II and WAIS-IV is unable to be completed. For the purposes of general registration, the SPM can be used by Provisional Psychologists for group testing.

As the SPM does not appear to be biased by educational/ linguistic deficiencies or cultural backgrounds, it can be used for individuals with low educational attainment and/or with an Aboriginal background.

Wechsler Abbreviated Scale of Intelligence—Second Edition

Wechsler (2011)

Overview

Number of items 4 subtests

Administration type Observed task completion

Collateral Information N/A

Administration time 60 mins

Scoring Hand scored

Location/Ordering Complete order form D14/379194

Used test storage Psychology file

Reassessment Not less than 2 years

Tier 5

Accreditation Accredited

Reading level N/A

User Psychologists

Training required Yes

For test review see D13/062094 & D20/0978582

Short reliable measure of intelligence

The WASI-II serves as a quick measure of an individual's verbal, nonverbal and general cognitive functioning in any setting. It provides an estimate of crystallised intelligence through the Verbal IQ score, fluid intelligence through the nonverbal IQ score (Performance IQ) and overall intellectual functioning (Full Scale IQ).

This revision maintains the format and structure of the WASI while offering new content and improvements to provide greater clinical utility and efficiency.

Key areas measured

- Verbal IQ
- Performance IQ
- Full scale IQ

Eligibility and Exclusion

- Offenders referred for Intellectual Functioning assessment

Test Notes

- 4 subtests include: Vocabulary, Similarities, Block Design and Matrix Reasoning

Practice Notes

May be administered, scored and interpreted by General Psychologists with training and experience in the administration and interpretation of standardised clinical instruments.

The WASI-II is the minimum requirement for completing Psych2: Cognitive Impairments service line where the referral is for Intellectual Disability.

When administered on individuals who identify as either Aboriginal or Torres Strait Islander, use with caution and refer to research on tests of intelligence and indigenous cultures.

Wechsler Adult Intelligence Scale—Fourth Edition

Wechsler (2008)

Overview

Number of items *10 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *2 hours*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *Not less than 2 years*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/062106 & D20/0978529*

Measures intelligence in adults and older adolescents

The current version of the test, the WAIS-IV is composed of 10 core subtests and five supplemental subtests, with the 10 core subtests comprising the Full Scale IQ. With the WAIS-IV, the verbal/performance subscales from previous versions were removed and replaced by the index scores.

The General Ability Index (GAI) was included, which consists of the Similarities, Vocabulary and Information subtests from the Verbal Comprehension Index and the Block Design, Matrix Reasoning and Visual Puzzles subtests from the Perceptual Reasoning Index. The GAI is clinically useful because it can be used as a measure of cognitive abilities that are less vulnerable to impairments of processing speed and working memory.

Key areas measured

- Verbal comprehension
- Working memory
- Perceptual reasoning
- Processing speed

Eligibility and Exclusion

- All offenders requiring full psychological assessment and report

Test Notes

- 10 subtests administered to individuals
- WAIS-IV Advanced Clinical Solutions was also approved for purchase by the AMC
- Use caution when administering the test to individuals diagnosed with Schizophrenia Spectrum Disorders

Practice Notes

May be administered, scored and interpreted by General Psychologists with training and experience in the administration and interpretation of standardised clinical instruments. May also be used by Provisional Psychologists to assist in their training for general registration.

The WAIS-IV is the preferred assessment for completing Psych2: Cognitive Impairments service lines for assessment of intellectual disability. National Disability Insurance Scheme also prefers WAIS-IV over the WASI-II, but will still accept the WASI-II test scores.

Wechsler Individual Achievement Test—Second Edition (Australian Adaptation)

Wechsler (2007)

Overview

Number of items *16 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *2 hours*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

For test review see *D13/062109*

Measure of academic achievement

The WIAT-II is a comprehensive measurement of achievement skills assessment, learning disability diagnosis, special education placement, curriculum planning, and clinical appraisal for preschool children through adults that can be used to guide appropriate intervention

The WIAT-II was adapted from the WIAT with changes to some subtests to reflect changes in the Australian curriculum and strengthen the Australian theoretical basis. The changes also sought to extend age range, improve scoring standardisation through simpler rules and more examples and the inclusion of ability-achievement discrepancy tables using the full scale IQ and factor scores.

Key areas measured

- Mathematical Reasoning
- Reading and Listening Comprehension
- Written and Oral Expression
- Pseudo-word Decoding
- Numerical Operations
- Spelling
- Word reading

Eligibility and Exclusion

- Offenders referred for assessment of academic achievement

Test Notes

- Tests reading ability
- Written language
- Oral language
- Maths

Practice Notes

May be administered, scored and interpreted by General Psychologists with training and experience in the administration and interpretation of standardised clinical instruments.

Wide Range Achievement Test—Fourth Edition

Jastak & Wilkinson (2006)

Overview

Number of items *4 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *45 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology or Education file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *Is measured by this assessment*

User *Psychologists*

Training required *Yes*

For test review see *D13/062136*

Measures basic academic skills

The WRAT-IV is used to measure the basic codes used to learn reading, spelling, comprehension and arithmetic. When used with a measure of general intelligence the WRAT-IV can be useful to determine specific learning ability or disability.

Key areas measured

- Spelling
- Word pronunciation
- Sentence completion
- Arithmetic ability

Eligibility and Exclusion

- Offenders referred for specific learning disability
- To be administered after the CSA has been conducted, or for community offenders where the CSA results are unknown

Test Notes

- Individual test, however, some subtests may be administered in a group setting

Practice Notes

May be administered, scored and interpreted by General Psychologists with training and experience in the administration and interpretation of standardised clinical instruments.

California Verbal Learning Test—Second Edition

Delis, Kramer, Kaplan & Ober (2000)

Overview

Number of items 16

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *40 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier 5

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

Assesses multiple components of verbal memory

A comprehensive and detailed assessment of verbal learning and memory.

The CVLT has been used extensively in clinical neuropsychology to assess a number of different aspects of verbal memory. The test is constructed in a similar way to experimental studies of free recall. The CVLT-II was designed in part to better assess frontal contributions to memory performance by incorporating new measures and analyses.

Key areas measured

- Immediate Recall
- Short Delay Free Recall
- Short Delay Cued Recall
- Long Delay Free Recall
- Long Delay Cued Recall
- Long Delay Recognition

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Tester reads aloud a list of items and examinee is asked to recall as many of those items as possible
- Delayed recall measured after 20 minutes

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Overview

Number of items *11 tasks*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *35-40 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

For test review see *D13/062071*

Broad based assessment of long term memory

Doors and People is a test of memory.

Doors and People yields a single age-scaled overall score which can be 'unpacked' to give separate measures of visual and verbal memory, recall and recognition, and forgetting. It is designed for use both as a clinical tool and as a research instrument. The Doors and People test provides a more analytic overview of long-term explicit memory.

Key areas measured

- Visual recognition
- Visual recall
- Verbal recognition
- Verbal recall

Eligibility and Exclusion

- Upon specific referral for neuropsychological examination or assessment of memory difficulties

Test Notes

- Participants view pictures of doors and people with names and occupations and are asked to recall information

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Rey Auditory Verbal Learning Test

Rey & Schmidt (1996)

Overview

Number of items *5 sets of 15 words*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *45 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

For test review see *D13/062084*

Measures verbal learning and memory

Originally developed in the 1940s, the RAVLT has proven useful in evaluating verbal learning and memory, including proactive inhibition, retroactive inhibition, retention, encoding versus retrieval, and recognition.

Key areas measured

- Verbal learning
- Delayed verbal recall
- Recognition

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Starts with a list of 15 words, which an examiner reads aloud at the rate of one per second. The subject's task is to repeat all the words he or she can remember, in any order
- Repeated over 4 trials
- Delayed recall tested after 20mins

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Numerous versions are available in the public domain and can be confusing when attempting to compare procedures and outcomes—Neuropsychologists to maintain version control.

Test of Memory Malingering

Tombaugh (1996)

Overview

Number of items 50

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *15-20 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier 5

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *No*

For test review see *D20/0978437*

Discriminates between malingering and true memory impairments

Based on research in neuropsychology and cognitive psychology, the TOMM is a visual recognition test specially designed to discriminate between true memory impairment and malingering.

It consists of two learning trials and an optional retention trial, and has good face validity as a memory test. While sensitive to malingering, research has found the TOMM to be insensitive to a wide variety of neurological impairments, thus highlighting exaggerated and deliberately faked memory impairment.

Even people with significant memory impairments should score above the cut-off on this task.

Key areas measured

- Exaggerated memory loss

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- The stimulus materials create the impression that the test is difficult, while in reality producing good scores is relatively easy

Practice Notes

This test can be administered by Psychologists with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with SDS Services Neuropsychology.

If administered to individuals who have a non-English speaking background or have low literacy levels, it is recommended that the Psychologist is familiar with the research on the impact of culture and education on the TOMM.

Wechsler Memory Scale—Fourth Edition

Wechsler (2009)

Overview

Number of items *10 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *45-60 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *Not less than 2 years*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see *D13/062124*

Used to assess learning, memory and working memory

The Wechsler Memory Scale is a neuropsychological test designed to measure different memory functions in a person. It can be used with people from age 16 through 90. The current version is the fourth edition (WMS-IV) which was published in 2009 and was designed to be used with the WAIS-IV.

WMS-IV is made up of ten subtests: Spatial Addition, Symbol Span, Design Memory (I & II), Logical Memory (I&II), Verbal Paired Associates (I&II), and Visual Reproduction (I&II).

The WMS-IV also includes a Brief Cognitive Status Examination.

Key areas measured

- Auditory Memory
- Visual Memory
- Immediate memory
- Delayed Memory
- Visual Working memory

Eligibility and Exclusion

- Offenders undergoing full psychological assessment and reports

Test Notes

- 10 subtests
- Standardised procedure
- WMS Advanced Clinical Solutions was also approved for purchase by the AMC

Practice Notes

This test can be administered by Psychologists with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with SDS Services Neuropsychology.

Boston Naming Test

Kaplan, Goodglass & Weintraub (1983)

Overview

Number of items 60

Administration type *Task completion*

Collateral Information *N/A*

Administration time *45 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

Measure of word retrieval ability

The BNT is a widely used neuropsychological assessment tool to measure confrontational word retrieval in individuals with aphasia or other language disturbance caused by stroke, Alzheimer's disease, or other dementing disorder.

A common and debilitating feature of aphasia is anomia, an impairment in the ability to name objects. The BNT contains 60 line drawings graded in difficulty from "bed" (easy, high frequency) to "abacus" (difficult, low frequency). Individuals with anomia often have difficulties with the naming of not only difficult and low frequency objects but also easy and high frequency objects.

Key areas measured

- Language areas of the brain including frontal and superior-temporal lobes

Eligibility and Exclusion

- Offenders referred for dementia assessment

Test Notes

- Cards presented starting with card no. 1 (easy), continuing through to 60 (difficult). Subject asked to name each object.

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

New

Overview

Number of items *190*

Administration type *Observed task completion*

Collateral Information *No*

Administration time *10-15 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *Via a parallel form*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Recommended*

For test review see: *D20/0977470*

Assesses expressive vocabulary and word retrieval

The EVT-3 measures expressive vocabulary knowledge (with labelling and synonym items) and word retrieval in English-speaking children and adults. In comparison to the EVT-2, the EVT-3 has updated norms to reflect changes in the U.S. population, and new science, technology, engineering, and mathematics (STEM) item analysis. Items were also changed to “provide vocabulary and picture stimuli that are familiar to individuals of various ages and from diverse regional and cultural backgrounds” (pg.1; Williams, 2019).

It can screen for expressive language disorder and contribute to a Psychologist's understanding of an individual's reading difficulties.

Key areas measured

- Expressive vocabulary
- Word retrieval
- Home versus school vocabulary
- Vocabulary by part of speech
- Three tier model of vocabulary
- STEM vocabulary

Eligibility and Exclusion

- Ages 2 years 6 months to 90 or more years
- Where an offender has language impairments, use with PPVT-5 to directly compare comprehension versus expression. This can inform how best to communicate with an individual.

Test Notes

- Norm referenced
- Individually administered
- Co-normed with the PPVT-5, allowing for comparisons between expressive and receptive vocabulary skills
- Has suggestions for adaptation for “special needs” populations

Practice Notes

No Australian norms and no specific information regarding its use in the correctional population. The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Training is available on Pearson Clinical Assessment, Australian website; www.pearsonclinical.com.au

Peabody Picture Vocabulary Test—Fifth Edition

Dunn (2019)

New

Overview

Number of items *Continuous item set*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *20-30 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *6 month minimum*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

For test review see: *D20/0977634*

Measures receptive vocabulary knowledge

The PPVT-V measures an individual's receptive vocabulary knowledge of various parts of speech (i.e. nouns, verbs and attributes). In comparison to the PPVT-IV, the PPVT-V has updated national norms to reflect changes in the U.S. population, new basal and ceiling rules; and new STEM item analysis. Items were also changed to "provide vocabulary and picture stimuli that are familiar to individuals of various ages and from diverse regional and cultural backgrounds" (pg.1; Dunn, 2019).

It can screen for receptive language disorder and contribute to a Psychologist's understanding of an individual's reading difficulties.

Key areas measured

- Receptive vocabulary
- Home versus school vocabulary
- Vocabulary by part of speech
- Three tier model of vocabulary
- STEM vocabulary

Eligibility and Exclusion

- Ages 2 years 6 months to 90 or more years
- Where an offender has language impairments, use with EVT-3 to directly compare comprehension versus expression. This can inform how best to communicate with an individual.

Test Notes

- Individual, untimed administration
- Norm-referenced on a sample of individuals who often spoke English
- Requires no reading or oral responses
- Co-normed with the EVT-3 allowing for comparisons between expressive and receptive vocabulary skills

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Visual Object and Space Perception Battery

Warrington & James (1991)

New

Overview

Number of items *8 subtests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *Variable*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *No*

For test review see: *D20/0978491*

Assess specific and dissociable aspects of object and space perception

The VOSP can assist in developing a comprehensive understanding of an individual's neuropsychological profile. It may assist in determining which specific aspects of functioning are impaired and in distinguishing between various diseases which affect visuospatial function.

It consists of four tests relating to object perception (*Incomplete Letters, Silhouettes, Object Decision, and Progressive Silhouettes*) and four tests related to space perception (*Dot Counting, Position Discrimination, Number Location and Cube Analysis*). Each test focuses on one component of visual perception, while minimising the involvement of other cognitive skills. One test of visual sensory efficiency is included to screen out individuals whom do not have the sensory acuity required to undertake the VOSP.

Key areas measured

- Shape detection and identification
- Object identification and recognition
- Spatial perception and discrimination
- Perception of complex spatial relationships

Eligibility and Exclusion

- Individuals with suspected or acquire brain injury
- Individuals with visuospatial impairments
- Adults—tool was normed on a population ranging between 20 and 69

Test Notes

- Any number of the tests can be administered individually and there is no prescribed order
- All tests are untimed and should be administered at a pace that is suitable to the individual
- Should be part of a full battery

Practice Notes

No studies to date have explored the use of the VOSP within forensic and correctional environments. Language difficulties should be accounted for when administering the VOSP.

It should be administered by those who are familiar with the test to safeguard against erroneous administration and scoring. Furthermore it should be used under supervision or consultation with Neuropsychologists.

Behavioural Assessment of the Dysexecutive Syndrome

Wilson, Alderman, Burgess, Emslie, Evans (1996)

Overview

Number of items 20

Administration type *Activity and questionnaire*

Collateral Information *Observations*

Administration time 40 mins

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier 5

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Practice administration through role-play*

For test review see D16/395098

Predict everyday problems associated with dysexecutive syndrome

The term 'Dysexecutive Syndrome' (DES) includes disorders of planning, organisation, problem solving and attention. The DES is one of the major areas of cognitive deficit that may impede functional recovery and the ability to respond to rehabilitation programs.

The BADS specifically assesses the skills and demands involved in everyday life. It is sensitive to the capacities affected by frontal lobe damage, emphasizing those usually exercised in everyday situations.

Key areas measured

- Temporal judgement
- Changes to responding
- Problem solving
- Strategy formation
- Planning ability
- Scheduling

Eligibility and Exclusion

- Neuropsychologist's discretion
- Offenders with suspected frontal lobe impairment

Test Notes

- Controlled conditions required
- Battery includes manual, stimulus cards, 3 dimensional plastic materials, self rater and independent rated questionnaires

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Overview

Number of items *2 parts*

Administration type *Observed drawing*

Collateral Information *N/A*

Administration time *3-8 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *As required*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *No*

For test review see *D16/395105*

Measure sustained attention and sequencing

The CTT was developed to meet the need for a test with the sensitivity and specificity of the standard TMT, but one that was as free as possible from the influences of language and cultural bias.

The CTT retains the sensitivity and specificity of the original TMT but substitutes colour for letters, making it more suitable in cross-cultural and special needs contexts.

Key areas measured

- Visual attention
- Processing speed
- Graphomotor sequencing
- Divided attention

Eligibility and Exclusion

- Neuropsychologist's discretion
- For individuals from CALD backgrounds or those with significant limitations in written English

Test Notes

- Culturally fair alternative to TMT
- Instructions may be presented either verbally or with visual cues

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Can be used in place of TMT when offender is of CALD background

Controlled Oral Word Association Test

Spreen & Benton (1977)

Overview

Number of items *N/A*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *15 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

Measure of verbal fluency

The COWAT requires respondents to fill the category by providing words of three or more letters. For example, correct responses to the category cue "F" would include fish, foul, fact, etc.

This test reflects abstract mental operation related to problem solving, sequencing, resisting distractions, intrusions, and perseverations. It is considered a "frontal" task as the organisation of words by first letter is unfamiliar, and requires conscious, effortful, systematic organisation and the filtering of irrelevant information such as natural taxonomic categories.

Key areas measured

- Problem solving
- Sequencing
- Distraction resistance
- Verbal Fluency

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Controlled conditions required
- The COWAT is a measure of verbal fluency that requires expressive language and executive functions

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Delis Kaplan Executive Functioning System

Delis, Kaplan & Kramer (2001)

Overview

Number of items *9 subtests*

Administration type *Observed game-like tasks*

Collateral Information *N/A*

Administration time *Up to 90 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

Assesses key executive functions within verbal and spatial modalities

The D-KEFS is the first nationally standardised set of tests to evaluate higher level cognitive functions in both children and adults.

The D-KEFS assesses the integrity of the frontal system of the brain, determines how deficits in abstract, creative thinking may impact daily life and allows the user to plan coping strategies and intervention tailored to each client.

Key areas measured

- Flexibility of thinking
- Inhibition
- Problem solving, planning
- Impulse control
- Concept formation
- Abstract thinking, and creativity in both verbal and spatial modalities

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Game-like format designed to be interesting and engaging for examinees
- Complete kit includes discs, scoring cards, stimulus material

Practice Notes

This test can be administered by Psychologists with training and experience in the administration and interpretation of standardised clinical instruments and in consultation with SDS Services Neuropsychology.

Hayling and Brixton Tests

Burgess & Shallice (1997)

Overview

Number of items *3 tests*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *15 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *User discretion*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

Neuropsychological tests of executive functioning

The Hayling Sentence Completion Test is suitable for offenders with a wide range of problems such as those involving reading, visual perception or movement. The Brixton Spatial Anticipation Test measures the ability to detect rules in sequences of stimuli, probably the most well known situation in which dysexecutive patients have problems. The Brixton Test is perceptually simple and as it does not require a verbal response it is appropriate for those suffering from dysphasia.

Key areas measured

- Visual perception
- Response initiation and suppression
- Spatial sequencing

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Hayling Sentence Completion is a spoken test
- Easy to administer and designed to be pleasant for the client

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Rey—Osterrieth Complex Figure Test

Meyers & Meyers (1996)

Overview

Number of items *1 figure to be copied*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *45 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

For test review see *D13/062088*

Measures planning, organising and visual memory

The ROCF is a neuropsychological assessment in which examinees are asked to reproduce a complicated line drawing, first by copying and then from memory. Many different cognitive abilities are needed for a correct performance, and the test therefore permits the evaluation of different functions,

First proposed by Swiss Psychologist Andre Rey in 1941 and further standardised by Paul-Alexandre Osterrieth in 1944, it is frequently used to elucidate any secondary effect of brain injury in individuals, to test for the presence of dementia or to study the degree of cognitive development.

Key areas measured

- Visuospatial abilities
- Delayed visual memory
- Planning & organising

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- A complex visual line drawing is presented to the examinee, who must copy it. The original and copy are then removed and two recall trials are held, one immediately and one at 25-30 minute delay

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

Overview

Number of items *2 part*

Administration type *Drawing*

Collateral Information *N/A*

Administration time *5-10 mins*

Scoring *Hand scored*

Location/Ordering *Available online*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Neuropsychologists*

Training required *Yes*

Test of visual attention and task switching

The TMT is a neuropsychological test of visual attention and task switching. The task requires a client to “connect the dots” of 25 consecutive targets on a sheet of paper. The goal of the client is to finish the test as quickly as possible, and the time taken to complete the test is used as the primary performance metric.

Key areas measured

- Visual scanning
- Alpha-Numeric sequencing
- Visuomotor coordination
- Visual-spatial ability
- Divided attention
- Psychomotor speed

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Stimulus material http://redrose.cab.unipd.it/psytest/doc/285911_trail_making_test.pdf

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists, or Psychologists in consultation with SDS Services Neuropsychology.

Overview

Number of items *64 cards*

Administration type *Observed task completion*

Collateral Information *N/A*

Administration time *20-30 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required *Yes*

Assessment of perseveration and cognitive flexibility

The WCST is used primarily to assess perseveration and cognitive flexibility. The WCST allows the clinician to assess 'frontal' lobe functions such as: strategic planning, organised searching, utilising environmental feedback to shift cognitive sets, directing behaviour toward achieving a goal, and modulating impulsive responding.

Key areas measured

- Perseveration
- Cognitive flexibility
- Directing behaviour towards goal achievement
- Impulsivity

Eligibility and Exclusion

- Neuropsychologist's discretion

Test Notes

- Individually administered
- Provides objective scores not only of overall success, but also for specific sources of difficulty on the task

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.

PERSONALITY

- General Personality Scales
- Pathological Scales

Personality tests are usually questionnaires designed to reveal aspects of an individual's character or psychological makeup.

The first personality tests were developed in the early 20th century and were intended to ease the process of personnel selection, particularly in the armed forces. Since these early efforts, a wide variety of personality tests have been developed and a number of tests are now based on the Five Factor Model of personality.

Within CSNSW personality tests are used within a number of contexts, as a method of assessment for reports provided to courts or tribunals regarding custody evaluations, to help determine the mental state of an offender, for the assessment of risks and measuring of treatment plans and outcomes.



Minnesota Multiphasic Personality Inventory 2—Restructured Form

Ben-Porath and Tellegen (2008)

Overview

Number of items 338

Administration type *Self report*

Collateral Information Yes

Administration time *30-50 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier 5

Accreditation *Accredited*

Reading level *Year 5*

User *Psychologists*

Training required Yes

For test review see *D13/121935 & D20/1144853*

Multidimensional measure of adult personality and psychopathology

The MMPI-2-RF aids clinicians in the assessment of personality characteristics, mental disorders, identification of specific problem areas, major symptoms of psychopathology, and behavioural proclivities. In addition the MMPI-RF-2 can provide an evaluation of participants in specialist programs and select appropriate treatment approaches. Supports classification, treatment, and management decisions in criminal justice and correctional settings.

Key areas measured

- 51 scales including validity, higher order & restructured clinical scales
- Cognitive, internalising, externalising, interpersonal and interest scales
- Personality psychopathology scales

Eligibility and Exclusion

- Offenders requiring full psychological and personality assessment and/or report

Test Notes

- New scales based on contemporary psychometric and theoretical concepts
- Restructured clinical scales based on factor analytical procedures rather than traditional MMPI constructs

Practice Notes

Replaces the MMPI-2, whose accreditation was superseded, as the principal personality assessment, and orders for the Restructured Form may be made only after stocks of MMPI-2 have been depleted.

The collection of some collateral information (e.g. relevant history, observations, case notes and results of other assessments) is advisable.

NEO Personality Inventory—Revised

Costa and McCrae (1992)

Overview

Number of items *240*

Administration type *Self report*

Collateral Information *N/A*

Administration time *45 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *Year 6*

User *Psychologists*

Training required *No*

For test review see *D13/122282*

Assesses the five factors of personality

The NEO PI-R explores the five major domains of personality and the six traits/facets that define each domain. It is an assessment of personality rather than psycho-pathology.

The NEO PI-R is not a diagnostic tool, however, it is helpful in forensic settings and is a useful tool for specialised cases.

Key areas measured

- Neuroticism
- Extraversion
- Openness
- Agreeableness
- Conscientiousness

Eligibility and Exclusion

- Offenders requiring full psychological and personality assessment and/or report

Test Notes

- Assesses 30 specific traits, 6 for each of the five major domains of personality

Practice Notes

The NEO PI-R is accredited for general use.

Overview

Number of items *344*

Administration type *Self report*

Collateral Information *N/A*

Administration time *45 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *Year 4*

User *Psychologists*

Training required *No*

For test review see *D13/122609 &
D20/1144669*

Multi-scale test of personality and psychopathology

The PAI is a multi-dimensional self-report questionnaire for psychological functioning that assesses constructs relevant to personality and psychopathology evaluation (e.g. depression, anxiety, aggression).

Also a measure of psychopathology, it provides information relevant to clinical diagnosis and treatment planning.

Key areas measured

- Validity scales
- Clinical scales
- Treatment consideration scales
- Interpersonal scales

Eligibility and Exclusion

- Offenders requiring full psychological and personality assessment and/or report
- Staff Support Psychologists may also use the PAI

Test Notes

- 45 minutes to complete the PAI may be an underestimation
- PAI Plus Professional Manual Supplement has also been accredited for use. It contains additional indices, additional mean profiles and new diagnostic considerations for interpretation

Practice Notes

The PAI has a lower reading age requirement and may be used in preference to the Millon Clinical Multiaxial Inventory.

It may also be used by Provisional Psychologists to assist in their training for general registration.

Leslie C. Morey (1996)

Overview

Number of items 22

Administration type *Self report*

Collateral Information *N/A*

Administration time *5 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *Year 4*

User *Psychologists*

Training required *No*

For test review see *D13/120839 &
D20/1144736*

Brief screening of clinical problems and personality

The PAS is a self-administered subset of the PAI.

It is designed to provide brief screening information, relevant to various clinical problems. The PAS identifies target areas such as psychopathology and personality issues where further follow up is required.

Key areas measured

- Negative Affect, Alienation, Hostile Control, Alcohol Problems, Acting Out, Psychotic Features, Suicidal Thinking, Social Withdrawal, Health Problems, Anger Control

Eligibility and Exclusion

- Offenders requiring quick assessment of personality

Test Notes

- The PAS is a subset of the PAI

Practice Notes

No specific training is required, however, the assessment can be used by suitably qualified professionals with an expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors.

Overview

Number of items *See Practice Notes*

Administration type *Self report*

Collateral Information *N/A*

Administration time *Up to 1 hour*

Scoring *Hand scored*

Location/ Ordering *PBDS; CVE, sex & violent offender programs*

Used test storage *Psychology file*

Reassessment *N/A*

Tier *5*

Accreditation *Accredited*

Reading level *Unknown*

User *Psychologists*

Training required *No*

For test review see *D13/121531*

Identify the presence of early maladaptive schemas

The YSQ-3 aids clinicians in the assessment of personality disorders through identification of early maladaptive beliefs, or schemas. The 18 primary early maladaptive schemas measured are related to traits found to be present in those with personality disorders.

Negative early childhood experiences may result in the development of early maladaptive schemas which are found to lead to longstanding maladaptive interpretations of the world. These schemas, when reinforced through childhood experiences shape the way an individual interprets and responds to their current environment.

Key areas measured

- Disconnection and rejection
- Impaired autonomy and performance
- Impaired limits
- Other directedness
- Over vigilance and inhibition

Eligibility and Exclusion

- The YSQ-3 may be used for offenders in specialist units such as PBDS, CVE programs, sex and violent offender treatment programs and the at-risk population. See practice notes below.

Test Notes

- Available in public domain
- Self report Likert scales
- Easy to score

Practice Notes

This questionnaire comes in both a long and short form. The long form has 205 items and is estimated to take one hour to administer. The short form has 75 items.

The YSQ-3 is accredited for restricted use only. Senior Psychologists and Therapeutic Managers may use the YSQ-3 in consultation with trained staff, especially since evidence has shown that the YSQ-3 may trigger maladaptive schemas. Schemas are a useful construct in helping Psychologists to integrate cultural and clinical data into case formulation and treatment. It is not a tool for diagnosis, but it may be used to inform clinical and group treatment practices.

Psychopathic Personality Inventory—Revised

Lilienfeld & Widows (2005)

Overview

Assess psychopathy personality traits

Number of items *154*

Administration type *Self report*

Collateral Information *N/A*

Administration time *20-30 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form
D14/379194*

Used test storage *Psychology file*

Reassessment *Minimum 12 months*

Tier *5*

Accreditation *Accredited*

Reading level *4th grade*

User *Psychologists*

Training required *Yes*

For test review see *D13/565858 &
D20/1145643*

Antisocial personality has been regarded as one of the “Big 4” factors relating to reoffending according to the RNR model. The PPI-R is used to assess psychopathic personality traits for the community population, with reduced emphasis on overt anti-social behaviours.

Rather than focusing exclusively on anti-social or criminal *behaviours*, the PPI-R measures the continuum of psychopathy *personality* traits.

Key areas measured

Eligibility and Exclusion

Test Notes

- Social potency, fearlessness, stress immunity, Machiavellian, carefree non-planfulness, impulsive nonconformity, blame externalisation, cold heartedness
- Fearless Dominance & Self Centred Impulsivity Factor scores
- Suitable for male and female populations
- Offenders who are suspected to have psychopathic qualities
- Community and custodial offenders
- Assesses 8 subscales, with emphasis on personality traits
- Includes validity scales for Deviant Responding, Inconsistent responding and Virtuous responding

Practice Notes

Limited use to offenders who have had a completed psychopathy assessment.

Overview

Number of items 20

Administration type *Structured interview*

Collateral Information Yes

Administration time *1-3 hours*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *12 monthly*

Tier 5

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see *D13/120963 & D20/1145733*

Standard measure of psychopathy

The PCL-R measures inferred personality traits and behaviours related to a widely understood, traditional conception of psychopathy. It yields dimensional scores but may also be used to classify or diagnose individuals for research and clinical purposes.

The PCL-R should not be used to assess risk. It should only be used for measuring 'personality' and intervention responsiveness.

Key areas measured

- Aggressive narcissism
- Socially deviant lifestyle

Eligibility and Exclusion

- In any case where assessment of psychopathy is indicated; PCL-SV score of 13 and above
- As part of any violence risk assessment

Test Notes

- Interview guides not required
- Is required for DVRAG, SRP and PPI-R.

Practice Notes

Collateral information **MUST** be sought from correctional files including Case Management, Case History (Community Corrections), Psychology and medical files. Criminal records and court depositions should also be used as well as interviews with relatives, employers, etc. The PCL-R should **NOT** be completed in the absence of file or collateral information.

Specific training **IS** required by Accredited Trainers. Supervision should be sought for each assessment.

Psychopathy Checklist—Screening Version

Hart, Cox & Hare (1999)

Overview

Screen for suspected psychopathy

Number of items 12

Administration type *Structured interview*

Collateral Information Yes

Administration time *30-60 mins*

Scoring *Hand scored*

Location/Ordering *Complete order form D14/379194*

Used test storage *Psychology file*

Reassessment *12 monthly*

Tier 5

Accreditation *Accredited*

Reading level *N/A*

User *Psychologists*

Training required Yes

For test review see *D13/120902 & D20/1144791*

The original PCL-R has become the standard assessment measure of psychopathy for correctional and forensic populations. However many professionals requested a brief instrument that has high reliability and validity ratings similar to the PCL-R.

The PCL-SV was not designed to replace the PCL-R but to offer an efficient tool to screen for the possible presence of psychopathy.

Key areas measured

- Aggressive narcissism
- Socially deviant lifestyle

Eligibility and Exclusion

- To screen for cases where assessment of psychopathy is indicated
- As part of any violence risk assessment

Test Notes

- The PCL-SV is not a diagnostic tool but cut off scores indicate when to follow-up the screener with the full Hare PCL-R
- Research shows that scores on the PCL-SV are highly correlated with risk of violent recidivism

Practice Notes

Collateral information **MUST** be sought from correctional files including Case Management, Case History, Psychology and medical files. Criminal records and court depositions should also be used as well as interviews with relatives, employers, etc. The PCL-SV should **NOT** be completed in the absence of file or collateral information.

Specific training **IS** required by Accredited Trainers. Supervision should be sought for each assessment.

CSNSW APPROVED ASSESSMENTS

- Screening
- Needs Assessments
- Child Protection

Assessments in this section have been approved by CSNSW OS&P branch for use with inmates as such they do not require to be approved through the accreditation process.

NB: Education and Work assessments are listed under the Criminogenic Needs section of the Compendium

Assessments which focus on the Classification and Placement of offenders are not included in this manual.



Inmate Identification and Observation Form

Assessment and Case Management Support Team (2009)

Overview

Number of items -

Administration type *Interview*

Collateral Information *Police records*

Administration time *15 mins*

Scoring *Not scored*

Location/Ordering *All custody locations*

Used test storage *Case File*

Reassessment *N/A*

Tier *1*

Accreditation *Approved*

Reading level *N/A*

User *Correctional Officers*

Training required *Yes*

Intake into custody

The IIO is completed by Correctional Officers as part of the Reception, Screening, Induction and Orientation (RSIO) process. It comprises of several sections which cover demographic information, health, detoxification and suicide prevention.

The IIO is summarised on the Lodgement form and used for initial placement of inmates into correctional facilities.

The IIO forms the basis of a case file.

Key areas measured

- Demographic information
- Personal description and Identification
- Health History
- Suicide and Self Harm history
- Supporting information

Eligibility and Exclusion

- All offenders admitted to Corrective Services custody - at court cells or correctional centres

Test Notes

- Individual, pen and paper only
- Collateral information to come from warrants, cell checks, etc.

Practice Notes

To be completed by court or reception room staff on all new inmates and those received on a Form 7 order from the court.

Intake Screening Questionnaire

CSNSW (2016)

Overview

Number of items -

Administration type *Interview*

Collateral Information *Yes*

Administration time *30-45 mins*

Scoring *Not scored*

Location/Ordering *OIMS*

Used test storage *OIMS and Case File*

Reassessment *N/A*

Tier *1*

Accreditation *Approved*

Reading level *N/A*

User *Intake Screeners*

Training required *Yes*

Intake screening for personal risks and immediate needs

The ISQ-6 is conducted within the first 36 hours of an inmate's entry into a correctional centre and 24-hour court cell. The principal purpose of the ISQ-6 is to identify and appropriately manage the risk of harm, either to self or others, as well as gather information about behavioural and/or mental health issues and personal needs at the time of intake. This information contributes to effective case management plans and promotes the integration of inmates into the custodial environment.

Key areas measured

- Immediate needs
- Family, accommodation,
- Coping with stress and risk of suicide and harm
- Basic information about some criminogenic needs

Eligibility and Exclusion

- All inmates within 36 hours of being received into custody
- ISQ-6 is completed as part of a battery of intake/screening interviews

Test Notes

Practice Notes

Collateral information includes observation sheets, case file, health history and Justice Health alerts from the IIO. Users are to liaise with Justice Health as part of the screening.

Referrals from the ISQ-6 are common and must be communicated clearly and in a timely manner.

An e-learning course must be completed prior to commencing as a screener and RSIO training must be undertaken. Afterwards screeners are to submit completed ISQ-6s for Quality Assurance.

Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication

CSNSW (2020)

Overview

New

Number of items 34

Administration type *Interview*

Collateral Information *Yes*

Administration time *Variable*

Scoring *OIMS*

Location/Ordering *OIMS*

Used test storage *OIMS*

Reassessment *Per [Case Management Sequencing Model](#)*

Tier *2*

Accreditation *Approved*

Reading level *N/A*

User *CMUs and HIPUs*

Training required *Yes*

Measures functional needs of inmates

The PARRCC2 is a dynamic assessment that measures the functional needs of inmates. The scoring is predominantly based on a consensus between Case Managers and file information on the inmate. The overall score of the PARRCC2 is based on time left to serve and the level of need identified.

It assists in determining the level and types of intervention required for each inmate and identifying immediate needs that require action. Information from the PARRCC2 can be used to develop the inmate's case plan and implement the Case Management processes.

Key areas measured

- Adjustment needs
- Responsivity needs
- Reintegration needs
- Offence Related needs
- Communication needs

Eligibility and Exclusion

- All inmates must have a PARRCC2 completed within 28 days of being sentenced

Test Notes

- Involves file review, interview and scoring.
- For each domain, an inmate may have no needs, a standard need or complex needs.

Practice Notes

The PARRCC2 must be recorded in OIMS and the PARRCC Interviewing Guide (D19/0356355) is the only guide to be used during the assessment. It is an official record and must be entered into the inmate's EDRMS Case Management File container. The Procedure for Using Assessments and Tools in Case Management was currently being drafted at the time this compendium was being revised.

Scoring Guide can be accessed via EDRMS document D18/725279. Training is delivered by and can be requested from the ACMST.

Sensory / Physical Screening Questionnaire

CSNSW (2020)

Overview

Number of items *4 sections*

Administration type *Interview*

Collateral Information *Yes*

Administration time *30mins*

Scoring *Not scored*

Location/Ordering *SDS Services Intranet site*

Used test storage *EDRMS Case Management file*

Reassessment *N/A*

Tier *2*

Accreditation *Approved*

Reading level *N/A*

User *CMOs, OS&P*

Training required *N/A*

Screens for sensory, physical or mobility impairments

The SPSQ is an initial screening of an offender's sensory, mobility and physical needs. The SPSQ maybe initiated as a result of inmate requests, observations, referrals from correctional centre staff, medical reports and other information. The SPSQ screens for the presence of an impairment, the severity of the impairment, the impact of functioning, and management needs.

Key areas measured

- Vision
- Hearing
- Physical
- Mobility
- Management

Eligibility and Exclusion

- All inmates suspected of having sensory, physical or mobility impairments.
- Upon referral request

Test Notes

- To be accompanied by a signed Consent to Exchange Information Form
- Information from the SPSQ is entered on the OIMS Disability screen by SDS Services

Practice Notes

Can be completed by Case Management Officers (CMOs) or SAPOs including HIPU SAPOs.

Upon completion send to SDS Services and filed in the inmate's EDRMS case management file.

Overview

Number of items *N/A*

Administration type *Collateral review*

Collateral Information *Required*

Administration time *Variable*

Scoring *N/A*

Location/Ordering *Intranet or CPCSU*

Used test storage *Secure EDRMS*

Reassessment *Circumstances*

Tier *2*

Accreditation *Departmental Approved*

Reading level *N/A*

User *CPCSU*

Training required *Yes*

Assessment to determine if a child related offender is permitted to receive child visits

The CCAP aims to manage and minimise risks posed to children who are subject to an application to participate in contact visits in a correctional centre or AVL visits. It involves an assessment of child safety risks and determines if it is in the best interest of the child to visit the inmate.

The CCAP is applied to inmates identified as a child related offender. If these inmates wish to receive visits (face to face and AVL) with children under 18 years of age, a CCAP application must be submitted. Upon attainment of the carer's informed consent, Child Protection Coordination and Support Unit (CPCSU) undertake a child focused risk assessment to inform decisions regarding the approval or refusal of child visits.

Key areas measured

- Applicant child's best interests
- Inmate's offending behaviour
- Relationship between the inmate and the applicant child
- Protective factors of the carer

Eligibility and Exclusion

- All inmates requesting visits with children and are identified as having a current or historical child related offence that meets the criteria in the CCAP
- All inmates not identified as having a current or historical child related offence are excluded

Test Notes

- CSNSW staff may assist inmates in completing required documentation
- Carer informed consent must be obtained
- Each child is assessed individually
- Appeal processes for inmates to have decisions reconsidered

Practice Notes

Only CPCSU processes CCAP applications. They rely on the assistance of CSNSW front line staff to identify inmates with child related offences during initial reception and screening at a correctional centre. Once identified, OIMS (Alerts and Visitor Restriction) is updated to reflect the child visit restriction.

Collateral information may include Police facts, court depositions, criminal history, child protection registration and history of contact with Family and Community Services.

CCAP is detailed in COPP10.11 Managing child visitors.

AHPRA APPROVED TESTS FOR PROVISIONAL PSYCHOLOGISTS

- Tests in National Psychology Examination curriculum

Assessments listed in this section are those which can be used to assist a Provisional Psychologist in developing the necessary assessment competency that is expected of a General Psychologist and in preparation for the National Psychology Exam.

While this list reflects the National Psychology Examination curriculum at the time this Compendium was published, it is best practise to visit the relevant AHPRA Psychology Board websites to attain a current list of psychological tests that will be in the Exam.

It is also highly advised that supervisors training Provisional Psychologists are familiar with the curriculum so that they can appropriately assist and train the Provisional Psychologist.



Tests in the National Psychology Examination Curriculum

According to the 2018 National Psychology Examination Curriculum “Passing the examination is required by the Psychology Board of Australia (the Board) general registration standard for provisional psychologists undertaking the 4+2 and 5+1 pathway to general registration” (Psychology Board of Australia, August 2018). It may also be required for Psychologists who were trained overseas and would like to practice in Australia; or those who were directed by the Psychology Board of Australia.

The Curriculum states that the Provisional Psychologist is required to have “detailed knowledge” of six tests and to have obtained training and competency in test administration. Other skills and knowledge they are expected to demonstrate are as follows:

- Understanding of “the application and limitations of tests and their psychometric and normative basis, including test reliability, validity, utility and standardisation”.
- Understanding of “cultural responsiveness in testing diverse groups”
- Ability to score tests and interpret results; particularly current editions of psychological tests (and “using relevant Australian norms where available”).
- Understanding the limitations of computerized interpretive reports.

Please read the National Psychology Examination Curriculum for more information and details.

Provisional Psychologists “will be asked detailed questions to demonstrate competence in the administration, scoring and interpretation” of the current versions of these psychological tests:

- Wechsler Adult Intelligence Scale (WAIS) pg. 108
- Wechsler Intelligence Scale for Children (WISC)
- Personality Assessment Inventory (PAI) pg. 132
- Depression, Anxiety and Stress Scale (DASS) pg. 85 for DASS-21
- Kessler Psychological Distress Scale (K10) pg. 79
- Strengths and Difficulties Questionnaire.

Provisional Psychologists “must demonstrate familiarity with the use and purpose of the following tests”:

Intelligence scales:

- Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
- Stanford-Binet Intelligence Scales
- Wechsler Abbreviated Scale of Intelligence (WASI) pg. 107
- Woodcock-Johnson Test of Cognitive Abilities
- Raven’s Standard Progressive Matrices (SPM) pg. 106

Adaptive and educational assessments:

- Wechsler Individual Achievement Test (WIAT) pg. 109
- Adaptive Behavior Assessment System (ABAS)

Memory:

- Wechsler Memory Scale (WMS) pg. 115
- Wide Range Assessment of Memory and Learning (WRAML)

Vocational:

- Self Directed Search
- Strong Interest Inventory

Personality:

- Sixteen Personality Factor Questionnaire (16PF)
- NEO Personality Inventory (NEO) pg. 131 for NEO PI-R

Clinical and mental health tests:

- Beck Depression Inventory (BDI) pg. 83
- Global Assessment of Functioning (GAF)
- State Trait Anxiety Inventory (STAI)
- World Health Organisation Disability Assessment Scale (WHO-DAS)
- World Health Organisation Quality of Life Scale (WHO-QOL)
- Outcome Rating Scale (ORS)
- Minnesota Multiphasic Personality Inventory (MMPI) pg. 130 for MMPI-2-RF
- Patient Health Questionnaire 9 Item (PHQ-9)
- Achenbach Child Behaviour Checklist and Teacher/Youth reports (CBCL)
- Structured Clinical Interview for DSM (SCID) pg.81 for SCID-5-CV

As such these psychological tests can be used in CSNSW to assist in the training of Provisional Psychologists.

ANNEXURES

- Assessments Superseded or Not Accredited for Use by the AMC
- Index of Accredited/ Provisionally Accredited Assessments
- Index of Acronyms of Accredited/ Provisionally Accredited Assessments
- Index of Other Acronyms



Assessments superseded or not accredited by the AMC for general use*

- Adult State Hope Scale (ASHS)
- Adult Substance Use Survey - Revised (ASUS-R)
- Adult Suicidal Ideation Questionnaire (ASIQ)
- Adversarial Sexual Beliefs and Sexual Conservatism Scale (ASB/SC)
- ASK Suicide - Screening Questions (ASK)
- Automated Sexual Recidivism Scale (ASRS)
- Brown Attention Deficit Disorder Scales (BADDS)
- Brief Spousal Assault Risk Assessment Guide (B-SAFER)
- Brief Symptom Inventory 18 (BSI 18)
- Bumby Cognition Scales—Child Moles Scale (BMS) and Rape Scale (BRS)
- Buss-Perry Aggression Questionnaire (BPAQ)
- California Psychological Inventory (CPI)
- Centre for Epidemiological Studies Depression Scale (CESDS)
- Child Empathy Test (CET)
- Clinical Analysis Questionnaire (CAQ)
- Clinician Administered PTSD Scale (CAPS)
- Composite International Diagnostic Interview 2.1
- Comprehensive Trail Making Test (CTMT)
- Criminal Attitudes to Violence Scale (CAVS)
- Criminal Reimprisonment Estimate Scale (CRES)
- Criminal Sentiments Scale, Modified (CSS)
- Depression, Anxiety, Stress Scale - 42 items (DASS42)
- Domestic Violence Screening Instrument (DVSI) and the Revised DVSI (DVSI-R)
- Domestic Violence Supplementary Report (DVSRF)
- Drug and Alcohol Treatment Outcome Procedures (DATOP-1)
- Drug and Alcohol Treatment Outcome Procedures—Brief Version (DATOP-2)
- Dundee Provocation Inventory (DPI)
- Emotional Processing Scale (EPS)
- Empathy for Women Test (EFW)
- High Risk Situation Test (HRST)
- Hospital Anxiety and Depression Scale (HADS)
- Indigenous Risk Impact Screen (IRIS)
- Interpersonal Reactivity Index (IRI)
- Inventory of Beliefs about Partner Abuse (IBAPA)
- Inventory of Offender Risk, Needs and Strengths
- Jesness Inventory - Revised (JI-R)
- Kaufman Brief Intelligence Test (K-BIT)
- Kaufman Functional Academic Skills Test (K-FAST)
- Kaufman Short Neuropsychological Assessment Protocol (K-SNAP)
- Levenson Locus of Control (LOC)
- Locus of Control of Behaviour Scale (LCB)
- Marlowe Crowne Social Desirability Scale (MC-SD)
- Measure of Psychosocial Development (MDP)
- Mental Status Checklist for Adults (MSCA)
- Michigan Alcohol Screening Test (MAST)
- Mini Mental Status Examination (MMSE)
- Minnesota Multiphasic Personality Inventory 2 (MMPI-2)
- Minnesota Sex Offender Risk Assessment Screening Test Revised (MSORAST)
- Modified Mini Screen (MMS)
- Motor Free Visual Perception Text 3rd Ed (MFVPT-3)
- Multiscore Depression Inventory (MDI)
- National Adult Reading Test—1st and 2nd Edition
- Neuroticism Scale Questionnaire (NSQ)
- OMNI - IV Personality test
- Opiate Treatment Index
- PATRIACH
- Perceptions of Threats from Emotions Questionnaire (PTEQ)
- Personal Orientation Inventory (POI)
- Pierce Suicide Intent Scale (PSIS)
- Pride in Delinquency Scale (PIDS)
- Psychiatric Diagnostic Screening Questionnaire (PDSQ)
- Psychological Inventory of Drug Based Thinking Styles (PIDTS)
- Readiness To Change Questionnaire (RTCQ)
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- Revised Conflict Tactics Scale (CTS-2)
- Risk Matrix 2000 (RM2000)
- Self Efficacy Scale (SES)
- Sex Offender Need Assessment Rating (SONAR)
- Sex Offender Risk Appraisal Guide (SORAG)
- Situational Confidence Questionnaire (SCQ)
- Sixteen Personality Factor Questionnaire (16PF)#
- Stages of Change, Readiness and Treatment Eagerness Scale (SOCRATES)
- Stalking Assessment and Management Guidelines (SAM)
- Stanford Binet Intelligence Scales - IV#
- State Trait Anger Expression Inventory – 2 (STAXI-II)
- State Trait Anxiety Inventory (STAI)#
- Stroop Test
- Structured Clinical Interview—DSM Axis 2 (SCID-II)
- Structured Clinical Interview for DSM IV—Clinical Version
- Structured Interview for PTSD (SIP)
- Structured Interview for Reported Symptoms—2 (SIRS-2)
- Structured Interview of Malingered Symptomology (SIMS)
- Substance Abuse Subtle Screening Inventory - 3 (SASSI-3)
- Suicide Concerns for Offenders in Prison (SCOPE)
- Symptom Checklist - Revised (SCL-90-R)
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- Triarchic Psychopathy Measure (TriPM)
- University Rhode Island Change Assessment (URICA)
- Vineland Adaptive Behaviour Scale - 2nd Ed.
- Violence Risk Appraisal Guide (VRAG)
- Violent Extremism Risk Assessment (VERA)
- Watt Anger knowledge Scale (WAKS)
- Wechsler Adult Intelligence Scale 3 (WAIS-III)
- Wechsler Test of Adult Reading (WTAR)
- Wisconsin Card Sorting Test: Computerised Version
- Wide Range Achievement Test—III (WRAT-III)
- Woodcock-Johnson Tests of Cognitive Abilities (WJ)#
- Yale-Brown Obsessive Compulsive Scale modified for Body Dysmorphic Disorder (BDD-YBOCS)

* Contact Manager, Assessments & Case Management for further information or permission to use these assessments—8346-1458
Approved for use by Provisional Psychologists for attaining general registration.

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Index of Other Acronyms

ACE-R	Addenbrooke's Cognitive Examination—Revised
APO	Aboriginal Practice Officer
ABI	Acquired Brain Injury
ACMU	Acute Crisis Management Unit
AOD	Alcohol and Other Drugs
ACMST	Assessment and Case Management Support Team
AMC	Assessment Management Committee
AHPRA	Australian Health Practitioner Regulation Agency
APS	Australian Psychological Society
CDTCC	Compulsory Drug Treatment Correctional Centre
CMO	Case Management Officer
CMU	Case Management Unit
COPP	Custodial Operations Policy and Procedures
CPCSU	Child Protection Coordination and Support Unit
CSA	Core Skills Assessment
CSNSW	Corrective Services New South Wales
CVE	Countering Violent Extremism
CALD	Culturally and Linguistically Diverse
DSM	Diagnostic Statistical Manual
DES	Dysexecutive Syndrome
EQUIPS	Explore, Question, Understand, Investigate, Practice, Succeed
ESC	Education Services Coordinator
EDRMS	Electronic Document and Records Management System
GAI	General Ability Index
GLM	Good Lives Model
HIPU	High Intensity Program Unit
HRO Team	High Risk Offenders Team
IQ	Intelligence Quotient
IDATP	Intensive Drug and Alcohol Treatment Program
ITP	Intensive Treatment Programs
JMCC	John Morony CC
MMSE	Mini-Mental Status Examination
N/A	Not Applicable
OIMS	Offender Integrated Management System
OS&P	Offender Services and Programs
PBDS	Personality and Behavioural Disorders Services
PRISM	Proactive Integrated Support Model
PTSD	Post-Traumatic Stress Disorder
R&E	Research and Evaluation
RATS	Risk Assessment Training Strategy
RIT	Risk Intervention Team
RMP	Risk Management Programs
RNR	Risk, Needs and Responsivity
RSIO	Reception, Screening, Induction and Orientation
STEM	Science, Technology, Engineering, and Mathematics
SOAU	Serious Offender Assessment Unit
SAPO	Services and Programs Officer
SDRO	State Debt Recovery Office
SDS Services	State-wide Disability Services
VOTP	Violent Offenders Therapeutic Program

