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

This compendium lists all assessments and psychometric tests accredited for use with CSNSW offenders. It provides a definitive list of recommended psychological tests and assessments in use by staff across both community and custodial corrections.

The process has been ongoing since 2008 when it was recognised that there was no formal or systematic method of selecting tests. Initially, an Accreditation Framework for Assessment Instruments was developed which asserted 4 criteria to be met for an assessment to be accredited. These were:

1. Assessments must be relevant to CSNSW goals
2. Assessments must be based on sound psychometric evidence to ensure reliability & validity, and withstand judicial scrutiny.
3. Supporting material must be available for their administration and interpretation, and
4. They are resource efficient

An Assessment Management Committee (AMC) oversees the accreditation process and is made up of senior practitioners and managers representing the major areas of the Offender Management and Programs Division.

The committee has, at this point, reviewed 197 assessments and adopted 107 of these. In each case a thorough literature review is conducted by a nominated researcher, and report are submitted for consideration by the AMC. These reports can be found on CSNSW’s EDRMS database and can be used by Psychologists or other interested individuals for research purposes or if needed to justify judicial scrutiny. The EDRMS number is listed at the bottom-left hand side of each page.

This 4th edition is the result of the ongoing work of the AMC and lists the tests with the Accredited, Provisionally Accredited or a ‘Pilot-Only’ status. Those tests that were deemed not approved by the committee are listed on page 126.

From 2013 onwards much of the work of the committee has is spent conducting ongoing reviews of previously accredited tests to ensure they are still the best on the market.

The compendium is the culmination of around 9 years of continuous work by the AMC and the Assessment and Case Management Support Team. I would like to acknowledge the members of the AMC over the years and those who have prepared reports including: Daniel Stanton, Hans Elfeldt, Daniele Matsuo, Cherice Cieplucha, Anna Woodrow, Fiona Innes, Henry Zugai, Andrew Kaw, Chris Blatch, Laura Howarth, Susan Vandenberg, Sheridan Walsh, Jason Borkowski, Haana Haddad, June Wong, Ross Feenan, Chelsey Dewson, Leatrice Todd and Maggie Cruickshank. Special thanks to our research assistants—Masters in Forensic Psychology students from the UNSW—Sarah Truong, James Wu, Yae-Young Jun, Minh Nguyen-Hoan and Kylie Ferguson.

If the reader has any questions or would like further information about this compendium please contact the Offender Assessment Unit on: assessments@dcs.nsw.gov.au or on +61-2-8346-1458.

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September 2016
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The base classification of assessments used by Corrective Services NSW is the Tiered system. Each tier contains a discrete set of assessments increasing in depth as the tiers increase. 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**
Refers to the Intake type assessments such as the Inmate Identification and Observation screen, the Intake Screening Questionnaire or the Offender Identification Data Form.

**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) and readiness for intervention (TRQ).

**Tier 3—Criminogenic Needs/Domains**
When the LSI-R (Tier 2 test) reveals that a criminogenic need (e.g. Education, Criminal Thinking or AOD) requires some or considerable improvement, further investigation is sometimes warranted. Tier 3 assessments provide a more comprehensive assessment of these domains or criminogenic needs. In addition, 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**
Clinical assessments carried out by Psychologists or other specialists and include IQ tests, tests of memory, language, mood, personality and psychological disorders.
RISK ASSESSMENTS

- Risk of Reoffending
- Sexual Reoffending
- Terrorism
- Violent Reoffending
- Harm to Others / Dangerousness

Assessment of risk is a core function of Corrective Services NSW. 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 and as a result, supervision, services and programs can be prioritised appropriately.
The Child Contact Assessment Policy (CCAP) is a policy that requires some inmates to be assessed in relation to their suitability for visits with children. The Child Protection Coordination and Support Unit (CPCSU) completes the assessment.

Inmates in need of assessment are identified at screening, at which point an alert is activated. If the inmate wishes to have visits with children they must then complete an application form. The CPCSU must then obtain the child's carer's informed consent to proceed with the assessment. If consent is given, CPCSU compile collateral information to assess the submission. From this information a report is prepared for the Child Protection Panel who make the final decision.

### Key areas measured
- Suitability of an inmate to have visits with a child

### Eligibility and Exclusion
- All inmates whose convictions (historical and current) or current charges meet criteria listed for CCAP
- Criteria may include offences against children; violent offences in presence of a child; child pornography

### Test Notes
- CSNSW staff may assist inmates with application forms
- Collateral information required
- Each child must be assessed individually
- Declined inmates can apply to have the assessment reviewed

### Practice Notes
Assessment completed by the Child Protection Coordination and Support Unit only. CSNSW staff may assist inmates with application form.

Collateral information may include court depositions, police facts, criminal history, child protection registration, history of contact with Family and Community Services.

The Child Protection Panel will review each assessment upon completion.
RISK ASSESSMENTS
Harm to others/ Dangerousness

Community Impact Assessment
Corrective Services NSW (2013)

Overview

- Number of items: 16
- Administration type: Collateral Review only
- Collateral Information: Required
- Administration time: 5-10 minutes
- Scoring: OIMS Scored
- Location/Ordering: OIMS
- Used test storage: OIMS
- Reassessment: 12 monthly
- Tier: 2
- Accreditation: Accredited
- Reading level: N/A
- User: CCD Staff
- Training required: No

Assists determine level of monitoring in the Community

The Community Impact Assessment compliments the 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 offenders.

The Community Impact Assessment was designed based on CSNSW data and will be evaluated after initial implementation. Staff are encouraged to provide feedback on this new initiative as frontline input is critical in improving our business practices.

Key areas measured

- Consequence of re-offence
- Order type
- Offence seriousness

Eligibility and Exclusion

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

Test Notes

- LSI-R (and Static99-R if applicable) must be completed and approved prior to administration
- March 2013: Assessment is in its development stage and subject to ongoing review

Practice Notes

Scoring rules on OIMS and in the Community Impact Assessment and Scoring Guide must be adhered to.

Scoring rules are located on the Offender Assessment Unit Intranet website.

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

Number of items: 7
Administration type: Observation checklist
Collateral Information: Required
Administration time: 5 mins
Scoring: Hand Scored
Location/Ordering: PBDU
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 PBDU
For test review see: D13/407686

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
- Not scored
- Additional gaol-based items included to distinguish from psychiatric facility

Practice Notes

Used by the PBDU and staff in centres which manage PBDU offenders. Can be used by staff to measure change in behaviours—in consultation with the PBDU.

May be used in restrictive units, such as Segregation units, High Risk Management Correctional Centre, Strategic Threat Groups, Mum Shirl Unit, Mental Health units, Kariong, Additional Support Units, Acute Crisis Management Units and Multi Purpose Units where 24 hour monitoring is available.
RISK ASSESSMENTS
Harm to others

HCR-20
Historical Clinical Risk —20
Webster, Douglas, Eaves & Hart (1997)

Identify presence/absence of violence risk factors

The HCR-20 is a checklist of risk factors for violent behaviour. It incorporates a blend of historical/ - static (unchangeable) variables and dynamic (changeable) variables. - This assessment guide is intended to lay a foundation for completing violence risk assessments with - respect to pragmatic obstacles faced by clinicians in general psychiatric, forensic and correctional - settings.

Overview

- Number of items: 20
- Administration type: Checklist
- Collateral Information: Required
- Administration time: Varies
- Scoring: Hand scored
- Location/Ordering: Ordered through Assessments@
- Used test storage: Psychology File
- Reassessment: 6-12 monthly
- Tier: 5
- Accreditation: Accredited
- Reading level: NA
- User: Psychologist
- Training required: Yes
- For test review see: D 13/039568

Key areas measured

- Consists of 20 items separated into three domains – 10 historical factors (past), five clinical factors (present), and five risk management factors (future).

Eligibility and Exclusion

- Restricted mainly to settings in which there is a high proportion of persons with histories of violence
- Men and women eligible

Test Notes

- The user makes a guided judgement based on each item within the three domains and rates the item using a 3-point response code (0= absent, 1= partial or possible presence, 2= present)

Practice Notes

Users (Psychologists) should be trained in the HCR-20 and PCL-R to conduct this test. Users should demonstrate both expertise in conducting individual assessments and in the study of violence. 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 research 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.
RISK ASSESSMENTS

General Reoffending

Criminal Reimprisonment Estimate Scale

Xie, Neto, Corben, Galouzis, Kevin & Eyland (2014)

Overview

Number of items 6
Administration type System generated
Collateral Information Yes—OIMS
Administration time NA
Scoring Algorithm based system scored
Location/Ordering LSI-R Requirements Report
Used test storage NA
Reassessment NA
Tier 2—Risk
Accreditation Accredited
Reading level NA
User All
Training required NA
For test review see D14/217072

Measures likelihood of returning to custody

Actuarial screening tool developed by Corrective Services NSW which reliably estimates the rate of re-imprisonment of an inmate within 2 years of release.

The CRES is built upon a statistical model of specific variables known to accurately predict reoffending and re-incarceration (similar to actuarial risk assessments used in other jurisdictions such as the ROC-ROI, ROR, OGRS, SIR, OASys and GRAM etc).

The CRES model is intended to assist decision making on which offenders should be given priority for in-depth risk assessment and rehabilitation interventions.

Key areas measured

• Intensity of offending and length of criminal career
• Age
• Most serious offence
• Time in community between custodial episodes
• Indigenous status
• Sentence length

Eligibility and Exclusion

• All offenders sentenced to imprisonment
• At time of printing—may be extended to community and remanded inmates

Test Notes

• Actuarial model using algorithm based on 6 variables
• High AUC for indigenous and non-indigenous, male and female inmates and offenders.

Practice Notes

The CRES has been built into the LSI-R Requirements Report to assist SAPOs and CCOs target which offenders should be prioritised for LSI-R completions.

The CRES may be used to prioritise Domestic Violence Offenders for specific Interventions.

CRES policy is in development at the time of printing this 4th edition (August 2016).
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<tr>
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<tr>
<td>Reading level</td>
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<tr>
<td>User</td>
<td>No restriction</td>
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<tr>
<td>Training required</td>
<td>Required</td>
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<td>For test review see</td>
<td>D 13/046905</td>
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**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 the standard tool used by CSNSW to measure risk and needs for all offenders and is based on the Risk/Needs/Responsivity principles.

Research conducted by CSNSW in 2011 also revealed the LSI-R was twice as predictive as other assessments for Domestic Violence. The LSI-R has also been shown to be highly predictive of violent reoffending.

**Key areas measured**

- Education/Employment
- Alcohol and Drug usage and effects
- Criminal Attitudes
- Criminal Associates
- Good predictor of risk of spousal abuse

**Eligibility and Exclusion**

- In the community—all offenders on an order or requiring a Pre-Sentence Report
- In custody—all sentenced offenders with an aggregate sentence of over 6 months left to serve
- Use with caution 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 OIDF) filed on Case History or Case Management File

**Practice Notes**

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

NB; The LSI-R, YLSIR or YLS-CMI are authorised for use 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**: 22
- **Administration type**: Structured Professional Judgement
- **Collateral Information**: Required
- **Administration time**: Variable
- **Scoring**: Hand-scored
- **Location/Ordering**: Ordered through Assessments@...
- **Used test storage**: Psychology File
- **Reassessment**: User discretion
- **Tier**: 3
- **Accreditation**: Accredited
- **Reading level**: NA
- **User**: Psychologist
- **Training required**: Yes
- **For test review see**: D13/046933 & D16/210668

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**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

**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

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**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.

Use of the RSVP is limited to SVOTP staff and Serious Offender Assessment Unit Psychologists. It may also be used by psychologists outside specialist programs with appropriate supervision.
### 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 Stable and Acute 2007 can be used to adjust the actuarial score derived from the Static99-R, however, this is not the common practice of sex offender programs CSNSW.

#### Key areas measured
- Intimacy
- Self regulation—general/sexual
- Influence of others/social supports
- Access to victims
- Acceptance/rejection of supervision

#### Eligibility and Exclusion
- Adult male offenders with sexual crimes

#### Test Notes
- Should not be used as a standalone measure
- Administered by semi-structured interview with extensive collateral material required

### Practice Notes

Stable factors can be reassessed after every 6 months to a 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. The assessment can be used by suitably qualified professionals with an expertise in conducting assessments with the supervision of CSNSW Sex Offender Program Psychologist supervisors.
Overview

Number of items: 20
Administration type: Structured Professional Judgement
Collateral Information: Required
Administration time: Several hours
Scoring: Hand scored
Location/Ordering: Ordered through Assessments@...
Used test storage: Psychology File
Reassessment: User discretion
Tier: 3
Accreditation: Accredited
Reading level: NA
User: Psychologist
Training required: Yes
For test review see: D 13/046913 & D16/211381

To assess presence or absence of sexual violence risk factors

The SVR-20 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 a small number of staff in the Serious Offender Assessment Unit (MSPC), and Psychologists from the Sex and Violent Offender Treatment Program. It may be used by psychologists outside specialist programs with appropriate supervision.

Assessors should be supervised by relevant CSNSW supervisors.
Overview

Number of items: 10
Administration type: Collateral review
Collateral Information: Yes
Administration time: 20-30 mins
Scoring: Scored on OIMS
Location/Ordering: OIMS
Used test storage: OIMS
Reassessment: Assessed once per booking
Tier: 2
Accreditation: Accredited
Reading level: NA
User: Psychologist
Training required: Yes
For test review see: D 13/046919 & D16/210629

Estimate of risk of sexual reoffending

The Static99-R is a ten-item static actuarial assessment instrument created by R. Karl Hanson, Ph.D. 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 (up to 15 years) for sexual and violent recidivism for sexual offenders based on objective, easily obtainable information such as official criminal record, victim characteristics and age.

Key areas measured

- Offence types
- Victim types
- Prior history

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
- Simple coding rules
- Measures only the risk of recidivism, not needs

Practice Notes

Although the Static99-R is available on the internet CSNSW requires the assessment to only be carried out by Psychologists who have been trained in the assessment. Manually coded and results entered on OIMS.

Users are recommended to undergo booster training every 2 years.
Measures risk of sexual reoffending

Stemming from several key theories of risk and change, the Violence Risk Scale—Sex Offending (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.

Overview

- Number of items: 24
- Administration type: Semi-structured Interview
- Collateral Information: Required
- Administration time: 2.5 to 5 hours
- Scoring: Hand scored
- Location/Ordering: Ordered through Assessments@...
- Used test storage: Psychology file (TRIM)
- Reassessment: Circumstances
- Tier: 3
- Accreditation: Accredited
- Reading level: N/A
- User: Psychologist
- Training required: Yes
- For test review see: D13/407838

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

Practice Notes

Only for use by SVOTP psychologists— as a pre and post measure.

2 day intensive training is required prior to use. For further information contact SVOTP directly.
Overview

Number of items 31
Administration type Structured Clinical Judgement
Collateral Information Required
Administration time 60 minutes
Scoring Hand scored
Location/Ordering HRMCC
Used test storage Psychology File
Reassessment NA
Tier 2
Accreditation Pilot
Reading level NA
User Psychologist
Training required Yes
For test review see D 13/046943

Assess the risk of extremist violence

The VERA was co-developed between Elaine Pressman (Canada) and John Flockton (CSNSW).

The VERA-2 is designed to assess the risk of what has been referred to as “violent political extremism”. The user makes a guided rating judgement for each of the 25 Risk items and 6 Protective indicators based on criterion definitions.

Key areas measured

- Beliefs and Attitudes about extremist violence
- Context and Intent
- History and capability of extreme violence
- Commitment and motivation
- Protective items

Eligibility and Exclusion

- The VERA-2 will only be used on Male and Female convicted AA (Terrorist) inmates housed at the High Risk Management Correctional Centre who are convicted violent extremist offenders

Test Notes

- Structured Professional Judgement assessment
- The assessment guide is designed to be systematic, empirically grounded, developmentally-informed, treatment oriented, flexible and practical

Practice Notes

Currently only used by Psychologists at the HRMCC—for convicted violent extremist offenders.

Training in issues related to violent extremism and VERA-2 administration is essential and can be conducted by the authors.
SAPROF—II
Structured Assessment of Protective Factors—2nd Ed
De Vogel, De Ruiter, Bouman & de Vries Robbe (2012)

Overview
- Number of items: 17
- Administration type: Structured Professional Judgement
- Collateral Information: Yes
- Administration time: 1-2 hours
- Scoring: Hand scored
- Location/Ordering: Ordered through Assessments@...
- Used test storage: Psychology File
- Reassessment: 6-12 months
- Tier: 1
- Accreditation: Provisional
- Reading level: NA
- User: Psychologist
- Training required: Familiarity with SPJ tools
- For test review see: D13/633342

Review factors related to the reduction of future violent behaviour

The SAPROF is a violence risk assessment tool specifically developed for the assessment of protective factors for adult offenders.

The tool was 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 provides an overall judgment of the level of available protection from possible future violence. The SAPROF is suitable for assessment of both violent and sexual offenders.

Key areas measured
- Internal protective factors
- Motivational factors
- External protections

Eligibility and Exclusion
- SVOTP 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

Practice Notes
To be used only within High Risk Treatment Units within structured treatment programs/maintenance for the purpose of treatment planning/guiding and only after general and specific violence risk assessments have been administered.

Users should have training/knowledge of in at least one SPJs and the theoretical perspectives of protective factors. Assessments should be supervised.

Results are not to be used in any court reports.
Overview

Number of items 12
Administration type Individual
Collateral Information Yes
Administration time 1 day
Scoring Hand scored
Location/Ordering See test notes
Used test storage Psychology File
Reassessment NA
Tier 3
Accreditation Accredited
Reading level NA
User Psychologist
Training required Yes
For test review see D16/395113

The VRAG-R is an actuarial measure of violent (including sexual) recidivism. The instrument was developed to provide a simpler scoring method. It is a 12-item actuarial scale which gives the probability (from zero to 100%) that an offender will commit a new violent offence within a specified period of community access (5 and 12 years).

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
- Only to be used for assessing and reporting on violent offenders under the High Risk Offender Act
- Not for use with referrals to, or within, Violent Offender Treatment Program

Test Notes
- 7 factors
- No longer relies on PCLR being completed
- Test and norms are presented in “Violent offenders: Appraising and managing risk” 3rd edition

Practice Notes
Only for use for assessing and reporting on HRO Violent Offenders
### Measures risk of violent reoffending

The VRS assesses the client’s level of violent 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 factors
- Treatment targets including antisocial attitudes and beliefs
- Strengths / Protective factors

### Eligibility and Exclusion
- All violent and non-violent adult male and female offenders, in custody and community, including psychiatric patients
- Appropriate for offenders with DV only offences

### Test Notes
- Not a self report tool
- Contains both static and dynamic risk predictors
- Ratings and interpretations - conducted manually

### Practice Notes
Can be conducted by interview and collateral check, or collateral check alone.

2 day intensive training course can be arranged through the Statewide Programs or Assessment and Case Management Support Team.
Rapid screening for risk of violent reoffending

The Violence Risk Scale – Screening Version (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. ETI assessments, interstate transfer
- As part of a VOTP referral where LSI -R is medium and requires specific focus on dynamic risk of violence

Test Notes

- Contains both static and dynamic risk predictors
- Ratings and interpretations conducted manually

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.
CRIMINOGENIC NEEDS AND OFFENCE RELATED ASSESSMENTS

- Alcohol, Drugs and Addictions
- Antisocial Attitudes / Associates
- Education / Employment
- Criminal Thinking
- 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 MSOGS looks at gambling history as well as thoughts and feelings associated with pathological gambling.

While the Level of Service Inventory—Revised is comprehensive, it is insufficient to fully investigate all aspects of the various criminogenic or offence-related factors.

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

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Interview</td>
</tr>
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</tr>
<tr>
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</tr>
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<td>Scoring</td>
<td>Hand scoring</td>
</tr>
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</tr>
<tr>
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<td>Tier</td>
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</tr>
<tr>
<td>Accreditation</td>
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</tr>
<tr>
<td>Reading level</td>
<td>NA</td>
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<tr>
<td>User</td>
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</tr>
<tr>
<td>Training required</td>
<td>No</td>
</tr>
<tr>
<td>For test review see</td>
<td>D 13/076704</td>
</tr>
</tbody>
</table>

## 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 Medium to High Risk offenders who score yes on LSI-R items 39, 40 or 41
- Offenders must score in the SOME or CONSIDERABLE need for improvement on the LSI-R AOD subsection

### 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 Severity of Dependence Scale

## 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.
**Overview**

- **Number of items**: 12
- **Administration type**: Self Report
- **Collateral Information**: NA
- **Administration time**: 5-10 minutes
- **Scoring**: Hand scored
- **Location/Ordering**: Intranet
- **Used test storage**: Case File/History
- **Reassessment**: NA
- **Tier**: 3
- **Accreditation**: Accredited
- **Reading level**: NA if interviewed
- **User**: No restrictions
- **Training required**: No
- **For test review see**: D 13/127280

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**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 Medium to High Risk offenders who score yes on LSI-R items 39 or 41
- Offenders must score in the SOME or CONSIDERABLE need for improvement on the LSI-R AOD subsection

**Test Notes**

- May be used with the Severity of Dependence Scale
- Can be tested as a self report, or as an interview

---

**Practice Notes**

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

- **Number of items**: 22-89
- **Administration type**: Interview
- **Collateral Information**: NA
- **Administration time**: 45 minutes
- **Scoring**: Computer assisted
- **Location/Ordering**: CRES
- **Used test storage**: Case File & CRES
- **Reassessment**: Post program
- **Tier**: 3
- **Accreditation**: Provisional—research only
- **Reading level**: NA
- **User**: No restrictions
- **Training required**: Yes
- **For test review see**: D 13/127285

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**Composite screening of AOD related problems for evaluation research**

The computer-assisted procedure was developed to provide a measure of treatment outcome and can be used as a diagnostic and research tool. It is a dedicated pre-post treatment tool for use with correctional populations, providing a comprehensive drug problem profile – including locally developed items that cover drug-related offending, patterns of drug use, associated risk behaviours, treatment history, emotional functioning and social functioning, combined with recognised standardised scales. It takes the form of a structured interview. Most behavioural questions refer to the three months before the current episode of imprisonment. Interpretation involves standardised scores and interviewer estimates in determining the level and type of treatment.

**Key areas measured**

- Patterns of drug-related behaviours and offending
- Treatment history
- Emotional state
- Program expectations and satisfaction

**Eligibility and Exclusion**

- Available for Medium to High Risk offenders who score yes on LSI-R items 39, 40 or 41
- Offenders must score in the SOME or CONSIDERABLE need for improvement on the LSI-R AOD subsection

**Test Notes**

- Includes World Health Organisation AUDIT, Severity of Dependence Scale, Social Functioning Scale, Readiness to Change Questionnaire, Situational Confidence Questionnaire, South Oaks Gambling Screen, Crime Avoidance Self Confidence Inventory

**Practice Notes**

The procedure offers versatility, in that a combination of different scales can be applied for specific purposes, such as combining behavioural measures with the Situational Confidence Questionnaire in a brief intervention.

The procedure has proven application in treatment evaluation research (CTOS).

Staff should address enquiries to maria.kevin@dcs.nsw.gov.au
Overview

- Number of items: 74-93
- Administration type: Interview
- Collateral Information: NA
- Administration time: 30 minutes
- Scoring: Computer assisted
- Location/Ordering: CRES
- Used test storage: Case File CRES
- Reassessment: Post program
- Tier: 3
- Accreditation: Provisional—research only
- Reading level: NA
- User: No restrictions
- Training required: Yes—minimal
- For test review see: D 13/127285

DATOP-2

Drug and Alcohol Treatment Outcome Procedures—Brief version

Maria Kevin, CRES, CSNSW (2007)

AOD pre-post program assessment procedures for treatment

The computer-assisted procedure was developed to provide a measure of treatment outcome and can be used as a diagnostic and research tool. The procedure is a modified version of DATOP. It is a dedicated pre- and post- treatment tool for use with correctional populations, providing a drug problem profile – including locally developed items that cover drug-related offending, recent patterns of drug use and treatment history, combined with recognised standardised scales. It takes the form of a structured interview. Most behavioural questions refer to the three months before the current legal order or prison episode. Interpretation involves standardised scores and interviewer estimates in determining the level and type of treatment. A modified version has been developed for custodial populations.

Key areas measured

- Patterns of drug-related offending
- Patterns of drug use
- Treatment history
- Program expectations and satisfaction

Eligibility and Exclusion

- Available for Medium to High Risk offenders who score yes on LSI-R items 39, 40 or 41
- Offenders must score in the SOME or CONSIDERABLE need for improvement on the LSI-R AOD subsection

Test Notes

- Includes Severity of Dependence Scale, Social Functioning Scale, Readiness to Change Questionnaire, Drug Taking Confidence Questionnaire

Practice Notes

The procedure has proven application in CSNSW community-based settings in the evaluation of the DAAP and RPP programs.

Staff should address enquiries to maria.kevin@dcs.nsw.gov.au
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 CCD 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 CDTCQ 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 minutes
- Scoring: OIMS scored
- Location/Ordering: Intranet
- Used test storage: Case File
- Reassessment: Not required
- Tier: 3
- Accreditation: Accredited
- Reading level: NA
- User: No restriction
- Training required: No
- For test review see: D 13/076747

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 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 and this test would be useful for Pre-Sentence reports as well as determining which program/intervention offenders are best placed into.
## M-SOGS

**Modified South Oaks Gambling Screen**

Lesieur & Blume (1993)

### Overview

- **Number of items**: 28
- **Administration type**: Interview or self report
- **Collateral Information**: NA
- **Administration time**: 10 minutes
- **Scoring**: OIMS scored
- **Location/Ordering**: OIMS/
- **Used test storage**: OIMS
- **Reassessment**: NA
- **Tier**: 3
- **Accreditation**: Accredited
- **Reading level**: NA
- **User**: No restriction
- **Training required**: Intranet
- **For test review see**: D 13/127286

### Identify the extent of problem gambling

The MSOGS 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.

Emphasises the financial implications arising from excessive gambling and uses 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
- Should only be used for medium to high risk offenders OR those who score 0 or 1 on item 21 of the LSI-R due to gambling problems

### Test Notes

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

### Practice Notes

Guidelines for use can be found on the Offender Assessment Unit Intranet site.

Offenders who score “some” or “considerable” gambling problem should be referred to “The Best Bet Is The One You Never Have” (or other) program or to Gamblers Anonymous.

Cut-offs for “some” and “considerable” gambling problems were adjusted in 2014.
# CRIMINOGENIC NEEDS / OFFENCE RELATED

## Antisocial Attitudes / Associates

### Overview

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<thead>
<tr>
<th>Number of items</th>
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<tbody>
<tr>
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<td>Collateral Information</td>
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<tr>
<td>Administration time</td>
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<td>Reading level</td>
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<td>Training required</td>
<td>No</td>
</tr>
<tr>
<td>For test review see</td>
<td>D13/565767</td>
</tr>
</tbody>
</table>

### Assessment of anti-social attitudes and companions

Under the current “What Works” 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 which 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 in conjunction with the LSI-R, where attitudes are an identified criminogenic need

### Test Notes

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

### Practice Notes

The assessment can be used by a range of staff with experience / expertise in assessing offenders. The MCAA should be used on offenders who are moderate risk of reoffending or above, particularly those who score either 4 or 5 on the “Companions” domain of the LSI-R or 3-4 on the “Attitude/Orientation” domain. Both these domains are considered “considerable need for improvement”.

The MCAA is a pre-requisite assessment for the EQUIPS program introduced to CSNSW in 2014.
## Overview

- **Number of items**: NA
- **Administration type**: Interview
- **Collateral Information**: NA
- **Administration time**: 60 mins
- **Scoring**: Not scored
- **Location/Ordering**: AEVTI intranet site
- **Used test storage**: Education or Case File
- **Reassessment**: NA
- **Tier**: 3
- **Accreditation**: Accredited
- **Reading level**: NA
- **User**: Teachers, Education Officers
- **Training required**: NA

## Full education and work history and goals

The Education Profile Interview provides a comprehensive history of an inmate’s schooling, education and employment interests and aspirations.

### Key areas measured
- School history
- Work history
- Educational interests

### Eligibility and Exclusion
- All inmates—Remand and Sentenced are eligible
- Required for moderate to high risk offenders with considerable need for improvement in Education/Employment domain on LSI-R (i.e. scores 8 or more out of 10)

### Test Notes
- The EPI is an internal CSNSW assessment and undergoes periodical internal review.

### Practice Notes

Individual assessment, conducted as part of the initial education assessment, along with the Core Skills Assessment or the English Language and Literacy Assessment (ELLA).
Overview

- **Number of items**: 94
- **Administration type**: Checklist of observations
- **Collateral Information**: NA
- **Administration time**: 15-20 minutes
- **Scoring**: Not scored
- **Location/Ordering**: OIMS
- **Used test storage**: OIMS
- **Reassessment**: 3 monthly
- **Tier**: 3
- **Accreditation**: Accredited
- **Reading level**: NA
- **User**: Overseers
- **Training required**: Yes*

Identification of current employability skills

The Work Readiness Assessment is conducted by Overseers on inmates as part of the Work Readiness Program in all correctional centres. The overseer observes and records workplace skills and attitudes which are relevant for an inmate’s employability after release. The Overseer then motivates the inmate to minimise or eliminate identified employability deficits.

The final OIMS report has been designed to act as a reference for the inmate.

<table>
<thead>
<tr>
<th>Key areas measured</th>
<th>Eligibility and Exclusion</th>
<th>Test Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace skills</td>
<td>Sentenced inmates in the moderate to high risk groups of reoffending.</td>
<td>Items on the Work Readiness Assessment make up a checklist for improvement during the work readiness program</td>
</tr>
<tr>
<td>Self Management</td>
<td>Inmates with identified employability deficits serving more than 3 months</td>
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<tr>
<td>Initiative</td>
<td>Communication skills</td>
<td></td>
</tr>
<tr>
<td>Communication skills</td>
<td>Application, responsibility</td>
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</tr>
</tbody>
</table>

Practice Notes

Overseers and Senior Overseers should refer to CSI policy and procedures regarding the use of the Work Readiness Assessment.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
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<tr>
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<td>No</td>
</tr>
<tr>
<td>For test review see</td>
<td>D 13/111409</td>
</tr>
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</table>

### 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

### Practice Notes

Suitable for use by a general psychologists, may be used as a pre and post test measure.

Interpretation of the BIS-11 requires a psychologist, as there are no guidelines for scoring available in the public domain.
Overview

- Number of items: 19
- Administration type: Questionnaire
- Collateral Information: NA
- Administration time: 5-10 minutes
- Scoring: Hand scored
- Location/Ordering: Public Domain
- Used test storage: Psychology File
- Reassessment: Post program
- Tier: 3
- Accreditation: Provisional
- Reading level: Unknown
- User: Psychologist
- Training required: No
- For test review see: D 13/076386

Adversarial Sexual Beliefs/Sexual Conservatism Scales

Burt (1980)

Attitudes about rape myths

The ASB/SC is used to measure the extent to which individuals hold attitudes which correlate with acceptance of rape myths. The attitudes measured are adversarial sexual beliefs and sexual conservatism.

These scales were developed in response to notions in feminist literature that purported rape as “the logical and psychological extension of a dominant-submissive, competitive, sex role stereotyped culture”.

Key areas measured

- Role stereotyping
- Adversarial sexual beliefs
- Sexual conservatism
- Acceptance of interpersonal violence

Eligibility and Exclusion

- Only for sex offenders who have consented and are about to begin participation in a sex offender treatment program.

Test Notes

- Poor wording on some items which may need explanation for the offender.

Practice Notes

Can be used as a pre and post treatment measure, prior to and following the completion of sex offender treatment.

Should be conducted with individuals rather than groups and in a quiet environment free from distractions.
### Bumby Cognitive Distortion Scales: Child Molest Scale

**Bumby (1996)**

#### Overview

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#### Assess cognitive distortions of child molesters

The cognitive distortions of sexual offenders are considered to be influential in the aetiology and maintenance of deviant sexual behaviour and are commonly accepted as valid predictors of treatment potential and success.

The Bumby Molest Scale is used to measure cognitive distortions in sex offenders, specifically those who have offended against children. It is usually administered prior to, and after, sex offender treatments and is currently used in CUBiT to evaluate treatment outcome.

#### Key areas measured

- Cognitions about children and sex with children

#### Eligibility and Exclusion

- Male sex offenders with offences against children who have consented to participate in sex offending programs

#### Test Notes

- Has potential for research as it is 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 BMS is susceptible to a social desirability bias and is best conducted as part of a battery of tests.
**Overview**

Number of items: 36
Administration type: Self Report
Collateral Information: NA
Administration time: 5-10 minutes
Scoring: Hand scored
Location/Ordering: SVOTP
Used test storage: Psychology File
Reassessment: Post program
Tier: 3
Accreditation: Accredited
Reading level: Unknown
User: Psychologist
Training required: No
For test review see: D 13/111558

**Assess cognitive distortions of rapists**

The Bumby scales were developed in response to notions in feminist literature that describe rape as “the logical and psychological extension of a dominant-submissive, competitive, sex role stereotyped culture”.

The BRS was developed to measure cognitive distortions in men who sexually assault women.

**Key areas measured**
- Maladaptive beliefs about women, sex with women and rape

**Eligibility and Exclusion**
- Male 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

**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 BRS is susceptible to a social desirability bias and is best conducted as part of a battery of tests.
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 Coping Using Sex Inventory (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 as it is 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 are to be incorporated into treatment.
Wilson Sex Fantasy Questionnaire

Overview

Number of items 40
Administration type Self report
Collateral Information NA
Administration time 5-10 minutes
Scoring Hand scored
Location/Ordering SVOTP
Used test storage Psychology File
Reassessment Post program
Tier 3
Accreditation Accredited
Reading level Unknown
User Psychologist
Training required No
For test review see D 13/086308

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.

According to the DSM-IV, diagnosis of paraphilia requires “recurrent, intense sexually arousing fantasies [or] sexual urges”. The WSFQ was developed as a means to quantify these sexual fantasies.

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

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.
Identifies potential functions of recent aggressive acts

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**

- 10 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 Offender Assessment Unit or Personality and Behavioural Disorders Unit

**Practice Notes**

Collateral information should be sought, from files or 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, Personality and Behavioural Disorders Unit.
How individuals experience anger and provocation

The Novaco Anger Scale and Provocation Inventory (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 eligible for CALM or - VOTP may be assessed using the NAS-PI -

Test Notes
- Has potential for research as it is 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. Assessor should be supervised by relevant CSNSW supervisors.
Responsivity is the third of the Risk-Needs-Responsivity principles used by CSNSW 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 can’t read or write, he will not benefit from 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.

- Client/Worker Alliance & Social Climate
- Language and Literacy
- Malingering
- Motivation
- Problem Solving
- Social Desirability
- Treatment Readiness
**Essen Client Evaluation Schema**

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

**Overview**

- Number of items: 17
- Administration type: Self report
- Collateral Information: NA
- Administration time: 5 mins
- Scoring: Hand scored
- Location/Ordering: Public Domain
- Used test storage: Program Unit files
- Reassessment: Mid and end program
- Tier: 4
- Accreditation: Provisionally Accredited
- Reading level: NA
- User: Program staff
- Training required: NA
- For test review see: D15/409281

**Social climate of residential therapeutic units**

It is widely recognised that clinical/rehabilitation settings play 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 Intensive - program locations

**Test Notes**

- 17 item self report inventory
- 4 point Likert scale
- Form available at D12/280769

**Practice Notes**

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

Currently provisionally accredited—for the purpose of research (CRES).

Contact Directors, Statewide Programs or CRES—or Manager, Assessment and Case Management - for further information.
**Overview**

- **Number of items**: 12
- **Administration type**: Self report inventory
- **Collateral Information**: NA
- **Administration time**: 5 minutes
- **Scoring**: Hand scored
- **Location/Ordering**: CRES
- **Used test storage**: Program Unit files
- **Reassessment**: Post program or as required
- **Tier**: 4
- **Accreditation**: PILOT ONLY
- **Reading level**: Yr 6
- **User**: All staff
- **Training required**: No
- **For test review see**: D15/409296

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**Indication of an intervention group climate**

The Intervention Group Environment Scale (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 responsiveness 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.

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**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

**Test Notes**

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

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**Practice Notes**

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

Currently accredited as a pilot assessment only—for the purpose of research (CRES).

Contact Directors, Statewide Programs or CRES—or Manager, Assessment and Case Management - for further information.
**Overview**

- **Number of items**: 12
- **Administration type**: Self report inventory
- **Collateral Information**: NA
- **Administration time**: 5 minutes
- **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**: Yr 6
- **User**: All staff
- **Training required**: No
- **For test review see**: D15/409286

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**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).

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**Key areas measured**

- Client / staff bond
- Agreed goals
- Agreed tasks

**Eligibility and Exclusion**

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

**Test Notes**

- Self reported questionnaires
- 5 point likert style

---

**Practice Notes**

This assessment may be used, primarily with offenders undergoing intensive treatment programs such as the IDATP, Sex and Violent Offender Treatment Programs—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.
Measures literacy and numeracy levels of offenders

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

The ELLNA (English Language, Literacy & Numeracy Assessment) measures proficiency in English through reading and writing, speaking and listening. The higher the score on the CSA or the ELLNA—the better the offender is able to read and write. Some CSNSW programs require higher levels of literacy and numeracy than others.

Key areas measured
- **CORE SKILLS ASSESSMENT (using the COMPASS)** Reading, Writing
- **ELLNA** English Language Literacy & Numeracy

Eligibility and Exclusion
- All inmates (remand & sentenced with 6 months) are eligible for the Education Intake Screening
- Inmates whose first language is not English should be considered for the ELLNA rather than the CSA

Test Notes
- The EIS is conducted under exam conditions
- The CSA should be administered to groups of inmates
- The ELLNA should be administered to individuals
- The higher the score the better the reading, writing and numeracy

Practice Notes

It is the Education and Vocational Training policy that all inmates undergo either the CSA or ELLA prior to enrolment to an education program.

Teachers and Education Officers conducting the assessments should be, but are not required to be LLN trained. The ELLA can only be scored by Teachers of English as a Second or Other Language (ESOL).

CLICK HERE FOR THE ACSF LEVELS OF READING, WRITING AND NUMERACY ARE FOUND HERE
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
- 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 as part of a comprehensive assessment.

May also be used with specific needs offenders
Overview

Number of items 52
Administration type Self Report
Collateral Information NA
Administration time 15-20 minutes
Scoring Hand scored
Location/Ordering Order through Assessments@...
Used test storage Psychology File
Reassessment Post Program
Tier 2
Accreditation Accredited
Reading level Year 4
User Psychologist
Training required No
For test review see D 13/075846

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 and Violent Offender Programs

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.
RESPONSIVITY
Social Desirability

Overview

- **Number of items**: 40
- **Administration type**: Self Report
- **Collateral Information**: NA
- **Administration time**: 10 minutes
- **Scoring**: Hand Scored
- **Location/Ordering**: Order through Assessments@
- **Used test storage**: Psychology File
- **Reassessment**: User discretion
- **Tier**: 2
- **Accreditation**: Accredited
- **Reading level**: Year 5
- **User**: Psychologist
- **Training required**: No
- **For test review see**: D 13/075579

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 (SDE) - the tendency to give honest but inflated self-descriptions and Impression Management (IM) - 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 and Violent Offender Programs 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.
Overview

- Number of items: 20
- Administration type: Self Report
- Collateral Information: NA
- Administration time: 10 minutes
- Scoring: OIMS
- Location/Ordering: OIMS
- Used test storage: OIMS
- Reassessment: Post Program
- Tier: 2
- Accreditation: Accredited
- Reading level: Year 7
- User: No restriction
- Training required: Yes
- For test review see: D 13/075637

Indication of readiness to complete programs

The Corrections Victoria Treatment Readiness Questionnaire (shortened for brevity as the 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 degrees 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.

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 after LSI-R and (if scoring in the medium—high risk groups) prior to completing a case plan.

Brief e-learning training modules are available on the intranet under the Offender Assessment Unit.

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 a Readiness Program or motivational interviewing etc.
CASE MANAGEMENT FUNCTIONS

- Intake and Screening tools -
- Case Planning
- Eligibility—Program and Services

Assessments in this section are generally CSNSW intake and screening assessments which may be used in the preparation of individualised offender case plans.

Assessments which focus on the Classification, Placement and Case Planning and overall Case Management for offenders are not included in this manual.
The Inmate Identification and Observation (IIO) Form is completed by Correctional Officers as part of the Reception Screening and Induction 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 placement 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 for personal risks and immediate needs

The Intake Screening Questionnaire 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 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

### Test Notes
- ISQ is completed as part of a battery of intake/screening interviews

### Practice Notes
Users are to liaise with Justice Health as part of the screening.

Collateral information includes observation sheets, case file, health history and Justice Health alerts.

Referrals from the ISQ are common and must be communicated effectively and in a timely manner.
Establish eligibility for the NSW Work Development Order Scheme

Through State Debt Recovery a scheme has been established to allow the accelerated payment of debt through work and development activities. Many offenders coming under CSNSW have sizable debts and, if they meet certain criteria, may be eligible for Work Development Orders.

The WDO questionnaire seeks to establish those offenders who are eligible for WDOs.

Key areas measured
- Serious Addiction
- Intellectual/Cognitive impairment
- Mental illness / PD
- Homelessness
- Economic Hardship

Eligibility and Exclusion
- All inmates identified by SDRO as having debts are included

Test Notes
- Checklist only
- Several fields pre-populated from ISQ and LSIR

Practice Notes
Inmates identified by the State Debt Recovery Office are to be reviewed using the WDO questionnaire to determine whether they will be eligible for the scheme.

Results should inform the offender’s case plan so that the scheme can be included in the plan.
ATTITUDES AND BELIEFS

- Empathy
- Locus of Control
- Personal Effectiveness
- 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 Measure of Criminal Associates and Attitudes (MCAA) may be found under the Criminogenic Needs section of this compendium.
Individual’s perception about the underlying main causes of life events

Locus of control (LOC) 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.

LOC 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.

LOC 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 Goodman Locus of Control was selected by the Assessment Management Committee in favour of other LOC measures particularly because it is more accessible to offenders with learning disabilities.

Use restricted to SVOTP and SDS.

A knowledge of the concept of Locus of Control is required by staff conducting the assessment.
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 Social Self Esteem Inventory 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**
To 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.

Originally thought to be replaced by the YSQ, however, AMC decided against this in Aug 2013.
CLINICAL / MENTAL DISORDERS

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

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, excluding anger which can be found under the 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 ADHD, Asperger's, Post Traumatic Stress Disorder, etc.

Tests such as the MMPI-2-RF and MCMI-III can be found under Personality assessments.
Brief Symptom Inventory

Leonard & Derogatis (1993)

**Overview**

- Number of items: 53 items
- Administration type: Self report
- Collateral Information: NA
- Administration time: 30 minutes
- Scoring: Hand Scored
- Location/Ordering: Order through Assessments@...
- Used test storage: Psychology File
- Reassessment: User discretion
- Tier: 5
- Accreditation: Accredited
- Reading level: Year 8
- User: Psychologist
- Training required: No
- For test review see: D 13/127292

**Screen for psychological symptoms and their intensity**

The Brief Symptom Inventory (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 minute 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 assessment can be used by suitably qualified professionals with an expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors.
Screening tool to measure psychological distress

The K-10 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 K-10 can also be used to evaluate and monitor effectiveness of treatment and guide referral judgements. It has been implemented in the Australian health system to prevent and 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
- Assist with R.I.T offender assessment

Practice Notes
This assessment can be used to assist in determining if further referral to a psychologist or mental health professional is required.

Justice Health use the K-10 in their intake screening form, it is also used by general practitioners in NSW to assess Medicare related mental health referrals to a psychologist.
MINI International Neuropsychiatric Interview


Assessment of major mental health disorders

Collectively developed by US and European psychiatrists and clinicians, the MINI is a brief structure clinical interview designed to assess major mental health disorders. It uses diagnostic criteria consistent with DSM V and ICD-10.

Similar to the Structured Clinical Interview for DSM-IV (SCID) and the Composite International Diagnostic Interview (CIDI) it was developed to bridge a gap between lengthy interviews and short screening tools and create a tool which was brief, reliable and valid. The MINI should be used to inform clinical interviews regarding common disorders and can be used when considering both responsivity and criminogenic need.

Key areas measured

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

Eligibility and Exclusion

- Offenders considered for various psychological reports
- May assist in program suitability, mental health, community and psychological referrals
- Reconsider need for use with offenders with dementia, low IQ or language problems

Test Notes

- One to three screening questions per disorder
- Uses decision tree logic, additional questions asked if positive responses to screening questions occur
- Questions read out by assessor

Practice Notes

The MINI is highly regarded and well used throughout the world. The MINI replaces the SCID and the Psychiatric Diagnostic Screening Questionnaire (PDSQ) which were previously accredited by the AMC. May be used in conjunction with SCID-II

Supervision in interpretation should be sought, particularly if used by non-psychologists, particularly as the MINI is known to have some increased false positive.

Blank form available at CSNSW TRIM D14/395977
Overview

- **Number of items**: Covers 13 Axis 2 disorders
- **Administration type**: Semi structured interview
- **Collateral Information**: Yes
- **Administration time**: 20 + 90 minutes
- **Scoring**: Hand scored
- **Location/Ordering**: Order through Assessments@...
- **Used test storage**: Psychology File
- **Reassessment**: NA
- **Tier**: 5
- **Accreditation**: Accredited
- **Reading level**: Questionnaire: Year 8
- **User**: Psychologist
- **Training required**: Yes
- **For test review see**: D 13/123318

Clinical diagnostic tool for DSM IV Axis 2 disorders

SCID-2 is a semi structured diagnostic interview for assessing the 10 DSM-IV Axis II personality disorders as well as depressive personality disorder, passive-aggressive personality disorder and personality disorder-not otherwise specified (NOS).

Key areas measured

- Personality Disorders
- Depressive personality disorder
- Passive-aggressive personality disorder
- Personality Disorder NOS

Eligibility and Exclusion

- Only to be administered to selected offenders at the discretion of the relevant Senior Psychologist

Test Notes

- Personality Questionnaire—119 item self report
- Interview—assesses the 13 DSM-IV Personality Disorders
- Summary Score Sheet—completed after interview

Practice Notes

This test should only be administered by specialist clinicians and its use is restricted to staff from the PBDS and specialist At-Risk and Mental Disorder Units. (Nov 2011)

Some collateral information checks may be required in addition to the interview. Should not be used as a stand-alone instrument given fairly high rate of false positives and low false negatives associated with the questionnaire.

With the inclusion of the MINI the SCID-1 was removed.
The Beck Anxiety Inventory (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., 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.
Assesses offenders believed to be depressed

The Beck Depression Inventory Second Edition (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., 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.
Beck Hopelessness Scale
Beck (1988)

Overview

Number of items 20
Administration type Self Report
Collateral Information NA
Administration time 5-10 minutes
Scoring Hand scored
Location/Ordering Order through Assessments@...
Used test storage Psychology File
Reassessment User discretion
Tier 5
Accreditation Accredited
Reading level Year 6
User Psychologist
Training required No
For test review see D 13/123070

Designed to measure negative attitudes about the future

The Beck Hopelessness Scale 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 restricted use by Psychologists for suicide prevention purposes in specialist at-risk and mental health units and for assessments for Risk Intervention Team risk management plan reviews.

Other psychologists may use the BHS in consultation with Therapeutic Managers or Senior Psychologists.
DASS-21

Depression, Anxiety and Stress Scales
Lovibond & Lovibond (1995)

Overview

Number of items 21
Administration type Self report
Collateral Information NA
Administration time 5-10 minutes
Scoring Hand scored
Location/Ordering Public Domain
Used test storage Psychology File
Reassessment User discretion
Tier 5
Accreditation Accredited
Reading level Unknown
User Psychologist
Training required No
For test review see D 13/122735

Measure of emotional states

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

Test Notes

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.

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.
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 Loneliness Scale is mainly used with sex offenders, as loneliness is considered to be a 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 ID offenders 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 self-injurious behaviour by an offender in custody or the community.

May also be used for sex offenders in treatment or under supervision
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 (AQ) and Empathy Quotient (EQ)
- 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.

A spreadsheet has been developed by SDS for use with this assessment. See intranet or internet “Autism Research Centre”
The Autism Diagnostic Observation Schedule (ADOS) 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.

Information from the ADOS-2 can inform diagnosis, 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 Psychologists only or in consultation with SDS Psychologists.

Purchase subject to approval of Manager Statewide Disability Services and 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 NA
Administration time 15 minutes
Scoring Hand scored
Location/Ordering Online
Used test storage Psychology File
Reassessment Post treatment
Tier 5
Accreditation Provisional
Reading level Yr 5
User Psychologist / RAIT
Training required No
For test review see D16/395103

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 RAITS or in the MHSU
- 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 CBT treatment outcomes and understanding the meaning and function of internal voices. Non-clinical psychologists may seek supervision where required to interpret.

A paper version is freely available online: http://onlinelibrary.wiley.com/doi/10.1002/9780470713075.app1/pdf
### CAPS: Clinician Administered PTSD Scale

**Overview**

- **Number of items**: 30
- **Administration type**: Semi Structured interview
- **Collateral Information**: Yes
- **Administration time**: 30-60 mins
- **Scoring**: Hand scored
- **Location/Ordering**: See Practice Notes
- **Used test storage**: Psychology File
- **Reassessment**: Required
- **Tier**: 5
- **Accreditation**: Accredited
- **Reading level**: Unknown
- **User**: Psychologist
- **Training required**: See Manual
- **For test review see**: D 13/753311

**Assess the severity of PTSD symptoms**

The CAPS was developed in conjunction with current diagnostic criteria as a comprehensive, psychometrically sound instrument that could serve as a “gold standard” for the assessment of PTSD. It is a semi-structured interview that measures the severity of post-traumatic stress disorder symptoms and can be used to provide a categorical diagnosis of PTSD.

Can be used to assess the frequency, intensity and functional impact of PTSD symptoms, and is mapped onto the 17 items of DSM-IV criteria for PTSD.

**Key areas measured**

- PTSD symptoms
- Re-experiencing symptoms
- Avoidance and numbing
- Increased arousal
- Onset and duration
- Subjective distress
- Overall severity

**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 symptom status for past week or past month
- 17 symptoms and Acute Stress Disorder scales
- Life Events Checklist given to respondent to assess worst 3 symptoms

**Practice Notes**

The LEC is given to the respondent before the interview to assess various types of exposure and lifetime experiences of trauma. The respondent is then asked a series of questions about how problem frequency and discomfort/intensity.

### Overview

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### 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. It is a short, easily administered self-report questionnaire designed to measure current subjective distress and post-traumatic stress disorder (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

### 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. May even be used as a triage tool for the CAPS.

Beck Scale for Suicide Ideation

Beck & Steer (1991)

Overview

Number of items 21
Administration type Self Report
Collateral Information NA
Administration time 5-10 mins
Scoring Hand scored
Location/Ordering Order through Assessments@
Used test storage Psychology File
Reassessment User discretion
Tier 5
Accreditation Accredited
Reading level Year 6
User Psychologist
Training required No
For test review see D 13/046941

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, Beck Hopelessness Scale 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, this liaison must be made with the Risk Assessment & Intervention Team (RIT/RAIT).
Columbia-Suicide Severity Rating Scale

Overview

- Number of items: 6-22
- Administration type: Semi Structured interview
- Collateral Information: Not required
- Administration time: 10 mins
- Scoring: Hand Scored
- Location/Ordering: Available on TRIM: 14/349663
- Used test storage: Case 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

Measures suicidal ideations and behaviours

The Columbia-Suicide Severity Risk Scale (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.

There are 3 versions of the C-SSRS, 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.

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
- Can be used for RIT / RAIT
- Lifetime/Recent version to be used initially - Since Last Visit version may be used for RIT reviews

Practice Notes

Can be used by any staff to determine whether risk intervention is required and to assist RIT and RAIT teams in the assessment of suicidal ideations.

Special note: Training DVD is to be saved onto C: drive to operate. Not to be run off TRIM
FUNCTIONING

- Academic / Achievement
- Daily Living
- Disability
- Social / Interpersonal / Intimacy

The assessment instruments in this section relate to the everyday functioning of an offender. It includes their quality of life, coping skills and their social and emotional life.
CISs
Coping Inventory for Stressful Situations
Endler & Parker (1994)

Measure of coping styles and skills

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
- Psychometrically sound

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.
Assess functional support needs

The Statewide Disability Service’s Disability Assessment Schedule (SDS-DAS) provides a self-report questionnaire used to identify additional support needs of an offender based on how their level of disability is affected by life areas and the interaction between the individual and their environment.

It provides information to identify the individual’s needs, setting priorities and allocating resources. It will assist in identifying offenders who have a disability and assist in providing support for those applying for the National Disability Insurance Scheme (NDIS).

Key areas measured
- Cognition
- Mobility
- Self care
- Getting along with others
- Life activities
- Participation

Eligibility and Exclusion
- Offenders identified with the ISQ as having a disability

Test Notes
- 2 sections—impairments and functioning—with 6 domains
- Based on the WHO Disability Assessment Schedule 2.0
- Contact SDS for latest version

Practice Notes
Pilot only — as at June 2016.
For use with offenders with disabilities. For further information contact Statewide Disability Services
May eventually be placed on OIMS database
**Overview**

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**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 Miller Social Intimacy Scale 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.
### Overview

- **Number of items**: 32
- **Administration type**: Self report
- **Collateral Information**: NA
- **Administration time**: 5 mins
- **Scoring**: Hand Scored
- **Location/Ordering**: Order through Assessments@...
- **Used test storage**: Psychology file
- **Reassessment**: Post program
- **Tier**: 4
- **Accreditation**: Accredited
- **Reading level**: Year 6
- **User**: Psychologist
- **Training required**: No
- **For test review see**: D13/244650

### Quality of Life Inventory (QOLI)

**Michael B. Frisch (1992)**

#### To assess satisfaction with one’s life

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 ‘Good Lives Model’, 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

May be used in therapeutic programs using the ‘Good Lives’ Model and intensive drug treatment programs. 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.
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 Acute Crisis Management Units, Personality and Behavioural Disorders Unit, Serious Offender Assessment Unit, Mental Health Units, Statewide Disability Services, Additional Support Unit as well as Senior Psychologists in the community may also administer the RBANS, DKEFS, WCST, WMS, TOMM and PPVT-IV. These tests can be administered by specifically trained psychologists in consultation with neuropsychologists.

- **Neuropsychologists** may use any of the above tests as well as the WIAT-II, TEA, ACER, COWAT, HBT, TMT, ROCF, NART, WJ-III, BNT, CVLT, D&P and RAVLT. These tests are restricted to Neuropsychs.
Overview

- Number of items: 10-53
- Administration type: Structured Interview
- Collateral Information: Yes-Medical Records
- Administration time: 15-20 mins
- Scoring: Interpreted by Neuropsychologists
- Location/Ordering: SDS Intranet page
- Used test storage: Case File
- Reassessment: N/A
- Tier: 5
- Accreditation: Provisional
- Reading level: NA
- User: All staff
- Training required: See SDS Practice Note 7-02/2012
- For test review see: D13/633402

ABIQ

Acquired Brain Injury Questionnaire

Overview

Head Injuries and the resulting behavioural or cognitive difficulties is reported in a high proportion of offender’s lifetimes. 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 Acquired Brain Injury Questionnaire (ABIQ) is an interview-based instrument that captures the frequency and severity of lifetime head injury experiences and subsequent traumatic brain injury outcomes. The ABIQ records the events which caused the injury, the severity of the person’s injury and the common symptoms experienced by those with Brain Injuries.

Key areas measured

- Pre-screening of brain injuries -
- Head Injury detail -
- Problems with daily -functioning

Eligibility and Exclusion

- Offenders who have a suspected history of Acquired Brain Injury or who have sustained an ABI -
- May be triggered by the Question “have you ever had a brain injury”

Test Notes

- Test is available on SDS intranet site
- 3 sections completed by staff member and relayed to Neuropsychologist upon completion

Practice Notes

Any staff may complete the ABIQ with the inmate/offender and send to SDS for interpretation by a suitably qualified Psychologist / Neuropsychologist.

Staff are required to read the SDS Practice Note 7-02 / 2012 for instructions on administering the ABIQ.

A fact sheet on ABI is also available on the SDS intranet site.
**Overview**

- **Number of items**: 6 subtests
- **Administration type**: Observed task completion
- **Collateral Information**: NA
- **Administration time**: 15 minutes
- **Scoring**: Hand scored
- **Location/Ordering**: Public Domain
- **Used test storage**: Psychology File
- **Reassessment**: 6 monthly
- **Tier**: 5
- **Accreditation**: Accredited
- **Reading level**: NA
- **User**: Neuropsychologist
- **Training required**: Yes
- **For test review see**: D 13/062044

---

**Key areas measured**

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

**Eligibility and Exclusion**

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

**Test Notes**

- Individual pen and paper test
- 3 parallel versions of the ACE-III

---

**Practice Notes**

Replaces the Mini Mental Status Exam 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.

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**Brief screening for dementia**

The ACE-III is a dementia screening tool that has replaced the 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, front temporal 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.
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
- Immediate memory
- Visuo-spatial/constructional
- Language
- Attention
- Delayed memory
- Speed of information processing

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

### Test Notes
- Individual test
- Contains 12 subtests

### Practice Notes
Approved for use by Senior Community Offender Services Psychologists and Psychologist/Senior Psychologists from the ACMU, PBDU, SACMST, Mental Health Units, ASU and SDS. This test can be administered with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with a neuropsychologist.
### Broad measure of attentiveness

The Test of Everyday Attention (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.

| Overview                           |  |
|------------------------------------|  |
| **Number of items**               | 8 subtests                  |
| **Administration type**           | Observed task completion    |
| **Collateral Information**        | NA                          |
| **Administration time**           | 60 minutes                  |
| **Scoring**                       | Hand scored                 |
| **Location/Ordering**             | Order through Assessments@...|
| **Used test storage**             | Psychology File             |
| **Reassessment**                  | NA                          |
| **Tier**                          | 5                           |
| **Accreditation**                 | Accredited                  |
| **Reading level**                 | NA                          |
| **User**                          | Neuropsychologist           |
| **Training required**             | Yes                         |

---

**TEA**

*Test of Everyday Attention*

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

- Number of items: 50 words
- Administration type: Observed task completion
- Collateral Information: NA
- Administration time: 20 minutes
- Scoring: Hand scored
- Location/Ordering: Order through Assessments@
- Used test storage: Psychology File
- Reassessment: NA
- Tier: 5
- Accreditation: Accredited
- Reading level: Unknown
- User: Neuropsychologist
- Training required: Yes

Estimation of premorbid intelligence

The National Adult Reading Test (NART) is a widely accepted and commonly used method in clinical settings for estimating premorbid intelligence levels of English-speaking patients in neuropsychological research and practice. Such tests are called hold tests as these abilities are thought to be spared, or “held” following neurological injury or decline.

Key areas measured

- IQ prior to the onset of neurological injury or decline

Eligibility and Exclusion

- Neuropsychologist discretion

Test Notes

- The person taking the test is asked to look at and pronounce, aloud, 50 words.
- None of the words fully follows the usual rules of English grapheme-phoneme correspondence or stress (e.g., ache, thyme, topiary)

Practice Notes

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

Note: Sample Australian pronunciations are available at http://www.maccs.mq.edu.au/research/resources/nart/index.html
Ravens Standard Progressive Matrices
Raven (1998)

Overview

- Number of items: 60
- Administration type: Observed task completion
- Collateral Information: NA
- Administration time: 20-45 minutes
- Scoring: Hand scored
- Location/Ordering: Order through Assessments@...
- Used test storage: Psychology File
- Reassessment: Via parallel forms
- Tier: 5
- Accreditation: Accredited
- Reading level: NA
- User: Psychologist
- Training required: Yes
- For test review see: D 13/062080

Estimate of fluid intellectual capacity free from language bias

Raven’s 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.

The Raven’s SPM should only be used in cases where a WASI or WAIS is unable to be completed.
Overview

- Number of items: 4 subtests
- Administration type: Observed task completion
- Collateral Information: NA
- Administration time: 30 minutes
- Scoring: Hand scored
- Location/Ordering: Order through Assessments@
- Used test storage: Psychology File
- Reassessment: Not less than 2 years
- Tier: 5
- Accreditation: Accredited
- Reading level: NA
- User: Psychologist
- Training required: Yes
- For test review see: D 13/062094 (WASI)

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 (VIQ), fluid intelligence through the nonverbal IQ score (PIQ), and overall intellectual functioning (FSIQ).

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.

Not to be used as a substitute for a comprehensive intelligence measure.

The WASI-II is to be used where possible, however, the cost of replacing all WASI's will take some time given budget constraints.
Overview

- Number of items: 10 subtests
- Administration type: Observed task completion
- Collateral Information: NA
- Administration time: 60-90 minutes
- Scoring: Hand scored
- Location/Ordering: Order through Assessments@...
- Used test storage: Psychology File
- Reassessment: Not less than 2 years
- Tier: 5
- Accreditation: Accredited
- Reading level: NA
- User: Psychologist
- Training required: Yes
- For test review see: D 13/062106

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 new 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

Practice Notes

The WAIS-IV is to be used where possible, however, the cost of replacing all WAIS-III’s will take some time given budget constraints. One WAIS-IV will initially be provided to each Psychology Cluster. May be administered, scored and interpreted by general Psychologists with training and experience in the administration and interpretation of standardised clinical instruments.

The WAIS-IV, and not the WAIS-III is to be used for ADHC referrals.
Measure of general achievement and cognitive ability

The Woodcock-Johnson III (WJ III) consists of two distinct, co-normed batteries:

- The WJ III Tests of Achievement
- The WJ III Tests of Cognitive Abilities

Together, these batteries comprise a wide age-range, comprehensive system for measuring general intellectual ability, specific cognitive abilities, scholastic aptitude, oral language, and achievement.

Key areas measured

- General intellectual ability
- Specific cognitive abilities
- Scholastic aptitude
- Oral language
- Achievement

Eligibility and Exclusion

- Neuropsychologists’ discretion

Test Notes

- This battery will provide valuable diagnostic information for individuals with a wide range of educational difficulties, as well as for the gifted and talented

Practice Notes

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.
Weschler Individual Achievement Test—II (Australian Adaptation)
Wechsle (2007)

Overview

- Number of items: 16 subtests
- Administration type: Observed task completion
- Collateral Information: NA
- Administration time: 2 hours
- Scoring: Hand scored
- Location/Ordering: Order through Assessments@...
- Used test storage: Psychology File
- Reassessment: NA
- Tier: 5
- Accreditation: Accredited
- Reading level: NA
- User: Neuropsychologist
- Training required: Yes
- For test review see: D 13/062109

Norm referenced 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

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

Number of items: 4 subtests
Administration type: Observed task completion
Collateral Information: NA
Administration time: 45 minutes
Scoring: Hand scored
Location/Ordering: Order through Assessments@...
Used test storage: Psychology or Education File
Reassessment: NA
Tier: 5
Accreditation: Accredited
Reading level: Measured by this assessment
User: Psychologist
Training required: Yes
For test review see: D 13/062136

WRAT-IV

Wide Range Achievement Test—IV
Jastak & Wilkenson (2006)

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 Core Skills Assessment 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

The Core Skills Assessment is the AEVTI measure of Literacy and Numeracy and provides a more basic measure of reading, writing and numeracy. The WRAT should only be used when there are more concerns about specific learning disabilities.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
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</thead>
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<td>For test review</td>
<td>D 13/062071</td>
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</table>

**Broad based assessment of long term memory**

Doors and People is a test of memory. It 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.
### Overview

- **Number of items**: 5 sets of 15 words
- **Administration type**: Observed task completion
- **Collateral Information**: NA
- **Administration time**: 45 minutes
- **Scoring**: Hand scored
- **Location/Ordering**: Order through Assessments@...
- **Used test storage**: Psychology File
- **Reassessment**: NA
- **Tier**: 5
- **Accreditation**: Accredited
- **Reading level**: NA
- **User**: Neuropsychologist
- **Training required**: Yes
- **For test review see**: D 13/062084

### 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.
Overview

Number of items: 50
Administration type: Observed task completion
Collateral Information: NA
Administration time: 15-20 minutes
Scoring: Hand scored
Location/Ordering: Order through Assessments@...
Used test storage: Psychology File
Reassessment: NA
Tier: 5
Accreditation: Accredited
Reading level: NA
User: Psychologist
Training required: No

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.

People with even 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
Approved for use by Senior Community Offender Services Psychologists and Psychologist/Senior Psychologists from the ACMU, PBDU, SACMST, Mental Health Units, ASU and SDS. This test can be administered with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with a neuropsychologist.
Neuropsychological Memory

WMS-IV
Wechsler Memory Scale—IV
Wechsler (2009)

Overview

- Number of items: 10 subtests
- Administration type: Observed task completion
- Collateral Information: NA
- Administration time: 45-60 minutes
- Scoring: Hand scored
- Location/Ordering: Order through Assessments@...
- Used test storage: Psychology File
- Reassessment: Not less than 2 years
- Tier: 5
- Accreditation: Accredited
- Reading level: NA
- User: Psychologist
- Training required: Yes
- For test review see: D 13/062124

Used to assess learning, memory and working memory

The Wechsler Memory Scale (WMS) 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

The WMS-IV may be purchased to replace the WMS-III once consumables have been depleted.

Approved for use by Senior Community Offender Services Psychologists and Psychologist/Senior Psychologists from the ACMU, PBDU, SACMST, Mental Health Units, ASU and SDS. This test can be administered with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with a neuropsychologist.
The Boston Naming Test 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.
Neuropsychological Language

Peabody Picture Vocabulary Test—IV

Dunn & Dunn (2007)

Overview

Number of items: 19 sets of 12 items
Administration type: Observed task completion
Collateral Information: NA
Administration time: 20-30 minutes
Scoring: Hand scored
Location/Ordering: Order through Assessments@
Used test storage: Psychology File
Reassessment: 6 month minimum
Tier: 5
Accreditation: Accredited
Reading level: NA
User: Psychologist
Training required: Yes

Test of verbal language ability

The Peabody Picture Vocabulary Test measures a subject’s receptive vocabulary (comprehension) for standard English and provides a quick estimate of their verbal ability or scholastic aptitude, language disorders or verbal intelligence.

The examiner presents a series of pages that contain four pictures. Each picture is numbered. Then, the examiner says a word and the examinee will identify the number of the picture that best corresponds to the word.

Key areas measured: Receptive vocabulary, Verbal ability

Eligibility and Exclusion:

- All offenders with suspected language impairment

Test Notes:

- Individual, untimed administration
- Requires no reading or oral responses

Practice Notes:

Approved for use by Senior Community Offender Services Psychologists and Psychologist/Senior Psychologists from the ACMU, PBDU, SACMST, Mental Health Units, ASU and SDS. This test can be administered with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with a neuropsychologist.
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  
NA

Administration time  
3-8 minutes

Scoring  
Hand scored

Location/Ordering  
Ordered through Assessments@...

Used test storage  
Psychology File

Reassessment  
As required

Tier  
5

Accreditation  
Accredited

Reading level  
NA

User  
Neuropsychologist

Training required  
No

For test review see  
D16/395105

Measure sustained attention and sequencing

The Colour Trails Test (CTT) was developed to meet the need for a test with the sensitivity and specificity of the standard Trail Making Test (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 Trail Making Test but substitutes colour for letters, making it more suitable in cross-cultural and special needs contexts.

Key areas measured

• Visual attention
• Processing speed
• Graphmotor 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
**Overview**

- **Number of items**: NA
- **Administration type**: Observed task completion
- **Collateral Information**: NA
- **Administration time**: 15 minutes
- **Scoring**: Hand scored
- **Location/Ordering**: Order through Assessments@...
- **Used test storage**: Psychology File
- **Reassessment**: NA
- **Tier**: 5
- **Accreditation**: Accredited
- **Reading level**: NA
- **User**: Neuropsychologist
- **Training required**: Yes

**Measure of verbal fluency**

The Controlled Oral Word Association Test 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.
### Overview

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<td>Training required</td>
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</tr>
</tbody>
</table>

### Assesses key executive functions within verbal and spatial modalities

The Delis-Kaplan Executive Function System (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

Approved for use by Senior Community Offender Services Psychologists and Psychologist/Senior Psychologists from the ACMU, PBDU, SACMST, Mental Health Units, ASU and SDS. This test can be administered with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with a neuropsychologist.
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.
Measures planning, organising and visual memory

The Rey-Osterrieth Complex Figure Test (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

Necessary alternative memory scale which requires a high degree of training and experience to administer, score and interpret.

The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.
# NEUROPSYCHOLOGICAL Executive Functioning

## Trail Making Test (TMT) Overview

<table>
<thead>
<tr>
<th>Overview</th>
<th>Test of visual attention and task switching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of items</td>
<td>The Trail-Making Test 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.</td>
</tr>
<tr>
<td>Administration type</td>
<td>Reitan (1944)</td>
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<tr>
<td>Administration time</td>
<td>5-10 minutes</td>
</tr>
<tr>
<td>Scoring</td>
<td>Hand scored</td>
</tr>
<tr>
<td>Location/Ordering</td>
<td>Public Domain</td>
</tr>
<tr>
<td>Used test storage</td>
<td>Psychology File</td>
</tr>
<tr>
<td>Reassessment</td>
<td>NA</td>
</tr>
<tr>
<td>Tier</td>
<td>5</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Accredited</td>
</tr>
<tr>
<td>Reading level</td>
<td>NA</td>
</tr>
<tr>
<td>User</td>
<td>Neuropsychologist</td>
</tr>
<tr>
<td>Training required</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## Key areas measured
- Visual scanning
- Alpha-Numeric sequencing
- Visuomotor coordination
- Visual-spatial ability
- Divided attention

## Eligibility and Exclusion
- Neuropsychologist’s discretion

## Test Notes

## Practice Notes
The administration, scoring and interpretation of this test is restricted to CSNSW Neuropsychologists.
### Overview

<table>
<thead>
<tr>
<th>Number of items</th>
<th>64 cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration type</td>
<td>Observed task completion</td>
</tr>
<tr>
<td>Collateral Information</td>
<td>NA</td>
</tr>
<tr>
<td>Administration time</td>
<td>20-30 minutes</td>
</tr>
<tr>
<td>Scoring</td>
<td>Hand scored</td>
</tr>
<tr>
<td>Location/Ordering</td>
<td>Order through Assessments@...</td>
</tr>
<tr>
<td>Used test storage</td>
<td>Psychology File</td>
</tr>
<tr>
<td>Reassessment</td>
<td>NA</td>
</tr>
<tr>
<td>Tier</td>
<td>5</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Accredited</td>
</tr>
<tr>
<td>Reading level</td>
<td>NA</td>
</tr>
<tr>
<td>User</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Training required</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 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
Approved for use by Senior Community Offender Services Psychologists and Psychologist/Senior Psychologists from the ACMU, PBDU, SACMST, Mental Health Units, ASU and SDS. This test can be administered with training and experience in the administration and interpretation of standardised clinical instruments and/or in consultation with a neuropsychologist.
PERSONALITY

- General Personality Scales
- Pathology 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.
Overview

- Number of items: 338
- Administration type: Self Report
- Collateral Information: Yes
- Administration time: 30-50 minutes
- Scoring: Hand scored / AC-MST
- Location/Ordering: Order through Assessments@...
- Used test storage: Psychology File
- Reassessment: NA
- Tier: 5
- Accreditation: Accredited
- Reading level: Year 5
- User: Psychologist
- Training required: Yes
- For test review see: D 13/121935

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. May be scored electronically. See Assessments intranet site for request form or contact assessment@dcs.nsw.gov.au
Overview

- Number of items: 240
- Administration type: Self Report
- Administration time: 45 minutes
- Scoring: Hand scored
- Location/Ordering: Order through Assessments@
- Used test storage: Psychology File
- Reassessment: NA
- Tier: 5
- Accreditation: Accredited
- Reading level: Year 6
- User: Psychologist
- Training required: No
- For test review see: D 13/122282

Assesses the five factors of personality

The NEO Personality Inventory-Revised 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

- The NEO may be used for offenders in specialist units such as CUBIT, SVOTP, SPC, PBDS
- Accredited for use by Staff Support Services

Test Notes

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

Practice Notes

The NEO is accredited for restricted use only. Psychologists and Therapeutic Managers in the Sex and Violent Offenders Treatment Programs, CUBIT, Special Purpose Centre, Personality and Behavioural Disorders Unit and Staff Psychology may use the NEOPI-R.
Overview

Number of items 344
Administration type Self report
Collateral Information NA
Administration time 45 minutes
Scoring Scored by ACMST
Location/Ordering Order through Assessments@...
Used test storage Psychology File
Reassessment NA
Tier 5
Accreditation Accredited
Reading level Year 4
User Psychologist
Training required No
For test review see D13/122609

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

Practice Notes
Assessment Management Committee decision (July 2011) - The PAI can be used as a back-up for the MCMI or for specialist use.

May be scored electronically. See Assessments intranet site for request form or contact assessment@dcs.nsw.gov.au.
**Overview**

- **Number of items**: 22
- **Administration type**: Self report
- **Collateral Information**: NA
- **Administration time**: 5 minutes
- **Scoring**: Scored by ACMST
- **Location/Ordering**: Order through Assessments@...
- **Used test storage**: Psychology File
- **Reassessment**: NA
- **Tier**: 5
- **Accreditation**: Accredited
- **Reading level**: Year 4
- **User**: Psychologist
- **Training required**: No
- **For test review see**: D 13/120839

**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.

May be scored electronically. See Assessments intranet site for request form or contact assessment@dcs.nsw.gov.au.
Identification of deeper personality and pathological characteristics

The Millon Clinical Multiaxial Inventory—III is intended to provide information on psychopathology, including specific disorders outlined in the DSM-IV.

It provides support for the opinions of psychologists and is useful with individuals assessed for emotional, behavioural, or interpersonal difficulties and can assist to assess the interaction of Axis I and Axis II disorders, identify the deeper and pervasive personality characteristics underlying overt symptoms and gain an integrated understanding of the relationship between personality characteristics and clinical syndromes to facilitate treatment decisions.

Key areas measured

- 14 personality disorder scales
- 10 clinical syndrome scales
- 5 correction scales: 3 modifying indices and 2 random response indicators
- 42 Grossman personality facet scales

Eligibility and Exclusion

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

Test Notes

- Tests may be scanned and sent to assessments@dcs.nsw.gov.au for computerised scoring

Practice Notes

Not to be used for screening purposes, but for specific cases.

Specific training is advised, however, the assessment can be used by suitably qualified professionals with an expertise in conducting assessments. Assessors should be supervised by relevant CSNSW supervisors. The collection of some collateral information (e.g. relevant history, observations, case notes and results of other assessments) is advisable.

NB; The MCMI-IV has been assessed for accreditation, however, has not yet been accredited.
Overview

Number of items: See practice notes
Administration type: Self Report
Collateral Information: NA
Adminstration time: Up to 1 hour
Scoring: Hand scored
Location/ Ordering: SVOTP, PBDU, ACMST
Used test storage: Psychology File
Reassessment: NA
Tier: 5
Accreditation: Accredited
Reading level: Unknown
User: Psychologist
Training required: No
For test review see: D 13/121531

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 CUBIT, SVOTP, PBDU 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 and it is unknown how long it takes to administer.

The YSQ-3 is accredited for restricted use only. Psychologists and Therapeutic Managers in the Sex and Violent Offenders Treatment Programs, CUBIT, Personality and Behavioural Disorders Unit and Psychologists in specialist at-risk and mental health units may use the YSQ-3 in consultation with trained staff, especially since evidence has shown that the YSQ-3 may trigger maladaptive schemas.

The YSQ-3 is not a tool for diagnosis, but may be used to inform clinical and group treatment practices.
### Overview

<table>
<thead>
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<th>Item</th>
<th>Details</th>
</tr>
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<tbody>
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<td>Location/Ordering</td>
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<td>Reassessment</td>
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</tr>
<tr>
<td>Tier</td>
<td>5</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Accredited</td>
</tr>
<tr>
<td>Reading level</td>
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</tr>
<tr>
<td>User</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Training required</td>
<td>Yes</td>
</tr>
<tr>
<td>For test review</td>
<td>D 13/120963</td>
</tr>
</tbody>
</table>

### 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 responsivity.

### 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
- The PCL-R is a required component of the HCR-20

### Practice Notes

Collateral information MUST be sought from correctional files including Case Management, Case History (COS), 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.
Overview

Number of items 12
Administration type Structured Interview
Collateral Information Yes
Administration time 30-60 minutes
Scoring Hand scored
Location/Ordering Order through Assessments@
Used test storage Psychology File
Reassessment 12 monthly
Tier 5
Accreditation Accredited
Reading level NA
User Psychologist
Training required Yes
For test review see D 13/120902

Screen for suspected psychopathy

The original Hare Psychopathy Checklist Revised (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 (COS), 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.
Overview

- **Number of items**: 154
- **Administration type**: Self-report
- **Collateral Information**: N/A
- **Administration time**: 20-30 mins
- **Scoring**: Hand Scored
- **Location/Ordering**: Order through Assessments@...
- **Used test storage**: Psychology file
- **Reassessment**: Minimum 12 months
- **Tier**: 5
- **Accreditation**: Provisional
- **Reading level**: 4th grade
- **User**: Psychologists
- **Training required**: Yes
- **For test review see**: D13/565858

Assess psychopathy personality traits

Antisocial personality has been regarded as one of the “Big 4” factors relating to reoffending according to the current “What Works” 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

- Social potency, fearlessness, stress immunity, Machiavellian, carefree non-planfulness, impulsive nonconformity, blame externalisation, cold heartedness
- Fearless Dominance & Self Centred Impulsivity Factor scores

Eligibility and Exclusion

- Suitable for male and female populations
- Offenders who are suspected to have psychopathic qualities
- Community and custodial offenders

Test Notes

- Assesses 8 subscales, with emphasis on personality traits
- Includes validity scales for Deviant Responding, Inconsistent responding and Virtuous responding

Practice Notes

To only be used by SVOTP and PBDU as a supplementary test, in conjunction with PCL-R.
APPENDICES

- Test usage
- Rejected tests
- Tests still to be reviewed
- Indexes
The following outlines some information and policy guidelines for use by Psychologists and other staff conducting formal assessments with offenders and inmates.

**Selection of tests**

The Assessment Management Committee (AMC) has selected a wide range of tests and assessments for use—based on four criteria set out in the Accreditation Framework for Assessment Instruments 2008. These were:

1. Assessments must be relevant to CSNSW goals,
2. Assessments must be based on sound psychometric evidence to ensure they were reliable and valid and could withstand legal scrutiny,
3. Supporting material has to be available for their administration and interpretation. Where possible, Australian norms or offender reference groups are available or have been cited, and
4. Assessments must be resource efficient and not duplicate other tests

In selecting each assessment in this compendium full literature searches were conducted and reports written. The AMC’s decision determined if they met the above criteria and recommended they be “accredited”, “provisionally accredited”, “pilot” or “not approved- no further review”. All but the last category have been listed in this compendium.

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 other “minor” criteria relating to reading ease, 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 evidenced 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.

Tests were then categorised based on standard psychological test group-ings and CSNSW functions. Readers should note the importance placed on the Risk-Needs-Responsivity framework and these categories of assessments have been placed towards the front of the compendium.

Assessments not listed in this compendium should not be used, and page 126 contains a list of those tests rejected by the AMC. Anyone wishing to have an assessment reviewed for accreditation should refer to the Accreditation Framework and submit a literature review to the AMC.

**Acquisition and purchasing**

Offender Services and Programs is now responsible for the acquisition and purchase of assessment instruments, however, any accredited test available in the public domain (e.g. on the internet) may be obtained by appropriate users of those tests.

Assessments may be ordered through the OS&P Admin using the appropriate form on the intranet. Purchases are made through BIMS using CSNSW recognised suppliers. Tests not accredited will not be purchased without a business case to the Manager, Assessment and Case Management.

Sharing of test material is required among psychologists because it is no longer viable for all tests to be stored in all locations. A stocktake of assessments will be conducted periodically which shows the locations of each test. Before ordering tests the user, or cluster Senior Psychologist, should check stocks at other locations within the cluster.

**Use of 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 for test users. External training may also be attended, subject to the support of the relevant manager and the approval by the Executive Director, Offender, Services & Programs. 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 Freedom of Information legislation, however, this should not be 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 transfers
It should be recognized 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 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 or drawer.

When transferring tests from location to location the preferred method is to personally accompany them. They should not be left unattended.

Disposal
Advice from CSNSW Assets staff have indicated that certain protocols are to be followed when tests are out of date or superceded. Outdated paper tests are to be shredded or placed in secure bins for disposal. Other tests consisting of manuals, stimulus material, scoring keys etc. should be treated as a CSNSW asset and Asset Disposal procedures must be followed.

Staff may also forward outdated tests to the ACMST for appropriate disposal. A limited number of outdated tests are also held in the HDB basement for posterity.

Ross Feenan
Manager, Assessment and Case Management
September 2016
Assessments not accredited by the AMC for general use*

- Adult State Hope Scale
- Adult Substance Use Survey - Revised (ASUS-R)
- Adult Suicidal Ideation Questionnaire (ASI-Q)
- ASK Suicide - Screening Questions (ASK)
- Automated Sexual Recidivism Scale (ASRS)
- Brown Attention Deficit Disorder Scales (BADDs)
- B-SAFER
- Buss-Perry Aggression Questionnaire (BPAQ)
- California Psychological Inventory (CPI)
- Centre for Epidemiological Studies Depression Scale (CESED)
- Child Empathy Test (CET)
- Clinical Analysis Questionnaire (CAQ)
- Composite International Diagnostic Interview 2.1
- Comprehensive Trail Making Test (CTMT)
- Crime PICS-III
- Criminal Attitudes to Violence Scale (CAVS)
- Criminal Sentiments Scale, Modified (CSS)
- Depression, Anxiety, Stress Scale - 42 items (DAS42)
- Domestic Violence Screening Instrument (DVSI)
- Domestic Violence Supplementary Report (DVSRF)
- Dundee Provocative Inventory (DPI)
- Emotional Processing Scale (EPS)
- Empathy for Women test V2a
- 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—superceded by MMPI2-RF)
- Minnesota Sex Offender Risk Assessment Screening Test - Revised (MSORAST)
- Modified Mini Screen (MMS)
- Motor Free Visual Perception Test 3rd Ed
- Multiscore Depression Inventory (MDI)
- Neuroticism Scale Questionnaire (NSQ)
- OMNI - IV Personality test
- Ontario Domestic Abuse Risk Assessment (ODARA)
- PATRIARCH
- Personal Orientation Inventory (POI)
- Pierce Suicide Intent Scale (PSIS)
- Pride in Delinquency Scale (PIDS)
- Psychiatric Diagnostic Screening Questionnaire (PDSD—superceded by MINI)
- Psychological Inventory of Criminal Thinking (PICTS)
- Psychological Inventory of Drug Based Thinking Styles (PIDTS)
- Readiness To Change Questionnaire (RTCQ)
- Relationship Styles Questionnaire
- Revised Conflict Tactics Scale - (CTS-2)
- Self Efficacy Scale (SES)
- Self Rating Form (SRS)
- Sex Offender Need Assessment Rating (SONAR)
- Sex Offender Risk Appraisal Guide (SORAG)
- Short-Term Assessment of Risk and Treatability (START)
- Situational Confidence Questionnaire (SCQ)
- Sixteen Personality Factor Questionnaire (16PF)
- Spousal Assault Risk Assessment (SARA)
- Stages of Change, Readiness and Treatment Easiness Scale (SOCRATES)
- Stanford Binet Intelligence Scales - IV
- State Trait Anger Expressiveness Inventory — 2 (STAXI-II)
- State Trait Anxiety Inventory (STAI)
- Stroop Test
- Structured Clinical Interview for DSM IV—Clinical Version (Superceded by MINI)
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- Wechsler Adult Intelligence Scale 3 (WAIS-III)
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- Wisconsin Card Sorting Test: Computerised Version
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* Contact Manager, Assessments & Case Management for further information or permission to use these assessments—8346-1438
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