

## Preface

Mental health clinicians now deal with a wider range of violence assessment tasks than they did a generation or two ago. At the same time, they likely conduct a greater number of evaluations. Laws in most jurisdictions worldwide are being continually amended to ensure that clinical assessments are conducted as competently and as diligently as possible. Professional organizations frequently publish new guidelines on various violence risks.<sup>1</sup> The clinical and research literature on “dangerousness” assessment and management is rapidly increasing. And articles are being published in an array of journals, some of which are not easy to locate, even in an electronic age.

The field of risk assessment and management continually crosses civil, forensic and correctional boundaries. It is moving in three interrelated directions. Firstly, clinicians, researchers and politicians have a continued interest in prediction accuracy. (They acknowledge that, even if complete precision is a chimera, establishing limits remains a vital scientific challenge.) Secondly, they recognize the need for evidence-based, best-practice clinical and research standards. (Even if there are limits to prediction accuracy, it is still important to ensure that best practices are being upheld.) And finally, there is a growing realization that more attention must be focused on risk management (i.e., that risk assessment and risk management are integrally related and that the latter often casts much-needed light on the former).

*Essential Writings in Violence Risk Assessment and Management* has been created to help mental health and correctional professionals—both those established in practice and those still in training—to navigate the growing body of literature in the field. The journal articles and book chapters in this collection were not chosen because they were the most arcane and obscure articles we could locate. On the contrary, we selected papers that provided the best overview of the field, so as to be relevant to a wide cross-section of people interested in the field, including clinicians, lawyers, judges, law enforcement officials, health and correctional administrators and journalists.

This collection aims to give readers practical information about how to undertake the tasks of violence risk assessment and management. The arguments presented in the reprinted papers remind readers that, while there has been progress in assessing and managing risk, there are still perplexing questions on how to assess and manage risk with

both accuracy and due attention to ethical considerations, which have been increasingly recognized as an important aspect of the field. The articles also offer an overview of the central issues surrounding risk management and assessment, while the introductions to each section provide a synopsis of key issues in six main areas. We offer a historical perspective on violence risk assessment; a discussion of statistical or “actuarial” methods of predicting violence; clinical prediction and assessment approaches; a debate on the merits of actuarial versus clinical predictions; insights into issues around decision making; and an overview of treatment, security and program planning in the corrections and mental health systems. By simply reading each introduction, readers can gain an understanding of the field; those wanting a more detailed description of the arguments, in the voice of mental health and correctional professionals, can refer to the articles and chapters provided. We propose our collection as a curriculum for foundational knowledge in this burgeoning field.

## NOTES

1. See, for example, the American Psychiatric Association’s 2003 guidelines for assessing for suicide risk. See also Simon (2004), the U.K.’s National Institute for Clinical Excellence’s 2005 guidelines for evaluating short-term violence risk, and the American Psychological Association’s 2006 guidelines for evidence-based practice as listed in the References that follow.

## REFERENCES

- American Psychiatric Association. (2003). *Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors*. Washington, DC: American Psychological Association.
- American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271–285.
- National Institute for Clinical Excellence. (2005). *Clinical Guideline 25. Violence: The Short-Term Management of Disturbed/Violent Behaviour in In-patient Psychiatric Settings and Emergency Departments*. London: National Institute for Clinical Excellence. Available: [www.nice.org.uk/CG025NICEguideline](http://www.nice.org.uk/CG025NICEguideline). Accessed March 14, 2007. (See also *Clinical Guideline 25: Quick Reference Guide*).
- Simon, R.I. (2004). *Assessing and Managing Suicide Risk: Guidelines for Clinically Based Risk Management*. Washington, DC: American Psychiatric Publishing.