RISK ASSESSMENT



SUPERVISION OF ID CLIENTS

RISK ASSESSMENTS WITH ID CLIENTS: What To Look For and What To Ask For

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Training Objectives

- Learn how sexual risk assessment was developed.
- Learn how risk assessments apply to treatment/management decisions for ID clients.
- Learn how sexual risk assessment can be applied to sex behavior problems of non-offender ID clients.

Sexual Offense Risk Assessment-What to Look for Generally

- Unstructured Clinical
- Structured Clinical (Structured Clinical Judgment)
- Actuarial (Static, Dynamic Factors)
- Clinically Adjusted Actuarial
- Contextualized (Dynamic Factors for ID clients)

Sexual Offense Risk Assessment:

- 3 Generations of Development (after Bonta 1996)
- <u>First Generation</u> = Clinical Judgment
 - Unstructured Clinical Judgment
 - Structured Clinical Judgment
- <u>Second Generation</u> = Actuarial Assessment
 - Actuarial
 - Clinically Adjusted Actuarial
- <u>Third Generation</u> = Dynamic Assessment

<u>First</u> <u>Generation</u> = Clinical Judgment

Unstructured

- No stated rules/procedures
- Personal professional opinion
- Prediction rates no better than chance (50/50)

Structured

- Clear definitions, coding rules
- Global judgment of risk by evaluator
- Static and dynamic factors included, not labeled as such
- Better prediction rates than unstructured judgment

SVR-20

SVR-20 Coding Sheet

Assessment of:			나는 것은				
Name:	ى ئىلىيە بىلىكى يۇرىپ بۇتىلىكە ئەتتەرىخىنىڭ بە	ية. المساحة العرب المارية ال	بي بي المحاول	i é ételejé Annélezeke titu	DOB	Same and some and	and and the second
Evaluation cond Name:	ucted by:			Title:	karian Santy Manakari		
Signature:					Date		· / · ·
G	······································			*			

Psychosocial Adjustment	Presence (N, ?, Y)	Recent Change (-, 0, +)
 Sexual deviation Coded from current or past mental health evaluations Provisional until confirmed by mental health evaluation 		
2. Victim of child abuse		
 Psychopathy Coded from current or past mental health evaluations Provisional until confirmed by mental health evaluation 		
4. Major mental illness Coded from current or past mental health evaluations Provisional until confirmed by mental health evaluation		
5. Substance use problems.		
6. Statidal/homicidal ideation Coded from current or past mental health evaluations Provisional until confirmed by mental health evaluation		
7. Relationship problems		
8. Employment problems		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
9. Past nonsexual violent offenses		
10. Past nonviolent offenses		
11. Past supervision failure.		

Sexual Offenses	Presence (N. 7, Y)	Recent Change (0, +)
12. High density offenses		
13. Multiple offense types		· •••••
14. Physical harm to victim(s)		
15. Uses weapons or threats of death		
16. Escalation in frequency/severity		
17. Extreme minimization/denial of offenses		ľ
18. Attitudes that support or condone offenses		

Future Plans	Presence (N, 7, Y)	Recent Change (+, 0, +)
19. Lacks realistic plans		
20. Negative attitude toward intervention		

Other Considerations	Presence (N, ?, ¥)	Recent Change (, 0, +)
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· · · · · · · · · · · · · · · · · · ·		

Summary Risk Rating			
Risk of sexual violence	Low	[] Moderate	🗌 High

Second Generation = Actuarial Assessment

- Static factors historical, unchanging
- Risk Factors <u>empirically</u> related to reoffense
- Clearly stated definitions, coding rules
- Moderate level of prediction (AUC = 0.70 0.80)
- Standardized and Replicable

Static-99R – TALLY SHEET

Item #	Risk Factor	(Codes	Score
1 Age at release from index sex offence		Aged 18 to 34.9 Aged 35 to 39.9 Aged 40 to 59.9		1 0 -1
		Aged 60 or older		-3
2	Ever lived with a lover	Ever lived with lover for at least two years? Yes No		0
3	Index non-sexual violence - Any convictions	No Yes		0
4	Prior non-sexual violence - Any convictions	No Yes		0
5	Prior sex offences	<u>Charges</u> 0 1,2 3-5 6+	Convictions 0 1 2,3 4+	0
6	Four or more prior sentencing dates (excluding index)	3 or less 4 or more		0
7	Any convictions for non-contact sex offences	No Yes		0
8	Any unrelated victims	No Yes		0
9	Any stranger victims	No Yes		0
10	Any male victims	No Yes		0
	Total Score	Add up scores from individual risk factors		

	Total	Risk Level
Nominal Risk Levels	-3, -2,	I - Very Low Risk
(2016 version)	-1, 0,	II - Below Average Risk
	1, 2, 3	III - Average Risk
	4, 5	IVa - Above Average Risk
	6 and higher	IVb -Well Above Average
		Risk

There [was, was not] sufficient information available to complete the Static-99R score following the coding manual (2016 version). I believe that this score [fairly represents, does not fairly represent] the risk presented by Mr. XXXX at this time. Comments/Explanation:

(Evaluator name)

(Evaluator signature)

(Date)

Static 99R

<u>Third Generation</u> = Dynamic Assessment

• Dynamic Factors – can change over time

• Risk Factors empirically related to reoffense

• Clearly stated definitions, coding rules (e.g., actuarial)

Standardized and Replicable

STABLE-2007 - TALLY SHEET

Subject Name:

Place of Scoring:

Date of Scoring: _____ Name of Assessor:

Scoring Item	Notes	Section Total
Significant Social Influences		
Capacity for		· · · · · · · · · · · · · · · · · · ·
Relationship Stability		
Emotional ID with	(Only score this item for child molesters)	
Children		
Hostility Toward		
Women		
General Social		
Rejection		
Lack of Concern for		
Others		
Impulsive Acts		
Poor Problem		
Solving Skills		
Negative		
Emotionality		
Sex Drive		
Sex Preoccupation		
Sex as Coping		
Deviant Sexual		
Preference		
Cooperation with		
Supervision		
v		
	Sum for Final Total	
(Out of 2	4 for those without a child victim, i.e., younger than 14 years old)	26
Deviant Sexual Interests in Possi	ble Remission	
	opriate, consensual, sexual relationship while "at risk" in the community? Yes/No	
	ural indicators of Deviant Sexual Interest for two years? Yes/No	
If both questions have been answ	ered "Yes" award a "-1" in this box and reduce the total score by one point	
as long as the Deviant Sexual Inte	erest score is greater than zero. een validated and does not count in the rotal score entered above. The	
adjusted score can be recorded for	or future empirical validation. However, the original unadjusted score	
should be reported and should be STATIC-2002/R or other risk too	used when combining the STABLE-2007 score with STATIC-99/R.	
	iant Sexual Interests in Possible Remission" into Account	
	-3 = Low, 4 - 11 = Moderate, 12 + = High	

Stable 2007

Fourth Generation I

Interaction with Social & Physical Environment

- Environmental demands and expectations for behavior shape expression of social and sexual behaviors
- "Contextualizing Risk" (Boer, et al., 2007)
 - Staff attitudes toward ID clients
 - Staff knowledge about ID
 - Frequency of staff changes
 - Victim availability/access
 - Use of structured daily activity plans

Fourth Generation II Re-conceptualizing Sexually Offensive Behavior (Boer, et al., 2007)

• Includes both illegal and "challenging" behaviors

• Challenging = "culturally abnormal behaviors of such an intensity, frequency or duration that the <u>physical safety</u> of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or resulting in the person being <u>denied access</u> to, ordinary <u>community activities</u>." (Emerson, 2001)

Fourth Generation III Examples of Challenging Sexual Behaviors

- Compulsive viewing of legal pornography
- Exposing self to others in a group home setting
- Touching others over clothing on private parts
- Making unsolicited phone calls to engage in sexually explicit talk
- Spying on others dressing or in the shower

Sexual Risk Assessment Tools - I

First Generation

- Unstructured Judgment
- Structured Judgment -SVR-20

• Predictive Validity

• Poor

• Low-moderate

- Second Generation
 - STATIC99
 - STATIC99R
 - SORAG

- <u>Second Generation</u>
 - Moderate
 - Low-moderate

Sexual Risk Assessment Tools - II

- Third Generation
 - STABLE-2007
 - ACUTE 2007
 - STABLE-2007 & STATIC99R

- Predictive Validity
 - Moderate
 - High-moderate

- Fourth Generation
 - STATIC99 & SVR-20
 - Plus ARMIDILO

- Fourth Generation
 - Moderate (ID offenders)
 - High-Moderate (early results) (ID offenders)

ARMIDILO-S

ARMIDILO-S Manual				Scoring Sheet
	ARMIDILC	D-S ¹ SCORING SH	IEET ²	
10	We	b Version (2012)		
Client name:	Age:	Client resident	ce:	
Evaluator:	Specify time peri	od for evaluating r	ecent change:	
Date of assessment:	Data Source(s):	Client Interview	File review	Proxy Interview (Position)

OVERALL RATINGS

Actuarial Risk Rating (Static-99 or RRASOR)	LOW MODERATE HIGH
Risk Rating:	LOW MODERATE HIGH
Protective Rating:	LOW MODERATE HIGH
Adjusted Risk (actuarial plus Risk and Protective Rating)	LOW MODERATE HIGH

INDIVIDUAL ITEM RATINGS

Risk Rating: N = Not a problem; S = Somewhat of a problem; Y = Yes, is definitely a problem;

Protective Factors Rating: N = Not a protective factor; S = Somewhat of a protective factor; <math>Y = Yes, this is a definite protective factor

² Revision date: December 8, 2011

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⁴ The ARMIDILO-S (Boer, Haaven, Lambrick, Lindsay, McVilly, Sakdalan, and Frize) is a structured risk and management guideline instrument. It is intended for use with intellectually disabled (ID) individuals (adults) for whom there are concerns regarding sexually violent behavior which may or may not have been adjudicated.

ARMIDILO-S

ARMIDILO-S Manual

Scoring Sheet

Page 2

Critical items – if the item being rated is seen as particularly risk-relevant or of particular importance as a protective factor (again, because of its risk-relevance), then the rater may circle the item rating in the appropriate column (i.e., risk rating or protective factor rating).

Stable Client Items	Risk Rating	Relevant Data / Comment	Protective Factor Rating	Relevant Data / Common
1. Supervision Compliance				· · · · · · · · · · · · · · · · · · ·
2. Treatment Compliance				
3. Sexual Deviance			,	
4. Sexual Prooccupation/Sexual Drive		• •		
5. Offence Management				
6. Emotional Coping Ability				
7. Relationships				
8. Impulsivity				
9. Substance Abuse				
(0. Mental Health				1
11. Unique Considerations - Personal and Lifestyle (e.g., neglect, physical or sexual abuse, antisocial tendencies)				

Stable Environmental Items	Risk Rating	Relevant Data / Comment	Protective Factor Rating	Relevant Data / Comment
1. Attitude Towards ID Client				
2. Communication Among Support Persons				
3. Client Specific Knowledge by Support Persons.				
4. Consistency of Supervision/Intervention				

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ARMIDILO-S

ARMIDILO-S Manual

Scoring Sheet

Page 3

5. Unique Considerations (e.g., level of supervision, behaviour reinforced, staff modelling)	-			(a) Prefer to a manufacturence
Acute Client Items	Risk Rating	Relevant Data / Comment	Protective Factor Rating	Relevant Data / Comment
1. Changes in Compliance with Supervision or Treatment				
2. Changes in Sexual Preoccupation/Sexual Drive				
3. Changes in Victim-Related Behaviours		4		
4. Changes in Emotional Coping Ability				
5. Changes in Use of Coping Strategies		· · · · · · · · · · · · · · · · · · ·		n
 Changes to Unique Considerations (e.g., mental health symptoms, medication changes) 	······			

Acute Environmental Items	Risk Rating	Critical Data / Comment	Protective Factor Rating	Critical Data / Comment
I. Changes in Social Relationships				
2. Changes in Monitoring		· · · · · · · · · · · · · · · · · · ·		
3. Situational Changes				
4. Changes in Victim Access		0	· · · · · · · · · · · · · · · · · · ·	
5. Unique Considerations (e.g., access to intoxicants, a new room-mate)]	

Any other observations?

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Sexual Offense Risk Assessment-What to Look for in Assessment Tools

- Were ID clients included in the sample population on which the risk assessment tool was developed? (ARMIDILO, SORAG, HARE PCLR, STATIC99R, RRASOR)
- Are the risk factors included on the risk assessment tool relevant to assessing or managing risk of ID clients? (ARMIDILO)
- Which risk factors look different for ID clients, compared with neurotypical clients? (static factors, dynamic factors)
- Should the risk factor score be adjusted?

New Risk Assessment Tool for ID Clients in Residential Care - ARMIDILO

- Assessment of Risk Manageability for Individuals with Developmental, Intellectual or Learning Limitations Who Offend
- Risk factors categorized as client variables, environmental variables, staff variables
- Adds staff and environmental variables (risk <u>management</u> dimension) to the assessment.
- Empirically guided tool.
- drdoug@walkato.ac.nz; keithmcvilly@deakin.edu.au
- Boer, et al., "Contextualizing risk in assessment of intellectually disabled individuals." (2007) *Sex offender treatment*, vol. 2,#2, 1-5.

Future Directions in Risk Assessment: Offenders ID

- Descriptions of how risk factors appear in ID offenders – STATIC-99R, SABLE 2007, ACUTE 2007, SVR-20, HARE PCL-R
- Reliability Training for raters mental health professionals, private agency staff, agency supervisors, DDD staff, Probation Officers, Parole Officers
- Expanded use of ARMIDILO in residential settings

Questions?

Thanks for Joining The Webinar!

Psychosexual Evaluations – What to Look for Generally

- Clear statement of your referral questions.
- <u>Analysis</u> of information in referral documents. This is <u>not</u> a paraphrase, but draws <u>implications</u> for client's development or current functioning.
- Mental status examination.
- Psychological and psychosexual testing, if relevant.
- Diagnostic Interview.
- Diagnostic Formulation What do labels <u>mean</u>?
- Summary & Recommendations addresses your referral questions.

Referral Questions

- What are the diagnoses?
- What factors are triggering/motivating the sex behavior problems?
- Is the behavior predatory or just "challenging?"
- What treatments are recommended?
- What placements are recommended?
- What wraparound services are needed?

Analysis of Referral Documents

- Possible effects of the specific ID/DD on past/current sexual function – Asperger's, Autism, FAS, Mild/Moderate ID.
- Effects of <u>other mental disorders</u> on past and current sexual function psychotic, personality, impulse control, sexual.
- Effects of family experiences, prior sexual learning or experiences, drugs/alcohol, diseases, head injury, school experiences on past or current sexual function.

Psychosexual Evaluations-What to Look for with ID Clients - I

- Thorough as possible developmental history of client, to provide <u>context</u> for understanding sexual behavior problems.
- Recent history of the sexual behavior problem, chronic/episodic? Sexual disorder or a poor fit between client and environment? Triggered by changes?
- Information from collaterals especially family members, staff.
- Mental Status Examination How do symptoms of mental disorder appear in ID clients?
- Interview comfort level rapport is key; watch for confabulation, confused timelines, efforts to appear "normal."

What to Look for with ID Clients - I I

 Testing – IQ (static); Adaptive Skills (dynamic);
 Psychosexual – Sociosexual Knowledge and Attitudes Test – Versions 1 & 2

Diagnoses – DSM-V changes; MR now "Intellectual

Developmental Disorder"; Asperger's Disorder now subsumed under "Autism Spectrum Disorder."

 Interview – Sexual History, Sexual Knowledge, Client's View of Offending/Challenging Behaviors

Use of IQ Testing with ID Clients

- Heavily influenced by verbal ability, interactive ability, level of comfort.
- Must be compared with adaptive abilities (Scales of Independent Behavior Revised, Vineland or other adaptive behavior scales).
- Serial IQ measurements.
- IQ scores must be balanced against evaluator's observations of client during testing.

Questions?

How Does Mental Disorder Appear in ID Clients?

- Counterfeit sexual deviance (Hingsburger, Griffiths and Quinsey, 1991)
- Counterfeit psychosis auditorization of thought, soliloquizing (Levitas and Silka, 2001)