MONTANA SEX OFFENDER TREATMENT ASSOCIATION

Standards for Evaluation and Ongoing Assessment of Adult Sexual Offenders

Ratified by the MSOTA Clinical Membership

Amended June 16, 2014

The following document represents the current standards for use by the Montana Sex Offender Treatment Association (MSOTA) Clinical Members in their process of assessing risk, recommending Tier designations, determining treatment recommendations, assessing treatment progress, and continuing the assessment and monitoring of Adult Sexual Offenders within Montana's communities.

The date that appears at the bottom of each page of this document represents the most recent date of revision and publication as established by the members of MSOTA. This is a dynamic document and revisions will be made by the Standards Committee of as approved by the Clinical Membership of MSOTA whenever necessary to reflect changes in statutes, or best practices as established within the milieu of treatment, legal, and correctional professionals who comprise the collaborative system that seeks to protect the citizens of Montana. Persons referencing this document for any purpose are advised to check with the MSOTA web site at www.msota.org for the most current version.

Introduction

There are five identified phases of evaluation and assessment. Evaluators and professionals providing ongoing assessments shall comply with these *Standards* at each phase.

1. **Pre-trial**: (investigative) The initial phase of information gathering may include involvement of law enforcement officers, child protective services and other professionals deemed necessary for investigative purposes and management of community safety. Information and/or assessments compiled before an admission of guilt is considered the least reliable and incomplete and if completed may need supplemental data post-disposition. A comprehensive evaluation is mandated by these *Standards* post-disposition and presentence. Evaluations conducted prior to an admission of guilt may not meet the requirements of the presentence investigation and may not meet the conditions of these *Standards*.

2. **Presentence and post-adjudication**: (dangerousness/risk, placement and amenability to treatment) An evaluation performed by an MSOTA listed evaluator containing the elements set forth in these *Standards* must be done prior to sentencing to determine the juvenile's level of danger and risk, residential needs, level of care and treatment referrals. The multidisciplinary team is expected to have a collaborative relationship at this point and to fulfill the specific roles relative to agency involvement. Use of Empirically informed instruments is required.

3. **Ongoing needs assessment:** (treatment planning, progress and continued assessment) The juvenile's progress in treatment and compliance with supervision must be assessed on an ongoing basis. Level of risk must be assessed at transition points and includes considerations of level of functioning, monitoring and follow-up. Measurements and testing instruments shall be utilized as clinically indicated (use of empirically informed tools is mandatory).

   When and individual is asking to be reconsidered for Tier Designation a new complete full Psycho-Sexual Risk Evaluation must be done. A minimum of 1 year must have passed since the most recent Psycho-Sexual Risk Evaluation was completed.

4. **Release/termination:** (community safety, reduced risk and successful application of treatment tools) Prior to discharge from treatment, a final assessment is necessary. In cases when a juvenile is petitioning the court for termination of registration, a report must be presented to the court with recommendations for continuing or discontinuing registration. The final assessment shall make recommendations for follow-up and aftercare services.

5. **Follow-up monitoring**: (continued monitoring in the community) Probation/parole or other supervising agents must continue monitoring the Offender's post-treatment release for as long as the court retains jurisdiction. Use of Empirically informed targets for supervision is considered best practice.

General Accommodations for all Assessments

1. The evaluation and subsequent assessments shall be sensitive to the rights and needs of the victim.

2. The evaluator shall be sensitive to any cultural, language, ethnic, developmental, sexual orientation, gender, gender identification, medical and/or educational issues that may arise during the evaluation. The evaluator shall select evaluation procedures relevant to the individual circumstances of the case and commensurate with their level of training and expertise.

3. Evaluations are an aid to the court and should focus on placement and treatment recommendations. It is not the role of the evaluator to establish innocence or guilt in a presentence evaluation. Recommendations should include the ideal level of supervision and placement and outline the options that are realistic and available.

Pre-Sentence Phase Assessment Standards

A pre-sentence investigation (PSI) report may address the following:

- Criminal history
- Financial status
- Leisure/recreation
- Alcohol/drug problems
- Emotional/personal problems
- Family, marital and relationship issues
- Sex offense-specific evaluation report
- The potential impact of the sentencing recommendation on the victim
- Education/employment
- Residence
- Companions
- Victim impact
- Attitude/orientation
- Offense patterns and victim grooming behaviors
- Risk factors, risk level, and amenability to treatment

Based on the information gathered, the pre-sentence investigation report should make recommendations about an offender's suitability for community supervision. If community supervision is recommended for an offender, special conditions and a supervision period sufficiently lengthy to allow for an extended period of treatment *and* a period of aftercare and behavioral monitoring should be requested.

When referring an offender for a sex offense-specific evaluation, pre-sentence investigators should send to the evaluator, as part of the referral packet:

- Police reports
- Child protection reports
- Any available risk assessment materials
- Prior supervision records, if available
- The victim impact statement
- A criminal history
- Prior evaluations and treatment reports
- Any other information requested by the evaluator

Evaluations received by the pre-sentence investigator that have been performed prior to an admission of guilt by the offender *may not meet the requirements of these Standards*.

At the time of the intake interview, the pre-sentence investigation writer should provide the sex offender with a copy of the required disclosure/advisement form and should have the offender sign for receipt of the form.

Evaluations are asked to identify levels of risk and specific risk factors that require attention in treatment and supervision, and to assist the court in determining the most appropriate sentence for offenders. Because of the importance of the information to subsequent sentencing, supervision, treatment, and behavioral monitoring, each sex offender shall receive a thorough assessment and evaluation that examines the interaction of the offender's mental health, social/systemic functioning, family and environmental functioning, and offending behaviors.

Sex offense specific evaluations are not intended to supplant more comprehensive psychological or neuropsychological evaluations. Evaluators have an ethical responsibility to conduct evaluations in a comprehensive and factual manner regardless of the offender's status within the criminal justice system.

Assessment and evaluation are ongoing processes and should continue through each transition of supervision and treatment. Re-evaluation by community supervision team members should occur on a regular basis to ensure recognition of changing levels of risk.

The evaluator shall obtain the informed assent of the offender for the evaluation, by advising the offender of the assessment and evaluation methods to be used, the purpose of the evaluation, and to whom the information will be provided. The evaluator shall explain to the offender about the role the evaluator fills with regard to the offender and the court. Results of the evaluation should be shared with the offender and any questions addressed. The evaluation shall explain the limits of confidentiality and the obligations regarding mandatory reporting of child abuse.

(A) The information shall be provided in a manner that is easily understood, verbally and in writing, or through other modes of communication as may be necessary to enhance understanding. All sources utilized to derive conclusions shall be outlined in the body of the written evaluation.

Discussion: When the evaluator is working with a sex offender with developmental disabilities and obtaining informed assent, the evaluator should be familiar with characteristics of persons with developmental disabilities such as cognitive functioning, communication style, mental health issues, vocabulary and language skills, or other significant limitations. If the evaluator feels that informed assent could not be acquired at the time of the evaluation, the evaluator shall obtain assistance from a third party who is not a practitioner from within the same agency. A third party may be an individual or group of individuals who understands the definition of informed assent and who has had significant knowledge of the person's unique characteristics.

(B) The evaluator may obtain the consent of the legal guardian, if applicable, and the informed assent of the offender with developmental disabilities for the evaluation and assessments. The legal guardian will be informed of the evaluation methods, how the information may be used and to whom it will be released. The evaluator shall also inform the offender with developmental disabilities and the legal guardian about the nature of the evaluator's relationship with the offender and with the court. The evaluator shall respect the offender's right to be fully informed about the evaluation procedures. Results of the evaluation may be reviewed with the offender and the legal guardian upon request.

The mandatory reporting law requires certain professionals to report suspected or known abuse or neglect to the local department of social services or law enforcement. Evaluators are statutorily mandated reporters.

(C) If informed assent cannot be obtained after consulting with the third party, then the evaluator shall refer the case back to the community supervision team or the court.

(D) The evaluator shall be sensitive to any cultural, ethnic, developmental, sexual orientation, gender, medical and/or educational issues, or disabilities that become known during the evaluation.

(E) To ensure the most accurate prediction of risk for sex offenders, the following evaluation modalities are all required in performing a sex offense-specific evaluation:

1. Use of instruments that have specific relevance to evaluating sex offenders and are empirically informed

2. Use of instruments which demonstrate adequate reliability and validity

3. Examination and integration of criminal justice information and other collateral information, including (not an exclusive or inclusive list):

    a. The details of the current offense

    b. Documents that describe victim trauma, when available

    c. Scope of offender's sexual behavior other than the current offense that may be of concern

    d. Structured clinical and sexual history interview

4. Offense-specific psychological testing and standardized assessments/instruments

5. Testing of deviant arousal or interest (i.e. Plethysmograph, and/or Viewing Response Time (VRT) instruments)

6. Use of at least one Static and one Dynamic empirically validated risk assessment instrument that was normed on a population most similar to the offender being evaluated.

   Discussion: Evaluation instruments and processes will be subject to change as more is learned in this area. Because measures of risk are imperfect at this time, evaluation and assessment must be done by collecting information through a variety of methods. Evaluation and assessment therefore currently involve the integration of physiological, psychological, historical, and demographic information to adequately assess a sex offender's level of risk and amenability to treatment. When the evaluator is in doubt, s/he should err on the side of protecting community safety in drawing conclusions and making recommendations.

Assessment of Persons with Developmental or Cognitive Disabilities

(A) Due to the complex issues of evaluating sex offenders with developmental disabilities, methodologies shall be applied individually and their administration shall be guided by the following:

1. When possible, instruments should be used that have relevance and demonstrated reliability and validity which are supported by research in the mental health and sex offender treatment fields as they relate to persons with developmental disabilities.

2. If a required procedure is not appropriate for a specific client, the evaluator shall document in the evaluation why the required procedure was not done.

(B) Evaluators shall carefully consider the appropriateness and utility of using a Plethysmograph assessment, or VRT assessment with sex offenders who have developmental disabilities. For these assessments to be effective with this population, evaluators shall assess whether the offender has a sufficient level of cognitive functioning to be able to adequately discriminate between stimulus cues.

A sex offense-specific evaluation of a sex offender **May** evaluate the following required areas:

1. Cognitive Functioning
2. Mental Health
3. Medical/Psychiatric Health
4. Drug/Alcohol Use
5. Stability of Functioning
6. Developmental History
7. Sexual Evaluation
8. Risk of Re-Offense
9. Motivation and Amenability to Treatment
10. Impact on Victim

Evaluators shall also address the level of functioning and neuropsychological concerns for sex offenders with developmental disabilities and make appropriate recommendations regarding treatment modality and any need for additional behavioral interventions or containment and supervision requirements.

Suggested Specific Tools by Area of Assessment (Not inclusive or exclusive list)

COGNITIVE FUNCTIONING

Intellectual Functioning (Mental Retardation, Learning Disability, and Literacy)

- Clinical Interview
- Clinical Mental Status Exam
- Case File/Document Review
- WAIS III
- Shipley Institute of Living Scale Revised
- Stanford Binet V or screening version
- Slosson Full-Range Intelligence Test
- *Universal Nonverbal Intelligence Test*
- History of Functioning and/or standardized tests:
- Observational Assessment
- Collateral Information/Contact/Interview
- TONI (Test of Non-Verbal Intelligence
- Kaufman IQ Test for Adults
- Slosson Intelligence Test – Revised
- Kaufman Brief Intelligence Test

Neuropsychological Functioning (fluid intelligence)

- Clinical Interview
- Observational Assessment
- Case File/Document Review
- Test of Memory and Learning
- Cognistat – Neurbehavioral Cognitive Status Exam
- Boston Diagnostic Aphasia Test
- Weschler Memory Scale Revised
- Quick Neurological Screening Test
- Referral to Neuropsychologist if necessary
- Bender – Gestalt
- Clinical Mental Status Exam
- Stanford Binet V
- Collateral Information/Contact/Interview
- K-SNAP
- Boston Naming Test
- Luria-Nebraska Screening Test
- Jacobs Cognitive Screening Test
- Bilingual Verbal Abilities Test
- WAIS IV

Academic Achievement

- Clinical Interview
- Observational Assessment
- Collateral
- Clinical Mental Status Exam
- Case File/Document Review
- Woodcock-Johnson Psychoeducational

Information/Contact/Interview
- Wide Range Achievement Test 3
- Referral to Vocational Specialist if necessary

Battery, Revised
- Referral to Educational Diagnostic if necessary

MENTAL HEALTH

Character/Personality Pathology

- Clinical Interview
- Clinical Mental Status Exam
- Case File/Document Review
- Psychopathy Checklist – Screening Version
- MMPI 2
- Jessnes Inventory
- Sentence Completion Series
- State-Trait Anxiety Inventory
- Collateral Information/Contact/Interview
- Observational Assessment
- Hare Psychopathy Checklist Revised
- MCMI-III
- Personality Assessment Inventory (PAI)
- Rorschach with Exner Scoring system
- State-Trait Anger Inventory
- Social/Developmental History

Mental Illness

- Clinical Interview
- Clinical Mental Status Exam
- Case File/Document Review
- MMPI 2
- Jessnes Inventory
- Sentence Completion Series
- Brief Symptom Inventory / Symptom Assessment 45
- Beck Depression Inventory
- Brief Psychiatric Rating Scale
- Collateral Information/Contact/Interview
- Observational Assessment
- MCMI-III
- PAI
- Rorschach Test
- Symptom Checklist 90
- Trauma Symptom Checklist
- Positive and Negative Syndrome Scale

Self Concept/Self Esteem

- Clinical Interview
- Observational Assessment
- Collateral Information/Contact/Interview
- CAQ (Clinical Analysis Questionnaire)
- Rorschach with Exner Scoring System
- MCMI-III
- Jessnes Inventory
- Clinical Mental Status Exam
- Case File/Document Review
- MPD (Measures of Psychological Development
- CPI (California Personality Inventory)
- PAI
- MMPI 2

Medical/Psychiatric Health (Pharmacological Needs, Medical Condition Impacting Offending Behavior, History of Medication Use/Abuse)

- Clinical Interview
- Observational Assessment
- Collateral Information/Contact/Interview
- Clinical Mental Status Exam
- Case File/Document Review
- Referral to Physician, if indicated

- Referral to Psychiatrist, if indicated
- Referral for Medical Tests

Drug/Alcohol Abuse

- Clinical Interview
- Clinical Mental Status Exam
- Case File/Document Review
- MMPI 2
- Personal History Questionnaire
- Adult Substance Use Survey
- Collateral Information/ Contact/Interview
- Observational Assessment
- MCMI-III
- Clinical Analysis Questionnaire
- SASSI – III

Substance Use History Matrix

Number of Relapses

- Clinical Interview
- Treatment History
- Observational Assessment
- Collateral Information/Contact/Interview
- Clinical Mental Status Exam Case File/Document Review
- Case File/Document Review

STABILITY OF FUNCTIONING

Marital/Family Stability (*Past***,** *Current)*

- Familial Violence
- Financial
- Social Support Systems
- Familial Sexual
- Housing

Through:

- Clinical Interview (D)
- Collateral Information/Contact/Interview
- Observational Assessment
- History of Functioning
- Family Environment Scale
- Marital Satisfaction Inventory
- Interview Attitudes
- Clinical Mental Status Exam
- Case File/Document Review
- Personal History Questionnaire
- Dyadic Adjustment Scale

Access to Children

- Legal Relationship to Child
- Collateral Information
- Clinical Interview

Employment/Education

- Clinical Interview
- History of Functioning
- Clinical Mental Status Exam
- Personal History Questionnaire
- Collateral Information/Contact/ Interview
- Case File/Document Review
- Observational Assessment

Social Skills

- Ability to Form Relationships
- Courtship/Dating Skills
- Ability to Maintain Relationships
- Ability to Demonstrate Assertive Behavior

Through:

- Clinical Interview
- Clinical Mental Status Exam
- Case File/Document Review
- Rorschach Exner Scoring System
- Social Avoidance and Distress Scale
- Collateral Information/Contact/Interview
- Observational Assessment
- Interpersonal Behavior Survey
- PAI
- Miller's Social Intimacy Scale

DEVELOPMENTAL HISTORY

- Disruptions in parent/child relationship
- History of behavior problems in elementary school
- Indicators of disordered attachments
- History of bed wetting, cruelty to animals
- History of special education services, learning disabilities, school achievement

- **Through**
  - Clinical Interview
  - Collateral Information/Contact/Interview
  - Observational Assessment
  - History of Functioning
  - Clinical Mental Status Exam
  - Case File/Document Review

SEXUAL EVALUATION

Sexual History (Onset, Intensity, Duration, Pleasure Derived)

- Age of Onset of Expected Normal Behaviors
- Age of Onset of Deviant Behaviors
- Genesis of Sexual Information
- Witnessed or Experienced Victimization (Sexual or Physical)
- Quality of First Sexual Experience
- Age/Degree of Use of Pornography, Phone Sex, Cable, Video, or Internet for Sexual Purposes
- Current and Past Range of Sexual Behavior

Through:

- Clinical Interview
- Collateral Information/Contact/Interview
- Observational Assessment
- Personal Sentence Completion Inventory
- Wilson Sexual Fantasy Questionnaire
- History of Functioning
- Clinical Mental Status Exam
- Case File/Document Review
- Sex Offender Incomplete Sentence Blank
- SONE Sexual History Background Form

Reinforcement Structure for Deviant Behavior

- Culture
- Cults/Gangs
- Environment

Through: Clinical Interview

Arousal/Interest Pattern

- Clinical Interview
- Plethysmograph or VRT

Specifics of Sexual Crime(s) (Onset, Intensity, Duration, Pleasure Derived)

- Detailed Description of Sexual Assault
- Mood During Assault (Anger, Erotic, "Love")
- Progression of Sexual Crimes
- Crimes
- Seriousness, Harm to Victim
- Thoughts Preceding and Following
- Fantasies Preceding and Following

Through*:*

- Clinical Interview
- Collateral Information
- Review of Victim Impact Statement, if available
- Polygraph
- History of Crimes
- Review of Criminal Records
- Contact with Victim Therapist

Sexual Deviance

- Clinical Interview
- Multiphasic Sex Inventory I or II
- Wilson Sex Fantasy Questionnaire
- Sexual Projective Card Sort
- Attitudes Toward Women Scale
- Abel and Becker Cognition Scale
- SONE Sexual History Background Form
- Hanson Sexual Attitudes Questionnaire
- Abel and Becker Card Sort
- Sexual Autobiography
- Burt Rape Myth Acceptance Scale

Dysfunction (Impotence, Priapism, Injuries, Medications Affecting Sexual Functioning, Etc.)

- Clinical Interview
- SONE Sexual History Background Form
- Multiphasic Sex Inventory I or II
- Medical tests

Offender's Perception of Sexual Functioning

- Clinical Interview
- Bentler Heterosexual Inventory
- Plethysmograph or VRT
- History
- Abel and Becker Card Sort
- Bentler Sexual Behavior Inventory

Preferences (Male/Female; Age; Masturbation; Use of Tools, Utensils, Food, Clothing; Current Sexual Practices; Deviant as well as Normal Behaviors)

- Clinical Interview
- Plethysmograph or VRT

Attitudes/Cognition

- Motivation to Change/Continue Behavior
- Attitudes Toward Women, Children,

- Sexuality in General
- Degree of Victim Empathy
- Presence/Degree of Denial
- Attitudes About Offense (i.e., Seriousness, Harm to Victim)
- Presence/Degree of Minimalization
- Ego-syntonic vs. Ego-dystonic Sense of Deviant Behavior

Through:

- *Clinical Interview*
- *Multiphasic Sex Inventory I or II*
- *Abel and Becker Cognitions Scale*
- *Socio-Sexual Knowledge and Attitudes Test (For use with sex offenders who have developmental disabilities)*
- *Burt Rape Myth Acceptance Scale*
- *Buss/Durkee Hostility Inventory*
- *Attitudes Towards Women Scale*

Risk of Re-offense

- Criminal History
- Rapid Risk Assessment for Sex Offender Re-arrest (Sample
- VRS:SO
- Department of Corrections, excludes incest offenders)
- Static 99-R or Static 2002-R
- SONAR
- Sex Offense Risk Assessment Guide
- excludes incest offenders)
- MnSOST-R (Normed on Minnesota offenders in the prison)
- CARAT

Risk of Failure in Treatment and Supervision

- Clinical Interview
- PCLR
- Criminal History
- SONAR

MOTIVATION AND AMENABILITY TO TREATMENT

- Clinical Interview
- Observational Assessment
- History of Functioning
- History of Compliance with Treatment and
- Clinical Mental Status Exam
- Case File/Document Review
- Review of Criminal Records
- Supervision

Discussion: No single test should be seen as absolute or predictive; rather, results should be seen as contributing to the overall evaluation of the sex offender and his or her risk to the community. The Offender's self-report is an unreliable source of information during the evaluation, and the evaluator shall take steps not to rely solely on self-report information.

ADDITIONAL EVALUATION AREAS FOR SEX OFFENDERS WITH DEVELOPMENTAL DISABILITIES

Evaluation Areas which may be explored

Level of planning in crime of conviction and other sexual offending behavior
History of functioning
Structured interview
Collateral information

Sexual History, Knowledge, Attitudes,
The Sexual Knowledge, Attitude, and Assessment Tool-Revised (SKAAT-R)
Abel-Blasingame (includes VRT designed for clients with ID)

"Street smarts"
History of functioning
Structured interview
Collateral information

Expressive and receptive language skills
Clinical evaluation
Peabody Picture and Vocabulary Test Revised
(PPVT-R) (B)
Collateral information
Expressive tests, e.g. CELF, TOLD

Social judgment/ability to participate in group settings
History of functioning
Structured interview
Collateral information
Young Adult Institute Tools (YAI Tools)
Emotional Problem Scale (Self-report and Staff Behavioral Observation Report)

Adaptive behavior
Clinical evaluation (D)
Vineland Adaptive Behavioral Scale (B)
Adaptive Behavioral Scale of the American
Association for Mental Retardation (B)

Support systems
History of functioning (D)
Current DD system involvement (F)
Current family involvement (F)
Current social involvement (F,R)

Executive functioning
History of functioning (D)
Structured interview (D)
Collateral information (F)
Wisconsin Card Sort Test (B)
Boston Naming Test (B)
Trail Making Test (B)
Bender-Gestalt (B)
Cognistat – Neurbehavioral Cognitive Status Exam (B)

DD Discussion: Many widely used risk assessment tools have <u>not</u> been created specifically for adult sex offenders with developmental disabilities. Therefore, the evaluator shall use caution when choosing to use such instruments and when interpreting the resulting data.

The evaluator may make recommendations or findings regarding of persons with Developmental or Cognitive Disabilities:

1. Level of risk of re-offense and level of risk to the assessed individual in treatment, incarceration, institutionalization, and/or community treatment.
2. Amenability for treatment
3. Appropriateness for community placement.
4. The need for medical/pharmacological treatment, if indicated.
5. Expectations for involvement in treatment of the offender's family
6. Specific risk factors that require management and potential interventions
7. Access to, contact with and/or restrictions against contact with children and victims
8. Upon request, the evaluator (if different from the treatment provider) shall also provide information to the case management team or prison treatment provider at the beginning of an offender's term of supervision or incarceration.

Evaluators have an ethical responsibility to conduct evaluation procedures in a manner that ensures the integrity of testing data, the humane and ethical treatment of the offender, and compliance with the mental health statutes. Evaluators should use testing instruments in accordance with their qualifications and experience. Un-interpreted raw data from any type of testing should never be released to those not qualified to interpret.

Any required evaluation areas that have not been addressed, or any required evaluation procedures that have not been performed, shall be specifically noted. In addition, the evaluator must state the limitations of the absence of any required evaluation areas or procedures on the evaluation results, conclusions or recommendations. When there is insufficient information to evaluate one of the required areas, then no conclusions shall be drawn nor recommendations made concerning that required area.