

MONTANA SEX OFFENDER TREATMENT ASSOCIATION

Juvenile Sexual Offense Specific Risk Assessment Standards

Version Authorized
July 22, 2011
Amended May 9, 2013

EVALUATION AND ONGOING ASSESSMENT OF JUVENILES WHO HAVE BEEN SEXUALLY ABUSIVE

The evaluation of juveniles who have been sexually abusive shall be comprehensive. Recommendations for intervention shall be included in the summary and the evaluation shall be provided in written form to the referring agent. The evaluation of juveniles who have committed sexual offenses has the following purposes:

- A. To assess overall risk to the community;
- B. To provide protection for victims and potential victims;
- C. To provide written clinical assessment of a juvenile's strengths, risks and deficits;
- D. To identify and document treatment and developmental needs;
- E. To determine amenability for treatment;
- F. To identify individual differences, potential barriers to treatment, and static and dynamic risk factors;
- G. To make recommendations for the management and supervision of the juvenile;
- H. To provide information which can help identify the type and intensity of community based treatment, or the need for a more restrictive setting.

Comprehensive evaluation and assessment of juveniles who have sexually offended is an ongoing process.

Progress in treatment and level of risk are not constant over time and may not be directly correlated.

Risk and protective factors must be assessed on an ongoing basis (Recommended every 6 to 12 months).

Recommendations regarding intervention shall be based on a juvenile's level of risk and needs rather than on resources currently or locally available.

When resources are less than optimal this information shall be documented and an alternative recommendation must be made.

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).

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 juvenile's post-treatment release for as long as the court retains jurisdiction. Caseworkers shall continue active monitoring of juveniles who are in placement. Use of Empirically informed targets for supervision is considered best practice.

When an 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.”

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

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.

Each stage of an evaluation shall address strengths, risks and deficits in the following areas:

- A. Cognitive functioning;
- B. Personality, mental disorders, mental health;
- C. Social/developmental history;

- D. Developmental competence;
- E. Current individual functioning;
- F. Current family functioning;
- G. Sexual evaluation;
- H. Delinquency and conduct/behavioral issues;
- I. Assessment of risk;
- J. Community risks and protective factors;
- K. Awareness of victim impact;
- L. External relapse prevention systems including informed supervision;
- M. Amenability to treatment.

Evaluation methods may include the use of clinical procedures, screening level tests, observational data, advanced psychometric measurements and special testing measures. Evaluation reports more than 6 months old should be regarded with caution.

Please see the areas of evaluation matrix contained in this section.

Evaluation methodologies shall include:

- A. Examination of juvenile justice information and/or department of human services reports;
- B. Details of the offense/factual basis and any victim statements including a description of harm done to the victim;
- C. Examination of collateral information including information regarding the juvenile's history of sexual offending and/or abusive behavior;
- D. A sex offense specific risk assessment protocol which is empirically informed;
- E. Use of multiple assessment instruments and techniques;
- F. Structured clinical interviews including sexual history;
- G. Integration of information from collateral sources;
- H. Standardized psychological testing if clinically indicated.

Evaluation methodologies must include a combination of clinical procedures, screening level testing, self-report or observational measurements, advanced psychometric measures, specialized testing and measurement.

Due to of the complexity of evaluating juveniles who commit sexual offenses, methodologies should be guided by the following:

- A. Use of instruments that have specific relevance to the evaluation of juveniles;
- B. Use of instruments with demonstrated reliability and validity (when possible) which are supported by research in the mental health and juvenile sex offender treatment fields.

If there is an admission of guilt and/or there is a voluntary request by the juvenile with the consent of a parent/guardian, evaluators may perform evaluations prior to, or in the absence of, filing of charges or adjudication. Such referrals for evaluation should be made only after the juvenile and parent/guardian have had the opportunity to consult with legal counsel concerning consequences, supervision and treatment expectations. 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.

Discussion: Law enforcement officers and human services caseworkers are called upon to make decisions concerning the placement of juveniles pending an investigation. The assessments made at this juncture should evaluate the level of risk posed by the juvenile by remaining in the home and in the community. Answers to the following questions inform decisions:

- *Is the victim(s) in the home?*
- *What was the level of intrusiveness of the sexual behavior?*
- *Did the juvenile use force, threats, intimidation, coercion, or weapons during the alleged offense?*
- *Are the juvenile's parent/guardians minimizing or denying the seriousness of the alleged offense?*

- *Can the parent/guardian be reasonably expected to provide supervision in the home and the community as outlined in the Informed Supervision Protocol, at minimum?*
- *Does the juvenile have access to other vulnerable persons?*
- *What is the juvenile's history of delinquent or sexual offending behavior?*

The evaluator shall obtain the consent of the parent/legal guardian and the informed assent of the juvenile for the evaluation and assessments in accordance with state law. The juvenile and parent/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 juvenile and parent/guardian about the nature of the evaluator's relationship with the juvenile and with the court. The evaluator shall respect the juvenile's right to be fully informed about the evaluation procedures. Results of the evaluation may be reviewed with the juvenile and the parent/guardian upon request or as required by regulation.

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.

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.

Sex Offense Specific Evaluation of Juveniles

I. Cognitive Functioning

| Evaluation Areas – Required | Possible Evaluation Procedures | |
|--|---|--|
| <p>⌚ Intellectual Functioning</p> <p>Mental retardation, learning disabilities, literacy, adaptive functioning</p> | <p>Cognitive Abilities Scales Clinical Interview Case File/Document Review Collateral Contact/Interview Clinical Mental Status Exam Differential Ability Scales Observational Assessment WISC-III WAIS-III Slosson Intelligence Test – Revised Slosson Full Range Intelligence Test Stanford Binet-V or Screener Kaufman Brief Intelligence Test Shipley Institute of Living Scale Universal Nonverbal Intelligence Test Woodcock-Johnson Psychoeducational Battery-Revised Woodcock-Johnson III Woodcock-Munoz Psychoeducational Bateria Bilingual Verbal Abilities Test</p> | |
| <p>⌚ Neuropsychological Screening</p> | <p>Clinical Interview Case File/Document Review Collateral Contact/Interview Clinical Mental Status Exam Observational Assessment Neurobehavioral Cognitive Status Examination (Cognistat) Kaufman Short Neuropsychological Assessment Procedure Wisconsin Card Sorting Test Bender Gestalt Visual Motor Test Boston Naming Test Boston Diagnostic Aphasia Exam Neuropsychological</p> | |

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| | Evaluation NEPSY NEUROPSI (Brief neuropsychological evaluation in Spanish) Learning Disabilities Diagnostic Inventory | |
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II. Overall Functioning, Personality, Mental Disorders and Mental Health

| Evaluation Areas – Required | Possible Evaluation Procedures | Key (See below) |
|---|---|-----------------|
| ⌚ General/Overall Functioning | Clinical Interview Case File/Document Review Collateral Contact/Interview Clinical Mental Status Exam Observational Assessment | |
| ⌚ Mental Health Psychopathology, Psychiatric illness ⌚ Personality Traits Assets and Strengths ⌚ Mental Disorders Co-occurring | Clinical Interview Case File/Document Review Collateral Contact/Interview Clinical Mental Status Exam Observational Assessment (BPRS) Brief Psychiatric Rating Scale (PANSS) Positive and Negative Syndrome Scales MMPI-A MMPI – 2 MACI (Millon Adolescent Clinical Inventory) MAPI (Millon Adolescent Personality Inventory) MCMI – III Personality Assessment | |

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| | Inventory-A Rorschach Inkblot Test Beck Depression Inventory | |
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III. Social and Developmental History

| Evaluation Areas – Required | Possible Evaluation Procedures | Key (See below) |
|---|--|-----------------|
| <p>🕒 Social History</p> <p>History of delinquency (known and unknown) History of mental illness/ suicide/ psychiatric involvement (individual and family) Criminal history/ incarceration (individual and family) Social history History of psychiatric diagnosis</p> | <p>Clinical Interview Case File/Document Review Collateral Contact/Interview Clinical Mental Status Exam Observational Assessment Behavior Assessment for Children Child Behavior Checklist (Teacher Report Form, Youth Self-Report) Survey Instrument III</p> | |
| <p>🕒 Developmental History</p> <p>Developmental milestones History of abuse Disruptions in care Placement/transition history History of family structure History of counseling and intervention History of Social Services involvement Drug/Alcohol history Education history</p> | <p>Clinical Interview Case File/Document Review Collateral Contact/Interview Clinical Mental Status Exam Observational Assessment MMPI – A (also in Spanish) MMPI – 2 (also in Spanish) MACI (Millon Adolescent Clinical Inventory) MAPI (Millon Adolescent Personality Inventory) MCMI – III MAYSI Screen (with Spanish translation) CARS (Autism rating scale) Gilliam Autism Rating Scales Sentence Completion Series Thematic Apperception Test Rorschach Inkblot Test Sexual Projective Card Sort Vineland (severity of developmental/adaptive functioning, also in Spanish) Scales of Independent Behavior</p> | |

IV. Developmental Competence

| Evaluation Areas – Required | Possible Evaluation Procedures | Key (See below) |
|---|---|-----------------|
| <ul style="list-style-type: none"> ⌚ Daily Living Skills ⌚ Socialization ⌚ Communication ⌚ Motor Skills ⌚ Resiliency ⌚ Self-Esteem/Self-Concept ⌚ Self-Mastery/Self-Competence | Clinical Interview Case File/Document Review Collateral Contact/Interview Observational Assessment Vineland (adaptive functioning) Scales of Independent Behavior Learning Disabilities Diagnostic Inventory Test of Learning and Memory Vineland Scales of Independent Behavior WISC-III WAIS – R BASC | |

V. Current Functioning – Individual

| Evaluation Areas – Required | Possible Evaluation Procedures | Key (See below) |
|-----------------------------|---|-----------------|
| | Clinical Interview Case File/Document Review Collateral Contact/Interview Observational Assessment | |

VI. Current Functioning – Family

| Evaluation Areas – Required | Possible Evaluation Procedures | Key (See below) |
|--|---|-----------------|
| <ul style="list-style-type: none"> ⌚ Current Family Composition History of divorce/separation Current mental illness ⌚ Drug / Alcohol Use ⌚ Cultural Issues | <ul style="list-style-type: none"> Family Interview Case File/Document Review Collateral Contact/Interview Family Observation Clinical Assessment of Family Functioning MACI Scale F (Family Discord) Family History Family Genogram Maddock and Larson Incestuous Family Typology Ryan – Family Typology for Sexually Abusive Youth Beaver – Timberlawn Family Evaluation Scale McMaster Family Assessment Device FACES II Family Circumplex Revised Family Environment Scales (RFES) Family Origin Scale (FOS) | |

VII. Sexual Evaluation

| Evaluation Areas – Required | Possible Evaluation Procedures | |
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| <ul style="list-style-type: none"> ⌚ Sex History Sexual knowledge (where learned) Sex education history Non-offending sexual history Masturbation (age of onset, frequency, fantasies) Sexual compulsivity/ impulsivity Sexual victimization Range of sexual behaviors Sexual arousal/interest Sexual preference/ orientation Sexual dysfunctions Sexual attitudes/distortions | <ul style="list-style-type: none"> Clinical Interview Case File/Document Review Child Sexual Behavior Inventory Callateral Contact/Interview Clinical Mental Status Exam Observational Assessment SONE Sexual History Behavior Assessment Scales for Children Penile Plethysmograph Affinity Test of Sexual Interest Abel Assessment Hanson Sexual Attitude Questionnaires Wilson Sex Fantasy Questionnaire Sexual Projective Card Sort | |

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| <p>(hyper-masculinity)</p> <p>☉ Sexually Abusive Behavior</p> <p>Types of sexually abusive behavior the youth has committed</p> <p>Indications of progression over time</p> <p>Level of aggression</p> <p>Frequency of behavior</p> <p>Style and type of victim access</p> <p>Preferred victim type</p> <p>Associated arousal patterns</p> <p>Changes in sexual abuse behaviors or related thinking</p> <p>The youth's intent and motivation</p> <p>The extent of the youth's openness and honesty</p> <p>Internal and external risk factors</p> <p>Victim empathy</p> <p>Victim selection characteristics/ typology (diagnosis)</p> | <p>Abel & Becker Adolescent Interest Card Sort</p> <p>Sexual History Polygraph: Section 7</p> <p>PHASE Sexual Attitudes Questionnaire</p> <p>Bumby Cognitive Distortions Scale</p> <p>Multiphasic Sex Inventory – Adolescent</p> <p>Streetwise to Sexwise (sexuality education assessment)</p> <p>Adolescent Cognitions Scale</p> <p>MSI II-J</p> <p>The Math Tech Sex Test</p> <p>The Adolescent Modus Operandi Questionnaire</p> <p>SO-ISB</p> | |
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VIII. Delinquency and Conduct Problems

| Evaluation Areas | Possible Evaluation Procedures | |
|--|---|--|
| <p>☉ Driving</p> <p>☉ Adjudications</p> <p>☉ Offenses</p> <p>Non-charged offenses</p> <p>Property offenses</p> | <p>Clinical Interview</p> <p>Case File/Document Review</p> <p>Collateral Contact/Interview</p> <p>Observational Assessment</p> <p>Conners Rating Scales (ADHD)</p> <p>Polygraph Monitoring</p> <p>State-Trait Anger Inventory</p> <p>State-Trait Anxiety Inventory (SASSI-III) Substance Abuse Screening</p> <p>ACTers ADD Rating Scale</p> <p>PCL-R YV (Psychopathy Checklist – Revised)</p> | |

IX. Assessment of Risk

| Evaluation Areas | Possible Evaluation Procedures | |
|--|---|--|
| <p><input type="checkbox"/> Risk to Others (Violent)</p> | <p>Child and Adolescent Risk Evaluation</p> | |

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| <input type="checkbox"/> Risk for sexual recidivism | ERASOR Juvenile Sex Offender Assessment Procedure (J-SOAP-II) JSORRAT-II PCL-YV | |
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X. Community (Risks and Protective Factors)

| Evaluation Areas – Required | Possible Evaluation Procedures | |
|---|---|--|
| <ul style="list-style-type: none"> ⌚ Native Environment ⌚ Current Living Situation ⌚ Current Support Group/Resources Friends/associates Extra-curricular activities | Clinical Interview Case File/Document Review Collateral Contact/Interview Observational Assessment O'Brien Protective Factors Checklist CASPARS | |

XI. Awareness of Victim Impact

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| <ul style="list-style-type: none"> ⌚ Awareness, Internalization of Own Behavior Against Others ⌚ Attribution of Responsibility | Victim Impact Statement Collateral information submitted by victim(s) or secondary victim(s) (in some cases) |
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XII. External Relapse Prevention Systems Including Informed Supervision

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| <ul style="list-style-type: none"> ⌚ External Support ⌚ Long Range Planning | Review plan submitted by Informed Supervisors and Supervising Officer/Agent /Family Interviews |
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XIII. Amenability to Treatment

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| ⌚ Readiness for Services ⌚ Attribution of Responsibility | Clinical Interview Family Interview MSI II-J Ross & Loss Risk Assessment | |
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