

# Sex Offender Evaluation –The Initial Phase of Treatment Planning



## These Assessments are Utilized for Each Offender:

### **Abel Assessment for Sexual Interest-3 ([www.abelscreening.com](http://www.abelscreening.com))**

This is an empirically-validated, comprehensive evaluation and treatment assessment system for adult men and women with sexual behavior problems. It is specifically designed to measure a client's sexual interests and obtain information regarding involvement in a number of abusive or problematic sexual behaviors. The AASI-3™ provides the therapist with baseline data, treatment planning guidance, and evaluation of the client's progress as he or she goes through the treatment process. Because different sections of the assessment system work together, the AASI-3 is really a system of evaluation tools that allow the therapist to quickly receive a range of valuable information organized in one detailed report.

### **MCMI-III (Millon Clinical Multiaxial Inventory)**

The empirically validated, relevant, and reliable MCMI-III assessment provides support for the opinions of psychologists and other mental health professionals in clinical, counseling, medical, forensic, and other settings. Engaging and accessible, the MCMI-III is ideal for use with individuals being evaluated for emotional, behavioral, or interpersonal difficulties. The instrument helps: Assess the interaction of Axis I and Axis II disorders based on the DSM-IV® classification system; Identify the deeper and pervasive personality characteristics underlying a patient's overt symptoms; Gain an integrated understanding of the relationship between personality characteristics and clinical syndromes to facilitate treatment decisions

### **Biopsychosocial Assessment**

The biopsychosocial model (abbreviated "BPS") is a general model or approach that posits that biological, psychological (which entails thoughts, emotions, and behaviors), and social factors, all play a significant role in human functioning in the context of disease or illness. Indeed, health is best understood in terms of a combination of biological, psychological, and social factors rather than purely in biological terms.

### **Risk Assessments**

#### **Static-99**

The Static 99 is an actuarial assessment instrument for use with adult male sexual offenders. It is the most widely used sex offender risk assessment.

#### **Stable-2007**

The Stable 2007 is an instrument that measures factors which are potentially changeable but endure for months or years. The Stable 2007 consists of a guided interview process covering 13 major areas of stable risk in the offender.

#### **Acute-2007**

The Acute 2007 assessment measures factors that can change over a period of weeks, days, even hours that may indicate the likelihood for sexual re-offending.

## These Assessments are Utilized on an Individual Basis as Needed:

### **RSVP (Risk for Sexual Violence Protocol)**

The main task of the RSVP is risk formulation, not risk prediction. The RSVP:

- Identifies potential risk factors (presence)
- Makes a determination of their importance to future offending (relevance)
- Provides explicit guidelines for risk formulation
- Risk scenarios
- Risk management strategies
- Summary judgments

### **GAMA (General Ability Measure for Adults)**

The GAMA test (General Ability Measure for Adults) is a self-administered, timed test that uses abstract designs, shapes, and colors to help measure general ability. Normed on a census-based sample of 2,360 adults, it can be effective with a variety of populations and can be administered to individuals or groups. The GAMA IQ score helps estimate an individual's general intellectual ability and the 4 subtest scores provide additional information about the individual's performance.

### **ASI (Addiction Severity Index)**

The ASI is a semi-structured interview designed to address seven potential problem areas in substance-abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. In 1 hour, a skilled interviewer can gather information on recent (past 30 days) and lifetime problems in all of the problem areas. The ASI provides an overview of problems related to substance, rather than focusing on any single area.



## ASSESSMENTS FOR ADOLESCENT OFFENDERS

- Bio-Psychosocial assessment (90801)
- Initial Diagnostic Interview (MSE)
- MACI (Millon Adolescent Clinical Inventory)

Unlike many other instruments developed for adults and adapted for adolescents, the MACI assessment was specifically created to address the unique concerns, pressures and situations facing teens. This dedicated tool, recently enhanced by the addition of Grossman Facet Scales, helps assess personality patterns as well as self-reported concerns and clinical symptoms. Brief and easy to administer, the MACI test can assist practitioners in constructing treatment plans customized to individual needs and help them guide troubled youth toward healthier, more authentic lives.

- If the clinical interview & MACI indicate significant depression, the following assessments may be utilized:
  - BDI (Beck Depression Inventory)
  - BHS (Beck Hopelessness Scale)
  - BAI (Beck Anxiety Inventory)
  - BSS (Beck Scale for Suicidal Ideation)
- If the clinical interview reveals a history of trauma the following assessments may be utilized:
  - ACES (Adverse Childhood Experiences Study)
  - UCLA PTSD INDEX FOR DSM-IV

## CO-OCCURRING EVALUATION

(If indicated)

- CASI (Comprehensive Adolescent Severity Inventory)

The Comprehensive Adolescent Severity Inventory (CASI) is a semi-structured, clinical assessment and outcomes interview designed to provide important information about various aspects of an adolescent's life. In addition to demographic and administrative information, the CASI collects standard, comprehensive, and clinically pertinent information in 10 life areas: Health, Peer Relationships, Stressful Life Events, Sexual Behavior, Education, Family/Household Member Relationships, Drug and Alcohol Use, Legal Issues, Use of Free Time, Mental Health.

## Sex Offender Evaluation

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## Risk Assessments

### (J-SOAP) – II (Juvenile Sex Offender Assessment Protocol)

This 28-item measure is used to facilitate risk assessment and risk management. This assessment tool may be useful for informing and guiding treatment and risk management decisions. This instrument is designed for use with juveniles ranging in age from 12-to-18-years-old. Each item is scored on a scale from 0 (absence of risk factor) to 2 (clear presence of risk factor) and the scores should be based on information obtained from an interview with the offender and review of his case file; if information is unavailable or unclear, the item should be scored as low risk. This measure contains four (4) scales that assess sexual drive preoccupation, impulsive/antisocial behavior, intervention, and community stability/adjustment. The level of risk drives the steps to manage the risk; whether the risk is high, moderate, or low, it is addressed in safety plans with supervision as a means for the offender to avoid high-risk situations. This screening tool may be used with juvenile sex offenders.

### RME-R ( Risk of Future Violence & Other Behavioral Problems)

Assesses individual characteristics & history of behavior problems, violent behaviors, and aggression; Impulsivity; Lack of remorse or empathy for others; Anger management problems; Antisocial Behaviors; Neurological Impairment; Attachment Problems; Peer Groups; School Education, Work History; Characteristics of Family of Origin; & Resiliency Factors.