1

DISCLAIMERS

- This session is intended to offer practical application of risk assessment in challenging systems
  - What has worked for us
  - This is not an "ivory tower" method
- Your jurisdiction or agency may have different policies/procedures you must follow
- This may not be relevant for those who have unlimited resources
- We don't know everything
  - We focus on the DSP instruments (Stable-Acute) because we are certified trainers
  - These techniques can work for any measure of dynamic risk
- What works for us may work differently for you
- Some slides are wordy…

2

WHY THIS TOPIC?

- Assessing risk is like learning a new language
  - Newer evaluators are more uncomfortable, perhaps clumsy, slow in scoring
  - Takes practice and repetition
  - Learning which information you obtain in interviews is relevant
  - How to filter and apply to scoring a risk instrument item
- Depends on "fluency" in language
  - As you develop your proficiency, you become more efficient
  - Some risk is easy to spot, some risk is real easy to spot, some risk is harder to pick up on

3

WHY IS THIS IMPORTANT?

- How often do you utilize a measure of dynamic risk?
- How do you obtain your information?
  - Interview template?
  - Questionnaire?
- How often do you have unlimited time, staff, and resources to perform risk assessments?
- How often do you have total access to all relevant records?
- How many of you work in systems/agencies in which there are challenges to meeting with evaluees, such as technology, safety/security, operations?*

4

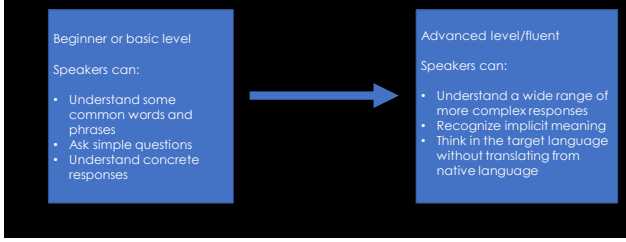
LEARNING "RISK LANGUAGE"

- Coding manuals
  - Interview questions that allow you to score each risk factor
  - Allow for structure and variability
  - Open and closed-ended questions
- Interview guides
- Trainings
- Supervision
- Repetition

5

FLUENCY DEVELOPMENT

- Continuing the "language" metaphor:



6

RESOURCES INTEGRAL TO PSYCHOSEXUAL EVALUATIONS

- ATSA Best Practice Guidelines for the Assessment, Treatment, Risk Management and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors (2025)
  **Short Title: ATSA Best Practice Guidelines for Men
- ATSA Code of Ethics (2017)
- Specialty Guidelines for Forensic Psychology (APA, 2013)

7

ATSA BEST PRACTICE GUIDELINES (3.01)

Conduct assessments of men who have committed sexually abusive behaviors primarily for the following purposes:

- Understanding the nature, context, and extent of a client's sexually abusive behavior,
- Identifying specific responsivity factors,
- Identifying offense precursors, risk factors, and vulnerability areas,
- Identifying client strengths and risk moderating factors,
- Assessing the level or category of risk and probability of recidivism,
- Exploring needs that should be the focus of treatment and other interventions,
- Obtaining baseline information to gauge risk reduction progress and changes,
- Contributing to criminal justice, mental health, and child protection decision making and planning.

8

INFORMATION CRITICAL TO EFFECTIVE ASSESSMENT (ATSA BPG 5.04)

- A comprehensive assessment of sexually abusive behaviors focuses specifically on gathering and reporting information about a client's sexual history; sexual interests and arousal; and their evolution into and engagement in sexually abusive behaviors. This should include:
  - Psychosexual development
  - History of age-appropriate, consensual sexual relationships
  - Nature and frequency of sexual practices
  - Nature and frequency of non-criminal paraphilic interests, fantasies, and behaviors
  - History of using stimuli for sexual stimulation, the type of content accessed and the means of accessing content (pornography)

9

INFORMATION CRITICAL TO EFFECTIVE ASSESSMENT (ATSA BPG 5.04)

- History of using sexually oriented services or outlets (strip clubs, sex trade workers)
- Factors contributing to and the needs attempting to be met by specific problematic sexual stimuli sought out and behaviors engaged in
- Sexual fantasies, interests, arousal, and preferences
- History of inappropriate sexual boundaries, problematic and sexually abusive behaviors
- Information about current and previous victims
- The nature and dynamics of the sexually abusive behaviors
- The client's account of their sexually abusive behaviors
- Attitudes and cognitions supportive of sexually abusive behaviors
- Level of insight into their sexually abusive behaviors
- Recognition and appreciation of the impact and harm caused
- Awareness of the changes and coping strategies they would need to work on

10

THIS INFORMATION CAN COME FROM

- Records
  - Criminal History
  - Pre-Sentence Investigation (PSI) reports
  - Complaints, affidavits, police reports, victim statements, witness statements
- Clinical Interview
  - Biopsychosocial information
    - Developmental, family, ACEs, education, employment, substance use, peer relations, medical/mental health, etc.
    - Think LSI-R domains
  - Sexual history and sexual-specific focused interview
- Collateral Interviews

11

STABLE-2007

- "…is scored based on information collected during an interview and a review of available file information or collateral information. The time it takes to complete this varies from case to case, and is dependent on a number of factors including how much file information there is to go through, as well as how cooperative or forthcoming the client is with information.

- for offenders serving long sentences, given the necessary cautions about the difficulty of evaluating change in controlled environments. Evaluators need to remember that the STABLE-2007 items are primarily scored based on expected behaviour given that the individual has opportunity to offend, which may or may not be consistent with the individual's current or recent behaviour in prison or hospital
  - Combination of file review/history and current/recent behaviors

(Stable manual)

12

RECORD REVIEW

- Thorough record review - prior to evaluation
  - Lays the groundwork for interview questions or follow-up
  - Reduces time in clinical interview
- To the extent possible, pull things from records
  - To help guide interview questions
  - To aid in scoring dynamic risk instruments
- This helps with efficiency

13

THE CLINICAL INTERVIEW

- Goal is to obtain information sufficient to:
  - Provide color and context to the individual being evaluated
  - Score measures of dynamic risk comprehensively
  - Substantiate diagnoses
  - Support conclusions
  - Justify recommendations
- Purposeful and intentional

14

THE CLINICAL INTERVIEW

How might your interview change depending on the referral question? Setting?

- Interviews should vary according to
  - Referral question
  - Responsivity issues
  - Setting
  - Time allotment
- No two interviews will be the same

15

THE CLINICAL INTERVIEW

- How long are your interviews?
- Structured, semi-structured, or unstructured?
- Incorporation of questionnaires or fill in the blank
- How are they organized – chronological, by topic, other?

- How do you maximize your time?
- What are your 'must ask' questions?

16

BASIC CONSIDERATIONS

- Private, safe environment
- To record, or not to record?
  - No "right" answer, but have consistent policy
- Interview notes
  - Typed
  - Hand-written – shred later? Again, consistent policy
  - Either way, be professional, even in your notes
  - Everything is potentially subpoena-able

17

DIFFERENT WAYS TO ASK

- Types of questions
  - Open-ended versus closed
    - "Tell me about your criminal history."
    - "Were you convicted of Sexual Assault in 2017?"
  - General versus focused
    - "What kinds of things are sexually arousing to you?"
    - "To which age range of children are you most sexually attracted?"
  - Leading questions
    - "When you view pornography, how often do you masturbate?"
  - Follow up questions
    - Sometimes, asking a question a different way results in a different response
    - Can be helpful to assess consistency in responding, or understanding

18

TYPES OF INTERVIEWS

Structured
Standard set of questions designed for all interviews

Semi-Structured
Questions that cover a specific theme but allow for variations

Unstructured
Open-ended questions, Motivational Interviewing, conversational

19

CHARACTERISTICS OF THE INTERVIEWER

- William Marshall (2005)
  - Warm
  - Empathic
  - Rewarding
  - Directive

- Problem: Many people think they have these qualities, but don't

20

STABLE-2007 MANUAL

"Good assessors will spend time at the front end of the evaluation explaining that risk assessment is a collaborative endeavour designed to identify appropriate treatment targets, establish a baseline of risk in order to better manage risk factors, and ultimately to help the client."

Fernandez, Y., Harris, A. J., Hanson, R. K., & Sparks, J. (2014). STABLE-2007 coding manual: Revised 2014. *Unpublished manual, Public Safety Canada, Ottawa, Ontario.*

21

THERAPIST STYLE

- Confrontational approaches don't work well – particularly if in the 'pre-contemplation' stage (which is where most are during evaluation stage)
- Motivational Interviewing
  - Seeks to 'draw out' responses
  - Open-ended questions
    - Difficulties – client may ramble, time consuming

22

INTERVIEW TECHNIQUES & STRATEGIES

- Checklist (?)
- The Columbo Method
- Bob Ross

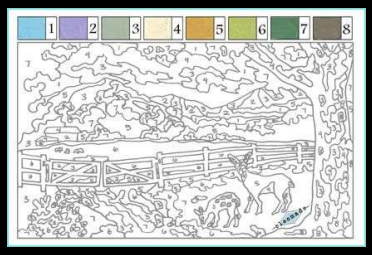
23

AN EFFECTIVE CLINICAL INTERVIEW?

- ☑ Ask about Hostility Toward Women
- ☑ Ask about Negative Emotionality
- ☑ Ask about Impulsivity
- ☑ Ask about Sexual interest

24

~~PAINT BY NUMBERS~~



25

THE COLUMBO METHOD

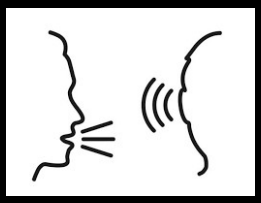
26

- Tone, demeanor, flexibility
- Background vs. foreground
- What story is the person telling?

27

REMEMBER

Clients can provide valuable (and scorable) information absent specific questions – **you must listen for it**



28

INTERVIEW TECHNIQUES & STRATEGIES

- Checklist (?)
  - Direct
  - Less variable
- The Columbo Method
  - Inquisitive
  - Invite the client into the discussion
- Bob Ross
  - WERD

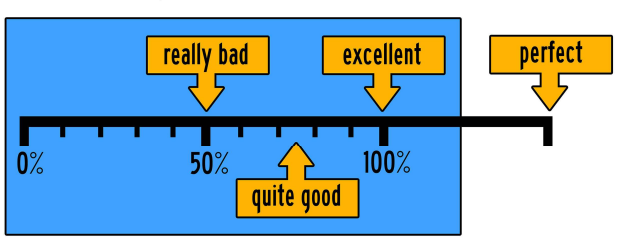
29

INTERVIEW STRATEGIES

- Interview template?
  - Consistency
  - Clinical timing – when to stick to the script, or dig a little deeper
  - Stable-2007 has helpful interview guide (Pages 120-153)
- Motivational Interviewing
- Don't assume the interviewee understands our jargon ("masturbate," "oral sex," etc.)
  - May need to reword
- Don't interpret meaning unless ask specifically ("age appropriate")
  - What does "age appropriate" mean to you?
- What is your first question?

30

The perfectionist scale



31

CHALLENGES TO PERFECTION

- Time
  - Limitations may force you to be fast-paced
- Systemic
  - Access to evaluee
  - Count time
  - Safety/security issues
- Responsivity Issues
  - Intellectual, cultural, situational
  - Denial
  - Motivation
- Narrow referral issue
  - "I don't want you to ask about…"
- Evaluator rigidity

32

IN A PINCH…

- Getting the best bang for your buck with systemic limitations
- If you only have 1 hour to do the clinical interview
- If the individual being evaluated refuses to speak with you

- Even if not the perfect interview, it's better than an unstructured impression (still in "quite good" territory)

33

PREPARING FOR THE UNEXPECTED

- Client declines the interview
- Power goes out, alarm goes off, interview must end abruptly
- One-word answers

- Where do you get your data for dynamic risk assessment?
  - Remember: per the STABLE-2007 manual, both historical and recent information should be reviewed, and recent and historical behaviors considered for scoring
  - File review can be a rich source of data for scoring!

34

- We should report strengths AND limitations of assessment instruments
- Give yourself an 'out'
- Qualify the data
- Barely enough info
  - "should be re-scored when additional data becomes available"
- Not enough info
  - "should be scored when sufficient data becomes available"

35

DOCUMENT THE PROCESS

- Transparency – if interpreter is used, document that

- If scores are tentative, document that
  - Best not to use risk categories or recidivism estimates when data is tenuous

- "Subject to change with additional risk-relevant information"

36

YOUR DATA POINTS, PUZZLE PIECES

- Psychological testing (personality, intelligence testing, etc.)
- Collateral information (affidavit, police report, medical report, etc.)
- Clinical Interview
- Collateral information
  - Record review, collateral interviews (?)
- Assessment instruments
  - Actuarials/Risk assessment*
- Diagnosis (if applicable)
- All are equally important
- Which of these yields the most information to address the referral question in a given evaluation?

37

RISK LANGUAGE WITHIN…

Records	Clinical Interview
• Charging documents (complaint, police reports)	• Biopsychosocial
• Collateral information (medical & mental health, education)	• Sexual history
• Criminal history	• Criminal history
• Institutional/Correctional	• Offense-specific

38

RISK LANGUAGE WITHIN RECORDS

- Where do we see risk in records?
- Where do we see responsivity in records?

39

RISK LANGUAGE WITHIN CLINICAL INTERVIEW

- Asking broad questions that capture item, not item itself
- See patterns emerge

- How to structure interviews?
  - See patterns in records and behavioral history
  - Tailor interview to individual
- The way you structure clinical interview depends on the referral question
- Asking questions
  - Try to get information for multiple items

40

CASE CONCEPTUALIZATION

- What is your conceptualization of the client based on the:
  - File review info?
  - Clinical interview info?
  - Psychological assessment instruments?
  - Actuarial (static and dynamic) assessment instruments?
  - Context (setting, time, circumstances?

41

SO YOU'VE GATHERED ALL THIS DATA

42

43

44

IN ORDER TO MAKE THEM TASTE GOOD

- You need all the right ingredients
- You need all the right amounts
- You need to cook them the right amount at the right temperature

45

The whole is greater than the sum of its parts

46

BUT THE PARTS ARE IMPORTANT

- If we use an inflexible or confrontational approach…
- If we don't gather the right information in the correct amounts…
- If our scoring or interpretations are incorrect…

Our cookies will taste awful and no one will eat them!

47

REMEMBER

- Credibility = Currency
- The more you have, the more you'll earn

48

HOW TO TAILOR INTERVIEW TO INDIVIDUAL

- File review of individual reveals the following information—
  - 1 sexual offense conviction for sending picture of penis to and engaging in sexually explicit chat with underage female through internet
  - No other criminal history
  - No history/evidence of substance abuse
  - Married for 18 years, wife filing for divorce
  - Owns home, steady employment, no significant debt, college degree
  - Visitation list includes several immediate and extended family and friends, no concerns noted for entry, they visit frequently
  - 3 conduct violations for being out of bounds in first year of incarceration, none in past 2 years
- Where do you focus this interview? Do you ask the entire Stable-2007 questionnaire? Would this be practical?

49

HOW TO TAILOR INTERVIEW TO INDIVIDUAL

- File review of individual reveals the following information—
  - Current sexual offense involved rape of a 19 yo stranger female followed from bus stop
  - Criminal history includes 2 prior sex offense convictions for rape (14yo F and 38yo F), one during commission of an armed robbery, the other a sex worker; also burglary, harassment, trespassing, violation of protection order
  - Multiple arrests for assault, DUI, pending charge for assault for hitting an unknown male in a bar
  - Violated parole repeatedly with new offense (FTR, absconding, refused treatment)
  - Significant substance abuse history
  - Never married, multiple children with multiple women
  - Homeless occasionally, lived in motels when able, sporadic employment, 11th grade education
  - No family support on record
- Where do you focus this interview? Do you ask the entire Stable-2007 questionnaire? How much info can you glean from record review?

50

SAMPLE ANSWERS TO STABLE/CLINICAL INTERVIEW QUESTIONS

- How do you feel about women?
  - "I love women."
  - Stop there? Score of 0?
- What do you love about them?
  - "I love having sex with them, I love boobs. I really like women who can cook me a good meal and keep my house clean."
- What do you love about them?
  - "Women are the lifeforce of all existence; they can do anything, usually better than men can."

51

EXAMPLE: CAPACITY FOR RELATIONSHIP STABILITY (PART B)

- Remember – the *quality* of the relationship is important
- 46-year-old male, married for 19 years (2 children), no periods of separation
- Surface level:
  - Reported the marriage is "good, stable, she's a good partner"
  - Enjoy taking trips together and raising their children, no major disagreements
- Deeper level:
  - Described their relationship as "more like roommates than spouses"
  - No sex for past 18 months, no physical displays of intimacy
  - She goes to bed early, he goes downstairs on the computer
  - One year ago, starts chatting with other women, eventually finds younger and younger females on Snapchat and starts asking 16-17-year-old girls for nudes

52

EXAMPLE: STABLE-2007 ITEM *SEXUAL PREOCCUPATION (MR. B)*

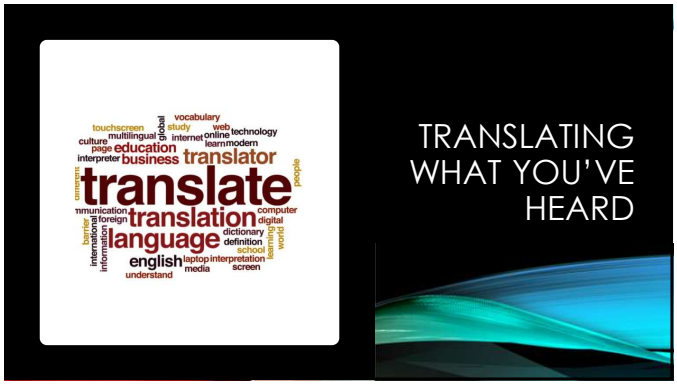
- Assessment Instruments
  - Hypersexual Disorder Screening Inventory (HDSI)
    - Mr. B indicated he has used sex as a coping mechanism and has used sexual fantasies and behaviors to deal with negative emotional states. Mr. B reported that he has been unsuccessful in his attempts to reduce or control the frequency of his sexual fantasies, urges, and behaviors and has continued those behaviors despite the risk of physical and emotional harm to himself or others.
  - Hypersexual Behavior Inventory-19 (HBI-19)
    - Mr. B disclosed he has engaged in sexual behaviors despite their adverse effects. Additionally, Mr. B's HBI-19 responses indicate that he believes he struggles with sexualized coping, lack of control, and has experienced negative consequences due to his sexual behavior.
  - Sexual Compulsivity Scale (SCS)
    - Mr. B responded to 7 out of the 10 items as either 'Mainly Like Me' or 'Very Much Like Me'. He reported that his sexual thoughts and behaviors have caused problems in his life and have impeded his ability to meet commitments and responsibilities. He disclosed that he thinks about sex more often that he would like, and at inappropriate times. Mr. B noted that it has been difficult for him to find sexual partners who desire having sex as much as he wants to.

53

EXAMPLE: STABLE-2007 ITEM *SEXUAL PREOCCUPATION (MR. B)*

- Sexual History
  - During the past five years, Mr. B stated he viewed pornography "almost every night." He then asserted, "the past year, it got a little heavier, in the mornings, then I would watch it when I got home too." He stated he consumed pornography on his phone but no other device. He reported that he masturbated "pretty much every single time" he consumed pornography. He explained he "couldn't do it with just thoughts." When asked if that meant he had to have some sort of sexually explicit imagery to achieve orgasm he replied "yeah, pretty much." During the past two years, Mr. B estimated he masturbated "between three and four" times per day. When asked the most he has ever masturbated in one day in the past two years, he replied, "five times." Mr. B reported that he averaged approximately "18 to 21" orgasms per week during the past two years.
  - Mr. B disclosed he has seen his sister naked "within the past year." He reported a friend "sent me a link to her OnlyFans, so I went on her OnlyFans and I touched myself to some of those photos." When asked if he has had sexual fantasies of his sister he replied, "since then, a handful of times, before then, a handful of times."

54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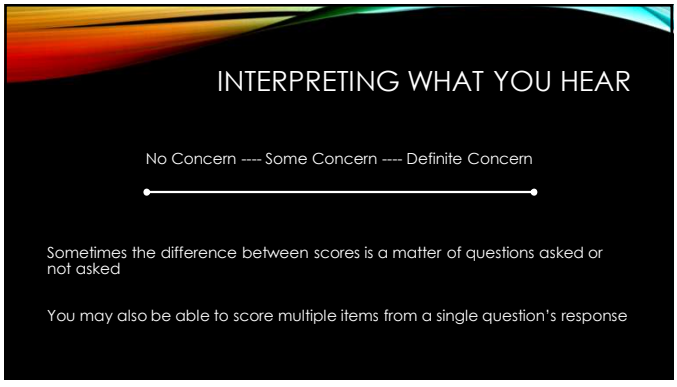
understand
TRANSLATING WHAT YOU'VE HEARD

55


This is where the rubber meets the road

56


INTERPRETING WHAT YOU HEAR
No Concern ---- Some Concern ---- Definite Concern
Sometimes the difference between scores is a matter of questions asked or not asked
You may also be able to score multiple items from a single question's response

57

WHAT AREAS OF RISK DO YOU HEAR?

- 49 year old male
- Q: How often do you think about sex?
- A: Two/three times per week, mainly I think about girlfriends I've had over the years, but never had sex with them for odd reasons.
- If we stopped here, what/how would you score?

58

DIGGING A LITTLE DEEPER…

- Q: Tell me more about that.
- A: If they had pubes I would not be able to do anything with them, even if they shaved, and eventually they ended up breaking up with me. The last one, Tracy, she was 11, I was 23, and my brother, who was 17, his girlfriend was 11 also, and she and Tracy were friends. I told my mom I was starting to get aroused by her, they didn't have breasts yet. My mom told my brother he couldn't bring them over anymore. I got a job at a factory 7 years later, some girl came over and kissed me on the cheek. It was the same girl, she said she had a crush on me back then; her stepfather had been raping her and she said she would have done anything I wanted back then. We started dating, but the first time we were together and she got naked, she hadn't trimmed a pube since they popped up. I could not ever get that image out of my head; she eventually got frustrated and left, we tried all sorts of different things, but I could never perform with her.

59

WHAT AREAS OF RISK DO YOU HEAR NOW?

- Q: Tell me more about that.
- A: **If they had pubes I would not be able to do anything with them**, even if they shaved, and eventually they ended up breaking up with me. **The last one**, Tracy, **she was 11, I was 23**, and **my brother, who was 17, his girlfriend was 11 also**, and she and Tracy were friends. I told my mom I was starting to get aroused by her, **they didn't have breasts yet**. My mom told my brother he couldn't bring them over anymore. I got a job at a factory 7 years later, some girl came over and kissed me on the cheek. It was the same girl, she said she had a crush on me back then; **her stepfather had been raping her and she said she would have done anything I wanted back then**. We started dating, but the first time we were together and she got naked, she hadn't trimmed a pube since they popped up. I could not ever get that image out of my head; she eventually got frustrated and left, **we tried all sorts of different things, but I could never perform with her**.

60

WHAT AREAS OF RISK DO YOU HEAR?

- 38 year old male
- Q: Tell me about yourself.
- A: I am a highly religious individual, I worship my ancestors "Thor" and "Freya." I have many ancestors who were of nobility, who discovered a crater on the moon, and one who helped hide Jews and Anne Frank. I am descended from a line of Japanese emperors and the Cherokee Trail of Tears. I honor my genetic heritage through animism and worship of my Cherokee tribal and Japanese ancestors. My family is also very involved in politics, and I include myself in that political involvement. I am currently involved in a project with a friend who is a member of the RNC who is trying to get the SVP law shut down, because they try to kill people on release.
- Does any of this fit anywhere, from a risk standpoint?

61

DIGGING A LITTLE DEEPER…

- Q: Who are the people who support you?
- A: My mom is my constant support. She couldn't handle my aggressive outbursts so I grew up in DCFS since I was 6 years old. My aunt Suzie is a small time author who writes me all the time for the holidays. My dad beat me, and I committed my offense because I was getting revenge on him, so he owes me, he sends me money sometimes. There is a woman I am very good friends with, she was on CNN for murdering her friend and is serving a life sentence, she's a great person. I also have friends in the institution and legislators who support me with my lawsuits.

62

WHAT AREAS OF RISK DO YOU HEAR?

- 37 year old male
- Q: Tell me about your progress in treatment?
- A: Well, I was released back in June (2024) and it only lasted a week.
- Q: What happened?
- A: My first day in the community, I was just trying to observe what's going on, getting unpacked and stuff, and I heard gunshots in my neighborhood. My anxiety went up, and I told my PO who said to keep my mind occupied. I did not recognize I was in my cycle; what scared me the most was people behind my house being really loud, it shook me. After 5 days of being out, I started having homicidal and suicidal thoughts and sexual fantasies about past victims. And yes, I masturbated. My PO said that I told him I was fantasizing about kidnapping and killing young children, but I didn't, I said I was reading about kidnapping and having fantasies about children.

63

DIGGING A LITTLE DEEPER…

- A (cont.): Because of all of this, I asked my PO to revoke me. I'm not ready to be in the community right now, I'm too scared. Now that I'm back, if I hear anything that sounds like a gunshot I will jump out of my chair. Having been locked up for over 25 years, they don't teach you nothing about independent living. It's a new experience that I know I need help with. It was really scary being on my own.
- Q: How do you feel now about being released?
- A: I need a year or two. I feel kinda proud of myself, because previously, I would have acted on impulse, and I may have reoffended. Since coming back, I've been working on my suicide safety plan, and revising my Success plan by adding more positive thoughts and behavioral thought stoppers, and regulating my frustration. I get frustrated really easily.

64

TRANSLATING…

- From one event, less than 6 months ago
- Through 2-3 questions
- We obtained valuable information on:
  - Deviant Sexual Interests/Preference
  - Sexualized Coping
  - Sexual Preoccupation
  - Cooperation with Supervision
  - Impulsivity
  - Poor Problem Solving
  - Negative emotionality
- What if interview had to end there?
- What conceptualizations would you have of this individual's risk potential?

65

INTERVIEW ⟶ REPORT

- What you hear becomes what you write
- Where there is evidence, weave the particular risk factor into different areas in the report
- Client's statements – especially quotes, can emphasize points

66

EXAMPLE: STABLE-2007 ITEM *POOR PROBLEM SOLVING (MR. G)*

- Educational History (pg. 6 of the report)
  - When asked about the behavioral IEP, Mr. G stated, "I acted out a lot, got mad, walked out of classes, destruction of property, mainly just to keep me regulated."
- Employment History (pg. 7)
  - Mr. G described his employment history as sporadic and menial. He has worked at various fast-food establishments, auto parts stores, retail, and grocery stores. He disclosed he has been fired from "most of my jobs." He then stated he has "either been fired or quit before I was fired."
- Mental Health History (Self harm) (pg. 8)
  - Mr. G reported that he was "in a really bad relationship with someone that was two years older than me that made me feel totally worthless, that's how I expressed my frustration."
  - Mr. G recalled that he has expressed suicidal statements to others at various times, "I said it for attention, I said it a lot."

67

EXAMPLE: STABLE-2007 ITEM *POOR PROBLEM SOLVING (MR. G)*

- Criminal History (pg. 9)
  - When asked about the past charge of Harassment by Telecommunication Device, Mr. G reported that his girlfriend started ignoring him, "so I started saying anything over text to get her to respond and I told her that I was going to go shoot up Mass Street if she didn't respond."
- Mr. G's Description of the Current Offense (pg. 10)
  - Mr. G discussed his current offense. He reported, "I was in a relationship with a girl who made me feel like I was worthless, we dated for four years, and during that I decided I didn't want to deal with her, so I went back home, and I ended up cheating on her with a girl who told me that she was 17; she was 14."
  - Mr. G reported that he currently has "a probation violation for not complying with the regulations they have set for me."

68

STRATEGIES FOR MORE EFFICIENT RISK ASSESSMENT DURING INTERVIEW

1. Have a good understanding of the referral question and purpose of evaluation
2. Know how much time you can devote to total evaluation
   1. If pressed for time, decide what testing/assessments you can ditch
3. Quickly assess responsivity issues (intellectual, motivational, etc.) of the client
4. Structure interview to ensure you're able to score every risk assessment item
   1. Use Stable-2007 interview guide, PCL-R interview guide, others?
5. Tailor interview to individual client and listen for risk information in each area of biopsychosocial info

69

STRATEGIES FOR MORE EFFICIENT RISK ASSESSMENT DURING INTERVIEW

6. Don't go down rabbit holes – it may sound interesting and be relevant history for general mental health therapy but is it relevant to risk?
7. Have good boundaries within the session to bring the client back on track if they are going off track while being mindful of keeping rapport
8. Have questions pre – written out to stay on track if newer to evaluations
9. Have clients fill out questionnaire prior to evaluation that can capture some risk information (social influences, relationship history)
10. Learn from each interview – what worked, what didn't? (Remember, what works varies – but you get a feel for the type of questions you need to ask)

70

THANK YOU!

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71