Part Two:
Assessment and Report Writing

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Welcome!

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Bottom Line

- Across time, place, & culture, adults have difficulty understanding and predicting the behavior of young people
- Aligning with natural developmental processes will likely produce the best results (i.e. medical model unhelpful)
- Everything we thought we knew 20 years ago was wrong.

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INTRODUCTION

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Caveats

- It's vital to understand local and federal laws, especially regarding:
  - HIPAA
  - Disclosure of data
  - "Who owns the report"

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Understand

- ATSA Guidelines
- Ethical issues:
  - Mandatory Reporting laws differ
    - Including Tarasoff laws
    - Some states require CSEM reports; others do not
  - Guilt-phase evaluations
  - Evaluator, not investigator
  - Allowing judge to determine measures used
  - Recommending registration

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Understand

- Pro-crime attitudes and beliefs
- Interpersonal functioning
- Self-management
- Important others
  - Family, friends, community supports
- Abuse-related sexual interests

- And how early life experiences affect all of these areas

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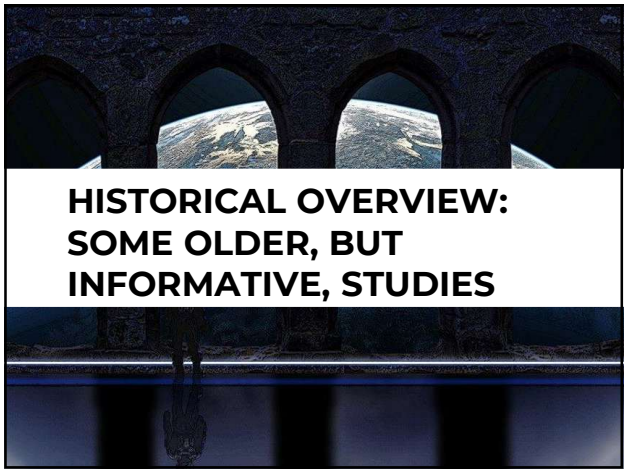

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Epperson et al., 2006

- N = 637
- Recidivism = arrest for a new sex offense prior to age 18
- Base rate = 13%

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Vandiver, 2006

- 300 registered male offenders; <18 at the time of their arrest (avg. was 15)
- 3-6 year follow-up
- *N* = 13 arrested for a sex offense
  - Of those, 4 arrested 2x & 1 arrested 3x
- More than 50% arrested for non-sexual crime

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Caldwell, 2007

- Examined recidivism rates of 249 YSA and 1,780 non-sexual "delinquents."
- 5-year follow-up for sexual recidivism
- 6.8% for YSA
- 5.7 for delinquents
- Non-significant difference
- 54 homicides, none by YSA

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Implications

- Many adolescents who have engaged in illegal behavior subsequently cause sexual harm.
- Sexual re-offense is only one way to understand the effects of treatment.
  - We need person-centered approaches that establish healthy future goals across the lifespan, and not just reducing sexual re-offense risk.

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Lalumière et al., 2004; Moffitt, 1993

- 3 groups of delinquent adolescents:
- Adolescence-limited
  - begins in adolescence; desists by adulthood
- Early onset, life-course persistent with neuropathology:
  - pre/peri/post-natal problems, sometimes in combination with family and community adversity
- Early onset, life-course persistent w/o neuropathology:
  - *"...a discrete class of individuals, a taxon that is different in kind from other antisocial individuals..."*

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Worling, 2001

- Took 112 adolescents from a recidivism sample and cluster analyzed factor scores from California Personality Inventory.
  Four subgroups emerged:
  - Antisocial/impulsive
  - Unusual/isolated
  - Over-controlled/reserved
  - Confident/aggressive

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Worling, 2001, *Continued*

- Results:
  - Antisocial/impulsive and Unusual/isolated were more likely to engage in sexual, violent, and general recidivism.
- Author noted that striking similarities to the only other study of its kind with juveniles (i.e. Smith, Monastersky, & Deisher, 1987, using MMPI protocols)

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Langstrom & Grann, 2000

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Base rates, *continued*

- Långström & Grann (2000)
  - N= 46, age 15-20, various locations (e.g. prison, forensic psychiatric, probation, but all received court-ordered forensic evaluations
  - 72 month follow-up
  - Sexual recidivism = 20%
  - Violent recidivism = 22%
  - General recidivism = 65% **(including violence)**

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Predictive Correlates in Långström & Grann (2000)

- **Sexual recidivism (risk ratios significantly higher that 1.0, 90% CI):**
  - **Any previous sex offending behavior (including convictions)**
  - **Poor social skills**
  - **Any male victim**
  - **2 or more victims in index offense**

Note: translated into a 4-point scale, the average recidivist had 2 points (SD= .87, range 1-3), while non-recidivists had .76 (SD= .83, range 0-3). Scale based on a 2-year follow-up. The ROC was .84 (95% CI .70-.94)

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Predictive Correlates in Långström & Grann (2000)

General Recidivism (risk ratios significantly higher that 1.0, 90% CI)

- Signs of Conduct Disorder (DSM-IV) before age 15
  (Not including sexually abusive behaviors)
- Any violent conviction
- 3 or more previous convictions for any crime
- Psychopathy (in Sweden = 26 and above on PCL-R
- Use of death threats or weapons in index offense
  - Note: translated into a 5-point scale, the average recidivist had 2.03 points (SD= 1.71, range 0-5), while non-recidivists had .81 (SD= 1.22, range 0-3). Scale based on a 2-year follow-up. The ROC was .74 (95% CI .59-.87)

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Base rates, *continued*

- Långström (2002, in press)
  - N= 117, age 15-20, various locations (e.g. prison, forensic psychiatric, probation, but all received court-ordered forensic evaluations
  - 168 month follow-up (14 years)
  - Sexual recidivism = 30%
  - Violent recidivism = 42%
- Author notes that sexual recidivism reduced considerably at 5 years, but that violent recidivism continued

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Predictive Correlates Långström (2002)

- Sexual recidivism (risk ratios significantly higher that 1.0, 95% CI)
  - Any previous sexual offending behavior
  - Sex offense in a public area
  - Any victim was a stranger
  - Offending on 2 or more occasions
  - Offending against 2 or more victims

Note: in this study, victim penetration was associated with a decreased likelihood of reconviction

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Predictive correlates Långström (2002)

- Violent Recidivism (risk ratios significantly higher that 1.0, 95% CI)
  - Signs of Conduct Disorder (DSM-IV) before age 15 (Not including sexually abusive behaviors)
  - Any prior violent conviction
  - Any victim penetration
  - Use of death threats or weapons
  - Physical injury of victim
    - Note: in this study, PCL-R scores were not available

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Van Wijk, Mali, & Bullens (2007)

- Large group of juvenile sex-only and sex-plus (sex and other offenses) delinquents (*N* = 4,430) in the Netherlands.
- Sex-plus offenders started their careers earlier, committed more crimes, and partly continued their criminal career after their adolescence. Juvenile sex-only offenders rarely went on committing crimes.
- In sex-plus offenders, sexual crimes play only a minor role in their total crime repertory.

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Worling, 2006

- Studied three ways to measure sexual arousal and interest among adolescent males who acknowledged having sexual abused:
  1. A computerized analysis of how long the adolescent looks at each of a series of pictures of clothed people of both genders and varying ages.
  2. A self-report rating form for each of the same photographs.
  3. A simple graph in which the adolescents rated their sexual arousal for eight age categories, with one graph for each gender.

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Worling, 2006

- Found similar patterns of responses to all three assessment techniques. The two self-report procedures distinguished those adolescents who abused children from those who abused peers or adults. The computerized assessment was able to distinguish those who had abused male children, but no technique accurately identified adolescents who had abused female children exclusively.
- Importantly, Worling also notes that earlier research into techniques such as the plethysmograph did not examine the adolescents' experiences of the procedure itself. In this study, Worling found that the adolescents typically did not find any of the methods upsetting.

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Implications

- Adolescents can be truthful.
- Get back to the basics.
- Ensure person-centered practice.
- Assessment and treatment should address the person, not the behavior.
- There is much we don't know about adolescent sexual interest and arousal.

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"Sexual Deviance"

- Understand sexual arousal in the broader context of emotional and physiological development.
- Understand the context of the harmful sexual behavior.
- Understand the developmental history of the youth, including harmful behaviors, as well as experiences with trauma or other developmental disruptions.
- Be careful with interventions targeting sexual deviance.
- Remember that all adolescents are sexual beings.

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Burton, 2008

- Identified 74 adjudicated youthful male sexual abusers and 53 nonsexual abusers and asked them a series of questions to look at the circumstances that may have led to the abusing behaviors. Each participant was given two tests (MACI and CTQ) to look at a number of risk and protective factors for each youth. Key findings included:
- Significantly more sexually abusing youth reported having been sexually abused (69.6%) than youth who have committed other crimes (39.6%)
- Personality characteristics (as documented in the MACI) contribute to the youth's decision to sexually abuse a younger child. Burton suggests that there are many reasons a teen may choose to abuse. The survey describes some of the reasons that youth make that choice including but not limited to meeting their own emotional needs.

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Implications

- Understanding the role of victimization in the development of sexual behavior can be a challenge. Only a small number of sexual abuse survivors actually abuse others, and fewer still become repeat sexual abusers.
- However, Burton's study highlights that young people understand their own victimization in many ways and that personality (as well as developmental and contextual) factors can contribute to how young people understand their world.

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Arousal Reconditioning

McGrath, Cumming, & Burchard (2009):

- Male adolescent residential: 56.4% of programs use one or more behavioral techniques.
- Male adolescent outpatient: 49.4 of programs use one or more.
- Female adolescent residential: 48.5% of programs use one or more.
- Female adolescent outpatient: 37.2% of programs use one or more.

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What's missing?

Little, if any, research basis for:

- Remorse/Shame/Guilt
- Empathy
- Psychological Maladjustment
- Denial
- Clinical presentation
- In youth: Uncertain sexual arousal

Hunter & Becker, 1994

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CALDWELL (2016)

- Meta-analysis
- Studies since 2000
- Recidivism = 2.75%
- Many questions

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Viljoen et al., 2008

- Examined recidivism among 169 male YSA in residential programs
- Base rate 8.3% sexual recidivism
- Avg. time to recidivism was 100 months
- Neither JSORRAT—II nor SAVRY, nor JSOAP predicted sexual recidivism (total scores)

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VILJOEN ET AL. (2012)

- Examined predictive validity of JSOAP-II, ERASOR, JSORRAT-II, and Static-99 with adolescents
- AUC scores ranging from .64 to .67
- Moderate to high variability across studies

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Viljoen et al., 2018

- "Even though risk assessment tools are often intended to inform case planning, they do not provide much direct guidance."
- Established a method with four foci:
  - (a) increase the inclusion of empirically supported interventions in case plans
  - (b) expand the breadth of interventions beyond surveillance
  - (c) increase the inclusion of culturally tailored strategies
  - (d) improve the general quality of plans (e.g., extent to which plans address adolescents' needs)

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Viljoen et al., 2019

- Impact of risk assessment instruments on pretrial detention
  - ***Method:*** Published and unpublished studies. In total, 22 studies met inclusion criteria; these studies included 1,444,499 adolescents and adults who were accused or convicted of a crime.
  - ***Results:*** The adoption of tools was associated with (a) small overall decreases in restrictive placements particularly for individuals who were low risk and (b) small reductions in any recidivism. However, after removing studies with a high risk of bias, the results were no longer significant.
  - ***Conclusions:*** Although risk assessment tools might help to reduce restrictive placements, the strength of this evidence is low.
  - Furthermore, because of a lack of research, it is unclear how tools impact racial and ethnic disparities in placements.

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Hunter & Becker, 1994

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Problems with Measures

- Very few can boast an excellent research base
  - Scientific research varies and there are sometimes questions of bias
- No measure covers every possible outcome
- The often-unknown role of situational factors
- With and without measures, we must be very, very humble
  - Adolescents change

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Some Measures

- JSOAP – II
  - (Juvenile Sex Offender Assessment Protocol – II; Prentky & Righthand, 2003)
- JSORRAT – II
  - (Juvenile Sex Offender Recidivism risk Assessment Tool – II; Epperson et al., 2006))
- YNPS
  - (Youth Needs and Progress Scale; Prentky et al., 2020)
- PROFESOR
  - (Protective and Risk Observations for Eliminating Sexual Offense Recidivism; Worling, 2017)
- SAVRY
  - (Structured Assessment of Violence Risk in Youth; Borum et al., 2010)
- Mega (https://www.mega-miccio-fonseca.com)

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JSOAP - II (Prentky & Righthand, 2003)

4 scales:

- Sexual Drive
  - (was sexual drive/pre-occupation)
- Antisocial Behavior
  - (was impulsive, antisocial behavior)
- Clinical Intervention
  - (was clinical/treatment)
- Community Stability
  - (was community stability/adjustment)

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Defined

- "A checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending."
  - Not specific to sexual re-offense process
- Used with males 12-18, with histories of sexually coercive behaviors
  - (i.e. uncertain utility with non-coercive behaviors)
- Development sample
  - N = 75, with three recidivists after 1 year
  - IRR very good (+/- .83); subsequent improvements

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Caveats

- "Unlike adults, adolescents are still very much 'in flux'. No aspect of their development, including their cognitive development, is fixed or stable… In a very real sense, we are trying to assess the risk of 'moving targets'."
- "At the very least scales III and IV should be re-scored every six months."
  - … and more often as developments occur

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JSORRAT-II

- Goals/Purposes of the JSORRAT-II, per authors
- Provide empirically based estimates of risk of juvenile sexual recidivism to inform a range of decisions, such as:
  - Placement
  - Programming
  - Treatment intensity
  - Resource allocation
- Reflected authors' belief that treatment outcomes must be defined and assessed with greater precision and specificity before good measures of modified risk can be developed

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JSORRAT-II

- Developmental sample of 636 males in Utah
- Logistic regression analyses identified 12 variables that were optimally predictive of juvenile sexual recidivism

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JSORRAT-II Reliability

- Reliability of Evaluators, per Epperson at ATSA 2009
- Collaborative study with Michelle Gourley and colleagues
- Seven state evaluators who had attended a one-day training session and scored the same 17 cases (stratified random selection) over the next couple of weeks
- Very high ICC for absolute agreement was .91

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JSORRAT-II

Validation

- Completed for juvenile sexual recidivism in Utah and Iowa but not for adult recidivism
- Utah: N=494; AUC= .64
- Cases with complete data, AUC = .66

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JSORRAT-II

Validation

- Georgia, N=318
- Base rate for juvenile sexual recidivism was
- 7.2%
- ROC-AUC = .65 (95% CI of .54 - .75)

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JSORRAT-II

Per authors, Autumn 2009:

- JSORRAT-II has been successfully validated in two states
- Although the predictive validity was statistically significant in both studies, it was less accurate than in the development sample.
- May be used experimentally to tentatively advise treatment and programming decisions
- May be used to advise forensic decisions in Utah and Iowa, as well as in Georgia and California where the tool is being validated concurrently with use
- Assessments expire at age 18

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YNPS

- Prentky, Righthand, Worling, & Kang (2020)
  - (Contact Sue Righthand for further training)
- *The Youth Needs and Progress Scale (YNPS) is a 22-item rating scale designed to help identify risk-relevant intervention needs, and track progress toward resolving those needs, among individuals aged 12 to 25 who have engaged in abusive sexual behavior. Abusive sexual behavior includes contact or noncontact nonconsenting, coercive, and/or assaultive sexual activities and sexual behavior involving significantly younger persons (generally defined as someone who is at least 4 years younger). Any underage sexual activity that has been or could be charged as a sexual offense is included in this definition as well.*

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YNPS

- *Because nonsexual reoffending typically exceeds rates of sexual reoffending among individuals with abusive sexual behavior, factors associated with sexual and nonsexual offending are included in the YNPS. More specifically, empirically-informed individual, social, and environmental risk and protective factors associated with offending and circumstances and influences that may facilitate or interfere with treatment engagement and response are included in this scale.*

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YNPS

- *In view of the developmental flux in youth and emerging adults, and fluctuations in life circumstances, the YNPS focuses specifically on dynamic items to capture these changes. For this reason, it is recommended that reassessments be conducted at least every three months to identify possible changes and adjust interventions accordingly.*
- *Although the YNPS may be useful as a measure of intervention needs as part of a risk and needs evaluation, it is not a "risk assessment" scale, per se. Its purpose is not to predict re-offense risk.*

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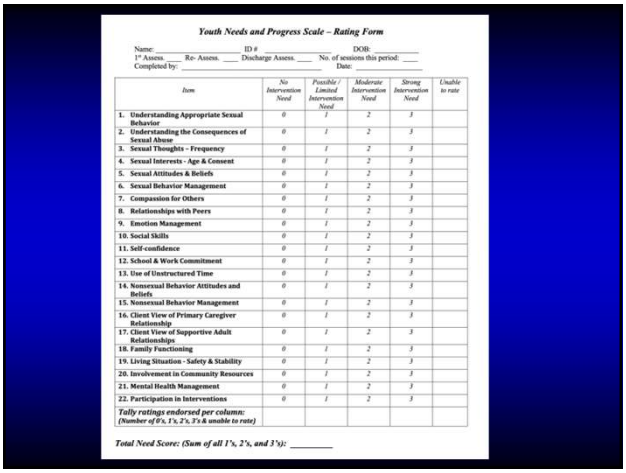

Youth Needs and Progress Scale – Rating Form

Name: _____ ID # _____ DOB: _____
1st Assess. ____ Re- Assess. ____ Discharge Assess. ____ No. of sessions this period: ____
Completed by: _____ Date: _____

Item	No Intervention Need	Possible / Limited Intervention Need	Moderate Intervention Need	Strong Intervention Need	Unable to rate
1. Understanding Appropriate Sexual Behavior	0	1	2	3	
2. Understanding the Consequences of Sexual Abuse	0	1	2	3	
3. Sexual Thoughts - Frequency	0	1	2	3	
4. Sexual Interests - Age & Consent	0	1	2	3	
5. Sexual Attitudes & Beliefs	0	1	2	3	
6. Sexual Behavior Management	0	1	2	3	
7. Compassion for Others	0	1	2	3	
8. Relationships with Peers	0	1	2	3	
9. Emotion Management	0	1	2	3	
10. Social Skills	0	1	2	3	
11. Self-confidence	0	1	2	3	
12. School & Work Commitment	0	1	2	3	
13. Use of Unstructured Time	0	1	2	3	
14. Nonsexual Behavior Attitudes and Beliefs	0	1	2	3	
15. Nonsexual Behavior Management	0	1	2	3	
16. Client View of Primary Caregiver Relationship	0	1	2	3	
17. Client View of Supportive Adult Relationships	0	1	2	3	
18. Family Functioning	0	1	2	3	
19. Living Situation - Safety & Stability	0	1	2	3	
20. Involvement in Community Resources	0	1	2	3	
21. Mental Health Management	0	1	2	3	
22. Participation in Interventions	0	1	2	3	
Tally ratings endorsed per column: (Number of 0's, 1's, 2's, 3's & unable to rate)					

Total Need Score: (Sum of all 1's, 2's, and 3's): _____

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PROFESOR

Worling, 2017

- Protective + Risk Observations For Eliminating Sexual Offense Recidivism (PROFESOR) is a structured checklist to assist professionals to identify and summarize protective and risk factors for adolescents and emerging adults (i.e., individuals aged 12 to 25) who have offended sexually.

  PROFESOR is intended to assist with planning interventions that can help individuals to enhance their capacity for sexual and relationship health and, thus, eliminate sexual recidivism.

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PROFESOR

- *PROFESOR is not designed for the purpose of predicting the risk of future offending.*

  PROFESOR contains 20 bipolar factors (i.e., both protective and risk characteristics) that were chosen based on a review of the available literature and on clinical experience with adolescents and emerging adults who have offended sexually.

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PROFESOR

Name of individual_____ Age_____ ID number_____

Name of evaluator_____ Date (mm/dd/yyyy)_____

	Protective	P	N	R	Risk
1	Hopefulness regarding healthy sexual future	P	N	R	Hopelessness regarding healthy sexual future
2	Respectful sexual environment	P	N	R	Abuse-supportive sexual environment
3	Respectful and age-appropriate sexual beliefs and attitudes	P	N	R	Abuse-supportive sexual beliefs and attitudes
4	Respectful sexual interests in age-appropriate partner(s)	P	N	R	Abuse-supportive sexual interests
5	Balanced sexual interests	P	N	R	Preoccupied/obsessive sexual interests
6	Good awareness of laws and procedures to facilitate respectful sexual relationships	P	N	R	Poor awareness of laws and/or procedures to facilitate respectful sexual relationships
7	Good awareness of consequences of sexual offending	P	N	R	Poor awareness of consequences of sexual offending
8	Appropriate use of reasonable strategies to prevent sexual offending	P	N	R	Lack of use of reasonable strategies to prevent sexual offending
9	Compassionate and caring towards others	P	N	R	Callous and/or uncaring towards others
10	Prosocial values and attitudes	P	N	R	Antisocial values and attitudes
11	Good self-regulation	P	N	R	Poor self-regulation
12	Good problem-solving	P	N	R	Poor problem-solving
13	Responsive to reasonable guidance and support	P	N	R	Rejecting of reasonable guidance and support
14	Healthy self-esteem	P	N	R	Unhealthy self-esteem
15	Emotional intimacy and close friendship with prosocial peer(s)	P	N	R	Lack of emotional intimacy and/or close friendship with prosocial peer
16	Feels close to and supported by a parent/caregiver	P	N	R	Feels distant from and/or rejected by parents/caregivers
17	Parents/primary caregivers provide warmth and appropriate structure	P	N	R	Parents/primary caregivers fail to provide warmth and/or appropriate structure
18	Strong commitment to and engagement in school and/or work	P	N	R	Weak commitment to and/or engagement in school and work
19	Strong commitment to and engagement in organized leisure activity	P	N	R	Weak commitment to and/or engagement in organized leisure activity
20	Feels stable and secure in current living arrangement	P	N	R	Feels unstable and/or insecure in current living arrangement
Total					

Category 1	Category 2	Category 3	Category 4	Category 5
Predominantly Protective	More Protective Than Risk	Predominantly Balanced	More Risk Than Protective	Predominantly Risk
Fewer than 10 neutral AND 80% or more of non-neutral are protective.	Fewer than 10 neutral AND more protective than risk by at least 3, AND less than 80% of non-neutral are protective.	10 or more neutral OR Fewer than 10 neutral AND difference between protective and risk of less than 3.	Fewer than 10 neutral AND more risk than protective by at least 3, AND less than 80% of non-neutral are risk.	Fewer than 10 neutral AND 80% or more of non-neutral are risk.

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SAVRY

Borum, Bartel, & Forth (2010)

- 24-item structured assessment of violence risk (including sexual violence)
- Youth 12-18

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SAVRY

- The items are clustered under three risk domains:
- **Historical Risk Factors**, looking at history of violence, self-harm and suicide attempts, and exposure to violence within the home.
- **Social/Contextual Risk Factors**, focusing on peer delinquency and rejection, stress and poor coping skills, poor parental management, lack of personal support and community disorganization.
- **Individual/Clinical Factors**, examining negative attitudes, risk taking/impulsivity, substance use difficulties, anger management, lack of personal and social support.

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Another View of Dynamic Risk Domains

(with gratitude to David Thornton)

- For case considerations:
  - Abuse-related sexual interests
  - Contributory attitudes
  - Interpersonal functioning
  - Self-management
  - Influential others

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2 questions for domains

- If you took this factor out of the abuse chain…
  - Would it have been less likely to occur?
  - Would it have happened at all?
- If you took this factor out of the youth's general functioning…
  - Would it have been less likely to occur?
  - Would it have happened at all?

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Abuse-Related Interests

- Sexual Pre-occupation
- Child Preference
- Abuse-related fetish

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Precautions

- "Aren't all youth preoccupied with sex?"
  - The short answer is no
  - It must be clear, persistent, and interfere with functioning

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Contributory Attitudes

- Callous sexual attitudes
- Sexual entitlement
- Other justifications for sex with victim group
- Sees others as deserving of rape
- Sees others as interested in sex with a stranger
- Sees women in negative terms, etc.
- Hostility towards, minimization of victim group

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Contributory Attitudes: Precautions

- Contributory attitudes are permission-giving self-statements
- Super-optimism, arrogance, etc. are better understood as barriers to treatment rather than active ingredients to recidivism
- Attitudes can be easy targets for intervention, but are easy to hide

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Interpersonal

- Self-perceived inadequacy
  - lonely, self-derogating, submissive, unrealistic external locus of control, passive victim-stance
- Obstacles to intimacy
  - easier with those much younger
- Aggressive thinking
  - paranoia, anger, grievance, active victim-stancing
- Callous/Unemotional (PCL: callous/ruthless; shallow emotions)
- Emotional loneliness cluster
  - lack of intimate relationships, difficulty/unwillingness to create emotionally intimate relationships, feeling emotional loneliness

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Interpersonal: Precautions

- Socio-affective focus:
  - Relationship of the youth to others, and vice versa
  - Can this individual view themselves as competent in a wide variety of relationships and relate to others empathically?
  - Items must have persisted in home, school, and community to be considered for generality

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Self-management

- Life-style impulsivity
- Poor cognitive problem-solving
  - Poor problem recognition/anticipation
  - Poor consequential thinking
  - Failure to generate alternatives; rigidity
- Poor impulse control
  - Explosive outbursts
  - Behavioral impulsivity despite obvious consequences

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Self-management: Precautions

- We don't always understand impulsivity as well as we think
  - Blurting out the answers in class?
  - Failure to self-edit?
- Many forms of impulsivity will be more predictive of non-sexual problems

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Influential Others

- Family, peers, or significant other has pro-offending or procriminal attitudes
- Family, peers, or significant other interacts with youth in a way that recurrently provokes or permits a pattern of offending

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Schemas
(Ward et al., 2003)

- "Implicit theories" that an abuser has about the world
- An intersection of attitudes and interpersonal domains described above
- Can be used to help create a life history
- Can be used in treatment

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Schema examples
Ward & Keenan (1999)

- Children as sexual beings
- Entitlement
  - (superior, more important than others)
- Nature of harm
  - (none; sex may be beneficial)
- Dangerous World
  - (Others are abusive, rejecting; need to fight back and get control)
- Uncontrollable
  - (the world is out of control)

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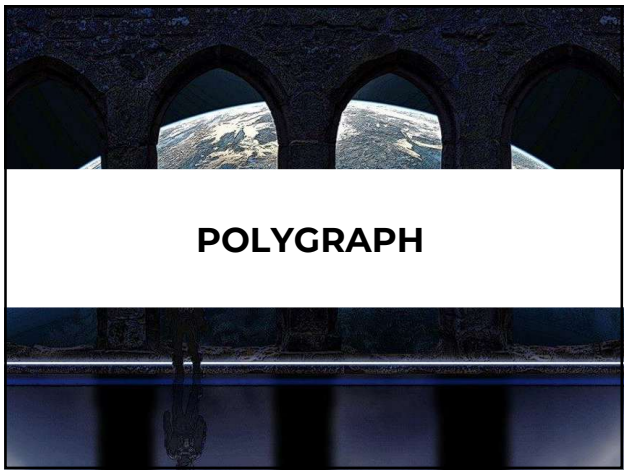
Schema examples:
Beck (1999) non-sexual violence

- Authorities are controlling, punitive
- Partners are deceitful
- Outsiders are hostile
- Nobody can be trusted
- I need to fight back
- Physical force gets respect
- If you don't get even, people will walk over you

78



79

Polygraphy

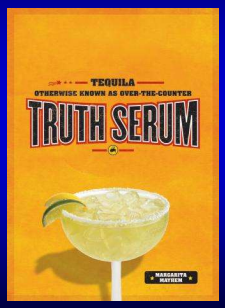
- 2009 survey: over 50% of the responding programs claim to use polygraphy with adolescents (McGrath et al., 2010).
- Lack research to recommend using polygraphy with adolescents, especially given its potential negative impact on 1) the developmental trajectory of adolescents, and 2) the clinician's ability to establish trust and mutual respect with the adolescent, a cornerstone of effective treatment.
- ATSA took a formal stance against its use with adolescents in 2017

80

Polygraph

81

Obsession



82

82

Why not polygraph?

Hindman & Peters, 2001

- Adolescents who had sexually abused and participated in polygraph examinations reported twice as many victims as those who didn't.
- Authors touted "the power of the polygraph to elicit withheld information." Further, they observed that this finding was less dramatic than the results for adults, who reported five to six times as many victims as their adolescent counterparts.
- Results similar to those of an earlier study by Robert Emerick and Wendy Dutton in 1993, who also found a greater disclosure of sexually abusive and abuse-related behaviors when adolescents participated in polygraph examinations.

83

Polygraphy: cautions

- Youth are different in their treatment needs and willingness to disclose information.
- More information is not always better information
- Polygraph examinations have the potential to be re-traumatizing and may contribute to dysfunctional beliefs
- Young people may have long-term treatment needs, but the polygraph may only have short-term utility
- Disclosure is not always the same as honesty

84

Implications

More research and discussion is needed.

- Professionals will want to ensure that they are protecting the rights of their clients as well as those of people the client may have harmed.
- There are many considerations in using the polygraph….
- Since 2017, the trend has been away from its use.

85

Considerations

- Think twice before using a polygraph
  - ***Kids are more vulnerable than adults***
- Consider the potential downside impact (e.g., Are we undermining our own efforts to build rapport and provide guidance?)
- Explore what other alternatives may be available
- Decide whether it is clinically appropriate

86

Perhaps most importantly

Acquiescence

- Kids sometimes make things up in order to get through an interview
- This can be a problem with our without the polygraph

87

Chaffin, 2011

Suggests that we should only use polygraphy IF it can be proven to:

- lead to better treatment outcomes,
- prevent future victimization, and
- protect abusers from the all the consequences of abusing again.

However, such research is currently lacking.

88

88

Chaffin, 2011

- Procedures to extract confessions seem to hold a particular sensitivity in the health care ethics literature, especially if the procedures are coercive or harsh. The World Medical Association (WMA; 1975) held that a breach could exist for health care providers by simply being present during harsh interrogations...

89

Conclusion

- There is almost no research on the polygraph and its most effective use with adolescents. Just because professionals can use it with a given adolescent does NOT mean that they should use it. Policies that require polygraph examinations for every adolescent will likely do harm by neglecting the individual differences and vulnerabilities of each adolescent.

90

Let's face it

Across time, place, and culture:

- Humans are most influenced by each other, not technologies

91

92

Interviewing

- Ensure a thorough chart review
- Check your biases

93

Interviewing

- Best when physically facing one another at an angle
  - Consider breath rate
  - Consider the rate, pitch, and volume of speech
- Collaborative and respectful
- Focus on strengths as well as risk
- Use affirmations, validations
- Acknowledge all/any awkwardness

94

Interviewing

- Use a checklist of items you wish to cover
  - Events chains, DRFs, Protective factors, etc.
- Consider starting where the client is at (as opposed to beginning with closed-ended questions such as DOB, type of educational setting, etc.
- "If you act like you have five minutes it will take all day; if you act like you have all day, it will only take five minutes"

95

Interviewing

- Keep in mind that you are an ambassador for the entire system.
  - Your interactions may shape future ones.
- Ensure the youth that you will share your initial observations.
  - (but see Brodsky & Goldenson, 2022; Foster et al., 2019)
- Be on guard for over-disclosure as well as under-disclosure and minimization.

96

Interviewing

- Consider working backwards through the events.
  - "After it was all over, what thoughts did you have? What was going through your mind?"
  - What was going through your mind while it was happening?
  - What was going through your mind right before it all happened?

97

Interviewing

- Be cautious about trauma history
  - "I get the impression some bad things happened to you, and you don't have to talk about it."

98

Interviewing

- Think in thirds:
  1. Engagement and respect
  2. Information-gathering
  3. Ensuring that the youth is "sealed over," emotionally safe, and ready to resume their day.

99

100

Checklist

- Identifying Information
- Reason for Referral
- Notification of Rights
- Sources of Information
- Mental Status
- Personal and Social History
- Sexual and Sexual Offense History
- Results of Measures
- Opinions
- Diagnostic Impressions
- Amenability to Treatment
- Dangerousness
- Recommendations

101

Report structure

- Dependent on referral question, may have additional sections as needed
- Referral question/purpose of evaluation!!! (bears repeating)
- Sources of Information
- Behavioral Observations
- Informed Consent
- Areas of discrepancy and/or agreement between records, self-report, etc..
  - Current offense
  - Criminal history
  - Institutional conduct
  - Treatment progress and/or completion
  - Supervision conduct
  - Medical & mental health history
  - Psychosocial background
  - Clinical interview write-up*
- Diagnostic Impression(s)
- Risk assessment results/Protective factors
- Recommended interventions/level of restriction
- Conclusion/Opinion
- References

102

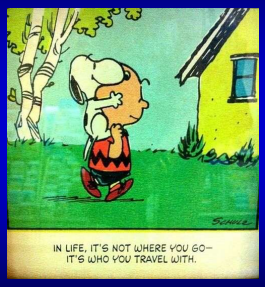
WHY ME?

- Veteran of 38+ years of practice
  - Both reading and writing reports
- I've written a lot in general
- My hope is to inspire thoughts
  - About good/not-so-good reports
  - Professional self-development

103

Charlie Brown

"I'm an expert at matters of opinion"



104

Bad experiences

- Psychologist: "Mr. Prescott, what do you look for in a report?"
- David (replies in detail): "Does that help?"
- Psychologist: "No. I meant how many pages?"
- David's colleague (smiling and without a hint of irony): "You don't understand psychologists"

105

Bad experiences

- One juvenile report influenced security decisions at an adult prison years later.
- One juvenile reports received a compliment 10 years later
- One report on a 15-year-old is still his guiding document six years later
- Take-home lesson:
  - Time limits!
  - "Write your reports in disappearing ink"

– James Worling

106

Bad experiences

There are two schools of thought. One is to include as much information as you can and write a great report. The other is to say as little as possible beyond your opinions and let them drag it out of you in testimony.

— Anonymous

If you have to pursue the second strategy, consider that you may not be as effective as you can be.

107

108

WHAT IS THE REFERRAL QUESTION, REALLY?

109

Referral Question?

- Risk assessment or needs assessment?
- Or both?
- Are people looking for numbers from scales or help understanding and preventing a bad outcome?
- Risk assessment or risk formulation?
- Psychosexual evaluation?

110

What is "risk"?

- Risk assessment
  - (And what do we call it?)
- Areas of risk
  - (factors, domains, processes)
- Risk prediction
  - Do we predict risk? Or risky situations? Or future functioning of risk factors? Or that someone will re-offend?

111

Pronouns

- "His victim"
- "My abuser"
- "The offense" versus "my offense"
- All imply possession and its absence
- "Stayin' out drinkin' all night long, drove my baby away from home..."
  — Hot Tuna

112

Language

- Professionals frequently use the terms *evaluation* and *assessment* interchangeably.
  - their definitions sometimes differ across situation and jurisdiction.
- One commonly sees psychological assessments and evaluations containing similar referral questions, instruments, and types of recommendations.
- Given that language changes over time, it is entirely possible that there is so little difference between the two that no further consideration is necessary.

113

Language

- It may be wise to you to explore the meanings of each word in order to best define for yourself what it is you are asked to do, and what it is that you actually do.
- Professionals wanting to be more helpful may wish to focus first on the meanings of the most basic words that they use.

114

Language

- Webster's II New College Dictionary defines the word *evaluate* as "1. To determine or fix the value of. 2. To evaluate carefully: APPRAISE. 3. Math. To calculate or set down the numerical value of."
- The same dictionary defines *assessment* as "1. To estimate the value of property for taxation. 2. To set or determine the amount of (e.g., a tax or fine). 3. To charge (a person or property) with a special payment, as a tax or fine. 4. To appraise or evaluate."

115

Verbiage

- *Evaluate* implies an explicit value placed on something and in some cases is better used with psychological reports.
- *Assessment* is broader, not just measuring an individual but also their context and other areas of functioning – situating the client.
- *Appraisal* can sound flashy, as though the author is trying to separate themselves from the pack.
- IMO, there is no such thing as "risk prediction"

116

Our readers

- Judges, lawyers, Child welfare
- Other evaluators
- People affected by or connected to this person
- Treatment providers
- The clients themselves

117

As a result

Human nature:

- Leave your ego behind
- Engage in critical thinking, but don't simply be critical
- Remember that others are assessing your report
- Keep in mind that how you express yourself in reports can influence others in ways beyond your awareness AND theirs

118

Key points!

- The reader should reach your same conclusions before they arrive at them.
- Scan your report for evidence of your own morals and judgments and delete them
- Consider this possibility:
  - "All judgment is a form of violence"
  - Interferes with truth-telling and sets up biases
- Make the reader appreciate your client's internal world
- Long tracking shots (a la Werner Herzog)

119

Some recent examples

- One evaluator bolded all text pertaining to harmful behavior
  - Strengths and attributes were literally not highlighted
  - Implicit as well as explicit lack of balance to the report
- One evaluator highlighted the egregiousness of sexual abuse in an attempt to raise the consciousness of readers.
  - In this age, evaluators rarely need to educate triers of fact as to the fact that sexual abuse causes harm.

120

121

Intersectionality

- A helpful question can be:
- "How has (race, power, privilege, gender, other cultural concerns, etc.) impacted my client?

122

Juveniles

4 principles of forensic assessments:

1. Ensure fairness and the protection of the legal rights of the young person
2. Protect the public from youth crime
3. Pay attention to the special needs of youth who have offended, and
4. Provide guidance and correction to help youths become responsible members of the community

123

Important re: Juveniles

- Many legal professionals (e.g., judges and lawyers) are not trained in differentiating between good and poor quality reports, and so it is particularly important that professionals adhere to rigorous standards
- Importance to understand the youth in terms of their development and positive attributes.
- Adolescence can be a time of emotional upheaval and so it is vital that assessments consider other areas that might be outside the usual focus of referral questions, such as suicide risk and substance abuse.

124

Females

Important to consider:

- Risk of harm to others
- Risk of self-injury and suicide
- Suitability to be transferred to less secure settings
- Progress in therapy

125

Pathways

Three pathways to women's incarceration:

1. Childhood victimization as a precursor to mental illness and substance abuse
2. Women's dysfunctional intimate relationships enabled adult victimization, reduced self-efficacy, and current mental illness and substance abuse
3. Women's needs in the areas of education, family support and self-efficacy, as well as relationship dysfunction, contributed to employment & financial difficulties and, ultimately, imprisonment.

126

Reports on Females

- Consider the pathways to offending in the report
- Importance of gender sensitive models and theories of offending behavior.
- Use of gender sensitive tools.
- Importance of engagement issues
- Shame.
- Replication of earlier life experiences within interactions with professionals can be a serious obstacle to assessment as well as therapy.

127

Special Needs

- As many as 20% of clients who engage in offending behaviors have intellectual, cognitive, or mental health difficulties that would render them "special needs" in regard to assessment, treatment, and risk management.
- Programs often have difficulty in offering services that fully take into consideration the individualized aspects of the clients they serve.

128

Special Needs

- This is rarely more apparent than in treating people who are who are intellectually disabled, severely mentally ill, cognitively limited (due to head injury, age-related cognitive decline, or other brain-based difficulties), elderly, and other less common presentations that would render clients both vulnerable and hard to serve.
- Study RNR deeply, especially the forgotten R!

129

Intimate Partner Violence & Abuse

- Focus should not be solely on physical violence.
- Other forms of abuse (such as psychological abuse) are important to understanding, formulating, and managing risk.
- Effective risk assessment in the area of intimate partner violence and abuse requires an understanding of a range of risk factors, offence patterns, potential victims (including children/other family members) and relationship dynamics.

130

Intimate Partner Violence & Abuse

- IPV includes a range of different behaviours, including psychological, sexual, financial or physical abuse.
- Vital to understand and detect patterns in these behaviours, even as intimate partner violence and abuse can take many forms.
- The psychological aspects of this abuse can be significant, and professionals should remember that men can be victimized within relationships as well as women.
- Many reasons why people who are victimized under these conditions choose not to report their experiences to authorities.
- Consider that which is uncomfortable: each professional's position on whether violence by men against their female partners is more prevalent, dangerous and frequent that violence by women against men.

131

If you can...

- Marry an English major
- Use linkage
- Easy on the pronouns
- Focus on writing skills as an area for professional development
- Use white space and consider your font size
  - Reports are frequently scanned and faxed
  - Unclear visual presentation makes for unclear readers

132

Remember…

"Preserve the author's voice" only applies when the writer really is an author and that he or she has a voice."

133

Remember…

- "The first draft of everything is shit"
  — Ernest Hemingway
- Never use jargon words like reconceptualize, demassification, attitudinally, judgmentally. They are hallmarks of a pretentious ass.
  — David Ogilvy

134

Remember…

- If you don't have time to read, you don't have the time — or the tools — to write. Simple as that.
  — Stephen King
- Remember: when people tell you something's wrong or doesn't work for them, they are almost always right. When they tell you exactly what they think is wrong and how to fix it, they are almost always wrong.
  — Neil Gaiman
- Put another way: Use your spell-checker!

135

Remember…

- Imagine that you are dying. If you had a terminal disease would you finish this book? Why not? The thing that annoys this 10-weeks-to-live self is the thing that is wrong with the book. So change it. Stop arguing with yourself. Change it. See? Easy. And no one had to die.
  — Anne Enright
- If writing seems hard, it's because it is hard. It's one of the hardest things people do.
  — William Zinsser

136

Remember…

- Substitute "damn" every time you're inclined to write "very." Your editor will delete it and the writing will be just as it should be.
  — Mark Twain
- Note: The same goes for "pretty" as in "his offense was pretty frightening for the victim."

137

Remember…

- After all these years in science, are you using critical thinking? Or have you just become critical?
  — John Kabat Zinn
- Don't take anyone's writing advice too seriously.
  — Lev Grossman

138

Above all

Avoid clichés like the plague!

- In our field this sometimes includes anything with the words "paradigm" or "transforming."

139

140

ANALYZING STATEMENTS

141

The Wisconsin Glacier Story

- First there is the truth
- Then it becomes distorted…
  - by the client
  - by other professionals
  - by ourselves

e.g. *"Squeezed and twisted"* becomes *"fondling"*

142

Richard Nixon

- *"I am not a crook"*

Is not the same as

- *"I am an honest man"*
- Assuming he is telling the truth, why does he say this the way he does?

143

Example

Two-time recidivist in handcuffs:

- *"Can you believe this? They're treating me like a criminal."*

Is different from

- *"I am being treated like a criminal."*
- Where is the power in these sentences?

144

Clarity

"I have no history of doing that."

is not the same as

"I have never done that."

- One meaning masquerading as another

145

Rev. Edward McDonagh

(From CNN news article, February 14, 2003)

I am in a spirit of prayerful thanksgiving to God, that through the investigation by the archdiocese, it has been determined that the allegation was not credible, and that I have been returned to St. Ann's

146

Weak & Wordy

- The treatment of sexually aggressive children and adolescents is a process influenced by many competing and often disagreeing factions. This reality has hampered the development and implementation of optimal treatment strategies objectively and scientifically designed to serve the specific needs of these children and adolescents. The politics of public safety, retribution, and/or restitution, regardless of the intrinsic legitimacy of each of these factors, have arguably shaped the treatment of "sex offenders" more than science itself.

147

Better

Many competing – often disagreeing – factions influence the treatment of sexually abusive youth. The politics of public safety, retribution, and restitution have, regardless of their legitimacy, shaped the treatment of "sex offenders" more than science itself.

148

Who are we?

- Photographers, not painters
- Biographers, not novelists
- Reporters, not journalists

Key element: Presenting facts, not education

149

Ultimately…

- We take statements and behaviors and present them so that others draw obvious conclusions.
  - Chronological life history
  - The reader should reach our conclusions before reading them

150

For this reason…

- Information should be presented in body of report.
- Conclusions section should be about bringing information together, not presenting evidence
- Don't be afraid of going back and checking the history!

151

Jargon

- "Dynamic"
  - ("factor" often works as well, but don't forget the processes)
- "Inadequacy"
  - (versus "Sense of inadequacy" or "Pervasive sense of inadequacy")
- "Suppression PPG"
- "Failed polygraph"
- "Issue" (could be a concern, problem, worry…)

152

Conclusions

- A statement of the obvious
- Sum of materials, not our opinions
- Taking information throughout the report and putting it first into the *psychological factors* domains and then into simple language regarding what needs to happen.

153

Be Specific

- "Rape" versus "forced intercourse"
- *"Mr. X is dangerous without treatment"*
- *"Mr. X has a number of known victims"*

Knowledge of static factors can help, e.g. *"Mr. X has assaulted seven underage males to whom he was a stranger. The offenses occurred primarily in public places…"*

154

Use active voice

- *"Shakespeare is widely considered to be the greatest writer in history."*
- If you can figure out the "who", then you know who has the power in that sentence.
- Make it explicit!

155

Examples

- *"She was assaulted at knifepoint"* versus *"He assaulted her at knifepoint."*
- *"Mr. X has been prone to violent fantasies"* versus *"Mr. X has engaged in violent fantasies."*

156

Unnecessary words

- *"He proceeded to tell her he would kill her"* versus *"He said he would kill her."*
- *"He planned his offense for six months. When he was done planning, he…"*
- *"He then decided to force her to…"*

157

Unnecessary words

"It should be noted that historical references to past treatment involvement at the Calisota School and the Minnefornia Center could be interpreted at least in part, in my opinion, as suggesting that ADHD was impacting negatively on Mr. X's ability to benefit from treatment… At this point in time there is not enough information in his record to determine if other attentional difficulties remain; albeit, per his report (see below) this would either not be the case or would not be significantly impairing him at this time."

158

Editorializing

- *"She began to shake violently. Mr. X told her he would kill her if she didn't stop shaking."*

versus

- *"Mr. X said he would kill her if she didn't stop shaking."*

- *"Little girl"* versus *"4-year-old girl"*
- *"Masturbating to deviant fantasies of young girls"* (*"Deviant"* is unnecessary; "*prepubescent*" may be more accurate)

159

Editorializing

- Use facts and quotes to make your point, not adjectives and adverbs
- Keep an eye out for injecting opinions and use this as an opportunity to stick to the basics.
  - *"He was only out of prison 13 days..."* versus *"13 days after his release..."*

160

Editorializing

- *Mr. X's response to intervention has been poor. He has violated rules, had explosive outbursts, and assaulted others.*

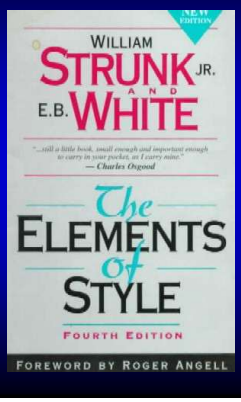
versus

- *Mr. X's response to intervention has been marked by institution rules violations, explosive outbursts, assault of staff and other patients (some for which he has been convicted), and frequently refusing or dropping out of treatment.*

161

Strunk & White

- "The Little Book"
  - Easy to read
  - Many helpful ideas
  - Considered an essential classic



162

Do not overstate

"When you overstate, readers will be instantly on guard, and everything that has preceded your overstatement and everything that follows will be suspect in their minds because they have lost confidence in your judgement or your poise."

(Strunk & White, p.73)

163

Do not overwrite

"Rich, ornate prose is hard to digest, generally unwholesome, and sometimes nauseating...you must guard against wordiness. The click and flow of a word processor can be seductive. It is always a good idea to reread your writing later and ruthlessly delete the excess."

(Strunk & White, p.72)

164

Place yourself in the background

"To achieve style, begin by affecting none - that is, place yourself in the background. A careful and honest writer does not need to worry about style. Fortunately, the act of composition, or creation, disciplines the mind; writing is one way to go about thinking, and the practice and habit of writing not only drain the mind but supply it, too."

(Strunk & White, p.70)

165

Be clear

"When you become hopelessly mired in a sentence, it is best to start fresh; do not try to fight your way through the terrible odds of syntax. Usually what is wrong is that the construction has become too involved at some point; the sentence needs to be broken apart and replaced by two or more shorter sentences."

(Strunk & White, p.79)

166

Do not inject opinion

"Unless there is a good reason for it being there, do not inject opinion into a piece of writing. We all have opinions about almost everything, and the temptation to toss them in is great. To air one's views gratuitously, however, is to imply that the demand for them is brisk. Opinions scattered indiscriminately about leave the mark of egotism on a work."

(Strunk & White, p.79)

167

Minimizing

- *"He reports that in the past he would…"*
- *"Deviant arousal patterns" versus "Aroused by children"*
- *"His index offense involved the sexual assault of a three-year-old girl. Records indicate that she was both vaginally and anally penetrated. In addition there were bite wounds over her body…"*
- "CSA"

168

Those Polite Midwesterners…

Reedsburg, WI Times Press, 5/22/04

Regarding a music teacher of 12 years

"In March 2004, it was announced that Mr. K____, 37, had been criminally charged by the Sauk County District Attorney with a violation of Wis. Stat. 948.02(2) and 939.50(3)(c) which establishes criminal punishment for sexual contact with a child under the age of sixteen."

169

Sentences: Start at the beginning

- *"When he was done hitting her, he…"*

versus

- *"He then…"*

Use key language at the start if you can, and at the end if you can't

170

Little words have meaning, too…

- *"He threatened her life and had intercourse with her"* implies a relationship.
- *"He threatened her life and forced her to engage in intercourse"* does not.

171

Let's compare

2 accounts of a severe assault

172

Example 1

"The court under Chapter 890 on 3/27/86 committed Mr. X. His index offense involved the sexual assault of a three and one half-year-old girl. Records indicate that she was both vaginally and anally penetrated. In addition there were multiple bite wounds over her body and Mr. X had struck her. At one point in the commission of this crime he attempted to drown her and then decided against this course of action."

173

Example 1 critique

- Passive voice separates offender from his actions
- Uncertain sequence and motivations
- Awkward: *"The court under Chapter 980"*
- Lofty, elevated language, e.g. *"decided against this course of action"*
- Horrific scene, but no clear picture
- "Index offense" is a research term

174

Example 2

"Mr. X was convicted of First Degree Sexual Assault of a Child and Aggravated Battery in April 1980 when he was seventeen years old. The victim was an unrelated girl, aged three years and eight months. Mr. X had been babysitting the child at the time. The assault involved oral contact, anal and vaginal penetration, and physical assault of the victim. Mr. X bit the victim on her face, arms, and back, and punched her on the side of her…

175

Example 2

"…head and stomach. He put the girl in the bathtub and attempted to drown her but then abandoned the idea. In return for pleading guilty to this sexual assault, charges related to two other sexual crimes involving young children were dropped. At that time, Mr. X was sentenced to a period of confinement at the Calisota School, where he remained under extended jurisdiction until he reached his twenty-first birthday in…"

176

Example 2 critique

- Active voice, chronological order
- No sign of author
- Simple language paints the clearest picture and leaves few questions
- Legal language, but not "legalese"
- Last sentence sets the stage for the next paragraph

177

A psychotherapist's misconduct

"The initial development of a change in the relationship centered around my empathetic feelings that touched on unresolved feelings of loss in my own life. One aspect of the treatment centered around a lifetime of severe feelings of abandonment and rejection that the client felt from her family. This worked powerful feelings within me and I responded by overidentifying with the client, becoming emotionally vulnerable and feeling inappropriate responsibility to ease the client's pain."

(Pogrebin, 2004, P. 106)

178

The bottom line…

- Reports come alive with simple and clear writing. We don't need to insert our own beliefs; but we should guard against subtle minimization.
- *"Nothing preaches better than the act."*

— Benjamin Franklin

179

Suggested process

- Write report
- Put it down for at least one hour
- Revise
- Proofread
- Send to reviewer

180

Structuring a report

- First, what it's not
  - Some examples of recent reports
  - No disrespect intended!
- Second, what it can be
  - Focus on re-offense process
  - Focus on risk, need, and responsivity

181

Language

What it's not:

- "A person's risk for re-offense cannot be predicted with absolute certainty."
- Over-optimistic
- Vague (what kind of re-offense?)
- Do we predict re-offense or risk?
- Grammatically incorrect

182

183

Comments

- Again, the term "risk assessment" is often a misnomer.
- Often, what outside stakeholders are looking for is closer to a needs assessment and clinical formulation of risk.
- The most common risk assessment results for youth include that their risk is highly dependent on the circumstances in which they find themselves.

184

Reflect

- What pressures exist to make recommendations in one way or another, and how do current circumstances influence those pressures (e.g., institutional, economic)?
- Given that much of an individual's development is not fully defined until adulthood, how can one best understand and communicate elements that may be important to treatment (e.g., remorse, empathy, personality traits)?

185

Reflect

- How can one best create an environment where the youth will self report past behavior, attitudes, worries, and concerns?
- How can one best differentiate normative adolescent attitudes from those that support a re-offense process or signal an ongoing willingness to engage in harmful behavior?

186

Reflect

- How can one recognize and describe empirically based indicators that signal escalation or imminence of harmful behavior?
- Does an assessment process gather information from all domains in the youth's life, such as his home, school, and community?

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Report structure: suggestions

Assessment of risks and needs

- Include reason for referral, describe informed consent process, confidentiality warnings, prior diagnosis, medication, testing, etc.
- Psychosocial history that includes all the static factors as well as past treatment history and response

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Report structure

Purpose of report

- Xyz's caseworker, Mr. __, requested an assessment of Xyz's overall risk for continued problematic sexual behavior to assist the department in case planning and management....

190

Report structure

...An inherent problem in such an assessment is the limited utility and accuracy of methods for determining the risk of young people to engage in criminal activity, particularly those as young as Xyz. However, research suggests that there are historical factors as well as interpersonal and contextual factors that can both mitigate and contribute to the overall risk of a young person.

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Report structure

- Xyz is at an age (16 years) in which people can and do change, often dramatically, in a short period of time. For this reason, it is strongly recommended that this assessment be used for case planning and treatment purposes only, and that it be considered a reflection of Xyz's functioning only for the next six to twelve months.

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Report structure

Risk Indicators

- As noted above, there is limited utility and accuracy to the available methods for determining the risk of a young person to engage in harmful behavior. However, research suggests that some factors are associated with elevated or attenuated risk:

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Report structure

- Sexual Re-offense:
- Static factors, or elements fixed in Xyz's history, that suggest an elevated level of risk for aggression, include:
  - Early Onset. Xyz's first reported incident of sexual misconduct occurred well before the age of 12... (discussion)
  - Persistence. Xyz's willingness to engage in harmful sexual behavior has persisted despite detection, sanction and treatment...

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Report structure

Dynamic factors, or elements subject to change (and potentially responsive to intervention) include:

- *Challenges to self-regulation*. When upset or agitated, Xyz can quickly revert to an active belief that he is a victim of others as well as circumstances, whether accurate or not. He is prone to acting out very quickly in a form of perceived self-defense..."

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Report structure

- Violence:
  - Static
  - Dynamic
- General
  - Static
  - Dynamic

196

Report structure

Protective factors:

- "Factors that may serve to mitigate Xyz's overall risk or protect him from impending misconduct include:"

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Report structure

Warning Signs:

- The adults in Xyz's life should remain vigilant for any signs of escalation in aggressive behavior. This could include (but is not limited to:
  - Evidence of planning aggressive events
  - Evidence of increased forethought and purpose to aggression beyond perceived reduction of vulnerability
  - Specifically targeting individuals
  - Evidence of violent fantasies, particularly sequential ideation of aggressive acts
  - Increased medication non-compliance
  - Increased complaints of mistreatment of others (whether justified or not)

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Please Note

Warning signs:

- Markers of imminence or escalation
- Should be both empirically-derived and based on self-report

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The bottom line

- Assess and treat the entire youth
- Understand etiology and potential recidivism processes as separate but related
- Understand risk, need, and responsivity
- Measure treatment progress by focusing on dynamic factors related to re-offense process
- Attend to the research

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In summary

- When writing:
  - Be humble
  - Be honest
  - Be concise
- When speaking:
  - Be honest
  - Be brief
  - Be seated

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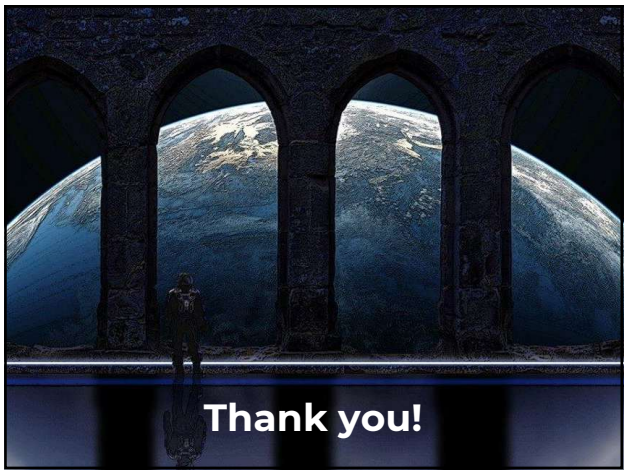

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