**Section 1905.50 Assessment Guidelines**

a) Licensed evaluators shall conduct objective, impartial and reliable sexual abuser-specific assessments that support well-informed decision making and maintain the credibility and integrity of the profession.

1) Evaluators conduct sexual abuser-specific assessments in accordance with any additional ethical standards, codes, laws or other expectations for the respective profession or discipline of practice. This includes ethical standards pertaining to, but not limited to, the following:

A) Informed consent;

B) Specialized training, knowledge, expertise and scope of practice;

C) Documentation and retention of records;

D) Currency of research;

E) Confidentiality;

F) Professional relationships; and

G) Conduct.

2) Evaluators:

A) explore and disclose any conflicts of interest or other issues that may interfere with their ability to provide an objective, fair and impartial assessment; and

B) refer the potential client to another clinician or agency if the assessment process and findings will be compromised by those factors.

3) Evaluators conducting sexual abuser-specific assessments:

A) acknowledge and attempt to address any personal biases or assumptions they may have based on age, race, gender identity, sexual orientation, faith practices, cultural differences, socioeconomic differences, education, language, level of intellectual functioning, and mental or physical disability; and

B) refer the potential client to another clinician or agency if the assessment process and findings will be compromised by those factors.

4) Evaluators take into account the client's current legal status (e.g., no legal status; preadjudication, pretrial psychiatric hold; presentencing, civil commitment referral; parole hearing; revocation) and the ways in which that status may influence the nature of scope of the sexual abuser-specific assessment.

5) Evaluators take reasonable steps to:

A) afford the client who is the subject of the assessment (and/or legal guardian) the opportunity to make an informed decision about participating in the assessment process; and

B) document those efforts in the report. These steps include, but are not limited to the following:

i) Explaining the nature and purposes of the assessment;

ii) Outlining potential benefits, risks and limitations of the assessment procedures that will be used;

iii) Highlighting the potential benefits and impact of participating or declining to participate;

iv) Specifying limits on confidentiality, such as persons or entities to whom the findings will be provided and the circumstances under which information may otherwise be released; and

v) Responding to questions posed by the client regarding the assessment process.

6) Evaluators:

A) inform clients of the evaluator's responsibilities vis-á-vis the client and the request for the evaluation; and

B) ensure that clients understand that the evaluation may still proceed without their consent.

7) Evaluators recognize the potential for disclosures of previously undetected sexually abusive behaviors, work closely with other system stakeholders to establish protocols for the fair, ethical and responsible handling of the disclosures, and ensure the client understands the evaluator's duty to disclose as required by law.

8) Evaluators take reasonable steps to ensure that assessments of sexual abusers are current when that information will be used to inform case management decisions, such as sentencing, civil commitment, release, treatment and supervision.

9) Evaluators take reasonable steps to clearly articulate the specific rationale for all conclusions and recommendations provided in a given assessment, using language that is readily understandable to the consumers of the assessment, including the client.

10) Evaluators consider community safety and the degree to which the client is capable of and willing to manage his or her sexual behavior when making recommendations in the assessments.

b) Evaluators shall clarify with the requestor and subject the specific purposes for which an assessment is being conducted and shall document accordingly.

1) Evaluators conduct sexual abuser-specific assessments primarily for the following purposes:

A) Understanding the nature and extent of a client's sexually abusive behavior;

B) Exploring criminogenic and other needs that should be the focus of treatment and other interventions;

C) Estimating short- and long-term recidivism risk, both sexual and nonsexual;

D) Identifying specific responsivity factors; and/or

E) Obtaining baseline information about a client against which progress and other changes can be gauged.

2) Evaluators recognize that sexual abuser-specific assessments are not designed or reliable for, and should not be conducted for, the following purposes:

A) Substantiating or refuting allegations that are the focus of a criminal, civil, child custody or other investigation;

B) Exploring the veracity or motivations of an alleged victim's statements;

C) Guiding law enforcement, prosecutorial or charging determinations;

D) Suggesting the existence of a predetermined profile of a sexual abuser against which an individual can be compared to determine fact; or

E) Addressing or alluding to a client's potential guilt or innocence, or otherwise speaking to issues that are within the purview of a trier-of-fact.

3) Evaluators collaborate with other stakeholders involved in risk reduction, risk management and prevention efforts to promote the appropriate and effective use of assessment data to inform case management decisions with sexual abusers.

4) Evaluators take steps to educate other stakeholders, including the public, regarding the appropriate purposes, potential misuses, strengths and limitations pertaining to the assessment of sexual abusers.

c) Evaluators shall utilize assessment measures, instruments and procedures that are appropriate for addressing the specific goals of the assessment, for the purposes for which the tools were designed, and for the client being assessed.

1) Evaluators shall be familiar with the psychometric properties of the assessment measures to be used, including reliability and validity, and favor well-accepted instruments that are supported by empirical research.

2) Evaluators shall use instruments and methods for which they are appropriately trained, follow recommended administration protocols for all assessment measures utilized, and offer statements of findings that are limited to the capabilities of these methodologies.

3) Evaluators recognize that assessment instruments developed for and used with adult sexual abusers may not be appropriately normed, valid or reliable for use with other subpopulations of sexually abusive clients.

4) Evaluators shall select the most reliable, valid and appropriate assessment instruments and procedures given the client's age, gender, culture, language, developmental and intellectual functioning, and other unique characteristics.

5) Evaluators who are unable to communicate fluently with a client shall refer the client to another qualified professional who is able to communicate fluently with that client. A professional interpreter may be used with the client's permission, provided that confidentiality agreements are in place. Evaluators shall note within their assessments if an interpreter is utilized.

6) Evaluators who conduct assessments on special subpopulations of sexually abusive clients possess specialized knowledge, obtained through focused training, regarding these subpopulations.

7) Evaluators assess/screen clients for acute mental or behavioral health needs that may require intervention prior to initiating assessments or interventions specific to sexually abusive behavior and, if necessary, refer clients to other professionals who are qualified to provide these services. The impact of those mental health or behavioral needs on the assessment procedures or findings should be noted in the evaluator's report.

8) Evaluators strive to meet the special needs of clients with developmental, learning or physical impairments during assessments (e.g., using taped versions of questionnaires, modifying terminology/language on self-report instruments). Reasons and the rationale for using alternative testing methods should be documented in the report, and it should be noted that these special accommodations may have an impact on the reliability and validity of instruments that are typically self-administered.

9) Evaluators should note in the report any limitations or biases related to using instruments or procedures that were not developed to take into account a client's age, race, gender identity, sexual orientation, faith practice, cultural background, socioeconomic status, education, language or level of intellectual functioning.

d) Evaluators shall recognize that conducting psychosexual evaluations provides a critical opportunity to gain comprehensive understanding of the client's circumstances, risk, intervention needs and responsivity factors; engage the client in the assessment and overall intervention process; and offer reliable data to inform decision making.

1) Evaluators rely on multiple sources of information when conducting a psychosexual evaluation, preferably to include the following:

A) Client interviews;

B) Interviews with collateral informants, as applicable (e.g., family, intimate partner/spouse);

C) Thorough review of official documents (e.g., police reports, victim impact statements, criminal justice records, previous assessment and treatment records, presentence or social services investigations);

D) Empirically grounded general psychometric testing (e.g., intellectual, diagnostic);

E) Empirically grounded strategies to estimate risk of sexual and/or nonsexual recidivism; and

F) When professional judgement dictates:

i) Empirically grounded instruments designed to measure broad sexual, as well as offense-related, attitudes and interests;

ii) Empirically grounded, objective psychophysiological measures of sexual arousal, interests and/or preferences.

2) Evaluators identify, document and explain the implications of specific responsivity factors, which include, but are not limited to, the following:

A) Age;

B) Culture;

C) Psychosocial and emotional development;

D) Level of adaptive functioning;

E) Neuropsychological, cognitive and learning impairments;

F) Language or communication barriers;

G) Acute psychiatric symptoms;

H) Denial; and

I) Level of motivation.

3) Evaluators interact with clients in ways that are designed to promote engagement, decrease resistance, and foster internal motivation throughout the assessment process.

4) Evaluators explore and incorporate the client's own perspectives, interests and goals when interviewing and assessing the client.

5) Evaluators take reasonable steps to employ communication methods that take into account specific responsivity factors such as culture, developmental level, and intellectual functioning.

6) Evaluators recognize that the varying reasons for which a client presents for a psychosexual evaluation may impact the client's demeanor during the interview.

7) Evaluators seek to obtain a range of general background information about the client, including, but not limited to, the following:

A) Developmental history (e.g., family dynamics, exposure to violence, maltreatment);

B) Nature and quality of past and current relationships (e.g., family, peers, intimate partners);

C) Medical and mental health history (i.e., client and family);

D) Intelligence, cognitive functioning and level of maturity;

E) Education and employment history;

F) Antisocial orientation (e.g., antisocial attitudes and values, psychopathy, antecedents of juvenile delinquency, adult criminal history, violence or aggression); and

G) History of substance use and abuse.

8) Evaluators collect information regarding sexual history information that includes, but is not limited to, the following:

A) Psychosexual development, early sexual experience, and history of age-appropriate, consensual sexual relationships;

B) Nature and frequency of sexual practices (e.g., masturbation, nonabusive and nondeviant sexual behaviors, unconventional or risky sexual activities);

C) Paraphilic interests, fantasies and behaviors that may not be sexually abusive (e.g., fetishes, masochism);

D) Use of sexually oriented services or outlets (e.g., magazines, internet access, telephone sex lines, adult establishments);

E) Abusive or offense-related sexual arousal, interests and preferences;

F) History of sexually abusive behaviors, both officially documented and unreported (if identified through credible records or sources);

G) Information about current and/or previous victims (e.g., age, gender, relationship to client);

H) Contextual elements of sexually abusive behaviors (e.g., dynamics, motivators, patterns, circumstances); and

I) Level of insight, self-disclosure and denial (e.g., of the behaviors, motivations or intent, level of violence and coercion) relative to various aspects of the sexually abusive behavior.

9) Evaluators explore and document a client's strengths, assets and protective factors, which may include, but are not limited to, the following areas:

A) Prosocial community supports and influences, and others involved in care and treatment;

B) Structure and support that promote maintaining success (e.g., limited access to potential victims);

C) Healthy, age-appropriate, normative, long-term intimate and sexual relationships;

D) Motivation to change;

E) Insight, understanding and management of risk factors;

F) Appropriate problem-solving and emotional management skills; and

G) Employment, financial and residential stability.

e) Potential Involvement of Adult Victims in the Evaluation Process

1) If a victim expresses an interest in having his or her perspectives represented by actively participating in the evaluation process of the sexual abuser, the evaluator shall adhere to certain parameters.

A) The evaluator should never initiate contact with a victim. The victim should be the first to initiate any type of contact.

B) The evaluator shall inform the victim of the process through which the victim may provide either a written or oral statement regarding the offense. The victim should be made aware that he or she may have someone with him or her, such as a victim's advocate, to provide support.

C) With expressed consent of the victim, the evaluator may consult with victim advocates, when involved, and consider alternate methods of incorporating the perspectives of the victims (e.g., written victim impact statements).

D) The evaluator shall exercise caution if interviewing victims because of potential risk of unintended impact on the victims.

E) The evaluator shall interview victims only when possessing the requisite knowledge, experience, skills and training to work with sexual abuse victims.

F) The victim may opt to provide a statement at any time.

f) The Written Report

1) In the psychosexual evaluation report, evaluators outline the full range of information sources used to conduct the psychosexual evaluation, note any relevant information sources that were unavailable at the time of the evaluation, and highlight the potential implications of any data limitations on the conclusions and recommendations contained in the report.

2) Evaluators provide an addendum to the psychosexual evaluation report when additional key information is received about the client that significantly impacts the initial findings, conclusions and recommendations.

3) Evaluators document areas of convergence and/or divergence among the client's self-report, collateral information, and other sources of assessment data, including objective behavioral or psychophysiological assessment measures.

4) Evaluators clearly articulate conclusions and recommendations based on supporting evidence documented in the body of the report, and that generally address the following (as relevant to the purpose of the assessment):

A) Recidivism risk (sexual and nonsexual);

B) General and offense-related criminogenic needs;

C) Responsivity factors;

D) Other intervention needs;

E) Current stressors;

F) Client-identified goals and interests;

G) Implications of the client's strengths and assets;

H) Potential risk management strategies that may be important for other stakeholders to consider (e.g., potential targets for community supervision); and

I) Recommended interventions that support the application of the risk, need and responsivity principles for the client and that sufficiently take into account victim and community safety.

5) Evaluators note in the psychosexual evaluation report any recommended interventions or services that are unavailable due to limitations of existing resources, while recognizing that the absence of existing resources does not lessen the evaluator's responsibility for providing assessment-driven recommendations.

6) Evaluators recognize that communicating the results to the subject of the evaluation may be beneficial (e.g., for clarity, to facilitate client engagement, to gauge the subject's response to feedback) and take reasonable steps, using language at a level that is accessible to the individual being assessed, to:

A) inform the subject of the conclusions and recommendations contained in the evaluation report and the basis for those conclusions and recommendations; and

B) provide clarification when warranted, practical and appropriate.