

- Determination of Special Needs
- Determine Strengths/ Weaknesses
- Can client benefit from Insight Oriented Psychotherapy
- Chemical Dependence Problems
- Provide Help and Support

SOME EXAMPLES OF EVALUATIONS
PSYCHOLOGISTS ARE ASKED TO DO:

- Affluent businessman from small town in nearby southern state crossed state line allegedly to have sexual encounter with underage female met online
- Single father accused of chronic pornography use within a custody battle, seeks evaluation before the court will consider his request to have visits with his daughter

- Male arrested for possession of child pornography found to have 1000's of images of child pornography. Has stayed mainly in his room for the past 10 years.
- Businessman passing through Houston airport en route to east coast accused of exposing himself while awaiting flight

MUCH WRITTEN ABOUT SEX OFFENDER CHARACTERISTICS

- ATSA (2005). Practice Standards and guidelines for the evaluation, treatment, and management of adult male sexual abusers. Beaverton, OR
- Vrieze, S.I. & Grove, W.M. (2010). Multidimensional assessment of criminal recidivism: Problems, pitfalls, and proposed solutions. *Psychological Assessment*, 22, 382-395.

- Cooke, D.J. & Michie, C. (2010). Limitations of diagnostic precision and predictive utility in the individual case: A challenge for forensic practice. *Law and Human Behavior*, 32, 259-274.
- Cantor, J.M., Blanchard, R., et al. (2004). Intelligence, memory, and handedness in pedophilia. *Neuropsychology*, 18, 3-14.

- Hummel, P., Thomke, V., et al (2000). Male sex offenders against children: Similarities and differences between those offenders with and those without a history of sexual abuse. *Journal of Adolescence*, 23, 305-317.

Not talking about:

- Phallometric Testing
- Risk Assessment Instruments
 - sexual vs. general violence
 - problem of prediction
 - clients often in "lowest" categories
- Polygraph Examination

However, referral to these types of assessments can be very helpful to an evaluation

THE ASSESSMENT – GETTING STARTED

HOW CLIENTS MAY COME IN

- Direct Referral
 - Referred by spouse/partner or self
 - Referred by employer
 - Referred by attorney
 - Referred by another mental health professional
 - May be brought up by one parent or the other in a custody evaluation

HOW CLIENTS MAY COME IN – cont’.

- Referral From Specialized Programs
 - Sexual Abuse Treatment Program
 - Professionals in Crisis Program
 - Focal Evaluation
 - Treatment Provider for Parolees
 - Sexually Violent Predator Program (SVP)

WHAT GOES INTO A THOROUGH ASSESSMENT? - OVERVIEW

- WHERE TO START:
 - Determine Reason for Referral
 - Clinical Interview
 - Sexual History
 - Use of instruments to assess other factors
 - personality, intelligence, depression, anxiety, substance abuse, anger, psychopathy, cognitive distortions ("thinking errors")

Assessment - continued

- Obtain collateral information where possible
 - Referral source
 - Family members
 - Police records
 - Mental health records
 - Attorney

Assessment - continued

- Clinical Interview
 - Ways to conduct
 - Don't be afraid to ask questions
 - Always ask about pornography use, even if client is a juvenile (*especially* if client is a juvenile)
- Always ask "Is there anything else you would like me to know about that I haven't asked?"
- Managing discomfort – theirs and yours

Basic (but important!) Nuts & Bolts

- Consent
 - Define Psychological Evaluation
 - Risks/ Benefits
- Release of Information
- Who is the Client?
- Schedule of Fees
 - Publish up front
 - Fees for going to court

Example of Assessment Battery

- Clinical Interview
 - Very detailed; usually across 2-3 sessions
- Collateral Interview (in person or by phone)
- Record Review
 - Attorney records
 - Photos/ Videos
- PAI (Personality Assessment Inventory)
- MSI-II (Multiphasic Sex Inventory – 2nd Ed.)

Two Clients – Similarities:

- Male Teacher in a Middle School
- Popular Teacher; Well-liked
- Private School
- Accessing Pornography on School Computer
- Fully cooperative with evaluation
- Married
- No legal history

Some Differences:

- History of pornography use
- Viewing while children in vicinity
- Sexual liaisons outside of primary relationship
- Physical abilities
- Mood state
- Social Support

- Work history
- Remorse; acceptance of responsibility
- Type of pornography accessed
- Downloading of material
- Access to Internet at home
- Substance Use
- Attraction to children

Findings:

- Judgment and Boundaries
- History of pornography use
- Other sexual excesses
- Mood State
- Diagnostic criteria for Pedophilia
- Motivation for therapy ("in God's hands")

Some Differences in Recommendations:

- Psychotherapy
- Motivation for therapy
- Prognosis
- Social Involvement/ Activities
- Appropriateness around children; "risk" to children
- Continuation with current employment

In Summary:

- Refer out if not qualified
- Make known all office policies, procedures, and fees at the beginning
- Obtain Written Consent
- Don't promise an unrealistic timeframe
- Take your time
- Interview a collateral person if at all possible
- Review all available collateral information

- Test Battery should not be overly-inclusive, yet thorough and sufficient
- Ponder your report
- Re-read your report
- Re-read your report
- Send a “draft” where appropriate to do so
- Remain accessible and responsible

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