

# Evaluations, Assessment & SORATSO:

## Introduction to Assessment and Treatment Planning

Gerry D. Blasingame, Psy.D.  
Licensed Marriage & Family Therapist

Timothy L. Sinn, M.A.  
Licensed Mental Health Counselor

# Objectives

- Attendees will broaden their knowledge base regarding the current assessment tools utilized in sexual offender evaluations.
- Attendees will increase their knowledge of the risk factors for sexual offender recidivism and criminal recidivism.

# GROCERIES

EGAN'S BASKET GROCERY  
SELF SERVE

EGAN'S BASKET GROCERY  
SELF SERVE





# TRADER JOE'S





# CASOMB Requirements 2012

Sex offender specific assessments are of great value in developing treatment and supervision strategies to effectively aid offenders in developing their ability for self regulation.

Initial assessments should be completed within 30 days of the offender's entry into the treatment program. *In no circumstance shall the evaluation period exceed 120 days.*

Assessments completed in different settings and circumstances can generate different types of outcomes and degrees of cooperation with clients.

Evaluations completed in presentencing or custody situations may or may not have sufficiently addressed sex offender treatment issues. Unless a previous sex offender specific assessment was completed within eighteen (18) months of the beginning date of treatment, the program provider shall complete a sex offender-specific assessment.

# Purposes of evaluations

- Estimate level of risk for reoffense
- Case management considerations
- Treatment planning

# Purposes of Evaluations

- Determine level of
  - Risks, i.e. risk levels are not all the same and treatment should match the level of risk-- not a one size fits all package...
  - Needs, i.e. criminogenic needs
  - And type of treatment strategies to aid in garnering responsivity in the change process

# Risk assessment

- No singular profile exists that predicts future sexual offense by a specific offender or in relation to a specific victim.
- Risk assessment compares an individual to persons known to have re-offended after apprehension (mean / deviation from the mean).

# Management considerations

- ***Community management*** of offenders should be responsive to risk levels and risk factors.

e.g.

- Location of residence
- Employment settings
- Frequency of probation/parole contacts
- Travel & time logs
- Curfews & similar restrictions
- Prior violations while being supervised

# Treatment planning

- Evaluations are the basis for treatment plans.
- Many offenders require long-term offender- specific treatment; others may not.
- Needs, Risks, & Responsivity...(hmmm, this keeps showing up!)

Therapists need to provide self-management skills and tools, based on the individual client's needs, not a one-size-fits-all, never-ending-story.

# Other concerns

- Estimating culpability
- Estimating ability to comply with probation terms
- Estimating likelihood of treatment benefit
- Estimating community benefit if probation is granted
- Identifying supervision concerns

# We Need to Consider:

- ① What information will be useful:
  - risk factors
  - protective factors
- ② How / where to look for information
  - data sources
- ③ Procedures we will use for decision making

# What We Look For

(risk factors)



## ① STATIC RISK FACTORS (e.g.)

- Offense history
- Age
- Abuse history

Good Long Range Prediction

Relationship to recidivism well documented

No leverage for change

## ② STABLE DYNAMIC RISK FACTORS (e.g.)

- Marital status
- Sexual arousal / interest
- Personality style, values
- Chemical dependency

Moderate Long Range Prediction

Relationship to recidivism less well documented

Some leverage for change

## ③ ACUTE DYNAMIC RISK FACTORS (e.g.)

- Negative mood
- Intoxication

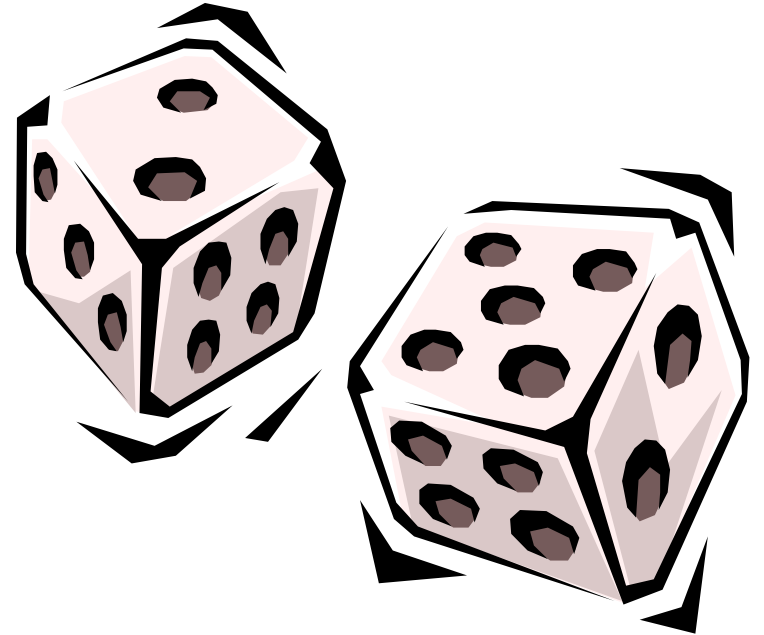
No Long Range Prediction

Relationship to recidivism is unclear

Quick but unstable changes

# Where and How We Look

data sources



## ① Official Records

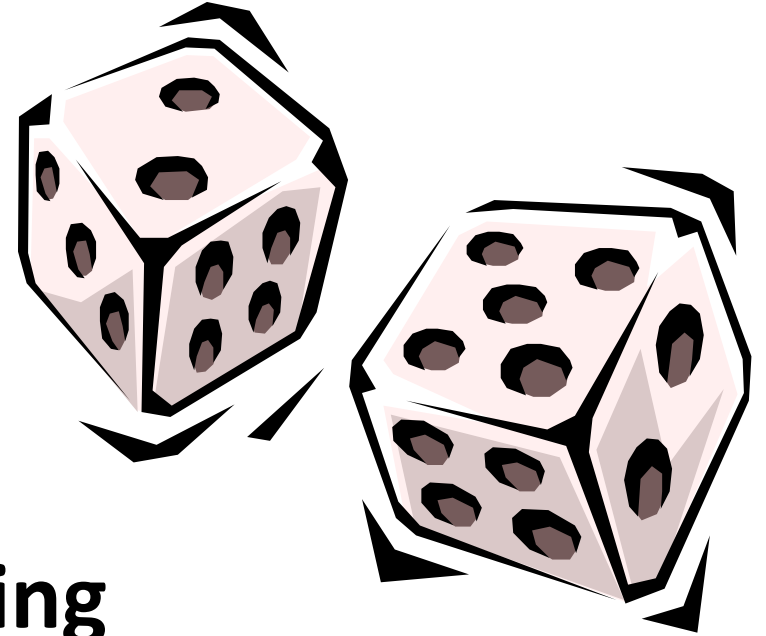
## ② Interviews

- with offender
- collateral sources

## ③ Objective and Projective Measures

# How We Apply The Information

- ① Clinical Decision Making
- ② Structured Decision Making
- ③ Empirically Guided Decision Making
- ④ Pure Actuarial Decision Making
- ⑤ Adjusted Actuarial Decision Making
  - empirical adjustments
  - clinical adjustments



# Clinical Decision Making

❶ The story.

❷ Conclusions based on professional experience. (anecdotal)

*the cheesehead  
method?*



# Structured Decision Making

- ❶ Decision criteria based on professional knowledge & experience specified in advance.
- ❷ The story.
- ❸ Criteria consistently applied to that type of story.

# Empirically Guided Decision Making

- ① Decision making criteria based on empirical research. (best specified in advance)



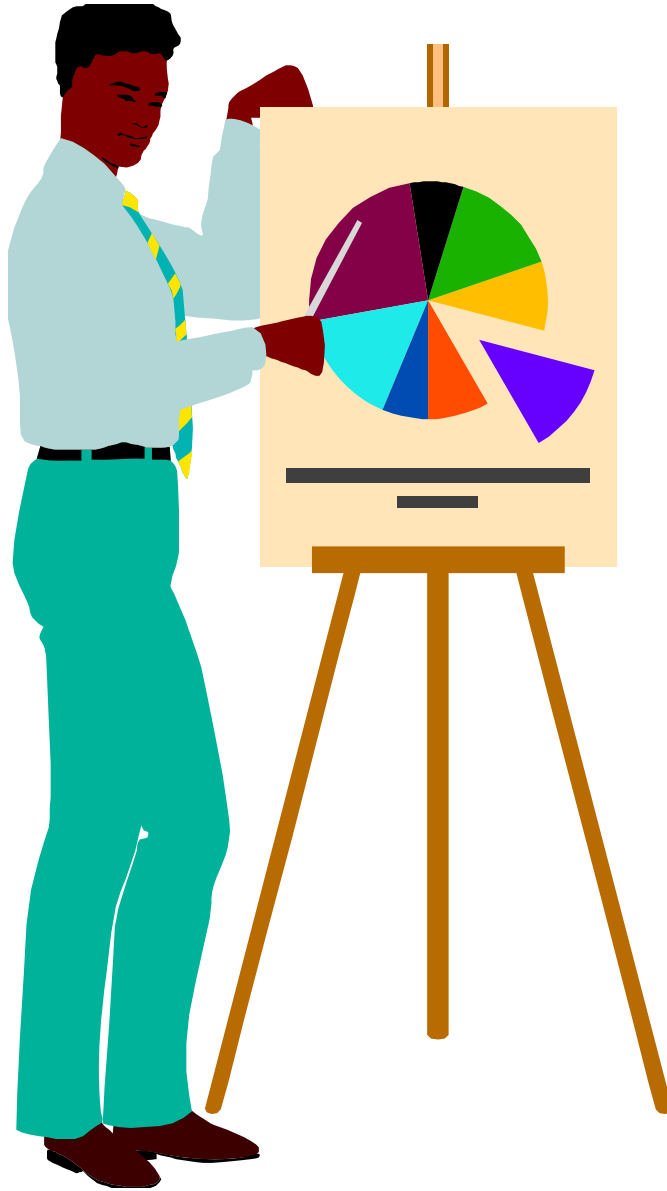
- ② The story.

- ③ Apply criteria one at a time, as they fit the story.

- ④ Combine criteria using clinical judgment and/or statistical guidance.



# Actuarial Decision Making



- ❶ Research combines selected factors into a weighted scheme yielding a known statistical probability.
- ❷ Look only for these factors in each case, plug in the numbers and arrive at the probability.
- ❸ Never mind the story.

# Strengths of Good Actuarial Schemes

- ① Easy application
- ② Better than clinical judgment alone
- ③ Scheme not subject to human bias
  - rater is
    - “Ich” effect
    - “poor guy” effect
- ④ Relies on objective information
  - not offender self report

# Weaknesses of Actuarial Schemes

- ❶ Official records subject to ambiguous reoffense base rates.
  - How many REALLY reoffend?
- ❷ Lack of prospective replication.
- ❸ Never covers all known risk/protective factors.
- ❹ Reliance on static factors.
  - Dynamic factors relatively untested.
- ❺ Standardization data may/may not generalize well to current population.

# Empirically Adjusted Actuarial Decision Making



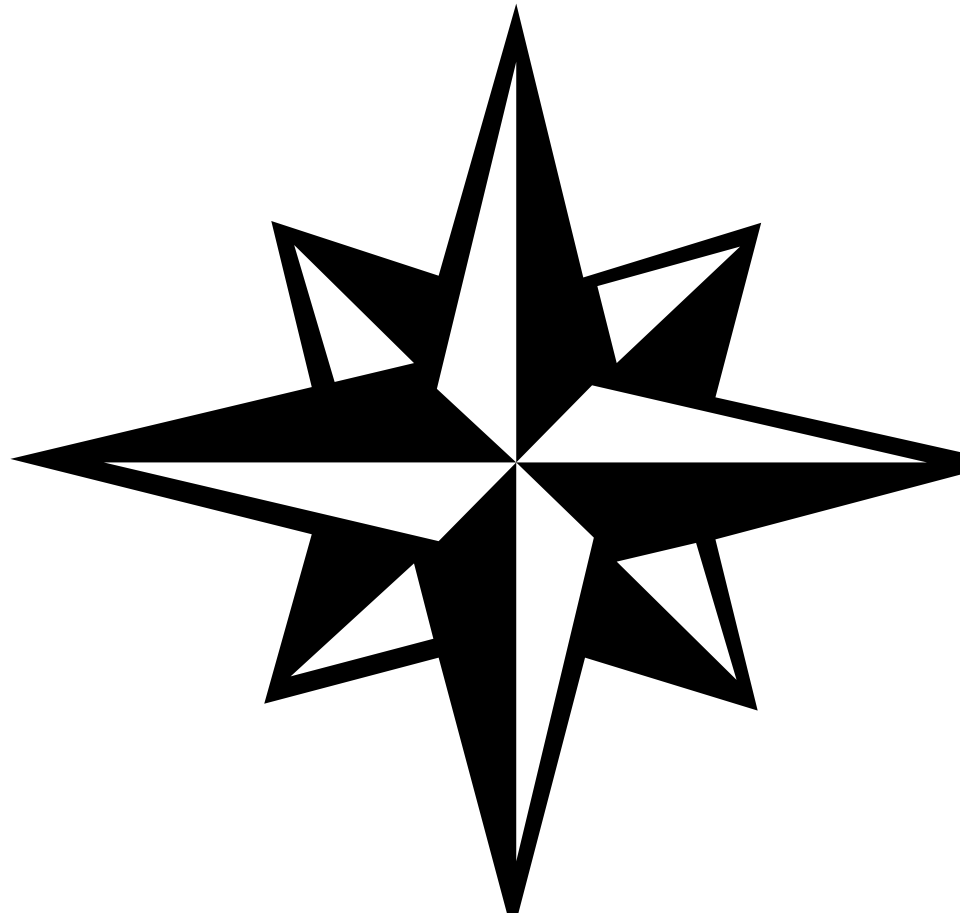
- ① Actuarial method applied.
- ② Probability adjusted to include empirical data not incorporated in the actuarial scheme.

# Clinically Adjusted Actuarial Decision Making



- ① Actuarial method applied.
- ② Clinical judgement used to adjust probability based on case-specific information.

So how do we do this?



# Data Gathering

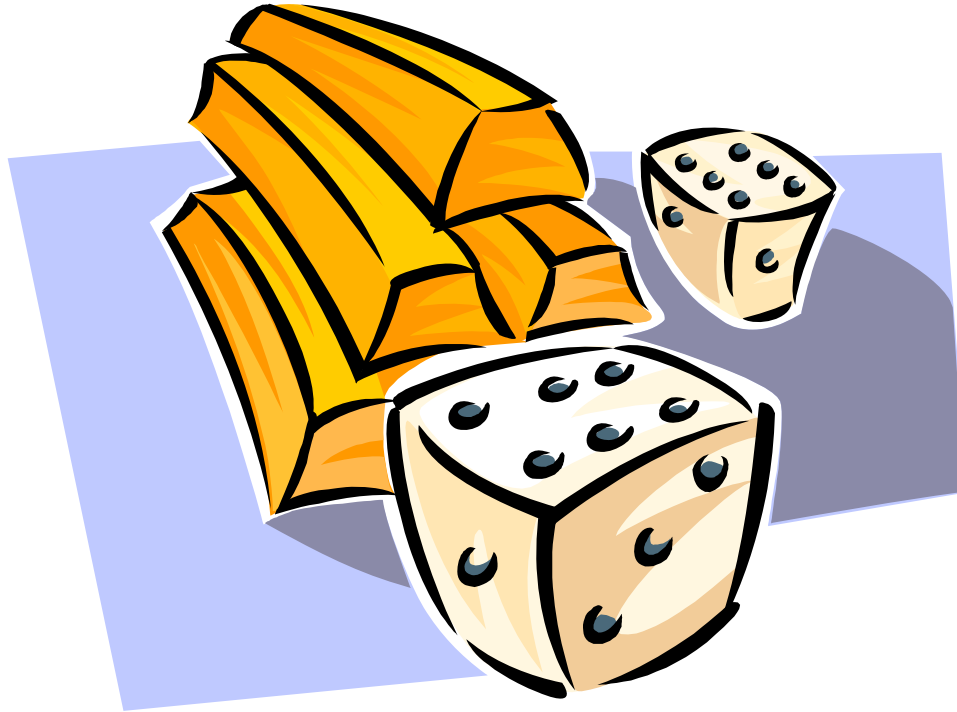
1. Informed consent
2. Background reports
3. Clinical interviews
4. Collateral interviews when available
5. Paper & pencil testing / checklists / questionnaires
6. Physiological testing
7. Actuarial considerations

# Informed consent

- Obtain written consent to exchange/ release information with the referring and managing agency.
- Guardians or conservators must grant consent regarding minors or mentally ill who are under conservatorship.
- Informed consent advises the client/patient about the nature of the evaluation before procedures begin.
  - Warn of any risks of participation
  - Explain limitations on confidentiality
- Written verification that the patient is making an informed decision and giving consent for the evaluation and/or treatment may be useful in later courtroom situations.

# Clinical Interviews or Personal History Forms

- Solicit psychosocial history
  - Education , employment, leisure time pursuits
  - Current & previous relationships
  - Mental status & medical history
  - Family of origin information
  - Substance and violence history
  - Crime history (sexual and non-sexual)
  - Sexual history (deviant and non-deviant; trauma history)
  - Prior treatment information
  - Version of the offense
  - Contact info for collateral verification



- Clinical interviews cannot be the only source of information.
- Decisions based solely on offender self-report are highly inaccurate.

# Background records review

- Police, Probation & CPS reports
- Previous evaluations & summary reports
- Medical and mental health records
- Correctional officer or institutional reports
- Victim statements
- Previous statements by offender
- School records

# Psychological Tests and Rating Scales

- Pencil & paper tests
  - Jesness Inventory –revised
  - Others as needed or available\*
- Physiological tests
  - PPG
  - Abel Assessment or ABID
- Actuarial scales
  - Static 99R
  - Stable and Acute 2007
  - Structured Risk Assessment

# Risk Assessments-Static & Dynamic

## *Sexual Recidivism Risk Assessment Tools*

<b>Static Risk Assessments (ADULT)</b>	<b>Dynamic Risk Assessments (ADULT)</b>	
RRASOR (Hanson, 1997)	Stable-2007 (Hanson & Harris, 2007)	
STATIC-99/02 (Hanson and Thornton, 99,02)	Acute-2007 (Hanson & Harris, 2007)	
SORAG (Epperson, Kaul and Hesselton, 1998)	SRA (Thornton, 2002)	
SACJ-Min (Thornton, 1997)		
SSPI (Seto and Lalumiere, 2001)		
RM2000 (Grubin,1998; Hanson & Thornton, 2000)		

# **Risk Assessments-Combined Static & Dynamic\***

## ***Sexual Recidivism Needs & Risk Assessment Tools***

### **Combined Static & Dynamic Risk Assessments (ADULT)**

**MnSOST-R** (Epperson, Kaul, & Hesselton, 1998)

**SVR-20** (Boer, et al., 1997)

**VASOR** (McGrath and Hoke, 2001)

**RSVP** (Hart, Kropp, Laws, Klaver, Logan & Watt, 2003)

**SONAR** (Hanson and Harris, 2001)

**MASA** (Knight, Prentky, and Cerce, 2001)

**A-SOAP-II** (Prentky, 1994)

**MIDSA** (Knight and Sims, 2007)

**TIPS-ID** (McGrath & Cumming, 2003)

## Other Assessments Used in the field\*

<b>VRAG</b> (Quinsey et al., 1998)
<b>LSI-R (Adult)</b> (Andrews and Bonta, 1995)
<b>PCL-R; PCL-Y (Adult/juvenile)</b> (Hare, 1991 & 2002)
<b>PAI</b> (Morey, 1991)
<b>MMPI-2 (Adult)</b> (Hathaway and McKinley, 1930's–developed MMPI)
<b>MCMII-III</b> (Millon et al., 1996)
<b>MSI-II (Adult/juvenile)(males/females)</b> (Nichols and Molinder, 1984)

# Substance Abuse Assessments\*

- SASSI – Substance Abuse Subtle Screening Inventory
- DAST – Drug Abuse Screening Test
- MAST – Michigan Alcohol Screening Test\*
- CAGE – A Screening Test for Alcohol Dependence
- ASUS-R - Adult Substance Use Survey - Revised

# Internet Assessment Tools\*

## (Static & Dynamic Factors)

- ISST-R (Delmonico, 2003; ISST, 1999)
- SAST (Carnes, 1989)
- IBAQ (O'Brien & Webster, 2007)
- IA & IA-Q (Delmonico & Griffin, 2005)

**CALIFORNIA SARATSO**  
**Authorized Risk Assessment**  
**Tools**

# What Is A SARATSO?

- The term SARATSO refers to **State Authorized Risk Assessment Tools** used for evaluating **Sex Offenders**.
- Senate Bill 1128, Alquist (Chapter 337, Statutes of 2006) established the state committee, known as the SARATSO (State Authorized Risk Assessment Tool for Sex Offenders) Review Committee, to consider the selection of the risk assessment tools for California.

SORATSO approved the following as the official and required assessment tools

1. Static-99R
2. Structured Risk Assessment (SRA)
3. Level of Service/Case Management Inventory (LS/CMI)

# Static-99R

- The Static-99R is the instrument that is currently mandated for use by the California Department of Corrections and Rehabilitation (CDCR) to designate a parolee as a High Risk Sex Offender (HRSO). It must also be used by County Probation Offices and the Department of Mental Health.
- This instrument has become the only statewide risk assessment tool for adult males, which is mandated to be used by CDCR to assess every eligible inmate prior to parole and every eligible inmate on parole; by Probation, to assess every eligible person pre-sentencing and on a probation caseload; and by DMH, prior to release of an eligible person from a DMH institution.

# Static 99R Items

## 1. Young

Aged 18-34.9 1

Aged 35-39.9 0

Aged 40-59.9 -1

Aged 60 or older -3

# Static 99R items

- 2. Ever lived with a lover for two years 0 or 1
- 3. Index non-sexual violence- any convictions 0 or 1
- 4. Prior non-sexual violence-any convictions 0 or 1

# Static 99R Items

## 5. Prior sex offenses

<u>Charges</u>	<u>convictions</u>	<u>score</u>
None	None	0
1-2	1	1
3-5	2-3	2
6+	4+	3

# Static 99R Items

6. Prior sentencing dates	0 or 1
7. Any convictions for non-contact sex offenses	0 or 1
8. Any unrelated victims	0 or 1
9. Any stranger victims	0 or 1
10. Any male victims	0 or 1

# STATIC-99R ROUTINE SAMPLE

## Estimated 5-year sexual recidivism rates

- Logistic Regression Estimates

Score	Predicted Recidivism Rate	95%	C. I.
-3	1.2	0.7	2.0
-2	1.6	1.0	2.6
-1	2.1	1.3	3.4
0	2.8	1.8	4.4
1	3.8	2.5	5.8
2	5.0	3.4	7.4
3	6.6	4.6	9.6
4	8.7	6.1	12.2
5	11.4	8.2	15.6
6	14.7	10.8	19.7
7	18.8	14.0	24.7
8	23.7	18.0	30.6
9	29.5	22.8	37.2
10	--	--	--
11	--	--	--

# RM2000 – Risk Matrix 2000

- For males over 18 with at least one sexual offense conviction
- 7 items scored by clinician or staff using a weighted scoring key
- RM2000 gives a prediction of the likelihood of long term (up to 20 years) reconviction for a **sexual** or **non-sexual** violent offense. RM2000 is helpful in identifying which offenders are more likely to be reconvicted in the long term
- This is not a SORATSO approved tool

# Recommended Uses

- The RM2000 is recommended for use in cases where the Static-99R is not recommended:

- Females
- Prostitution Related Offenses
- Pimping
- Sex in Public with a Consenting Adult
- Possession of Pornography/Indecent Materials

RM2000 can be used with any client who has been convicted of a sex offense.

# Structured Risk Assessment: Forensic Version (SRA: FV)

- The SRA: FV must be used by sex offender management professionals beginning in 2012 to assess registered sex offenders while they are on probation or parole. (Pen. Code, § 290.09.)
- The tool measures dynamic (changing) risk factors which are empirically related to the risk of reoffense, and is an evidence-based risk assessment tool.
- Dynamic risk assessment will supplement the static risk assessment now done in California using the Static-99R, and will give a better picture of the overall risk of reoffense presented by sex offenders on supervision.

# SRA:FV – Need Assessment

- A Version of SRA Need Assessment deliberately developed for use in forensic contexts
- Empirically-based
  - Assesses factors that have been linked to recidivism
    - Supported by Mann et al meta-analysis
  - Grounded in the empirically-robust SRA-Framework
  - Overall Need validated as a predictor for short and long term sexual recidivism
    - AUC of 0.73 for both 5 and 10 year sexual recidivism
  - Overall Need has incremental validity relative to static actuarial instruments
    - $P < 0.001$  in Bridgewater data set

# Structure of LTVs

- SRA organizes Long-Term Vulnerabilities organized into four domains
  - Sexual Interests
  - Distorted Attitudes
  - Relational Style
  - Self-Management
- SRA:FV assesses three of these domains
  - Distorted Attitudes not assessed because they are hard to evaluate validly under adversarial conditions

# SRA:FV Need Assessment:

## Domains & Factors

- **Sexual Interests Domain (SID)**
- SID1: Sexual Preference for Children
- SID2: Sexualized Violence
- SID3: Sexual Preoccupation (average of narrow and broad sexual preoccupation)
  
- **Relational Style Domain (RSD)**
- RSD1: Emotional Congruence with Children
- RSD2: Lack of Emotionally Intimate Relationships with Adults (LEIRA)
- RSD3: Callousness
- RSD4: Grievance Thinking (average of narrow grievance thinking and pervasive anger)
  
- **Self-Management Domain (SMD)**
- SMD1: Lifestyle Impulsiveness
- SMD2: Resistance to Rules and Supervision
- SMD3: Dysfunctional Coping

## *Stable 2007 Variables:*

1. Significant Social Influences
2. Intimacy Deficits:
  - 1: Capacity for Relationship Stability
  - 2: Emotional Identification with Children
  - 3: Hostility toward women
  - 4: General Social Rejection/Loneliness
  - 5: Lack of concern for others
3. General Self-Regulation
  - 1: Impulsive Acts
  - 2: Poor Cognitive Problem Solving
  - 3: Negative Emotionality/Hostility
4. Sexual Self-Regulation
  - 1: Sexual Pre-occupation/sex drive
  - 2: Sex as Coping
  - 3: Deviant Sexual Interests
5. Cooperation with Supervision

# STABLE – 2007 Total Score

- 12 Items for non-child molesters
- 13 Items for child molesters
- Each Item worth 2 points
- Sum the 13 Items

## Interpretative Ranges

0 – 3      Low

4 – 11     Moderate

12+        High

# ACUTE-2007 PREDICTORS

## Two Factors

### Sex/Violence Score

(Four Items)

- Victim Access
- Hostility
- Sexual Pre-occupation
- Rejection of Supervision

### General Recidivism Score

(All Seven Items)

- Victim Access
- Hostility
- Sexual Pre-occupation
- Rejection of Supervision
- Emotional Collapse
- Collapse of Social Supports
- Substance Abuse

(Predicts all types of relapse)

# ACUTE-2007 Risk Calculations

Sexual/Violence Risk Nominal Categories	General Recidivism Risk Nominal Categories
0 = Low	0 = Low
1 = Moderate	1 - 2 = Moderate
2 = High	3+ = High

# ACUTE-2007 RATING IMPLICATIONS for SUPERVISION

Individuals who score “**Moderate**” on the ACUTE-2007 should receive twice the supervisory priority as those who score “Low”.

Individuals who score “**High**” on the ACUTE-2007 should receive four times the supervisory priority as those who score “Low”.

## Combining STATIC/STABLE and ACUTE Risk Factors

STATIC – STABLE-2007	ACUTE SCORE	CURRENT Priority
Low Priority	Low Moderate High	<b>Low</b> <b>Low</b> <b>Moderate</b>
Moderate-low or Moderate-high Priority	Low Moderate High	<b>Low</b> <b>Moderate</b> <b>High</b>
High or Very-high Priority	Low Moderate High	<b>Moderate</b> <b>High</b> <b>High</b>

# Level of Service Case Management Inventory (LS/CMI)

- The LS/CMI must be used by sex offender management professionals beginning in 2012 to assess registered sex offenders while they are on probation or parole. (Pen. Code, § 290.09.) The tool measures the risk of violent re-offense, and is an evidence-based risk assessment tool (males & females).
- Violence risk assessment will supplement the static risk assessment now done in California using the Static-99R, and will be implemented at the same time as the use of dynamic risk assessment. The combination of these three instruments will give a better picture of the overall risk of reoffense presented by sex offenders on supervision.

## **Instrument**

The LS/CMI system's multi-component evaluation involves obtaining information from many sources about many aspects of the offender's life. Offenders are first interviewed to gather information so the assessor can accurately complete the assessment. The LS/CM! Interview Guide is highly recommended as an aid in this process. Its questions elicit specific information relevant for completing each LS/CMI item in Sections 1 to 5.

A file review of police reports and other relevant data should be used to confirm information obtained from the offender. Once offender information has been gathered, the assessor can then begin the assessment process.

Section 1: General Risk/Need Factors contains 43 items used to calculate the risk/need score (the LS/CMI section 1 score), which is comparable to the LSI-R Total score. Assessors also have the opportunity to mark subcomponents as strengths to highlight positive offender qualities.

# LS/CMI Subcomponents

Criminal History

Education/Employment

Family/Marital

Leisure/Recreation

Companions

Alcohol/Drug Problems

Antisocial Patterns

Pro-criminal Attitude Orientation

Barriers to Release

Case Management Plan

Progress Record

Discharge Summary

Specific Risk/Needs Factors

Prison Experience – Institutional Factors

Special Responsivity Considerations

# **Jesness Inventory- Revised (2003)**

This one is not on the SORATSO list.

# Brief Overview

- The Jesness Inventory (JI) was originally developed and used for male delinquents.
- The purpose of the JI-R is to help treatment providers provide more useful interventions, case management, and insight into offenders.

# Normative Sample

- The JI-R is based upon data collected (N = 4,380) from youths and adults, males and females, from urban, rural, and suburban areas with a wide diversity of ethnic, racial and cultural backgrounds.

# Scale Definitions

- The JI-R has 11 personality scales, 9 subtype scales, and 2 DSM-IV subscales



# 11 Personality Scales

- Social Maladjustment Scale (SM )
- Value Orientation Scale (VO)
- Immaturity Scale (Imm)
- Autism Scale (Au)
- Alienation Scale (Al)
- Manifest Aggression Scale (MA)
- Withdrawal-depression Scale (Wd)

# 11 Personality Scales (cont'd)

- Social Anxiety Scale (SA)
- Repression Scale (Rep)
- Denial Scale (Den)
- Asocial Index (AI)

# Subtype Scales

- I-2 individuals tend to perceive reality in a concrete manner and/or in ‘black or white’ terms. They have difficulty making fine distinctions and tend to be externally focused. Things “seem to happen” to them.
- They tend to perceive and label others for what they can provide for them – givers or takers.

# Subtype Scales

- The I-2 individual may perceive a 'good teacher' as one who will make their life easy for them.
- When I-2 individuals are frustrated, they can become verbally or physically aggressive, but the more usual reaction is passive withdrawal.

# Subtype Scales

- I-3 individuals tend to perceive the world in terms of power and rules.
- I-3 individuals are aware of the rules and much of their behavior is in reaction to the rules.

# Subtype Scales

- I-3 individuals are scanning the environment and looking for who holds the power.
- I-3 individuals may be concerned with staying within the power structure, especially when it comes to peer relationships.

# Subtype Scales

- I-4 individuals have a more complex perspective on the world than I-3 individuals.
- They are often aware of their own and others' internal motivations. Their internal values are likely to play a role in their behaviors and thoughts.

# Subtype Scales

- If I-4 people are not acting congruently with their internal values, they may experience emotional distress and discomfort.
- I-4 individuals who are introverted tend to internalize or withdraw from emotional pain, whereas the extroverted I-4 individual may externally act out these uncomfortable feelings.

# PHYSIOLOGICAL ASSESSMENTS

- AASI-2: Abel Assessment for Sexual Interest
- ABID: Abel-Blasingame Assessment System *for Individuals with intellectual disabilities*
- PPG: Penile Plethysmograph
- Polygraph

# What is the AASI-2 and ABID Assessment for Sexual Interest?

The Abel Assessment for Sexual Interest–2 and the Abel-Blasingame Assessment System *for individuals with intellectual disabilities* are technologically advanced psychological tests that are designed to measure a client's **sexual interests** and obtain information regarding involvement in a number of problematic sexual behaviors, adult male/female & adolescent male/female & individuals with intellectual disabilities.

(Abel & Blasingame, 2005)

# AASI-2/ABID: WHEN TO USE

- Beginning of treatment to assess sexual interest patterns
- For use in evaluations to make recommendations for treatment and supervision
- To evaluate progress in treatment around deviant interest patterns (reassessment)
- To educate the client on sexual interest patterns (beyond awareness)
- If client is unable to achieve an erection due to medical or medication issues
  
- NEVER use the VRT portion as a stand alone tool
- ALWAYS incorporate the questionnaire information

# **VRT – The Objective Measure**

## **Objective measures taken beyond the client's awareness**

- 160 images of children, teens and adults; male and female; Caucasian and African-American
- The models in all of the slides are clothed; one model per image; no sexual content represented in the images

## **AASI-2/ABID: Categories of Images**

- Preschool children
- Grade school children
- Teenagers
- Adults
- Problematic sexual behaviors
  - Exhibitionism against adult females
  - Voyeurism against adult females
  - Frottage against adult females
  - Sadomasochism against females
  - Sadomasochism against males
  - Fetishism

# Penile Plethysmography (PPG)

## What does it measure?

The Penile Plethysmography measures the increase in Penile Tumescence (which results from blood flow to the penis). The PPG measures ***actual sexual arousal*** to visual and auditory stimuli.

***NOTE:*** Kurt Freund invented the “Phallometric Method” in the 1950’s using Volumetric Measurement.

# Penile Plethysmograph (PPG)

## When to use?

- Beginning of treatment to assess sexual arousal patterns
- For use in evaluations to make recommendations for treatment and supervision
- To evaluate progress in treatment around deviant arousal patterns (reassessment)
- To educate the client on sexual arousal patterns
- Individual is able to become physiologically aroused

# POLYGRAPHY

- ❑ Polygraph Examinations measures and records several physiological responses when asked a series of YES or NO questions.
  - Blood Pressure
  - Respiration
  - Pulse
  - Breathing rhythms
  - Skin Conductivity

# Polygraph Results

- ❑ The physiological traces from the polygraph examination are evaluated by the Polygrapher to determine whether the test was:
  - Non-deceptive
  - Deceptive
  - Inconclusive
  - No Opinion

# TYPES OF POLYGRAPH EXAMS

- Full Disclosure (Sexual History)
- Maintenance (Assess compliance with Supervision and Treatment conditions)
- Single Issue (To focus on a specific issue of concern)

# Polygraph Findings

Recent research suggests that many offenders have histories of assaulting across genders and age groups, rather than against only one specific victim population.

# Polygraphy Research

- ❑ Researchers in a 1999 study (Ahlmeyer, English, and Simons) found that, through polygraph examinations, the number of offenders who "crossed over" age groups of victims is extremely high.
- ❑ The study revealed that before polygraph examinations, 6 percent of a sample of incarcerated sex offenders had both child and adult victims, compared to 71 percent after polygraph exams.

# Applications for Treatment Planning

Each tool gives us different information to incorporate in treatment planning.

- Static 99R gives low baseline of risk
- SRA or STABLE gives current read on functioning and changeable risk factors
- LS/CMI gives a read on violence risk factors
- JI-R gives insight into clients cognitive and relational style; aids us in adapting approaches
- Abel or ABID gives a sense of clients current sexual interests
- Polygraph process aids us in eliciting information and maintaining accountability