ARMIDILO-S[1] Scoring Guidelines[2]

Web Version 1.1 (2013)

A. Introduction

The ***A**ssessment of **R**isk and **M**anageability for **I**ndividuals with **D**evelopmental and **I**ntellectual **L**imitations who **Of**fend **S**exually* (ARMIDILO-S) is a comprehensive risk review and community management instrument designed for use with adults with cognitive impairment. It was designed to assist support workers, case managers, guardians, home providers, clinicians and program administrators in identification and management of risk for sexually inappropriate behaviour. The ARMIDILO-S should be administered annually to assess if a client's risk profile has changed and to determine associated implications for management. The acute items may be reassessed as frequently as required to monitor ongoing risk.

The ARMIDILO-S is designed for males ages 18 and older who have committed sexually offending behaviour and are either in the borderline region of intellectual functioning (i.e., have an IQ between 70 and 80 with adaptive functioning deficits) or are intellectually disabled (i.e., cognitive impairment that arose before the age of 18 which is reflected by an IQ score below 70 and have adaptive functioning deficits) and have committed sexually offending behaviour. Sexually offending behaviour is defined as any sexual actions on the part of the individual that has been formally or informally sanctioned due to its inappropriate or illegal nature.

The item descriptions contained in this manual provide general guidelines for scoring the ARMIDILO-S items. We recommend that you begin this assessment process by first reading the client's file, and then interviewing staff member(s) who is (are) familiar with the client, and finally by interviewing the client.

The client interview is given after informed consent has been achieved, therefore, questions regarding consent and other introductory questions are addressed in the manual introduction. The evaluator can interview support persons in a team meeting interview which allows for observing the support team dynamics. Interviewing the support team twice within a one to two month time period provides significant additional information prior to developing a risk report. A second interview allows the support team and client a better understanding of what behaviours to look for between the two interviews and an opportunity to remember past behaviours not initially recalled. A client interview is recommended. However, we do not recommend attempting to write a risk management report based solely on a client interview, without having both read the file and interviewed the relevant staff members. On the contrary, we suggest that information gathered come from the interviews of team members or other observers of the client's behaviours. We have provided illustrative sample questions for the interview of the staff and these questions can be used for the clients with modifications by the evaluator on the phrasing and content as per the understanding of the client. The client interview should follow the interview of staff and the interviewing focus should be on addressing gaps of information or contradictions of information gathered from the support persons. At the same time, you are

[1] ARMIDILO-S Manual; Boer, Haaven, Lambrick, Lindsay, McVilly, Sakadalan, and Frize
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welcome to devise your own specific questions as a means of clarifying particular risk related management issues.

Please note that as an assessor your task is not to merely obtain a general picture of a client's functioning, but rather to identify risk-relevant information related to client risk management. The job is to find information that helps the client manage their own behaviour and to aid staff who work with the client to do so more effectively. It is often useful to ask yourself: "Is this line of questioning or piece of information *risk-relevant*"? For example if the client is being argumentative with staff or resistant to get up in the morning for work, this is a level of non-compliance but not likely risk-relevant. In contrast if the client is wandering away from staff on community outings for whatever reason where potential victims are present, this is likely risk-relevant and would merit inclusion and perhaps additional questions.

As you complete the ARMIDILO-S it is critical to keep in mind that your ratings should always be evidence based in nature. This will be true of both risks that you identify as present as well as those that you indicate are absent for a given client. Remember this paradox: the absence of evidence of behaviour or characteristic is not the same as evidence of absence of a behaviour or characteristic. You need to establish that behaviour is not a problem – not by its mere absence, but by finding evidence to the contrary. Often this will mean identifying evidence of a complementary or opposite behaviour. For example conversely, finding evidence of something being a problem is also critical. Avoid assuming that something is likely a problem for your client because it is often present with other intellectually disabled offenders.

ARMIDILO-S findings need to be communicated in a formal written report to impact management decisions and to provide a reference for future client reassessments to gauge changes in risk manageability. The report should outline relevant risk items identified and the presence of specific protective factors. Also included should be a summary of the Actuarial Risk Rating (i.e., based on the standardized actuarial tool selected) as well as the ARMIDILO-S Risk and Protective Ratings. These components will be necessary to calculate an ARMIDILO-S Overall Convergent Risk Estimate score. Ideally, the report should address: the client's likelihood of engaging in future sexual offending behaviour; the probable nature, frequency, imminence, and severity of any future sexual violence; likely victims of future sexual offending; and high risk locations for offending behaviour.

Most importantly, the report should conclude with recommended strategies for managing the client's presenting risks across likely offending scenarios with particular attention to risk factors considered risk relevant. The evaluator will review each of the risk and protective items that have been identified for the particular client and develop specific strategies to decrease existing risk factors while increasing protective factors. These strategies should include: the type and frequency of supervision required; community management restrictions necessary; external controls that may be necessary; and interventions to decrease risk factors and increase protective factors with particular attention to risk relevant factors. Finally, in the report it can be useful to personalize the risk behaviours for the client’s Client and Environmental Acute risk factors which can be used by all support staff to monitor risk on a daily basis.

The results of the ARMIDILO-S can provide effective treatment and supervision for individuals with intellectual disabilities by identifying treatment targets. The ARMIDILO-S provides direction for systematic strategies to decrease risk factors and increase protective factors present in the client and the environment. On-going assessment using the ARMIDILO-S offers critical indicators of progress regarding changes in risk manageability and, therefore, treatment progress.

The following sections of this manual provide the foundation for scoring the ARMIDILO-S. This begins with a review of underlying or guiding principles. Next, strategies for understanding ARMIDILO-S scoring criteria are presented. The final sections review specific criteria for ARMIDILO-S's client (i.e., stable and acute) and environmental (i.e., stable and acute) items.

B. General Principles

The following principles are intended to guide the practitioners' approach to completion of the ARMIDILO-S. These suggestions create a context to enhance the quality of scoring outcomes with particular clients. Keep these principles in mind as you work through the ARMIDILO-S process.

1. Focus your attention on managing risk related to sexual re-offending.

The underlying purpose of the ARMIDILO-S is the identification and management of factors that may increase or decrease a particular client's risk of sexual re-offending. This means that the ARMIDILO-S is an instrument which reflects a process focused on reducing risk of re-offending and promoting related protective factors. Therefore, discussion and recommendation around domains should reflect risks and protective factors specific to sexual re-offending.

2. Ensure information included is specific to the particular period of time that constitutes the focus of the assessment.

The ARMIDILO-S is a dynamic risk tool. This means that the information and decisions about risk reflect a specific period of time that is relevant to management decisions. This is important since behaviours from some previous period of time may not be relevant to current decision making. Therefore comments, recommendations and indication of risk/protective factors should reflect the period of time since the last ARMIDILO-S was completed to ensure that information remains current and historical incidents are not over-emphasised and that progress is captured and reinforced. An initial ARMIDILO-S evaluation should focus on the preceding *one to two years (up to five years when in highly structured setting)* for the completion of stable factors and the preceding *two to three months* for acute factors.

3. Clearly identify the client's relevant risk and protective factors.

Identifying risk is only one half of the picture in considering risk management. Protective factors are not simply the lack of risks, but separate strength-based behaviours that the client exhibits or environmental factors that reduce the overall risk of sexual re-offending. For example, while a lack of impulsivity reduces risk, a clear protective factor would be the presence of forethought before acting (e.g., demonstrated by the presence of active problem solving). Protective factors should be reported for each domain and should be accompanied by recommendations regarding how to encourage or strengthen these factors to ensure their persistence.

4. If in doubt about the presence of a risk or a protective factor, identify it as "Somewhat" (or an "S") to allow for further exploration of this factors relevance. If there is insufficient information to rate an item, give it an "X" or "skip" and try to find rateable evidence.

In many situations it may not be clear if an item is a risk or there may be conflicting information as to whether a risk factor is present. In such circumstances, an "S" ("somewhat") coding should be provided. This ensures that possible factors are not ignored and offers an opportunity to further explore the issue for confirmatory evidence. On the other hand, if there is insufficient evidence to rate an item code the item as an "X" and try to find information relevant to the item. If you cannot find relevant information, state this in the report and any limitations that may ensue as a result.

5. Presence of risk and protective factors should reflect the entire assessment period of time.

When considering the presence of risk and protective factors, please ensure your answer is based on the entire assessment period. For example, if a risk was present at the start of the period, but is no longer a risk, a S ("somewhat") should still be reported to reflect that the risk was present during the time period.

6. Specify the risks and protective factors in a detailed manner.

If risk or protective factors are identified, these should be clearly stated in the comments section. This will help guide intervention with regard to risks and supportive efforts to maintain protective factors. For example, if client or staff attitudes are identified as a risk, these should be described in detail in the comment section (e.g., The client's attitude about not needing to follow house rules often leads to situations where he places himself in high risk situations. Often this involves violating rules about being with individuals who are "off limits" for him to spend time with alone.

7. Scoring is relative and should be evaluated based upon the risk or benefit to that particular client, rather than compared to other individuals.

Risk and protective factors should be considered relative to a client's own history of behaviour. These factors should not be considered in comparison to other clients. For example, the frequency of masturbation may differ with different clients due to age or physical condition. As such, a small amount of masturbation to inappropriate stimuli may represent much greater risk for one client as opposed to another.

8. Be complete in providing information on risk and protective factors, but strive for concise answers.

Since this measure is intended to identify risk and protective factors which inform intervention, it should not be overly lengthy. Rather, it should provide just enough detail to clarify needs, strengths and risk relevance. Emphasis should always be on providing just enough information to create effective interventions that are tailored to the client. For example, this may mean providing suggestions about the type of intervention that is indicated, rather than details on how it should be implemented.

9. The ARMIDILO-S is not intended as a staff performance management tool.

Information on ARMIDILO-S environmental items should reflect issues of risk for the client and should not be concerned with staff compliance, efforts or indiscretions. Staff names should not be used in the assessment document and staff should be referred to in general terms.

10. Cautionary notes to clarify the intention of the client's behaviour.

The "Cautionary Notes" section has been added at the end of each stable client item to ensure that the assessor does not mistake the intention of the client’s behaviour regarding risk. It is important for the assessor not to minimize or change the assessed level of risk for a particular item based on the cautionary notes they provide. Rather, this section is intended to provide some

insight as to what may be motivating particular client behaviour. It is hoped that such insights may contribute to the development of more effective interventions and client support plan.

C. Scoring Criteria[3]

This portion of the manual describes strategies for applying ARMIDILO-S scoring criteria. It provides a step-by-step description of the process involved as well as insights into the criteria itself.

1. Overall Strategy

Three sets of judgments must be made in scoring the risk and protective factors in the ARMIDILO-S. These include:

I. Determining the **presence** or **absence** of risk and protective factors for all of the stable and acute items;
II. Identifying which items (i.e., risk and protective) are **risk relevant and therefore critical to the process; and**.
III. **Integrating** the Actuarial Risk Rating, Risk Rating and Protective Rating to get the Overall Convergent Risk Estimate score which represents the functional risk that the client has for sexual offending behavior.

2. The Approach to Scoring Each ARMIDILO-S Section

I. Determine presence or absence of risk and protective ratings:

- Stable and Acute Client and Environmental items are all scored on a 3 point scale. The evaluator's certainty that the items (i.e., risk and protective) are present or have been present at some time during the assessment period is reflected in their ratings. Possible ratings are as follows:
    - ✓ N indicates that the item is absent;
    - ✓ S indicates that the item is somewhat present; and
    - ✓ Y indicates that the item is definitely present.
    - ✓ X indicates that there is insufficient information available to score the item with any confidence. The "X" highlights that you have decided to skip the item and need to either search for the relevant information or state in your report that there was insufficient information to score the item and discuss any limitations that may place on your assessment.

- Acute Client and Environmental items are generally assessed over the two-three month period prior to the evaluation. These items are scored according to the certainty that the items (i.e., risk and protective) have <u>changed</u> from baseline behaviours (i.e., behaviors prior to the two months being evaluated). Again, as noted above, these items would be rated as absent (N), somewhat present (S), definitely present (Y), or not presently scoreable (X).

[3] James Haaven is the primary developer of the Scoring Criteria.

- Assessors should note the relative independence of risk and the protective scales for some clients on related factors. In other words, a client's knowledge of potential risky situations may be considered a protective factor, yet their history of impulsive behaviour in those situations my lead to high risk ratings in those same situations. For example, some studies have found no reoffending with fairly long follow ups of ID sex offenders, but at the same time have furnished information that these clients are supervised and escorted on a 24 hour basis. In this way, they have little opportunity to offend given their high degree of supervision. Therefore, in this case while the client's risk might be high, the protective factors may be equally high showing the independence of the scales.

- The risk rating and the protective factor rating should be evaluated for each item before going to the next item to be evaluated.

II. Identify risk items that are critical to this particular client:

- A critical item (i.e., risk or protective) is one that the assessor determines has relevance to sexually offending risk for the client being assessed. This relevance is determined by: (1) The client's offending history, in cases where the item was **previously associated with sexual offending**; and/or (2) Where compelling information suggests that the item is very **likely to contribute to the decreased manageability of risk** (a Risk Factor); and/or (3) Where compelling information suggests that the item is very likely to **increase manageability of risk** (a Protective Factor).
    - ✓ Some client items are more likely, in general, to have risk relevance when present. These client items are: **Sexual deviance, Sexual preoccupation/sexual drive, Offense management, Relationships,** and C**lient acute risk factors**. These risk items should be addressed with adequate information provided to 'rule out' them as critical items. Other items that are risk relevant should have adequate documentation 'rule them in' as critical items.
    - ✓ Be sure to circle the risk and protective scores that are deemed critical (i.e., risk relevant).

III. Summarize and integrate the findings:

- Summarize the Actuarial Risk Rating on a 3 point scale from Low (1) to Moderate (2) to High (3). This rating should be based upon a completed actuarial risk measure such as the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), Static-99, or Static-99/R. Studies seem to suggest that the Static-99 and the Static-99R are stronger predictive tools than the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), although all three provide moderate power for predicting recidivism.

- Complete the overall Risk Rating on a 3 point scale from Low (1) to Moderate (2) High (3) **(the overall level of risk should reflect the endorsement of individual and environmental risk items)**. Critical risk items identified for the client in question will be used in the determination of the overall Risk Rating.
    - ✓ This rating should indicate the overall level of risk reflected in the client's life based on factors internal to them as well as those in present in their environment.
    - ✓ Identify the number of **critical** risk items. It seems likely that, on average, judgment of manageability of risk will vary positively as a function of the number of critical risk items present. Of course, there are instances where even a small number of items that are very high risk may be of particular concern.
    - ✓ Risk ratings for items that have been determined to be "non-critical" but have been identified as somewhat of a problem, should be considered in conjunction with other factors that have like ratings to ensure that they do not constitute a significant risk pattern as a group of sub-critical factors that warrant attention.

- Complete the overall Protective Rating on a 3 point scale from Low (1) to Moderate (2) to High **(3) (the overall level of protection should reflect the endorsement of individual and environmental protective items)**. Critical protective items identified for the client in question will be used in the determination of the overall Protective Rating.
    - ✓ Identify the number of **critical** protective items. Some items may have greater risk relevance; therefore, their affect needs to be considered in relation to the other critical items that may have less risk relevance.
    - ✓ The evaluation needs to be conservative in assuming the positive impact of these items on risk. There is currently little in the research literature to support protective items obviating against risk.
    - ✓ A client's strengths that have been rated in the "somewhat" category should be considered in combination with other like factors to determine if any of these groupings of protective factors together constitute a critical protective factor that may help manage risk.
    - ✓ It is important to carefully consider the presence of close consistent supervision of the client (under "Unique considerations - Stable Environmental" item). In some cases, the supervision may be of such intensity and quality that it results in low Overall Convergent Risk Estimate, despite the fact that the Actuarial Risk Rating and the Risk Rating are High.

- Complete the Overall Convergent Risk Estimate on a 3 point scale from Low (1) to Moderate (2) to High (3). Overall risk levels are based on the client's need for treatment, supervision, and the client's ability to manage his dynamic risk issues in the context that is being considered for the assessment. That is, an individual's overall risk can vary

according to the context, for example, in prison, in residential care, or in the community with or without supervision. An assessor may wish to specify different risk levels depending on release or management context and describe such scenarios in a report.

- ✓ Low indicates no risk or low risk for sexual violence.
- ✓ Moderate indicates somewhat elevated risk for sexual violence.
- ✓ High indicates a very elevated risk for sexual violence.
- ✓ The Overall Convergent Risk Estimate is overall functional level of risk for sexual offense present. This estimate takes into account the Actuarial Risk Rating, the overall Risk Rating, and the overall Protective Rating. <u>Please note that this estimate is not the average of the actuarial, risk and protective ratings, but your structured clinical estimate of risk given the client's need for treatment, supervision, and the client's ability to manage his dynamic risk issues.</u>

- The ARMIDILO-S Worksheet can be used to record the collected information from the interviews and file review. The ARMIDILO-S Scoring Sheet is to be used for recording the scores for each risk and protective item and record specific information that made an item critical (risk relevant). The ARMIDILO-S Scoring Sheet includes the Actuarial risk Rating, Risk Rating, Protective Rating and Overall Convergent Risk Estimate.

D. Item Scoring Criteria

This section provides specific scoring criteria for the four groups of ARMIDILO-S items: (1) Stable Client; (2) Acute Client; (3) Stable Environmental; and (4) Acute Environmental. Each of the scoring descriptions begin with a set of instructions to be provided to the staff and client who are being interviewed. This is followed by a definition of each ARMIDILO-S domain, sample questions to assess the domain, risk and protective rating criteria, and cautionary notes to help better understand client motivations.

Stable Client Items

General Instructions to the **staff member(s)** being interviewed on Stable factors about the client or his environment: "I am going to be asking you about Mr. _____'s behaviours regarding some specific risk indicators for re-offending. I want you to think in terms of Mr. _____'s behaviour over the past year or more - not just the last few months. Very recent events may have a tendency to affect your responses about how Mr. _____ has been acting over the past few years. Please try to think of Mr. _____'s behaviour over the past year or more when I ask these questions."

General Instructions to the **client** being interviewed on Stable factors about the client or his environment: "I am going to be asking you about your behaviours over the past few years. This is information that we can use to help develop a plan to keep you safe and others safe. Please try to think of behaviour over the past year or more when I ask these questions." Because of the varying levels of understanding, varying communication styles, and behaviours being assessed across clients, we have not provided example questions for interviewing clients. We suggest that the interviewer adapt the sample questions to the individual client. The evaluator will need to continually help the client to accurately time-frame the behaviours he identifies.

1. Supervision Compliance

Definition:
Client's degree of cooperation with Court orders or conditions/guidelines/plans within the residential services, vocational services, occupational settings, or other support services.

Sample Questions for Staff:

- Does he follow expectations at home and/or in the community?
- Does he generally follow the rules in the institution?
- Does he evade supervision in any settings? Has he eloped from home or work?
- What supervision rules is he most likely to test or violate?
- Does he attempt to manipulate or secretly violate rules?
- How does he work with staff regarding supervision?
- What is his greatest strength regarding supervision compliance?
- How does he persist even when expectation is difficult?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client usually follows supervision expectations (e.g., follows rules).

S – Client has some violations of limits or defiance of some directives.

Y – Client has high level of non-cooperation with rules, refusing directives, manipulative or deceptive with custodial and supervisory staff.

Protective Ratings:
N – Client demonstrates no evidence of following rules, or making any effort to facilitate or utilize supervision.

S – Client generally follows rules and attempts to facilitate and associate with staff.

Y – Client almost always follows directions of custodial and supervision staff including when they are not physically present.

Cautionary Notes:

- Non-compliant behaviour is problematic whether intentional or not intentional.
- Client may be non-compliant by attempting to assert autonomy.
- Client may be non-compliant due to misunderstanding or confusion of expectations.
- Client may be reacting to over-control or unnecessary restrictions.
- Staff may be responding to problems of the long past or one particular incident.
- Client may verbalize non-compliance, yet, behaviour is compliant.

2. Treatment Compliance

Definition:
Client's degree of participation in treatment activities, such as group therapy, activities of daily living, individual therapy and treatment homework assignments.

Sample Questions:

- Does he currently attend treatment (support plan, therapy, etc) or has he completed treatment? Does he want to attend therapy appointments?
- Has he ever refused to go to treatment or threaten to quit treatment?
- What are the treatment areas in which he does and does not participate?
- Does he ever talk positively about his involvement in treatment when out of therapy sessions?
- What is his greatest strength regarding treatment involvement?
- How does he overcome barriers in treatment?
- Does he focus on the problems of others as opposed to his own problems to avoid making changes?

Scoring Key: give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client participates in treatment but may have limited participation in some small aspects.

S - Client is reluctant to attend treatment or has low level of participation in some aspects of treatment.

Y – Client has been terminated from treatment or client has dropped out of treatment, or refuses to engage in most aspects of treatment, or if he attends, he is disruptive.

Protective Ratings:
N – Client may not participate or may participate but only does what is minimally expected.

S – Client actively participates in treatment and completes homework or has completed treatment.

Y – Client engages in treatment independently or puts aspects of treatment into action; and may express positive statements about treatment outside of the treatment setting.

Cautionary Notes:

- Client may not understand what is expected or lacks skills to participate in therapy.
- Client may feel embarrassed or fearful of failure in treatment activities.
- Client may have difficulty in complying with assigned expectations but demonstrates or attempts to use skills learned.
- Attendance or participation may be impacted by his incapability or lack of assistance by others.

3. Sexual Deviance

Definition:
Client's degree of sexual behaviours and/or sexual interests in people, objects, or activities that are illegal or would be illegal if these interests were carried out by the client. Please note DSM requirements for pedophilia and age differences in any determination of sexual deviance with younger offenders. Such behaviours and/or sexual interests may reflect deviant sexual preferences. (Please note that this is a unique item in that the usual up to two year time frame used in scoring all over stable items is not applied in order to not lose sight of this very important issue in determining the sexual violence risk of an individual, when such information is historical).

Sample Questions:

- Does he stare intently at children/women/men? Is his staring sexually motivated?
- Does he view and/or collect pictures of children/women/men?
- Does he use pictures of any particular sort for masturbatory purposes?
- Does he make repeated sexual comments about children or regarding sexual aggression?
- Does he demonstrate an inordinate interest in being around children/women/men?
- Does he violate physical or sexual boundaries with adults?
- Do his sexual comments increase when angry?
- Are there any other explanations for his inappropriate sexual actions beyond his having sexual deviant interests?
- How does he manage his deviant impulses?
- Does he seek help when needed?

Scoring Key: give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client has no history and demonstrates no current evidence of having deviant sexual interests as demonstrated by fantasies, thoughts, or behaviours.

S – Client has some degree of deviance as indicated by specialized testing (psychometric, Penile Plethysmography [PPG], Visual Reaction Time [VRT]), history of offending (whether brought to the attention of authorities or not), self-report of offending or deviant interests or some demonstration of deviant interest (staring, visuals, comments).

Y – Client has significant history or demonstrates current fixation on themes that indicates deviant interest or attempts to access potential victims for sexual purposes.

Protective Ratings:
N - Client has history or demonstrates behaviour indicating deviant interests.

S – Client currently informs support persons when having deviant thoughts or seeks help when having sexual urges or has history of such risk-reducing behaviour.

Y - Client does not demonstrate any deviant sexual interest verbally or by behaviour, nor does the client have any adult history of such interest or behaviour.

Cautionary Notes:

- There are various reasons to stare; habit, curiosity, cultural, just generally stimulating or staring for a functional reason with no sexual intent.
- Client or staff may exaggerate reports of sexual deviance for a variety of reasons.

4. Sexual Preoccupation/Sexual Drive

Definition:
Client's degree of absorption with appropriate and inappropriate sexual thoughts, fantasies and behaviours and/or client's intensity of sexual urges.

Sample Questions:

- What is his frequency of masturbation (as judged by his self-report, sounds, soiled sheets, comments)?
- Does he violate privacy boundaries with masturbation?
- Does he have an intense and/or compulsive interest in viewing erotic visual materials?
- Does he attempt to use phone sex, prostitutes or visit sex shops?
- Does he make sexual comments frequently?
- How does he manage his sexual impulses?
- What is the role of sex in his life?
- When he manages his urges, how does he do it?
- What personal barriers to sexual drive does he have?

Scoring Key: give a risk rating and a protective factor rating for each item.

Risk Rating:
N - No evidence of client having any excessive sexual thoughts or behaviours.

S – Client demonstrates one somewhat excessive sexual thought or behaviour (masturbation, viewing pornography, etc.).

Y – Client demonstrates evidence of some combination of the following excessive behaviours; masturbation (daily for six months), violating privacy boundaries when masturbating, compulsive attempts to access sexual material, frequently uses sex as a coping mechanism for stress or anger, and obsessive sexual comments or compulsive interest in phone sex or prostitutes.

Protective Ratings:
N – Client presents evidence of any excessive sexual preoccupation or high sexual drive.

S – Client masturbates at a low level of a few times a week.

Y – Client demonstrates little general interest in sexual thoughts and behaviours or he is demonstrating appropriate management strategies for his sexual preoccupation and or sexual drive.

Cautionary Notes:

- Client may have a medical/medication condition that affects his sexual functioning.
- Client suffers from boredom - sex interest is only stimulating thing in his life.
- Clients will vary in terms of how sexual preoccupation or sexual drive interferes with their everyday life.

5. Offence Management

Definition:
Client's use of risk management strategies in risky situations or when experiencing risky emotions or other triggers.

Sample Questions:

- Does the client know when he is in a risky situation?
- How does he avoid risky behaviour?
- Can he avoid risky behaviour without prompts?
- How does he respond when prompted by staff in risky situations?
- Is his pattern of offending predictable – what are the steps?
- What risk situations does he not manage well?
- What are some ways he manages his risk for offending?
- What motivates him to avoid risk?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:

N – Client demonstrates avoidance of high risk situations or shows other good risk management skills for such situations or personal risk factors (e.g., anger).

S – Client inconsistently avoids high risk situations, or inconsistently manages personal risk factors.

Y – Client does not identify high risk situations or personal risk factors; nor does he use strategies to manage risky situations or personal risk factors.

Protective Ratings:

N – Client is not aware of risky situations or personal risk factors; or, he is aware of risky situations and personal risk factors but does not change his behaviour; or, he actively seeks out risky situations.

S - Client demonstrates vigilance for risky situations and personal risk factors or redirects with staff prompts or understands the need to manage risky situations or personal risk factors.

Y – Client demonstrates use of effective risk strategies for personal risk factors and in risky situations without prompting by others.

Cautionary Notes:

- Even though a client may not be able to verbalize his pattern or risk situations, he may be using effective strategies to manage risk.
- It is difficult to assess if the client is capable or willing to use risk management strategies if he has constant supervision.

6. Emotional Coping Ability

Definition:
Client's self-control when experiencing various emotional states.

Sample Questions:

- Does he have frequent mood swings? When are these mostly likely to occur?
- Can he de-escalate himself?
- Would you consider him very emotionally reactive?
- What are the emotional states he finds difficult to manage? Or, manage well?
- When emotionally agitated, does he become sexual in any way; sexual comments, touching his or others private parts or increased masturbation?
- Are there examples of emotional situations that he has managed well? How? Does he seek help?
- What are ways he effectively manages emotions?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client is generally in control of emotions, but occasionally uses emotional acting out as a way to getting attention or to get his needs met.

S – Client is prone to hostile feelings or is often emotionally reactive to confrontation or stress.

Y – Client constantly ruminating about his negative feelings, being resentful and explosive expression of emotion or rarely uses any appropriate emotional management strategies.

Protective Ratings:
N – Client shows little effort or ability in implementing emotional coping skills.

S - Client manages feelings in some situations.

Y – Client is able to manage feelings on his own the majority of times or chooses to seek help from others when he experiences difficulty with emotional regulation.

Cautionary Notes:

- Client may be easily affected by a particular or unique person or situation.
- A difficult family or living situation may make emotional regulation more challenging.

7. Relationships

Definition:
Client's ability to develop, engage and maintain appropriate/healthy relationships; platonic, informal, supportive, and formal and intimate.

Sample Questions:

- Does he have the skills to develop and maintain relationships?
- Does he have the ability to communicate and interact socially?
- What does he do to maintain relationships?
- Do others feel any emotional "connection" with him?
- Does he have an interest in being in relationships (e.g., friendships, familial, intimate)?
- Does he have any relationships outside of his formal supports and family?
- Has he had a sexual relationship? Was it a caring relationship?
- How does he identify with children?
- With whom has he had a meaningful relationship in his life?
- Does he demonstrate chronic social isolation?
- What are his strengths in the relationship arena?
- What do others like about him?

Scoring Key: give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client has some emotional connection with either peers, family or staff and engages in some social activities.

S – Client has little emotional connection with others or difficulty maintaining friendships or working relationships.

Y – Client shows little interest in any adult relationships or demonstrates chronic social isolation or is unable to form an emotional connection to another adult.

Protective Ratings:
N – Client has few effective interpersonal skills or has no ability, interest in forming any sort of relationship.

S - Client shows some ability and interest in establishing and maintaining relationships.

Y – Client demonstrates caring relationships with non-family or has, or has had, a caring intimate relationship for more than six months.

Cautionary Notes:

- Client lacks opportunities to develop meaningful relationships.
- Client wants relationships but lacks skills.
- Client believes his needs can only be met by staff or persons in authority.
- Client may have offended against his partner or friend or own/step child.
- Information regarding relationships with family members can be distorted by staff or family members.

8. Impulsivity

Definition:
Client's demonstration of forethought prior to reacting to situations (sexual and other situations) and his ability to inhibit a reaction when necessary.

Sample Questions:

- Does he act without thinking?
- Does he seem to not be aware or care about the consequences of his actions?
- Does he have a low level of frustration tolerance?
- Is he impulsive across settings?
- Does he seem like he just can't manage his behavioural impulses?
- Does he use problem solving (examples)?
- What situations does he show greater control?
- How does he attempt to control feelings?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client has ability or willingness to react with forethought in difficult situations.

S - Client acts without thinking in various situations but these actions usually do not adversely impact the client's daily functioning.

Y – Client has regular unplanned, impulsive behaviour that has a high likelihood of negative consequences for the client or others.

Protective Ratings:
N – Client rarely uses strategies to manage impulses.

S - Client gives some thought and attempts to problem solve before acting on impulses, although some attempts may be unsuccessful.

Y – Client usually uses strategies that are thoughtful and effective to manage impulses.

Cautionary Notes:

- Client's behaviour which looks impulsive may serve a meaningful function.
- Staff may exaggerate level of impulsive behaviour due to frustration of dealing with the client's attempts to get his needs met.
- What appears to be impulsive behaviour may be intended for secondary gain (e.g., to get staff attention)

9. Substance Abuse

Definition:
Client's use of illicit drugs and/or misuses alcohol or prescription medications.

Sample Questions:

- Has he made attempts to access alcohol or drugs?
- Has he tried to use medications belonging to other clients?
- How much interest does he express in using alcohol or drugs based on his conversation?
- How does his behaviour change when using drugs or consuming alcohol?
- What problems have his drinking or drug caused in past?
- Has he ever been in substance abuse treatment?
- What does he do to control his substance related urges?
- Does he have a motivating reason to not use?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client has no use of drugs or alcohol.

S – Client has low level of drugs or alcohol or using such substances has resulted in some disruption in the client's life.

Y – Client has high level of use of drugs or alcohol or using such substances has resulted in a high level of disruption in the client's life.

Protective Ratings:
N – Client has some history of use of alcohol or drugs. He may also deny or minimize relevance of using substances to his problematic behaviour.

S – Client has no history of misuse and little history of any use.

Y – Client does not attempt to access alcohol or drugs or does not verbalize any interest in using.

Cautionary Notes:

- May have used drugs due to peer pressure.
- Client has never been provided opportunity to understand possible negative affects of using.
- May use drugs or alcohol to "self-medicate" other difficulties (e.g., depression).
- The use of drugs or alcohol may have historical importance, (e.g., if offence-relevant) and this should be noted.

10. Mental Health

Definition:
Client has a mental disorder (reported in a formal report by a mental health professional), other than intellectual disability (but including other developmental disabilities), that impairs his psychological, social and/or occupational functioning. Such disorders may be of an Axis I or Axis II nature.

Sample Questions:

- Has he been diagnosed with a mental disorder (axis I or II)?
- Has he ever been hospitalized for mental health problems?
- How does the disorder relate to past sexual offending?
- Does his mental health problem affect his sexual behaviour?
- Is this disorder being treated? If so, how well?
- What motivates him to manage his mental health issues?
- Does the client take his medication regularly?
- Does he understand why he needs the medication?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client has no current mental health problems evident or problems are well controlled.

S – Client has mental health disorder that presents somewhat of interference in daily functioning.

Y – Client has mental health problems that interfere severely with daily functioning and/or impacts on his offence pathway.

Protective Ratings:
N - Client is not taking active steps to address presenting mental health problems or there are no steps being taken by caregivers to address such problems.

S - Client is receiving treatment and is partially engaged in treatment or shows insight as to why he needs medications for his mental health problems.

Y - Client is receiving treatment, actively participating in treatment and mental health problems are well controlled; or, the client may not have a mental problem.

Cautionary Notes:

- Client's mental health problems may decrease risk for sexual offending (schizophrenia, or medication may be reducing sexual drive).
- Mental health problems do not always have risk relevance for sexual offending.

11. Unique Considerations – Personal and Lifestyle

Definition:
Client may have characteristics that affect their vulnerability for offending. Characteristics such as: past physical or sexual abuse, emotional congruence with potential victims, history of elopement, antisocial tendencies, affiliation with problematic peers, affiliation with church or other social agencies, employment/occupation, hobbies, level of fitness/health, and lack of self-efficacy or self-esteem are examples of potential risk/protective factors to consider.

Sample Questions:

- Does his history of physical or sexual abuse contribute to his inability to control his urges?
- Has he ever eloped from a supervised setting? What were the circumstances?
- Does he have any particular compulsions or pre-occupations that are out of the ordinary?
- Does he have a criminal lifestyle that influences his sexual behaviour?
- Is there someone who has a particularly negative influence on him regarding offending behaviour?
- Are there any particular behaviours indicating a likelihood that he is going to lose control sexually?
- What reinforces his sexual offending behaviour?
- What unique personal or lifestyle characteristics help keep him free from offending?
- Does he have an occupation (job, hobby) that increases his quality of life?
- What characteristics increase his quality of life?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Client has no characteristic(s) that increase vulnerability for sexual offending behaviour.

S – Client's characteristic(s) that present somewhat of a decrease in self-management skills or quality of life.

Y – Client's characteristic(s) that present a high decrease in self-management skills or quality of life.

Protective Ratings:
N – Client has no indication of unique characteristics that increase self-management skills or quality of life for the client.

S – Client's characteristic(s) that presents somewhat of an improvement in self-management skills or quality of life.

Y – Client's characteristic(s) that presents a large improvement in self-management skills or quality of life.

Cautionary Notes:

- Not all ID sex offenders have unique characteristics that are risk-relevant.
- Unique characteristics that are present may not contribute to risk for particular individuals.

Acute Client Items

General Instructions to the **staff member(s)** being interviewed on Acute factors about the client: "Now, I'm going to ask (you - **client)** or **Mr. _____**'s) about behaviours regarding some risk indicators that may be the same as the ones I just asked you about - the difference now is that I want to you to share if these behaviours have **changed** significantly over the past **two (or three) months** (the time frame may vary from place to place, but we do not recommend using a time frame of greater than 3 months for assessing these items) compared to the past year or more as we discussed earlier."

1. Changes in Compliance with Supervision or Treatment

Definition:
Change in the client's adherence to supervision or treatment orders, conditions or guidelines.

Sample Questions:

- Is there any change in how he follows his supervision and treatment conditions?
- If there are changes in his behaviour, negative or positive, what do you think is the reason?
- Is his behaviour different than anything you have seen in the past?
- Do these changes seem to have a risk-relevant sexual component?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:

N – Client has no change in his compliance with supervision or treatment in the past two to three months from his baseline behaviour of the past year (or an increase in compliance from his baseline).

S – Client has somewhat of an increase in defiance, resistance or breaching of conditions and expectations.

Y – Client has a large increase in defiance, resistance or breaching of conditions and expectations.

Protective Ratings:

N - Client has no change in the past several months from his baseline behaviour of the past year (or a decrease in compliance from his baseline).

S – Client has somewhat of an increase in client's awareness of supervision conditions and treatment or compliance with supervision conditions and treatment.

Y – Client has a large increase in his awareness of supervision conditions and treatment or compliance with supervision conditions and treatment.

2. Changes in Sexual Preoccupation/Sexual Drive

Definition:
Change in a client's absorption with appropriate and inappropriate sexual thoughts and behaviours and/or change in their intensity of sexual urges.

Sample Questions:

- Have there been any changes regarding his sexual behaviour or sexual comments recently?
- What is causing these changes?
- What seems to trigger these changes?
- Has he had this change in the past?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:

N - Client has no change in the past two to three months from his baseline behaviour of the past year (or he has shown a decrease from his baseline level of sexual preoccupation/sex drive).

S – Client has somewhat of an increase in frequency of sexual behaviours and interests or somewhat of an increase in intensity of sexual urges.

Y – Client has a large increase in frequency of sexual behaviours and interests or large increase in intensity of sexual urges.

Protective Ratings:

N - Client has no change in the past several months from his baseline behaviour of the past year (or he has shown an increase from his baseline level of sexual preoccupation/sex drive).

S – Client has somewhat of a reduction of sexual behaviours, interests, or sexual urges. This may be evidenced by somewhat of an observable increase in his use of management strategies for his sexual behaviours, interests or sexual urges.

Y – Client has a large reduction of sexual behaviours, sexual interests, or sexual urges. This may be evidenced by a definite observable increase in his use of management strategies for his sexual behaviours, interests or sexual urges.

Cautionary Notes:

- An increase in appropriate sexual preoccupation/sexual drive due to the presence of an appropriate sexual stimuli should be viewed as less risk-relevant than an increase in inappropriate sexual preoccupation/sexual drive to inappropriate sexual stimuli.

3. Changes in Victim-Related Behaviours

Definition:
Change in the client's frequency or pattern of attempting to be in the presence of potential victim(s).

Sample Questions:

- Has he demonstrated any increase in behaviour that suggests that he is looking for opportunities to be in the presence of potential victims? Is this a change from the past?
- Has there been an increase in his being in closer proximity of potential victims but it is not known what his motive is?
- Has he informed support persons of potential risk situations?
- Is he more vigilant in avoiding risk?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N - Client has no change in the past two to three months from his baseline behaviour of the past year (or he has shown a decrease from his baseline level of attempting to access victims).

S – Client in a few incidents was inappropriately in close proximity to a potential victim, but the situation was unplanned or not intended.

Y – Client has a large increase in attempts to be in close proximity or planning to access potential victims.

Protective Ratings:
N - Client has no change in the past several months from his baseline behaviour of the past year (or he has shown an increase from his baseline level of attempting to access victims).

S – Client has reduction of planned or unplanned situations in being in close proximity to potential victim.

Y – Client demonstrates willingness to inform support persons when having thoughts of observing or accessing potential victims.

4. <u>Changes in Emotional Coping Ability</u>

Definition:
Change in the client's demonstrated ability to manage emotional states.

Sample Questions:

- Is he on an emotional "roller coaster" during the past weeks or couple months?
- Does he seem to be in a different emotional state, recently? What kind of state?
- What seems to be reason for his emotional change?
- Does he seek help when upset?
- Does he react poorly to changes in his environment?

<u>Scoring Key: Give a risk rating and a protective factor rating for each item.</u>

Risk Rating:
N - Client has no change in the past two to three months from his baseline behaviour of the past year (or he has shown an increase from his baseline level of emotional coping ability).

S – Client has somewhat of an increase in negative emotional reactions such as emotional ruminations or paranoid impulses.

Y – Client has a large increase in negative emotional reactions such as emotional ruminations or paranoid impulses.

Protective Ratings:
N - Client has no change in the past several months from his baseline behaviour of the past year (or he has shown a decrease from his baseline level of emotional coping ability).

S – Client has somewhat of an increase in attempts to seek help from others when emotionally upset.

Y – Client has a large increase in attempts to seek support from others when emotionally upset.

5. Changes in the Use of Coping Strategies

Definition:
Change in the client's use of skills learned to manage risk for sexual offending.

Sample Questions:

- Have his coping skills to manage risk changed recently – better or worse?
- What coping skills should he be using that has not been using or is using? Give examples (e.g., if the client has learned anger management strategies in the past, is he using these strategies?).
- Has he learned any new problem-solving strategies? How have these strategies impacted on his risk for sexual offending?
- Does he give up more easily when facing with difficult tasks?
- How do you explain these changes?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N - Client has no change in the past two to three months from his baseline behaviour of the past year (or is actually coping better).

S – Client has somewhat of a reduction in use of established coping skills.

Y – Client has a large reduction in use of established coping skills.

Protective Ratings:
N - Client has no change in the past several months from his baseline behaviour of the past year (or is actually coping worse).

S – Client has somewhat of an increase in persistence by the client in using risk coping skills.

Y– Client has a large increase in persistence by the client in using risk coping skills.

6. Changes in Unique Considerations

Definition:
Changes in the client's unique characteristics that are linked to increases or decreases in vulnerability for offending.

Sample Questions:

- Are there any recent personal changes in his condition that are impacting his life?
- Is there anything out of the ordinary that he is doing? What is the cause?
- Has there been a noticeable improvement in his behaviour? Why?
- Have there been any medication changes that may have affected his ability to manage risk?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N - Client has no change in the past two to three months from his baseline behaviour of the past year.

S – Client has unique personal change that reflects somewhat of a decrease in the client's self-management skills or quality of life.

Y – Client has unique personal change that has led to a large decrease in the client's self-management skills or quality of life.

Protective Ratings:
N - Client has no change in the past several months from his baseline behaviour of the past year.

S – Client's addition of or change in a personal characteristic(s) that has led to somewhat of an improvement in client's self-management skills or quality of life.

Y - Client's addition of or change to a personal characteristic(s) that has led to a large improvement in self-management skills or quality of life.

Stable Environmental Items

The following section should only be completed AFTER the Stable and Acute Client items section (Section A and B), as the interviews with the staff about the client are critical to assessing the stable staff items in this section.

Questions in this area may be asked directly of support persons (staff, parents) or inferred by their responses to questions about the client in question. Asking very direct questions in this area may cause staff to become defensive and less than forthcoming. Information in this area is related to behaviours over the past year or more – not just the last few months. Approach support persons with the following question, "Very recent events may have a tendency to affect your responses about how Mr. _____ has been acting over the past year. Please try to think of Mr. _____'s behaviour over the past year or more when I ask these questions."

1. Attitude Towards the ID Client

Definition:
This category reflects beliefs by support persons about the client which may be due to the client's disability, general behaviour or past sexual offending behaviour; which affects the therapeutic relationship.

Sample Questions:

- Do support persons find it difficult to work with the client?
- Do support persons have emotional reactions to the client's behaviour?
- How is the best way to get along with the client?
- What is likable about him?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N - Support persons are generally helpful and supportive of client.

S - Some non-primary support persons are non-supportive or dismissive of the client.

Y - Most primary support persons are non-supportive, disrespectful, frustrated, or dismissive of which the client seems aware.

Protective Ratings:
N – Support persons demonstrate little evidence of a supportive approach to the client.

S - There is at least one primary support person that has a particularly therapeutic relationship with the client.

Y - Primary support persons generally maintain therapeutic relationships; supportive, genuine, accepting and respectful.

2. Communication Among Support Persons

Definition:
Demonstration by support persons of sharing relevant information openly and in a timely manner regarding any changes in behaviour or treatment planning for the client.

Sample Questions:

- Do all of the staff share openly what the client is doing? Why?
- Do management and clinical staff work closely together?
- Is there an effective system in place to share information about the client with relevant staff?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – Support persons' communication systems are in place and communication seems to flow adequately.

S – Support persons inconsistently share information with each other about the client, although there may be some formal communication systems in place.

Y – Support persons have significant disagreement with each other regarding the support plan or direct line staff have poor communication with management/clinical services or with each other.

Protective Ratings:
N – Support persons show no particular attention to improving communication systems.

S – Support persons are invested in improving information sharing but may need more direction as to what to do and how to accomplish it.

Y - Support persons are open and share all information regarding the client's activities and current problems.

3. <u>Client Specific Knowledge by Support Persons</u>

Definition:
Support persons' familiarity with the client's risk indicators, offence pattern (pathway), current support plan, and general routine.

Sample Questions:

- How do you know when he is most likely to sexually act out?
- What are his primary risk indicators?
- What is the client's intervention plan?
- What is the client's support plan?

<u>Scoring Key: Give a risk rating and a protective factor rating for each item.</u>

Risk Rating:
N - Support persons are aware of the details of the support plan <u>and</u> know what behaviour indicates increased risk for offending.

S - Some support persons unaware of the support plan <u>or</u> the client's risk indicators of offending.

Y– Most primary support persons are unaware of the client's support plan <u>and</u> risk indicators.

Protective Ratings:
N - Support persons have some differing ideas of the client's risk indicators.

S – Some support persons know the client's support plan, risk indicators <u>and</u> are somewhat vigilant regarding the client's emotional or behavioural changes.

Y – Most primary support persons know the client's support plan, risk indicators, <u>and</u> are very vigilant about any changes on the part of the client.

4. <u>Consistency of Supervision/Intervention</u>

Definition:
Supervision (including monitoring, intervention, and support) is provided to the client by support persons in a regular and appropriate fashion.

Sample Questions:

- How long have the staff worked with the client?
- When and where it is most likely staff might let their guard down in supervision?
- Does he have a favourite staff person? Describe.

<u>Scoring Key: Give a risk rating and a protective factor rating for each item.</u>

Risk Rating:
N – Primary support staff consistently follow the client's monitoring, intervention, and support plan.

S – Staff have significant turnover or part-time staff are used which impact the monitoring, intervention, and support plans <u>or</u> somewhat of inconsistent interventions by staff of the client's risky behaviours.

Y– Multiple support persons demonstrate inconsistent interventions of the client's risky behaviours.

Protective Ratings:
N – Staff have high turnover <u>or</u> staff are inconsistent with follow through on the monitoring, intervention, and support plan.

S - There is at least one primary support person that has worked with the client over a long period <u>and</u> demonstrates consistent follow through with the monitoring, intervention, and support plan.

Y – Staff consistently follow through with monitoring, intervention, and support plan.

5. Unique Considerations

Definition:
Environmental situations that increase or decrease client's vulnerability for sexual offending. Some areas for consideration would be: level of supervision of client; opportunities for sexual expression; staff modelling of behaviour; setting and location of residence; adequate number of support persons; appropriate support plans.

Sample Questions:

- What staff changes over the past year or more has had an impact on the client being able to manage his risk effectively?
- Ask questions specific to the level of supervision, situational consistency, and staff modelling.
- Other than his supervision, what keeps him safe?
- Does his environment and the people in it meet the SOAP criteria?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N - No environmental situation that has increased vulnerability for sexual offending behaviour.

S - Environmental situation that may lead to somewhat of an increase in vulnerability for sexual offending.

Y - Environmental situation that may lead to a large increase in vulnerability for sexual offending.

Protective Ratings:
N - No indication of unique environmental situation that significantly reduces vulnerability for sexual offending behaviour.

S – Environmental situation that presents somewhat of an increase in barrier(s) to sexual offending.

Y- Environmental situation that presents a large barrier to sexual offending. **Note: enhanced supervision level can significantly increase this protective factor.**

Acute Environmental Items

General Instructions to the **staff member(s)** being interviewed on Acute factors about the client's: "Now, I'm going to ask (you - **client)** or **Mr. _____**'s) about behaviours regarding some risk indicators that may be the same as the ones I just asked you about - the difference now is that I want to you to share if these behaviours have **changed** significantly over the past **two (or three) months** compared to the past year or more as we discussed earlier."

1. Changes in Social Relationships

Definition:
Change in any of the client's intimate, personal, social or professional relationships in the past two to three months from the prior time period.

Sample Questions:

- Have there been any changes in the client's social relationships over the past two (or three) months?
- How has the client been affected by the changes?
- Has the client developed any new relationships?
- Has he left or joined a group (e.g., a therapy group, church group)?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N– Client has no significant change (or an expansion) in the past several months in his social or professional relationships.

S - Client experiencing somewhat of a disruption due to loss or changes in a relationship.

Y– Client has experienced loss or a large degree of disruption in a relationship with a significant social support (e.g., peer, staff, family, group, organization, family member, pet).

Protective Ratings:
N – Client has no improvement (or a reduction) in his social circle in past several months.

S – Client has a change or the addition of a relationship or membership in a group that has somewhat of a positive impact.

Y – Client has a recent addition of a relationship or membership in a group that he is highly interested or invested in.

2. Changes in Monitoring and Intervention

Definition:
Changes in the way in which the client's behaviours are observed, tracked, and/or intervened by staff and other support persons. Please note that in some cases, there may be planned decreases in monitoring or intervention due to improved behaviour of the client due to the client's risk being seen as having decreased (or other possible reasons such as funding problems, staff shortages, etc.). Decreases in monitoring or intervention should be noted but in and of themselves such decreases are not protective in nature.

Sample Questions:

- Have there been any recent changes in how the client's activities or behaviours are observed or tracked by any of his support persons?
- What is the reason for the change in monitoring of his behaviour?
- Have there been any changes to how staff intervene with problematic behaviours? Why?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:
N – There have been no changes in the past several months in monitoring and intervention of the client's behaviours by support persons that could have increased the client's level of risk.

S – There has been somewhat reduced observation, tracking, or intervention of his problematic behaviours by support persons, or there is some inconsistency in these functions across support persons.

Y– There has been a large reduction in the observation, systematic tracking and intervention of the client's problematic behaviours by any of the support persons.

Protective Ratings:
N – There have been no changes in the past several months in monitoring or intervention which could have improved his problematic behaviours (e.g., which could have decreased his risk).

S – Client has somewhat of an increase in appropriate observation, tracking, and intervention of his problematic behaviours by support persons.

Y – Client has had a significant increase in appropriate observation, tracking, and intervention of his problematic behaviours by support persons.

3. <u>Situational Changes</u>

Definition:
Changes in the environment or circumstances that have affected the daily functioning of the client.

Sample Questions:

- What changes have happened in the client's living situation that may have affected his ability to manage his life?
- Have there been any changes in the client's occupational or day program(s) that may have had an emotional impact on him?

<u>Scoring Key: Give a risk rating and a protective factor rating for each item.</u>

Risk Rating:

N – Client has not had any noticeable negative impact on his life due to environmental changes in past several months (there may have been positive risk-reducing changes)

S – Client has had changes in his supports, job, home, medication, physical conditions, etc. that has had somewhat of an aversive impact on his life

Y – Client has had changes in his supports, job, home, medication, physical conditions, etc. that has had a large aversive impact on his life.

Protective Ratings:

N – Client has had no improvements in past several months from changes that have affected his life situation.

S – Client has had improvements in his life situation that has resulted in somewhat of an increase in satisfaction with his life.

Y – Client has had improvements in his life situation that has resulted in a large increase in satisfaction with his life.

4. <u>Changes in Victim Access</u>

Definition:
Changes in the physical environment which allows for an increase or a decrease to access of victims or means to engage in sexual offending behaviour.

Sample Questions:

- Has the environment changed at all in the past two (or three) months at his home or places he frequents in community? What has been the effect?
- Has any change made it easier or harder to access victims or means to commit sexual offenses?

<u>Scoring Key: Give a risk rating and a protective factor rating for each item.</u>

Risk Rating:
N – Client has no change in past several months in his environment that provides increase in means of offending or access to potential victims.

S – Client has change in his environment that provides for somewhat of an increase in means of offending <u>or</u> access to potential victims.

Y – Client has change in the environment that allows for a large increase in means of offending <u>or</u> access to potential victims.

Protective Ratings:
N – Client has no changes in past several months in his environment to decrease access to <u>or</u> means of offending against potential victims.

S – Client has change in his environment that creates somewhat of a barrier to means of offending <u>or</u> access to potential victims.

Y - Client has change in his environment that creates a large barrier to means of offending <u>or</u> access to potential victims.

5. Changes in Unique Considerations

Definition:
Any unique changes in environmental condition(s) that increase or decrease the client's risk for sexual offending.

Sample Questions:

- Is there any change in the client's environment that might contribute to increased or decreased risk for offending (e.g., new staff members, new fellow clients)?
- Is there any change in the environment that is affecting the emotional state of the client? How is he reacting?

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:

N – Client has had no change in the past several months in environmental conditions that could have increased his vulnerability for risk for sexual offending.

S - Client has had an environmental condition change that has had somewhat of a triggering or facilitating effect on the likelihood of offending behaviour.

Y – Client has had an environmental condition change that has had a large likelihood of triggering or facilitating a potential sexual offending behaviour.

Protective Ratings:

N – Client has had no change in the past several months of environmental conditions that could have decreased his vulnerability for risk for sexual offending.

S - Client has had an environmental condition change that has promoted somewhat of a decrease of triggering or facilitating risk for sexual offending.

Y - Client has had an environmental condition change that promotes a large decrease of vulnerability for risk for sexual offending.