

Using Evidence Based Assessment Tools with Individuals who Exhibit Sexual Problems or Offending Behaviors

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Abstract

- This full day training will provide valuable information for each stakeholder involved with managing, treating, and providing residential services for individuals with intellectual or other developmental disabilities who have exhibited sexual problems or offending behaviors. This training is appropriate for case managers, Quality Improvement Specialists, therapists, residential service and day program administrators and supervisors, Probation Officers, and policy makers involved with supports and services with these individuals.

Outline

- 1) Why risk assessment is important
- 2) Background information of each tool
- 3) Who these tools are appropriate for, or not, and why
- 4) What they specifically assess and why that is important
- 5) Training direct service professionals to collect the necessary information
- 6) How to score each instrument, and
- 7) How to integrate the outcomes within service and supervision plans

Why Risk Assessment is Important

- Evidence based practice
- Risk assessment- risk for sexual re-offense
- Management & supervision considerations
- Treatment planning & implementation

Risk assessment limitations

- No singular profile exists that predicts future sexual offense.
- Risk assessment involves gathering data to help classify an individual in comparison to persons known to have re-offended after being sanctioned

- **Risk assessment** identifies conditions in which re-offense is more likely.
- Individual risk factors might include:
 - Negative emotional states
 - Positive emotional states
 - Level of arousal to children or deviance
 - Sexual offense history
 - Sexual preoccupation or coping
 - Criminal history
 - Relationship history
 - History of physical aggression
 - Substance abuse history
 - Type of victims
 - Identifiable situations

Management & Supervision Considerations

- Based on the context and risk assessment outcomes, management of the offender in his or her community will be impacted.
 - Location of residence or placement
 - Employment settings
 - Frequency of probation/parole contacts
 - Travel & time logs
 - Curfews & similar restrictions
 - Treatment and day programming decisions
 - Medication and psychiatric care

Treatment planning

- Evaluations and risk assessments form the basis for treatment plans.
- Many offenders require long-term offender- specific treatment, while others may not.
 - Some may need ongoing placement and supports regardless of completing treatment
- Therapists need to provide individualized self-management skills training, based on the individual person's needs, risk level, and responsivity characteristics.

Correlates of Re-offending

- Allowances made by staff*
 - Anti-social attitude*
 - Poor relationship with mother*
 - Low self esteem
 - Lack of assertiveness
 - Staff complacency
 - Poor response to treatment
 - Prior offences involving violence
- *strongest predictors
(Lindsay, Elliot, & Astell, 2004)

Correlates of Suspicion of Reoffending

In addition to those on the previous slide....

- Denial of a crime*
 - Sex abuse in his childhood*
 - Erratic attendance*
 - Allowances made by staff*
 - Attitude tolerant of sex crimes
 - Low treatment motivation
 - Unplanned breaks from routine
 - Deterioration in family attitudes
 - Unplanned discharge
- *strongest predictors (Lindsay, Elliot, & Astell, 2004)

- Risk assessment of sexual offenders with intellectual disabilities can be approached from three perspectives
 - actuarial assessment
 - structured clinical assessment or
 - through the use of both (Boer, Tough, & Haaven, 2004)

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- There are limitations to these tools; they do not encompass every risk factor that is identified in the research literature. (Quinsey, 2004)
- Actuarial tools offer a baseline risk rating that can aid in determining an individuals' needed level of case management and/or treatment intensity. (Boer et al; Hart, Michie, & Cooke, 2007)

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Background Information

- *Rapid Risk Assessment for Sexual Offense Recidivism* (RRASOR)
- *Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities* (TIPS-ID)
- *Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations Who Offend - Sexually* (ARMIDILO-S)

RRASOR

- *Rapid Risk Assessment for Sexual Offender Recidivism* (1997)
- Hanson and Bussiere, 1996: meta-analysis of 61 studies; included 6 studies involving developmentally disabled sexual offenders.
- Original research funded by the Canadian Solicitor Generals' office.
- Has since been validated for use with persons with ID who have exhibited sexual problems or offending behaviors.
- Can be used with adjudicated and non-adjudicated individuals.

The Meta-Analysis (1996)

- A study of 61 studies
- Identified 69 factors/variables or potential predictors of recidivism.
- A third of the variables contributed to prediction with a correlation at .10 or greater.
- No single factor was strong enough to use in isolation.

RRASOR

- The strongest predictor was measured sexual deviance, i.e. penile plethysmography (.32 correlation):
 - Preference for children
 - General deviant sexual preference
- Additionally, a history of a prior sexual offense, and/or other general criminal histories were found to be significantly contributory to the prediction of re-offense.

Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disability

- The TIPS-ID is a structured approach to assessing 25 dynamic variables. (McGrath, Livingston, & Falk, 2007)
- Dynamic variables are ones that can change, leading to raised or reduced risk of re-offense.
- Each item is scored on a scale of 0 to 3, i.e. from low need for improvement to high need for improvement.
- Developed on a statewide ID population of persons identified with sexual problems or offending behaviors.
- Can be used on non-adjudicated individuals

• *Assessment of Risk and Manageability of Intellectually Disabled Individuals who Offend-Sexual (ARMIDILO-S)*

- Boer, Tough, & Haaven (2004) outlined a number of contextual, dynamic risk management variables that need to be assessed in the course of ascertaining the degree of risk an individual presents.
- Developed in response to the need to consider risk related elements that the ID client does not have direct control of – their environment and the people in their environment

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Who These Tools Are Appropriate For, Or Not, And Why

- Adult males with intellectual or other developmental disabilities who are alleged or adjudicated for sexual misconducts and who will be or have been sanctioned for the behavior (type of sanctions are discussed later).
- Can be used for 17-18 year old adolescent males if the index offense is in those years. Shouldn't be used on adolescents whose only offense was before that age. More on this later.
- Are not appropriate for females of any age; not validated for females.
- It is important to make sure the clients we are assessing match those in the studies when the tests were developed.

- These tools assess the risk of whether an individual know for a sexual problem or offending behavior will do it again.
- Sexually abusive behavior is formally defined as sexual misbehavior or criminal behavior with sexual intent, that
 - has resulted in a formal finding of guilt by a court or other official state agency or
 - would have likely resulted in a formal finding of guilt were it not for the individual's mental impairment. (McGrath, 2005)

Evidence of sexually abusive behavior includes the following:

- Finding of guilt in a criminal or civil court for a sexual offense.
- Conviction for a violation of probation or parole for behavior that constitutes a sexual offense.
- Substantiation of sexual abuse by a state child or adult protective service agency.
- Consensus by a treatment team that the individual has engaged in sexually abusive behavior. (McGrath, 2005)

Offending

- Sexual behavior towards a child
- Sexual behavior towards an adult who is not capable of consenting
- Sexual behavior towards a stranger
- Exposing
- Masturbation in a public location

Offensive

- Leering or gawking at children
- Sexual comments said aloud regarding people or to people in public
- Sexual comments to staff
- Leaving pornographic images open for others to view

Sexual activities exist on a continuum of behavior (see Blasingame, 2005)



What The Instruments Assess And Why That Is Important

- These three instruments assess risk-relevant factors or characteristics
- This is important because these relevant characteristics are what supports the maladaptive behaviors
 - If we target the risk-relevant characteristics we have a greater likelihood of reducing re-offenses
 - If we do not target these characteristics, our effectiveness is decreased, or worse; we might increase risk

Training Direct Service Professionals To Collect The Necessary Information

- Our direct care professional staff members are the main observers of client behavior.
- As such, they are the data gatherers and reporters.
- Daily staff person documentation needs to be tied to specific elements in the clients' Behavior Plans.
- In order for staff to track these risk characteristics they need to be trained and know what to look for.

How To Score Each Instrument

- Read and study the manual!!!
- Follow the manual guidelines each time you complete a rating.
- Review results with a mentor or colleague who is also trained.

- *Rapid Risk Assessment for Sexual Offender Recidivism* (1997)

RRASOR and People with ID

- The RRASOR consists of only four items:
 1. prior history of sexual convictions,
 2. age of the offender at the time of the RRASOR assessment,
 3. victim(s') gender, and
 4. the offenders' relationship to the victim.
- Individual cases are compared to the frequency of recidivism known among groups of individuals with similar ratings.

- While there are other risk classification tools that are validated with individuals who have intellectual or other developmental disabilities, they require knowledge of cases that are often poorly documented in official files.
- That said, the RRASOR has been validated using alternative scoring rules and requires less information for completion.

RRASOR and People with ID

- The coding rules for the RRASOR were modified by Susan Tough to overcome the fact that many offenses committed by intellectually disabled persons are not reported to law enforcement or that the legal system may dismiss the charges due to the individual having a developmental disability. (Tough, 2001; Harris, Phenix, Hanson & Thornton, 2003; Keeling, Beech, & Rose, 2006)

RRASOR and People with ID

- By using institutional and/or clinical records that *include information regarding what would otherwise have been a matter brought to the attention of the criminal justice system, except that* the alleged perpetrator was an individual with intellectual or other developmental disability, Tough (2001) found that the subjects' risk estimate scores were indeed increased as was the overall accuracy of the RRASOR.

Risk Assessment and People with ID

- Harris, Phenix, Hanson & Thornton (2003) noted that the original data samples for the Static-99 included developmentally delayed offenders.
- They indicate that research to date supports the utility of the Static-99 R with the developmentally delayed population, and *where formal legal documentation does not exist, the use of documentation from informal hearings and sanctions such as placement in treatment facilities and residential moves would be counted as both a charge and a conviction for a sexual offense.*
- As the Static 99-R coding goes, so does the RRASOR.

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Following slides taken from the RRASOR Manual, 1997

Table 4

The Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)

Prior sex offenses (not including index offenses)

none	0
1 conviction; 1-2 charges	1
2-3 convictions; 3-5 charges	2
4 or more convictions; 6 or more charges	3

Age at release (current age)

more than 25	0
less than 25	1

Victim gender

only females	0
any males	1

Relationship to victim

only related	0
any non-related	1

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Table 6

Estimated recidivism rates for each risk scale score.

RRASOR Score	Sample Size	Recidivism rate (%)		
		unadjusted	adjusted rates	
			five year	10 year
0	527	5.3	4.4	6.5
1	806	8.8	7.6	11.2
2	742	16.2	14.2	21.1
3	326	26.7	24.8	36.9
4	139	36.7	32.7	48.6
5	52	53.8	49.8	73.1
total	2,592	18.9	13.2	19.5

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RRASOR coding rules

- Prior sex offenses.** This variable counted the number of sexual offenses that were officially recorded prior to the index offense. Self-reported sexual offenses were not included, nor were charges/convictions related to the index offense. Since not all arrests result in convictions, the coding scheme placed relatively more weight on convictions.

RRASOR coding rules

- Age.** This variable measured age when exposed to risk (at time of release for incarcerated offenders; when evaluated for those in the community).

RRASOR coding rules

- Any male victims. Those who had ever offended against a male victim (adult or child) were coded '1', and never equaled '0'.

RRASOR coding rules

- Any non-related victims. Related victims included the full range of biological and step-relations (e.g., biological and step-children, nieces, cousins, siblings, parents). As well, this category included a small number of cases involving victims who were living with the offender as a family member (e.g., foster children).

Tough's Additional Coding Rules

Scored as a charge

- Repeated incidents of sexual behavior involving a consenting partner in public places (i.e. public bathroom) as reported by community member or staff.

Do not score

- One or two incidents of sexual behavior involving a consenting partner in a public place.

Tough's Additional Coding Rules

Score as a charge

- Reports of repeated sexual offending behavior through unofficial report (i.e. complaint by community member or staff).

Do not score

- Allegations where the individual could not be placed in the location at the time of the alleged occurrence.

Tough's Additional Coding Rules

Scored as a charge

- Single complaints to support person that an individual had sexually offended, and the individual had the opportunity to be in the vicinity where the alleged activity occurred.

Do not score

- Inappropriate sexual behaviors such as brief touching of another over clothing, briefly rubbing oneself in the genital area over clothing.

Tough's Additional Coding Rules

Scored as a charge

- Staff reporting to the support agency that they had been grabbed in a sexual manner, or a complaint from a peer that they had been touched in a sexually assaultive manner, provided that evidence existed to substantiate the complaint.

Do not score

- Collections of pictures of children and staring at or following children.

Tough data (2001)

Relationship to victim (n=9 of N=76):

- Community member – neighbor 5 (41.7%)
- Peers 4 (33.3%)
- Family 2 (16.7%)
- Supervisor/boss/staff 1 (8.3%)
- Stranger 0

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Tough data (2001)

Source of Recidivism data

- Arrested and convicted 4 (33.3%)
- Family member 2 (16.7%)
- Documented agency or community report 1 (8.3%)
- Unofficial community or agency report 5 (41.7%)

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Tough data (2001)

RRASOR Score Standard Scoring Version	Recidivists	12	2.75	SD .87
	Non-recidivists	64	2.02	SD .85
RRASOR Score Modified Scoring Version	Recidivists	12	3.92	SD .90
	non-recidivists	64	3.03	SD 1.17

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Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disability, 2005

TIPS-ID

- The scale consists of 25 risk factors that are empirically or theoretically linked to committing sexually abusive acts among identified sexual abusers. It is scored at intake and thereafter as frequently as every six months. Item scores are designed to reflect an individual's relative treatment need on each factor.
- The total score is intended to provide an estimation of an individual's overall level of need for supervision and treatment.
- Higher total scores are theoretically associated with higher levels of risk for committing sexual abuse and, therefore, represent a higher need for treatment and supervision.

- Evaluators score the individual on every item listed in the scale using the scoring sheet and scoring criteria provided in the manual.
- Most items are scored to reflect the individual's level of functioning for the previous six months.
- A few items are scored according to how the individual is functioning at the time of the assessment.

- Scoring criteria for each item are based on the following scale:

- 0 = minimal or no need for improvement
- 1 = some need for improvement
- 2 = considerable need for improvement
- 3 = very considerable need for improvement

- *Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations Who Offend - Sexually (ARMIDILO-S)*

ARMIDILO-S

- The ARMIDILO-S is unique in that it combines client, staff, and environmental characteristics in assessing how manageable an individual is in a particular setting.
- Changes in any of the three areas can impact whether we can manage the client, given the individual's characteristics and our resources.

ARMIDILO-S

- Scoring the ARMIDILO-S involves
 - Records review in detail looking for *fractions of information*
 - Group interviews of direct service staff and others
 - Individual interview of client
 - Home/site visit and observation

ARMIDILO-S

- Scoring the ARMIDILO-S is complicated by the fact that client file information is often sparse on helpful details
 - Client files also don't reflect staff skills or attitudes
 - It is important to record formally the "minor comments" a client makes- this information may fill in a gap of understanding and help clarify the person's risk level or needs

ARMIDILO-S

- Scoring involves interviewing direct service staff, treatment providers, residential administrators, service coordinators, family members, etc., to gain the most diverse perspectives and experiences
- Do not have client present during MDT interview discussed above- could hinder reporting and/or overwhelm the client
- Staff don't score themselves, the consultant does....

ARMIDILO-S Outcome Use

- The outcome of the ARMIDILO-S structured interview process is to determine
 - Suitability of specific placement
 - Is the current placement able to manage an individual given specific risk factors including RRASOR score, TIPS-ID ratings and the ARMIDILO-S ratings
 - Treatment planning based on individualized risk, needs and responsivity factors
 - Supervision planning
 - Discharge or placement planning
 - Staff development and training plans

How To Integrate The Outcomes Within Service And Supervision Plans

- Once we have the outcomes of each assessment, we can incorporate the information in our case plans and supervision strategies.
- The RRASOR score can inform supervision plans and allows for differential programming based on risk classifications.
 - Men who score "Moderate" on the combined instruments (risk and needs) should receive twice the supervisory priority as those who score "Low"
 - Men who score "High" should receive four times (x4) the supervisory priority as those who score "Low" (Hanson, 2014)
- Items on the TIPS-ID can be addressed directly in behavior plans.
- Items on the ARMIDILO-S can inform both client focused treatment targets as well as inform where program or service system adjustments should occur

- Special Services Programs are expected to provide a number of assessments for individuals in their care. The domains required include physical, dental, vision, health care, and *"any other assessment tools the team deems necessary"* (see *Developmental Disabilities Program Policy and Procedures Manual*, p.3, item B, italics added).

- When an individual's treatment team determines that a risk and psychosexual assessment is needed in the course of developing a Personal Service Plan (PSP), the provider is obligated to complete or obtain an evaluation that can guide the team's planning and lead to an action item (see *Developmental Disabilities Program Policy and Procedures Manual*, item C, p. 3).

- Q&A

Contact information

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Rapid Risk Assessment for Sexual Offense Recidivism

Client Name: _____ Date: _____

Completed by: _____

Risk Factor	Codes		Score
	Convictions	Charges	
Prior Sex Offenses (not including index offenses)	None	None	0
	1	1-2	1
	2-3	3-5	2
	4 or more	6 or more	3
Age at Release (current age)	More than 25		0
	Less than 25		1
Victim Gender	Only Females		0
	Any Males		1
Relationship to victim	Only Related		0
	Any non-related		1
TOTAL RISK FACTOR	Add scores from individual risk factors		

Identify the Index Offense/ Incident:

Describe Prior Sanctioned Incidents:

Rapid Risk Assessment for Sexual Offense Recidivism

Client Name: _____ Date: _____

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Relationship to victim	Only Related		0
	Any non-related		1
TOTAL RISK FACTOR	Add scores from individual risk factors		

Identify the Index Offense/ Incident:

Describe Prior Sanctioned Incidents:

Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities (TIPS-ID)

Individual: _____ Scorer: _____ Date: _____

Supervision Level: High - eyes on supervision whenever individual has access to potential victims
 Moderate - some unsupervised access to the community
 Low - considerable or completely unsupervised access to the community

Months in Weekly Treatment: _____ Months in Aftercare Treatment: _____ Total: _____

Rating Guide (use definitions in scoring manual):

0 = minimal or no need for improvement
 1 = some need for improvement
 2 = considerable need for improvement
 3 = very considerable need for improvement

	0	1	2	3
Offense Responsibility				
1. Admission of Offense Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality				
3. Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sexual Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sexual Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminality				
7. Criminal and Rule-Breaking Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Criminal and Rule-Breaking Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Regulation				
9. Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Emotion Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental Health Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle Stability				
14. Employment/School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Supports				
17. Social Influences: Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Social Influences: Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Social Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Adult Love Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment & Supervision				
21. Cooperation with Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Cooperation with Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Risk Management Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Risk Management Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Stage of Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-totals				
	Total			

Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities (TIPS-ID)

Individual: _____ Scorer: _____ Date: _____

Supervision Level: High - eyes on supervision whenever individual has access to potential victims
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	0	1	2	3
Offense Responsibility				
1. Admission of Offense Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality				
3. Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sexual Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sexual Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminality				
7. Criminal and Rule-Breaking Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Criminal and Rule- Breaking Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Regulation				
9. Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Emotion Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental Health Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle Stability				
14. Employment/School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Supports				
17. Social Influences: Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Social Influences: Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Social Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Adult Love Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment & Supervision				
21. Cooperation with Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Cooperation with Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Risk Management Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Risk Management Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Stage of Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-totals				
	Total			

ARMIDILLO-S¹ SCORING SHEET²

Web Version 1.1 (2013)

Client name: _____ Age: _____ Client residence: _____

Evaluator: _____ Specify time period for evaluating recent change: _____

Date of assessment: _____ Data Source(s): Client Interview File review Proxy Interview (Position) _____

OVERALL RATINGS

Actuarial Risk Rating (Static-99 or RRASOR) **LOW MODERATE HIGH**

Risk Rating: **LOW MODERATE HIGH**

Protective Rating: **LOW MODERATE HIGH**

Overall Convergent Risk Estimate **LOW MODERATE HIGH**

INDIVIDUAL ITEM RATINGS

Risk Rating: N = Not a problem; S = Somewhat of a problem; Y = Yes, is definitely a problem;

Protective Factors Rating: N = Not a protective factor; S = Somewhat of a protective factor; Y = Yes, this is a definite protective factor

¹ The ARMIDILLO-S (Boer, Haaven, Lambriek, Lindsay, McVilly, and Frize) is a structured risk and management guideline instrument. It is intended for use with intellectually disabled (ID) individuals (adults) for whom there are concerns regarding sexually violent behavior which may or may not have been adjudicated.

² Revision date: May 28, 2013

Critical items – if the item being rated is seen as particularly risk-relevant or of particular importance as a protective factor (again, because of its risk-relevance), then the rater may circle the item rating in the appropriate column (i.e., risk rating or protective factor rating).

Stable Client Items	Risk Rating	Relevant Data / Comment	Protective Factor Rating	Relevant Data / Comment
1. Supervision Compliance				
2. Treatment Compliance				
3. Sexual Deviance				
4. Sexual Preoccupation/Sexual Drive				
5. Offence Management				
6. Emotional Coping Ability				
7. Relationships				
8. Impulsivity				
9. Substance Abuse				
10. Mental Health				
11. Unique Considerations - Personal and Lifestyle (e.g., neglect, physical or sexual abuse, antisocial tendencies)				

Stable Environmental Items	Risk Rating	Relevant Data / Comment	Protective Factor Rating	Relevant Data / Comment
1. Attitude Towards the ID Client				
2. Communication Among Support Persons				
3. Client Specific Knowledge by Support Persons				
4. Consistency of Supervision/Intervention				

5. Unique Considerations (e.g., level of supervision, behaviour reinforced, staff modelling)				
Acute Client Items	Risk Rating	Relevant Data / Comment	Protective Factor Rating	Relevant Data / Comment
1. Changes in Compliance with Supervision or Treatment				
2. Changes in Sexual Preoccupation/Sexual Drive				
3. Changes in Victim-Related Behaviours				
4. Changes in Emotional Coping Ability				
5. Changes in Use of Coping Strategies				
6. Changes to Unique Considerations (e.g., mental health symptoms, medication changes)				

Acute Environmental Items	Risk Rating	Critical Data / Comment	Protective Factor Rating	Critical Data / Comment
1. Changes in Social Relationships				
2. Changes in Monitoring and Intervention				
3. Situational Changes				
4. Changes in Victim Access				
5. Unique Considerations (e.g., access to intoxicants, a new room-mate)				

Any other observations?